In this paper we will explore the relationship between psychoanalytic theory and psychoanalytic technique. We are interested in pursuing two questions: (1) Does theory have technical consequences? If so, what are they? (2) Can theories be compared? We are mindful of the state of our field and the nature of current psychoanalytic debates about theoretical pluralism versus common ground, paradigm competition versus paradigm integration, and theory evolution versus theory revolution.

We will begin with a clinical example which we will use to show that our technique has been determined by our informing theory. Critics have called this theory Freudian theory, drive theory, one person psychology, classical or orthodox psychoanalysis, or the theory of the isolated mind. Other characterizations refer to a nonrelational, noninteractionist, and nonconstructivist and positivist approach. They add that it is noninterpersonal, neutral rather than empathic, asymmetrical rather than symmetrical, authoritarian rather than democratic, and conflict-centered versus deficit-centered. They also point out that it is focused on internal psychic reality rather than on real trauma, real events, and the here-and-now. In addition, this theory is said to view transference as a distortion rather than as a response to the real qualities and actions of the analyst.

We characterize our approach as modern conflict theory. Our key theoretical constructs are conflict, compromise formation, and unconscious fantasy. When we designate these ideas we mean to invoke the names of many contributors, and we rely on the reader's familiarity with them to help locate our approach. These contributors include Annie Reich, Margaret Brenman, Charles Brenner, Jacob Arlow, Leo Rangell, Dale Boesky, Sander Abend, Arnold Rothstein, Harold Blum, Marianne Goldberger, and Allan Compton.

A patient in her second year of treatment reported that she had been fired from her job. She had come into treatment for a general malaise. Depressed and hopeless, she had been working at temporary jobs which were far below her educational level and which she found profoundly unsatisfying. She came from a family of high achievement. Her mother had been the widow of an important political figure before marrying the patient's quiet, shy father. The patient was among several people fired in a general cutback; she had been among the last hired.

Common sense would say that this is an external problem, not an intrapsychic one. But this incident was part of a larger context: the patient had complained that the woman she had recently been assigned to work for didn't answer her phone messages. When callers complained, she blamed the patient for not bringing the calls to her attention, even though the patient was not her secretary. The incident happened in the context of another aspect of the patient's current life: her analysis had been dealing with her resentment of her roommate's cats. They came into her bedroom all the time, even though they were supposed to be confined to her roommate's bedroom or the kitchen. The incident of the
firing took place in a longitudinal context as well: the intrusion reminded her of her mother's constant attempts to intrude on her reading when she was a child. She had been complaining that her mother would come into her room, adjust the lamps, offer her juice, ask her what book she was reading, and so on. The firing also took place in the context of the analytic situation: she had been coming late to her sessions and not talking about why this happened. When the analyst inquired about her lateness, she blamed the bus system and seemed annoyed to be asked. The analyst felt intrusive. Months later, the patient was exasperated with the analyst for “not having noticed” that she got fired from that job because she could not tolerate her boss.

The patient believed that her mother loved the active, achieving children of her first marriage more than she loved the patient. She also believed that her mother had loved her first husband more than she did the patient's father. Therefore she was very disappointed that her father was devoted to her mother and seemed to the patient to prefer her mother to herself. Her fantasy of being a second-rate Cinderella had eventuated in her impoverished life. In the course of her treatment, she recalled that when she was younger, she had adopted the Cinderella posture in hopes that Prince Charming would then come to rescue her. As this fantasy was traced to the patient's many current troubles, she became better at getting and keeping jobs that led her along a career path more consonant with her abilities than her previous work had been.

The analyst used a stance that evolved from the “classical” analysis of Freud, ego psychology of the 1930s through 1960s, structuralism of the 1960s and 1970s, and poststructuralism of the 1980s and 1990s. She was searching for the unconscious fantasy that would make the patient's apparently self-defeating behavior understandable and allow the patient to give it up. Understanding the patient's unconscious fantasy was facilitated by attending to the analyst's experience. The analyst had been feeling uncomfortable. She thought that if she asked questions, she would be intrusive. If she didn't ask questions she would be ineffectual. By putting together similarities between the patients' interactions with people in her current life (e.g., her roommate and her coworker), and with people in her past (e.g., her mother), analyst and patient together came to the conclusion that the patient's fear that her analyst must be either intrusive or ineffectual reflected her idea that women are helpless to protect her unless they intrude on her.

This idea served many functions. At this juncture it was primarily a defensive operation, protecting the patient from the fear that her mother could not protect her. Over many months, we related her fantasy of a phallic, intrusive mother to her fear and wish to be intruded on by her parents, her longing to keep her mother's love when her mother was tending to one of her siblings or her father, and her fear that she would destroy herself or one of her rivals for mother's attentions unless she was restrained.

When the patient came to see that she had provoked the firing, it was not as a result of the analyst telling her that she had done that. It felt to her like a spontaneous realization. It seemed to the analyst to be the result of the step-by-step identification of the contextual regularities and repetitions of patterns of relating, the emphases, omissions, and
inconsistencies which occurred in the examination of her feelings, wishes, and prohibitions that constituted the analytic work.

Getting fired represented many things to this patient, including her desire to reject the mother who used her for protection instead of protecting her. To deal with her alternative fear, that of provoking a mother to attack her, the patient propelled herself from job to job and from living arrangement to living arrangement. The unconscious fantasy of a phallic, protective mother had been structuring the patient's reality. She had been fighting against the wish even as she had been unknowingly enacting it in her life.

By looking at her own affect and that of the patient, the analyst was using a key aspect of the theory of compromise formation. The patient was understood to be struggling with fear of loss of the object, evidenced by her inability to tolerate her mother's vulnerability. Fear of loss of her mother's love, a conclusion based on her inability to tolerate sharing her mother's attentions with other family members, was seen as an additional dimension of this compromise formation. The intolerable fear of her mother's vulnerability reverberated in this patient as a fear of loss of her own (phallic) competence based on identification with a castrated mother. Guilt over her wishes to annihilate all rivals for her mother's love was interpreted. The analyst hypothesized that she felt guilty about her wish to destroy her rivals. Working within the framework of compromise formation led to hypotheses about the patient's affects, wishes, fears, and moral dilemmas.

Thinking in terms of the unconscious fantasy led to a more experience specific and explicitly narrative hypothesis, with the story of the unconscious fantasy fleshing out the bones of the compromise formation. The unconscious fantasy elaborates and specifies what the compromise formation outlines. Unconscious fantasy can be thought of as a synthetic, integrative concept whereas compromise formation is an algebra of the mind, enabling the analyst to tease apart separate strands of thought and feeling.

Both unconscious fantasy and compromise formation inform technique as the analyst uses them to impart to patients new knowledge about their thoughts and feelings. These concepts rest on the assumption that much of what goes on in the human mind is not directly accessible to the subject. Unconscious fantasy is inferred from behavior, symptoms, dreams, slips of the tongue, and similar unintended manifestations. It requires analytic thinking to tease it out of what may appear to be rational, goal-directed activity or externally determined events. By using the concepts of unconscious fantasy and compromise formation, the analyst asks analysands to give up the idea that they are conscious of all their thoughts and feelings and that these are within their control.

According to some theorists, analysis is painful because it exposes analysands to the repeated, humiliating vulnerability of having someone else know more about them than they know about themselves. We believe that three new theoretical approaches to psychoanalysis were formulated at least in part by an attempt to provide alternative techniques to create what their proponents believe to be a more effective and less injurious analytic process. As Arlow (1994) pointed out, there is no evidence that analytic interventions are painful because they expose the patient to the experience of someone
else knowing more about him or her than the patient knows. What is painful is the uncovering of disagreeable disavowed wishes and thoughts. For example, Arlow says, the patient who learns that she has characterological generosity or rescue fantasies will not be humiliated. The patient who is told that he lives for the pleasure of seeing his father dead will feel hurt by that knowledge.

Theories which claim to protect the patient from painful revelations are based on alternative theories of motivation and pathogenesis. With their concern about the patient's injury, these theories have moved away from the centrality of unconscious conflict rooted in childhood and toward that of deficit inducing developmental traumas. The conflict—deficit distinction is most important for self psychology, while the opposition of a relational perspective to the putative endogenous drive emphasis of classical psychoanalysis is central to relational and intersubjective theories. A central tenet of self and relational theories of technique is validation of the patient's perceptions, past and present. By contrast, in Kleinian theory, as in Brenner's (1983) formulation, the mind is in conflict, and interpretation of unconscious fantasy rather than validation of the patient's perceptions is therapeutic.

The literature relating theory to technique is very sparse, although the topic is implicit in all psychoanalytic writing. In 1924 Freud offered a prize for the best paper on the relationship between theory and technique. Rank and Ferenczi (1924) responded with their book on the development of psychoanalysis, but they did not get the prize because their contribution was not directly addressed to the subject. The literature of more recent decades includes several papers and one book, a volume written by Louis Berger (1987). He stresses the concept of “logical entailment,” arguing that if it were so, change in theory should lead by deductive steps to more effective treatment. Berger concludes that this kind of synchronist progress has not typified psychoanalysis in the past and is not occurring now. Can we agree? A problem in the relationship between psychoanalytic theory and technique is that theory is not unitary. In fact it is a set of discrete yet interrelated theories: a theory of development, a theory of pathogenesis and symptom formation, a theory of the therapeutic process and cure, and a theory of how the mind works. Therefore the relationship between theory and practice is more complicated than Berger imagines. There are theories and there are theories, and some are more technically consequential than others. For example, psychoanalysis as a general psychology includes concerns not directly related to psychopathology. Changes in those domains would not occasion changes in technique. In some respects, technique leads a life of its own and technical advances may be made apart from any change in theory.

In the United States, the ego psychology of the 1940s and 1950s entailed significant changes in the conduct of psychoanalysis. It led to a new emphasis on defense and adaptation, a technical turn which has been elaborated by a whole generation of Freudian psychoanalysts, Arlow (1991a), Brenner (1983), Weinshel (1992), Gray (1994), Boesky (Panel, in press), and Rangell (1990) among them. The recommendation that analysis of defense precede the analysis of content follows from theoretical principles if not directly deducible.
In their exploration of the relation between theory and technique, analysts of the 1930s and 1940s generally affirmed the pragmatic adaptability of Freud's technique. In the 1940s Edward Glover (1940) and C. P. Oberndorf (1943), working separately, queried colleagues about the relation of their theoretical commitments to their technique. Concerned with the differences between Kleinian and Freudian theory, the two sides converged in the finding that in Oberndorf's (1943) words, “the psychoanalytic method can have no fixed application” (p. 113). Drawing on Glover's survey results, and the Marienbad Symposium of 1936, Sandor Lorand (1948) reaffirmed the loose relationship between theory and technique, and cautioned against too great a reliance on theory as a guide to clinical work. Lorand argued that “we must wait for material from the patient which will tell us whether or not we have been correct in our hypothesis” (p. 43). Lorand here writes as a positivist, revealing a belief that theory-free observation is possible. This puts him at odds with the postmodern deconstructionists. Lorand wrote, “The technique should be adapted to the patient, not the patient to the technique” (p. 43). Lorand has in mind a single set of fundamental rules (subject to revision) and their different applications (subject, of course, to error). By contrast, the relationalists and others propose one set of rules for one patient category (neurotics) and another for a second category (borderlines).

We are now living in a world of psychoanalytic theoretical pluralism. Contemporary Freudian psychoanalysis, self psychology, relational psychoanalysis, Kleinianism, and relational psychoanalysis are models in competition, vying for ascendancy.

Self Psychology
Self psychology is the most comprehensive psychoanalytic theory developed to date as an alternative to the standard Freudian model, which still remains within the Freudian movement. Kohut and his collaborators and successors offer us a theory of pathogenesis, a theory of development, a theory of therapeutic action and cure, and a theory of mind. No other current approach is as disjunctive and at the same time as comprehensive. Relational psychoanalysis may be as disjunctive, but is not as comprehensive. Kleinian psychoanalysis is both less disjunctive and less comprehensive. Self psychology is a set of nomothetically related concepts. Its new language includes the concepts of the selfobject, idealizing and mirror transferences, transmuting internalization, and the self state dream. The self is proposed as the superordinate structure of the mind. Empathy and vicarious introspection are the central means of gathering data in the analytic situation. Parental empathic failure is the primary pathogen, and the identification and repair of empathic rupture is the road to cure.

Self psychology began as a contrast to what Kohut experienced as the coldness and clinical detachment of ego psychology. He presented this contrast in “The Two Analyses of Mr. Z” (1979). Comparing the first analysis in which there was much interpretation of the young man's inordinate and insistent needs, with the second treatment in which the analyst consistently refrained from interpretation and attempted to understand the world through the patient's eyes, Kohut concluded that the latter was the more therapeutic. Technically, therefore, the analyst was to use “empathy” to foster the development of a “mirror transference” (in which the patient uses the analyst as a mirror in which to see the
self reflected) or an “idealizing transference” (in which the analyst is used as an image with which the patient may bolster his self-esteem through association). Either way, the analyst functions as a selfobject, used to repair and glue together an otherwise fragmented self. What are the potential technical problems with this approach? One is the perhaps insuperable difficulty of one human being giving him- or herself entirely over to the world view of another; another is the difficulty the analyst must have in listening to an unrealistically idealized image of him- or herself being praised and revered day after day.

Viewed from the perspective of classical theory, the concepts of the idealizing and mirroring transferences which are crucial to the technique of self psychology relabel manifest content while adding little to our understanding of the particulars of an analysand's mental processes (Richards, 1984b). In his final book Kohut (1984) himself says that the classical analyst interprets specific “active mechanisms,” while the self psychologist reconstructs general “chronic attitudes.” Empathy and vicarious introspection are to self psychology what free association and observation of behavior are to traditional psychoanalytic methodology. Thus self psychology advances a technical approach that offers explanations about the whole person and the person's fluctuating and content-free self states at the expense of the details of thought and behavior and adaptive functions.

Traditional analysts, Kohut believes, are engaged in a continual battle with their patients, attempting to break through or overcome resistance. His theory entails the analyst's accepting, understanding, and explaining resistance as a response to psychological dangers mobilized by the analytic process. But classical analysis already highlights the adaptive functions of compromise formations. Adaptation entails seeing patients as doing their best to mediate between conflictual wishes, fears, and prohibitions while attending to the constraints of the environment. Kohut's focus can be seen as a restriction of the complexity of that model. He draws self-esteem issues into sharp focus while blurring out desire, rage, terror, and their vicissitudes.

In stressing the technical primacy of empathy and vicarious introspection, self psychology enters perilous conceptual waters (Spencer and Balter, 1990). Transference, resistance, the unconscious, and the theory of mind they constitute are the bedrock of psychoanalysis. To dispense with transference and resistance as Kohut seems to have done (Kohut, 1979, p. 308) is to become at best incompletely analytic. Marcia Cavell (1993) points out that “empathy” cannot be a matter of my getting outside my own mind and into yours (vicarious introspection) but rests rather on widening our common shared experiential base. I exercise my imagination in regard to your beliefs and desires, those which make your behavior seem more or less reasonable to you. We need to account, she says, “neither for our knowledge of other minds [at the general epistemological level] nor for that of a real shared material world since such knowledge is a condition of mind itself (p. 233). Empathy is an “instrument of observation,” on an equal footing with the senses, but which, it would seem to be the case for Kohutians, becomes an occult faculty, hard to understand or put to use. Taken in the more modest sense described by Cavell, it becomes a natural attitude toward patients as fellow human beings. It is a precondition for good analysis. But stripping empathy of its mysterious power leaves the self psychologist
depending on the same powers of observation and understanding available to any analyst. Reed (1987) asserts that self psychologists are more exhortative in treatment than is the classical norm and that by privileging the patient's self understanding they restrict themselves to the manifest level interpretations. These technical strategies differ from those that aim at decoding unconscious fantasies and components of compromise formations.

Can we elucidate the differences between our technique and that of a self psychologist by looking at a clinical example from both points of view? Goldberg (1990) has said that this is impossible because a self psychologist would not have gotten to the same place with the patient. He insists that in order for a nonself-psychologist to evaluate the usefulness of the approach, he or she would have to first accept the system, immerse himself or herself in it, and then apply it with full belief in its efficacy. For Goldberg, then, there can be no nonparticipant evaluator, no objective observer. But the scientific method requires replicability by the noncommitted observer. Let us first look at what Goldberg would allow as evidence; what the noncommitted observer might say about the self psychological interpretation of an example generated by a self psychologist.

A recent paper in self psychology (Ornstein and Ornstein, 1994) showed a clinical case in detail in order to illustrate the curative process as it is envisioned by current self psychologists. The case stirred discussion at a conference sponsored by the International Journal of Psychoanalysis at West Point, New York. Most participants followed Freudian or Kleinian points of view. The discussants objected to the language of the patient which sounded to them as if he were a student of self psychology. For example, the patient is quoted as associating to his dream as follows:

Developmentally, the dream is from late adolescence. Hopefully, it means that I brought the difficulties through to a later developmental level. Construction: the image of a structure that could be rebuilt; work is done to make a stable format: concrete or steel; fundamentally stable internal structure. It is the accomplishment of the dream that it can express that. The dream says: still incomplete and unable to function and is dependent—but there is construction going on. How to find the beatific presence in the midst of that construction process? [What are you referring to?] The character in me in the construction with the hard hat goes around freely and performs the tasks without vulnerability and exposure. My entry today was out of sync with my feelings in the dream; the presence for this process was not on the same level as the dream. How to be present here is still a struggle. Your role for the analysis is neutral, like being a gardener. Clear human participation is required for me to be able to be present. To acknowledge the achievement of the dream and the significance of the dream is on the wrong side of the line for you. You don't want to put value on it. I got more trouble with that than you do. Because you won't put value on it, I won't; then you won't, then I won't. I am dependent on you valuing me and what I am doing during the process, then I can fully participate [p. 991].

For a Freudian, this illustrates the way in which the patient and the analyst are engaged in assessing the state of the self rather than listening for fantasies or conflicts. There are no surprising connections, no tentative hypotheses, no room for puzzle solving. Here patient
and analyst are immersed in the system just as Goldberg advocated for the analyst. We are not asserting that some of this does not go on in every other theoretical system, our point is that in other systems it is an adjunct, whereas in self psychology it is the method. It seems that self psychologists are less concerned with finding correctives for their own biases than are the proponents of other systems. Is this an inevitable consequence of the comprehensiveness of the theory? Could it be that the more comprehensive a theory, the more closed it is?

It may be instructive, even though Goldberg might not agree that it is fair, to look at our example of a classical treatment through the lens of self psychology. A self psychologist dealing with the patient who lost her job might have focused on the injury she sustained in being fired from her job, and her expectation that the analyst would think less of her because she got fired. The patient would be thought to be using the analyst to maintain her self cohesion by seeing the analyst as all-powerful and as accepting of her. Because of the need to avoid further injury, it would be important to avoid seeming to blame the patient by looking for what she might have done to cause the disaster. The issue of her roommate's cats might have been taken as an assault of her self, and her autonomy within her own space which paralleled her mother's unempathic intrusions into her room when she was a child. The analyst, by contrast, would be respecting her space by not inquiring into her privacy. The self psychologist could have made much of the patient's feelings of being blamed by her boss for the boss's own shortcomings, seeing this as intolerable to the patient because her mother had been similarly denigrating of her activities by interrupting them. Thus, self psychology would lead to a different technical stance than would ego psychology. Because it would not confront the patient with any ideas different from those which she herself expressed, it would not teach her anything new. We believe that this technical consequence makes self psychology nothing more than friendly comfort.

Relational/Intersubjective Schools
The principles of relational psychoanalysis have been set forth by Stephen Mitchell (1988) as follows:

1. Mind consists of “transactional patterns and internal structures derived from an interactive and interpersonal field” (p. 17).

2. These patterns are derived from a tendency to preserve continuity, connections, and familiarity.

3. Sexuality is a response rather than an internal pressure.

4. The human concern is to maintain a sense of identity, to achieve authentic personal meaning.

5. What appears to be the influence of early experience is the manifestation of patterns of relating repeated in different forms throughout development.
The problem with discussing the technical consequences of these theories is that they bash classical technique rather than presenting their ideas as a coherent system. According to these theories, classical analytic technique is cold and painful because it exposes analysands to the repeated humiliation of having someone else know more about them than they know about themselves. Technical modifications are therefore introduced to make analysis less demanding and painful. The analyst must acknowledge the analysand's privileged understanding of his own experience and the analyst's own subjectivity as a codeterminant of the treatment process. The analyst is advised to work against the asymmetry inherent in any doctor-patient relationship. Technique, these new theories hold, should foster a sense of mutuality—of feeling understood, of being accepted—that will gratify the analysand in the treatment. Technique also aims to further the construction and elucidation of new relational or intersubjective meanings that focus on the analyst-analysand interaction as seen through the eyes of the latter. This is very different from the classical analytic view of the analyst as someone who listens neutrally but with an expectation borne of experience that the analyst will be able to infer unconscious meanings from the patient's symptoms, free associations, interactions with people, and other behavioral descriptions. Richards (1992) discussed this in detail in regard to a case.

Do the technical modifications that follow from these new theories represent genuine advances? Stolorow, Brandchaft, and Atwood (1987) fault the classical theorist for "invoking the concept of objective reality and distortion" (p. 135), for tending to "view pathology in terms of processes and mechanisms located solely in the patient" (p. 3), and for failing "to decenter from the structure of experience into which he has been assimilating his patient's communications" (p. 143). They believe that only the intersubjectivists can comprehend the patient's "psychic reality" and formulate interpretations guided by timing, tact, and compassion.

For Greenberg (1991) an important aspect of technical consequentiality is the relational analyst's use of countertransference. Sharing the viewpoints of Gill, Hoffman, Mitchell, Aron, and others, he argues that analysands often have accurate perceptions of their analyst (including their analyst's countertransferences), and that a significant analytic task is finding out how analysts perceive and think about their analysands. This task furthers the understanding of the relational matrix in which analysis occurs and the achievement of new meanings, understood as jointly arrived at meanings incorporating the subjectivities of analysand and analyst alike. Greenberg is concerned with blind spots that develop in response to the patient's more-or-less accurate perception of the analyst, including those perceptions that form the nucleus of the transference. Greenberg contends that Freud's emphasis on psychic reality and on transference as distortion has systematically directed our attention away from an important source of transference: those observations that patients, like anyone else, continually make in the course of being with other people. Is Greenberg correct about classical analysis? Boesky (Panel, in press) notes that the argument that the analyst's actual intervention is so often misperceived does not prove that correct perceptions by the patient can be secondary or irrelevant. If they were, he reasons, why would interpretations have any effect?
Relationists like Greenberg and Mitchell argue that analysts can “catch on” to patients' feelings and moods because they resonate with something in the analyst's own personal experience. Boesky, writing from the standpoint of the conflict-structural model, speaks of the need to view certain behaviors of the analyst which actually join in the creation of a useful resistance as a creative contribution which is necessary only for the analyst to make and would not be necessary for another analyst. Boesky recognizes that the manifest form of a resistance is ... sometimes unconsciously negotiated by ... -patient and analyst.

Greenberg (1991) has argued that theorizing within the relational-conflict model of the mind shifts the balance away from Freud's emphasis on endogenous instinctual forces and toward interpersonal experience. He says that interpersonal experience includes such contemporary constructs as pathogenic beliefs, danger situations, and the representational world. It should be noted, however, that the concept of danger situations has long been central to the work of Boesky, Brenner, Arlow, and many others who do not disparage Freud's theoretical model.

There is disagreement between the classical idea that the patient's fantasies shape the patient's perceptions of the analyst's behavior, and the interactional idea that the analyst's actions shape the patient's fantasies. For classicists, resistance is the most meaningful emotional engagement between analyst and analysand; for relationalists, resistance signals a failure of the analyst's engagement or a failure of empathy. The absence of tension between analyst and analysand leads classicists to suspect collusion rather than a fruitful working relationship.

The relationalist allegation that ego psychology injures the patient by making it obvious that someone else knows more about what is going on inside the patient than the patient knows about himself or herself, is clearly incorrect. As Arlow pointed out (1994) the patient comes to an analyst precisely to get special expertise. Evidence that the analyst knows something that the patient does not know is welcome to most patients. If it were not, why would anyone pay for analysis? Freud dealt with this issue in his paper “On Negation” (1925). He recognized that patients would need to say no to that which they had been keeping out of awareness for exactly the same reason they had pushed the unwelcome knowledge or ideas away in the first place. He cautioned analysts to take into account the patient's need to become aware of painful thoughts and feelings gradually rather than try to insist that a patient who was not ready to accept something must do so immediately.

Concern for interpreting in a way that would allow patients to hear the analyst without needing to reject what was said because it was painful, has been a concern of ego psychologists. Ego psychologists established the idea of an order of interpretation. Kaiser (1976) believed that interpretations of resistance were the only necessary and appropriate interventions in analysis. Interpreting the defense before the id wish, the negative transference before the positive transference, and surface before depth, became shibboleths in ego psychology. Poland (1975) linked timing with tact. Putting off an
interpretation until the patient is able to accept it, using indirection, waiting for the previous interpretation to be assimilated, are all aspects of tact. He also cautioned against the pseudotact of avoiding all confrontation. This avoidance of aggression on both sides, Poland observes, leads to mutual admiration and failure to analyze.

Tact may also involve prefacing a potentially humiliating interpretation with a disclaimer. Such phrases as, “I could be wrong, but here is what I think …” or, “I may be off the mark here, but …” give the patient the idea that he or she is free to disagree. They provide a model of openness and hypothesis testing on the part of the analyst. In this way, they invite ego functions such as judgment and self observation to be brought to bear by the analysand. Why is it necessary to develop a whole new relational theory to do something that analysts have been aware needed to be done from very early on?

The relationalists might have reacted to the patient who lost her job by examining the analyst's feelings in this situation. The analyst was keenly aware of the patient's unwillingness to see herself as at fault. She understood her patient to be extremely self-punitive already. Thus, she might have been advised to inquire about the patient's experience of the analyst's subjectivity, asking the patient if she had any thoughts about the analyst's experience. During this inquiry, the revelation that the analysand was uncomfortable about discussing the firing with her, afraid that she might be blaming her for something that was clearly not her fault, could be put on the analytic table.

Additional issues such as the way the job loss threatened the treatment should be brought into the treatment as well. The analyst couldn't be doing such a good job if her patient had not become sufficiently aware of what was going on in her interaction with her boss to avoid getting fired. The analyst's self-esteem was threatened by her patient's loss. Thus, the relationalist would advise this analyst to discuss the here-and-now interchange in the room and include more of how she herself was contributing to the construction of the analytic situation. It is just on the question of how much the analyst should tell about herself that relational and intersubjectivists differ from the classical ego psychological stance this analyst used. A thoughtful patient would tell such an analyst that she did not come into treatment to find out about the analyst's fears and wishes, but to learn things about herself that she could use in her life outside the sessions. Relational and intersubjective ideas would appear to have an important and, from our perspective, deleterious, effect on technique.

Modern Kleinian Theory
Attempting to clarify the theoretical differences between Klein and Freud, we looked at the record of a series of meetings arranged by members of the British Psychoanalytical Society in the years immediately after Freud went to London (King and Steiner, 1991). The differences can be summarized as: (1) For Freud, libido is primary both developmentally and in its importance in psychopathology; for Klein, aggression is primary in both senses. (2) For Freud, the oedipal constellation is crucial for later psychopathology; for Klein the first year of life is decisive. (3) For Freud, the early years of life, especially the preverbal years, are forever shrouded in the mists of later development; for Klein, envy dating to the first year of life is a central motivator. (4) For
Klein the characteristics of early objects are crucial, for Freud characteristics of the objects of the oedipal phase are secondary to their roles in the oedipal drama. (5) For Freud, defenses such as repression and isolation are characteristic of neurotic patterns; for Klein projection, introjection, and projective identification are central to ubiquitous psychotic aspects of the personality.

While there long appeared to be vast differences in theory between Kleinian and classical views, Greenson (1974), believing that the differences were not irreconcilable, began a process of contrast, comparison, and reconciliation of the two schools of thought. This process has been carried on since by Kleinians in Britain (King, 1983), Israel, South America, and North America, and by ego psychologists (Robbins, 1980; Baudry, 1993) in the United States. Baudry studied the Freud—Klein controversies and concluded that very little attention was paid to the theory of the method of cure, while much attention was devoted to the nature of the first year of life, a topic he considered irrelevant to technique. He believed that the two sides were motivated by political differences.

One issue that divided Kleinians from ego psychologists was the number and depth of interpretations thought appropriate for an hour (King and Steiner, 1991). At that time, Kleinians gave many more than the followers of Anna Freud. Levine (1992) reported a discussion in which modern Kleinians Segal and Etchegoyen give no more interpretations in an hour than the modern ego psychologist Weinshel. But not all modern Kleinians are agreed on this point. Racker (1968) has taken Klein's idea that interpretations must be offered at the point of urgency to mean that more is better. Etchegoyen (1991) has taken it to mean that interpretations are useful only when they become urgent.

A second focus of debate within the Kleinian school is whether interpretations or relationships are essential carriers of analytic change. The Barangers (1964) believe that patient and analyst construct a mutual fantasy which constitutes the bipersonal field. An impasse in the analytic progress pushes the patient to create a “bulwark” in response to the analyst's limitations. The analytic couple defines the dialectic between stereotype and mobility of the field. Insight is a function of the couple rather than an intrapsychic event. Etchegoyen (1991) points out that in their emphasis on interaction, the Barangers agree with Weinshel and Loewald. Among those who have developed the interactional point of view are the relationalists as noted extensively above. Other Kleinian analysts (Bleger, 1971; Zac, 1973) emphasize the difference between analyst and patient in that the patient's feelings and thoughts are the focus of the analytic work. These analysts are closer to the idea of how analysis works as described by Brenner, Arlow, and Stein. Both interpretations and the relationship are aspects of the more inclusive theory mentioned earlier of which current thinkers emphasize only one side.

A third point of debate in the Kleinian perspective is the issue of when pathology develops. The Barangers believe that a life event becomes significant for the patient when it is reactivated in analysis. They see the analyst as essentially paternal in intervening to break up the mother infant dyadic fantasy. In this, they are like Blum, Mahler, and others who emphasize preoedipal issues of closeness and distance. By contrast, Etchegoyen sees analytic impasse as most often due to erotic transference fantasies. While Weinshel is one
of those thought to believe that oedipal issues are crucial, he clearly stated (Levine, 1992), “that in the course of an analysis, he typically spends more time with preoedipal matters than with phallic-oedipal ones” (p. 813). Brenner, Abend, and others of the American ego psychological school do regard oedipal pathology as central.

The fourth issue of debate seems more relevant as an issue between ego psychologists and the Kleinian school than within the Kleinian perspective. This issue is the relative importance of the real events in the life of the developing child as compared with the fantasy life of the child. In their actual clinical work, both Weinshel and Segal took both fantasy and real events into account. Weinshel noted that it was difficult to decide whether differences between his work and that of Segal were due to theoretical differences between their schools of thought or differences in personal style.

Recent Kleinian contributions (Bianchedi, Boschan, Cortiñas, and Piccolo, 1988; Stein, 1990) have emphasized the role of affect in the clinical application of theory. Bianchedi and her colleagues conclude that both anxiety and libido are foci of mental life, with anxiety developmentally primary for Klein, and libido primary for Freud. Stein emphasized the role of affect in Klein's theory in this way: “Klein's Envy and Gratitude (1975) is a prime example of a treatise on one single emotion which bears various combinations of feelings. Very different feelings are shown to be linked with one emotion (i.e., envy), a variety of feelings which perhaps would have been unthinkable without this delving, as Klein did, into the world of one emotion” (p. 503).

Stein says the “ever-present strife between feelings, this very basic ambivalence, is in the Kleinian world-view, the essence of psychic reality” (p. 506). This implies a meticulous investigation of affect in the analytic hour, an investigation implied equally by Brenner's (1983) attention to affect as the clinical key to compromise formation. For Brenner, a leader in the development of ego psychology, affect theory has taken a central place in clinical psychoanalysis, replacing structural concepts of id, ego, and superego. Thus, his work converges on that of Klein in a surprising and, to those who have taken great pains to learn the structural concepts he and Arlow adumbrated, discomfiting way.

To continue the comparison of ego psychological and Kleinian viewpoints, it may be instructive to compare the statements of Arlow, a classicist, with those of Susan Isaacs, a Kleinian, in order to see where they converge and diverge. Both have written about the central importance of unconscious organizations of mind. Arlow calls these fantasies and attributes their centrality to their role in the consolidation of the mind in the oedipal period. Isaacs speaks of phantasy and places it in the very earliest period of development.

When it comes to technique, however, are these crucial theoretical differences salient? For Isaacs (1948) the analytic method consists of observation:

These three ways of obtaining evidence of mental process from observation of behavior—that of noting the context, observing details and approaching any particular data as a part of a developmental process—are essential aspects of the work of psychoanalysis and most fully exemplified there. They are, indeed, its breath of life. They
serve to elucidate the nature and function of phantasy, as well as of other mental phenomena [p. 76].

She goes on to elaborate what these three ways mean in the analytic situation. The analyst observes detail and context together. She listens for: (1) what is included and what is left out; (2) emphasis; (3) repetition; (4) changes in the analysand's account of events or persons and how they are referred to; (5) idiosyncracies of speech; (6) metaphors and verbal style generally; (7) selection of facts; (8) denials of previous statements, of affect appropriate to what is being said, of things in the consulting room, of facts in the patient's life, and the world around, and of knowledge of facts about the analyst's life; (9) the patient's manner, behavior, gesture, and tone of voice; (10) any variations or deviations from routine in these or other behaviors.

The third principle, genetic continuity, refers to the understanding of all of this in terms of the developmental process. By this, Isaacs means the theory that the relationship with the analyst is determined by the analysand's earliest experiences.

For Arlow (1993), the analytic method consists of intuitive attunement to the analysand followed by rational observation of behavior. He believes that analytic listening is guided by criteria that elucidate the underlying, meaningful structure of the patient's associations. These criteria are: context, contiguity, repetition, similarities and differences, figurative speech, especially metaphor, unusual words and images, and convergence of data into a comprehensible hypothesis.

Both Arlow and Isaacs flag certain aspects of the patient's productions as conveying special meaning and hence being worthy of analytic attention. Both privilege what is repeated, what is unexpected, what is contiguous with a statement, and what is metaphoric. Most of all, both value context as making meaning. The analysand of either Arlow or Isaacs would become aware of these cues as the most important avenues to self-understanding as the analyst demonstrates their usefulness by basing interpretations on them. It is our hypothesis that herein may lie the mutative efficacy of psychoanalysis. If this is true, it would account for the relatively good results claimed by practitioners who use different theories. The salient issue would then be not oedipal versus preoedipal, deficit versus conflict, or holding environment versus interpretation, but rather the learning of what might be called a third signal system, a language of affect that allows analysands to attend to and understand their own affects.

What would Kleinians say about the patient with whom we began this discussion? Modern Kleinians might emphasize the aggressive aspects of the patient's job loss. They might see her actions as pushing the analyst away so that she would not have to deal with her envy of the analyst's success. They might focus more on the maternal transference, seeing the patient as needing to enact her fantasy that the analyst is a bad provider. Early Kleinians were known for their early, deep interpretations. Modern Kleinians would not be likely to interpret at greater depth this early in the treatment. They would believe that the fantasy was analogous to the “bad breast.” But they would be listening for the repetitions, omissions, contextual clues and metaphoric meanings rather than for evidence to back up the concept of the “bad breast.”
American Object Relations
Influenced by Winnicott, Balint, and other British object relations theorists, some analysts in the United States formulate theory to account for their treatment of patients who would not have been able to tolerate the rigors of analytic treatment as practiced by ego psychologists. Steingart (1983) understands acting out as similar to what children do in play therapy, rather than as a regressive substitute for expressing thoughts and feelings in words. He believes that for a borderline patient enactment may be the only way to gain access to preoedipal pathology. Allowing enactment may permit later verbalization and interpretation. Bach (1985) writes about narcissistic character disorders and other severe pathologies. He points out that such patients cannot keep in mind that the same events may be viewed differently by different people. This inability shows up in their transference experience of being unable to see that the analyst's point of view and their own can both have reality and legitimacy. He believes that the patient can develop this capacity when allowed to handle anxieties, depressions, and feelings of emptiness in a better way than with earlier objects, and develops the ability to regulate affects and thinking. Difficulties with separateness and constancy are analyzed in the interaction with a separate and constant object: the analyst. Because defects of evocative constancy lead to defects of symbolism and awareness, these patients often communicate by enactment. Bach emphasizes the use of the therapeutic object relationship, therapeutic enactment, and understanding as preludes to the eventual interpretation. This sequence of interventions is designed to raise enactments to the level of symbolism and to stabilize the representational world so that a classical interpretive stance becomes possible.

An example of how Bach's theory works in practice in tandem with a compromise formation (Brenner, 1983) view is the following:

L has not been able to pray without feeling compelled to “curse God.” He is ashamed to say the obscene words that come to him. When he was praying, he mouthed them as “a compromise between saying them and not saving them.” The analyst says that he did well to do that. He challenges the analyst:

P: What was so good about that?
T: It worked. Like if you build a bridge and it stays up, you must have done it right.
P: But it was wrong to do that. Wrong to curse God.
T: You talk as if it was the crime. I think it was the punishment.
P: Why do you think that?
T: When you were doing it, you were suffering.
P: That's true. But what was the crime?
T: Your fellowship. You think of it as a crime because it makes you able to live without your father's support.
P: What I get, I know it's against him. But I don't get it, when I say those things you aren't supposed to say against God. Is there anybody else like this? Is this known?
T: Is it too scary if it is not known before?
P: What good are you if you don't know? I better give up. But if you know …
T: Then I shouldn't hold out on you. Yes. There was a person Freud wrote about. He's known as the Rat Man. He worried about cursing his father. But his father was dead.  
P: I know about father and God. But that still isn't it. Maybe.  
T: The thing is you punish yourself by mouthing the words. But that is still a compromise. You don't find it as bad as saying them aloud.  
P: Well you say it's a punishment. But it is a bad thing to do.  
T: There are two ways to look at it and I keep seeing the punishment part while you keep seeing the crime part. It's like those pictures where you can see it as a vase or two faces in profile. Just depends on how you look at it.  
P: Oh. That's possible.  

As long as the analyst was imposing her way of looking at this pathological compromise formation on the patient, he resisted seeing it. But when he was reminded of the possibility that there could be more than one way to see what he was talking about, a potential space opened in which he could allow the idea to be put into play. Technically, American object relations fits effortlessly into the ego psychology model that Breen (1993) characterizes as a cognitive psychology which evolved from Hartmann.  

Conclusion  
The Kleinian mode of thought was alien to ego psychologists in the United States for decades. Ego psychologists believed that they had nothing in common with the Kleinians. Arlow (1981) recalled Loewenstein's (1969) critique of Kleinian technique as blurring distinctions between “past and present, reality and fantasy, between the values of genetic and dynamic interpretations and reconstructions” (p. 586). In the past decade, interest in Klein's theories has been picking up until it is almost a vogue. Why should this happen now? One answer is that the self psychologists taught a generation of analysts to avoid aggression rather than confronting it. This left the Kleinian view to reintroduce an appropriate place for interpretations of aggressive components of the character and personality of analysands. Another reason seems to us to have been given less attention. Ego psychologists in the United States have been paying much attention to female psychology since Blum's (1976) reopening of discussion on this issue. In the course of this discussion penis envy has been removed from its position as the bedrock of female psychology. If not all envy is attributable to penis envy, Klein's work on envy becomes much more valuable and illuminating of clinical evidence than it was before.  

Modern Kleinian thought and modern ego psychology are drawing closer to one another. At the same time, modern Kleinian analysts are divided along many of the same issues as the ego psychologists of North America. The differences within the groups are at least as great as the differences between them. This observation, if it holds up, leads to the conclusion that broad theory cannot long hold out against the corrective of clinical experience. Self psychologists differ from ego psychologists and Kleinians in that they do not privilege the unconscious or fantasy life, but focus on the real relationship with the parents and the real relationship with the analyst. Relationalists and interpersonalists narrow the analytic lens still further in that they do not focus on the real relationship with the parent, but on the here-and-now relationship with the analyst who is seen as an equal
in the interaction and equally responsible for providing conscious thought as material for discussion in the hour.

The three new theories base their claims of technical superiority largely on the myth that Freudian theory is unitary, and its technical consequence is a set of narrow formulae about how to conduct an analysis. For example, recent presentations by “relational analysts,” contrast their two-person interactive approach with what they characterize as the one-person intrapsychic approach of classical analysis. This dichotomous view is a straw man. Even Freud, who in his technical papers paid little systematic attention to the technical implications of the analyst-analysand interaction, was pragmatic, participatory, and responsive to his patients' needs in his clinical work (Lipton, 1977).

Robert Wallerstein (1990) has made the claim that there are fewer differences in technique than in theory among the different schools of analytic thought. We agree that differences in theory do not always translate into differences in technique. Fenichel's (1941) dictum of interpreting affect first, Gill's (1980) emphasis on transference awareness, and Brenner's attention to affect seem to bear out Wallerstein's point; they suggest that analytic technique is best viewed as coterminous with analytic process, a proposition offered by Brenner and Arlow in 1990.

Our brief review of contemporary Kleinianism also supports Wallerstein's position. The differences among Kleinians and the differences among ego psychologists are easily as great as the broad differences between these groups. Ego psychologists and Kleinians share a common understanding of unconscious mental organization. We listen to our analytic patients in like manner and formulate interpretations according to broadly similar criteria. It should be predictable that theoretical differences between these two schools of analytic thought will not long hold out against the corrective of clinical experience.

It is more difficult to adhere to this integrationist position in regard to self psychological, relational, intersubjective, and interpersonalist schools. Their concern for the supposed injury inflicted by what they call classical technique has been addressed by the ego psychology of the 1940s and by their descendants.

Self psychology, relational and intersubjective schools ignore these developments in what they take to be the “classical” position. They set up a straw man using obsolete formulations and label it “classical.” They differ from the ego psychological and Kleinian schools in basic ways. They begin with fundamentally different conceptions of mind and mental life and propose different theories of development, pathogenesis, and therapeutic action. Each uses a different therapeutic agenda to reach a different treatment goal. They differ in their interpretive criteria and in the meanings they attach to interpretation are different as well. Only the future will tell whether the net of common clinical experience is cast wide enough to effect a convergence among schools of thought whose divergent world and treatment views sustain fundamentally divergent approaches to psychoanalytic technique. When Wallerstein planned the Rome Congress on common ground, he selected an ego psychologist, a Kleinian, and a representative of the British Middle School to demonstrate his position. He did not invite a self psychologist or an adherent of
the relational or intersubjective psychoanalytic schools. It is our contention that had he
done so the comparison would not have supported his case for common analytic ground.

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