Some Notes on Psychoanalytic Theory and its Consequences for Technique

While I agree with much of the Richards' appraisal of Kohut, I believe they carry it to excess when they claim that Kohutian interpretation only “relabels manifest content” (p. 13). There is a difference between indoctrination, which is suggested by the Richards' critique, and the inevitable theory ladenness of interpretation. The Richards themselves amply demonstrate their own appreciation of this substantive issue in the paper they have written. But consider the dream material used by the Richards to argue that Kohutian analysis only “relabels” (p. 436) manifest content. Granted that a theory laden, free associational technique to dream content details is not evident. Granted that the analysand's own interpretative comments relate to a self as a “superordinate structure of the mind” (p. 436). But still, how does one get from the “character in me … with the hard hat [who] goes around freely,” and the “image of a structure that could be rebuilt” (p. 438), to the analysand's later comments that he still continues to need the analyst's valuation in order to value himself? Is this not a bona fide interpretation from manifest dream content to transference experience? Inasmuch as Kohut's (1977) theory of pathogenesis conceives of psychosexual and aggressive drive material as “fragmentation” phenomena which are the result of self disturbance, one would not expect a Kohutian analyst to want to gather free associations to dream elements such as the “hard hat.” What free associations would occur to a “hard hat” would, of course, be of great interest to analysts such as the Richards, or myself, who practice with some type of classical psychoanalysis. Consequently, I believe the Richards are right to say that, in such a more classical practice, opportunities exist for “surprises” and “puzzle solving” not available in Kohutian praxis. But the difference here is in method due to theory, which brings out, I believe, something best conceived in terms of whole versus parts-of-a-whole. This is not an issue of indoctrination.

This difference is important and worthy of some additional comments. Freud (1914) was quite clear that narcissism, either as self-grandiosity or invested in object idealization, is intrinsic to love. Also love, Freud (1915a) stated, “cannot be made use of for the relations of instincts to their objects, but are reserved for the relations of the total ego to objects” (p. 137). Freud (1914) also was clear that a “unity comparable to the ego cannot exist in an individual from the start; the ego has to be developed” (p. 77). I have discussed elsewhere (Steingart, 1983) how it is more useful theoretically to deploy a construct of ego to be a component, functional substructure of a whole personality organization which is achieved with adequate resolution of oedipal dynamics (and see Hartmann, Kris, and Lowenstein, 1947). But then, what are we to make of Freud's (1915a) term total ego in the context of his narcissism (1914) paper wherein, I believe, he was considering love prior to the oedipal stage? I have discussed this in more detail elsewhere (Steingart, 1995). Here I would say that between the autoeroticism and physicality with a significant other of the first year of life, and the (never perfect) internalization of self-esteem regulation achieved with oedipal resolution, there is a type of overall psychic structure being forged in the anal—rapprochement period for which Kohut's term selfobject is a useful way to describe a property of this whole related to the maintenance and
vicissitudes of narcissism. Bach (1977), especially, has emphasized how another property, the inability of the anal—rapprochement child to hold together multiple perspectives, is reflected in adult narcissistic personality disturbance. The way in which Bach handles this issue clinically is noted with approval by the Richards. I (1983, 1995) have dealt with how language as a symbolic vehicle has an entirely different status for the anal-rapprochement child's overall psychic structure. Consequently, what I have termed an enacted symbol can become an important sort of clinical expression (1983, 1995). While an enacted symbol is not at all like the authentic, verbal associations premised in a classically conceived clinical process, such an enacted symbol often can be productively dealt with analytically, but this requires an extension of one's “analytic attitude” (Schafer, 1983) toward acting out (Freud, 1905). I will provide a clinical example of this shortly. One's experience of time as an anal-rapprochement child also is of a very different sort than is present with clinically healthy resolution in oedipal dynamics, and so forth. The point is that emergent properties of an overall psychic structure, Freud's (1915a) “total ego,” at whatever stage in development, are only unproductively ignored with a concept of “compromise formation” (Brenner, 1955). Here, the classic analogy, by this time a cliche, is to realize how the emergent properties of water are not reducible to the physical attributes of hydrogen and oxygen. From the perspective of an overall, preoedipal psychic structure, sadomasochistic fantasy or behavior are “fragmentation” (Kohut, 1977) phenomena. In this same way, neurotic symptoms are another sort, really, another order (organization) of such “fragmentation” (Kohut, 1977). I can conceive of things this way, from the perspective of the whole personality, and understand the vital clinical importance of analyzing such drive constituents of an individual's overall psychic organization.

About what the Richards have to say with respect to what they call the relational/intersubjective schools, I will be brief, although I deal with this in more detail elsewhere (Steingart, 1995). If one conceives of transference and countertransference as constituting an organic, clinical unit, if one exists then so must the other, it follows that an analysand must have at least a potential capability for “accurate perceptions of their analyst” (p. 441) in the here-and-now relationship. All agree that analyst countertransference may be gross, subtle, or anything in between, and, in part, this will affect the analysand's ability to “read” the analyst's transference experience. There is nothing new in such an idea about analyst countertransference. What is new is that a belief as to whether or not transference and counter-transference are an organic clinical unit no longer distinguishes more or less usual Freudian analysts from those labeled relational/intersubjective by the Richards. An increasing number of analysts who practice in a more or less usual Freudian way now conceive of transference and countertransference as occurring as a clinical unit (e.g., McLaughlin, 1981; Jacobs, 1991; Renik, 1993). But analysts who practice in a usual Freudian way do not, normatively, express countertransference experience in order to elucidate such intersubjectivity as is done with the relational/intersubjective schools. Even if, in usual Freudian practice, a countertransference is gross (e.g., calling an analysand by the wrong name), the Freudian analyst ordinarily will only acknowledge its occurrence and want to understand the analysand's experience of such an occurrence. There are important exceptions to what I have just said, and nothing in what I have just said means that usual Freudian practice
does not contain another belief and conception about the existence of intersubjectivity. Discussion of this issue is beyond the confines of these comments (but see Steingart, 1995). I certainly agree with the main thrust of the Richards' contention with only one addition: A practice technique which focuses upon interaction in the here-and-now may (Hoffman, 1992), or may not (Levenson, 1972), include interpretation about experience considered to be Active (transference-countertransference) as well as currently real in the psychoanalytic relationship. However, notwithstanding such a difference, any practice which massively focuses upon the here-and-now cannot produce the same opportunity for an ever deepening clinical expression of an analysand's dynamically unconscious, psychic reality construals of life experience. I would rather use a general term like construals, than fantasies, because the clinical expression of an analysand's psychic reality, often as not, may involve experience other than a fantasy. The analysand may experience an “expectation,” or a “feeling,” or whatever. But for all sorts of analysand experience, the Freudian analyst will want free associations (or find resistances to associations) so as to enable such a deepening expression of the analysand's psychic reality. This kind of emphasis upon a deepening expression of an analysand's psychic reality, via free associations, does not mean that a Freudian psychoanalysis is not, throughout, an object relations experience. But it is a very unusual sort of object relations experience, because of this usual type of Freudian practice, and I have discussed this in much greater detail elsewhere (Steingart, 1995).

About what the Richards have to say about contemporary, Kleinian practice, I want to comment upon one consideration. The Richards talk about the “corrective of clinical experience” (p. 451) as being responsible for this change in modern Kleinian practice. Schafer (1994), recently and usefully, has described such changes in contemporary Kleinian practice and theory, pointing out areas of convergence but also still existing differences with American ego psychology. My point is this: The intimacy between theory and technique, which the Richards rightly stress, while it involves the analytist in a mental state (organization) of evenly hovering attention (Freud, 1912), also involves the Freudian analyst with a sensibility (for want of a better word) about a panoply of dynamic, psychosexual, and aggressive contents together with other intuitions (and see Grossman, 1992). The Richards believe they can say, “Ego psychologists and Kleinians share a common understanding of unconscious mental organization” (p. 452). Consequently, say the Richards, “We listen to our analytic patients in like manner and formulate interpretations according to broadly similar criteria” (p. 452). So, the Richards understand the impossible to escape “chicken versus egg” dilemma posed by their depiction of “clinical experience” as being “corrective.” Put another way, this is the impossible to escape theory-ladenness of observation (which is here the equivalent of “clinical experience”). A. D. Richards (1991) has questioned the possibility of any “common ground” among various sorts of clinical practice because of these differences in clinical sensibility created by differences in theory.

There is still another perspective. This has to do with what one might characterize as the social psychology, or sociology, of theory change, or the application of psychoanalytic theory into practice which the Richards understand to be complex. This would apply to any theory-practice change; for example, the American change toward ego psychology
theory and practice. But here, with respect to the change in modern Kleinian theory and 
practice in Britain (Schafer, 1994), we have the interesting fact of another culture, and to 
consider this alongside theory-practice changes in America such as ego psychology and 
Kohut. So, when the Richards ask “whether the net of common clinical experience is cast 
wide enough to effect a convergence among schools of thought” (p. 453), I agree with 
them that it is very unlikely ever to effect integration with Kohutian theory-practice, and 
at least certain types of relational, intersubjectivity psychoanalysis (e.g., Hoffman, 1992; 
Levenson, 1972). One reason is that which the Richards stress, the inescapable theory-
ladenness of clinical experience so that, in a significant way, it can never remain 
“common” in the mind of the practicing analyst. Another reason is the social— 
professional experiences/influences, to which an analyst of any particular persuasion is 
exposed. (Nothing in what I have just said requires a nonobjectivist commitment about 
what happens in a psychoanalytic relationship [see Steingart, 1995].) From this social 
psychology or sociological view, it would be interesting for someone to attempt to write a 
history of psychoanalytic change in theory-practice, both within this country and 
elsewhere. But I also include this viewpoint in terms of Freud's own theorizing and 
depiction of practice, and together with this, the Richards' inclusion of me as an 
“American object relations” Freudian analyst, to which I now want to turn.

For me, the seminal paper which underlies the American object relations persuasion, if 
there really be a perspective which requires such a name, is Loewald's (1960) “On the 
Therapeutic Action of Psychoanalysis.” In this paper, Loewald conceived that the 
analyst—as resistances to transferences and then transferences are worked through—is 
continuously, emotionally, found as a “new object.” “New object” for Loewald (1960) 
simply means not some sort of transference object which now has been (at least to some 
notable degree) resolved as a vehicle for irrational, clinically unhealthy work or love 
experience. In order for an analyst to be available, emotionally, to become such a “new 
object,” he or she, obviously, must be free of grossly interfering countertransference. As I 
mentioned earlier, for a contemporary Freudian analyst this leaves open a belief that 
analysand transference/analyst (unexpressed) countertransference occur as a clinical unit. 
Also, as the Richards themselves emphasize, to be such a “new object” the Freudian 
analyst must possess “intuitive attunement,” clinical “tact,” and an authentic, collegial 
“model of openness and hypothesis testing” with respect to interpretation offered by the 
analyst. All of this is why the Richards say that, “both interpretation and the 
relationship”; emphasis added) enter into a “more inclusive theory” of what may enable a 
psychoanalytic treatment relationship to be therapeutic. Therefore, when shortly after 
this, the Richards state that it is “self-understanding … [wherein lies] … the mutative 
efficiency of psychoanalysis,” I understand them to be consistent with themselves by 
taking for granted that emotional attunement, tact, and collegiality are present and 
necessary, but not sufficient, when interpretation is made for some sort of analysand 
self-understanding (and see Hanly, 1994). As I understand Loewald (1960), all of this is 
embraced in his view that it is only interpretative, “therapeutic action” of a Freudian 
psychoanalysis which enables an analysand to find a “new object.”

What is striking about Loewald's (1960) “Therapeutic Action” paper comes out if one 
compares it to the metaphors and similes of Freud's (1912) “Recommendations to
Physicians” paper with respect to how an analyst should practice psychoanalysis. Loewald (1960) emphasizes how the analyst is a human being utterly devoted to a nonjudgmental understanding of the analysand. The possibly useful insights acquired by an analysand, for Loewald (1960), cannot be separated from an extraordinary relationship whose purpose is only to enable such insights. The images of the analyst in the “Recommendations” (Freud, 1912) paper are of the analyst as a dispassionate “surgeon,” a “mirror,’ and a “telephone receiver.” Why was such imagery used by Freud (1912) at this time in his writing? I believe it has to do with what I alluded to earlier when I spoke about the social psychology, or sociology, of theory making. We all understand that Freud was under attack for the theory, but if anything, more so the practice he had developed. Also, we know from the Freud/Jung (1974) correspondence that Freud had been asked by Jung to come to his assistance with respect to Jung's patient, Sabina Spielrein, with whom the transference had become unmanageable. In 1909, just three years prior to the “Recommendations” paper, Freud actually did exchange correspondence with Spielrein in order to try and be of help to Jung. The “Recommendations” (Freud, 1912) paper is the only one written by Freud which has the word physicians in its title, and an extended section of the paper deals with how the analyst is to respond to the analysand's transference. I believe Freud utilized such dispassionate imagery in order to make clear, and justify, to his larger, medical professional community the propriety of the practice he had developed, as well as his (transference) authority with other analysts. In any case, in a later paper Freud (1913) portrays the analyst quite differently, as a person who (nonjudgmentally) extends to the analysand a “serious interest” regarding his or her free associations, and attempts constantly by resistance interpretation to create the fullest opportunity for self-expression. Such a portrayal of an analyst by Freud (1913) is quite congruent with that depicted by the Richards.

In terms of practice, especially as the Richards say, with “narcissistic character disorders and other severe pathologies” (p. 449), this term American object relations, can be understood to have a consequence. One way to put this would be to say: With an analysand who possesses significant preoedipal pathology, interpretative attention must be given to attributes of overall psychic organization—what Freud (1915a) described as “total ego”—in order for the analyst to be felt to be a “new object” (Loewald, 1960) with whom psychodynamic interpretation also can be employed and utilized. Standard Freudian practice assumes that an analysand will experience (feel, believe) all manner of his or her psychic reality in a way that is personally meaningful within the context (confines) of authentic, verbal symbols (language expressed between analyst and analysand). The Richards have used a clinical illustration from Bach (1977, p. 34) which had to do with a problem in maintaining multiple perspectives. I now want to supply a vignette which had to do with what would usually be termed an analysand's need to act out in the transference. I think it is better understood to be an analysand's need to use enacted (rather than authentic verbal) symbols (and see Steingart, 1995, for an extended discussion). This kind of enacted symbol, and its consequence for one's sense of reality, is most easily seen in the play of young children (Steingart, 1983).

I did not, myself, work with this analysand, but I supervised the analysis.
The analysand, who continuously used the couch, was a 31-year-old woman, an editor and published poet, from a lower-middle-class Irish, Catholic background whose early education was in parochial schools. The analysand made a serious suicide attempt just before the first summer vacation break, that is to say prior to her first, extended separation from her analyst.

After a year of treatment, the analysand produced the first poem she had been able to write in several years, and about this she said, “The words are there all I have to do is find them.” It was the session after this that the analysand suggested that the analyst should not “say a goddamn thing, for a week maybe?” And she also said, “Why don't you shut up and let me be the boss.” The analyst did not respond, actually feeling nonplussed and not feeling sure whether or not to agree. The analyst already had remained silent for three sessions at which time I saw her for supervision and we agreed that her already established silence amounted to tacit consent for the remainder of the week. After a week, the analysand asked to continue the arrangement. The possibility of such a second request had been considered in supervision and it was concluded that the analyst should speak at such a time and say she would agree to a continuation of the arrangement. However, I also suggested that the analyst add that she would speak if she believed there was an important reason to do so, and that she would explain the reason. After five more sessions, the analysand herself asked for me arrangement to stop.

Examples of transference material expressed in this period: “all of these years being silenced (i.e., she felt this to be true at home as a child) and now I'm silencing you. Why? … wanting control… I don't know if turning the tables will help. Amazing feeling to do this … so much in this room connected to everything else. Getting my own way like a terrible two-year-old … I feel omnipotent… feel as if a lot of what I'm doing is childish. Worried about going too far.” This last statement was followed by the analysand's elaboration of a lesbian, sadomasochistic scene she had seen on television. An example of transference material connected spontaneously to some personal school history and what is probably a screen memory: “They didn't give me a gold star in the first grade because I talked to a little boy. Never talked at the wrong time again. Silenced! At the end of the month going to give you (i.e., the analyst) a gold star.”

The analysand indicated that there were two events which made her want to stop the special arrangement: Her sister “pooh-poohed” an outburst of rage directed at her by the analysand by sending a Christmas card to the analysand saying “Merry Christmas anyway, silly.” Also, the analysand's immediate boss, a woman, forgot that the analysand went to Boston on business; this was a trip the analysand felt she submissively had agreed to make although her own belief was that the trip would not be worth the effort. The analysand herself interpreted how these two events had crushed her belief in her own omnipotence and control so that this special illusionary, transference arrangement also could not now be maintained. The analyst agreed with this interpretation [pp. 148-149].

With the analyst's agreement to remain silent, the transference, one might say, was allowed to “tilt” more toward a sense of reality, as is evident with young children at play.
One can see a good example of an opposite, usual standard “analytic attitude” [(Schafer, 1983)]


of opposition to such analysand enactment in Gedo [1979], pp. 86-91). My argument is that the analyst's acceptance of the analysend enactment facilitated the analysis and to do otherwise would only have led to an escalation of sadomasochistic struggle (Gedo, 1979). It was Greenacre (1950) who, I believe, produced a seminal reconception of acting out, emphasizing much more the analysend's intention to control the sense of reality about the psychoanalytic relationship rather than the classical notion of discharge. Actually, Bird (1957), now almost forty years ago, described how he came to a way of dealing with an analysend's acting out (which involved missing sessions) which is congruent with the clinical example I have just provided; and Bird (1957) did connect his change in practice with Greenacre's (1950) reconceptualization of acting out.

One final point: The Richards state that I understand acting out “as similar to what children do in play therapy…” (p. 449). This is not altogether accurate. The mentality of acting out is related to play—but it would be emotionally disturbed play—such that the young child insists that his or her play representations of self or others be regarded as real. A. Freud (1937, p. 88) has described a good example of this. At the same time, such a child, by virtue of his or her coercive insistence, expresses an appreciation of reality so that such disturbance is not at all the same as delusional reconstruction. This is why I have used other terminology—“pathological play” and “meaning disturbance”—to describe this condition (Steingart, 1983, 1995). As this applies to adult (or latency and beyond) transference experience, it is neither neurotic nor schizophrenic, but something in between (narcissistic, borderline, etc.). I believe Freud (1915b) came upon this with (he believed) his neurotic patients who produced an unanalyzable, eroticized transference. It was not his analysands’ “intractable” (Freud, 1915b) need for love, in itself, which made such a psychoanalysis problematic. These analysands could not feel their relationship with Freud to be personally meaningful only with authentic verbal symbols (genuine language). Consequently, these analysands needed to attempt to coerce—really sadistically control—their feeling of importance to Freud by trying to force him to become their lover.

References