CHAPTER FIVE

From Ego Psychology to Modern Conflict Theory

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The ways and means by which psychoanalysis achieves meaningful change remain as poorly understood today as they did two decades ago, when Fonagy (1982) made a similar observation. Although we have been able to systematically show that psychodynamic psychotherapy is effective, despite difficulties in disseminating those facts (Shedler, 2010), we have had more difficulties in understanding the therapeutic action by which either psychodynamic psychotherapy or psychoanalysis achieves its effects. In an issue of The Psychoanalytic Quarterly, devoted in its entirety to the question of therapeutic action, Smith (2007) drew attention to the fact that therapeutic action is often discussed at different levels of abstractions making comparisons between different schools difficult. On one level are our theories of pathogenesis; on another are our theories of how the mind works; then there are a number of ideas about what the analyst does; and still at another level is the role of the analyst as a person effecting change.

In this chapter, I review the history of ego psychology and its role in the development of the centrality of conflict in psychoanalytic theory and practice. I then go on to examine modern conflict theory from the four angles proposed by Smith with a particular focus on the work of Charles Brenner with the purpose of elucidating the mechanisms by which modern conflict theory is thought to effect therapeutic change. This, in turn, can facilitate comparisons between modern conflict theory and other
clinical models, including some described in the current volume (e.g., Paul Gray’s model discussed by Portuges and Hollander, 2011, this volume).

The following brief historical overview will help situate modern conflict theory within the field of psychoanalysis in general, and ego psychology in particular. In 1923, in his seminal paper *The Ego and the Id* (1923a), Freud presented his final model of the mind in the form of the tripartite structure of id, ego, and superego. This paper, along with *Inhibitions, symptoms and anxiety* (1926a), would be the springboard for what would become known as ego psychology. Whereas the psychoanalyst’s role in treatment began with a focus on uncovering repressed unconscious content that was thought to be at the heart of a patient’s symptoms, without regard to the patient’s defenses, ego psychology would shift the analyst’s attention to the mechanisms by which such content became unconscious and how it remained so. Going forward, analyzing the ego’s role in defense would be placed front and center of psychoanalytic technique (A. Freud, 1936; Waelder, 1936; Fenichel, 1941b).

Initially, and for many years, defense was defined only in terms of repression. Over time, and as ego psychology evolved, a series of defense mechanisms would be itemized, including regression, reaction-formation, isolation, undoing, projection, introjection, turning against the self, and reversal into the opposite. Many of these defenses had been outlined by Freud (1900, 1905, 1924). However, it was Anna Freud (1936), in her important monograph *The Ego and the Mechanisms of Defense*, who expounded upon the intricacies of these defense mechanisms with sensitively written clinical vignettes illustrating their origins and functions.
It is easy to lose sight of the profound impact that Anna Freud’s brief monograph had on the field of psychoanalysis. According to Young-Bruehl (2002), The Ego and the Mechanisms of Defense was one of two “systematic works of the 1930s [that] were understood by all Freudians to be the key elaborations of the structural theory” (p. 757). Wallerstein (1984) considered The Ego and the Mechanisms of Defense as “the foundation piece of the whole of the modern era of ego psychology and of how we collectively understand and practice psychoanalysis” and “perhaps the single most widely read book in our professional literature” (p. 66).

Although Anna Freud would go on to establish herself in London in 1938, it would be in America that her work took hold wherein ego psychology would become the dominant psychoanalytic paradigm for over three decades. At the forefront of what Young-Bruehl (2002) refers to as the “hegemony of ego psychology” was Heinz Hartmann. In his work, Hartmann (1939a) would expand the role of the ego as a mental structure by emphasizing how the ego was not only tied to conflict and pathological functioning, with a role circumscribed to mobilizing defenses; but in addition, the ego also would have at its disposal energy that, while stemming from aggressive and sexual drives, could be desexualized and de-aggressivised by a process that he would describe as neutralization. According to Hartmann, the ego could operate within a conflict-free sphere. Examples of ego-operations within this conflict-free sphere were psychological capacities like intelligence, cognition, memory, planning, etc. In this way, Hartmann sought to define psychoanalysis as a general psychology and not just a theory of psychopathology and its treatment. Hartmann (1939a) would also introduce the term average expectable environment to emphasize the relevance of reality in facilitating
adaptation. Thus, the ego was not limited to its role in conflict vis-à-vis the id and the superego, warding off impulses and avoiding guilt and self-punishment, but would also operate to find ways to gratify impulses, as made possible by the opportunities afforded by the person’s social milieu.

By the 1940s, the Hartmann era had begun, launching what Bergman (1997) has described as “one of the most productive periods in the history of psychoanalysis” (p. 71). Behind Hartman’s ascendance, both in the American Psychoanalytic Association and the New York Psychoanalytic Society and Institute, was the hope that psychoanalysis would be made more scientific, and that by doing so, it would avoid some of the problems attendant to the splintering factions in Europe, where psychoanalysis had to contend with the ever-present risk of becoming an ideology rather than a so-called true science (Makari, 2008). Critics contended that if psychoanalysis was to be valued on the same plane as any other field of science, it behooved analysts to spell out their methodology and the general laws upon which this new science relied, and to delineate where and how analysis fit with other sciences including developmental biology, psychology, and sociology.

A major challenge confronting Hartmann’s project for a scientific psychology was the pressing need to organize and reconcile significant differences and contradictions that remained in the large corpus of Freud’s work. Important allies in this endeavor (at least initially) would be found in Merton Gill (1954), David Rapaport (1959; Rapaport & Gill, 1959), George Klein (1969), and Robert Holt (1976), as they attempted to systematize a comprehensive general theory of psychoanalysis, as well as modernize Freud’s metapsychology. Ultimately, the project for a scientific psychology would
languish, partly due to the fact that there was an absence of any kind of structure that would allow the numerous constructs being developed by ego psychologists to be operationalized, formulated into testable hypotheses, and then tested empirically. Like with any other science, a general theory of psychoanalysis had to be “testable by methods other than those by which the initial evidence for it was obtained” (Rapaport, 1959, p 116).

Although it is hard to imagine how psychoanalysis could ever become a general psychology when it remained isolated from the rest of psychology as a field, the fact is that numerous attempts to develop research into conflict, pre-conscious and unconscious mentation, and other tenets of psychoanalytic theory, were met with indifference or outright hostility by the psychoanalytic community (Fonagy, 1982). This attitude may have had its early roots in Freud’s own views on psychoanalytic experimentation, expressed in his oft-cited response to a letter from American psychologist, Saul Rosenzsweig (1934), who wrote to Freud about his experiments confirming some of Freud’s ideas on repression. Freud’s retort:

I have examined your experimental studies of the verification of the psychoanalytic assertions with interest. I cannot put much value on these confirmations because the wealth of reliable observations (from the clinical situation) on which these assertions rest, make them independent of experimental verification. Still, it can do no harm [Freud, as cited in Grunbaum, 1984, p. 1].

Despite the risks that such an attitude posed for the future of psychoanalysis and its place as a natural science, a place that Freud (1938b)
persistently sought to secure, we see to this day remnants of this antagonism to research, perhaps most recently articulated by Irwin Hoffman (2007) to a standing ovation at a meeting of the American Psychoanalytic Association, and in a recently published article in the journal of the same organization (2009), where he declared that the “nonobjectivist hermeneutic paradigm” (p. 1043) is best suited to psychoanalysis and that empirical research “is potentially damaging [italics added] both to the development of our understanding of the analytic process itself and to the quality of our clinical work” (p. 1043).

Many psychoanalysts single-mindedly subscribed, and still do, to the view that the means for testing psychoanalytic tenets was through the method of psychoanalysis itself – an impossible feat, most would agree, along the lines of the Kantian eye attempting to see itself. For these and undoubtedly other reasons psychoanalysis remained divorced from the University, precluding any programmatic research that would test and refine the theories that ego psychology was formulating. Today, universities have, by and large, purged psychoanalysis from their departments and their curriculums (Bornstein, 2001, 2002). In fact, the graduate student interested in psychoanalysis is more likely to find the subject discussed in comparative literature than in the psychology courses. Psychoanalysis has met the same fate in medical schools. As Leon Hoffman (2010) recently noted, “In a mere 40 years the number of psychoanalysts in key academic psychiatric positions declined by almost four-fold” (p. 21).

In addition to the lack of formal structures for developing a research program, many have pointed to the difficulties in Hartmann’s writings themselves as a major culprit (Apfelbaum, 1962; Rangell, 1985; Busch, 1993; Brenner, 2002), marked, as they
were, by an absence of clinical vignettes to illustrate clinical application and lacking the experience-near language of the clinical setting. Although this style may have been partly due to Hartmann’s quest to define general laws of psychoanalysis, the net result was a metapsychology that seemed divorced from clinical practice. As Rangell (1985) points out, many regard Hartmann’s work with “mild interest and considerable ambivalence” and his “formulations on ego autonomy, are looked upon askance” (p. 154). Some go as far as to claim that Hartmann’s conceptual framework may have had a deleterious [italics added] effect on clinical theory and technique” (Busch, 1993, p. 164), as the importance of the ego, clinically speaking, was pushed aside for more abstract theorizing, that in “forsaking clinical examples, has left a generation of analysts in awe of Hartmann’s intellectual powers, while shaking their heads when considering its relevance to their last patient” (p. 164). Makari (2008), in his fascinating review of the history of psychoanalysis, recently iterated a similar opinion, stating that the “I psychology with its connection to lived experience mutated into an abstract, impersonal ego psychology in Hartmann’s hands” (p. 483).6

By the 1970s, the dominant status of ego psychology would be challenged by a growing pluralism in American psychoanalysis. As Schafer (1970) points out, a cultural shift made the type of grand over-arching narrative that Hartmann sought to attain run counter to postmodern notions of relativity, deconstructionism, hermeneutics, and gender theory that were being embraced in psychoanalysis by the likes of Stern (1989), Elliot and Spezzano (1996), and Irwin Hoffman, (1992, 1998). A similar linguistic turn was taking hold in other fields, as structuralism, with its emphasis on mechanisms and
foundationalism, gave way to post-structuralism, privileging processes and interactions, while denouncing the idea of apparatuses.

Within ego psychology, important reassessments of psychoanalysis centered on the work of Charles Brenner, who would go on to redefine ego psychology sometimes in the form of modest “addendums” to Freud’s theories, and at others, with sweeping changes. Brenner’s writings had a simplicity (for some too simplistic) and clarity that was a far cry, and for some, a welcome relief, from the complex metapsychology of Hartmann and his collaborators. Brenner’s style would be characterized by an emphasis on a language that was experience-near and directly tied to clinical work. Brenner’s, as well as Arlow’s (1969, 1979, 1996) influence, according to Marcus (1999):

was so great that compromise formation theory swept American ego psychology. It did so in part because it was easier to comprehend than the approaches of Hartmann, Jacobson, Schafer or Loewald, and seemed closer to clinical phenomena. By the 1970s it was dominant. In fact, it captured the term American ego psychology, which became synonymous with conflict and compromise formation [p. 845].

Brenner would move ego psychology away from intellectual and abstruse constructs, particularly energetic ones, and define a different ego psychology from that of Hartmann – one, that through its clear postulates, based on observational clinical evidence with sound ecological validity could, as Leon Hoffman (2008) has written, “significantly move the psychoanalytic enterprise towards a more systematic empirical base” (p. 1018) and, by doing so, perhaps succeed where the work of Hartmann, Kris and Lowenstein (1949) had not.
The impetus for one of Brenner’s most important reappraisals would be Anna Freud’s (1936) monograph, *The Ego and the Mechanisms of Defense*. Specifically, the idea of mechanisms posed problems because, as Brenner (1992) saw it, the term *mechanisms* gave the false impression that there were mental activities and processes of the mind that worked solely and exclusively in the service of defense. It was more accurate and less confusing to appreciate the fact that any mental activity or “ego functioning can be used defensively” (Brenner, 1992, p. 373). Brenner would illustrate his points with elegant and simple examples. Throughout a series of clear and lucid writings spanning over five decades, he would show again and again (1959, 1982, and 2008) how defenses were as varied and extensive as the range of mental activities and could only be defined in terms of their mitigating effects on unpleasurable affects such as anxiety and depression.

A second tenet of psychoanalysis that Brenner (1975, 1979, 1992) would challenge revolved around Freud’s theory of signal anxiety. In Freud’s first theory of anxiety, anxiety was understood as the product of undischarged or improperly discharged tension resulting from the accumulation of libido, which was transformed and given outlet in the form of anxiety. Freud (1894) thought that this toxic damming up of libido, the “sum of excitation,” was capable of causing physical damage to the organism. Fenichel (1945a), in an explanation that, given our advances in neuroscience, would seem oversimplified by our standards, described it as follows:

Where the instinctual need is not adequately satisfied, the chemical alteration connected with the gratification of the drive is lacking and disturbances in the chemistry of the organism result. Undischarged
excitement results in an abnormal quality and quantity of hormones and thus in alterations in physiological functions [p. 295].

Freud’s second theory of anxiety (1926a) revised these energetic models with a theory of *signal anxiety*, in which he proposed that anxiety originated when repressed impulses were threatening to emerge into consciousness and a danger of an intrapsychic nature was sensed. On these occasions, the ego would send anxiety as a “signal and prevent such a situation from occurring” (Freud, 1926a, p. 135). Brenner’s (1975, 1979b, 1992) revision would contend that not only anxiety, but in fact, any dysphoric affect (including feelings of guilt, shame and misery) could be used as a signal by the ego to bolster defenses. As he put it (Brenner, 1992):

> Anxiety is not the only affect that can trigger defense and conflict. Unpleasure of any sort can do so if it is intense enough. The unpleasure may be anxiety, but it may also be a different variety of unpleasure, what I have proposed to call depressive affect [p. 372].

These were not minor addendums to Freud’s theories of psychic functioning but, Brenner’s disclaimers notwithstanding (1953), they were in fact substantial modifications with far reaching implications, including how the analyst attends to clinical material, what counts as clinical evidence, and the claims that the analyst can make about psychic life generally speaking. As an aside, it is important to keep in mind that disagreement in psychoanalysis and revisions of psychoanalytic theory and techniques historically lead to splintering within, and defections from, what is considered “mainstream” psychoanalysis. The “heretics” this time were well known and well respected analysts whose influence loomed large. Brenner and Arlow were postulating radical revisions of ego psychology
within the “classical” or “Freudian” perspective and within the bastion of classical psychoanalysis, as the New York Psychoanalytic Institute was branded by its critics (Malcolm, 1982).

Considering the history of psychoanalysis and psychoanalytic institutes, Brenner’s revisions were met by critics from within ego psychology camps with little resistance. Bergmann (1997) believes that following the controversial discussions between Anna Freud and Melanie Klein (King & Steiner, 1991), a new, more tolerant attitude toward dissent had taken hold in psychoanalysis that allowed space for the modifier – an advocate of major changes whose views, nonetheless, did not lead to expulsion or desertion from psychoanalytic institutions, but rather, over time, lead to important developments in the field. According to Bergmann (1997), “Modifiers threaten the continuity of psychoanalysis and create controversies but they also keep psychoanalysis alive and are a source of creative ideas. Melanie Klein, Heinz Hartmann, and Heinz Kohut are examples” (p. 82). To this illustrious list Brenner could, in time, claim a rightful place.

Arlow (1972), like Brenner, did not fear being explicit in his criticism of the curriculum in psychoanalytic institutes. For example, he stated in 1972 that, “among the learned disciplines we must be unique in the practice of using basic texts, most of which are 50 years old” (p. 557). He believed there was a cultural lag in all departments of psychoeducation. Gray (1982), borrowing Arlow’s term, made similar observations ten years later, noting that there was a “developmental lag” in reference to what he believed was a “reluctance to apply certain ego concepts to the method of psychoanalytic technique” (p. 639).
Brenner, for his part, would continue his revision of psychoanalysis with an eye toward clarifying terms and challenging established language, and by 1994 he would spell out what was perhaps his most contentious idea after what he himself described as intensely conflicted feelings about doing so. He would develop a paper in which he concluded that it was time, as Boesky (1994) summarized it, to “seriously consider abandoning the concepts of id, ego, and superego because these terms erroneously separate and disconnect the components of conflict in the human mind” (p. 509). In Brenner’s (1994) words:

My doubts concern the questions whether the facts as we know them today support the theory that there is a structure or agency of the mind, the id, that consists of drive derivatives; that is separate from another agency of the mind, the ego, which has other functions, including defense; and that both are separate from another structure, the superego [p. 474].

It is axiomatic in New York Freudian circles that when Brenner writes a paper, psychoanalysis loses a term! Perhaps a more sympathetic assessment would be that by reducing the use of special terminology, Brenner was able to move psychoanalytic theories forward. Modern conflict theory, a term Brenner credits to Abend (2007), would be defined by its emphasis on intrapsychic conflict and compromise formations. The components of a compromise formation are: (1) an objectionable wish or thought that is challenged on moral grounds; moreover, these frustrated wishes or thoughts are derivatives of sexual and aggressive wishes originating from childhood; (2) unpleasure originating from the strictures that oppose the wish, and a fear of punishment that results in conflict; and, (3) attempts at an intrapsychic compromise, whereby the person attempts
to gratify these derivatives of the forbidden childhood wishes, without incurring too much cost in the form of unpleasure.

What is perhaps more radical, and can potentially move Brenner’s conflict theory into the mainstream of general psychology, is that the theory accounted for more than just psychopathology, to include the understanding that so-called “normal behaviors” are also a product of conflict and compromise formation. Brenner would go on to carefully provide examples of vocational choices, hobbies, and partner selection among other things, as products of conflict and compromise formation. He noted (1982) that, “there is no sharp line that separates what is normal from what is pathological in psychic life” (p. 150). In fact, the difference between pathology and “normal behavior” was not the absence of conflict but rather the degree to which the compromise formations allowed for a maximum of gratification with a minimum of unpleasure. In this way, Brenner’s ideas challenged Hartmann’s (1939a) most accepted tenet of “a conflict free sphere.” Brenner (2002) argued:

Mental health does not mean absence of conflict, much less “neutralization” of drive energies. The idea that conflict is a sign of pathology in mental life, and that in normal adults it is replaced by judgmental repudiation, stems from Freud. Hartmann took it from Freud and carried it to a clearly invalid extreme [p. 336].

A brief clinical example from my own practice will perhaps illustrate how these revised ideas help clarify a wider range of clinical phenomenon. The patient, a woman in her early 30s, sought analysis because of anxiety, depression, and difficulties in her relationship with her fiancée. Regarding the latter, she explained that she found it hard to
be faithful to him. She scrutinized everyone she met, who she regarded in fantasy as a potential suitor, while believing that she could give herself over to whoever showed an interest in her. She brought up as an aside that she also had problems in her career as an actress. She was frequently told by teachers and colleagues that her acting was \textit{stilted}. Although she seemed to consider her problems in her relationship as a separate issue from her problems as an actress, in our analytic work we came to appreciate how these two issues were connected.

The stilted acting was fruitfully understood in terms of compromise formation as follows: in her life, the patient struggled with sexual impulses that she found objectionable, shameful, and guilt-inducing and to which she would respond by becoming self-critical and then depressed. As an actress, when she played roles in which she portrayed women in the throws of passion, she became anxious, worried at an unconscious level that these roles betrayed her own illicit passions. Here, the stilted acting, by no means a pathological symptom, could nonetheless be understood as the result of conflict and compromise formation whereby the patient sought to convince the audience, and more importantly herself, that she was only \textit{acting}, so as to not expose her true personal conflicted feelings. Furthermore, the poor reviews she received, which caused her much distress, served as atonement for her unacceptable feelings, and had the effect of diminishing her unconscious guilt for the gratification, albeit partial, of any sexual wishes that she derived from acting.

To the extent that psychoanalysis is successful, patients change during the course of their treatment. To use Brenner’s terminology, they derive more pleasure from \textit{satisfying their pleasure-seeking wishes} without undue unpleasure, as they are less
neurotically intrapunitive about having the wishes in the first place. Moreover, since they are less threatened by neurotic anxiety, misery, guilt, or shame about gratifying wishes associated with sexual or aggressive feelings originating in childhood, they are less compelled to automatically defend themselves against what they can now realize are unrealistic beliefs about their consequences. In so doing, they have become more reality-oriented because they are less compelled to confuse moral standards from childhood with adult judgments about the propriety of their desires as adults.

In the course of an analysis, it would be erroneous to think that conflicts disappear, or that defenses disappear, or for that matter that defenses become more mature. Psychoanalysis does not purport to eliminate intrapsychic conflict. From the viewpoint of modern conflict theory, the wishes that give rise to neurotic symptoms do not change nor are they relinquished. Brenner (2002) acknowledges, and tries to help the patient understand, that wishes of childhood origin persist throughout the person’s life. What does change during the course of an analysis and, for that matter, during the course of a life, is the balance between the various intrapsychic components of conflict and the derivative forms in which the wishes of childhood origin are gratified. The shift in their arrangement is what gives rise to more adaptive compromise formations. By “more adaptive” what is meant is that the new compromise formations allow for a refined gratification of wishes, with less unpleasure. In the case briefly discussed above, one could expect that in the course of her analysis, the patient would derive more satisfaction from her acting, experience less inhibition, decrease self-punishment in the form of guilt and depression, and, not least of all, the patient might actually see an improvement in her acting skills.
The seat of therapeutic action in modern conflict theory, therefore, is on the compromise formations as a whole (including elucidating the nature of the wish, the attendant displeasure, issues of morality, and the defenses employed). Operating within this framework has the advantage of grounding the analyst’s work close to the data reported by the patient, relying very concretely on what is observable in the room with a patient and made evident by the patient’s communication and free associations. As the analyst listens to the patient, he makes explicit the connections that had been left only implicit by the patient between one utterance and another. This, in turn, allows the analyst to show the patient the elements of conflict and compromise formation that are laid bare by the material that has unfolded (Arlow, 1993b, 1996). This close process attention has the effect, as Gray (2000) argues, to remove the mystery of where the analyst’s formulations come from and reduce the view of the analyst as working far ahead of the patient.

Brenner has described his views on how the analyst works in a number of writings (1976, 1982, 1987, 1996), which can be summarized as follows: As the analyst listens to the patient’s material, the analyst develops conjectures about the nature of the patient’s conflicts and, over time, once the evidence is available, puts forth these conjectures to the patient following a line of interpretation that is refined, or discarded and replaced in response to new material made available in the course of treatment. In this process, the use of dreams plays an important role, as do slips of the tongue, associations, induced countertransference experiences, enactments, and any other material that works its way into the hour. Brenner (1982) stressed that dreams were undoubtedly important in analysis, but no more or less so than anything else the patient talks about or otherwise
makes known during the analytic hour, including the patient’s motivation for reporting a
dream. Likewise, transference is ubiquitous and its interpretation is essential in
psychoanalysis, but so is the interpretation of extra-transferential material. Strachey’s
(1934) idea that transference interpretations are the only ones that are truly mutative in
treatment has been a precept in psychoanalysis that has defied critical scrutiny. As
Brenner (1969) contends:

Some analysts appear to have drawn the conclusion that to be truly
effective analytically, an interpretation must be a transference
interpretation. Carried to its logical extreme, this means that if, for
example, a patient comes to an analytic hour upset because of news of the
sudden death or illness of a close relative, what one looks for and
interprets to the patient is the transference aspect of his reaction to the
news. One looks for evidence of death wishes toward the analyst, or of
guilt about such wishes, or of anger that the analyst permitted such a thing
to happen, and so on [p. 348].

In short, all evidence of how the patient’s mind works is examined and put forth
to the patient.

**Therapeutic Action: Four Levels of Abstraction**

Let us return to Smith’s (2007) four levels of abstractions in our assessment of
therapeutic action underlying modern conflict theory, and consider each level, beginning
with the theory of pathogenesis.

A. Theory of Pathogenesis
The corpus of Brenner’s work, spanning from 1950 to the writing of his memoirs published posthumously in 2009, unequivocally affords a central place to conflict and compromise formation in normal mental functioning as well as in symptom formation. Among these conflicts, the most critical are those over the “sexual and aggressive wishes that characterize mental life during the period from 3 to 6 years of age” (Brenner, 2002, p. 35). These wishes are of primary lasting impact because they elicit the most intense fears of the unpleasures that are associated with their gratification, either in fact or in fantasy. The feared consequences are the situations of danger enumerated by Freud (1926a), and referred to by Brenner (1982) as the calamities of childhood. They include loss of the object, loss of the object’s love, castration or bodily damage, “and the various aspects of superego punishment subsumed under the headings of punishment, guilt, remorse, self-injury and penance” (pp. 163-164).

B. Theory of Mind

The theory of how the mind works, Smith’s (2007) second level of abstraction, can also be subsumed under the term compromise formations. The wishes of childhood origins and the unpleasure associated with them give rise to thoughts, actions, symptoms, fantasies, etc., that are multiply determined and seek to satisfy the different components of conflict. Through compromise formations, a person attempts to obtain as much gratification of these wishes without eliciting too much unpleasure, typically in the form anxiety or depressive affects, excessive feelings of guilt, or incurring external consequences (such as punishment). Symptoms and mental illness are compromise formations that are less adaptive, while so-called normal behaviors are compromise formations that are more adaptive; where the issue of adaptiveness is relative to the extent
to which a compromise formation gratifies a wish with minimum incurrence of
unpleasure.

Brenner often stated that his conclusions about the advantages of using conflict
and compromise formations to understand and describe mental functioning were drawn
from what he deemed to be the “best available relevant data” in the field of
psychoanalysis. His preference for this phrasing, “the best available data” (1959, 1982,
1993, 1996, 1998, 2000), indicated an openness to revising his conclusions as called for
by more convincing evidence. Thus, he stated (1993):

There is no such thing as ultimate reality or final truth in science. Every
generalisation, whether one calls it an hypothesis, a theory, or a law, is
never more than provisional. It is the best guess one can make at present,
and this is as true for physics or chemistry as it is for psychoanalysis [p.
1192].

This was also the charitable attitude by which Brenner (1969) assessed Freud’s
conclusions, which he believed were based on the best data available to him at the time:
“the data available from the application of the psychoanalytic method seemed to Freud to
be best explained by the structural theory” (p. 49). The latter was a model that Brenner
defended as the most fitting for explaining mental phenomenon, but which he was willing
to revise.

C. Ideas about What the Analyst Does

This leads to the third level of abstraction enumerated by Smith (2007); namely,
what the analyst does. In light of Brenner’s theory of pathogenesis and his ideas about
how the mind works, it follows that the main aim of the analyst is to make the nature of
the patient’s compromise formations known to the patient. In Brenner’s (1995) words, “The more insight the patient has into the wishes and conflicts that have given rise to pathological symptoms, the more likely it is that those symptoms will recede or disappear and that normal compromise formations will appear in their place” (p. 415). In the course of the treatment, the analyst listens, forms conjectures about the nature of the patient’s conflicts and compromise formations, and communicates these to the patient following a line of interpretation so as to make them as self-evident to the patient as possible.

Ideally, through interpretation, the analyst seeks to address the components of the compromise formation in toto. In actual practice, however, these different components are interpreted and analyzed as they surface separately in the course of any treatment and as their relation to other components of the compromise formation become clear. At times the focus of the analyst’s interpretation will be on defense, at other times it will be on anxiety and its origins; and still at other times there will be a focus on reconstructing and elucidating the wishes and thoughts of childhood origin. The patient’s affects, their quality, intensity, congruity and incongruity with content, provide critical information about the nature and equilibrium of the components of the compromise formations at which the patient has arrived. Ideally, the relationship between these components are delineated and used to help the patient understand how his or her mind works, the ways in which the patient obfuscates or avoids this self-understanding, and the motivations he or she has for doing so.

And herein lies a fundamental difference between Benner’s approach and that taken by Paul Gray (1996, 2000), a contemporary ego psychologist (see Portuges & Hollander, 2011, this volume). For Gray, the childhood drive derivatives that Brenner
considers part and parcel of every compromise formation are like an air balloon submerged under water, and kept there by the opposing force of the ego in the form of resistance. Once the resistance is removed, the repressed id contents will surface without a need for genetic reconstruction (the means by which the analyst elucidates, to the extent possible, the nature of the wishes of childhood origins and drive derivatives). Gray (1996) writes:

Since my theoretical stances is one of choosing to believe that there are no unconscious id forces ‘drawing down’ mental elements from above, my working hypothesis, on which my technique depends, is that consistent, detailed analysis of the resistances against specific drive derivatives will itself allow gradual, analytically sufficient ego assimilation of the warded off mental elements as they are able to move less fearfully into consciousness [p.101].

In this respect, the role of the analyst is circumscribed to a focus on defense. By contrast, Brenner (1976,1982) believed that the analyst needed to formulate conjectures about childhood drive derivatives and communicate these to the patient as interpretations. From Brenner’s perspective, one cannot assume that the drive derivatives will surface on their own. Just as it is important for the analyst to develop conjectures about the patient’s anxiety and defenses, so it is also important for the analyst to develop conjectures about the origins of the drive derivatives that elicited the anxiety being defended against. These conjectures are refined over time, based on the information that becomes available in the course of treatment, as well as on the analyst’s theories of normal childhood development, understanding of oedipal issues, and other dynamics.
D. The Analyst as a Person

Finally there is the issue of the analyst as a person effecting change. In reference to the personal qualities of the analyst as an agent of change, the issue of countertransference inevitably becomes germane. In addition to Brenner’s views on countertransference, I will discuss his views on the therapeutic alliance and on the authority of the analyst.

To begin, Brenner gave no special weight to countertransference in the psychoanalytic process (the term only comes up in five of over 90 papers that he published), and most of what he has to say on the subject was contained in a brief but incisive paper titled, “Countertransference as compromise formation” (Brenner, 1985). The central argument in this paper, which emanates directly from Brenner’s ideas on transference, can be summarized as follows: Compromise formation is a ubiquitous part of mental functioning. Like the patient, an analyst’s thoughts, behaviors, and even choice of profession are the products of conflict and compromise formations. When the balance in the components of the analyst’s compromise formations become disturbed in his or her work with a patient, we refer to it as countertransference. As you might expect, some patients will upset this balance, at which point the analyst benefits from trying to understand how and why, using introspection, consultation with colleagues, and/or personal analysis. Brenner does not argue with the commonly held view that countertransference can inform treatment. However, he disagrees with the idea that countertransference is, as Kleininans would have it, “the ego function that makes analysis possible” (Brenner, 1985, p. 156) or for that matter with those who make the concept synonymous with intuition or empathy.
Brenner (1979b) was wary of the notion that a therapeutic alliance was a precondition for a successful analysis. He believed that too strong an emphasis on the establishment and maintenance of a therapeutic alliance was in fact contraindicated on the grounds that it posed a similar problem to that posed by not analyzing the so-called unobjectionable positive transference (Freud, 1912b). The idea of enlisting the patient’s cooperation by appealing to his or her rational, reasonable, mature part in order to overcome resistance neglects the complex mixture of ambivalent feelings with which every patient approaches treatment – an ambivalence that Brenner believed was best analyzed and not influenced by suggestion or manipulation. Furthermore, as Abend (1996) put it, “what passes for a benign, positive, and productive transference attitude, rather than functioning to help overcome resistance, as Freud had believed, actually serves as a crucial resistance against the emergence of important analytic material” (pp. 219-220).

The patient’s so-called cooperativeness is no less important to understand than is his or her lack thereof. For example, in a paper on sibling rivalry, I (Christian, 2007) attempted to show how one analysand’s cooperativeness in treatment represented a critical familial reenactment of her need to be a model child, determined by an unconscious fantasy of being a replacement child; that is, one who could compensate her parents for the loss of their only son. The analyst’s humaneness, a core value stressed by the literature on therapeutic alliance, is made explicit through the process of the work itself and over time, where the analyst communicates an interest in all and everything that the patient is feeling and thinking.
Perhaps the most discordant position, as it relates to the person of the analyst as an agent of change, has to do with Brenner’s views on the issue of the authority of the analyst. This is an especially polemical issue in a zeitgeist that emphasizes egalitarianism, co-construction of meaning, a two-person psychology, and where the term client has replaced the term patient, ostensibly avoiding the latter term’s pejorative connotations. Brenner’s position, most clearly articulated in his 1996 paper “The Nature of Knowledge and the Limits of Authority in Psychoanalysis,” is that the analyst, by virtue of training, experience, and personal analysis, is in a “much better position to understand the nature and origin of a patient's conflicts than is the patient” (p. 26).

Critics, particularly those from the hermeneutic tradition, such as Mitchell (1998), argue that the analyst can never make claims to know whatever is in the patient’s mind because these contents “are knowable both to the analyst and to the patient only [italics added] through an active process of composing and arranging them” (p. 17). The mind, Mitchell (1998) believes, is “understood only through a process of interpretive construction” (p. 16). As Eagle (2003) points out, there is certainly value to Mitchell’s position to the extent that it challenges authoritarian notions in psychoanalysis, according to which the analyst is seen as having “virtually infallible access to the Truth about the patient's mind” or that there is, in fact, “one canonical truth to be arrived at” (p. 415). However, as Eagle elaborates, “it is one thing to reject the claims of infallible access to the truth about the patient's mind and another thing to reject altogether the possibility that one can reliably infer certain truths about the patient's mind … as if there were no stable organization prior to and independent of these interactions [those between patient and analyst]” (p. 416). Brenner (1996) contended that the conjectures at which the analyst
arrives are provisional and subject to revision as the available evidence supports their correctness or fails to do so. However, the patient could not be expected to be the final arbiter of their correctness.

Critiques of Modern Conflict Theory

Some, including Boesky (1994), have argued that conflict theory is simply another level of abstraction adding little to the utility already afforded by the structural theory of id, ego, and superego. Boesky (1994) argues that the components of compromise formations, drive derivatives, unpleasurable affects, defenses, and moral considerations are just as much “psychic structures as are the three major agencies of the Freudian psychic apparatus, but they are on a lower level of abstraction” (p. 511). Conflict and compromise formations are abstractions, undoubtedly, but carry with them less of the anachronistic baggage that encumbered the meanings of id, ego, and superego (themselves translations that departed significantly from Freud’s original terms in German). As Holt (1989) points out, these structures are “extremely difficult to use without reifications or personification” (p. 211), which he believes leads clinicians to “lose sight of the fact that in the end it is the patient who talks, dreams, and acts in the real world, not his ego, superego, or id, or some coalition of these soul-like entities” (p. 211).

Other criticisms of Brenner’s model are captured succinctly by Ellman (2005), and have to do with an alleged lack of emphasis that modern conflict theory places on the relationship between analyst and analysand: “Brenner's version of analysis does not focus on the analytic relationship but rather stresses interpretive efforts” (p. 463), thus,
encouraging in the analyst a narrow and unyielding focus on conflict and compromise formations at the expense of the analyst’s empathic attunement with the patient. Ellman (2005) argues “if the analyst is consistently concerned with what is the unexpressed aspect of the hypothetical compromise formation, the analyst is distinctly in the wrong analytic space” (p. 462). Bolognini (2001) espouses a similar position:

the analyst’s exclusive focus on ‘what lies behind’ overt mental contents can be just as unproductive, resulting in a loss of contact with the vast part of the patient – the very part with which the analyst is engaged in the process of gaining access to deeper, unexplored areas [p. 455].

Ellman goes on to reason that it is only when a patient can trust the analyst that transference will make itself manifest and then amenable to interpretation; and that, if the analyst is listening for elements of conflict and compromise formation in the patient’s material, then the analyst cannot create a state of mind that allows him or her to experience the patient’s emotions more fully, a critical precondition for analytic trust. Ellman’s viewpoint is a valuable caution against the futility of working too schematically with patients. Yet, his ideas also overlap with the views of those who give emphasis to the therapeutic alliance as a precondition for treatment (Greenson, 1965; Zetzel, 1956, 1965). In both cases, modern conflict theory would regard the lack of a therapeutic alliance, or the lack of trust, as manifestations of the transference that needs to be analyzed. Yet, to do so, does not and should not disable the analyst’s capacity for engaged and empathic attunement. The notion that the analyst’s listening for conflict and compromise formation is by necessity experienced by the patient as a lack of involvement with the patient’s affective state, discounts the equally plausible scenario that this stance
in the analyst can be experienced by the patient, over time, as an attitude of caring, dedicated, and involved listening, in which case what determines one reaction as compared to the other has to do with patient’s history and transference. Many, myself included, would argue that it is only by listening through a particular theoretical framework that the analyst is able to reach relatively unavailable aspects of the patient’s psychic life and in turn help the patient understand him or herself more fully.

Lastly, modern conflict theory has also been criticized on the basis of oversimplifying mental functioning. If everything is conflict and compromise formation, then what is left? The idea that modern conflict theory oversimplifies mental functioning is, in my view, an oversimplification of modern conflict theory, considering the infinite ways in which a person can experience pleasure and unpleasure and the infinite ways in which unpleasure can be defended against. As Smith (2008) points out, when carried to its logical extent, all pleasure, unpleasure, defenses, and self punishment are “themselves compromise formations, each in turn made up of the individual components of conflict” (p. 59). This may account for Brenner’s belief that conflict and the need for compromise formations is never exhausted, potentially making analysis an infinite regress. As Smith (2008) puts it,

Brenner’s modifications, then, while eliminating the more abstract terminology and in this sense, simplifying the theory of mind, make the analyst’s task considerably more complex, as he or she is no longer able to rest on the identification of id, ego, or superego functioning in their separate domains [p. 59].
Some Concluding Thoughts

The history of psychoanalysis gives evidence to a kind of religious fervor with which psychoanalysts have clung to their ideas, a fervor that generated a dangerous orthodoxy that arbitrated what was, and what was not, psychoanalysis, as well as who could, and who could not, call him or herself a real analyst. How does one judge objectively whether Adler’s practice was or was not psychoanalytic? – or that of Jung or Rank? Although in some important respects we have come a long way from such a constraining orthodoxy and from the politics of exclusion (Richards, 1999), it is not difficult to find its vestiges within and between psychoanalytic institutes. So much so, that even “a giant of American psychoanalysis” (Smith, 2008, p. 705), like Brenner would, nonetheless, be uncertain as to whether he should voice his conviction about what he believed was the outlived usefulness of the structural theory. In light of such political risks, Brenner showed a type of moral fortitude that may be difficult to appreciate from a vantage point removed from the ideological wars raging in psychoanalysis that persist to this day, marked by rigid theoretical allegiances that inevitably stifle growth. In this respect, I was struck by Brenner’s uncharacteristic personal note in which he acknowledged his own conflicts in giving up the structural theory and the amount of time it took for him to express his revisions openly. In one of his last papers, Brenner (2002) disclosed:

It was no easy matter for me to consider giving up the familiar and useful concepts of id, ego, and superego. It took me a dozen years to convince myself that it is valid and useful to do so. Even then, I doubt if I should have expressed this conclusion so directly in the public forum without...
encouragement from my colleagues, Drs. Yale Kramer and Arnold D. Richards (Brenner 1994, p. 473n). It has become evident to me during the course of the years that have elapsed since I published my first paper on the subject (Brenner 1994) that most of my analytic colleagues are today as reluctant to discard the concepts under discussion as I myself was for many years. I am convinced that my own reluctance was due to the continuing influence of conflicts arising from childhood sexual and aggressive wishes. It was important to me to continue to believe in the concepts of ego, superego, and id, even in the face of what seems to me now to be convincing evidence that those concepts constitute an invalid theory [pp. 415-416].

Among those analysts who currently subscribe to modern conflict theory, few and only the most insular, would dispute the importance of attending to countertransference as a potential source of information about the patient; and to ruptures and repairs of the therapeutic alliance (without needing to elevate the construct to the status of an orienting principle in treatment); and to Oedipal as well as pre-oedipal development.

The history of ego psychology makes it clear that psychoanalysis has nothing to gain, and much to lose, by remaining insulated and divorced from other branches of science. The political charade behind the so-called evidenced-based treatments notwithstanding, it is critical that psychoanalysis, through interdisciplinary work, engage in research that can continue to expand its unparalleled explanatory value of human behavior and mental functioning. To this end, the clear language of modern conflict theory readily lends itself to the formulation and testing of basic tenets about psychic life.
In my experience, the advantages that modern conflict theory brings to the practice of psychoanalysis rests upon the ways in which this approach orients the analyst in listening to, and making sense of, material that is part and parcel of every clinical hour: wishes, thoughts, feelings, the unpleasure related to these, and the infinite ways in which a person attempts to reduce unpleasure, all the while remaining unaware of how said unpleasure ties in with other elements to form part of longstanding conflicts and compromise formations. By communicating this understanding to the analysand (i.e., by interpreting), the analyst manages to “destabilize the equilibrium of forces in conflict” (Arlow & Brenner, 1990, p. 679) and by doing so, throws into bold relief the components of compromise formations. In the process, there is a broadening in the range of the patient’s awareness of the essence of his conflicts, the irrational nature of his anxieties, and the outworn need and usefulness of his automatic defenses. It is this process of increasing insight that, to my mind, is mutative in psychoanalysis – an insight that expands a patient’s options and brings his mode of operating in the world closer in line with the reality of his present time and the exigencies of his social milieu.

In all, there is a clarity that modern conflict theory brings to clinical practice – a clarity that I believe exists because, in some essential respects, the model reflects, as Brenner was apt to say, how the mind works.

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Notes

1 The other one was Heinz Hartmann’s (1939a) *Ego Psychology and the Problem of Adaptation.*
George Klein and Robert Holt would go on to forcefully challenge the scientific basis of psychoanalysis sparking, according to historian Nathan Hale (1995), the “crisis” of psychoanalysis in the United States.

“Psychology, too, is a natural science. What else can it be?” (Freud, 1938b, p. 282).

See Shulman (1990) for an important critique of this position.

Research is not required by candidates to complete their analytic training (Shulman, 1990).

Notwithstanding these dire assessments of the current relevance of Hartmann’s work, his ideas, especially the emphasis placed on the “average expectable environment”, are clearly represented, even if not always acknowledged, in attachment theory, and most current theories of child development in which the child’s relation to his or her immediate environment, particularly the mother, is emphasized as a key determinant in the infant’s growth and maturation. In a re-appraisal of Hartmann’s work as it relates to adaptive processes in child development, Linda Mayes (1994) stressed how Hartmann’s ideas “turned the psychoanalytic eye back to the experiential world and the individual’s capacities to cope appropriately and advantageously with his environment” (p. 13). In her view (Mayes, 1994), Hartmann’s theory of adaptation has the potential to bring “psychoanalysis close not only to a general theory of psychology, but …to a more integrated theory of development and would allow psychoanalysis to become a ‘general developmental psychology’” (p. 17).

It is estimated that Brenner’s classic book, *An Elementary Textbook of Psychoanalysis* (1953), has sold over 1 million copies (Stepansky, 2010).