tion of the narcissism of minor differences, of which Freud spoke. Whatever the ideal wish may be to arrive at formulations that may be embraced by all, as was the case with Freud, the fact remains that psychoanalysts today seem to stand out more particularly in terms of their divergences, resulting from different conceptions about the mind, but also because of differences stemming from their cultural traditions. Lacan's work could only have evolved in France, and I believe that Winnicott's work is intimately related to what he owes to his native land. In spite of this, nothing prevents these works from crossing the frontiers of the countries where they first came to light. It may, however, explain certain misunderstandings which have arisen when they were subjected to criticism.

It seems to me that the best way of introducing this collection of papers to the reader is to recount briefly my own psychoanalytic history; the more so because French psychoanalysts have the reputation with their foreign colleagues of having a complicated form of thought – too theoretical, it is said, often hard to grasp, and too far removed from clinical experience and daily practice. The explanation is simple: French psychoanalysts belong to a different cultural tradition from that of the Anglo-Saxon world, where empiricism and pragmatism are considered to be qualities; where intellectualism and abstraction count as vices rather than as virtues. This type of judgement has never really convinced me, for I have thought, when reading certain well-known Anglo-Saxon authors, that their literature seemed extremely abstract; which is another way of saying that their theorisation did not get through to me. On the other hand, the work of Bion and that of Winnicott have always seemed to me to be highly intellectual; which means that to categorize thought as intellectual is, for me, laudatory.

One generally believes that an analyst who presents clinical material in a paper shields himself from the reproach of being abstract. The reader will not find much 'case material' in this collection. This is a deliberate choice, for a number of reasons. The first is discretion towards my patients, many of whom may read my work, psychoanalytic literature being read in France by a public which extends well beyond professional circles; not to mention the fact that many of my analysands belong more or less to this milieu. Secondly, I do not think that presenting clinical observations constitutes proof of what an analyst advances from a theoretical point of view. Presentation of material can obviously be modulated to fit one's demonstration, and the same material can be used to illustrate different if not opposing views, depending on the circumstances. No clinical observation has the validity

to settle a theoretical debate. In psychoanalytical congresses, participants whose opinions differ on theoretical grounds will one by one demonstrate the 'proof' of the correctness of their reasoning with clinical examples to back them up, which only convince those who were convinced beforehand. The third and last reason is that a 'theoretical' paper is also clinical inasmuch as it stimulates associations in an analyst reader, in connection with his own experience or that of his patients. I strive to attain this goal in my writing without using explicit references to clinical material. Once again, what is theoretical, that is to say intellectual, is at the antipodes of abstraction.

Abstraction versus intellectuality; this needs explaining. A structured psychoanalytic theory, which is coherent, is the product of psychical activity, a '*Durcharbeitung*', which is a progress in intellectuality, to cite a late work of Freud, *Moses and Monotheism* (1939*a*). But for all that, it is not an abstract product; not only because it is enriched by clinical experience, but because all working-through – by the analysand as well as by the analyst – consists of the interplay of representations and affects in the exchange of transference and countertransference. To distinguish between abstraction and intellectuality is no easy task, the first being easily able to pass for the second. This is what my psychoanalytic autobiography has taught me.

I started my psychoanalytic training in 1956, but only after three years' specialization in psychiatry and neurology when I had the good fortune to study with prestigious teachers, who were exceptionally talented and who combined remarkable clinical understanding with a strong taste for reflection, debate and discussion with their younger colleagues. I began by believing that the key to mental disorders was to be sought within the brain. It was only when I began seriously to care for patients in psychiatry who were entrusted to me that I realized that I was on the wrong track. Understanding these patients' discourse gave me the obscure feeling that the mechanisms I was observing had a different causality from those revealed by the study of the brain. Besides, far from being merely a witness, as I had supposed, I very soon became conscious that I was the object of transference, in spite of myself. I soon felt overwhelmed by the emotional reactions which I had provoked and which escaped my control.

1953 was an important year for three reasons. First, a personal factor, it represented the beginning of my psychiatric training. Secondly, it was the year of a therapeutic revolution; that of the introduction of psychotropic medication in psychiatry. Thirdly, it was the date of a split in the Paris Psychoanalytic Society which saw the departure of Jacques Lacan,