Self and Motivational Systems
Toward a Theory of Psychoanalytic Technique

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good resonance with the analysand’s affect and associations? Do the interventions within a sequence relate to one another? Are the interventions optimal (Bacal, 1985; Bacal and Newman, 1990) in facilitating self-righting, expansion of awareness, and symbolic reorganization?

Our focus shifts not to single interpretations that are studied for evidence of the analyst’s understanding, or style, or theoretical stance, but to a sequence of interpretations. By sequence of interpretations we mean the employment in a unit of time (for example, a session or a week of sessions) of a wide range of interventions, whether investigative, confirming, affirming, reflective of understanding, self-revelatory, or explaining, that facilitate the ongoing process of understanding and explaining the patient’s experience. We retain the use of the term interpretation because of its invaluable historical linkage in psychoanalysis, but we use it as a general rubric for the inclusion of all the various facilitative interventions that occur in the psychoanalytic arena. We believe that a wide range of interventions variably occurs in every psychoanalysis (for example, see Wallerstein, 1986), although many of the analyst’s responses are not recognized or spoken about and are not reflected in our theory of technique. We are expanding the theory of technique to represent more accurately the psychoanalytic process as practiced. Clearly we are broadening the concept of interpretation and, in this way, use the term equivalently with “intervention sequence.”

Ideally, through the sequence of interventions, the analyst conveys a coherent sense of purpose enabling the successive interventions to have a cumulative effect. The analyst senses from the analysand’s communications and responses to the analyst’s prior interventions a further interpretive sequence that will deepen the understanding and change that takes place in a successful analysis.

We do not mean to suggest that the analyst has an overarching trajectory that he or she imposes on the patient. We do assert that, as he or she carefully listens to the patient, the analyst organizes the data, intervenes with specific goals in mind, and, depending on the patient’s responses, tailors the ensuing interventions. In this sense, a mutually regulating interaction occurs.

Both patient and analyst variably contribute to an evolving psychoanalytic process, one unique to each analytic pair. No two analysts, regardless of similarity in theoretical convictions and personalities, would consistently respond in the same way. With such a vast array of differences, how can we assess the analytic process? The final criterion for the assessment of interventions—and here we concur with Ornstein (1990)—is the patient’s response, or

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1A serious limitation of this method of study is that the written word omits the analyst’s important nonverbal communications. Moreover, many of the analyst’s nonverbal responses may not be intended as interventions, but very well may be experienced as such from the patient’s vantage point. For example, the positive affective mood expressed in the analyst’s face may be the mirroring “gleam in mother’s eye” for the patient.
sequence of responses. Assessment of the patient’s response also generates disagreements, but it is the only valid point of entry for understanding the impact of the analyst’s interventions.

These issues will serve as our guide in focusing on and assessing the interpretive sequences in the following clinical illustration. The illustration includes process notes, followed by the analyst’s description and assessment of the interventions.

**Clinical Illustration**

At the beginning of treatment, P was 28 years old, had been married for several years, and was the mother of a young son. She had just terminated a psychoanalysis of three years’ duration with a different analyst. This treatment had helped her to curtail the use of drugs and alcohol and promiscuous behavior and had brought about greater order in her life. During the last year of that analysis, however, P had become increasingly depressed. During her initial consultation, she recounted that in her first analysis depressive episodes had been precipitated by the sessions themselves, had dissipated between sessions, but then extended in duration until finally depression became a chronic state. Most problematic in regard to her former analysis was that P needed desperately, and apparently frequently demanded, to know that her analyst “cared” about her. The first analyst was described as staidly not responding. In response to P’s relentless insistence, the analyst reportedly had resorted to the interpretation that an open expression of caring on her part would be of no help to P, intimating that P would not believe her. Experiencing this interpretation as yet another evasive maneuver, P angrily had retorted that the analyst was a “walking corpse.” This characterization appears to epitomize the therapeutic impasse that led to the termination of treatment.

During the initial consultation, P complained of prolonged periods of intense depression, hopelessness, and despair. Despite her depression and considerable wariness of undertaking another analysis, she appeared to be emotionally available and desperately searching for help.

P had been raised in a large family with a very successful, powerful and yet vulnerable, fragile, and explosively tyrannical father and a religiously intense mother who developed a severe paranoid disturbance during the middle part of P’s childhood. Attention to P’s physical needs was sporadic. For example, although P was athletic and encouraged to be so by her father, her mother sent her to several sports events inappropriately dressed. Attachment patterns with

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2 This clinical protocol, previously published, served as the focus of discussion, in *Psychoanalytic Inquiry* (Fosshage, 1990). A dream of this patient can be found in *Fosshage* (1989).

her mother included intense feelings of emotional abandonment epitomized by a memory from the age of three when P was hospitalized for an unknown physical illness. Her mother did not visit for three days, which engendered P’s deep distrust. Furthermore, her mother’s neediness and self-absorption resulted in P’s feeling “obliterated”—wary and actually repulsed by physical contact with her mother. Yet P and her mother were able to connect more successfully through periodic “intense” psychological and religious discussions.

Because of the many difficulties in the relationship with her mother, P had turned to her father for the connection and recognition she needed. This attachment was heavily laden with sexual-romantic overtones, and her father reportedly selected her as “his special one.” The promise of romantic specialness, however, was poignantly dashed on a number of occasions when her father publicly denied the existence of the special connection and required it to remain an unspoken secret between the two of them. For example, on one occasion, when she was nine, P asked her father to show to family friends the “attractive, adultlike” picture of her that she had seen innumerable times in her father’s billfold. Her father’s denial of ever possessing such a picture crushed and humiliated her. Her father’s public denials of a special connection between them undermined P’s trust of her own perceptions and colored the romantic feelings as wrong and shameful. Gradually P realized that her father, recapitulating an aspect of her relationship with her mother, had 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, P often turned to God, not unexpectedly in view of her deeply religious background. During stressful times, including painful ruptures that arose during the first year of the current analysis, she envisioned an idealized figure to whom she could turn for uplifting guidance. In her most despondent moments, however, she experienced even God as failing to protect and care for her.

With increased self-assuredness (for example, she felt more consistently “likable”), P, just prior to the following case material, began to experience both the “intensity” in the analytic dialogue and the “romantic” involvement to be used exclusively in maintaining the necessary connection with her analyst. The “intensity” in the analytic dialogue corresponded with a primary attachment pattern developed with her mother. To the extent that this pattern developed partially out of a feeling of accommodation, it triggered an aversive response for purposes of self-demarcation. The “romantic” involvement with her analyst corresponded with a primary pattern developed, partially out of a feeling of accommodation, with her father. This, too, led to an aversive reaction. These two attachment patterns provided ways of connecting to the analyst but were also inevitably experienced as partial accommodations because of their developmental origins. P began to feel constricted and limited.
by these two dominant ways of relating and sensed that there was a possibility for a “deeper connection.” In response to these internal and relational shifts, P recently had added a fourth session per week to facilitate the “deeper connection.”

Additional Contextual Notes

The following process material was originally collected as part of a “project” for Psychoanalytic Inquiry (Fosshege, 1990a). The project involved the presentation of clinical process notes from an ongoing psychoanalysis to eight discussants of varying psychoanalytic persuasions and a reply from the presenting analyst.

As the analyst contemplated this project, he experienced considerable ambivalence. His concern and hesitation were related primarily to the potentially problematic impact that such a project could have on the analysis itself, affecting both the analysand and the analyst. Such extensive, detailed reporting required him to discuss it with his patient and to seek her permission to tape and use the clinical material. During their initial discussions, his ambivalence about the project, his interjection of a personal request into the analysis, and his selection of this particular patient and its subjective meaning and ramifications for both participants had a forceful impact on the analytic situation. The analyst chose to present the sessions that followed shortly after their 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, the analysand and analyst agreed that the analyst 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 the analyst decided to abandon the project when he felt the impact on both participants in the analysis was too problematic. Only as these issues were sufficiently understood and managed through their subsequent work was his conviction restored that they could analytically deal with as well as make use of this experience.

Process Notes

First Session: Wednesday

P: [in a dejected mood] I don’t like the additional session.
A: No?
The Interpretative Sequence

Problem. The analyst acknowledges her conclusion and continues the inquiry to understand the meaning of her aversion to the sessions.

P: That I won't like you.
A: I see. If you see me too much?

P has raised a new aspect of her "accommodation" dilemma. The analyst acknowledges her new statement of the problem and links it, as P had previously indicated, with the additional session for further exploration.

P: Uh-huh. 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: Uh-huh.
P: And my feeling about coming today was that I didn't want to come to see you.
A: Uh-huh.

The analyst acknowledges P's new focus on negative feelings toward him, as well as P's connection, "the more I feel the need to come, the more critical I become of you."

P: It's not that I didn't want to see you and you didn'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 could 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 begins to back away from the expression of "negative feelings" for fear that it will endanger the idealization. The analyst's intervention summarizes the conclusion in order to acknowledge it and implicitly to advance the inquiry.

P: But I think you do.

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A: Because you feel that I do like you, you do not have to be worried about it or concerned about it, which must be freeing for you?

P replied her point either because she felt that the analyst did not understand or because she wanted to enjoy with the analyst these positive feelings before reluctantly moving on to the now more troublesome negative feelings. To acknowledge his understanding and to enable P to return to the exploration of the negative feelings, the analyst reiterates that P's feeling unlikable, with its attendant constrictions, was not the issue at hand.

P: Yes, it is.
A: You said that you had a stake in elevating me. How would you understand that stake?

To overcome this momentary derailing, the analyst picks up P's feelings, which appeared to be blocking expression of the negative feelings. P then reengages in the exploration.

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 charged fantasies.

The analyst reflects P's connection that feeling "relaxed and liked," which is relatively new and unstable, diminishes her need for idealized romantic fantasies. The theme of accommodation to retain an essential romantic, idealized attachment is still in focus. The interpretive sequence addresses its self-protective (defensive) aspects and its maturation.

P: Yeah.
A: But you also said you are feeling critical of me. In what way?

With the recognition of the self-protective use of the idealization, the analyst returns to the exploration of the critical feelings.

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?

P indicates that she is not now feeling critical, but was feeling critical on Friday—perhaps a safer distance from these feelings. The analyst continues the inquiry.

P: I don't want to hurt your feelings.
A: I see.
P: But I did feel critical about things I don't like. . . . [pause].
A: You're feeling concerned that you will hurt my feelings.

P: Uh-huh.
A: And what would happen?
P: I care about you. I don't want to hurt you.
A: Uh-huh, but how do you think I would react to it?
P: I think you would be hurt.
A: I see. You're really not wanting to hurt me.

P's concern about her critical feelings hurting the analyst impedes their expression. The analyst attempts to illuminate more specifically P's concern.

P: No, because it's very personal. I've done it with B [her husband]. Right after we got married, I just couldn't stand him. I began to pick him apart. I don't think I've ever put him back together.
A: And you told him directly?
P: No.
A: But thought it?

P notes that she was extremely critical of her husband, and through inquiry, the analyst establishes that she had the same difficulty in telling him. P is afraid of seriously hurting the other person, damaging the relationship, and the consequent guilt ("I would feel terrible"). Asking P whether she told her husband is an attempt to illuminate her struggle with critical feelings.

P: Yes. And I still. . . . I think part of our problem with our sexual life is that I never put him back together again and there are certain things I just despise about him. . . . No, I haven't told him directly because it would be hurtful and I would feel terrible.
A: Do you have some thoughts as to why you shift into a negative or critical mode?

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P: With you or . . .
A: Let's stay with me. . . . or with B, either one.
P: I'll stay with you. . . . Well, I think it comes along with knowing that you care about me and I think that ushers it in.
A: Negative feelings about me . . .
P: Yeah, I think so.
A: How do these two get linked together?

The sequence of feeling cared for followed by negative feelings, which P previously noted, emerges with both her husband and the analyst.

P: Well, this sort of has to do with my need to idealize you. I think that, as long as I didn't know that you cared, I had to . . . I think I had to put a lot of energy into imagining that you did. And it used to be that you secretly did. But . . . I think that before I believed that you cared I felt that I was carrying almost the full weight of the relationship. And I think that. . . . I don't know . . . that is very hard for me to talk about; I'm trying . . . but I've been trying to talk about it for a while, because I do think that . . . the investment I have in keeping you idealized . . . As long as I'm doing all the work, you've talked about the two avenues of relating, 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.

P spelled out the sequence, was conflicted, and ended up confused. The analyst, rather than focusing on her confused state, refocuses on the sequence of feeling cared for, that diminishes the need for idealization and subsequently ushers in the criticism.

P: Yeah, I think these things about you that are . . . [hesitates]
A: I understand that you don't want to hurt me, but we'll have to take that risk.

P responds to the analyst's previous intervention by once again approaching her critical feelings, but this time with hesitation, which felt far less intractable. For this reason, the analyst reiterates the understanding arrived at that P was fearful of hurting him and then directly encourages her to take that risk both to understand as well as to experience her critical feelings as less dangerous than she was expecting. If the hesitation had been unbending, further analysis of the aversiveness (withdrawal) would have been necessary.
P: [now without hesitation] I didn’t like the car in your driveway. 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. [with high-pitched intensity] I hate Cadillacs, I hate them.
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 older 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 . . .

After the note of encouragement, P was able to proceed and immediately began to decry the presence of a Cadillac in the analyst’s driveway. The analyst’s questions are aimed at illuminating the meaning of the “hated” Cadillac. P noted that the Cadillac indicated that the analyst was “getting old,” “conventional,” and “materialistic.” The inquiry concerning the sale of the other (“great”) car was to assess further the degree to which the analyst, in P’s eyes, had become negatively transformed. Following this initial illumination of the meaning of the Cadillac, P then began to become exasperated that the analyst was not disclosing if it was his car.

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. [with a heightened pitch quickly escalating to exasperation] You’re not going to tell me?
A: It wasn’t my car.

The primary transferences under exploration was P’s criticism and the meaning of the Cadillac, which was becoming clearer. A second transference configuration then began to be triggered when the analyst did not disclose whether or not the Cadillac was his. His not answering provoked this second transference theme of the “other” denying “reality” (related, for example, to her father’s denial both of the picture in his billfold and of his frequent sadistically pro-

Vocative behavior toward her mother) and, relatedly, not treating her as a person (a theme that had received considerable analytic focus, but was still an area of vulnerability for P). The analyst felt that his refusal to answer would have, at least momentarily, sidetracked them both from pursuing the “hotter” issue of the criticism and rage related to the Cadillac. Indeed, P may have raised this second issue to move away from dealing with her criticism. Quickly weighing these issues, the analyst answered the question directly. In this instance, he would have directly answered the question even if the Cadillac had been his, so as not to provoke what at that moment he considered to be a secondary issue. (Alternative interventions are always possible, each affecting the ensuing analytic scenario differently. For example, the analyst could have voiced the silent weighing of the issues spelled out in the discussion as an avenue of interpreting the meaning and implications of the question. This approach might have engaged P reflectively, or it might have further activated the second transference experience and detracted from the exploration of the first.)

P: It wasn’t? I’m very glad. [greatly relieved] I’m glad you told me.
A: A momentary reprieve [mutual laughter].

The analyst reflects P’s feeling relieved both at being told and at the news that it was not his Cadillac. The analyst describes the reprieve as “momentary” to convey that these issues were crucially important and would not be resolved by an answer alone. The mutual laughter and humor was a way of sharing, somewhat wistfully, the realization that to hide behind the answer and return to the realm of idealization would surely make life easier for both.

P: I’m glad.
A: But more important, 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.

The analyst returns to the exploration of the meaning of her intensely aversive reaction to the Cadillac. These interventions facilitate P’s further expression and exploration of the meaning of her critical feelings. These interventions form a sequence that first focuses on P’s suppression of her criticism, experienced as a necessary accommodation in order to retain a needed relationship. Her expression of criticism toward the analyst can lead to the “freedom to be herself” while retaining an important connection.
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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.

ENDING THE SESSION, THE ANALYST RETURNS TO PS TRANSFERENCE STRUGGLE OVER CRITICAL THOUGHTS THAT MAY NOT YET HAVE GAINED EXPRESSION.

P: Okay.

Second Session: Friday

P: [with intense affect] I had a very upsetting 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.

I have an investment to keep you idealized. When you spoke to me about the project [taping the sessions for Psychoanalytic Inquiry], you were in need. There was emotion in your voice. You asked me for something. You seemed vulnerable, human. . . . I need to keep you idealized, because human pain is so overwhelming to deal with. . . . Old, lifeless people drive Cadillacs. The last Cadillac I rode in was to B's father's funeral. B's father died of cancer. It was extremely painful. In fact B's father at one point in the dream, when I put his head back down on the stone, seemed like you, very vulnerable—the way you were the other day [when we discussed the project]. When I came out of that session, I had a string of hostile feelings toward you. It started two weeks ago [prior to our discussion of the project]. As I shift into a more human relationship, I'm becoming more critical and negative—that's why I keep you idealized. I

THROUGH EXPLORATION OF ITS MEANING, P AND THE ANALYST ESTABLISH THAT THE SWEATER MAKES THE ANALYST LOOK "OLD" THE WAY THE CADILLAC HAD.

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.

WITH DIMINISHED SELF-PROTECTIVE IDEALIZATION, THE ANALYST SUMMARIZES AND REFLECTS THAT A PARTICULAR VIEW HAS EMERGED WHEREIN HE BECOMES SUDDENLY AN "OLD MAN WHO DRIVES A CADILLAC." HE THEREBY BECOMES UNAVAILABLE FOR THE SELF-SUSTAINING IDEALIZED FANTASIES.

P: Yes.
A: And it sounds similar to some of your disappointments with B.

THE ANALYST BROADENS THE THEME BY INCLUDING HER HUSBAND, AS P HAD PREVIOUSLY NOTED, ALL OF WHICH IS TO BE EXPLORED.
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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 CONFIRMS THE UNDERSTANDING AND FURTHER EXPLAINS HER FEAR AND HORROR. THE ANALYST FURTHER INTERPRETS THAT THIS SCENARIO, AT LEAST PARTIALLY, ACCOUNTS FOR P’S EXPERIENCE OF HER CRITICISM AS SO DESTRUCTIVE. HE THEN NOTES HOW P EXPECTS TO LOSE HER CONNECTION WITH HIM.

P: Yes. And there are two ways of meeting it. S goes to sleep. I first try to console her. But then I decide 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.

FOLLOWING P’S FOCUS ON THE RESOLUTION IN THE DREAM, THE ANALYST REFLECTS AND EXPLAINS THE SELF-PRESERVATIVE FUNCTION OF HER LEAVING IN THE DREAM. HE THEN REITERATES WHY IT IS CURRENTLY IMPORTANT FOR P TO KEEP HIM YOUNG, NAMELY, TO STAVE OFF OR PROTECT HERSELF FROM BEING DRAINED BY HIS OVERWHELMING NEEDINESS AND DEATHLIKE SUFFERING (IDEALIZATION SERVING A PROTECTIVE FUNCTION). THE OTHER FUNCTION OF IDEALIZATION AS A SOURCE OF VITALIZATION IS NOT IMMEDIATELY VITAL AND IS NOT ADDRESSED.

Third Session: Monday

NOTES OF THE ANALYST’S INTERVENTIONS WERE NOT TAKEN AND, THEREFORE, CANNOT BE CLOSELY FOLLOWED.

THE SESSION BEGAN WITH P BEING 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: 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 conver-

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A: The dead space seems to be originally connected to your father, since it’s his room in the dream.

P ARTICULATED HER DILEMMA IN THE DREAM REGARDING THE ETERNALLY DYING, SUFFERING MAN WHOM SHE ASSOCIATES TO THE ANALYST. HER IDEALIZATION IS A WAY OF PROTECTING HERSELF FROM THE “NEEDY,” DYING OTHER. P THEN REFERENCES A DREAM DISCUSSED FOUR MONTHS EARLIER, AND THE ANALYST CONNECTS THE “DEAD SPACE” MOTIF TO THE FATHER, TO AMPLIFY FURTHER THE ORIGINS OF THIS TRANSFERENTIAL MOTIF.

P: He was tyrannical, but he’s given us the message he’s terribly vulnerable. And we can’t tell him what we think because he’s so fragile. The feeling [he conveys] is no one will do anything right. Everyone protects 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 ELABORATES THAT HER ACCOMMODATION TO HER FATHER’S TYRANNY WAS UNDER DURESS. SHE FURTHER DESCRIBES HER FATHER’S VULNERABILITY AND HIS REACTIONS TO IT. THE ANALYST NOTES HER DEIDEALIZATION, ACKNOWLEDGES HIS VULNERABILITY, WHICH TRIGGERED HER REACTION, AND EXPLAINS HOW, IN THE LIGHT OF HER HISTORY, SHE UNDERSTANDABLY TENDS TO VIEW AND REACT TO HIS VULNERABILITY AS TERRIFYING “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...
sation 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 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 in “to see us.” Her mother made her sister walk on her so that she (her mother) could “feel her own body and feel alive.” This was the eternal suffering, deathlike space of which the dream provided patient and analyst with a fuller understanding.

P: 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]. I can’t touch it. There is all the same horror of its suffering, its 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 she and the analyst had focused a great deal in the analysis on the relationship with her father and her experience of him as exploitative, but they were now entering the world of her mother and that was the arena of the “deeper connection.” Previously she had experienced the analyst periodically as exploitative. Now, they discussed how, as she idealized the analyst less, P became terrified that the analyst would be the suffering, deathlike, needy person, emergent in the crypt dream, who was both draining and unavailing for her—thus, the ambivalence about becoming more deeply involved with the analyst. P’s experience of the analyst as “needy” when they were initially discussing the project was a catalyst for this terrifying image.

Fourth Session: 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: [with a tone of disparagement] It’s so extreme.

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 responded with a sense of disparagement that her reaction to neediness was so “extreme.” The analyst does not address her “extreme disparagement” but explains the genesis of P’s reactivity as emerging out of a familial relational scenario.

P: [reflectively]. I know that. 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 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.

P acknowledged knowing about the origins of her reactivity but then inquired, still with a sense of despair and not knowing, “How am I going to change that?” By understanding P as gropingly exploratory and not as resistive in trying to find a way out of her seemingly insurmountable impediment in her relationships, the analyst recapitulates their previously acquired understanding of her struggle and directly describes how the analytic process of change takes place. His description was
P: [pause] 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.”

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 crypt dream, the dead man who was suffering was too much, it was too much for me to deal with.

A: Yes.

FEELING AFFIRMED AND VITALIZED, P COULD PROCEED ENERGETICALLY.

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. 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.4 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.

A: Uh-huh.

P: And that’s what it’s all about; that’s what it feels like to me. And that’s what it felt like. And here, it felt like a life-and-death situation [said with intensity and certitude].

A: Uh-huh.

P continued to rework and to reweave the current situation with her husband’s depression and neediness and with the hospital incident and her mother’s depression and self-absorption. She recognized that to an adult her husband’s depression was not “that overwhelming,” but to a three-year-old her mother’s depression was understandably overwhelming and “obliterated me.” She also noted that her “despising” and “hating” the neediness and vulnerability in the other person “is a way of remaining intact.” Aversiveness provides a self-protective function for her. The analyst confirms his understanding of P’s remarks.

P: But what feels a little hopeless to me is that I’ve chosen not to relate... I know why. That happened in the attic dream—I’m choosing to be up there in an isolated place, but it’s a little sad really. And I think that I wanted to talk about the avenues or a way of trying to relate, a way of trying to elevate everything to such a perfect level that I can relate. I mean when you’re perfect, when you’re the perfect person for me to marry or when, you know, when we’re sort of soaring in the realm of ideas, when we’re both idealized, we can relate in some ways.

A: Uh-huh.

P: I wonder why I didn’t stay with that... with those two ways of relating to you. Why [with a note of irony] did I want to get into this extra stuff? [mutual laughter]

A: So you’re wondering?

P noted that the idealization of the analyst and herself in a world of specialness protected her from this traumatic configuration as described in relation to both her parents. She wondered, with a note of irony, why she had given up this ideal world “to get into this extra stuff.” With further exploration a mutual playfulness was emerging around the notion that it certainly was understandable to want to
The interpretative sequence

RETURN TO THE IDEALIZED WORLD IN THE FACE OF THE POTENCY OF THIS "EXTRA STUFF."

P: Yeah, I’m wondering why I chose to push for that.
A: That’s a thought.

THE ANALYST REITERATED AGAIN TO FURTHER P’S REFLECTION, AND BY HIS TONE IMPLICITLY CONTINUED THE PLAYFULNESS THAT NOW SURROUNDED HER CONSCIOUS RELUCTANCE TO EXPLORE.

P: I think probably that I trust you more, that it’s a possibility to relate to you at this deeper level. Before I did not want to take that risk. It was a safe place, but not that great. [pause]
A: Well, you must want a deeper connection [mutual chuckles].

BY POINTING OUT HER DESIRES FOR A DEEPER CONNECTION THAT MOTIVATED HER SUFFICIENTLY TO FACE THIS "EXTRA STUFF," THE ANALYST NOTES THE DEVELOPMENTAL STRIVING AND MOVEMENT TO FACILITATE BOTH.

P: Yeah, [emphatically, yet ambivalently] I must. [a reflective pause] I’m feeling I don’t know where things are going to go from here. I came in feeling that they were not going to go anywhere. Now, I’m just feeling that I don’t know and that’s sort of all right. I’m calm about that . . .

ADDITIONAL NOTES

The analyst came to understand that P used idealization within the analytic relationship both developmentally and self-protectively (defensively). Developmentally, idealization provided the necessary safety and caretaking experiences that enhanced her sense of self and resulted in greater “energy” and vitality. Self-protectively, idealization provided protection against the expected repetitious traumatogenic relational experience of a “fragile and vulnerable” father and of an “overwhelmingly deathlike needy” mother, who would “obliterate” P as well as be unavailable for her requisite developmental needs. Additionally, the idealization protected against the reactive rage to this childhood scenario. As P’s developmental need to idealize the analyst diminished (e.g., P saw the analyst as more “human”), the idealization also became less available self-protectively. These changes, in combination with the analyst’s contribution vis-à-vis the project, precipitated the particular powerful transference configuration and a profound selfobject rupture.

Chapter 7

DISCUSSION

Rather than conceptualizing interpretation as a singular and discrete event, we view interpretation as a sequence of interventions that cumulatively facilitate deepening the analytic experience. The sustained application of the empathic mode of inquiry maintains a focus on the illumination of the patient’s subjective world. The patient’s associative trend, shaped by his or her shifting needs, motivational systems, schemas, and life’s stresses, demarcates the direction of the analytic process and the corresponding collaborative search to understand and explain the patient’s experience. In addition to the patient’s setting the direction, the analyst approaches the analytic task with his or her particular subjectivity and analytic intentions, which shape the sequence of interventions and, in turn, the patient’s responses. All these create the particular encounter unique to each analytic pair. Tracking the analyst’s sequence of interventions highlights the particular contribution of the analyst as we focus our attention on the affective and cognitive resonance between two unique individuals.

The frequency of interventions clearly differs within a session, between sessions, and with each patient–analyst pair. The rhythms of exchanges in any analysis are, among many factors, influenced by unconscious communicative procedural inclinations of each person and the fit they establish with each other. The analyst’s interventions in the illustration ranged from 44 to 4 per session. P’s analyst observed that the analysand and he had developed a variable rhythm. The analyst was highly active in the first session during a time when P was at first confused and then reluctant to express critical thoughts. In the remaining sessions, P was more actively engaged in exploring and expressing her innermost thoughts and required less input from the analyst. What is crucial is not the frequency of interventions, but that the interaction is facilitative of the patient’s expression and associative flow.

Ideally the analyst’s sequence of interventions has a purposeful, cumulative effect in illuminating the patient’s subjective experience and in facilitating developmental processes. Overall, we feel that the sequence of interventions in the clinical illustration evidenced a coherent sense of purpose designed to enable successive interventions to have a cumulative effect. This coherence is summarized as follows:

The sequence of interventions over the four sessions begins with a period of sustained inquiry about P’s aversion to the sessions, which emerged when a fourth session was added. With clarification that P was harboring critical feelings toward the analyst that she was reluctant to express, interventions

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5Arwood and Stolorow (1984) have conceptualized and delineated this “intersubjective context” of the psychoanalytic situation.
focused on this reluctance. The conflict emanated primarily from her fear of "hurting" the analyst and of destroying the idealized relationship (both of which she felt had occurred with her husband). The understanding of these expectancies, together with the analyst's mild encouragement, enabled P to express her critical thoughts and feelings. The criticisms involved seeing the analyst as "old," "needy," and unavailable to her as the idealized energy-giver.

The ensuing sessions clarified that the analyst’s vulnerability, when he was describing the "project" and his "need" for P to participate in the project, precipitated in her a terrifying image of the analyst as beset by overwhelming neediness and deathlike suffering. This intense experience of the analyst was initially connected to her father, but then more specifically to her mother, P’s associative work and the analyst’s interventions resonantly focused back and forth on the transference and its historical antecedents.

Additionally, P came to see that her hatred was a reaction to, and was used protectively against, being overwhelmed by a painfully needy other. The experience of expressing her criticism and anger without destroying her analyst, along with a growing self-reflective awareness of the meaning of her aversive motivation, began to ameliorate her feelings of destructiveness and her fear of being overwhelmed by the vulnerability and neediness of others.

In focusing on the major rupture and schema that had been triggered, the sequences of interventions, apart from a momentary disruption in the first session, facilitated the flow of the analysand’s associations. The disruption was related to the analyst’s momentary impatience (P might have reacted to the analyst’s desire to move on to what had priority, possibly manifest in his tonality [page 102]). The analyst’s impatience applied pressure that P met with momentary aversiveness (in this instance, brief withdrawal from exploration). The analyst was able to return rather quickly to the analysand’s agenda and associative flow. During these sessions, self-protective measures were worked through, resulting in a deepening of affect, a gain in insight, and an increase of self-cohesion.

**TECHNICAL GUIDELINES FOR INTERVENTIONS**

We note the following guidelines for interventions that were evident in the clinical material.

1) Our overarching principle is to listen with hovering attentiveness, to focus on and understand as much as possible the affective and cognitive inner state of the analysand; that is, we are guided by the use of sustained empathic mode of perception (Kohut, 1959, 1982; Lichtenberg, 1984). We attempt to understand from within the perspective of the analysand and thereby mitigate (clearly not eliminate) the imposition of our perception of reality onto the analysand.

2) In addition to our investigative and exploratory remarks, we acknowledge (if only with an “uhuh”) when we feel we have an understanding of what the patient is attempting to convey to us. If patients feel they are being understood, whether in their attempts to reveal themselves or in their attempts to convey their averseness to self-revelation, they will be more motivated to express fully their experience with emotional depth. Offering an appreciative awareness of where analysands stand at any moment in their thoughts and feelings first implicitly validates their self-experience and then facilitates the development of a shared “observational platform” from which greater insight can be gained, alternative perspectives conceived of, and symbolic reorganization can occur.

3) Our interventions, although based on empathically gathered data, range widely with regard to the introduction of the analyst’s perspective. For example, acknowledgment that we understand the patient remains close to the patient’s experience. Such acknowledgments are often introduced by phrases like: “So what you are telling me is . . .” or “What you’re feeling is . . .” or even “Uh-huh.” An explanation, on the other hand, introduces more of the analyst’s perspective in the organization of the data. Explanations are often phrased as “The way I understand what you are experiencing is . . .” And finally, using implicitly or explicitly the discrepancy in the subjective experiences of analysand and analyst for further illumination of the patient’s schemas introduces most directly an alternative perspective as, for example, when the analyst delineated P’s expectation that her criticism would cause the analyst to throw a tantrum and become lost in the suffering dead space. The analyst’s interpretive response, in contrast to a tantrum, implicitly juxtaposed his response and subjectivity with P’s schema, which further illuminated the latter.

A patient’s needs vary. At times a patient requires the analyst’s closest attention and response to his or her experience without the slightest deviation to enable the patient to feel validated and cohesive. On other occasions, the patient will desire to experience the analyst and the analyst’s perspective for self-delimitation (Stolorow and Atwood, 1992), expansion of awareness, or both.

4) We pay careful attention to the patient’s reactions to our interventions and investigate problematic reactions. We focus on what the patient experiences as empathic failures, note the extent of any disruption in his or her self-cohesion, and attempt to repair the disruption by understanding the precipitants from the patient’s vantage point. Once self-righting is achieved and restoration takes place, the nature of the disruptive experience and what triggered it may become the focus of further inquiry to expand awareness and broaden perspective.

5) By listening carefully to the patient’s associative flow, we honed in on
thematically experiences that reflect unconscious organizing principles or schemas. The illumination of the problematic schemas as they are activated within the analytic experience is enhanced by the "here-and-now" analyst-patient exchanges and their exploration. For example, P feared the overwhelming neediness and pain of others.

6) In our interventions, we remain close to what is readily available to the patient's immediate awareness. We speak in language closely allied to the patient's mode of speech and metaphoric inclinations. Through the mixture of a mode of inquiry and a conveyed sense of understanding, we aim to encourage an investigatory attitude and a sense of safety. Our goal is not to present as finished products our more global formulations, but to facilitate as much as possible the patients' recognition and assertion of the fruits of their own exploration.

7) As we listen to the patient's feelings and thoughts, we attempt to identify the motivation that is dominating a patient's experience and the patient's attitude toward the particular motivation. We pick up on changes in motivation or conflicting motivations of which the patient is often unaware. For example, the analyst focused on the aversiveness that P experienced as destructive and in conflict with her attachment needs. We remain especially attuned to and supportive of patients' exploratory-assertive motivation in their attempts to master and problem solve. Here our focus corresponds to Kohut's "developmental strivings" that create the "leading edge" of the material (Miller, 1985). For example, P's decision to leave the dying corpse in the dream was understood as one way of mastering the painful situation.

8) In an attempt to expand the patient's awareness of the associative links between present and past events, analyst and analysand construct model scenes to organize and illuminate previously puzzling transference experiences, integrate previous understanding, and initiate further exploration of the analysand's experience and motivations (see Chapters 1 and 2). For example, P's hospital experience, at the age of three, of emotional abandonment first through her mother's physical absence and then through her mother's forlorn self-absorption was a model scene usefully reexamined in these sessions.

9) We do not actively apply the concept of optimal frustration (Kohut, 1971, 1984) but, rather, are guided by an attempt to be optimally responsive (Bacal, 1985; Bacal and Newman, 1990) in facilitating the analytic process, the patient's developmental needs, and the patient's exploratory-assertive motivation.

10) Finally, if self-righting occurs, if emotional intensity mounts without

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A number of authors have contributed to the reconceptualization of transference as unconscious organizing principles or schemas, including Wachter (1980), Gill (1982), Hoffman (1983), Atwood and Stolorow (1984), Stolorow and Lachmann (1984/85), Lichtenberg (1990), Feetham (1990b), and Lachmann and Beebe (in press).