

*So every day she wove on the great loom—but every night by
torchlight she unwove it.*

—HOMER

10 Penelope's Loom: Psychopathology and the Analytic Process

A twenty-year-old student, shortly after beginning analysis, recovers a memory of himself as a nine-year-old boy just back from a camping trip with his father. The latter is a fiercely independent man whose periodic trips out onto the "mountain" provided him with continually sought relief from what he experienced as the suffocating degradation of his domestic captivity. This was the first time he had allowed his son to join him. The trip had been enormously difficult for the eager and spunky boy, as his father eschewed any concessions to convenience or comfort, combining obsessive self-sufficiency with a taunting challenge to his son. The boy felt vast relief at having survived the trip without disappointing his father in any major way.

Later in analysis he recalls speaking with his mother, an anxious, intrusive, overprotective woman, who had waited nervously for his return and then bathed him in effusive sympathy and solicitousness. Although he was usually frightened of his mother's ministrations and therefore tended to avoid them, after the spartan regime of life on the mountain, he was enjoying her interest and concern, telling her details of his trip which were bound to elicit even greater sympathy. In the midst of his account he became aware of his father's presence at the doorway and glanced up to catch a look of surprise and total disgust on the older man's face. Later in analysis he recalls the memory with a dizzying, sickening sense of self-floating and isolation from both parents.

This memory came to play a central role in deciphering and disentangling the strands of this analyst's life. He writes constantly, and his ambition is to be a poet. He works almost completely alone, as if on the mountain, yet with a constant longing for the products of his labors to be loved and taken into people's homes and treasured by them. When a longed-for success in the form of publication or positive critical reaction punctuates a period of dedicated effort, he immediately changes his style of composition. He dreads becoming a panderer for commercial success; the only way to keep his artistic process pure is to abandon immediately any work that gains the approval of others.

His relationships with women are dominated by these same themes. He is drawn to women with deeply depressive longings and helps them in a very sensitive and compelling fashion. He sets them up in a life in which he is the desperately needed emotional center, then constructs realms of escape in which they can only long for but never get to him. There is an aching loneliness for him in these relationships, as he is perpetually struggling to design emotional attachments which, because of their cloying and suffocating quality, he needs always to escape.

Homer in the *Odyssey* depicts Penelope, Odysseus' loyal wife, as besieged by suitors during his many years' absence. They urge her to abandon her missing husband, who has never returned from the battle of Troy, and marry one of them. She is not interested in entering this world of new possibilities and wants to wait for Odysseus' return. In order to keep her ardent suitors at bay, she tells them she cannot think of remarrying until she fulfills her obligations by weaving a shroud for Laertes, her father-in-law. She weaves during the daylight hours and, after the household has gone to sleep, unravels her work by torchlight. She spends years at her endless project, whose seeming futility belies its effective and poignant role in preserving her dedication and holding together her subjective world.

One might regard the relational matrix within which each of us lives as a tapestry woven on Penelope's loom, a tapestry whose design is rich with interacting figures. Some represent images and metaphors around which one's self is experienced; some represent images and phantoms of others, whom one endlessly pursues, or escapes, in a complex choreography of movements, gestures, and arrangements woven together from fragments of experience and the cast of characters in one's early interpersonal world. Like Penelope, each of us weaves and unravels, constructing our relational world to maintain the same dramatic tensions,

perpetuating—with many different people as vehicles—the same longings, suspense, revenge, surprises, and struggles. Like Penelope in the seeming purposiveness of her daytime labors, we experience our lives as directional and linear; we are trying to get somewhere, to do things, to define ourselves in some fashion. Yet, like Penelope in her nighttime sabotage, we unconsciously counterbalance our efforts, complicate our intended goals, seek out and construct the very restraints and obstacles we struggle against. Psychopathology in its infinite variations reflects our unconscious commitment to stasis, to embeddedness in and deep loyalty to the familiar.

FROM THIS perspective, the life of our student-poet is constructed of conflictual relational strands. Emotional connection to his mother entails a bond in which desperate need is met by enveloping solicitousness. He generally plays the role of caretaker, establishing the nurturing environment in which the needfulness of the other can be ministered to. He sometimes (mostly in fantasy) plays the role of the needy child, whose wants will be fulfilled in the warmth of domestic comfort which he can never allow himself to reside in fully. Emotional connection to his father entails accompanying this parent in his heroic isolation, never really "meeting" him, but as powerfully connected as birds in flight along the paths of a parallel formation. He works long hours in self-imposed isolation, setting up repetitive, seemingly impossible challenges for himself, which he manages barely to overcome at the last moment through cunning and courage.

The father's untamed bestiality is the counterpoint to the mother's domesticity. Each relationship itself is intensely conflictual; the price of connection to each parent is too great. And the two relationships are in intense conflict. Thus, as this young man's personality developed, the conflictual strands of each relationship were teased apart. All the strands were then reassembled in the fabric of his life, which allowed him to maintain powerful connections to these archaic objects, in which each connection was exquisitely balanced by escape routes.

In this analyst's relational matrix, as on Penelope's loom, the action never proceeds to fruition, the denouement is never reached. This is because conflict and balance are artfully built into the composition itself, and also because (like Penelope) the analyst's experiences intense conflict about the project as a whole. Restrictive difficulties in living operate

precisely in this double fashion—delimiting relational configurations are continually restructured *into* daily living, and also struggled *against* in an effort to break free of their constraints. Thus, this analysis is continually finding his mother's furnished rooms and his father's mountain in the content of his daily life, balancing their claims against each other and making monumental efforts to break free of the limits they jointly impose on his life. Unlike Penelope, who knows she both weaves and unravels, the analysis is aware only of his struggles to escape what he experiences as the given structure of experience.

THE METAPHOR of the beast, derived from the drive model, is a recurrent theme in the iconography of many tapestries and the organizational content of the relational world of many analysts. The student, for example, experiences certain features of his sexuality in bestial terms, identifying with his image of his father as powerful and in some sense untamed, in intense conflict with the domesticity represented by his identification with his mother. Still, if we regard the beast as inherent and "instinctual," we fail to grasp the relational configurations and ties which constitute the deeper structure of experience and provide the context within which the experience of the self as beast emerges and operates.

Similarly, the metaphor of the baby, derived from the developmental-arrest model, highlights important early relational issues and needs. The student had a great longing to escape the constant pressure and relentless expectations imposed upon him by his relationship with his father. He yearned to surrender to a nurturing maternal care which, because of the intensity of his divided loyalties and his mother's frightening intrusiveness, he was never able to allow himself to experience fully with his mother or any other woman. Yet if we regard the "baby" as a vestige of the interactional field which becomes actual and takes on invariant properties, we portray the subject as merely a figure in the tapestry rather than also its weaver. The student as baby was a daily re-created product of the continual regeneration of the writer as untamed beast and as solicitous protector, and his daily dedication to accept his mother's never-realizable offer of unconditional love and devotion. The metaphor of the baby reified into theory fails to capture the commitment of the subject to his relational world, a world which is not just the passive residue of experience but is actively woven each day.

Embeddedness and the Relational Matrix

How does one get stuck in a maladaptive relational matrix? Why are human personalities so powerfully shaped by early relationships, and why is the attachment to archaic objects so "adhesive" (to use Freud's term)? We saw in Chapter 3 that Freud had considerable difficulty answering this question and resorted finally to placing explanatory weight on constitutional factors like the inherent antisocial quality of the drives and the workings of the "death instinct." Fixity, for Freud, is built into the instinctual underpinnings of emotional life.

Many relational-model theorists (Fairbairn, Winnicott, and Kohut, for example) shift the responsibility to the environment: The baby is good, not bad, and if properly cared for will be emotionally resilient and free of encumbering attachments. Embeddedness is incompleteness—a failure in provision of essential ingredients for emotional growth. The bestial baby has been replaced by the unempathic parent as the villain of the piece.

In my view, *all* children are bent out of shape (or more accurately, *into* shape) in their early significant relationships, and this is a result neither of inherent bestiality nor of faulty parenting, but of the inevitable emotional conditions of early life. Becoming a particular person is a complex process during which the child, in his "object seeking," searches for and engages other persons to attach to, to shape himself around, to elicit recognition from. Each baby has a wide range of possibilities; the interactions with early significant others contract that range, reduce possibilities to selected channels through which that child can find and be recognized by his significant others. One cannot become a human being in the abstract; one does so only by adopting a highly specific, delimiting shape, and that shape is forged in interaction between the temperamental givens of the baby and the contours of parental character and fantasies.

One of the most profound and universal realizations of later childhood, a realization that probably is never totally integrated, is the discovery that one's parents are not necessarily representative of the human species, that one has grown up in an idiosyncratically structured family with its own peculiarities and dramas. Before that slowly dawning recognition the interpersonal world of one's childhood is the only show in town, and fashioning oneself as part of it is a psychological inevitability.

The prolonged condition of childhood dependency makes the discovery and forging of reliable points of connection not just an emotional necessity but an apparent condition for physical survival. No

matter how available the parent, the inevitable confusions and fears of childhood make the parent never seem unconditionally available enough, or available in the right way. The experiences of separation, overstimulation, physical illness and pain, glimpses of human mortality, exclusion from the parental relationship, sibling comparison and competition, childhood dependency, and other travails of early life are certain to make childhood at least intermittently stormy, and early relationships inevitably somewhat insecure. One's position can never be taken for granted. One is always, in some ultimate sense, at the mercy of adults. The parents can never be purely facilitative, simply allowing the child to find his or her own path. The anxieties inherent in childhood make it necessary for the child to employ the parents as specific points of reference, their idiosyncrasies becoming anchors for all subsequent joinings.

Sullivan's concept of the child's sense of "good me" shaped by parental anxiety, Winnicott's depiction of the "false-self" dimension of the child shaped around parental intrusions—these formulations point to the necessity for the child to design himself within the spaces provided by the contours of parental character, to find himself in the points of connection they provide. Reifications in theory of both the metaphor of the beast and the metaphor of the modern baby fail to capture this interactive process, since both posit a preformed content out of which development proceeds: the former, as a wild thing to be tamed; the latter, as an unfolding to be facilitated.

Embeddedness is endemic to the human experience—I become the person I am in interaction with specific others. The way I feel it necessary to be with them is the person I take myself to be. That self-organization becomes my "nature"; those attachments become my sense of the possibilities within the community of others; those transactional patterns become the basis for my sense of interpersonal security and competence to function in the world. Adhesive devotion to the relational matrix reflects a terror of total loss of self and connection with others, as well as a deep loyalty and devotion to the interpersonal world which, no matter how skewed, allowed one to become one's own particular version of human.

ALL IMPORTANT human relationships are necessarily conflictual, since all relationships have complex, simultaneous meanings in terms of self-

definition and connection to others, self-regulation and field regulation. As Loewald says, "The deepest root of the ambivalence that appears to pervade all relationships, external as well as internal, seems to be the polarity inherent in individual existence of individuation and 'primary narcissistic' union" (1960b, p. 264). Connection with another always both actualizes and expands the self and also inevitably exacts a price in the narrowing of other options. Accommodation to a particular other, especially of the child to the parent, creates a counterpressure to reclaim what has been given over, to escape the limits of self which serve as the preconditions of any connection. Different channels of connection to the same parent can themselves be in conflict, depending on the continuity or discontinuity of these qualities in the parent.

Each child is likely to develop a deep tie to both conscious and unconscious or disowned currents within the parent's character structure; how well the child can integrate these currents is partially limited by how integrated the parent is, how flexible his or her self-organization is. Further, accommodation and connection to one parent always comes into conflict, in some fashion, with accommodation and connection to the other. How conflictual these different connections and loyalties become is strongly influenced by the family dynamics. Are different kinds of relationships tolerated? sides drawn? exclusive loyalties demanded?

The strands which make up the complexities of personality derive from the inevitable conflicts centering around and between various points of connection and identification with early significant others. Neurotic symptoms are not outcroppings of conflict between wishes and defenses, but loose threads, conflictual relational configurations, unable to be syntonically woven into the dominant themes within the composition of the personality and finding circuitous, displaced, disguised forms of expression.

The foregoing points to the limitations of the so-called medical model as a basis for thinking about the kinds of difficulties in living with which the psychoanalyst deals. The concept of *psychopathology* implies a normative human mind, analogous to the normative physical functioning of the human body, with psychoanalysis as a treatment for deviations. But if each person is a specifically self-designed creation, styled to fit within a particular interpersonal context, there is no generic standard against which deviations can be measured. Rather, difficulties in living would be regarded with respect to the degree of "adhesion" to one's early rela-

tional matrix and, conversely, the relative degree of freedom for new experience which that fixity allows. How rigid is the self-organization forged in early interactions? How much range of experience of oneself does it allow? How adhesive are the attachments to archaic objects? How exclusive are the loyalties demanded by them? How compulsive are the transactional patterns learned in these relationships? How tightly do they delimit actions within a narrow border fringed with anxiety? These interrelated dimensions determine the degree of character pathology.

The universality of accommodation and fixity to original significant relationships suggests that the analytic process is not so much a treatment for psychopathology, but, more broadly, a uniquely structured experience which allows the possibility of loosening the inevitable restraints generated by the residues of early experience. Attachments to archaic objects are not all the same. The more rigid the connection provided by the parents, the more the child is forced to choose between the limited forms of relation or total isolation, and the more compulsive are the residues of those relationships. But conflictual attachments to and identifications with archaic objects are universal. It is the alteration of those ties which constitutes the basic therapeutic action of the analytic process.

Comparing Concepts of Therapeutic Action

Consider the following session in which the analyst expresses bewilderment about how her analysis can possibly move forward.

She begins by noting her pleasure at the previous hour. She had supplied disconnected free associations; the analyst had made some bridging connections the patient had been unaware of. This is something she can rarely let happen, she says, because she cannot trust the analyst enough to allow him to provide her with something she might really need, like organizing her associations. So she generally censors her associations, organizing them herself, and it is precisely this lack of trust and commitment which prevents her from establishing any long-term relationships with others.

For her analysis to really move forward, she goes on, she has to learn to relinquish control, but how can she possibly do that? Her experience with both parents left her feeling very wary of such a surrender. Her mother was a "saintlike" woman who was excessively devoted to her and

would do anything for her, in fact insisted on doing most things for her—which, she had come to feel, left her unable to do many things for herself. Her father was a powerful, grandiose, isolated man, totally convinced of his superior wisdom on all of life's major issues. He was also very involved with his daughter, demanding impressive shows of loyalty in returning for his unnerving control and direction. Each of the parents, who were very alienated from each other, seemed to look to their only daughter for some sort of contact and completion, offering pleasure and protection at the price of total and exclusive surrender.

She had learned that it was very dangerous to surrender control, to count on anyone else for anything, although she had a great longing to do so and illustrated this through the following metaphor. "It is as if we are in a car with dual controls. I pretend to let you drive, but never *really* relinquish the master control." How can the analysis proceed, she wonders, when to be involved in the process requires precisely the kind of trustful relinquishing of control she feels most unable to do?

What is going to help this patient? Clinical psychoanalysis is rife with controversy about exactly this question. Analytic cure is attributed by some to insight, by others to a nurturing relationship, by others to confrontational encounter. The analyst in treatment is viewed by some as pursuing infantile wishes, by others as seeking to fill structural deficits, by others as longing for and also fearing a connection in the present relationship with the analyst. The recommended demeanor of the analyst is described variously as neutral, empathic, aloof, or participatory, and the atmosphere of the analytic setting as abstinent, nurturing, anxiety tinged, or playful.

Proponents of these different positions all tend to regard their own view of the analytic process as correct, making possible a deeper, more emotionally significant experience for their analysts; from each perspective, the other positions appear conceptually flawed and clinically shallow. Each stance is placed at the center of the psychoanalytic universe and the other positions, inevitably located at the periphery, represent a contamination of psychoanalytic truth, and a diminution of the power of the analytic experience.

The problem with the discourse generated by these controversies is the assumption that these different positions operate within the same universe, that their individual, specific components can be meaningfully compared and weighed against each other. This is very misleading. Theories of analytic technique differ not just on specific issues but in

fundamental premises regarding the very nature of mind and human interaction. The analytic situation created by practitioners of these various perspectives is not a common phenomenon about which they disagree. Each perspective, by virtue of the manner in which it is structured and the way in which the analysand is initiated into it, creates its own particular analytic situation, which it then explains through its theoretical postulates; each perspective creates its own kind of analytic relationship, which then becomes the vehicle for its own version of analytic cure. In this sense, each perspective *is* at the center of its own conceptual universe. The problem is that there is more than one such universe.

Should the analysand's wishes be gratified or deprived? Should the analyst make many interpretations, or offer them sparingly or not at all? Should the focus of the work be in the transference or outside the transference? Should countertransference be avoided, utilized, expressed? Comparing the approaches to these specific issues leads quickly into a quagmire of semantic confusion. What *is* it that is to be either gratified or denied? What *is* an interpretation and how does it work? Each model understands these phenomena differently, and each position, because of the manner in which it is put into effect, creates different sorts of wishes, interpretations, transference, countertransference. The debate about how these things are to be handled often presumes that they are in fact the same across all models. This is a bit like owners of different models of automobiles arguing about how to get into first gear. For one the gearshift is down in first; for another it is up. For the owners of a car with automatic transmission, first gear is embedded in "drive" (a noninstinctual variety) and takes care of itself. To approach the dimensions of the analytic process without reference to different theoretical models of the nature of mind and the way it changes is like trying to arrive at a consensus about how to get cars into first gear.

THREE BASIC concepts of the therapeutic action of psychoanalysis have dominated psychoanalytic thinking, and they have very different premises, histories, central metaphors, and clinical implications. The contributions of many important contemporary authors (Loewald, Schaffer, and Modell, for example) would not fit any one of these models neatly and exclusively. Most of us have come to think of analytic work in a complex combination of ways. But there are three coherent and inte-

grated understandings of analytic change which can be teased out conceptually for purposes of study and comparison; they need to be grasped in the larger historical and theoretical context in which they evolved.

The Drive-Conflict Model

The drive-conflict, or classical, model of psychoanalytic technique was forged in the interaction of two major influences: its prehistory in hypnotism, and the drive-theory premises concerning motivation, development, and psychopathology which provide its basic explanatory framework.

From hypnotism came the emphasis on recovery of memories, which has remained a central feature of classical technique. Eventually the analysis of unconscious derivatives within "free association," and later the analysis of the defenses, replaced hypnotism as the basic instrument for reclaiming memories.

From drive theory came a set of premises regarding the *content* of what is to be remembered. Man's biological heritage and fundamental nature provide him with prepackaged, constitutional, instinctual drives, each component arising at a "source," with an "aim" pressing with a built-in "impetus" toward some predestined discharge. Man's rationality and capacity for social conscience provide him with capabilities for regulating and sublimating his prehuman and protohuman bestial drives for higher, socially sanctioned purposes. Neurosis represents a grim victory for the drives and irrationality—the libido has withdrawn from useful and pleasurable purposes in the real world to rearchitect infantile, incestuous images. It is this attachment to infantile parental images and wishes for gratification which fuels neurotic symptoms and lends them durability and tenacity.

The psychoanalytic situation, as conceptualized in the classical psychoanalytic model, is a battleground within the context of this larger vision. The analyst, whose function is to investigate and uncover, is pitted against the resistances, whose function is to protect and keep hidden the infantile wishes and longings. The ultimate aim of psychoanalysis is to overcome the resistance, to flush out the beast, to "track down the libido . . . withdrawn into its hiding place" (Freud, 1912b), to tame the infantile wishes by uncovering them through memory. Freud's favorite genres of metaphor are zoological and military, well suited to delineating this battle between investigation and resistance, between bestial life and intellectual life, between drive gratification and reality.

All the major features of the analytic situation are understood within the context of this mimetic goal and drive-theory premises. The analysand is encouraged to relax the defenses, to allow the derivatives of his wishful impulses to appear uncensored in his free associations. The analyst's function is to cull the infantile wishes and fears from the complexly disguised derivatives in which they are encased. The primary therapeutic tool is "interpretation," in which the conflict between repressed infantile impulses and defenses against those impulses is articulated.

The analyst's interpretations supply, in careful and timely fashion, crucial missing information, which encourages the analysand to remember those pathogenic wishes. The resistance represents the manifestation of the original defenses in this new, highly dangerous situation in which the repressed is being evoked. Wishful, bestial impulses were repressed originally because they posed a grave threat to the peacekeeping purposes of the ego; the analysis itself, in its attempt to uncover libidinal impulses through the analyst's interpretations, poses a similar grave threat.

Resistance, in the classical theory of technique, is the sabotaging of memory and insight, and thus precise understanding is crucial to true analytic change. Analytic interpretations require the precision of the surgeon to uncover and fully delineate pathogenic wishes and conflicts. One does not cut into the *general* area of an abscessed appendix or try to remove *most* of it. Similarly, any interpretation even slightly off the mark is eagerly employed by the resistance to create pseudoinight and therefore actually strengthens repressions. You are either exactly right or you make things worse, you are either part of the "solution" (as the political slogan of the 1960s phrased it) or part of the problem.*

Transference is the reexperience of the original infantile wishes and fears within the relationship with the analyst, and manifests itself primarily as an obstacle to the required aim of the psychoanalytic process—the recovery of the infantile wishes and fears in their original historical context. In his genius and extraordinary persistence, Freud was able to

* In the classical theory of technique *insight* provides the basic leverage for analytic change, loosening repressions, releasing trapped energies, and facilitating the renunciation of infantile wishes. Many contemporary theorists have continued to place central emphasis on insight, even though they have rejected drive theory as an explanatory framework. Removing the drive model from around the clinical concept of "insight" leaves it stranded in a conceptual vacuum. The drive model provides an account of *why* insight cures. Displacing the model necessitates another explanatory framework to perform its functions. Schaffer (1983), for example, relocates insight within his hermeneutic-action language perspective, which gives it a crucial role in the assumption of "agency" and the rewriting of narratives, functions very different from those Freud had in mind.

turn transference from an obstacle in the way of analysis to an eventful aid; the displaced feelings and images do provide important data, Freud realized, even though the data are out of context. Instead of remembering what he felt about father and mother, the patient displaces the historical wishes onto the relationship with the analyst. The interpretation of the transference (that is, the setting of those feelings and images back into their original context) thus provides what Glover calls an "affective experience (an affect-bridge) to link the past with the present" (1955, p. 133).

The relationship between analyst and analysand is therefore regarded as a crucial dimension of analysis, stimulating long-buried desires. These are inevitably and necessarily frustrated; the "treatment must be carried out in abstinence" (Freud, 1915b). This is because the transference is employed by the resistance as an alternative to remembering. In the closed-energy system in which the drive-conflict model operates, wishes gratified in the transference are no longer available for "memory work." The same packet of energy cannot be discharged in two different ways. Memory is forced by abstinence and frustration; that which is gratified is perpetually enacted, but never remembered and analytically transformed. Within the drive-conflict model of the psychoanalytic process, analytic change takes place when the transference experience is converted into memory.

The objectivity and detachment which the drive-conflict model of analytic technique assigns to the demeanor of the analyst is demanded by drive-theory premises. The analysand's neurosis is understood to be a closed system of drives and defenses. The analyst functions to interpret these conflicts, to bring them to light, to reclaim memories and provide insight. As this process unfolds, the patient experiences the analyst in terms of his or her own internal struggles. The resistance uses these transferences to impede the analytic inquiry; the analyst counters by employing these transferences themselves in the service of the memory work.

The transference poses grave dangers, often evoking reactions from the analyst, who, in being exposed to the analysand's transference, is "tried in all directions, his Id stimulated, his ego disparaged and his super-ego affronted" (Glover, 1955, p. 102). In the classical theory of technique the analyst must struggle to resist these pulls. Although Freud urges the analyst to use his own intuition and his own unconscious processes, the analyst's emotional state must always be one of compo-

sure, objectivity, and neutrality. The analyst is the bastion of rationality, the major protagonist against the irrationality of the drives. The analyst is present as function, as interpreter, not as person with wishes and fears of his own. He must go about his task deftly and incisively, his equanimity undisturbed by ripples of affect, frustration, or despair. The experience of strong feelings within the analyst regarding the analysand is viewed as a departure, a pathological result of the analyst's own unresolved conflicts and childhood residues. Proper analytic demeanor calls for interpretive, not affective, response. "In what is called 'handling of the transference,'" Renichel suggests, "not joining in the game is the principal task" (1941, p. 73). Although the minimalism of the analyst's response is extremely difficult for both the analysand and the analyst, it is necessary and in the best interest of the patient.

LET US return to the clinical vignette of the dual-control car, in the perspective of the drive-conflict model. These sessions would be understood to center around the patient's conflict concerning an intense wish for passive surrender, which might be understood in oedipal terms as a sexual surrender to the father, in negative oedipal terms as a homosexual submission to the phallic mother, or, alternatively, as a longing for symbiotic fusion with the preoedipal mother. Both the wish and the fear are currently experienced in the transference to the analyst, even though they need not have anything to do with what the analyst is really like, and would be elicited by any analyst using proper analytic technique. Wish and fear would be allowed to become deeply felt, experiential reality, before the genetic interpretation would reset both in their original context in relation to the parents. It would be crucial for the analyst to remain appropriately neutral, to avoid encouraging surrender in the transference; anything else would be a countertransferential seduction and would obscure the grounds for clarifying the analysand's historically based distortions. Ultimately the longing for and fear of submission to the analyst must be frustrated and *experiential* as intensely frustrating, to allow for the uncovering of the infantile wishes and their eventual renunciation.

The Developmental-Arrest Model

The developmental-arrest model is a relational model which puts the greatest emphasis on the earliest relationship of the infant to the mother. We have seen that it is often used by authors who want to remain loyal

to classical theory and technique as appropriate for neurotic patients, while using relational-model concepts and affiliated techniques for patients they consider more disturbed. Object-relations concepts are placed *beyond* the formation of drives and structural conflict, thereby preserving Freud's theory of the neuroses and forcing the focus to the earliest child-mother relations as the source of all difficulties. In the developmental-arrest model of the analytic process, the therapeutic action works to heal the paralysis and the distortions generated by interferences in that first relationship.

Winnicott, Guntrip, and Kohut have been the major developmental-arrest theorists. Their versions of the analytic process, by no means identical, overlap considerably. Let us consider Winnicott as representative of this approach.

For Winnicott, psychopathology represents a developmental fixation. It is the development of the self, not just of impulses, that unfolds according to a preset course of emotional needs. The caregivers provide certain emotional reactions and an affective ambience necessary for the self to grow and maintain a sense of integrity, continuity, vitality, and coherence. If these responses are not forthcoming, the natural maturational process slows to a stop. The vital center of the person, the "true" core of his or her subjectivity, is struck in time. "False," shallow psychological structures grow up around this buried core, but they cannot be understood as real or new growth. Winnicott warns the analyst to avoid the "false assumption that the patient really exists" (1950, p. 213). Despite the passage of chronological time, the patient does not age psychologically. Unmet early needs persist in a protected cocoon of defenses; new growth is possible only when and if the missed maternal functions are somehow obtained. While the central narrative of the classical drive-conflict model is the cornering, revelation, and eventual renunciation of the self as beast, the central theme of the developmental-arrest model is the rebirth and reanimation of the self as baby.

Winnicott depicts the analytic process in terms of the rekindling of the subjective omnipotence of the true self. He views the essential dimension of early development as a movement from an initial sense of subjective omnipotence through an ambiguous "transitional" realm, to an eventual tolerance of objective reality. What makes this process possible is a perfectly accommodating mother who, because of her own "primary maternal preoccupation," initially shapes the world to actualize the infant's wishes and fantasies. The mother gradually withdraws from this

role of accommodation, making possible an incremental disappointment for the child as he comes to tolerate an objective reality and other subjectivities beyond his control. If the mother does not play this crucial role properly, she is experienced as impinging on the child in a way that he cannot possibly negotiate or integrate with the spontaneous claims of his own subjectivity. The core of his being is blocked, buried, held in abeyance, while a compliant, false accommodation to external impingement is fashioned. Psychological growth has ended. "The mother's failure to adapt in the earliest phase does not produce anything but an annihilation of the infant's self" (1956, p. 304).

Kohut describes, in very similar fashion, a subtle dialectic between narcissistic gratification and inevitable, incremental disappointment, which over time generates a tolerance of more realistic experiences of self and others through a process he terms transmuting internalization. The parent's failure to provide and protect this delicate process results in a forced adaptation to objective reality, very much like Winnicott's description of "impingement," in which various narcissistic sectors of the child's self become split off and are unable to be drawn on in living. The result is a sense of oneself as empty, depleted, fragile, or fragmented. Winnicott views the analytic process as providing missing parental functions, both in the analytic setting and in the person of the analyst, which makes it possible for the stalled maturation of the self to begin anew. His enormously rich papers describe many examples of different features of the patient-analyst relationship and many different kinds of interactions, all interpreted as enacting facets of the normal infant-mother relationship. A common theme is that the patient structures the analytic situation according to a natural wisdom about what he missed and now needs. Kohut strikes a very similar note: "The interrupted maturational push, the maturational push that was thwarted in childhood, will begin to reassert itself spontaneously as it is reactivated in the analysis in the form of a selfobject transference" (1984, p. 78).

Winnicott's basic injunction to the analyst is, *do not meddle*. The revival of the patient's vital self depends on the analyst's willingness to create an environment structured totally by the patient's subjectivity, in which the analyst, like the good-enough mother, becomes the patient's creation, a subjective object. "The mind has a root, perhaps its most important root, in the need of the individual, at the core of the self, for a perfect environment" (1949a, p. 246). And a perfect environment is one which allows the child-analysand the illusion that the environment

is of his own invention, proceeding from "the child's ability to 'think up'—in a way, to create—an analyst, a role into which the real analyst can try to fit himself" (1948, p. 169).

What is important for Winnicott is not the insight-generating content of interpretation per se, but the way in which the interpretation allows the patient to experience the relationship with the analyst in the necessary mother-child terms. "What matters to the patient is not the accuracy of the interpretation so much as the willingness of the analyst to help" (1958, p. 122). Whereas in the classical model, correct interpretation generates *insights*, which releases the patient from instinctual fixations, for Winnicott correct interpretation facilitates a return to and actualization of *early infantile states*: "Whenever we understand a patient in a deep way and show that we do so by a correct and well-timed interpretation we are in fact holding the patient, and taking part in a relationship in which the patient is in some degree regressed and dependent" (1954b, p. 261). It is important to understand that Winnicott is not speaking of "holding" in metaphorical terms, but as a psychologically "real" event. "A current and well-timed interpretation in an analytic treatment gives a sense of being held physically that is more real (to the non-psychotic) than if a real holding or nursing had taken place" (1988, pp. 61–62).

The analytic process, in Winnicott's vision, is a self-healing in which a corrective environment makes it possible for false, defensive, compensatory adaptations to collapse and thereby allow the stalled development of the true self to begin anew. "The tendency to regression in a patient is now seen as part of the capacity of the individual to bring about self-cure" (1959, p. 128). And crucial to this process of reanimation is the analyst's provision of maternal functions to the patient's nascent self. "The analyst will need to be able to play the part of mother to the patient's infant" (1960, p. 163).

THE BASIC emphases in the drive-conflict model and the developmental-arrest model contrast starkly with one another on certain key issues. In the former, something old is re-created in the analytic relationship—the patient experiences the analyst as the object of conflictual longings of the past. New elements in the analytic relationship ("rapport," the "working alliance," and so on) are important as means to get the patient to experience and eventually renounce those old desires. Therefore, frustration provides the key leverage for analytic change; the old is given

up to make possible new gratifications outside the essentially abstinent analytic relationship.

In the developmental-arrest model, the patient structures the analytic relationship to provide himself with something new, some essential experiences that were missed early in life. Old elements are there in the form of fears, pessimism, disappointments, and defenses, but the analytic traction derives from the analyst's provision of a novel experience of early developmental states. If the classical model portrays the analysand as bestial and requiring renunciation, the developmental-arrest model views the analysand's authentic self as unformed, awaiting the necessary conditions for further growth. The analyst cannot gratify all the patient's needs, but rage and frustration in the face of inevitable failure and disappointment are responded to with an unruffled empathic understanding, which is starkly different from traumatizing parental reactions. Thus, it is not the frustration of old desires, but the provision of something new (even if not wholly gratifying) that generates the key leverage for analytic change, unleashing the stalled maturational process.*

Let us return now to the clinical vignette (of the dual-control car) from the perspective of the developmental-arrest model. This patient's wish and fear regarding surrender in the transference would be seen not as an expression of infantile libidinal wishes (preoedipal, oedipal, or oral), but as an expression of an ego or self need, a longing for the kind of normal caretaking, parenting function—the containment of the "bits" of her experience in an effective "holding environment," such as was not provided earlier. The patient is experiencing a need, Winnicott would argue, not a wish, and nothing else will happen unless she can feel safe suspending her own self-control sufficiently to trust the analyst to provide a holding environment.

Winnicott would regard both of the parents as impinging in their own way, forcing a precocious reality orientation, and fixating authentic development of the true self. (Kohut would see it in terms of the

* In Kohut's posthumous writings, where he was trying to build bridges back to the classical tradition, he emphasized the key structure-building role of frustration, not just in the analyst's "empathy errors," but even in the analyst's correct understanding. "It is *frustrating* because, despite the analyst's *understanding* of what the patient feels and his *acknowledgments* that the patient's upset is legitimate . . . the analyst still does not act in accordance with the patient's need" (1984, pp. 102-103; italics in original).

failure to provide appropriate self-object functions with respect to mirroring.) The "need" would be regarded not as pathological in itself, but as the vehicle for cure. The analyst's demeanor should be nurturing and empathic, to allow the analysand to work through her resistance to her hope for a good-enough response from the analyst, to allow a regression to the point of developmental arrest, so that more genuine personality development can be reactivated.

A Relational-Conflict Model

The integrated relational perspective on the therapeutic action of psychoanalysis, which has informed earlier chapters, represents a convergence of interpersonal psychoanalysis, object-relations theories such as those of Fairbairn and Racker, and certain currents of both self psychology and existential psychoanalysis. Writers about this model start from a premise similar to that of developmental-arrest authors, that the pursuit and maintenance of human relatedness is the basic maturational thrust in human experience. But in the relational-conflict view disturbances in early relationships with caretakers are understood to seriously distort subsequent relatedness, not by freezing infantile needs in place, but by setting in motion a complex process through which the child builds an interpersonal world (a world of object relations) from what is available.

While not discounting the importance of the expansion of consciousness and the provision of missed early experiences, this model locates the central mechanism of analytic change in an alteration in the basic structure of the analysand's relational world. Theorists have depicted this process in various ways, focusing on different dimensions of the relational matrix: self-organization, object ties, or transactional patterns.

From the point of view of self-organization, the analytic situation allows the analysand to recover, reconnect with, and fully experience aspects of himself previously disclaimed, hidden, disavowed. The relationship with the analyst is necessarily structured along the old lines. Anxiety and disappointment are anticipated where they were previously experienced, and various areas of self-experience are hidden. The analyst's dogged inquiry into anxiety-ridden areas of the patient's life, and his participation in new forms of interaction, enables the patient to encounter, name, and appreciate facets of his experience unknown before. The analysand can now be a different sort of person in his experience of the analyst and others than he could allow himself to be before.

Other relational-model theorists (Fairbairn and Racker, for instance) describe the same process in terms of alterations in internal object relations. The self here also is formed in complementarity with the character structures of significant others. Areas of deprivation, constriction, and intrusion result in attachments to these qualities in the parents as the form through which contact is made, as vehicles for maintaining a sense of connectedness and relation. Early object ties are maintained as powerful internal presences; current object relations are experienced projectively in terms of those internal object relations and subsequently structured through a reintegration of new experiences into never-changing old configurations. Analytic change entails an alteration of these internal structures and relationships. The analyst, who is inevitably experienced as and transformed into a characteristic bad object, becomes, through the process of interpretation, a different sort of object. The internalization of this experience enables the patient to release his compulsive link to past forms of relation, his ties to bad objects. The intrapsychic domain of his relational matrix is thus transformed. He not only experiences himself as a different sort of person, he experiences himself as residing in a profoundly different human environment.

Other relational-model theorists, particularly those in the interpersonal tradition, have focused on the way in which the analytic process facilitates changes in the analysand's transactional patterns. Anxiety about anxiety has forced the analysand into repetitive, constricted patterns in his interactions with others. From this angle, it is the ritualized action that delimits the experience of *both* self and other, because the continual repetition of stereotyped integrations makes it impossible for the analysand to experience himself or anyone else in other than collapsed, unidimensional ways. By articulating and elucidating these patterns, the analytic process encourages the analysand to try something different, to put himself in a different interpersonal situation in which richer experiences of self and other are possible. These changes in transactional patterns take place both outside the analytic situation as the analytic inquiry continually highlights stereotyped patterns and compulsive enactments, and also in the analytic relationship itself, where analyst and analysand together find ways of being with each other outside those enactments and restraints. (Balint's invitation to the *sommesault*, described in Chapter 6, is an excellent example.)

These three approaches illuminate different facets of the same pro-

cess. Operating with old illusions and stereotyped patterns reduces anxiety and provides security not simply because the illusions and patterns are *familial*, but also because they are *familial* and preserve a sense of loyalty and connection. Bad-object ties are adhesive and repetitive not simply because they are *familial*, but also because they are *familial* and thereby minimize anxiety. The common etymological origin of the words "family" and "familiar" is the Latin *familia*, which originally meant the servants and slaves of a great house, underscoring the close connection between "human bonds and bondage" to use Schreier's phrase (1971). The maintenance of a coherent sense of self and the preservation of secure patterns of interaction are inextricably linked to *security* connections with others.

HOW DO these different emphases translate into our understanding of clinical data?

From the point of view of self-organization, psychopathology is repeated because it provides the organizational glue that holds the self together. What is new is frightening because it is outside the bounds of experiences in which the analysand recognizes himself to be himself, a cohesive, continuous being.

From the point of view of object ties, psychopathology is repeated because it functions to preserve early connections to significant others. What is new is frightening because it requires what the patient experiences as the abandonment of old loyalties, through which he feels connected and devoted.

From the point of view of transactions, psychopathology is repeated because it works interpersonally; it functions to minimize anxiety. What is new is frightening because it is associated with past parental anxiety. Security operations steer the analysand into familiar channels and away from the anxiety-shrouded unknown.

I regard each of these formulations as useful. The analysand does not know any other way to be, and does not want to know any other way, because of the object loss and guilt, the fear of self-loss and loneliness, that behaving and experiencing oneself differently implies. These approaches enrich one another in illuminating the tenacity and complexity of psychopathology, the tightness and durability of Penelope's weave.

The analysand enters treatment looking for something new *and* for something old. His life is not working in some major respect; he has to determine what is wrong, find a solution, and is hoping for something novel from the analyst—some way to open a door which will expand or transform his experience. No matter how hopeless, defeating, or self-defeating the most pessimistic patient, his presence in treatment is at least a minimal acknowledgment of the possibility of something different, an opening up of his relational world.

Yet the analysand is inevitably looking for something new in old ways. He enters treatment by structuring it along old relational lines, by seeking to engage the analyst according to prestructured notions of how people really connect, really touch each other. The analyst is assigned certain roles or, more generally, a choice of several possible roles. These configurations and roles vary from session to session or even within a single session.

Where does the analyst position himself with respect to these claims and hopes? What does he try to do? How does he help to loosen the tightness of the relational weave?

The classical position places the analyst outside the analysand's relational matrix, pointing his finger at its archaic and conflictual workings and enjoining the patient to renounce its doomed infantile promises. The developmental-arrest position also places the analyst outside the analysand's relational matrix, luring the patient away from its constrictions and offering something better. The third perspective portrays the analyst as discovering himself *within* the structures and strictures of the repetitive configurations of the analysand's relational matrix. The struggle to find his way out, the collaborative effort of analyst and analysand to observe and understand these configurations and to discover other channels through which to engage each other, is the crucible of analytic change.

This way of understanding the analytic situation has emerged from several different theoretical traditions and has been described most persuasively by Levenson, Racker, Gill, and Sandler. For each of these authors, the analyst is regarded as, at least to some degree, embedded within the analysand's relational matrix. There is no way for the analyst to avoid his assigned roles and configurations within the analysand's relational world. The analyst's experience is necessarily shaped by the analysand's relational structures; he plays assigned roles even if he desperately tries to stand outside the patient's system and play no role at all.

His very efforts at disengagement are particular forms of relatedness within the analysand's repertoire of roles and characters. As Hoffman (1987, p. 7) has put it, despite his conscious intentions, the analyst's participation is "relatively uncontrolled at the experiential level." If he is open to the nuances of his experience and the analyst's impact on that experience, he sometimes finds himself enacting the *patient's* old scenarios, speaking in a voice not wholly his, and sometimes enacting his *own* old scenarios, as various parallel or complementary voices from his own past and his own dynamics are evoked within the complexity of the interaction with each analysand.

From this perspective, speaking from within the analysand's subjective world can be regarded as in some sense a precondition for the treatment. Unless the analyst affectively enters the patient's relational matrix or, rather, discovers himself within it—unless the analyst is in some sense charmed by the patient's entreaties, shaped by the patient's projections, antagonized and frustrated by the patient's defenses—the treatment is never fully engaged, and a certain depth within the analytic experience is lost.

This does not grant a license to the analyst to do whatever he feels like. He must always strive to sustain what Schaffer has termed the analytic attitude, by continually reflecting on and questioning all the data of the analytic hour and maintaining at all times a concern for the patient's ultimate well-being. But one inevitably and continually loses and regains that attitude; the losses and departures are regarded as interesting and useful in the analyst's struggle to understand what happens between the analysand and other people.

A wonderful story about the composer Stravinsky captures the importance of both dimensions of the dialectic between intent and actuality. "He had written a new piece with a difficult violin passage. After it had been in rehearsal for several weeks, the solo violinist came to Stravinsky and said he was sorry, he had tried his best, the passage was too difficult; no violinist could play it. Stravinsky said, 'I understand that. What I am after is the sound of someone *trying* to play it'" (Powers, 1984, p. 54). Similarly, in characterizing the analyst's presence, two dimensions are crucial: what the analyst is *trying* to do and what he or she *does* do while trying, the inevitable engagement in various configurations within the analysand's relational world. The relational-conflict model places much greater importance on the content of the analyst's unintended forms of participation.

If the analyst is caught in the patient's "affective net" (L. Friedman), if he comes to experience himself as the patient's archaic objects, and if the patient inevitably experiences the analyst according to the old categories anyway, how is it possible for the analyst, even when interpreting, to step outside the patient's system and be experienced by the patient as offering a different sort of relatedness? If the transference-countertransference configuration is sadomasochistic, will the analyst not *hear* the analyst's interpretations as either sadistic assaults or pitiful surrenders? If the basic transference-countertransference configuration concerns symbiotic merger, will the analyst not experience the analyst's interpretive activities as either seductive fusions or remote detachments? Altering the analyst's relational matrix seems to require a kind of bootstrapping operation in which analyst and analyst in a quantum leap lift themselves from one kind of interpersonal engagement to another.

The analyst must not simply *understand* the analyst, he must also find a voice to communicate that understanding: to be heard by the analyst, he needs to somehow find a way out of the analyst's conventional patterns of hearing and experiencing. This process involves the art of interpretation and the struggle with countertransference, both complex and closely intertwined processes.