

Psychoanalytic Dialogues, 2:455-465 (1992)

Commentary on Trop and Stolorow's "Defense Analysis in Self Psychology"

Arnold D. Richards, M.D.

Trop and Stolorow's "Defense Analysis and Self Psychology: A Developmental View" allows us to discuss the relation of psychoanalytic theory to psychoanalytic technique and the way in which theories determine and organize the data available in the analytic situation. Although the authors, in their approach, claim to enter and limit themselves to the patient's perspective, what they in fact present is the patient's perspective from a theoretical point of view. My focus here will be on the way in which their theoretical commitments seem to skew the treatment and move both patient and analyst away from themes it might have been useful to explore. In so doing, I am not proposing that Trop and Stolorow's self-psychological/intersubjective frame of reference is wrong and that an alternative theoretical approach is to be preferred. My point is only that, in the data presented, the authors do not seem to have fully exploited psychoanalysis as an investigative tool providing access to the patient's mental organization and relational configurations in their multidimensional richness.

The patient came to treatment after an experience that robbed him of self-esteem. A woman he was seeing "remarked that his muscles were flabby and told him that he needed to shape up." For the therapist this report seems to provide a degree of closure, at least initially. The reported experience fits well with self-psychological formulations regarding the role of loss of self-esteem in precipitating difficulty for narcissistic personalities. It is also an example of trauma induced by an unempathic significant other, which again, for the self psychologist, can easily be viewed as a repetition of similarly unempathic treatment at the hands of parents. The patient certainly had an extreme reaction to what might have been experienced as a comment of less than earth-shattering significance: he developed suicidal thoughts and decided to leave the country. A therapist approaching this patient from another theoretical vantage point, say an ego-psychological, conflict-structural point of view, might inquire more into the patient's experience of this remark and his response to it. Other factors contributing to the traumatic nature of the situation might also have been explored. For instance, the patient's fantasies, wishes, and fears might have been shown to be of relevance. Was the comment upsetting because it fit in with or gratified a feminine or a masochistic wish? The material provided us under the rubric of history is typical for a self-psychological, pathogenic scenario. The mother is intrusive but distanced, cold, and physically unresponsive: clearly unempathic. The father, though unavailable, took pride in the patient's academic achievements, only to die when the patient was 20 years old. The authors assume that the patient's concept of himself as a defective man was experienced as part of a defective self rather than as part of a fantasy that may have gratified punitive, object-binding, or identificatory wishes.

The approach of the analyst early on is also consistent with self psychology. The analyst empathizes with the patient's painful feelings and experiences. Commenting on "how painful they were for him," he places the blame on the patient's unempathic and otherwise inadequate parents. "The analyst also noted that the patient's mother and father did not seem to have helped him in developing social confidence, but often undermined his hopes to be more outgoing by being preoccupied with what they needed him to be." The report, following these interventions, that "the patient gradually became somewhat more at ease at work and began socializing there

with both men and women” implies a causal relation between the analyst's treatment approach and what is presented as significant change. I do not believe we have enough information to agree on a causal sequence here, but of course it is not clear to what extent such inferences can be made with certainty in any analysis.

The next intervention recorded by the analyst is again empathic. In response to the patient's report that he had “with great trepidation” accepted a brunch invitation from a woman coworker, “the analyst commented that this exposed Alan to intense anxiety about being found undesirable.” The analyst also reports being “aware of his own enthusiasm about the patient's willingness to take the risk,” presumably a feeling in the analyst that may be negatively construed by the patient, although we are not told whether or how the feeling was conveyed to the patient.

The next exchange between patient and analyst involves a dream report, which, along with two later dreams, is the closest we come to “raw” process material. On the basis of both internal evidence and what we are given of the patient's history, the protocol seems veritably abristle with associations—perhaps that is why the analyst approaches it so gingerly. Even dream elements that might readily lend themselves to self-psychological interpretation are given short shrift; for instance, nothing is made of the marked fluidity and ambiguity of the persons and perspectives identified in the report. Elements of the material suggestive of oedipal conflict and primal scene experience are simply not explored. “Her husband had been hung” is a rather obvious double entendre (“hung” is a widespread slang expression meaning genitally well endowed, and “hanged” is in fact considered the more correct past tense when speaking of hanging by the neck until dead) that nicely encapsulates the oral and genital concerns of the patient. The possibility that the husband is still alive is likely an allusion to the historical fact that the patient's father suffered a heart attack when his son was eight and then, after 12 years of impending doom (another sort of hanging), died when he was 20. This theme is possibly picked up in another later dream, in which “a man dies, and then another man dies.”

All of this is offered speculatively, of course, and certainly not as an interpretation (even hypothetical) to be conveyed to the patient. But the point is that no attempt seems to have been made to listen for associations that might have confirmed either the authors' hypotheses or such alternative hypotheses. Analysts, whatever their theoretical persuasions, must be wary of offering “broad, genetically based constructions of chronic attitudes” insofar as such reconstructions may deafen the analyst to the patient's unconscious and strand both analyst and analysand at the manifest level, at times perhaps to the point of collusion.

In the first reported intervention after the dream is presented (it is unclear whether the patient has to this point associated without the analyst's prompting, and it is also unclear how summary the paraphrase of the associations is), the analyst asks, with no obvious referent, if the dream brings anything to mind about the analyst. In response, the patient jumps to the idea that he is angry over the analyst's enthusiasm about his accepting the woman's invitation. We are provided no information as to how this enthusiasm was perceived. This might have allowed an analyst of a different theoretical orientation (Schwaber and Greenberg come to mind—Schwaber with her emphasis on the listening process, Greenberg with his concern for the role of perceptual distortions in the development of the transference) to frame the question, “What was it about what I said or how I behaved that made you feel I was enthusiastic?” Instead, the analyst is content to assert that what was confirmed here was the patient's “underlying belief” that the analyst had an agenda of his own for him.

The description of the analysis of the patient's homosexual fantasies affords another opportunity to observe the self-psychological algorithm, in which formulations in terms of unconscious fantasy and conflict are eschewed in favor of formulations in which the integrity of the self is central. The analyst offers the patient a “functional” definition of his homosexual fantasies reminiscent of the functional definition of hypochondriasis presented by Stolorow (1977): the function of the homosexual fantasies is to restore the patient's sense of self. The authors note that after this the patient reported “relief” and said that the analyst really understood him. But the relief could as easily reveal the patient's gratitude for not having to explore his homosexual fantasies any further.

The material that follows is offered to demonstrate the cogency of the unfolding self-psychological scenario. The central dynamic is that the patient will be misunderstood, depreciated, and judged by the analyst, just as he was by his parents. He will disappoint the analyst as he disappointed his father. This constellation is a standard transference configuration that fits as easily with a conflict model, with its stress on the analysis of defense and resistance, as with a self-psychological, intersubjective, or relational one. Although the authors refer here to transference feelings as being clarified and interpreted, their use of the term “transference” is idiosyncratic. The transference they speak of is, in effect, the transference or repetition of an experience of trauma. The patient feels misunderstood, judged, put upon by the analyst, as he was by his parents. Perhaps the transference of trauma also involves a wish by the patient that the analyst be for him what his parents were not, that is, that the analyst provide a corrective emotional experience. The sequence that begins with the patient's visit to his mother's home and ends with a homosexual encounter is presented, it seems, to contrast the intrusive, unempathic mother with the empathic and understanding analyst, who is at first perceived and feared as being similarly unempathic and judgmental. When the patient is able to accept the difference between his mother, who is rejecting if he does not conform to her wishes, and the analyst, who tolerates his homosexual feelings, the patient is able to explore, according to the authors, “the meanings and functions of his homosexual experiences.”

But the analyst's understanding of the meaning of his patient's homosexual experience falls back on a theoretical system in which the concept of the self is central. Homosexual activity is understood only as part of an attempt by the patient to “repair his fragmenting sense of self and... to avert the feelings of worthlessness and nonbeing that has resulted from his interactions with his mother and to restore his vanishing sense of aliveness and intactness.” The patient accepts this explanation with, it would appear, very little resistance; he reports that he feels understood and accepted.

The marker of therapeutic efficacy and improvement here seems to be a good mesh between the analyst's theory and the patient's experience. Yet, some hold that acquiescence by the patient to the accuracy of a formulation does not alone establish its validity, that analysts should operate with a certain degree of suspicion in the face of too much readiness, a too facile willingness on the part of the patient to agree with a formulation. A certain amount of resistance—if not discomfort, signs of anxiety, and even acting out—suggests that a formulation may be closer to the mark than not. Another approach examines the sequence and content of the patient's associations pursuant to the analyst's formulation. Arlow has written of this extensively, particularly in “The Dynamics of Interpretation” (1987). The recall of relevant memories or dreams is sometimes considered evidence that the line of interpretation is on track. Also important is the degree to which the formulation explains experiences and fantasies heretofore

unaccounted for. Clearly Trop and Stolorow feel that the function and precipitants of what they seem to consider “undesirable” homosexual encounters relate to the patient's “loss of self-delineation.” The patient suffers from a deficit that they believe the analyst can compensate, a function the patient misses when the analyst is absent or when ruptures in the treatment convey to the patient that the analyst is insufficiently empathic.

The authors' discussion of the patient's response to his father's death reveals the direction in which the authors want to take the analysis. It may indeed be that the father's death “served as a metaphor for the patient's sense of never having had a father to protect him from his mother's intrusions and criticism,” but the death of a parent, given the inevitable ambivalences of childhood and adulthood, can set in motion other dysphoric affects, conflicts, and so on. I have no evidence, of course, that this was the case, but the analyst did not seem to be open to exploring other possibilities, committed as he was to his self-psychological script.

The treatment shifts away from the patient's perspective to the analyst's when the analyst says: “He now understood the patient's longing to have his father, and now the analyst, help him maintain his sense of himself and of his value in the face of his mother's criticisms.” I think the analyst sells his analytic powers short when he ties his formulations of homosexual behavior almost exclusively to their role in maintaining the patient's self-equilibrium and fails to explore the other aspects of mental functioning—gratification, anxiety relief, superego issues—that may be involved. Nevertheless, the authors maintain that the interpretation had a dramatic therapeutic effect: “The patient responded very favorably to his series of interpretations, and, in the eight years since then, he has not engaged in overt homosexual activity.” It is, of course, hard to quarrel with success.

At this point in the narrative the authors present their first example of what they refer to as a “defense interpretation.” The analyst tells the patient that he may have wanted to end the relationship with a woman he was seeing “because he had interpreted her wish to discuss their relationship as criticism, which felt very threatening.” This is, as far as I can determine, the first and only “defense interpretation” reported by the authors in their description of phase 2 of the treatment. But it is not clear how the authors are using the term and how it applies to this particular intervention. The analyst seems to indicate to the patient a motivation for his action (the wish to escape from the relationship) of which the patient remains unaware or would disavow. But the patient has himself indicated that he was ending the relationship because the woman was intrusive and critical. If his response to her criticism is conscious and acknowledged, the question then becomes, What is being disavowed? I am hard put to find an unconscious wish or sequestered meaning to be inferred from the authors' description. Perhaps they mean to suggest that the analyst's comment has, as its subtext, the implication that the patient has misinterpreted as criticism his girlfriend's wish to discuss their relationship. On this reading, the analyst is really saying that the woman was not being critical at all but simply wanted to make the relationship better. If this is the case, then the defense interpretation is, for these authors, defined as an intervention involving a lack of agreement with the patient's own formulation—what they have termed elsewhere a failure to understand the patient from the patient's perspective. This would go along with their emphasis on the so-called adversarial relationship and their citation of the Lachmann (1986) paper on that subject. It would appear, then, that a defense interpretation is an intervention that has an adversarial aspect.

What is very much absent in all this is a concept still useful in psychoanalysis—the therapeutic split. Schlesinger (1981) has defined it beautifully. The patient can be moved to accept that

within his mind there are certain disavowed contents, certain wishes, feelings, affects, and fantasies, that part of his mind would disavow. Another part recognizes their pathogenic impact and therefore is willing to ally itself with the analyst in order to elucidate those conflictual components. The centrality of conflict, as it is embodied in the therapeutic split, similarly cuts through a simple adversarial formulation of the therapeutic interaction. The authors describe a rather dramatic response of the patient to this so-called defense interpretation. The patient “immediately felt crestfallen and depressed and reported a fantasy of jumping out the window. He left the session visibly shaken.” At the next session he revealed that “the analyst's comments ... had made him feel as if his whole world had been turned upside down, and he felt completely alone.” The analyst “interprets” or “explains” to the patient that he felt the way he did because the analyst “had failed to help him continue to articulate his own feelings and trust their validity.”

What we have here is an inferential leap on the part of the analyst, an interpretation derived from his theoretical approach rather than from observation of the patient. It may be correct, but our confidence in it must be diminished given the analyst's failure to ask the patient himself to elaborate on what specifically he was upset with in the previous session, what the analyst said that had upset him, and why it did so. We would require the analyst to listen to the patient's elaboration of his experience of the analyst and the patient's understanding of the analyst's response before concluding that the analyst's agreement with the woman's perception is the disturbing issue.

The authors' comment that the analyst's intervention “severed the bond” between analyst and patient is again experience-distant. The notion of a severed bond takes as its referent the selfobject transference, or “self-delineating selfobject transference,” the authors' primary theoretical focus for organizing and understanding an eight-year treatment in all its complexity. It follows from their reliance on this construct that the locus of therapeutic action in the reported treatment is, in the initial phase (which, as we see, lasted longer than most complete analyses), the perceptual validation the patient did not receive in childhood. The patient's experience of such validation is presented as both necessary and sufficient to produce symptom relief, improvement in the patient's affective state, and significant behavioral change. The patient in this case was able, as a result of this kind of therapeutic encounter, to give up his homosexual behavior and fantasy, which were presumably ego dystonic, and to embark on a more satisfying life of heterosexuality. He experienced marked improvement in his self-esteem and a diminution in dysphoric symptoms.

Phase 2 of the analysis, characterized as the phase of the idealizing transference, covers apparently the past three years in a treatment that is ongoing. The authors do not report the arrangements of the treatment, frequency of sessions, or whether the couch is used. Possibly these authors do not consider such details crucial. In any event, the kinds of “data” we are provided from this case again seem to derive primarily from the authors' treatment model. The protocol itself is characterized by a paucity of fantasy material, of childhood recollection, and of dream associations to latent meanings. Although the authors on several occasions refer to unconscious processes, all of their descriptions of the analytic situation and their patient's experience are restricted to the level of overt behavior and manifest content. We are given little indication of the patient's conflicts and unconscious mental functioning.

We are encouraged at first by the report of the patient's wish that the analyst “help him face and understand” the “dangers of being involved with women.” But the analyst seems incapable of

shifting his technical stance to become more explorative and investigative. Instead he falls back on theory, asserting that his patient is “reviving with the analyst a developmental longing for an idealizable father whose strength, support, and encouragement would help him confront and overcome the extreme dangers of immersion with women.” What is lacking in this report is any insight, offered by either patient or analyst, into the nature, details, and determinants of the patient's experience of women as “dominating and dangerously controlling.”

The analyst perceives the danger to be loss of self-cohesion. No consideration is given to the possibility of the central role of other dangers, including object loss and bodily injury. These possibilities are simply not investigated. We can only accept or reject the analyst's idea that his “strengthening idealizing tie” enabled the patient “to stay in several relationships with women long enough to differentiate between finding fault with them in order to escape from danger and genuinely feeling that the fit between the woman and himself was not good enough.” In this part of the protocol no connections are made between the patient's experience of women as dominating and dangerously controlling and his similar experience of his mother in childhood.

We are presented two dreams, both understood on the manifest level as relational or self-state dreams. Again, as with the dream reported in phase 1, there are no attention to detail, no recounting of the patient's associations. With regard to the first of the two later dreams, it is reported that “the patient was able to use the dream imagery to reflect on the origins of his intense feeling of vulnerability and to reassure himself,” but we are given no specifics. Indeed, it is not clear that the analyst was given any specifics, as the patient analyzed his dream not in the session but upon awakening; whether the rather summary description here is the patient's or the analyst's is unclear. I infer that the analyst either was uninterested in eliciting specifics or, given them, found them of little interest. One possible meaning, the double death of the patient's father, has been suggested for “a man dies, and then another,” but the polysemous nature of dreams certainly permits these positions to be filled by patient, analyst, father, and perhaps unknown others in various combinations. That the patient would dream, while on a trip about which he was ambivalent, that a “man is taken across the country and progressively cannibalized” gives one pause; as his going on the trip was no doubt regarded, by both patient and analyst, as “making progress,” an element of unconscious irony is at least to be suspected. The booby-trapped labyrinth has already been remarked, but also telling is the fact that the dream is set in Iran, a Mideast country to which the patient's trip to the Far East presumably did not take him (travel there by Americans has been banned for years). Several messages conceivably can be encoded here: (1) the Far East was too great a leap, with the middle ground—his years between 8 and 20, the conceptual space between the manifest and the metapsychological—still to be explored; (2) that exploration is best done through a determined, detailed, sometimes threatening examination of the labyrinthine turnings of the psyche, rather than through being taken on a superficial city-hopping tour; (3) the patient was running (“I ran,” echoed in “Tehran”)—progressing too fast or fleeing; (4) such exploration takes one through dangerous and forbidden country; (5) safety is relative: Tehran airport is not exactly a haven. All this may sound a bit fanciful—as out of context it must—but such connections are the stuff of free associations. Trop and Stolorow do not provide an alternative interpretation of the dream elements that honors their specificity; indeed, their theory would seem to counterindicate it at the technical level. But without the subterranean commentary of the unconscious, what check have we on the overbold assertions of the conscious mind? Nor should we forget the fact that analysts are capable of missing a patient's conscious or half-conscious irony, especially when it is aimed at them.

With respect to the patient's dream, the analyst does not consider the possibility that these dreams might express conflict or have anything to do with aggression. Instead he characterizes the treatment situation at this time as an idealizing transference. The patient has only positive feelings for the analyst and is busily and successfully proceeding to improve his life. That is what Freud called, and Stein (1981) commented on, the unobjectionable positive transference. But positive relationships to analysts are never unambivalent. The idealizable, guiding, and protecting father is often also the envied object, as well as the focus of dependency fears and competitive wishes. Protecting fathers are also fathers who have difficulty allowing their children to make it on their own, or even to stumble and fail. It is difficult not to find this treatment's "happy ending" a bit suspect.

To summarize, we are presented here an analysis, now in its 11th year at least, in which considerable therapeutic success is described. The authors provide us a set of theoretical constructs that seem to have determined the technical approach to this patient, which presumably has resulted in that success. Their concepts come primarily from self psychology, which they present in opposition to the ego-psychological, conflict-structural model. Unfortunately, they do not define clearly enough the key experience-distant concepts, self-delineating selfobject transference and idealizing transference, that determined their treatment approach. I would also question the theoretical adequacy of the authors' stress on the centrality of the analyst's viewing the patient's experience from the patient's perspective, with pathogenic consequences attendant to any failure to do so. At least in the first stage of treatment, the authors define their role as helping the patient overcome doubts about the validity of his perceptions. An obvious question this raises is how change is to occur if the patient is never offered a different perspective. Is there, in this formulation, any place for "new knowledge"?

Finally, the authors, at least in the data presented here, did not evince any willingness to explore interpretive possibilities provided by other theoretical perspectives. Rather, their explanatory reliance on the concepts of self-delineating selfobject transference and idealizing transference throughout the treatment seems to bespeak the very kind of premature closure that Kohut often warned against. Perhaps the authors did explore other interpretive possibilities but chose not to include these data in this version of the case report. My own interpretive speculations in the foregoing commentary do not mean that the ego-psychological, conflict-structural model would necessarily have served this patient well. Certain ego-psychological formulations may well have led to an explanatory cul-de-sac, whereas other interpretive threads bearing on the patient's conflicts may have supplemented, without supplanting, the authors' primary self-psychological focus. My point is that the report as it stands does not provide the kind of analytic data that permit a judgment about the clinical appropriateness of alternative concepts and explanatory strategies.

Dr. Richards is Training and Supervising Analyst, New York Psychoanalytic Institute, and is Editor of The American Psychoanalyst, newsletter of the American Psychoanalytic Association.

© 1992 The Analytic Press

References

Arlow, J. (1987), The dynamics of interpretation. *Psychoanal Q.*, 56: 68-87.[à]

Greenberg, J. (1991), Countertransference and reality. *Psychoanal. Dial.*, 1: 52-73.[à]

Lachmann, F. (1986), Interpretation of psychic conflict and adversarial relationships. *Psychoanal. Psychol.*, 3: 341-355.[à]

Schlesinger, H. (1981), The process of empathic response. *Psychoanal. Inq.*, 1: 357-392.[à]

Schwaber, E. (1983), A particular perspective on psychoanalytic listening. *Psychoanal. St. Child*, 38: 519-546. New Haven, CT: Yale University Press.[à]

Stein, M. (1981), The unobjectionable part of the transference. *J. Amer. Psychoanal. Assn.*, 29: 869-892.[à]

Stolorow, R. (1977), Toward a functional definition of narcissism. *Int. J. Psycho-Anal.*, 56: 179-185.[à]