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How Theory Shapes Technique: Perspectives on a Self-Psychological Clinical Presentation

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Clinical Protocol

JAMES L. FOSHA GE, Ph.D.

AT THE BEGINNING OF TREATMENT, the patient, whom I will refer to as P,¹ was 28 years old, had been married for several years, and was the mother of a young son. She had just terminated a previous psychoanalysis of three years duration with a different analyst that had initially helped to bring about some order in her life by curtailing the use of drugs, alcohol, and promiscuous behavior. However, during the last year of that analysis, P had become increasingly depressed. Her depressive episodes seemed to be precipitated by the sessions themselves, dissipating between sessions, but extending in duration until finally depression became a chronic state. The most salient problematic theme in regard to this former analysis which emerged in our initial consultation was that P needed desperately and apparently frequently requested, if not demanded, to know that her analyst “cared” about her. The analyst was allegedly stalwart in not responding. In response to P’s relentless insistence, the analyst reportedly resorted to the interpretation that an open expression of caring on her part would be of no help to her, intimating that P would not believe her. Experiencing this interpretation as yet another evasive maneuver, P angrily retorted that the analyst was a “walking corpse.” This episode appeared to epitomize the therapeutic impasse that led to the termination of treatment.

¹Certain details, including the initials, of course, have been changed to protect the anonymity of the patient. A dream of this patient was presented in a paper, “The Developmental Function of Dreaming Mentation: Clinical Implications,” (19XX) published in Progress in Self Psychology, Vol. V, edited by A. Goldberg, The Analytic Press.
During the initial consultation, P complained of prolonged riots of depression, hopelessness, and despair. Despite her pression and considerable wariness with regard to undertaking other analysis, she appeared to be emotionally available and sparetly searching for help. She impressed me as highly ellegant, articulate, and naturally attractive. She spoke reflectively, forcefully and, except for those periods when she was most pressed, with considerable affect.

P had been raised in a large family with a very successful, wefiful, and yet vulnerable, fragile, and explosively tyrannical her and a religiously intense mother who had developed a severe ranoid disturbance during the middle parts of P's childhood. e had felt emotionally abandoned by her mother, telescoped by early memory from the age of three when she was hospitalized an unknown physical illness and was not visited by mother for ee days, engendering a deep distrust. She also had felt “oblitted” by her mother's deep-seated neediness and self-absorption, rich resulted in considerable wariness and actual repulsion of ysical contact with her mother. In contrast, P and her mother riodically were able to connect more successfully through intense psychological and religious discussions.

Because of the many difficulties in the relationship with her other, P apparently had turned to her father for the needed nnection and recognition with added imperative. Her father sortedly selected her as “his special one,” often with romantic d sexualized overtones. The promise of romantic specialness, wever, was poignantly dashed on a number of occasions when r father denied the existence of the special connection in public, quiring it to remain an unspoken secret between the two of em. On one occasion, for example, when she was nine, P asked r father to show to family friends the (“attractive, adult-like”) ture of her, which she had privately seen innumerable times in r father's billfold. Her father's denial of ever possessing such a ture crushed and humiliated her. Her father's public denials of special connection between them undermined P’s trust of her m perceptions as well as colored the romantic feelings as wrong and shameful. Gradually P realized that her father, recapitulating an aspect of her relationship with her mother, turned to her for responsiveness to his particular needs in what she now termed a “self-interested love.”

In response to these profound disappointments and frustrations, and arising out of her deeply religious background, P often turned to God and, particularly during the most stressful times (including when painful ruptures arose during the first year of the current analysis), envisioned an idealized figure to whom she could turn for uplifting guidance. However, in her most despondent moments, she experienced God, too, as failing in protecting and caring for her.

An intense connection was quickly formed in the analytic relationship, with marked idealizing and mirroring components. These components were often interwoven with highly charged romantic and erotic fantasies involving marriage and a life time of togetherness. A striking example of a more archaic form of idealization occurred approximately a year into the analysis when P was on a country drive one day and imaged momentarily the analyst's face traversing the sky, providing for her a profound sense of comfort, safety, and protection. In addition, P forcefully, and at times desperately, expressed her (mirroring) needs for recognition, affirmation, and caring. In response I attempted to accept and understand these needs and experiences as they emerged within the current context, including illumination of the searched-for ingredients contained within the romantic fantasies and the delineation of the precariousness of her feelings of being and deserving to be cared for, and the genetic origins of both. Furthermore I found myself sometimes conveying more directly than is customary for me, through intonations, a word, a smile, my genuine caring for her. Undoubtedly this was in response to her needs for and fragility with maintaining a “caring” connection.

The analytic understanding and process served as an overall basis for a reassuring and steadying experience. At those times when P experienced me as “not caring,” as only “using technique,” and as “exploitative” (that is, using her for my own needs to be
During a session approximately a week prior to those to be described (two and a half years into the analysis) she said: "I feel a deeper connection. Recently I have felt that I can rely on you. I feel more relaxed . . . that I can be there in a relaxed way. I don't have to be either so intense or romantic. It's a little scary, it's unfamiliar to be here in such a relaxed way. There is some disappointment in giving up the idea of marrying you, but it's OK."

Some Personal Notes

I wish to note that as I considered this project I experienced considerable ambivalence. My decision to proceed was based on my conviction that detailed clinical material greatly facilitates discussion and clarification of the psychoanalytic process and the various psychoanalytic approaches. My concern and hesitation was related primarily to the potentially problematic impact that such a project could have on the analysis itself. Such extensive detailed reporting required me to discuss it with my patient and to seek her permission to tape and to use the clinical material. During our initial discussions my ambivalence about the project, my interjection of a personal request into the analysis, and my selection of this particular patient and its subjective meaning and ramifications for both participants had a forceful impact on the analytic situation. I have chosen to present the sessions that followed shortly after our initial discussion of the project because of their potency. Although these sessions demonstrate the impact of the project itself on the analysis, they also show how the project was assimilated into the ongoing analytic process.

In an attempt to minimize the impact of taping we agreed that I would place the recorder outside the field of vision and tape intermittently over the following month. Unfortunately, two sessions were not taped (although detailed notes were available) because at one point I had decided to abandon the project when I felt the impact on both participants in the analysis was too
problematic. Only as these issues were sufficiently understood and
managed through our subsequent work was my conviction re-
ored that we could analytically deal with as well as make use of
his experience.

Agreement to such a project always involves complex motiva-
tions, but important for my patient was her conviction about the
meaningfulness of the analytic work and her wish to contribute in
his way to psychoanalysis itself. I am grateful to her for her
permission to use this material.

Wednesday

"I don't like the additional session [in a dejected mood]. A—
lo? P—I'm not sure. Well, it causes all kinds of problems at
ome. A—with E [her son]? P—No, well, that's not what I
meant. My mother . . . that's not why I don't like to come. You
sked me last week why I felt ambivalent about it, and I wasn't
ure why, but I think it's just too hard to generate material. I get
ery annoyed and resentful about such things. I don't think I can
erate enough, so that's part of the problem. A—So you feel
hat you have to generate material here, which interferes with your
edom just to be here. P—Yeah, I know there are days when I
uid and I benefited from that, but it's just very difficult. The
eason that it's difficult, and I don't want to put this on anybody,
but [P then explained complicated and frustrating financial pres-
ures involving her husband and parents] . . . I think there is a real
ifference with the additional session, and my own experience tells
ne that. I think that it wears me down enough that I have to be
cally here in a way that I can otherwise avoid. I think the problem
s . . . I've said this before . . . I don't think that it will come out

2"p" refers to the patient; "A" refers to the analyst. The written word unfortunately
eways leaves out the vocal intonations, cadence, and other behavioral nuances that reveal
 wide range of subtle affect and meaning. To aid the reader I have at times noted the affect
nd long pauses while indicating shorter pauses with three dots. P speaks firmly and with
wide range of affect. I have also underlined her words at time to note her emphatic tone.

that I won't be enough, or you will see too much of me, or, if I
don't have enough material, you won't like me—that's not the
problem. . . . A—That's not the problem. What is the problem?
P—That I won't like you. A—I see. If you see me too much? P—
Uuhh. I don't know . . . it seems that . . . I know I've been aware
of negative feelings about you. I haven't thought it out that much,
but the more I feel the need to come, the more critical I become of
you. A—Uuhh. P—And my feeling about coming today was that
I didn't want to come to see you. A—Uuhh. P—It's not that I
didn't want to see you and you don't want to see me. I feel very
negative and critical that I don't want to see you. I think that I
have a stake in preserving you in a certain elevated, exciting . . .
position. I think all I'm saying right now is that the feeling is not
that I won't be enough . . . I think you have convinced me during
the last few years that I'm likable, and I feel that and I often feel
that. It may sound like an awful thing to say, and I'm feeling it
right now, but I couldn't care less that I'm likable. I think why I
can say that is because I feel likable [with increased animation].
I'm acknowledging that you have brought me to a place where I
could care less. I'm just underscoring that that is not what I'm
wanting. A—So at the moment, my liking you doesn't have
priority. P—But I think you do. A—Because you feel I do like
you, you do not have to be worried about it or concerned about it,
which must be freeing for you? P—Yes, it is. A—You said that
you had a stake in elevating me. How would you understand that
skate? P—I'm not sure . . . I know when I said to you on Friday
that I was feeling a very relaxed way of feeling about you, and I
didn't find that I had to go into intense, highly emotionally
charged fantasies about you. But I said to you that I didn't know
what to do with this very relaxed good feeling . . . [pause]. A—
So, apparently when you are feeling relaxed and liked, which feels
a bit new and unfamiliar, there is no need to elevate me in highly
carged fantasies. P—Yeah. A—But you also said you are feeling
critical of me. In what way? P—Right at this moment? A—Yes.
P—Right at this moment, I'm not. I was feeling critical of you on
Friday. A—Okay, how were you feeling critical of me on Friday?
about the two avenues of relating [either romantically as in her relationship with her father or very intensely as in her relationship with her mother], as long as I'm very busy on those two avenues. . . . I don't know . . . I'm not going anywhere . . . [feeling confused]. A—Apparently as long as you know that I care about you, it frees you from having to be so concerned about it and from having to keep me idealized, but subsequently you become critical. [I spelled out the sequence of feeling cared for, diminished idealization, and emergent criticism that we had thus far identified; but I was still puzzled as to the meaning of the emergent criticism. I found myself wondering: Why does she become critical when she feels cared for? Does the criticism provide a protective function and, if so, protective against what? And what is she feeling critical about: was it related to my introduction of this project? She clearly experiences her critical feelings as unacceptable and potentially terribly hurtful, but why?] P—Yeah, I think these things about you that are . . . [hesitantly]. . . . A—I understand that you don’t want to hurt me, but we’ll have to take that risk. P—I didn’t like the car in your driveway. [Now, without hesitation] I was driving over on Friday and feeling so good about you, but as soon as I parked I saw a Cadillac in your driveway. I hate Cadillacs, I hate them [with high-pitched intensity]. A—Why? P—I like your other car, but I hate Cadillacs. Is it your car [intensely worried and questioning with an increasing pitch]? It’s not your secretary’s. Maybe it’s your accountant’s car. It’s your car isn’t it? I can’t stand it. It’s probably a new car, and I’ve never seen it before. I hate it. A—So what does a Cadillac mean? P—It’s an old person’s car. It’s the kind of car to me that someone drives who’s very inactive, it’s too luxurious. I like your other car I saw. When it was snowing you drove up, and it’s great. You belong in that car. It’s an expensive car, but I don’t have a problem with that car. A—So, you felt that I sold the other car and bought the Cadillac. P—No, that you bought another car. It was too much. A—And your vision of me was . . . P—That you were just getting old, that you had too much money and you didn’t know what to do with it, and . . . you were just heading into this conventional,
American, materialistic way. Is it your car? Tell me? You're not going to tell me [with a heightened pitch quickly escalating to exasperation]? A—It wasn't my car. [I felt that not to answer directly at this moment, which is the more standard procedure, would be experienced by the patient as a noncaring, unauthentic "technical game" and would serve only to create an unnecessary impasse that would disrupt rather than facilitate the analytic process.] P—It wasn't? I'm very glad. I'm glad you told me [greatly relieved]. A—A momentary reprieve [mutual laughter]. P—I'm glad. A—But more importantly, you have very strong feelings about Cadillacs, and you seemed to be greatly disappointed in me. P—Yes. A—The disappointment was a sharp one as your view of me changed. P—I don't know you very well. I really don't. Part of what's happening here . . . because of the set up I can't get to know you very well, but . . . I think as you become less idealized, you are more accessible or I'm more willing to see certain things about you, including some things I can't stand . . . And you wore a sweater. A—A sweater? P—I'm not telling [hesitantly]. . . . you wore a sweater I hate [animatedly]. I love your sweaters. I always look forward to winter time [laughing] so I can see your sweaters. That's an exaggeration. A—So which sweater was it? P—I'm a horrible person. All of your sweaters are pullovers and this was a vest type. A—What does that mean? P—It made you look old. It made you look as if you belong in a Cadillac. A—I see. P—And I have a stake in keeping you young. A—How come? P—I haven't the slightest idea [said facetiously and with laughter]. Well . . . I think that I get a lot of . . . I have, and this is all shifting, but I think I have been able to get a lot of energy from liking you and from thinking about you and having fantasies about marrying you. And, if it suddenly turns out that it's an old man who drives a Cadillac, that energy is gone. Now, I know we'll be friends and that you will care about me and all of that; but I'm losing something. A—And the loss sounds sharp. The disappointment involves seeing me all of a sudden as old and unavailable to you, which potentially drains you of energy. P—Yes. A—And it sounds similar to some of your disappointments with B. P—Definitely. A—I also have the feeling you may have had some other thoughts as well. P—Yeah, but I got some good ones out there. A—I'll see you Friday. P—Okay.

Friday

P—I had a very upsetting [with intense affect] dream last night.

There was a general call to the family, a crisis. B's dead father — people had to come and stay with B's dead father — that was the crisis. I traveled a great distance to come to his crypt. I walked into the doorway of the crypt; inside was the body of B's father. On the stone next to it was S [P's younger sister] in a deathlike sleep. She was performing the duty of staying with him. She was cold, gray, 'rigid mortis,' but alive. She was in a deep sleep for three days. She had gotten there first. On the other side was D, a friend of S's and mine, lying also in this deathlike sleep. I walked over and saw that B's father was dead, but animated in terrible pain, writhing in pain, clearly dead. He was saying, "Death is so painful, full of pain and suffering." I picked him up, tried to cradle him, tried to soothe him . . . but he was unconsolable. I realized that this was going to be eternal. He wasn't going to die, and I couldn't do anything about this pain — horrifying to me. This was absolutely hopeless and I could not do this. I gave up — an impossible situation. I laid his head back down on the stone. I knew I had to leave.

P—I have an investment to keep you idealized. When you spoke to me about the project [for Psychoanalytic Inquiry], you were in need. There was emotion in your voice. You asked me for something. You seemed vulnerable, human. The most recent incident was Wednesday. When I told you that you didn't have to say anything if you don't want to, I felt you were hurt. [This

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These are detailed process notes.
protests my father. He's demanding that things are perfect, but we can't please him. No one says 'fuck you' or 'what's the big deal.' He is so disappointed and throws such a tantrum and makes us feel guilty. A—So as you idealize me less and as I become more human and show vulnerability, as I did when I discussed the project, you are prone to experience me as terribly vulnerable and fragile and in this dead space. P—Yes, it's horrendous and frightening. A—And if you are critical of me, you apparently become afraid that I will not be able to withstand it, that I will fall apart or throw a tantrum and that you will lose me in this suffering dead space. P—Yes. And there are two ways of meeting it. S goes to sleep. I first try to console him. But then I decided that I must leave [said with determination and resolution] and I was in the process of leaving at the end of the dream. A—If a person is in an eternal suffering deathlike space, you would have to leave to preserve yourself. No wonder it is important for you to keep me young, idealized, invulnerable, and without human pain in order to protect me from becoming old and beset by overwhelming neediness and deathlike suffering.

Monday

P was very angry and distressed that her mother had called the day before. Her mother was feeling “out of sorts,” “not alive,” and needing her daughter just to “talk about anything” to her. P said: “I tried to find out what had happened to her to make her feel this way. I resisted giving in to what she really wanted me to do, to talk about myself as a distraction for her. She wanted to use me and the things that were important to me for her own purposes, not because she was interested really in me, but in what I could do for her—a distraction from her suffering [said emphatically]. I avoided doing this for most of the conversation, and then I gave in. I started telling her about my problems in my relationship with E [her son] and I sensed her relief. This made me angry. I felt used

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4The “attic dream,” which occurred approximately four months earlier, involved P's packing up in her college dormitory room to leave at the end of the semester. Her room, which she had just unlocked and reentered, was the attic of the building and found to be spacious, but impossibly dusty, moldy, and messy. It had been her father's room in college and was “bigger, secluded, and suppose to be a romantic sentimental room.” As she entered the room she felt tired and depressed. She hated the room. The women below were lively and energetic and happily packing. She was leaving the attic room and wanting to join these women.

We understood that, although this sense of elevated specialness was spacious and momentarily enhancing (as she experienced it both in relation to her father and her analyst), it was messy (to which P associated her father's periodic despair, which weighted her down, as well as her own confusion that such an arrangement made for her), isolating, and overall undermining (for she had to accommodate her father and live in his “romantic sentimental room” to maintain the necessary connection).

5The report of this session is based on comparatively brief notes with some of P's verbatim remarks.
up. . . . This was sapping me like the crypt dream." The crypt dream was more like her experience with her mother. She was intensely angry about her mother's overwhelming neediness which "obliterated" her. P recalled that when her mother was going through her breakdown [when P was eight and nine years old] her mother would not get out of bed and would call her children "to her room to make her feel alive." She would not call the children "to see us." Her mother made her sister walk on her so she [her mother] could "feel her own body and feel alive." This was the eternal suffering, deathlike space. The dream also helped us to understand better why "I feel so physically repelled by my mother. It's the same feeling of horror that I feel in the dream. I used to think that this was a feeling of sexual repulsion, that there was something indecent about being touched by her, something horrifying and unnatural. But it's more the feeling in the dream as if she, particularly her body, was a dead corpse" [all said emphatically] [reminiscent of her experience of the previous analyst as a "walking corpse"]. "I can't touch it. There is all the same horror of it's suffering, it's living deadness. She seems decaying and in need of something alive—my life! I have to leave the crypt in the end, because otherwise I would spend my whole life there." P noted that we had focused a great deal in the analysis on the relationship with her father, but we were now entering the world of her mother and that was the arena of the "deeper connection." We discussed how, as she idealizes the analyst less [due in part to diminished developmental need], P becomes terrified that A will be the suffering, deathlike, and needy person who is both draining as well as unavailable for her—therefore the ambivalence about becoming more deeply involved with the analyst. P's experience of A as "needy" when initially discussing the project was a catalyst of this terrifying image.

**Tuesday**

P—After yesterday's session I feel very hopeless. I think I'm feeling that I can't be in a relationship, not just a love relationship, because I feel so threatened by anybody's needs. And lots of human beings are around me—my son, my friends, my family. . . . A—Your analyst. P—My analyst . . . A—And your reaction when we feel needy? P—It's so extreme [with a sense of disparagement]. A—You experienced intense neediness and suffering around you as you were growing up, and understandably you become fearful and intensely reactive when you sense vulnerability and neediness in others today. P—I know that [reflectively]. But how am I going to change that [with a sense of despair and some skittishness about asking so directly for a solution]? A—As you continue to become aware of your reactions and to understand and fully appreciate how it came about that you tend to experience others' pain and neediness as so extreme and anticipate being overwhelmed and drained by their feelings, you will be able gradually to experience others' neediness and pain as not so frightening and as manageable. You are also learning that in extreme situations you can take care of yourself by actively choosing not to take care of the other as you did in the crypt dream. P—You really think so [daring to hope and ask directly for reassurance]? A—Yes, I really do. [This was a poignant moment in which P, shaken by the events of the past week, was searching for and, seemingly in reaction to these interventions, beginning to experience renewed hope that these profoundly disturbing repetitious reactions to neediness would not go on forever.]

[Pause] P—It was very helpful for me [with a more energetic tone] to be able to tell you, to feel that I could tell you the things I despise about you. That I felt you were strong enough. You see [emphatically] I don't tell B; I don't tell my father. I don't tell people. I give a very strong message, but I'm very quiet about it. But I think it's very helpful to tell you that and know that you wouldn't fall apart. I was afraid that I hurt you, but . . . that was a new thing for me actually to be able to tell you. And you're still here and [with laughter] not dead. These are the kind of problems . . . now we are getting into the 'deeper connection.' [Retrospectively I thought of how the new experiences within the analytic relationship serve as potent agents of change.]

I also wanted to follow up on what I talked about yesterday
about my mother's neediness and I told you she was very depressed
and at times felt very alone. I sensed it [speaking with increasingly
intense affect]. I wanted to bring up the hospital incident again—
seeing my mother so self-absorbed. What I saw was something
much bigger, overwhelming, that blocked me out and just wasn't
fair. She looked so absorbed. And I remember . . . I don't
remember thinking at the time that there was something I could
do about that; but I do remember thinking that I had caused it, that
it was my responsibility, that it had something to do with me. And
I think that feeling of being up against something that was
overwhelming, that it was much too big for me to deal with. That
cypt dream, the dead man who was suffering was too much, it
was too much for me to deal with. A—Yes. P—I was trying to deal
with it. The mistake I made with it . . . two things are going on.
Well, I'm sure as a three-year-old that is overwhelming. I don't
think that as an adult B's depression is that overwhelming, is that
big, that hopeless or impossible. But I believe that what I was up
against was real, much bigger than what I could deal with, that
obliterated me. [P was reflective and affectively connected. I felt
that she was now working through in detail and meaningfully
integrating what we had outlined earlier in the hour.] I was just
not . . . I wasn't in the room. It's kind of ironic, because the whole
first part of that experience, she was not in the room.6 When she
came in and I didn't see her, I don't remember any of this, but she
was not in the room for me. My memory was that she was feeling
something so big and so terrible and was so focused on herself that
there was just no room for me at all. So I just wanted to bring that
back up . . . . And I can see that my despising the other person,
hating him, not caring about him, hating his neediness, hating his
suffering, hating his vulnerability, is a way of remaining intact.

6As previously noted, P was hospitalized at the age of three for an undiagnosed illness.
P was told that when her mother arrived at the hospital for her first visit three days later,
his mother stood by the bed and P did not “see” her for over a half-hour. Apparently her
mother was overwhelmed with remorse and guilt when her daughter did not recognize her
and sat down, forlorn and self-absorbed. Shortly thereafter, P “saw” her mother in this
self-absorbed state and experienced her mother as “not in the room for me.”