

## ***Rapaport-Klein Study Group***

*Austen Riggs Center*, Stockbridge, Massachusetts  
www.psychomedia.it/rapaport-klein

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Friday, June 7, 2019, 8-10 pm

***Daniel Kahneman***

### **Memories of a summer with David Rapaport in 1960, and possible *sequelae*\***

I'm really here on false pretenses because my visits to the *Austen Riggs Center* was about 60 years ago and my memory was never good. In fact, it was always bad and it's not been getting better. So, I had to consult my first wife who was with me here at that time and she enriched my memories with hers. So, let me tell you a bit about Dr. Rapaport – though I haven't really prepared systematic things. I'll just tell you stories and then if you ask questions you might be able to prompt me and I'll tell you some more.

I was undergraduate in Israel at *Hebrew University* of Jerusalem, and at the time the Chairman of the Psychology Department had been killed in 1948 during the war<sup>1</sup>. And so, there was no Chair. And, in fact, the Psychology Department barely existed. And so, the University tried to bring in several people who were candidates and who might possibly settle in Israel and lead the Department. David Rapaport considered it and he came to Israel. I was then an undergraduate and we met. He must have liked me I suppose. And he sort of became long distance mentor to me.

I came to graduate school a few years later. I went to Berkeley, but I was in touch with him. I have... actually I barely really keep anything but I did find a letter from David Rapaport written after my first semester at Berkeley, I evidently wrote to tell him what I was doing, what I had done. And he wrote me a lot of very wise advices. And then he invited me to come here, at the *Austen Riggs Center* in Stockbridge. And we came for a summer.

Now I'll just tell you what it was like. In the cemetery there is a small building. I have a vague memory of it but it's a two-story building. It's really in the middle of the cemetery, and that's where we spent the summer. We arrived late at night, David Rapaport had done the shopping for us and prepared some food. And he brought us to the place, we went there, and the next morning when we got up and looked out the window we were surrounded by graves.

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\* This transcription of the audio-recording was edited by Everett Waters and Paolo Migone. The audio-recording, arranged by Everett Waters, is available at the web page [www.psychomedia.it/rapaport-klein/Kahneman-2019\\_audio.mp3](http://www.psychomedia.it/rapaport-klein/Kahneman-2019_audio.mp3), and linked to the web page of the 2019 program of the Rapaport-Klein Study Group ([www.psychomedia.it/rapaport-klein/june2019.htm](http://www.psychomedia.it/rapaport-klein/june2019.htm)). An Italian translation of this text is published on pp. 463-480 of the section "Traces" of issue no. 3/2019, Volume 53, of the quarterly journal *Psicoterapia e Scienze Umane* ([www.psicoterapiaescienzeumane.it/english.htm](http://www.psicoterapiaescienzeumane.it/english.htm)) (DOI: 10.3280/PU2019-003005).

<sup>1</sup> He was the Italian psychologist Enzo Bonaventura (1891-1948), born in Pisa and later professor of Experimental Psychology at the University of Florence, where, among other things, he gave the first course on Freud in an Italian university; he had also written a book titled *La psicoanalisi* (Milan: Mondadori, 1938) that has been recently reprinted, edited by David Meghnagi (Venice: Marsilio, 2017). Because of the Italian "racial laws" of 1938, he was expelled from the University and had to emigrate to Jerusalem, where he died on April 13, 1948, in the "Hadassah massacre", when a convoy, escorted by Haganah militia, bringing medical and military supplies and personnel to Hadassah Hospital on Mount Scopus, Jerusalem, was ambushed by Arab forces (78 Jewish doctors, nurses, students, patients, faculty members and Haganah fighters, and one British soldier were killed in the attack).

Then I spent about two months here. I'll tell you a few, a bit of what it was like. Rapaport was really an odd sort of person, he was really like no one else in some ways. He was really not American, he was very European. And he spoke English very precisely, he was precise in everything and careful in everything, really every utterance of his was reflective. He had thought about everything, Very, very carefully. That's the impression that he gave. Every word was precious, every word was considerate. He was a person of few words, very, very impressive to a young man like me.

So I was around him quite a bit during those two months. And there was a seminar going in which actually there were three or four of us that I remember. One of them... I don't know if you have met Peter H. Shiller. Has Peter Shiller been here? So, David Rapaport was a student of a psychologist named Shiller<sup>2</sup>. He was very loyal to Schiller's memory, and Shiller's son Peter was there<sup>3</sup>, he's about my age and he later was a professor of psychology and neuroscience at the *Massachusetts Institute of Technology* (MIT). So he was there and there was another young man and neither my first wife nor I can remember his name; he was also a *protégé* of Rapaport or the three of us sort of were.

Like many other people, I suppose, we had the experience of studying the seventh chapter of Freud's *The Interpretation of Dreams*, and that was a unique experience. I haven't been to a *Yeshiva*, an institution of higher learning for Jews where you study the Talmud, but it was clearly the closest thing that you could get to it because we read *the text*. And it's not merely reading that text, we knew every word of that text. We virtually memorized it and we would discuss every word and every *nuance* of it. And there was a sense of religious adherence to this, it was a spiritual and a religious experience too. And Rapaport there was that odd mixture of a very autonomous mind, very original, and at the same time the devotion of the Freudian origin. There was really a religious element to it. So, every word of the seventh chapter was to be taken very seriously, and I know I'm not the only one here who's had that experience with the seventh chapter.

I should add that about 13 years later, in 1972-73, I wrote a book, my first book, called *Attention and Effort*<sup>4</sup>, and when I was writing the Acknowledgements to the book, I discovered that I had actually written something that was strongly influenced by the seventh chapter. It turned out that I had a theory of effort, and how effort is allocated to different things and how the allocation of effort influences various functions, and part of it is automatic and part of it is controlled. I didn't think of it until I remember writing the Acknowledgements and then I added that belatedly to the Acknowledgement. So clearly that experience was quite a deep experience.

Rapaport's attitude to psychology and to academic psychology was very mixed. There were people that he couldn't stand. And, of course, one of the people he really minded who was actually his lifelong hero to me is Paul Meehl. And Paul Meehl in 1954 published a little book, the famous little book on clinical and actuarial prediction<sup>5</sup>, which claimed that you can defeat clinical intuition by very simple combination of data (we can discuss this later). This is a topic I

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<sup>2</sup> Pál Harkai Schiller (1908-1949), also known as Paul von Schiller, was a Hungarian philosopher and psychologist. In 1936 he obtained a university private tutor qualification at Budapest University, where he organized the Psychological Institute. Later he went to the University of Berlin where he worked with the Gestalt psychologist Wolfgang Köhler. He emigrated in 1947 to the United States.

<sup>3</sup> Peter H. Shiller (the son of Paul von Schiller) was Research Assistant at the *Austen Riggs Center* from 1953 to 1960.

<sup>4</sup> Daniel Kahneman, *Attention and Effort*. Englewood Cliffs, NJ: Prentice-Hall, 1973. Full-text: [https://scholar.princeton.edu/sites/default/files/kahneman/files/attention\\_hi\\_quality.pdf](https://scholar.princeton.edu/sites/default/files/kahneman/files/attention_hi_quality.pdf).

<sup>5</sup> Paul Meehl, *Clinical versus Statistical Prediction: A Theoretical Analysis and a Review of the Evidence*. Minneapolis, MN: University of Minnesota Press, 1954. Full-text: <https://faculty.washington.edu/jmiyamot/p466/pprs/meehlpe%20clinical%20versus%20stat%20prediction%20-%20theoretical%20anal%20%26%20evidence.pdf>.

know quite a bit about. Meehl was absolutely right. But Rapaport could not stand it! I mean this was really a deep insult to him that clinical judgments could be questioned and could be beaten in a sort of cheap competition by stupid rules. This was something that he resented quite a bit. All together he was very suspicious, I think, of scientific clinical psychology. But Meehl was a particular, he really minded that.

In other ways Rapaport was very open to psychology. He was interested in learning and the kind of learning that was going on at the time. And he was interested in perception. During the two months that I was here, he brought in several guests. He brought in Richard Held who was a famous psychologist, he studied perception at MIT. He brought in Irv Rock who was a colleague of Morris Eagle and a friend and later a colleague of mine at Berkeley. There were guests of a very small group that were never more than 8 or 10 people in the room. And they were subjected to a grilling by Rapaport, and to be grilled by Rapaport was quite something. He knew a lot and you really had the sense that you were being evaluated and that you were being judged, and if you made a mistake it would be noted. He gave that feeling I'm sure to all the guests who came. He was quite intimidating that way, just the formidable intellect. He didn't smile very much, there was something very severe. He was very kind, a very kind, extraordinary kind and generous to me certainly. But there was something austere and severe and deeply committed and deeply serious. He was not an American academic. You couldn't make a mistake about that.

*Austen Riggs* as a place was... I don't know what it's like today. But at that time the patients were young people typically of very wealthy families. And I think there was sort of a theory that they were third generation of people who made it big and then their parents had parents who were very rich and very successful people. And then they were the third generation. I remember that that was roughly the idea that we got about the patients. And the place was beautifully run in terms of the level of care. It was an institution that something about it made a lifelong impression on me that I'll tell you about. I don't know if it goes on.

Every Friday morning there would be a case study, a case would be presented. It could be an evaluation typically done after someone had been here a couple of months, and a decision would be made about the future treatment. Everybody participated, and a booklet was handed in the night before where everyone who had had formal encounters with that young patient wrote their impressions. I mean just about everyone, people who did physical therapy as well as the psychologists, the psychiatrists, the social workers... It was quite a detailed booklet, there was a very detailed discussion of the material. And then they would bring in the young person to be interviewed by the group. I don't know if you can imagine what it was like, but to be interviewed by Erik Erikson who was here, and by Robert Knight who was here, and by David Rapaport although David did not ask all that many questions. But when he asked... I remember Erik Erikson being quite active in those conversations. And then the patient would go away and a discussion would resume and there would be very rich interpretations of what the story was and the reports and what the patient had said in the interview.

The occasion that stayed in my mind since then was a Friday morning where a young woman was the patient. And she killed herself that night. And so on Thursday evening we all got the report and by Friday morning she was dead. They had the case conference which I remember being very impressed by, there was something very brave about it. They wanted to be open and they wanted really to understand what had gone on. And there was what looked like a remarkably honest discussion of what happened, colored by what I later studied as a hindsight phenomenon that it seemed in retrospect that there had been signs everywhere of what that woman intended to do. I remember being particularly impressed by the fact that she had looked relieved and sort of happy during the last 48 hours, and people were commenting on the fact that she had decided to commit suicide and was therefore relieved. The power of hindsight that had remained with me and is really a formative... It was a formative experience in my intellectual life as well. But as a

demonstration of I thought organizational courage the way that this was run and the way that people spoke openly and really without casting blame on anyone, but everybody felt responsible. It was really quite an experience.

What else? What else would I have to tell you about what the *Austen Riggs Center* was like? Not much really, I've told you my major impressions. I don't know if I have conveyed... I didn't have a very precise sense of where Rapaport was *vis-à-vis* psychoanalysis but there was clearly a mix of that religious reverence for the old texts, and at the same time this was the birth of ego psychology. He was clearly not quite heretical but there was some rebellion against the psychoanalytic establishment. And Rapaport was very much involved in that. He wanted to maintain contact with academic psychology, that's why those guests were invited. And I think George S. Klein and his group, Holt and others at *New York University* (NYU), were close to the enterprise. And they were quite close all of them to Rapaport. Whether Rapaport was intellectual leader of the group, I have the impression he was but I didn't see. I can't really tell you much about it. I'm sure that other people here know more than I do.

On the way here, I was telling more stories and among other stories I was telling the story of Erik Erikson. I think that Rapaport and Erikson were the dominant figures, intellectually the dominant figures. And I think they were quite different. I had no inkling of what Rapaport thought of Erikson. I think that Erikson in a way was less "religious" than the others. I think in his heart he was past religion. And so there was some irony in his attitude too to Rapaport. But at the same time, in those conversations about patients and the case conferences, he was very analytic in his orientation and certainly was talking about dreams no less than anyone else. In fact, as I was telling Morris Eagle on the way here, I remember being invited by Erik Erikson to have dinner which was an honor. And I remember him telling us on that occasion a sentence that stayed with me for sixty years. The sentence was, "If my patients don't dream of God within the first two weeks of treatment, something is going wrong." And it made quite an impression on me.

So, within the context of *Austen Riggs Center* they seemed to be bigger than life, the two of them, in very different ways. Rapaport was not a comfortable man. He didn't look comfortable with himself. He didn't look comfortable with his surroundings. He was tightly controlled, and maybe for that impression of tension Erikson never felt completely comfortable with Rapaport. He was not a relaxed man. And Erik Erikson was very different. Much more oriented, much more open to people. I think Rapaport did have a sense of humor, it certainly did and occasionally he would come up with witnesses and very precisely tell a joke which made a very precise point. But he didn't seem to enjoy himself in life nearly as much as Erik Erikson did. And that's a clear memory that I have.

I really wanted more after two months of that. I mean, as I wrote really in my autobiography<sup>6</sup>, those two months were in a way the most stimulating and exciting of my graduate career although they had nothing to do with my graduate career. We were planning experiments with Rapaport – on *cathexis*, memory, etc. I remember inventing experiments for our conversations. And when I came back to Berkeley, I talked to Leo Postman that we mentioned and described some of these ideas to him, and he was not at all impressed. But we were trying to... bring some of the wisdom of the seventh chapter into psychology. And that was an important endeavor that Rapaport was engaged with. So those were...

I spoke to you here under false pretenses because I have very few memories. But I've told you most of the memories that came to mind. And I'm happy to answer questions. And you may be able to prompt me about that period or anything else that you want to ask me I'll be happy to answer. So I apologize. [*Applause*] No, don't do that. I haven't earned any applause. But I'll be happy to answer questions.

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<sup>6</sup> *Daniel Kahneman Biographical*: [www.nobelprize.org/prizes/economic-sciences/2002/kahneman/biographical](http://www.nobelprize.org/prizes/economic-sciences/2002/kahneman/biographical).

### Discussion from the floor

**Audience:** So why do you think Rapaport didn't make *Aliyah* [immigration to Israel]?

**Daniel Kahneman:** Why he did not settle in Israel? I don't know. I got the impression that he hadn't been entirely serious about it and that he was too attached to the work that he was doing here to seriously consider disconnecting himself from this and moving there. So, I don't... What wasn't clear to me was why he had come. And he was attached. He was very much a Jew and that was very significant to him. And I think the idea had some appeal to him. But ultimately, he didn't belong there, I don't think he would have been happy there. He didn't quite fit on the American scene because he was so tight, and he would have been really a misfit on the Israeli scene with his character. So I'm glad he didn't do it.

**Joseph Lichtenberg:** I took a course with Rapaport, and I had a rabbi who was so dramatic. He talked at you, never with you, and Rapaport reminded me so much of that rabbi. I sat there with such mixed feelings because what he was telling me was so interesting and so valuable, and the person who was telling it to me I was feeling so strongly that I didn't like him. A little comment on the end of this is that I had come up with some idea that I'd written out a paper on, a perfectly good idea I thought it was original. And one day I was messing with my notes, something fell out. I opened it up, it was a discussion from that course with Rapaport. So, by cryptomnesia there was something I had read from him but had blocked out and it came back as my idea.

**Daniel Kahneman:** Yeah, I'm not surprised. This sense of discomfort that you are mentioning, and but at the same time as a beneficiary of his generosity and his kindness. I'm going to share with you something that I haven't told anyone actually. The biggest compliment I ever got was from him, because I remember sitting there and being completely dumbfounded by it. And he said something that is not in character. I was 23-24 years old. He said, "I'm awed by you. I'm awed by you." And at first I couldn't... So, this is not in character with what we've been saying, and I'm mentioning it because it is so much not in character to come out with it. And I was absolutely astonished, I couldn't believe what he had said because it came sort of out of the blue. And I remember he said, "You heard what I said," in a severe tone. And there were those things too. That came from somewhere. And there was a kindness. I remember that not only to me but to the other young people there was a kindness, a wish for them to do well. That was very, very obvious. I think though to be his colleague must have been less fun than to be clearly his *protégé*. I think that I would not have wanted to teach with him, I think.

**Danielle Knafo:** So, since we have you here, can you elaborate a little bit more on how being here, studying with Rapaport, being at *Riggs*, studying the chapter seven in such precise detail, how that effected your thinking, your work, your theories?

**Daniel Kahneman:** You know, I don't think people know where their ideas come from. And so one of you has reported on having an idea and then finding it in his notes. I really didn't know when I came up with those ideas about the tension as effort, that effort and *cathexis* were really closely related. I got to it seemingly as an inevitable result of doing something entirely different. I studied the size of the pupil when people think and when they solve problems and when they memorize things. And the pupil is a measure of mental effort. And that led me that we could follow mental effort by physiological index second by second. So that led me to a theory of effort and I did not realize that I was studying *cathexis* until very late, and I have never known what was the role of that experience. What there was the interaction with Rapaport as a person and as an intellectual and that mixture of intellectual rigor with a semi-religious attitude to the whole enterprise, it is very much like Jewish learning, that were throughout, which was a mix of an

intellectual and a religious experience. That was certainly very impressive, also unique in my experience, he really was not like other people. I've met serious people but never met someone who had that particular mix of religion and rigor.

**Morris Eagle:** By the way, to fill in some of your description there are letters between Rapaport and Bob Holt that have been published<sup>7</sup>. And the qualities you described as profoundly there in the writing. I mean, if I got a letter like that I think I'd stop writing and I'd stop thinking. It was so austere. They pull no punches. And in a funny way they're not cruel because he's giving you the respect of telling you exactly what he's thinking rather than either empty praise or unfair criticism. And all of us here know Bob Holt. He's now 101. And I think it's worth noting that he responded just that way. He never acted hurt. He never was petulant and so on. And the other incident that involves Bob Holt: the primary opponent during that era of actuarial versus clinical prediction was Robert Holt.

**Daniel Kahneman:** Yes, he was the one who responded to Paul Meehl<sup>8</sup>.

**Morris Eagle:** He was the one who responded to Paul Meehl. So in a way he was picking up Rapaport's battle of likes and dislikes. And by the way it would be wonderful I think to ask Bob what he thinks about the verdict of history that Meehl was right and he was wrong essentially.

**Daniel Kahneman:** I mean there was no question about the verdict of history on that particularly issue. Meehl was right.

**Morris Eagle:** I don't think many people in this room accept that by the way.

**Daniel Kahneman:** That is a conversation I'm quite willing to have if anybody wants to enter into it. It's something I know something about.

**Mauricio Cortina:** You have done the work on biases and you've reestablished that they are widespread... You've surveyed statisticians who think they are logical and come to the right statistical answer, but they had the same biases as lay people. And then there's Paul Meehl on actuarial versus clinical judgment. And we tend to think, "Well, all these other people had biases but we're rational actors when we do this." So, I'd like your observation about how these biases have affected the development of the field of psychology in general and clinical psychology specifically. How we've been kind of influenced by our own biases.

**Daniel Kahneman:** I'd like to pick up on Meehl more than on biases. Because in fact those were two quite separate developments. I was strongly influenced by Meehl in a very direct way. But there's several points of overlap. I recommend to those who don't like the ideas of Meehl, to read a few of his papers because he wrote beautifully. And he has a paper called "Why I do not attend case conferences"<sup>9</sup> that I think every clinician owes it to himself or herself to read.

**Morris Eagle:** I assign it to every class.

**Daniel Kahneman:** Good. I mean you're a man after my heart. So on the issue of clinical judgment and what we have learned. And I would say that one of the major lessons that we have learned about thinking and about judgment in the intervening years is something about confidence, and that confidence is not a good guide to accuracy. The correlation between subjective confidence and accuracy is low. And it is true we know where correct intuitions come

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<sup>7</sup> David Rapaport & Robert R. Holt, *The Rapaport-Holt Correspondence, 1948-1960*. Edited by Robert R. Holt & Daniel Holt. New York: International Psychoanalytic Books, 2017 (<https://ipbooks.net/product/the-rapaport-holt-correspondence>).

<sup>8</sup> Robert R. Holt, Clinical and Statistical prediction: A reformulation and some new data. *Journal of Abnormal and Social Psychology*, 1958, 56 (1): 1-12.

<sup>9</sup> Paul E. Meehl, Why I do not attend case conferences. In: *Psychodiagnosis: Selected Papers*. Minneapolis, MN: University of Minnesota Press, 1973, ch. 13, pp. 225-302. Full text: <https://meehl.dl.umn.edu/sites/g/files/pua1696/f/099caseconferences.pdf>.

from, and we really can trace it and we have a pretty good idea where they come from. Correct intuitions come with a lot of confidence. You know something, you don't know why you know it, that's the definition of intuition, you don't exactly know why you know it, but you're sure you know it. But that is also true when you don't really know it. So, it's more, it's not that you know and you don't know why you know it. You think you know and you don't know why you think you know it. It is a fact that you can have intuitions that are completely incorrect. In fact, they express biases and you can trace them and you can understand them. You can have them with complete confidence. That I think it's an important lesson, and it's clear that it's a very difficult lesson to internalize, because confidence really feels like perception. It feels like I know it. I see it. I can see it. I can feel it. It's just immediate. I know it. And the idea is that you can have that feeling but actually it is not based on reality. It's false that it's something, it's a story that you're telling yourself. It's a story that your brain has invented for you. This is the fundamental thing, one of the fundamental things that happens. And clearly that is something I would say that Rapaport did not know. That is, he had so much confidence in his own judgment, clinical and statistical and you name it. If he thought of something, he had been so rigorous and so careful that he was completely confident. And so, the idea that somebody could do trivial, empty, stupid statistical work and be stronger than clinical judgment, then his response to that was: "This is not real clinical judgment." So clinical judgment is something else and you're not touching it. Now, the intervening decades have really not been kind to that point of view. Since Meehl's 1954 book there have been about 300 studies comparing people's judgments to very simple rules, combinatorial, additive rules. And in about half of the cases the rules beat the judgments of people outright. And about the other half is mostly ties. There are very few if any cases in which clinical judgment actually beats the rules to which it was compared. So, this is something that people I think really have to accept at least if you... This is what evidence is saying.

**Morris Eagle:** It's saying "Lots of luck."

**Daniel Kahneman:** I think I understand the reluctance on this point. I'm telling you not to believe your own eyes and not to believe your own confidence. And you're not going to believe me. I'm taking that for granted, I'm assuming that. It would be very surprising if anybody... You know, that's another thing that we have learned. We think that we believe in things because we have reasons to believe them. And that is demonstrably an illusion. So we believe in things and then when we need reasons they come to mind, but the reasons come later. And the belief and the confidence in the belief that comes first. And frequently the conclusions come first and the decisions come first. And the rest follows. And it's not rationalization, this is all there is. It's reasons.

**Morris Eagle:** By the way, what you just described is profoundly psychoanalytic.

**Daniel Kahneman:** I know. It's psychoanalytic but it applies to me. It doesn't apply only to others. It applies to my beliefs because that's what is put in question.

**Morris Eagle:** What if we have full confidence intuitively that you are correct? [*Laughter in the audience*]

**Daniel Kahneman:** You may have it but I don't think that it will overcome when you are wrong about something, you will be confidently wrong and nothing that I tell you is going to change that because I know and I've been studying this for more than half a century and nothing has happened to me. And my intuitions are pretty much just the way they were.

**Morris Eagle:** You know what's striking about Rapaport's dislike of Paul Meehl? He was so appreciative of intelligence. And Paul Meehl was without question probably the smartest psychologist in the last 75 years...

**Daniel Kahneman:** Ever.

**Morris Eagle:** So, the depth of Rapaport's distaste for this issue overcame what would normally be tremendous admiration for a mind of a Paul Meehl.

**Daniel Kahneman:** The mind of a Paul Meehl who was a psychoanalyst, a practicing psychoanalyst and who came up with all that research. But for Rapaport believing or accepting Meehl would have been to reject everything that he really believed in. That was fundamental. And he couldn't.

**Paul Lippmann:** As it turns out Bob Holt had great respect for Paul Meehl.

**Morris Eagle:** Oh, he did. There's no question about it.

**Paul Lippmann:** he had affection and respect for Paul Meehl, absolutely. They were friendly opponents.

**Daniel Kahneman:** Yes. The respect showed. And by the way, Meehl was respectful also. I mean and he knew he was a clinician so he knew all of this. It's quite an interesting story.

**Morris Eagle:** It is.

**Everett Waters:** I knew Paul Meehl pretty well when I was a student. And I think this should be said that the reason for the clinical *versus* statistical work that Meehl did was not because it suited his intuition and he would have resisted the evidence if it showed that he had been wrong. I think he would have turned over in a minute if the data had come out differently. And the reason was that you had responsibility to some patients in the world. In other words, he took crazy guesses about what kinds of research topics his intuition told him would pay off working on detecting latent clinical *taxa* by fallible indicators without an accepted criterion. Not an obvious direction. He persisted in it. His intuition said, "I'm going to stay with it. If everyone doesn't join in, I will still go ahead. I will be right or I will be wrong." That was his predilection. But with the clinical *versus* statistical prediction issue – someone is going to get hurt. And I remember his saying that he often got requests from the community for referrals. So, he had a notebook in his desk, and he wrote down the kind of patient, aggressive adolescent female, referral to this person. He would follow up in a year. Did the therapy go well? And if it's not going well, keep track, and I'm not sending cases like this to people who are not successful with it. So, it didn't have anything to do with ego. It wasn't about being right. It was about doing your job. And the whole *Minnesota Multiphasic Personality Inventory* (MMPI) project was about getting the services to people who need them. We're in better shape than they. I'm sure Meehl would have turned over in a moment if the data on clinical *versus* statistical prediction had come out differently.

**Daniel Kahneman:** Absolutely. But I think Meehl could have turned because he had both sides in him. He was the clinician. Meehl was very proud of his work. I mean it was the highlight of his career, and he was very proud of it. But he was in service of the data, there is no question, completely. The clinicians had a harder time accepting, because he was really striking at the core, at a core belief that you can trust your clinical intuition. And, by the way, I think you can. So I want to correct some of the things, some of the impressions that I may have give to you... There are certain things that people are very good at and clinical intuition could very well be one of them. A trivial example that I always give in that context is that we all have expertise. And with expertise comes expert intuition, this immediate recognition. We all have expertise for example in a spouse's voice. So everybody who's been married or who has had a long-term partner knows that one word on the telephone and you know the person's state of mind and you're not wrong. You're completely confident and you're right. You can take that to the bank. Now my impression has always been, not always but since I've been thinking about it... My impression has been for a while that in the immediate clinical situation, in the interaction with a patient, probably there is a great deal of absolutely valid intuition. What there isn't the ability to forecast the future. So, you



can understand what's going on in the moment, you can respond in the moment and that gives you complete confidence that you understand the person, but in fact that doesn't enable you to predict much about the person's future. That's the dichotomy, and that I think explains in part why it's so difficult for people to admit that their intuitions cannot be trusted because in fact your intuitions can be trusted in the clinical hour. It's just the predictions, the long-term judgments, that people are not equipped to do. That simple rules aggregating information do better than people. And the idea that I feel equally confident in two domains, and in one domain I'm proved right because it is in the clinical interaction, where you are making short-term predictions and they're verified. And so you get that sense that you know what you're doing like a ping pong player knows what he's doing, he acts and he reacts and there's validity in there. That's the idea that you can have that much confidence here, and it's justified. But in a task that looks closely related like predicting what's going to happen to that patient, that is something you cannot do. That's very difficult to accept, I think.

**Morris Eagle:** Do you know who gives the best example I've ever read of that? Paul Meehl. And I remember the example. It's the same Paul Meehl who tells the following account about his own experience. He's walking to his analyst's office, and he sees a couple come out of a hospital. And they're crying, they look very sad. And he's convinced that their daughter is very ill, terribly ill, and they just can't bear it. And he starts crying in the middle of the street. And he goes to his analyst's office, and he's still teary. And the analyst asks him, "Did you have an unpleasant interaction with your daughter in which you scolded her this morning?" And suddenly the crying stops. The overwhelming depression lifts. And, of course, that's exactly what happened. So that's a lovely example.

**Daniel Kahneman:** That's a beautiful story.

**Morris Eagle:** That comes from Meehl. He had an extraordinary capacity for these sorts of... When something was real, he talked about it. But regarding indefensible predictions he would tell you that you're wrong.

**Daniel Kahneman:** I hope I am qualified enough when I'm saying what Meehl has proved. And that you can see both sides and you can clearly understand how it happens – why people cannot accept that Meehl is right. It is because in their daily work they constantly get proof that he was wrong if you don't understand it properly.

**Diana Diamond:** Nothing brings home more powerfully your point that we can trust our clinical intuition in the moment but we can't necessarily predict than the many anecdotes of the suicide. There is a research project at *Riggs* which shows that many people who make suicide attempts have not told their therapist that they were going to do it. Their therapist was blindsided by this. So I'm just wondering, in that case conference you mentioned you were an observer, you were a student. Was there any reflection on that?

**Daniel Kahneman:** What was overwhelming was that when people described that patient it looked almost criminal that she hadn't been stopped because there were people saying, "I met her on the stairs." I mean I remember this. They said, "I met her on the stairs and she looked odd to me. And I was wondering to intervene." So, there was a lot of that, but we do know about hindsight, all of this was colored by the fact that they knew. The evening before I mean that's the failure of prediction. We all have that material and nobody got up and said, "Oh, this woman is in danger. Let's save her." That didn't happen. So yeah, for me it made that point about the limitations to predict what people will do.

**Everett Waters:** On the point of personal communication, personal transmission of ideas, did you have contact with Meehl as you had with Rapaport? Or did you only know him through his work?

**Daniel Kahneman:** Well, I had an article reviewed by Meehl. And he signed his review. And he published my article and it still gives me the shivers. I was quite impressed. But there was an additional story about Meehl. When I got the Nobel Prize and was interviewed a fair amount and people were asking me who were my heroes and my influencers, I mentioned Paul Meehl as one of the people who had shaped my thinking. And a few years ago I got a letter from Paul Meehl's widow. It turns out that he was dying at the time, but he was told of that story and he was told that somebody has just gotten the Nobel. And she wrote in very touching ways of how moved he was, and he told her that he felt as if he had gotten it himself. And it was a very touching, very, very touching letter. So that was Paul Meehl.

**Mauricio Cortina:** Let me raise another issue about clinical inference, not so much judgment, but clinical inference and our ability as clinicians based on interaction with patients to be able to infer developmental issues that have organized personality. I think that's not prediction, but it's an inference based both on countless interactions where you're getting information, for example with somebody who had difficulty in opening up. And you don't feel you're in contact with them. And then you can find out from the history that there really wasn't anybody there that was there available for them when they were distressed and then ignored. You can make, in my experience, a pretty good clinical inference that this is an organizing principle that not exposing vulnerabilities has a major role in the patient.

**Daniel Kahneman:** Here I would be skeptical. Here I would tell a completely different story about this, I would tell the story that we're very, very good at telling stories and that we construct stories spontaneously that make sense of what we see. And once we have a story it has a life of its own and it makes it very difficult for us to construct a new story. And we take the stability of the stories we tell ourselves as evidence for the validity of the stories. There is an alternative way of explaining it, while the story just maintains itself. I'm not making specific judgment about any clinical judgment. I mean some inferences are true. But inferences can be false and can be held with enormous confidence.

**Morris Eagle:** There is also a more formal reason for why that would be not trustworthy, and that's what Larry Kohlberg calls "follow back *versus* follow up" data. The people you are seeing had such and such experience and are already being seen by a therapist. But people who've had those experiences and who don't develop in that manner don't see a therapist and you'll never see them in your study. So your theories are based entirely on follow back data and that's a powerful reason for being skeptical about clinical inferences that are based on clinical data because you're not dealing with the thousands of people who've had the same abuse, the same experiences, but don't become borderline or don't come to your office. And that's a powerful factor that limits the validity.

**Daniel Kahneman:** Maybe we have gotten a little off topic...

**Mauricio Cortina:** Can I comment on follow-back data Morris talked about?

**Daniel Kahneman:** Yes.

**Mauricio Cortina:** If you have extra-clinical evidence that we can draw on... that we know there are attachment histories of people who have been ignored or their needs have not been met, and that we know from this extra-clinical longitudinal study that this can have profound effects on their development, and these individuals have difficulty in expressing vulnerability, so it is not just that we're... I would argue that insofar as we are dealing with extra-clinical evidence that supports clinical intuitions we can have more confidence in our judgments.

**Morris Eagle:** But Mauricio, you added the magic word, "longitudinal". That changes the entire picture. *[some cross-talking by members of the group]*

**Daniel Kahneman:** I think we are straying way beyond the plan for today...

**Gerhard Dammann:** Isn't it interesting that one person can be as rational and cognitive as Rapaport was and at the same time so religious, while another person can emphasize more the sensual and emotional, like Erikson, who was at the same time areligious and skeptical?

**Daniel Kahneman:** You can tell stories that will make them very coherent, both of them. They tell it like very coherent people. And there was something about Rapaport, his austerity, about the sense that he was in the presence of something that was bigger than he was, which really you got when you were with Rapaport. There he was. There you were. And he was large and you were small. And there was that thing that was so much larger than he was. And that were the truth or Freud or... And that was a very powerful...

**Wilma Buccì:** I want to go back to Mauricio's point. Not talking longitudinally but before you can count things, before you can count patterns, you have to categorize them. And that requires a kind of intuition. So there's that process that is scientific but on a different level that makes the category. And then you can count them after. But I think that part of what you're getting at is what the process is (maybe Mauricio was saying something like that...), and I don't know if this is what you're picking up on, what you're experiencing as you confront different people showing a similar pattern is the making of a category.

**Daniel Kahneman:** As a cognitive psychologist I would be skeptical of this. That is I would say that our ability to create categories or the ability to create accounts or ability to create coherence out of virtually nothing is almost unlimited. It's the real, the major characteristic of humans. And the ability to see patterns, we see patterns where they're known. We are designed that way, we're designed to detect patterns when they're barely visible and in fact when they're not there.

**Wilma Buccì:** In part, you're making a big distinction between affect and reason. And there's a whole set of processing that goes on that was on this interface of affect and reason that gives you something that's not... You are saying it's irrational, but the affect is not necessarily irrational.

**Daniel Kahneman:** No... I haven't said that. By the way, I never use the word irrational, except to say... that I don't use it. So, I wouldn't say that. I don't draw a sharp distinction. I'd like to do one thing that has nothing to do with Rapaport, but it has something to do with the kind of stuff that I do for a living. So, I'll give perhaps my favorite example of something that I think we understand. And it's a prediction and how a prediction gets made. I've written up that story, some of you might recognize it. So I have the story and it's about Julie, and Julie is a graduating senior at a university. And I'll tell you one fact about Julie which is she read fluently when she was four-years-old. And I'm asking you: what is her *Grade Point Average* (GPA)? And the striking thing is – and you can check it – but every one of you has a number. So, I ask that question and number came to your mind. Furthermore, I have a pretty good idea of what that a number is. It's not very far from 3.7 on a scale of 4. It's just not very probable. How do I know? Because I know what happened. This is a mechanism that I know. So, you're told she read when she was four-years-old. That gives you a sense of how precocious she was. And in that sense is on some sort of intensity scale or percentile scale. You can locate her in the distribution and you know that she would be more precocious if she had read fluently when she was two and a half years old, but at four years old she is precocious. The GPA that comes to your mind has the same percentile. So what you're doing is you're translating age four into a percentile and then you are finding the GPA that matches that percentile. And that's the number that comes to your mind and you're not aware of anything. This is the number. And we know that that's the process because we know that those percentiles match. So we do understand, there is a way of studying intuition that gives you... This is one of the few things that I'm very sure about. I mean most of the things I'm much

less sure about than that. But you can know facts and that's based on a lot of research and I can make a prediction that you probably recognize as applying to you. And in that sense psychology has made some progress since those days.

**Wilma Buccì:** What was her GPA? [*Laughter in the audience*]

**Daniel Kahneman:** I can tell you about the best guess about her GPA would be. That I can tell you. Probably around 3.3, roughly. And that's for the following reason. I mean this is now statistics. This is because, if you knew nothing about Julie, your best guess of the average of GPA is probably around 3.2. Now you know a fact that makes it better, but how much can you tell about graduating GPA from the age at which you read? Not much. So, you make a small adjustment upward from the average. And that's how you get to around 3.3. That's the best guess.

**Wilma Buccì:** But it is a guess.

**Daniel Kahneman:** Of course. I mean I don't know. Julie is a creature of my mind. I don't know her GPA.

**Morris Eagle:** There's a famous story, I don't know if it's apocryphal, about Jerome Bruner who was an incredibly smart man also. He was giving a talk and showing data on a graph and drawing a conclusion, a story. And his research assistant said, "Dr. Bruner, Dr. Bruner!" And he pushes him away. And finally he gets his attention. He says, "You've reversed the graph..." So Bruner says, "Even more interesting." That's the story. [*Laughter in the audience*]

**Daniel Kahneman:** Yeah. I knew Jerry Bruner. It's a good story about him.

**Rachel Wolitzky:** When you speak to other groups as compared to a group of psychologists and you tell them maybe that they're predictive abilities or the way they make their decisions are not what they thought, do they react with equal resistance?

**Daniel Kahneman:** Or differently?

**Rachel Wolitzky:** Yes. Do they seem more open or exciting to hear that they are not rational?

**Daniel Kahneman:** Mostly, people don't feel that I'm talking about them. They feel that I'm talking about somebody else whereas here I think people feel that I'm talking about you. And that's a big difference. So, when I talk to executives and I tell them about executives, you get the same pain. That's part of the game.

**Kenneth A. Frank:** What are your thoughts about the will? [*Laughter in the audience*]

**Daniel Kahneman:** Are you sure that we should? I have no interesting thoughts about the will. I really have no real thoughts about the will. And you can ask me about consciousness, and I will tell you the same thing. That there are certain topics I know I don't understand. I would think about the will as an experience. I would not think about it as something real. I would think about the experience of willing things. And we can talk about that but...

**Morris Eagle:** You know, Rapaport says the same thing when he writes that for analysts the issue of free will is of little interest. What matters is whether you experience yourself as an agent who has free will whether you do not. And one is healthier than the other. End of story.

**Daniel Kahneman:** That's good. That's right. Yes.

**Morris Eagle:** That's Rapaport on the issue of free will.

**Daniel Kahneman:** Yeah, that's roughly where I would be.

**Frank Lachmann:** I was trying to think of the name of the researchers<sup>10</sup> who did the studies in Geneva, Switzerland, where they asked a psychiatrist to interview people who have made a suicide attempt and to make a prediction based on the interview whether they would make another attempt. And they videoed the face of the psychiatrist. And the predictions the

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<sup>10</sup> Marc Archinard, Véronique Haynal-Reymond & Michel Heller, Doctor's and patients' facial expressions and suicide reattempt risk assessment. *Journal of Psychiatric Research*, 2000, 34 (3): 261-262.

psychiatrist made where no better than chance. But his facial expressions were a better predictor than his intuitions. Now obviously they didn't access his subjective experience while they were doing the interview. So when we talk about intuition, we're also talking about the extent to which the person accesses the subjective experience to go into it or is it just a cognitive...

**Daniel Kahneman:** My first reaction to this is that I doubt the study.

**Frank Lachmann:** You doubt?

**Daniel Kahneman:** Yes. Yes. I doubt the study. And I'll explain why I doubt the study. You cannot make that point in interviewing two patients or even 20. It's the kind of statistical analysis that you need, the kind of data that you need in order to say they were not able to do this but their facial expressions knew, which by the way I'm quite willing to believe it is true but am not willing to accept the study as you described it. I mean I know how difficult it would be to prove that hypothesis in a way that would make me believe it. And this is because it turns out I'm now studying how psychologists think about psychology. And it turns out (and I'm not talking about academic psychologists) that our overconfidence is extreme. Our belief in our data is wildly exaggerated. Our belief in our conclusions, our belief in our hypotheses, we are way overconfident. And I'm struggling with this because this means me. This means I. And I'm having difficulty but that study it's plausible. It's possible. I... doubt it. Excuse me, but you see where I come from.

**Rachel Wolitzky:** The power you would need statistically?

**Daniel Kahneman:** Yes, for this hypothesis if I think of what study you would need to run in order to be convinced that this is true, I can tell you this is a very difficult study... difficult to prove such a thing. And having a psychiatrists or few psychiatrists interview a few patients is not enough.

**Morris Eagle:** Also the likelihood is that the correlation is so low that it probably accounts for 10% or 11% of the variance.

**Daniel Kahneman:** Which means that you'd need a lot of evidence. I think I'm boring people.

**Audience:** No, no...

**Daniel Kahneman:** No? Because...

**Morris Eagle:** Are we boring you?

**Daniel Kahneman:** No, you're not boring me. You're not boring me. I like talking, and I'm quite comfortable. But I just don't want to bore you.

**Rachel Wolitzky:** It's interesting regarding the suicide, because I would think that that would be potentially the one area where psychologists would feel relief about the lack of clinical predictability in their own person (the fact that they could not be faulted for failing to correctly predict). But it doesn't seem that way necessarily?

**Daniel Kahneman:** They would feel relief because it relieves them of responsibility.

**Rachel Wolitzky:** Right. You would think that that would be one situation where they would feel relieved.

**Daniel Kahneman:** No, I mean this is really not what happened (in my experience at *Riggs*). I mean there was a terrible sense on that occasion of we missed it. We blew it. There was a sense that a grave error had been made and no one could put his finger on it, because I think no error had been made.

**Morris Eagle:** I have one question that in your book (*Thinking, Fast and Slow*)<sup>11</sup>, and today in your comments, the emphasis of course has been on the unreliability of intuitions and so on. But of course, the other part of the book is on the possible role of corrective factors and on the

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<sup>11</sup> Daniel Kahneman, *Thinking, Fast and Slow*. New York: Farrar, Straus and Giroux, 2011.

deliberative reasoning. It's interesting, we're focused only on the formula and very little on the latter, namely what kind of correctives do you think would be most interesting to a group like us? Effortful control, deliberative reasoning, delay, whatever, ego function's influence...

**Daniel Kahneman:** Slowing down, really, the only advice that I have been able to give is slowing down. And you mention the word delay and that's interesting to me. The best advice that I think comes out of what we know on this is that you want eventually to have an intuition but you want to delay it as much as possible. So, the problem with intuitions are that they come very fast. And so here there is a story about my life story, I set up the interviewing system in the Israeli Army. I set it up when I was 22 years old. And it's in force to this day, I'm 85. I know it was enforced two years ago when I last checked. And the essence of the interviewing system in the Israeli Army which I created after reading Paul Meehl, so that just to complete the story. I did that in 1956. And my boss made me read Paul Meehl. The essence of it is that, instead of trying to figure out how good a soldier to recruit is, you don't think about that. You force the interviewer to rate the interviewee on six separate dimensions. And you think about those dimensions one at a time, you collect the evidence and you score each dimension. And after that you can have... Now I can tell you the story because there is a story associated with that. So, I was 22 years old. The interviewers were 21 years old, and I told them what to do. I said, "You run that interview. You collect those six things." And they were furious with me, and you can see why. They were saying, "You're turning us into robots." Basically, "we want to exercise our clinical intuitions and you're not letting us." And so, as a compromise, I said, "Well, you do it my way. But when you are done with the six traits, close your eyes. How good a soldier will that recruit be? And put down a number between one and five." Now 50 years later... Well, I should say a few months later we knew the results. And the results were that that intuitive judgment given at the end was as good as the average of the six and was adding information so that we ended up with a formula that had the average of the six ratings and with equal weight that rating given at the end. So what lesson do I draw from this? Intuition is wonderful. You want to delay it. You want to delay it until you have all the information because otherwise the intuition will get in your way of collecting additional information. And delaying intuition is really I think a good idea.

**Audience:** But wasn't the intuition a product of the information of the first six ratings?

**Daniel Kahneman:** Of course. Of course. That's the idea. But what you did with the ratings you collected the ratings independently of each other, so there were separate questions for each rating, which were objective and factual. So, global intuition didn't have a chance to be, to form until the end. We tried to delay it as much as possible. I should add 50 years later I went back to my Unit, I'd gotten the Nobel Prize, so I was for a while a minor celebrity in Israel. And I visited my Unit and I talked to the commander and she was telling me how they're interviewing people. And then she said, "And then we tell them, close your eyes..." So, this expression had stayed for 50 years.

**David Wolitzky:** So, it wasn't a global judgment and implicit averaging of the first six?

**Daniel Kahneman:** No, because it added information. It was valid beyond the six. It added information, valuable information.

**Morris Eagle:** I'm worried that we're tiring you too much.

**Daniel Kahneman:** No, I mean I think we're done, aren't we?

**Morris Eagle:** No, not because we're tired but because we don't want to...

**Daniel Kahneman:** No, I mean I'm not ill. I have adrenaline. But it's too long. We've been going on long enough. So, if there is one additional question, I'll take it. But if not, I think we're done. We're done. *[Applause]*