

Every clinical generation is faced with the task of formulating some essential statements about the therapeutic action of psychoanalytic therapy. Although our collective professional experience convinces us that our treatment is powerful, the very diversity and richness of that experience makes simple generalization difficult. Analysts who subscribe to widely divergent ideas about psychoanalytic therapy effect substantial results, which they quite naturally explain in accord with the premises and theories of their school's particular traditions. Does this imply that our theories of therapeutic action are merely decorative ornamentation unrelated to the real nitty-gritty structure of therapeutic engagement? If we have confidence in the effectiveness of our treatment and we can specify our methods clearly, why even bother with the thorny issue of spelling out how they are achieved?

There is undoubtedly some pragmatic appeal in this posture. A little reflection, however, convinces us that even if we fail to find a language to contain the multitude of therapeutic possibilities and theoretical tastes, we are better off for having made the attempt. For no matter how evolved, a methodology on its own cannot dictate the infinite number of choices and potential directions that a clinician faces in a living psychoanalytic encounter, let alone an entire treatment. Rather, we look to

method for guidelines and constructive ways of thinking about what transpires. We hope for a rough set of clinical tools to help cut our way through the psychic underbrush that obscures our trail. Yet we are continually reminded that every clinical intervention or therapeutic response occurs in a unique context. "We never," as the philosophers instruct us, "step into the same river twice!" Guidelines, rules of technique, and therapeutic clichés may get us started on the trek but cannot be counted on to bring us home safely. In such a situation, a theory of therapeutic action functions like a compass, an instrument to orient clinical vision and ground intuitive inspiration. It reassures us that we are moving toward a destination, even when we seem lost in the forest.

Before we can meaningfully address the question of how change comes about, it is necessary to have some notion of what constitutes the desirable changes that psychoanalysis can hope to engender. Psychoanalytic therapy holds a more ambitious and fateful promise than its original concern with symptomatic cure. Indeed, psychoanalysis emerged, almost from its inception, as a vehicle of personal revolution and renewal. The optimum results of a psychoanalytic process are to be found in an internal freedom to aspire to the most meaningful life and the highest development of innate potentials of which a person is capable. It is far more appropriate, in this regard, to speak of integrative and maturational achievement rather than of symptomatic relief or cure when evaluating the outcome of psychoanalytic therapy.

Studying the evolution of psychoanalytic technique, we recognize that most of the earlier formulations of therapeutic action, however dated by the theoretical and technical preoccupations of the particular period in which they were formulated, continue to have something useful to teach us: making the unconscious conscious, excavating an infantile neurosis, interpreting resistance and defense, confronting and undermining character armoring, softening the superego, restoring the autonomy of the ego, resolving a transference neurosis, holding out the potential

of a new object—or selfobject—experience. Surveying even this abbreviated list, one may sense that though none of these would be wholly sufficient to a sophisticated clinician in contemporary practice, each offers some inspiration to our current ways of working and thinking. Certainly, the more proximate goals of ameliorating excessive anxiety, guilt, and shame as a means of building personal agency has continued resonance. And viewed broadly, each speaks to the challenge that psychoanalysts of every generation have confronted as they sought to find a key to unblocking structured rigidities that inhibit emotional freedom.

The goals of psychoanalysis are not static in the sense of being definable end points. They are not embodied in a specific ideal type of character or way of being human. Psychoanalysts have every reason to know that full maturity and completely integrated selfhood are fictions, even though they may have popular currency as social ideals. We are rightfully wary of authorizing ideal mental health criteria, as they are so easily abused by moralists and moral masochists alike. We are too familiar with the tenacity of conflict and the allure of regression. From the vantage point of the psychoanalytic situation, the impact of therapy is more accurately observed in an internal reorganization of ongoing conscious and unconscious psychic processes. As an outcome of successful analysis, we envision human beings whose movement toward expansive affirmation of self is not rigidly foreclosed by unnecessary restrictions. A person's potential for self-renewal may be obstructed by a host of observed psychic conflicts, adaptive disharmonies, inflexible ideals or attitudes, distorting fantasies, unacknowledged object ties, self-tormenting introjects, self-limiting compromise formations, confining identifications, as well as the recurrent pull of regressive or repressed potentialities. Either alone or in consort, consciously or unconsciously, such "fixedness" stands in the way of a person's negotiating an optimal balance between their preconditions for emotional safety and the risks of vitalizing adventure.

Perhaps we are in a position to propose an inclusive definition

that might serve to anchor our discussion of therapeutic action: Psychoanalysis is a procedure, undertaken within the context of a relatively stable object relationship, that sets in motion a complex array of integrative and maturational processes that reorganize the structured qualities of the patient's subjective experience and motivational initiative. Psychoanalysis reorganizes experience and initiative. The psychoanalyst's primary function within this definition is twofold: first, to construct, maintain, and safeguard a psychoanalytic situation that serves to facilitate crucial integrative and maturational processes; and second, to engage in an intricate human relationship that can absorb and crystallize the centripetal tensions emanating from this destabilizing endeavor within the analytic frame. This unique relationship is, as Friedman (1997) has enjoined, the "crucible" of psychoanalysis, an ephemeral product of attitudes that warrants our protection. A peculiar laboratory of the mind, it is "dedicated to research on the pathway of desire, the nuances of interaction, the limits of freedom, the relationship of cause and reason, the nature of meaning, the meaning of responsibility, and all the special paradoxes of humanness" (pp. 35-36).

The analyst is both object and agent, a catalytic figure for animating and enacting the repressed contents of the unconscious. Simultaneously, the analyst exists for the patient as a reliable foundation of emotional sustenance during what can be painful disruptions of existing equilibria. Psychoanalysis is unthinkable without this human contribution. A "maternal matrix" (Chasseguet-Smirgel 1992), "holding environment" (Winnicott 1945), or "real relationship" (Greenson 1971), as it has been variously called, is the dimension of the analyst's relatedness that is often implicit in the formal gestures, actions, and strategies that define psychoanalysis as a method. But analytic endurance is fundamentally an expression of an analyst's capacity to love, nurture, and promote growth in the objects of our love over an extended period of time. The painful mastery and artful exercise of this disciplined, difficult, and eternally frustrating craft would be inconceivable without this basic ingredient. This

assertion does not contradict in any way the observation that a host of less reputable (libidinal, aggressive, and narcissistic) motives may be fulfilled through the exercise of our professional activity.

The centrality of transference experience within psychoanalysis rests on the analyst's unique place at an intimate crossroad between the external world and the patient's inner world. Within this extrapsychic space, bounded by analytic neutrality, transference becomes possible as a psychic creation. Like a dream (Lewin 1955) or a work of dramatic art (Loewald 1975, McDougall 1991), it uses the person of the analyst as a pliable, representational figure to animate or embody fantasy, to regulate or contain tension, and to anchor the longings of heretofore split-off parts of the self. To serve in this capacity, the analyst should not be formless, like a lump of putty, but must maintain a sufficiently amorphous presence that can be shaped in accord with the patient's shifting needs and purposes. It is through this evocative ambiguity that the analyst gains—and retains—a privileged and influential place near the subjective center of the patient's emotional life.

In specifying an array of integrative and maturational processes in our definition of psychoanalysis, we are indicating our belief that an authentic psychoanalytic experience does not inhere in one particular subset of processes—for example, the unfolding and resolution of a transference neurosis—however optimal this may be with a given patient. Rather, we see that the therapeutic action of psychoanalytic therapy has multiple temporal locations in both psychological or material space. The primary site of this action is not exclusively in the here-and-now transference, however much this dimension is emphasized in contemporary accounts of psychoanalytic technique, including our own. Nor do all the maturational processes set in motion by a psychoanalysis necessarily have their focal point in the affective dimensions of the transference relationship with the analyst. An interpretation, for example, of the patient's resistance to emotional experience may reverberate throughout the

patient's living, impacting on important object relations far beyond the analytic situation in remembered time and place.

We suggest that "Where is the action?" may be as important a clinical question as the more familiar "What is the transference?" Different at different times in an analysis, the therapeutic action may be taking place for one patient in the library as she struggles to persevere in her studies despite crippling anxiety, for another in the waiting room as he averts his eyes from the patient who precedes him in his analyst's office, or for a third in the hallways and bedrooms of a long-abandoned family dwelling. At one moment, the analyst's therapeutic contribution may be centered in the role of an appreciative listener, and at another in the actions of an incisive observer, strategically positioned to decode complex mental maneuvers of disguise. At still another time, it lies in the capacity to contain, without impulsive discharge, the tumultuous wrenching of the patient's discordant desires. Although we know that all such events can be revealed to have a comprehensive unconscious order, this is not identical to their therapeutic import. Keeping an eye on the "action," while listening with a third ear, establishes a counterpoint to the often languid rhythm of psychoanalytic discourse.

In effect, we are advancing the idea that the therapeutic action of psychoanalysis is not a unique property of the psychoanalytic situation or method. Maintaining a clear distinction between the analytic action and the therapeutic action contributes to technical clarity. It reminds us that the profound processes of growth and maturation engendered by analysis are not always synonymous with an interpretive process immersed in the vicissitudes of transference or the obscurities of resistance and defense. As we know, significant psychic reorganization and emotional growth can take place in the absence of any psychoanalytic intervention whatsoever. Even transference, in both its adaptive and archaic dimensions (Chapter 3), arises spontaneously in everyday life, reaching intensities and complexities of transference-neurotic proportion. It is, ultimately, the greater

likelihood of all these processes reaching a sustained intensity and constructive resolution that distinguishes the psychoanalytic situation. Informed by this perspective, a psychoanalyst is more likely to honor the fact that it is the patient's process of growth, acknowledging that an optimal sequence and location of therapeutic events unfolds according to a program given by the patient, however obscurely or indirectly announced. We strongly believe that the methodological centrality of free association and analytic neutrality serves as guarantor of this principle (Chapter 2). We create a channel but refrain from forcing events to flow in a particular direction. Analytic neutrality is an essential piece of this framework.

At the subjective center of personal awareness, where our interpretive efforts are mainly directed, people strive to construct consistent and condensed descriptions of their motives, intentions, and emotional responses. Encouraging free association outside the organizing framework of face-to-face exchange defuses the patient's attention and temporarily thwarts the active effort to efface discordant tendencies. Reflexively turned back upon his or her self, passively focused, as it were, upon the thoughts, feelings, and fantasies constructed in the presence of an analytic auditor, discordant lines of feeling and thinking take on a definition that would normally escape notice. Contemporary analysts recognize many more clinically relevant levels of personal awareness than are subsumed under the broad topographic trichotomy of conscious, preconscious, and unconscious. Since the analyst is, we must hope, the most evocative external object in the immediate surround, many, if not all, of these associations contain some point of reference to our person, if only as silent auditor of the patient's private mental reflection. This does not imply that every association can be interpreted as a disguised reference to the analyst (Gill 1979).

We are prepared by experience to expect that our ambiguous subjectivity will be constructed along both wishful and fearful lines. We will be experienced as both a comforter and a disturber of the peace, in turn, aversively intrusive, omnipotently protec-

tive, coercively judgmental, seductively overstimulating, and soothingly nurturant. Our comprehension of the indirect modes of representing and disguising meaning, including symbolism, metaphoric allusion, sequential cohesion, dramatization, and enactment, allows us to map unconscious vulnerability and excitement (Chapter 6). It also presents a transference flash point, as we serve warning that the patient's intricate labyrinth of protective illusion is not inviolate. This intersubjective field constitutes the dimension of relatedness within which the most crucial interpretations of transference begin. We continually monitor the patient's attributions and draw attention to the myriad ways that these constructions restrict the patient's full expressive spontaneity. It is the principle of safeguarding the patient's potential spontaneity above our own comfort that assures that we do not derail these transferences toward self-serving ends. We are obligated to inquire relentlessly into the multiple determinants of transference construction, the actualities and fantasies they express, and the intrapsychic and interactive equilibria they preserve. When a patient is willing to work associatively with this material, the lines of exploration will move fluidly between adaptive and archaic dimensions of transference, illuminating the deeper structure of a temporal actuality by freely transposing the past into the present and the present into the past.

The parameters of analytic methodology as codified in our technical literature represent the distilled wisdom of our profession. They have been passed down and reworked by many independent contributors of diverse temperament, who have found in them the elements of a durable framework. As such they have a claim to our respect—though not necessarily our allegiance—as tested ways of managing the numerous tensions of the analytic relationship over the long haul. They have proved remarkably serviceable in helping patients and analysts work through the daunting intensities of dysphoric and euphoric emotion—the anxiety, guilt, shame, mania, and depression—that are the recurrent affective obstacles to achieving deep-



seated analytic change. The various instrumentalities of psychoanalytic technique, especially interpretation (Chapter 7), should be viewed as but one means of facilitating, stimulating, or managing those integrative and maturational processes that can lead to growth, a specifically analytic way of encouraging momentum in the direction of more advanced levels of unconfined functioning.

Interpretation is, in this light, the foundation of a uniquely analytic—as opposed to more inclusive therapeutic—strategy of influence. Inevitably, this value is rooted in a Western ethical tradition that prizes individualism organized by self-knowledge and anchored by reason. We are aware that the hierarchical preeminence of reason is currently being contested at many levels of cultural and intellectual discourse. It may run counter, as we know, to other respected paths of spiritual and personal enlightenment, and in some minds has been tainted by association with sexist and elitist political agendas. In all of this, it is important to keep in mind that what is consensually sanctioned as a “rational” course of action is generally dictated by conventional standards that may confine the protean individuality that psychoanalysis seeks to nurture through reasoned deliberation. Ultimately, valuing reason is a choice. It represents a commitment to a particular means of weighing and deciding what makes best sense or is most true; it does not prescribe specific behaviors, conduct, or goals. In accord with this ethical tradition, psychoanalysts—as opposed to other kinds of psychotherapists and healers—have remained committed to the idea that reasoned deliberation should bear the pivotal role in the analyst’s mode of influence upon the patient’s inner life.

Reasoned deliberation is central to analytic work because it integrates feeling, thinking, and acting. Each of these vital functions contributes to the development of understanding in numerous ways, but the synthesis required by reasoned deliberation guards against a defensive imbalance that prioritizes one to the exclusion of the others. For example, a person who comes to treatment tyrannized by an archaic feeling of being

unlovable may have to understand that there are many reasons for this intractable emotional state, in addition to his early experience with significant others whose capacity for love was stunted. Reasoned deliberation may help him recognize that feeling unlovable serves current psychic imperatives such as the need to punish himself, to protect loved ones from his destructiveness, or to avoid engaging in perilous acts of love in his current life. The effectiveness of our interpretative activity ultimately depends on incorporating intransigent and/or impulsive modes of functioning within the larger scope of a person's conscious aspirations and ideals. An analyst who believed it was obligatory to get a patient to behave "rationally" would be mistaking reasonable behavior for reasoned behavior—a legitimate goal of our interpretive activity. Experience speaks persuasively in favor of the view that reasoned deliberation, because it facilitates an integration of subjective experience, is the mode of influence most consistent with an individual's inviolate autonomy and emotional independence. Its effects are more enduring, even though there can be no guarantees in the face of unforeseen frustrations and disappointments. Psychoanalysts are united in their belief that influence by exhortation, seduction, or manipulation will prove less resilient as a vehicle of change. When a person falls out of love, falls out of grace, or loses his faith in an awesome authority, the tenuous nature of transferentially inspired "cures" are cruelly exposed.

The fixing of change through insight is the specific achievement of reasoned deliberation. When psychoanalysts express ambivalence about the clinical importance of insight, as most of us do from time to time, we are generally frustrated with the limitations of our own interpretive facility. An interpretation, however insightful, is merely an instigation to insight. For insight implies a personal vision—perhaps but a glimpse—into the true nature of one's psychic reality. Therefore, it cannot be given to a person. Nor are all insights equal, or equally helpful. Some are more sophisticated, mature, encompassing, or pivotal. Furthermore, patients may be more or less articulate

in expressing this dimension of their subjective experience. Whether in a moment of subdued reflection or sudden drama, an insight that fixes change in analysis is itself already a manifestation of incremental change. It is a thing—neither wholly of intellect or emotion—that expresses a higher-order integrative achievement of heart and mind. It may subsequently be obscured but rarely washed away by life's ceaseless tides. On this basis, insight claims a persuasive power unlike other forms of experience, and authorizes a level of responsibility that no other form of knowledge can bestow. In this sense insight makes an essential contribution to that foundation of knowledge on which genuinely autonomous judgment and conduct must be based. Alternative schools of psychoanalysis may predispose patients to have insights into various dimensions of reality—for instance, interpersonal reality as opposed to intrapsychic reality—but this doesn't mean, as is often argued, that our self-understanding is a mere reflection of our analyst's theories. Reasoned deliberation is primarily an effort to be guided and grounded through authentic experience rather than received wisdom.

Complex insights into psychic reality are built up slowly, a result of long and frequently painful deliberation over disparate elements of experience. This sorting through the chaos of experience, making order of daily details and fragments of subjectivity, constitutes the bulk of ordinary psychoanalytic work. Although an insight is "complex" in this sense, its formulation is often elemental. "I see now that my mother never *really* loved me!" or "I've always envied my sister!" may represent the fruits of arduous collaborative effort. Subsequent analysis may forge a more elaborate composite: "Though my mother really never loved me, she did seem to care about my sister. What I envied most was, at bottom, my sister's possession of my mother's love." The often-debated question, Is some action necessary in addition to insight in order to produce meaningful change? is from this perspective unproductively framed. Insight implies a change in regard to psychic reality. The better question is, What is the

relationship between the integrative achievements of insight and the maturational advances that fulfill the implicit promise of an analysis?

Insight often stimulates maturational advance because it prepares a person to view and encounter the world in new ways that have fateful impact: "I no longer feel compelled to win the love—and conquer the body—of every indifferent woman I meet. I choose instead to pursue love in a place where it might be returned and in a body that I might truly cherish." Each significant maturational advance simultaneously elevates individual experience to a new psychological plane that promises far more refined perspectives and mature insights. "Now that I've found love with a woman, I realize that my mother may not have been as unloving as I presumed. She wasn't entirely unloving. She just didn't love the part of me that I felt was most aggressive, the part of me that was central to my feeling of myself as a man like my father." Vivid insights such as these are compelling. They cannot be confused with the obsessive intellectualization that attempts to subdue emotion by imposing arbitrary order.

Although such understandings generally emerge in the context of a dynamically charged relationship, without the integrative cement of insight, the analytic encounter would become simply another, more or less successful, relational experience (Strachey 1934). Transference interpretation, by describing and connecting the ways the patient's infantile past is being kept alive in the present, places the wishing, fearing, and elaborate fantasizing that unconsciously organizes repetition phenomena within the realm of the individual's integrative reach. Although this analytic action certainly does not depend on patients' behaving reasonably, we do encourage them to be reasoned with regard to their behavior in the analysis. Our intention is always to expose and clarify the unique dynamic framework of the feeling, thinking, and acting person. We give special emphasis to elucidating the way present action is being shaped by unconscious fantasies constructed in the past (Reed 1990). A thera-

peutic consequence of this analytic focus may be that the person is able to struggle more effectively with internal conflicts and replace automated modes of experiencing with the capacity for more considered judgment and unencumbered action. As internal forces and fantasies previously enacted in a passive and unconscious mode are progressively integrated, a willingness to engage a broader, more precisely differentiated reality will be expanded (Arlow and Brenner 1990, Loewald 1971). This, in turn, provides the patient with sustained opportunities for ever more complex integrations and refined maturational initiatives within and outside the analysis. When things go well, not only one's self but the world itself can be said to have found renewal as a place of unexplored mystery and potential fulfillment.

We see that the most powerful therapeutic effects emerging from these new connections and thoughts about self and other are not exclusively the result of analytic insight. They are as much the residue of awakened passions and unbound fragments of personal forcefulness afforded new mobility, coherence, and direction. This confluence of uncovered forcefulness generates a powerful synergy capable of destabilizing the fixedness of inhibiting structure. It simultaneously generates turbulent extremes of mood—desire and shame, impulse and guilt, fantasy and anxiety—all of which must be weathered repeatedly as the patient takes hesitant steps to move through the world in new ways.

As psychoanalysts, we are mindful that there are many experiences that might "shake us up," potentiating integrative processes that can lead to growth. Major life events and crises, births, deaths, divorces, business reversals—almost any intensely evocative experience—will put stress on a person in ways that may temporarily destabilize accustomed forms of emotional containment, thought, and action. In general, analytic opinion has sided with Freud's decision to leave such interventions in fate's hands, not to contrive through provocative design, as opposed to interpretive evocation, to arouse the sleeping dogs of transference (Freud 1937). Admittedly, contemporary ana-

lysts are less confident that they are always in a position to determine where the line between provocation and interpretation can be drawn. As Kohut (1977) has taught us, an unempathic or untimely interpretation carelessly worded in regard to the patient's subjective reach can have the impact of an intentional injury within the transference-countertransference field. But these disruptions and their repair are not intentional technical maneuvers intended to break through, break down, or rile up the patient. To the disciplined psychoanalyst, safeguarding the psychoanalytic situation always takes precedence over the allure of beguiling "targets of opportunity." Treatments melodramatically represented and conceived in terms of cathartic breakthroughs and critical turning points seldom hold up to careful scrutiny.

It is necessary, therefore, to specify and differentiate the integrative and maturational processes that we place at the core of our therapeutic action. Simply stated, an integrative process occurs as previously unnoticed, newly available, or defensively warded-off elements of experience are recognized and gradually assimilated into the subjective center of personal awareness. We are, in our thinking, drawn to the metapsychological proposition that a fundamental tendency of mind toward unity, what Nunberg (1931) has called the "synthetic function of the ego," mediates this therapeutic action of psychoanalysis. The mind, psychoanalytically observed, gives abundant evidence of being engaged in multiple integrative tasks, day and night, at various levels of consciousness. Obviously not all of these integrations are equally significant or relevant to psychoanalytic therapy. The psychotherapeutic issue must eventually be joined at the juncture of the most irreconcilable psychic realities. Much painstaking effort—interventions that both disrupt and clarify the defensively structured analytic surface—has to be expended before the underlying dimension of this neurotic fragmentation will stand revealed and open to integrative processes.

A maturational process, on the other hand, occurs when a person succeeds in finding a new or more effective way to harmonize

a wish, fantasy, or subjective need with the external world. Such adaptive harmonies may be structured in many ways and do not always represent maturity in the conventional moral sense. A potentially destructive engagement with the external world along sadomasochistic lines may represent a maturational "advance" for a particular patient, attaining access to previously unavailable erotic reserves. Similarly, a narcissistically vulnerable person who has only risked social intimacy from a position of assured superiority may be taking a courageous initiative by applying to a snobbish club that may not welcome her. Just as intrapsychic conflict and personal fragmentation are the pivots around which integrative processes form, adaptive imperatives and impasses in the external world form the crux of maturational striving.

Early Freudian thinking, at least in its metapsychological preoccupation with the developmental impact of drive evolution, tended to paint this external object world in reductive terms. Objects were broadly classified as gratifying or frustrating, loved or hated, incorporated or extruded, mostly in regard to their suitability for meeting drive-specific psychosexual criteria. As psychoanalysts began to map the enormous diversity of higher-level organization, it became increasingly apparent that rather nuanced qualitative aspects of the child's object world had tremendous consequence for development beyond its potential for gratification. Winnicott (1945) and Hartmann (1956) anticipated these implications, pointing the way to our contemporary understanding of the impactful way that reality is represented to the developing child in the person of a maternal interpreter. Subsequent observation and research has amply confirmed the hypothesis that a child not only discovers reality for himself—bumping into it, so to speak, in his search for bodily gratification—but is also introduced to it through the intersubjective medium of his mother's psychic reality. In short, the mother's, the parents,' and the culture's subjectivity, from the beginning, is a salient dimension of external reality encountered at every orifice and interface with the world. Meth-

odologically, contemporary psychoanalysts are still coming to terms with the technical implications of a corollary insight: our own subjectivity is the ultimate embodiment of external reality within the psychoanalytic situation. In some very basic sense, maturation, as a goal of analysis, still means coming to better terms with reality, just as integration means coming to terms with one's self. We are finding the concepts *reality* and *self* far more elusive than we had once imagined, however, as our positivist foundation is increasingly challenged. Accordingly, we are developing a greater sophistication with regard to the analyst's subtle and influential role in facilitating maturational advance, both as observer and as participant.

In our usage, the harmonies achieved through maturational initiative within the analytic situation always involve mutual conscious and preconscious adjustments. A patient who integrates a previously inaccessible murderous hostility toward dismissive rivals is challenged to find new ways of both mastering rage and asserting anger competitively. Rather than dissolving in tears, he or she may find an articulate voice for the displeasure in something the analyst had just said that sounded demeaning. Presumably, such a confrontation reflects a reorganization of self experience as well as an emerging capacity to assume motivational initiative with regard to aggression. It also announces the possibility of a maturational advance within the analytic relationship. Our challenge is to respond to the specific accusation in a way that addresses the patient's sense of grievance, without necessarily validating the point of grievance. Understandably, we are reluctant to meet the patient with the full weight of a personal subjectivity that could compromise the protective framework of restrained neutrality. On the other hand, to remain placidly within a studied technical posture of unperturbed curiosity would surely seem patronizing and compound the patient's sense of injury. There are times when technical facility can prove a hindrance to therapeutic momentum and a flexible analyst must weigh alternative perspectives and goals. The response to such situations is perhaps best



informed by a spontaneous sense of the entire context and emotional texture of the patient's action. Any programmatic formula might seem contrived or encourage us to represent our own experience in a disingenuous manner. Often enough, our apparent willingness to explore the content of the patient's concerns, accompanied by a subtle shift in the quality of our immediate attention provides sufficient evidence that the protest has been taken seriously. Clearly, if we know that we have acted badly, there is no alternative but to apologize. More often than not, the situation is more ambiguous. Whether there is a reasonable way of deciding if the patient has legitimate cause for sensitivity is less significant, however, than establishing the legitimacy of grievance as a dimension of the analytic relationship through a spontaneous encounter.

As we see, integrative and maturational processes interact in highly complex ways. Advances in either direction put new pressures on comfortable habits and ritually structured ways. While intrapsychic defenses inhibit integrative processes primarily by warding off alien elements of experience, successful character defenses interfere with maturational advances by reductively truncating the adaptive imperatives that a person will tackle. Reality, or significant segments of it, is simply ignored or flattened to cartoonish dimension. This serves to avoid the necessity of making the ever more refined adjustments through which we continue to construct the external world in our ceaseless effort to discover what is real. From this defensive position, situations of criticism or rebuke, however gentle, become annihilating attacks; opportunities for gratification, however innocent, are represented as perverse temptations; and collaborative interactions are construed as exclusive occasions of domination and/or submission to another's will.

The direct instigation of maturational initiatives outside an analytic situation has long been a staple of supportive or time-limited focal psychotherapies that do not aspire to move in the direction of analysis. Although such therapies, variously structured around assertiveness training, personal modeling,

cognitive reframing, or the manipulative engineering of corrective emotional experiences may be skillfully executed and significantly helpful in many ways, often they do not attain the depth of understanding offered by the analytic process. Maturation initiatives not carefully balanced by reciprocal integrative advances often backfire as therapeutic events. Patients who are encouraged by enthusiastic psychotherapists to "get their anger out" find that the cathartic expression of long-suppressed intensities seldom serves them well in the world outside an artificial therapeutic environment. In large measure this is the reason that advice giving is so rarely effective—in therapy or in life. If only we could attach enough conditional qualifiers: "Say this to your boss, but say it in just this tone at just this moment, and if he responds in just this way, you should say X or Y or maybe Z." Instead, like Shakespeare's Polonius, we fall back on portentous maxims of the "Buy low/Sell high!" level of specificity.

Imposing an exclusively instrumental framework of expedient execution upon human motivation may help a person get to where they think they want to go; but getting into an elevator, a vagina, or a marriage, however fervently desired, only forestalls a larger maturational opportunity. Its very success is achieved by further isolating psychic reality and strengthening character defenses. In a one-dimensional world of good and bad people, actions and opportunities, this purely expeditious vision of a managed health care priority may get by, but it should not distract those who persevere in more ambitious exploration of the deeper potential harmonies of the intra- and extrapsychic realms.

Metapsychologically, most theorists have seen maturation riding on the back of an inherent human drive toward mastery, variously referred to as a self-preservative instinct (Freud 1915a), a drive for self-actualization (Maslow 1962), or an effec-tance drive (Greenberg 1991). We must always consider, however, that spontaneous maturational initiatives not launched from a securely prepared foundation do not always have benefi-

cent outcomes.<sup>1</sup> Rather than representing an advance toward emotional maturity, they may simply lead to more efficient consolidations of constricted functioning. Adaptive efficiencies can be purchased with very dear spiritual capital. Certainly informal observation often supports the sad conclusion that without some exceptionally fortuitous life events, many neurotically compromised people simply ripen into more eccentric and dogmatic versions of their former selves. Psychoanalysis must justify its existence as therapy. Quite obviously, psychoanalysis exists on the premise that the things that happen within the analytic situation will provide specific impetus to our patients' general well-being and constructive conduct of life. Yet we must be prepared to work for very long periods while such "growing" takes place surreptitiously, at a remove from the convoluted twists within transference reality. We may hear only faint echos of emerging maturity reflected inconsistently in the fragmentary comments of friends and relatives carried incidentally into session. At other times, however, steps toward maturity virtually clamor into the foreground of our awareness, almost entirely drowning out the integrative struggles that lie at the heart of transference enactment. Treatments differ in this regard, and we must respect these differences.

Despite our reservations about the wisdom of instigating maturational advance through active techniques (Frank 1993) within the context of a psychoanalytic relationship (Adler 1993), the recognition of emergent maturational initiatives, as well as the acknowledgment of genuine advances, is an important dimension of all analytic work. Recognizing potential or emergent maturational initiatives has both an organizing and inspi-

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1. We are quite familiar with the developmental fact that the superego as a maturational achievement often succeeds in increasing the harmony of a young child with his or her external environment at the cost of an intrapsychic split of damaging proportions to future vitality. Similarly, a "false self" adaptation imposes severe restrictions on potential emotional spontaneity and evolving subjective integrity.

rational aspect. It serves, from the very first session, to position the analysis with regard to the patient's aspirations in life; it defines roads that eventually must be traversed. Without this perspective, analysis can take on a surreal inwardness that has no apparent point of contact with everyday concerns.

The specific form our recognition takes is too varied to catalogue here. It may be as subtle as a softly murmured "Mmmm!" or the timing, intonation, and soothing vibration of a well-placed "Uh huh!" Even a more formal interpretation, which describes and connects the specific meaning of an idea, experience, or anticipated situation within a broader context of the person's unfolding psychosocial history, arrives freighted with supportive innuendo. Consider, for instance: "The excitement you feel in anticipation of that project must be related to your deeper understanding that it represents the fulfillment of a very old dream, the dream that was thwarted for so many years by devotion to your father's insecure authority." Or, "Naturally your heart was pounding when you went through the door to that interview. You were leaving behind a part of yourself, the part that has always sought to avoid the implicit threat of competing with your envious siblings." Having an event placed within a narrative of maturational advance makes the attendant anxiety more tolerable by balancing pain against potential gain. In laying out these stakes, the analyst cannot fully escape a burden of moral authority, an authority immanent in the declaration of fateful action. We will most certainly confront our patients' awkward chagrin if they beat a sudden retreat or fail to meet the challenge that has been framed. Similarly, we must acknowledge their courage if they succeed. As should be apparent, we do not view such actions on the analyst's part as conflicting with a role of analytic neutrality, even if the patient rightly concludes that we are eager for his or her success. Consistently recognizing and acknowledging growth involves a tension between helping patients confront painful aspects of self experience and finding ways to reveal, organize, and nurture nascent germs of progress.

In observing narrative accounts of maturational advance out-

side the analytic situation, analysts employ complex intuitive criteria that distinguish authentic steps from manic renditions of unbelievable "new beginnings." Inevitably such judgments express and are circumscribed by the analyst's personal appreciation of the opportunities and ironies of fortune. As Loewald (1951, 1960, 1975) has taught us, the somber view of cold reality as a graveyard for renounced childhood dreams represents a disillusioned realism that psychoanalysis need not endorse. We may seem to be doubly disadvantaged, inasmuch as our view of the patient in real life is also obscured by what we recognize to be highly subjective and schematic presentations of persons and events. Yet analysts who also work with couples are aware that even when one has a ringside view of a relational impasse, the intersubjective complexities may bewilder the naked eye. Therefore, we resist that specific eagerness on the patient's part that would enlist our hasty commitment to a definitive view of an interpersonal conflict, an eagerness that may disguise a demand for a gift of unconditional love posing as a need for validation.

The psychoanalytic situation itself imposes a notoriously stringent adaptational challenge that makes it a natural arena for many maturational impasses, initiatives, and advances. Its radically open-ended structure—"Express whatever you think or feel"—as well as the ambiguity of the analyst's subjective presence throw into bold relief the entrenched hierarchical structure of any person's maturational organization. Thus, in addition to our role in recognizing and acknowledging initiatives set in motion by the analytic situation, we find ourselves participating in them. Our awareness of this reparative dimension informs our analytic stance.

We know that the neurotic patient routinely adapts to the challenges of the psychoanalytic situation by falling in love with his or her analyst. This of course, is a sign of relative health, in the sense that it demonstrates a capacity to "re-find" in an ambiguous object the beloved outlines of an earlier one (Bergmann 1987, Freud 1905a). We also know, that as long as the analyst resists the temptation to impose a reparative emotional

experience, the neurotic patient will be capable of re-finding all the conflictual elements of that original love—the wishes to please, seduce, eliminate rivals—that give rise to anxiety, guilt, and shame. We do not want to sidestep these impasses, nor are we too eager to encourage new initiatives, before we have had the opportunity to analyze in sufficient depth. Again, acknowledgment rather than instigation is our guide. The crucial maturational initiatives of neurotic patients are structured around the risks and vulnerabilities of expressing love in its more and less mature oedipal and preoedipal forms. This thematic complex provides the essential context in which ambivalent striving is played out. The tendency toward enactment, when successfully analyzed, reveals the patient's unconscious longing to engage us in disguised erotic scenes or complex unconscious fantasy scenarios that are themselves compromise formations constructed around conflictual resolutions of the wish to express love and to be loved in return. This was, we believe, what Loewald (1960) meant when he referred to the transference neurosis as "the patient's love life."

With the "less than neurotic patient," things don't line up quite as neatly as we have been describing them. A little less than neurotic will not pose insurmountable dilemmas for the skillful and experienced analyst. One might say that the autoplasmic adaptations undertaken in early development were so extreme that they involved significant constrictions in the capacity to trust, to risk love, or sometimes to even acknowledge the evocative elements of external reality, as embodied in the analyst's subjective presence. These patients don't so much fall in love as fight their love for the analyst. Ultimately, it's only a variation on a theme.

Within the transferential reality, an intimate interpretive dialogue unfolds through the medium of words, symbolic displacements, and intricate emotive gesture harboring abundant possibility. To the extent, for example, that a patient experiences the analyst's interventions on an oral level, his or her words become milk, an intoxicating ambrosia, bypassing other levels of

symbolic representation. The analyst who encourages the patient to free-associate invites expressions of longing, fantasy, and wish through verbal and symbolic exchanges that potentially afford a measure of oral gratification—to the analyst as well as the patient. Our welcome of these less disguised expressions of the patient's eroticism, as well as our comfort and unfeigned pleasure in the explicit description of desired acts of tender and erotic exchange, allows for a series of new harmonies to emerge in step with the existing limits of psychosexual development. It is essential that the analyst be emotionally prepared to enjoy the symbolic intimacy of the patient's wish-fulfillment, without undue encouragement or discouragement, once the analysis has proceeded to a depth where patients can risk owning this level of desire. This is the challenge of a neutrality that seeks to acknowledge what is true in the patient's experience without insisting that things be otherwise. The analyst has the paradoxical task, however, of continuing to speak for alternative realities outside the scope of the immediate transference fulfillment (Modell 1991). This points, to follow our example, in the direction of a potential harmony in mutual understanding of the patient's orality. In the fullness of analytic time we say to the patient, "Yes, you would prefer to continue to drink in my words and to remain my nursing child, but these are interpretations and I am your analyst! Let us try to understand why you take in only the pleasure of my words, rather than their meaning." When transference gratification becomes too secure, we may have to assume the initiative of introducing an analytic dialogue about the anxieties and fantasies that make orality the only reliable mode of achieving pleasure in the world.

### SUMMARY

In this chapter we have made some systematic observations about therapeutic action within the framework of an understanding of the psychoanalytic situation bounded by the parameters of free association and analytic neutrality. We have

proposed that the goals of psychoanalysis are best conceptualized in terms of the spontaneity and flexibility of maturational and integrative processes rather than in terms of static or ideal qualities of personality. Our definition of psychoanalysis "as a procedure undertaken within the context of a relatively stable object relationship" placed emphasis on the analyst's function as both a protector of the analytic situation and a provider of emotional sustenance. We proposed that differentiating an analytic from a therapeutic action of psychoanalysis is conceptually and clinically useful. It guides the therapist to respect the patient's unique program of psychological growth, as well as to recognize that an analytic process, governed by the pursuit of interpretive clarity through reasoned deliberation, is not the exclusive means of fostering psychodynamic gains within a contemporary psychoanalytic paradigm.

Our discussion of the role of emotional insight in the context of the adaptive and archaic dimension of transference presented it as a specifically analytic means of fixing change that can serve as a foundation of autonomous motivational initiative. We believe that our way of addressing the question of therapeutic action has the virtue of appreciating what is unique to psychoanalysis, while acknowledging its place within a continuum of other therapeutic modalities. Finally, we have attempted to define and illustrate the maturational and integrative processes that we believe to be at the core of therapeutic action, and to demonstrate how a contemporary psychoanalyst may foster these events without violating the essential structure of a psychoanalytic stance defined by neutrality.