

oped, the individual is no longer in danger of falling to bits. Gediman (Chapter 7) I believe makes a similar distinction from a different point of view when she invokes the concept of zone of proximal development (ZPD). This concept borrowed from Vygotsky (1978) by Wilson and Weinstein (1996) is a way of conceptualizing the therapeutic relationship and transference within a single hierarchical perspective.

Up to this point the position that I have been outlining is at least somewhat different than my reading of a Kleinian or modern Kleinian (Schafer 1997) position. That position is similar to the contemporary structuralists' position in the manner that the transference is interpreted. It is my view that the Kleinians typically interpret at deeper levels than the contemporary structuralists, but this is one analyst's viewpoint (Ellman 1996). I have based these distinctions partly on my reading of Kleinian material and partly on a discussion of a Kleinian case presentation (Ellman 1996). Leaving depth aside, a Kleinian focus is consistently on the here-and-now transference (Spillius 1988). Their sessions may frequently contain a number of interpretations that are a result of a feeling or state that they have experienced (Hill and Grand 1996). This cannot be considered a shared analytic experience since patients are usually unaware of their efforts to rid themselves of these thoughts and incipient affects.¹⁰ One question to be asked about this type of interpretive effort is the extent to which the therapeutic object relationship guides the analyst's interventions? Or more pointedly, it is possible to consider these comparative approaches from a vectorial perspective; one might ask when and how often does the Kleinian analyst interpret and to what extent does the therapeutic object relationship guide the analyst's interventions? The topic of the therapeutic object relationship is rarely alluded to either overtly or covertly in the Kleinian literature. On that basis one might assume that the issue is not in the forefront of their thinking about analytic treatment. Moreover, from a self and object Freudian position the Kleinian approach at times disrupts the therapeutic object relationship. The analyst is put in a position as the objective decoder of subjective states. In this respect there

10. To fully enter into this discussion would require an extensive treatise on projective identification and containment. Here I can only say that I believe it is possible to find the concept of projective identification extremely valuable while having different ideas (from Kleinian's ideas on treatment) on how to handle the manifestations of projective identification in the treatment situation.

is a one-person field where the analysand is creating and the analyst is observing the field.

I have previously stated there is a convergence of positions between self and object Freudians and some self psychological positions; the convergence, however, dissolves as transference manifestations are consistently manifested and in turn analyzed. Since there are a number of self psychological positions I will restrict myself here to Kohut, as I put forth a quintessential self analytic position and in addition remark on what I will term an intersubjectivity-relational problem. To understand these divergent positions I will try to briefly outline my understanding of Kohut's position about the analysis of consistent transference states. Kohut advocates only interpreting the transference when the analysand perceives a break in the analyst's empathic stance. This can occur because of some action on the part of the analyst or because of part of the normal structure of the analysis (weekend breaks, summer vacations, etc.). In this mode if the analysand is in the midst of an idealizing transference, then the analyst only interprets when there is a disruption in the transference. Thus the idealizing transference itself is considered to be sufficiently transmutative to allow for the beneficial results of an analysis. This is different in three respects from all Freudian analysts: (1) All Freudians strive for the analysand to be able to receive interpretive comments from the analyst that are designed to elucidate the meaning of unconscious fantasy. It is a crucial aspect of the treatment for patients to be able to tolerate and utilize a perspective that is not part of their conscious experience. Indeed this may cause momentary disruptions in analytic trust, but if the interpretation is well timed, these disruptions will be momentary and frequently beneficial. (2) All Freudian analysts believe at some point in the treatment situation patients should be helped to understand aggressive (or destructive) aspects of their unconscious fantasy life. (3) These interpretations should at times be made when the patient is experiencing either erotic or aggressive feelings. The interpretations should not be restricted to periods when patients experience the analyst as no longer being empathically attuned to their experience.

Thus the content and the timing of the interpretive efforts of Freudians necessarily differ from Kohutians and any intersubjectivity analysts that I have encountered including Stolorow and colleagues (1987), Hoffman (1992), and Spezzano (1993). It is my view that the manner in which Kohutians interpret does not allow the patient to fully appreciate

another in the therapeutic situation. The analyst by only interpreting during perceived breaks in empathy seems to indicate that patient and analyst must work to repair this situation. This is opposed to my interpretation of a Freudian position where the analyst (at least at some point in the treatment) trusts that the patient can tolerate differing perspectives between analyst and analysand. There is a seeming requirement in Kohutian analyses that the patient should quickly be put back into a mirroring or idealizing transference state. In my terminology this does not allow for the full development of analytic trust. Thus while Kohutians begin the treatment in a manner that is in accord with self and object Freudians, once patients are in a consistent transference where they can hear and utilize another, the self and object Freudians diverge from the Kohutian stance.

Up to this point I have downplayed the convergence between Freudian positions. Once the self and object Freudian senses that the patient can utilize another (or the other becomes another), then the self and object and the structural positions tend to converge. Even at these points in treatment it seems to me that self and object Freudians utilize the therapeutic object relationship in a way that is not present in structural theory. In comparison the ego-psychological position does not seem to have a place for transference interpretations in its therapeutic repertoire. The idea of cooperative work in the analysis is one that extends throughout an analysis. In at least my version of the self and object position, analytic trust is solidified when patients can take in and utilize a perspective that is distinctly different from their own conscious perspective. Thus while the ego psychological and the self and object positions converge earlier, they also diverge during periods of time that are deemed to contain interpretable manifestations of transference.



GOALS OF PSYCHOANALYSIS

I have previously stated that an analysis can be viewed as being composed of a series of transference cycles (Ellman 1991, 1996, 1997a). The cycle starts with the analysands' allowing the analyst to enter their world and the analyst being receptive to a world that penetrates various barriers including the analyst's defensive barriers. The analyst has to be willing to contain both wanted and unwanted material and return this material in a manner

that is useful to the analysand. During the opening phase the analyst has to allow the patient to utilize the analytic situation in a manner that often severely tests the analyst's ability to contain and remain empathic. If the analyst can maintain this stance, it can help facilitate the analysand's ability to tolerate a two-person field. When this occurs often the analyst understands that the patient is ready and in some ways desirous of hearing interpretive attempts by the analyst. To be sure, there are some patients who desperately do not want the analyst to come near and certainly not to enter their worlds. In fact, all patients in some way or another need to fend off the analyst's attempts at interpenetration. Since I am often asked about this type of patient, I can only reiterate that it generally is precisely this type of patient where analytic trust is both hardest to develop and most crucial for the continuation of a treatment. Paradoxically often certain distant (frequently schizoid) patients can easily tolerate interpretive efforts since they are receiving these efforts in a superficial, intellectualized manner. It is exactly with this type of patient that emotional interpenetration is crucial and where the beginning phase of the treatment is both crucial and at times the longest part of the treatment. This reminds me of an anecdote about an expert in multiple personalities who maintained that once the patient's personalities had been unified, one could successfully do traditional analytic treatment with such patients. When someone asked how long this would last, he answered that the traditional treatment was usually only a matter of one or two years. The unification, however, often lasted ten to twelve years.

When the patient is ready for interpretive material a new aspect of trust is formed in the willingness to hear divergent perspectives. There are at least two different meanings of divergent perspectives: (1) listening to another's view of one's unconscious life; (2) beginning to listen to aspects of a part of the self that has been sealed off and defended against and in many ways deemed untrustworthy.

I will not at this point try to focus on the nuances of trusting another while coming into contact with aspects of the unconscious (and frequently hated) parts of the rejected self. I will only comment that Freudian ideas such as free association and evenly hovering attention are seen by self and object Freudians as analytic ideals that are achieved during the course of an analysis rather than at the beginning of a treatment. Thus many Freudians have not given up the idea of free association but see patients' ability to freely talk about what is on their mind as an achievement of analysis rather

than a criteria for analyzability. In a similar manner, evenly hovering attention is something the analyst can achieve when she is able to sit back and freely listen to the patient while trusting in the analytic process. In each analysis I am positing that this is an accomplishment that is achieved gradually through a number of transference cycles and most fully in the termination phase of the analysis.

The structural and Kleinian emphasis on the patient's receptivity to the analyst is an important emphasis, but an equally important emphasis is the patients' authentically becoming active in developing their own analyzing function (developing a sense of agency through the analytic process). Here there are a number of differences within positions, so that Novick (1982), an author I respect a great deal, argues against the patient's analyzing function being an important criterion for a successful termination in analysis. From my perspective if I had to do a study on what differentiates analysis from other treatments, this would be one of the features I would stress. Thus Grand stresses the self-reflective function, while Gediman, Steingart, Bach, and Druck all in one manner or another envision the analytic process as providing an increasing sense of agency during the analysis. I have tried to stress elsewhere (Ellman 1991) that the role of the analyzing function should be seen through a wider lens than simply relegating it to verbal channels.

At a recent presentation, a Kleinian analyst told an audience that he had been mistaken in a given intervention with a patient. A discussant asked whether the analyst would discuss this mistake with the patient. The analyst answered that if one were to do this, it leads an analyst into an abyss or slippery slope, with the implication being that it is questionable whether the analyst will be able to climb back from this slippery slope. This seems to me to be a fundamental difference in perspective between this position and my understanding of self and object Freudians. Not admitting an error is in my mind either an unfortunate avoidance or more negatively it is an attempt (albeit unwittingly) to foster a certain type of idealization of the analyst. While it seems to me that certain types of personal disclosure that are becoming popular in today's analytic world are for the analyst's benefit (or indulgence), the disclosure of a mistake is one that if it is not made it is saying in effect that only the patient need be honest while the analyst has the privilege of a certain type of subtle dissembling or subterfuge. It puts a hole in the shared analytic experience and I would say it hampers the patients' ability to explore their inner world. To put this in

terms that I have been using, it hampers the patients' ability to develop analytic trust. Thus while disclosure should not be avoided, it should be included only if the analyst believes it will further the analytic process.

A reader might now ask whether there aren't more differences than similarities between Freudians. I would say that since I believe the structural position is derived from the classical position in the United States, I have many criticisms of the classical position. Nevertheless, I believe that for all contemporary Freudian positions, the patient's responses to interpretations are at the core of evaluating the success of the intervention. The patient must have access to at least some of the material that led to the analyst's intervention. Both patient and analyst should have a shared experiential base or else the patient would to some extent be accepting the intervention on the basis of the analyst's authority. This from my viewpoint is anti-analytic or at the very least a factor that would stifle a shared analytic process. I think that all Freudians share in this concept. More importantly, all Freudians see conflict stemming from unconscious fantasy and uncovering these fantasies is a central goal of an analysis. All Freudians would agree that "the recognition of an unconscious, of the ego's need for defenses against intense anxieties, the assumption of the past in the transference situation with the analyst, symbolism and so on are common assumptions" (O'Shaughnessy 1997, p. 34) that they and Kleinians share. It is my view that many intersubjective, relational and interpersonal analysts do not share these assumptions. Adams-Silvan and Silvan (Chapter 3) show how important unconscious motivation is to a contemporary Freudian. Lasky (Chapter 10) demonstrates clearly that transference highlights how unconscious fantasy gains expression. Transference is the main vehicle of the analysis, although there are large differences in how one manages (facilitates) the transference in the analytic situation. For self and object Freudians, Winnicott, Kohut, and Klein can be seen as part of contemporary Freudian thought. Structural Freudians are more strongly tied to the classical literature in the United States. It seems that all Freudians can join the ego psychological Freudians in utilizing the concepts of Hartmann (1939) and Anna Freud (1936).

The treatment enters into the termination phase when mutual trust has developed (Ellman 1997b). The analyst has learned to truly listen to the patient and at times achieves evenly suspended attention. The analyst is not disrupted by the patient and the analysand is free to allow ideas to come to mind, tolerate the anxiety these ideas provoke, observe these

themes, and share them with the analyst. For both analyst and analysand the other is not primarily seen as anxiety provoking, but rather can be an object to identify with, love, and occasionally destroy. Thus the analyst can comfortably be placed in transitional space and be brought back without the illusion of the analysis being lost. When both analyst and analysand can accomplish this, the analytic task is at an end. In a similar manner, if we can listen to each other's theories without becoming disrupted and tolerate the anxiety that a different theory brings with it, perhaps we can find more and more of the common ground that Wallerstein (1988) believes (or wishes) we all inhabit.

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