

New and Creative Development through Psychoanalysis

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There is something comforting about the word developmental when it is used in psychoanalysis. It promises to accomplish, as well as explain, change by using principles that apply to everyone as they grow older. These are the kinds of changes that seem to occur spontaneously, as well as through interaction with others, including an analyst.

A close look at the disparate ways development is used in psychoanalysis dispels this sense of certainty. There are many aspects of development, some measured and others inferred. Only a few of these concepts become prominent within any general analytic theory. Since a developmental event is likely to be understood through an observer's theoretical orientation and personal prejudices, clinical judgment about a patient's developmental status and needs becomes highly personalized. As individuals evolve from childhood, they acquire knowledge, prejudices, anxieties, and a style of being. Experience is processed in ever more complex ways, forcing development and creating conflict simultaneously. People are seldom free from such conflict (Greenberg, 1991; Mitchell, 1993): there is intrapsychic conflict, conflict among semi-autonomous states of mind (Frankel, 1995), and conflict between an individual's wishes and capabilities and the world's expectations. More complexity is added because of the influence of partners on each other, in psychoanalysis, of the intersubjectivity of the analytic couple. Also, the subject's needs and conflicts change constantly. Developmental pathology, arrested development, and developmentally acquired distortions in need and perception are similarly shaped by personal attributes and conflicts and through interaction with others. Any effort to effect change developmentally, including through psychoanalysis, has analogous personal and interpersonal determinants.

How, then, can principles of normal development help us understand the clinical requirements for recognizing and addressing our patients' developmental needs? Since developmental precepts support the notion that people change in somewhat predictable ways, largely through interaction with others, they may provide a road map for partially or wholly redoing unfinished or distorted childhood or adolescent development. Yet, with the number of developmental principles from which to select, and the absence of adequate guidelines for making effective choices (in addition to the conflicts and subjectivity afflicting each member of the analytic dyad), attempting to arrive at certainty is, at best, perilous. In this paper I explore, and perhaps, in part, resolve, the problem of how developmental ideas can and should be used in psychoanalysis. Through this effort, I intend to make a statement about the place and value of developmental thinking in psychoanalysis, especially as it applies to the categories of developmental change I call new and creative development. But, first, how is the term developmental used in psychoanalysis?

Expectable Development

My emphasis in this paper is on the ambiguity in the use of the word development in analytic theory and practice. In taking this stance, however, I do not mean to overlook the general

consensus that exists about progression in development, especially in reference to normal, expectable development. Still, there is a striking lack of agreement among analysts about whether or how developmental considerations should be incorporated into psychoanalysis and analytic therapy.

Briefly, during the first eighteen months of a child's life egocentricity prevails with the child hardly differentiating his or her experience from that of others. There is little doubt that within the first three months of life the child begins to recognize that other people, most particularly parents, frequently march to a different drummer than themselves. Also, starting at least in their first three months, infants learn how to attract the attention of others who can provide comfort and safety. They even begin to attach differentially. However, the child's egocentricity and requirement that adults be there instantaneously when he feels frightened or is needy wanes only slowly. Physical independence goes hand in hand with the child developing reliable internal representations of parents that can be invoked when he or she is distressed (Frankel, 1995). These growing inner resources are referred to by many names including object constancy (Settlage, 1992), psychic structure, secure and differentiated attachments; each conceived of as evolving steadily through age 5 or 6, and then more definitively through adolescence, as the child becomes competent negotiating with the world and more capable of empathy (Frankel, 1994).

The subject of normal, expectable development fills volumes. Here I simply want to underscore how the child's competence to manage his or her own life and to negotiate with others evolves inexorably, biologically and psychologically. The further development of these inner resources, as well as correction through psychoanalysis of distortions and deficits in relatedness to others dating from early in life, are the categories of developmental change I focus on in this paper. Yet, while many of these changes, physically and psychologically can be anticipated throughout life and to some extent in psychoanalysis, much of what happens developmentally to an individual is idiosyncratic: based on personal strengths, and the quality and character of his or her environment. Intelligence, facility with emotions, and temperament all count. Finally, the developmental impact of analysis, will in part be a function of whether and how seriously the analyst regards ongoing and corrective development as an objective of analysis.

What developmental means in psychoanalysis

"Developmental" is used in the psychoanalytic literature to refer to psychological and maturational phenomena. All general psychoanalytic theories are composed of sub-theories (Greenberg and Mitchell, 1983), among them subtheories of development, including (1) assumptions about sources and types of psychological motivation, (2) a point of view about the maturation and development of the mind over time, and (3) ideas about the major influences upon development. Developmental principles selected and emphasized within each subtheory vary from theory to theory, as does the way these concepts are applied clinically.

The term developmental, as used in psychoanalysis, may refer to: (a) the predetermined unfolding of an internal plan, as in the classical stages of drive development (Abrams, 1990), for example, or in the evolution of the child's need for good enough mothering (Winnicott, 1960); (b) the pattern of mutual regulation that becomes established between mother and child (Schore 1992, 1994 and 1997; Greenspan, 1997), or (c) in the emergence, differentiation, and then integration of units of object relations (Kernberg, 1988). (d) As applied to physiological and cognitive maturation, developmental can stand for the evolution of abilities like sexual competency, and the capacity to symbolize, or being able to regulate and channel affects, as well as the movement from a non-verbal to a predominantly lexical intelligence, correlated with the

shift from right hemisphere development to left, then finally to shared hemispheric communication (Schoore 1994 and 1996). (e) The emergence of internal organization attributed to metapsychological constructs, such as ego, self and object representations (Jacobson, 1980), the self (Kernberg, 1988; Mitchell, 1991), and internalized social paradigms (Sullivan (1972), Levenson (1993), are considered developmental in that they are conceived of as psychic structures, arising from both psychological and maturational development (Tyson, 1988).

In terms of evolving relationships, developmental has two facets: intrapsychic and interpersonal, both with past and present components. Different combinations are emphasized within each psychoanalytic theory. Object relations theories tend to focus on the intrapsychic, that is, self and object representations or "units," while interpersonal theories emphasize the evolving complexity of actual relationships and relationship patterns (Summers, 1994). Development also finds its way into psychoanalytic technique through attempts to reconstruct the past using data from the present, i.e. Rapaport and Gill's (1959) genetic point of view (Pine, 1985, p. 7-9). This way of attempting to use developmental information typifies theories with a strong intrapsychic focus, e.g. Freudian and Kleinian. Such a reconstruction of the past is deemphasized or discouraged within some relational and many interpersonal systems (Levenson, 1993). Within different traditions, Freudian and Kleinian as opposed to self-psychology and interpersonal, for instance, more or less attention is paid to the lack of direct correspondence between events in childhood and adulthood, that is, "the genetic fallacy" (Hartmann, 1955, p. 221).

Development associated with metapsychological constructs, like ego and self, as well as with evolving relationships, involves the effect of encounters with the outside world on a person's inner landscape. These largely reality-derived aspects of development generally occur within relationships. Development of this sort may be conceived of as resulting in relatively fixed inner contents and structures (as exemplified in Sandler and Rosenblatt's "representational world" (1962)), or as an ongoing dialectical balance between the subject and the figures he or she encounters internally, as introjects, and in the outside world (Ogden, 1995).

Clearly, when two authors use the word developmental they may be referring to entirely different phenomena. Yet, some agreement may be possible about the most general definition of the term "developmental." Overall, it is used in the psychoanalytic literature to refer to aspects of the operation of the mind that evolve differentially over time (whether continuously or discontinuously), become more complex, consolidate to be more reliable, and result in improved skills for managing life, individually and socially (Cicchetti and Schneider-Rosen, 1986; Tyson and Tyson, 1990). The greatest developmental advances occur both psychologically and maturationally during childhood and adolescence. This achievement results from interaction with numerous maturational, environmental, and relational influences, as development proceeds along many pathways, unique, yet overlapping.

In 1974, the Commission on Child Psychoanalysis of the American Psychoanalytic Association, chaired by Calvin Settlage, issued a statement in support of what they called a "developmental orientation and approach" to psychoanalysis. This is the first time I am aware of this concept officially appearing in the psychoanalytic literature. The phrase "developmental point of view" came into use soon thereafter and is synonymous with the orientation advocated by the Commission. Its exact origin is obscure. The intention must have been to make those aspects of psychoanalytic theory based on developmental principles equivalent to other "points of view" (articulated by Rapaport and Gill, 1959), which make up psychoanalytic metapsychology, i.e. the economic, dynamic, structural (originally topographic), genetic, and adaptive viewpoints.

Yet, in summary, it stands to reason that there is no single set of developmental ideas uniquely fitted to psychoanalysis. There are many developmentals that, as we will see, often conflict with the subject's other strivings, inner objects, character, and current life requirements. Given this complexity, how exactly do we understand and foster developmental change as it occurs in psychoanalysis?

Developmental change through psychoanalysis

Various types of developmental change are conceived of as resulting from psychoanalysis:

(1) "Mixed models" of psychoanalytic action (Greenberg and Mitchell, 1993, p. 393-397), theories of Kernberg (1984) and early Kohut (1971), for example, view developmental change as associated with preoedipal issues like trust and object constancy (Settlage, 1992). This activity is usually considered a separate, and less clearly analytic activity than integration resulting from the resolution of conflict at a more advanced, oedipal level (Abrams, 1990). Theorists, like Abrams, generally connect interpretative work in psychoanalysis with oedipal phase psychology. Mitchell (1988) calls this dichotomization between the pre-oedipal and oedipal the "developmental tilt" (p. 136-143). Interactive techniques are considered legitimate for addressing preoedipal needs and pathology, but not for deep internal conflict.

Mixed models contrast with relational theories (Mitchell and Greenberg, 1983; Mitchell, 1993; Summers, 1994) in that the relational readily accommodates formulations involving combined resolution of conflict and developmental change (Strenger, 1991; Ghent, 1993; Sugarman, 1995). Most relational models are organized around concepts involving self and other. There is a more direct connection hypothesized between inner, psychological events and the outside world than in non-relational, intrapsychically focused theories. Using these relational theories, it is possible to formulate change as resulting from experience in relationships, as well as the resolution of conflict. Most theories associated with upcoming categories (3) and (4) have this characteristic.

(2) Development arrested in childhood may be reengaged and furthered in psychoanalysis (Emde, 1988; Stolorow, Brandchaft and Atwood, 1988; Zeanah et al., 1989). Some of the change may result from delayed maturation reinstigated by analytic experience (Loewald, 1960 and 1970). Exactly which aspects of development are seen as arrested depends, in part, on one's theoretical orientation. For example, progress can be viewed as reflecting forward movement in the kind of need satisfaction a patient seeks, in his or her arrested ego development, self development, and/or capacity for reciprocal relationships.

(3) Developmental experiences from childhood may be repeated and revised in analysis (Modell, 1990). These developmental configurations are pieced together collaboratively after memories are recovered and transference reenactments are understood. However, often patient and analyst relive early experience never committed to words (Bollas, 1987; Kiersky and Beebe, 1994). Here, developmental change through psychoanalysis may occur mainly through the patient interfacing with the empathic (Stolorow, Brandchaft, and Atwood, 1987) yet more consolidated personality of the analyst (Loewald, 1960). A relationship furthering development and a corrective interpersonal experience are the main vehicles for change (Renik, 1991 and 1995). Ideally, the early issues being addressed can eventually be conceptualized by the analytic partners as part of the analytic process.

(4) Analysis may bring development beyond the last level achieved (Gerson, 1996; Spezzano, 1996). This new development is largely along expectable pathways, such as the "developmental

lines" traced by Anna Freud (1965, p. 62-91) and the general progression of development I wrote about earlier. Although the experience of the analytic dyad is intersubjective, the impact of this type of intervention is mainly unidirectional with the analyst providing much of what he or she believes the patient needs. Still, missing or failed aspects of childhood development are never exactly recovered. The analytic subject is an adult with different capabilities and conflicts than she had in childhood. Also, this new development takes place in a relationship with a person who can never exactly replace the parent of childhood (Frankel, 1994).

(5) Finally, development may be creative. Analyst and analysand affect each other in unanticipated ways, producing radically new directions for change. The involved analytic process is both asymmetrical and bidirectional (Bollas, 1987; Frankel, 1995; Cooper and Levit, 1998; Rappaport, 1998; Strenger, 1998). Most typically, the patient pushes the analyst to consider a claim about the patient's experience that the analyst finds untenable. Only after the analyst struggles to understand, and accepts the analysand's perception, can the analysand begin to trust and accept the analyst's influence. The analyst's ultimate, authentic bending to the analysand precedes the analysand's trust and participation in the change process.

Either patient or analyst can initiate this cycle. The analytic work is maintained dialectically, with each partner reciprocally revising the other's assumptions. Patient and analyst usually alternate leading during this process (Natterson, 1991 and 1997; Frankel, 1997). More subtly, affective attunement and mutual regulation (Schore, 1994 and 1996; Greenspan, 1997) support this analytic exchange in ways that, at times, may be analogous to their roles in the mother-child interaction (Shane, Shane, and Gales, 1997).

Creative development is one outcome of analytic experience in which previously not yet imagined aspects of the self are discovered and claimed. Christopher Bollas (1987 and 1991) names these discovered self dimensions the "unthought known" (p. 277-283). Donnel Stern (1997) describes an analogous experience in his writing about "unformulated experience" (p. 33-50) and Thomas Ogden (1994) locates these self aspects in interaction with the other in a subjective entity created outside patient and analyst, "the analytic third" (p. 61-95). Through these experiences, hidden features of oneself become available for discovery and exploration. Complementing self discovery is the experience of the analyst as a new object (even if that view is partially composed of projected self aspects), a person radically different, perhaps more comprehending or imaginative, from anyone encountered earlier. In the end, a new synthesis based on a riveting conjunction between two sensibilities, is created. This entity conforms neither to the analyst's nor the analysand's familiar sense of self or self with other. Analyst and patient are changed permanently; core shifts occur, cogs in wheels turn differently.

Development achieved creatively clearly does not replicate previous developmental experiences; yet, it facilitates repair of early developmental failures and provides the opportunity for new growth. There are no set developmental pathways in this category. Instead, the two-person, dialectical analytic process determines what developmental requirements will be recognized and how these will be met.

Theories that view psychoanalysis as providing a corrective parent-child like relationship correspond with categories (2) and (3), arrested and reiterated development. Examples are Loewald's (1960) gradient model, and theories based on a therapeutic alliance concept (Meissner, 1990). Self psychology, at first, had a similar unidirectional view of how development occurs through psychoanalysis (Summers, 1994). The idea (category 4) that new parent-child like development occurs within the analytic setting is found in theories that understand development

as a life long affair (e.g., Settlege, 1988). Loewald's (1960) gradient model applies here, as well. The notion (category 5) that development in adulthood can be a creative interpersonal process is consistent with the bidirectionality of the intersubjective, constructivist, and interpersonal viewpoints (Emde, 1988; Hoffman, 1991; Natterson, 1991; Levenson, 1993; Frankel, 1995; Frank, 1997; Donnel Stern, 1997).

It seems, then, that developmental change, the undoing of developmental arrests and the repair of developmental distortions, as well as the instigation of new development, may occur through a variety of mechanisms not necessarily emphasizing interpretation and insight. It is noteworthy that interaction in psychoanalysis is also considered by some as capable of correcting non-developmentally based pathology (Renik, 1991), including defense configurations based on intrapsychic conflict. At the far end of the spectrum, psychoanalytic change is believed to result almost entirely from interpersonal events (e.g., Bollas, 1987 and 1991, Levenson, 1993). In contrast with these views, more traditional analysts maintain that analytic change always requires interpretation and insight into unconscious processes and is hardly facilitated by interpersonal influence (Abrams, 1990; Spillius, 1992).

Whatever the mechanisms, all constructive analytic interventions have at least one common developmental outcome. Whatever else they do, the analytic pair working together always regulate and influence each other, producing the "new," and sometimes "creative" development noted in categories (4) and (5). The analyst acts upon the analysand to reinstate or rework arrested or distorted development. This activity, however, is embedded in an interactive process where change is created bilaterally. Analyst and analysand are reciprocally influenced by one another to change and progress.

Mechanisms of developmental change: There are a number of mechanisms that have been proposed to explain developmental change through psychoanalysis. One is the transitional experience where the analyst begins by sharing the analysand's reality and both he or she and the analysand evolve toward separateness (Winnicott, 1965; Modell, 1990; Meissner, 1991); affective attunement (Emde, 1988; Zeanah et al., 1989) along with the mutative role of empathy (Stolorow, Brandchaft, and Atwood, 1987) is another. Safety and trust (Settlege, 1992), and the notion of an affirming and regulating environment in facilitating change (Frankel, 1995; Schore, 1996; Shane, Shane, and Gales, 1997), provides an alternative mechanism; while the alternating matching of the analysand's internal picture of the analyst with his or her actual experience of the analyst (Strachey, 1934; Schafer, 1983) is yet another. Some authors, who write about how development occurs within psychoanalysis, describe a framework of trust as a prerequisite for engagement and change (see, for example, Meissner's [1991 and 1996] description of the therapeutic alliance); others see the relationship itself as mutative.

Having looked at the meaning of developmental and developmental change in psychoanalysis, we can turn our attention to (1) ways developmental findings and principles are incorporated into psychoanalytic theories, (2) how a general theory influences the selection, interpretation, and use of developmental ideas, (3) what psychological and environmental factors interact with a person's developmental requirements, complicating the therapeutic intervention required, (4) finally, addressing the question: when developmental principles are added or emphasized, does that assure psychoanalytic theory and practice will be more accurate clinically.

How are developmental principles incorporated into psychoanalytic theories?

Depending on the general psychoanalytic theory in which they appear, developmental principles

are given more or less emphasis. When stressed, they add a developmental bias to formulations based on that theory (see, Settlege, 1974, and Tyson and Tyson, 1990). Alternatively, the general theory itself may emphasize principles of development. Shane, Shane, and Gales (1997), for example, have created a "developmental nonlinear systems self-psychology [analytic] model" (p. 28) of the mind. Their model is organized around the development of the "self, trauma, and positive new experiences" (p. 3). They "conceptualize development as progression toward . . . consolidation of self and self with other" (p. 3). The identity of the developmental principles selected to create and amend a theory, the way they are derived and integrated into that general theory, and their implication for interpretation of clinical observations and technique, varies considerably among developmentally focused theories. Some of these theories are almost entirely based on research findings, for example, theories from child developmentalists like Robert Emde (1988 and 1991) and Daniel Stern (1985). Others have developed theories predicated mainly on developmental principles that have not been supported by developmental research. Self psychology theory fits this category; so does the traditional Freudian theory of psychosexual development, the "data" for which was obtained retrospectively from adult analyses. Developmentally focused theories have also been created using mainly clinical observations. This clinical data, however, is likely to be understood according to the principles of the general theory within which it is incorporated. Anna Freud's (1965) formulations about development are an example, and are outlined in her developmental profile. In this profile, she integrates ideas about ego and superego development, as well as data about physical maturation and cognitive development, with the drive based concepts of traditional psychoanalytic theory.

Recognition given to developmental principles also varies within non-Freudian psychoanalytic systems. Summers (1994, p. 337), states, ". . . object relations theories tend to emphasize the role of early relationships in the formation of stable internalized perceptions of self and other whereas the interpersonal theorists either disregard development (Levenson [1987], Gill [1983], and Hoffman [1991]) or view it as a series of [continuous or discontinuous] relationships" (Sullivan [1953], Mitchell [1988], Greenberg [1991]).

As research becomes available there has been only a minimal effort by a handful of thinkers to modify general theories to accommodate the findings. This observation is especially curious since a good deal of research has been done on child development by both psychoanalytically and non-psychoanalytically oriented investigators, and the quality of these studies is often quite good (see, for example, Zeanah et al., 1989; Beebe and Lachmann, 1992b).

Developmental thinking based on child observation tends to be especially discounted by those who adhere to theories with an intrapsychic focus. Such thinkers may find the research interesting, but non-analytical. These intrapsychically-based psychoanalytic theories picture the inner mind as relatively unaffected by the outside world (see discussion in Spezzano, 1996). The traditional psychoanalytic theory and some object relations theories, such as Kernberg's (1984), are examples. The developmental subtheory of the traditional Freudian model is predicated on the notion of an internally programmed hierarchy of drives associated with psychosexual stages. Inner activity occurs mainly within and between intrapsychic systems (id, ego, and superego). External experiences during development are powerfully affected by internal factors, most particularly drives. Yet, the same external experiences are considered to have only limited influence on the character of these drives and on intrapsychic events. In contrast, these encounters with the outside world are implicated in the development of adaptive mechanisms and psychic structure.

Peter Wolff (1996), an analyst whose studies of infant development have been widely published, holds that infant observation is "irrelevant" to psychoanalysis. He, and others who think like him (e.g. Abrams, 1990; Balachant and Richards, 1993), consider themselves developmentalists. Their view, however, is that the only developmental principles relevant to psychoanalysis are contained within the biologically formulated psychosexual stage theory. Structural concepts are connected by them with adaptation and defense. Altogether, little that happens outside of the subject changes the fundamental nature of his or her inner world.

How does a general theory influence the selection and use of developmental ideas?

As would be expected, the character of a general theory always influences the selection, interpretation, and technical application of developmental ideas. In my book *Intricate Engagements: the Collaborative Basis of Therapeutic Change*, I review how different theories treat the notion that development is foreclosed after "critical periods" or after childhood altogether. For example, self psychology, postulating the ongoing development of the self as it interacts with another person (a selfobject), requires a developmental subtheory where development can be continuous. In contrast, W. R. D. Fairbairn (1954) pictures the internalization of devalued aspects of self and other as a response to early experiences of disappointment with mother. He elaborates a complex set of mechanisms for the way the child reconciles distress with his or her need to sustain the relationship with the mother. In Fairbairn's system, (1952). "libidinal and anti-libidinal" ego, or "self" systems (p. 158), for instance, are separated through splitting and internalizing the aspects associated with problematic attachments, thereby preserving the integrity of parts of the child's "central" ego, or "pristine self" (p. 158-168). Once these internal events occur, schizoid defenses preclude a spontaneous renewal of development.

A general theory also determines whether developmental experiences in adulthood and psychoanalysis are seen to cause fundamental change. In the conflict versus deficit debate (Ornstein, 1991; Ghent, 1993; Silverman, 1995), intrapsychically focused, interpretative perspectives are pitted against developmental thinking. Developmental events are treated by those on the conflict side as if they are peripheral to, though influenced by, intrapsychic conflict. Conflict, depending on one's theory, can involve relationships (internal and current), or drives and affects. Developmental change based on interaction is regarded by this group of analysts as relatively superficial. The developmental subtheories of these general theories emphasize hard-to-effect internal factors, like drives or internalized representations of self and other. On the other hand, deficit theories, holding that the analyst makes up for relationship needs and structural weakness (defects in the ego or sense of self, for example) originating early in life, see deep change potentially resulting from interaction in the dyad (Levenson, 1993; Bromberg, 1995). These general theories picture the child evolving primarily through interaction with others.

Jay Greenberg (1991) makes a slightly different point when he describes the way a clinician's general theory shapes his use of its developmental principles. He cites Fairbairn's depiction of the oedipus complex as involving split objects as an example of "what happens when an analyst is seduced by his theory" (p. 88). He argues that this view of the oedipus complex fits Fairbairn's ideas about the early splitting of ambivalently regarded objects. According to Greenberg, because of the influence of this developmental perspective, Fairbairn was "unable to notice that the child has changed during the first three or four years of life . . . and approaches the parent . . . in a very different way than he did as an infant" (p. 88).

Finally, the implications of a developmental idea for technique is construed according to an observer's psychoanalytic viewpoint (Spence, 1982). A Kleinian might understand Mahler's rapprochement behavior as reflecting a two-year-old child's attempt to make reparations for primitive destructive wishes toward his or her parent. The analyst's primary tool would be interpretation of "deep" psychological events. A self psychologist might see rapprochement behavior as the child's seeking connection with the selfobject mother to repair small disruptions in his or her evolving sense of self. The analyst would consider empathy her main therapeutic tool.

For the analytic couple, impinging, complicating factors, such as intersubjectivity and conflict, need to be acknowledged, in addition to the confusing array of developmental possibilities as these are incorporated into different theoretical systems. The rest of this paper is devoted to that subject and its consequences for analytic change.

What psychological and environmental factors interact with a patient's developmental requirements, complicating the therapeutic intervention required?

To answer this question, we move from a theoretical to a clinical focus. My experience is best summarized by the results of an informal project in which 40, three months long, segments from several psychoanalyses were reviewed by myself and another analyst. Our goal was to see how central developmental explanations are to understanding the clinical segments, and how developmental experiences affect clinical events that are not primarily developmental.

Our findings, while anecdotal, are clear: psychoanalysis engaged unfinished or distorted development in all our subjects. Also, new and creative development always accompanied the analytic result. Still, we needed a multi-modal approach to comprehend each patient and the therapeutic intervention required. Every situation required a mixed formulation, involving developmental-relational concepts, mutual influence (intersubjectivity), and conflict. The type of conflict observed ranged from intrapsychic to conflict between the subject and his or her environment. Altogether, then, no final psychological formulation of any clinical segment pictured the adult as precisely reiterating or revising childhood development.

The following case example is one of the forty. It was chosen because of the ease with which Joan's self-coherence disappeared when intimacy threatened, while she remained a remarkably perceptive collaborator in the analysis. Joan's case seems particularly appropriate for illustration, since there has been a tendency to reserve developmentally based explanations and interventions for more severe pathology (Mitchell's "developmental tilt," 1988, p. 136-143).

Joan:

Joan is 55 years of age and has three siblings, all with marital failures. Her father was chief operating officer for a multi-national corporation. He was brutally controlling and humiliating with his wife and children. Joan's mother was covetous of her daughters, fostering envy and competition among them. Joan was widowed 26 years ago. There were three children by that marriage, one very troubled. She remarried and was divorced two years ago from a marriage of 22 years. She and her second husband had one daughter, Shari, age 21, with whom she has always been very close. The relationship with her husband was stormy during the early years and politely distant afterwards. She initiated the divorce because of her physiologist husband's alleged "emotional deadness." She tried to get him into psychotherapy, but failed.

Psychoanalysis: Treatment has consisted of three sessions weekly for four years. Joan has made much apparent progress toward being less compliant: she is not as worried she will be punished for having opinions and desires, and she is determined to set her own course in life.

She is engaged to be married to Ben. He is decent, wealthy, and exquisitely sensitive about rejection and abandonment. He has been in psychoanalysis for a year and a half to deal with these issues, most especially so they do not contaminate the relationship with Joan.

Still, the course of their relationship has been unbelievably stormy. Joan is convinced that Ben can hurt and betray her. She searches for deceitfulness, accuses him of having a blemished past where he cheated on his wife and drank too much (probably partially true). One identified conflict is that since she believes she will abandon Shari if she marries Ben, she challenges and disrupts the relationship with Ben, again and again, to assuage her sense of guilt toward her daughter.

The previous few weeks have been spent moving in spurts toward marriage. There has been much sturm and drang about Joan's making sure she can be free to pursue a separate life, maintaining her past friendships and interests when married. Never before has Joan been capable of feeling self motivated, free to act on her own. Ben seems to catch on; they have a few good weeks, bringing her "closer to making a commitment."

I got an emergency call on the afternoon of February 13. She (who is as honest as anyone I have ever met) was apprehended for stealing a cheap watch at a convenience store. She said she did this, but does not know why. When she was caught, she was frightened and said nothing in her own behalf. That night she had a dream that her daughter Shari had been beaten.

When I spoke to her during the next two days, she was tormented, convinced she would be found guilty, always after bearing the shame of her crime. Although I wanted to explore her response with her, I mainly found myself responding to her distress, advising her. I counseled her to protect herself and pursue legal remedies. I said she was not fundamentally a criminal, that this event seemed an aberration to me. I knew it worried her terribly, but we should do everything to reduce its significance in her mind as she fought the charges. I spoke with her lawyer. With her help, I also interpreted the stealing as a confession that she was "sordid," since, most particularly, she may have felt like a criminal for planning to marry Ben and leave Shari out. She added the interpretation that she had knocked herself down to Ben's size. Now, she had to be rehabilitated because of her own "sordidness."

Both Ben and I did a good job helping Joan, and she was generally relieved. Still, she repeatedly lapsed into equating her coming court date with being on trial for a major crime. The shoplifting could be on police records "for life." It did not matter to her that her "crime" was only a misdemeanor.

Joan's anxiety could hardly be contained. She grasped desperately onto Ben and me, but was rarely reassured. Her frame of mind toward Ben then started to sink. She again began to concentrate on his alleged faults: "He loses his temper easily, drives like a vicious maniac." In contrast with her aggravation with Ben, she was thoroughly grateful to me for my help and for my communicating with her lawyer. She regarded the lawyer, a decent, crotchety guy in his early sixties, who she had just met, as the ideal helpmate. Also, her friend Pamela was uplifting and introduced a "healthy" note.

At first, I asked Joan to consider her statements about Ben as a reflection of her own need to get rid of the intolerable sense that she was a criminal. Within days, her situation became too "real" to interpret. She even forgot that she had a "monumental" dream the week previous in which she realized how important Ben was to her. In the dream Ben left her, and she experienced a "terrible sense of longing and loss."

She also learned that a cousin and a friend, both women, had died of cancer. She then had a dream that she had a pillow over her head and couldn't get air. She again picked on Ben. He started to get angry. To add fuel to the fire, she continued to push Ben to draw up a will and negotiate a pre-nuptial agreement where he would make financial promises in advance. He balked.

Finally, there was a wonderfully lucid session where she could talk about suicidal feelings she'd had during the week. These were aborted when she realized that to escape her desolate loneliness she needed to be able to love someone, this time Shari and me. With this realization "human connections" were "restored," but she still felt Ben wasn't coming through.

On March 8, she told me that a long-running symptom of losing her rings and appointment book had ceased for over a week, but she had lost all her watches instead! She met with Ben and his analyst. Neither were empathic enough. She especially objected to the analyst's analytic flatness. Whether she was right or wrong, she stated, she needed them to understand her fear of going to court.

She claimed the opposite was true with me. I worried about her suffering, and worked to help her feel understood. I realized she was, in part, creating this role for me. Nonetheless, I accepted it, alert for the possibility of her splitting Ben and me. Pamela helped, as well.

Joan talked about Mahler's torment after listening to his fifth symphony. Like her, he had been abused. His music showed how impossible it was for him to contain the disparate parts of his personality. He tried to survive by aspiring to light musical humor, but failed. Joan lamented, "When you have suffered that kind of degradation as a human being, you cannot hold onto an affirmative sense of yourself - - can't balance the pieces of your experience." There was a peculiar contrast between her clear thinking in this hour, and her uncompromising degradation of Ben. She claimed her anger at Ben was realistic, because Ben and his analyst should comprehend her turmoil, even if she was being unreasonable.

At this point, I understood Joan's regression as follows. As she approached marriage, she became frightened about hurting Shari and of Ben's control over her. Confidence that people would be there to help slipped away. Her sense of self and others became suffused with danger. She felt overwhelmed and could not contain her anxiety and rage. She resorted to splitting, thereby relieving herself of her unbearable sense of degradation. Fragmentation of her inner experience was probably occurring. She desperately groped for a rescuer, a caring person like the one she fantasized about as a child when she felt abused by her mother and father.

Interventions: Joan liked my words and repeated them to herself over and over again. There was no evidence, however, that she took in what I said. She was simply comforted by their coming from me. Soon, though, our tranquility started to erode. Signs of deterioration were hard to read at first. The court hearing was over, and she was acquitted. She told me repeatedly about her gratitude. Yet, her anger at Ben escalated, and she became peevish with me, too. Had Ben fooled me as he did everyone else, she wondered?

From a whimper, her criticism grew into a scream. Why did I not see Ben's malevolence: the way he could always spoil a happy moment, his unceasing irritability when with her? Pure projection, I thought, until one moment during an analytic hour when I found myself experimenting with the idea of believing her. What if it were true, that Ben's agenda is to torment the person he is closest to, while covering his tracks with others? What if there were a kind of brilliance in Joan's ability to read Ben?

There is not enough space here for me to describe the following months of analysis in detail. Shockingly, Ben turned out to be every bit as destructive as Joan said he was, but only toward Joan. My experiment at believing turned into a conviction. After confirming Joan's accurate impressions of Ben, I could help Joan examine how her expectations of betrayal also contaminated their developing relationship.

My supportive response to the shoplifting crisis worked. I took charge, bolstering Joan's flagging sense of self and fragmenting ego. Then, as my stance proved inadequate, she emphatically wrested control to show me the kind of reality verification she needed, insisting that while I claimed to believe her about Ben, I really did not. Her developmental challenge was shaped by her insistence on my seeing Ben's malevolence and my obtuseness and resistance to accepting her view of Ben. I struggled to understand and change: feeling first dishonest, then disoriented.

Both interactions had developmental value. The first, my empathic response to her shoplifting crisis filled in for defective and unfinished development producing new development. The second, her insisting I see Ben as she did, forced a profound change in my perception of him. Having such an impact on another person was ground breaking for her. In the past, she was either not heard or punished for her critical thinking. Joan instigated this creative developmental experience, but it was the moments of profound emotional conjunction, in which we were inside the comprehension of one another simultaneously, that made this extraordinary shift of perspective possible for both of us.

Overall, by stealing the watch, I believe Joan was mounting an ultimate test before marrying to see if Ben could care under stress. In part, she wanted to know if he could stand the "real" her. I believe Ben was failing the test. He was reacting as if she were simply being critical and vindictive. Through her smokescreen of accusations, he lost sight of her fervent desire to marry him and confirmed her worst fears about herself and him in their coming union. At her insistence, it became my job to bear witness to Ben's failure and defection.

Getting me to understand her pain and rage about Ben's harshness had deeper significance, as well. That experience could potentially correct for the devastating isolation she felt when her parents' brutality and alleged envy toward her as a child were never acknowledged. The qualifications for my job were not predetermined, however. I would have to be a new kind of person; one who could listen, feel, and change in response to her distress. In ways this experience would be analogous Winnicott's child (1963 and 1968) who, in developing a self, needs to believe he has found and created the object, and then can use the object.

In working with Joan, I, at first, provided a holding environment similar to the one Winnicott describes (Winnicott, 1965; Slochower, 1996). I was helpful, but not intrusive. I tried not to deprive her of the opportunity for discovering her own solutions (Winnicott, 1963). At the same time, I offered her a reliable, empathic connection with another human being, like that described by self-psychologists (Stolorow, Brandchaft and Atwood, 1987) and developmental theorists who incorporate attachment research and theory into their thinking (Mahler, 1971; Emde, 1988;

Zeanah, 1989; Settlege, 1992). Also, I became instrumental in helping Joan regulate her anxiety, thereby maintaining an affirmative connection with me and other key people in her life. This kind of regulatory function is described by Schore (1994 and 1996), Beebe and Lachmann (1992a), and Greenspan (1997) as characterizing the mother-child interaction of the first few years of life. They describe this process as bilateral, with mother and child reciprocally influencing and regulating each other.

Most difficult to describe, however, is the intensity of my experience with Joan and her's with me. At each moment Joan and I probed for an authentic reading of the other. Joan was always sampling my mood: was I engaged, how deeply did I feel her distress, could I provide advice when she needed it, did I believe her about Ben's abusiveness? I was doing the same; responding empathically when she was panicked about the arrest, revolting when I believed she was being too harsh about Ben. Fathoming Joan's needs and the validity of her claims about Ben required forbearance. Regularly, I became an actor in Joan's drama, attempting through deliberately maintained disorientation, to understand her reality and my contribution to our experience. At these moments, I often had to rely on Joan's clear thinking to gain perspective, turning over to her the authority to be the knowing partner. But, Joan did her part in providing these opportunities for me. She was actually quite patient as she maneuvered me to see that much of what she was experiencing with Ben was real, not simply a transference based on her early experience with abusive and depriving parents.

Looked at microscopically, these shifts of authority, many of which are never put into words, occur regularly; often multiple times in a single hour. With Joan, my recognizing and allowing for these shifts were often based on intuition, girded by the wealth of experience we had of each other in analysis, and then formulated later when I could better comprehend the contribution each of us made to our experience. While this switching of authority is often prompted by the patient, as happened when Joan began to revile me for not seeing Ben's treachery; the analyst, in the service of analytic progress, has the ultimate task of making sure it occurs. Taking charge of these shifts is an extension of the analyst's final responsibility for the success of the analysis. In my opinion, over and above his part in creating analytic clarity, the analyst has a fundamental duty to treat, to do everything to make sure the patient gets the help she came for. Of course there is nothing straightforward about this task. Determining what a patient wants and needs, and finding a way to achieve these ends, is usually anything but straightforward with the analyst's therapeutic ardor, for example, experienced by the patient as an attempt to control the analysis. Always the analyst and the analytic couple are engaged in an effort to determine what will work, assessing what order issues should receive attention, when an interpretive statement should be made.

As in the thirty-nine other analytic sequences, to understand Joan I needed to incorporate information about aspects of her psychological life in addition to the developmental. Joan's most poignant desire was for intimacy with Ben, a wish to fill a void from her past. As marriage became imminent, however, she became frightened of Ben's ability to suffocate her as they grew closer, and felt selfish, as if she were stealing from her son. Here, she was reiterating experience with a sexually and emotionally overbearing and humiliating father, and struggling with internal conflict about harming others through her success. To psychologically free herself from these possibilities, she reversed her excitement about marrying Ben and experienced him as dishonest and untrustworthy. Ben, recoiled. He responded to Joan's distrust with irritation and withdrawal, forcing Joan to further distance herself from him. She also enacted her sense of criminality by shoplifting. Then, as these defenses failed to contain her anxiety, she became almost paranoid, relocating all corruption and evil to Ben.

Reality and its influence also played its part. During this sequence, Joan was reacting to me with objectivity: logging my helpful response to the shoplifting as a remedial as well as new developmental object experience. In addition, she was noting my failure to understand Ben. It was similar for her with Ben. As Ben's fears of abandonment escalated, his anger and need for control made him, in fact, incapable of reassuring Joan about the safety of the pending marriage, and that terrified her.

When developmental ideas are added or emphasized, does that assure psychoanalytic theory and practice will be more accurate clinically?

Development and psychoanalysis are inextricably woven together; whether they represent a redoing of past development through a largely unidirectional, mother-child like process, or the instigation new or creative development with or without a reworking of old roles. The problem with using developmental principles in psychoanalysis comes because of the idiosyncratic ways they are chosen for use in theories and practice.

The original hope for modifying a theory with developmental principles is to improve the accuracy of psychoanalytic formulations. All psychoanalytic theories hold that there is a link between early development and the shape and pathology of adult life (Frankel, 1995). A developmentally oriented perspective attempts to clarify this connection. Significantly, as I have noted, child development is the only area associated with psychoanalysis where there has been carefully conceived and controlled research (Emde, 1988 and 1991; Beebe, Jaffe and Lachmann, 1992a).

At present, however, the effort to definitively incorporate a developmental point of view into psychoanalytic thinking is clouded. Authors differ about which developmental principles are correct (Abrams, 1990; Dowling, 1991; Fonagy, 1996; Wolff, 1996), or what weight a developmental subtheory should be given relative to other subtheories within a particular psychoanalytic theory (Silverman, 1992; Sugarman, 1995), or what research findings are relevant (Shane and Shane, 1985; Daniel Stern, 1985; Wolff, 1996). Psychoanalysts also disagree about how to apply findings from research on child development to specific psychoanalytic theories and practice (Wolff, 1996). Finally, the selection, interpretation, and use of developmental ideas in an analysis is heavily influenced by their incorporation into the analyst's belief system (Spence, 1982; Frankel, 1985).

Since there is such variability and disagreement in the selection and use of developmental ideas and data, theories modified by developmental findings and principles are not necessarily brought into closer alignment with one another. Note, too, that researchers investigating the same developmental phenomenon may come up with different results (e.g., Margaret Mahler, 1971; and Daniel Stern, 1985). Also, the same findings may be interpreted differently within different psychoanalytic theoretical systems.

Yet, evidence supports the view that the analytic process replicates essential aspects of the mother-child interaction (Sander, 1977 and 1983; Daniel Stern, 1985; Emde, 1991; Schore, 1997) and replays early, often non-remembered experiences (Beebe and Lachmann, 1992a; Silverman, 1992). Further, such evidence recognizes connections between early experience and analysis, and orients theory and practice toward the interactional, giving analyst and patient permission to influence each other toward instigating new and creative development.

Conclusion

My conclusion, then, is clear. Developmental data, and conceptualizations based on them, belong right in the center of psychoanalytic theorizing and practice. They are orienting, provided they are carefully defined and used rigorously. But the ambiguity that occurs in determining a useful developmentally informed stance can be maddening. The range of choice is wide, and guidelines for selecting one over another end up being more intuitive than is comfortable for those practitioners seeking relative certainty. Conflict is ubiquitous, interdigitating with developmental requirements, and conflict and developmental needs are always shaped intersubjectively. Finally, as the patient's, analyst's, and their shared frame of mind, shift in response to any of these factors, analytic requirements and capabilities change as well.

How, then, did Joan and I find our way? Joan communicated her fear and confusion about being apprehended. I pictured Joan as a victim, a lost child with an abusive past who made a terrible error in stealing the watch and who was about to be punished, maybe even abused again. I also sensed that if I were not empathic enough, I could become another of her feared and hated tormentors. Through a series of verbal and nonverbal communications, I became a real figure in her psychological drama, one who (she says) for the first time in her life took her emotional derangement seriously and tried to stop it. Yet, once she was convinced I cared, and she was acquitted of the shoplifting charges, she emphatically shifted our focus to Ben's manipulations and my failure to recognize them.

Through these steps we came to understand Joan with increasing depth: her need for reassurance and ego support under stress, interposed with her perceptiveness and plea to be believed. The picture was of a person riddled with conflict, who lacked conviction that people would take her distress seriously. Her insecurity offered an opportunity to take a developmental step not achieved originally. To accomplish it she needed a relationship such as ours, in which she could interest her partner in giving up his ideas and make a dramatic shift to believing hers.

In such a process, analyst and patient individually and jointly work to discover when they reach a disjunction and to understand when a new stance is desirable. Much influencing of one another, and negotiating a more constructive, analytic position, happens non-verbally. Repeatedly recognizing and finding a consensus is a major activity of any analysis. As with Joan and I, analyst and patient alternate taking charge, with analyst primarily keeping track of and facilitating this trade-off (Frankel, 1997 and 2000).

I have every reason to believe that, apart from testing Ben, Joan was competently steering our ship when she stole the watch, and pulled me into an intensely caring relationship. She needed that kind of security to offset the terrible anxiety engendered by her pending marriage. She could probably sense my belief that analysts should provide life vests to sinking patients, a bit like a mother rescuing her petrified child. Our connection then created a base from which she could voice her distrust of Ben. Here, my intrapsychic focus distorted what I observed. I saw Ben as benign, the victim of Joan's paranoid projections. In contrast, she saw Ben as mean and manipulative. Slowly, I yielded control, concluding that Joan understood Ben more clearly than I.

While Ben's flagrant anger, deriving from his own terrors, flooded us temporarily, we eventually overshoot the mark and lost sight of his actual decency. Recognizing this misalignment, Joan agreed to let me take over again and lead an analytic examination of how her traumatic past might be coloring her perception of Ben.

Altogether, Joan and I navigated a complicated series of steps, leading to her engagement with me in a collaborative exploration of her inner life. It is this picture of articulated steps, reflecting the complexity of Joan's developmental needs and the place of us both in shaping the way they were met, that I believe actually comprised our developmental intervention. In the end, Joan was more assertive, more introspective, and better able to work collaboratively; and so was I.

In conclusion, all activity in psychoanalysis has a developmental outcome, whether achieved in a unidirectional mother-child like reinstatement of arrested development, or involving exploration and redoing of earlier troubled experiences, or incorporating both partners' influence to create a truly new synthesis. Intrapsychic conflict is rarely absent, and as part of its resolution, developmental change also occurs. The analyst's willingness to struggle to understand and change, and the authenticity of his or her involvement, makes the analyst's full commitment possible. It is the trading of authority between patient and analyst, the continual deeply-felt changing of each in response to the other as they seek consensus that assures the most developmentally comprehensive and powerful result.

References

- Abrams, S. (1990). The psychoanalytic process: the developmental and the integrative. *Psychoanalytic Quarterly*, 59:650-677.
- Alexander, F. (1953). Current views on psychotherapy. In: Alexander F. (1961) *The scope of psychoanalysis* (pp. 276-289). New York Basic Books.
- Bachant, J., and Richards, A. (1993). Review essay: Relational concepts in psychoanalysis: An integration by Stephen A. Mitchell. *Psychoanalytic Dialogues*, 3:431-460.
- Beebe, B., Jaffe, J., and Lachmann, F. (1992a). A diadic systems view of communication. In N. Skolnick and S. Warshaw (Eds.), *Relational perspectives in psychoanalysis* (pp. 61-82). Hillsdale, New Jersey: The Analytic Press.
- Beebe, B. and Lachmann, F. (1992b). The contribution of mother-infant mutual influence to the origin of self and object representations. In N. Skolnick and S. Warshaw (Eds.) *Relational perspectives in psychoanalysis* (pp. 83-117). New Jersey: The Analytic Press.
- Bollas, C. (1987). *The shadow of the object: Psychoanalysis of the unthought known*. New York: Columbia University Press.
- Bollas, C. (1991). *Forces of destiny: Psychoanalysis and the human idiom*. London: Free Association Press.
- Brenner, C. (1982). *Mind in conflict*. New York: International Universities Press.
- Bromberg, P. (1995). Resistance, object-usage, and human relatedness. *Contemporary Psychoanalysis*, 31:173-191.
- Cicchetti, D. and Schneider-Rosen, K. (1986). An organizational approach to childhood depression. In M. Rutter, C. E. Izard, and P. B. Read (Eds.), *Young people: developmental and clinical perspectives* (pp. 71-134). New York: Guilford.

- Cooper, S. and Levit, D. (1998). Old and new objects in Fairbairnian and American relational theory. *Psychoanalytic Dialogues*, 8:603-624.
- Dowling, S. (1991). *Conflict and compromise: therapeutic implications*. New York: International Universities Press.
- Emde, R. (1988). Development terminable and interminable, In *Innate and motivational factors from infancy*. *International Journal of Psychoanalysis*, 69:23-42.
- Emde, R. (1991). Positive emotions for psychoanalytic theory: surprises from infant research and new directions. *Journal of the American Psychoanalytic Association*, (supplement), 39:5-44.
- Fairbairn, W. (1952). *Psychological studies of the personality*. London: Tavistock.
- Fairbairn, W. (1954/1958). On the nature and aims of psycho-analytical treatment. *International Journal of Psycho-analysis*, 39:374-385.
- Fonagy, P. (1996). Commentary on Peter Wolff's article entitled *The irrelevance of infant observations*. *The Journal of the American Psychoanalytic Association*, 44:404-422.
- Frank, K. (1997). The role of the analyst's inadvertent self-revelations. *Psychoanalytic Dialogues*, 32:281-314.
- Frankel, S. (1994). The exclusivity of the mother-child bond: contributions from psychoanalytic and attachment theories and day-care research. In A. Solnit, P. Neubauer, S. Abrams, S. Dowling (Eds.), *The Psychoanalytic Study of the Child*, 49:86-106. New Haven: Yale University Press.
- Frankel, S. (1997). The analyst's role in the disruption and repair sequence in psychoanalysis. *Contemporary Psychoanalysis*, 33:71-87.
- Frankel, S. (2000). *Hidden faults: recognizing and resolving therapeutic disjunctions*. New York: The Psychosocial Press.
- Freud, A. (1965). Normality and pathology in childhood: assessments of development. In *The Writings of Anna Freud*, Vol. VI. New York: International Universities Press.
- Gerson, S. (1996). Neutrality, resistance and self-disclosure in an intersubjective psychoanalysis. *Psychoanalytic Dialogues*, 6:623-646.
- Ghent, E. (1993). Wish, need, and neediness: commentary on Shabad's "resentment, indignation, entitlement." *Psychoanalytic Dialogues*, 3:495-507
- Gill, M. (1993). Interaction and interpretation. *Psychoanalytic Dialogues*, 3:111-122.
- Greenberg, J., and Mitchell, S. (1983). *Object relations in psychoanalytic theory*. Cambridge Mass.: Harvard University Press.
- Greenberg, J. (1991). *Oedipus and beyond*. Cambridge Mass.: Harvard University Press.

- Greenspan, S. (1979). Intelligence and adaptation: an Integration of psychoanalytic and piagetian developmental psychology. New York: International Universities Press.
- Hartmann, H. (1955/1964). Notes on the theory of sublimation. In Hartmann, H. *Essays on Ego Psychology*. (pp. 215-240). New York: International Universities Press, (1964), pp. 215-240.
- Hoffman, I. (1991). Discussion: toward a social-constructivist view of the psychoanalytic situation. *Psychoanalytic Dialogues*, 1:74-105.
- Hoffmann, I. (1992). Some practical implications of a social-constructivist view of the psychoanalytic situation. *Psychoanalytic Dialogues*, 2:287-304.
- Kernberg, O. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven: Yale University Press.
- Kernberg, O. (1988). Psychic structure and structural change: an ego psychology-object relations theory viewpoint. *Journal of the American Psychoanalytic Association*, 36:315-337.
- Kiersky, S., and Beebe, B. (1994). The reconstruction of early nonverbal relatedness in the treatment of difficult patients: a special form of empathy. *Psychoanalytic Dialogues*, 4:389-408.
- Levenson, E. (1993). Shoot the messenger: interpersonal aspects of the analyst's interpretations. *Contemporary Psychoanalysis*, 29:383-396.
- Levenson, E. (1987). An interpersonal perspective. *Psychoanalytic Inquiry*, 7:207-214.
- Loewald, H. (1960). On the therapeutic action of psychoanalysis. In Hans W. Loewald, *Papers on Psychoanalysis* (pp. 221-256). New Haven: Yale University Press.
- Loewald, H. (1970). Psychoanalytic theory and the psychoanalytic process. In *Papers on Psychoanalysis*. Hans W. Loewald, New Haven: Yale University Press, pp. 277-301.
- Mahler, M. (1971). A study of the separation-individuation process and its possible application to borderline phenomena in the psychoanalytic situation. *Psychoanalytic Study of the Child*, 26:403-424. New York: International Universities Press.
- Meissner, W. (1981). *Internalization in psychoanalysis*. New York: International Universities Press.
- Meissner, W. (1991). *What is effective in psychoanalytic therapy: The move from interpretation to relation*. New Jersey: Jason Aronson, Inc.
- Meissner, W. (1996). *The therapeutic alliance*. New Haven: Yale University Press.
- Mitchell, S. (1988). *Relational concepts in psychoanalysis*. Cambridge: Harvard University Press.

- Mitchell, S. (1991). Contemporary perspectives on self: toward an integration. *Psychoanalytic Dialogues*, 1:121-147.
- Mitchell, S. (1993). *Hope and dread in psychoanalysis*. New York: Basic Books.
- Modell, A. (1984). *Psychoanalysis in a new context*. Connecticut: International Universities Press.
- Modell, A. (1990). *Other times, other realities: Toward a theory of psychoanalytic treatment*. Cambridge: Harvard University Press.
- Natterson, J. (1991). *Beyond counter-transference*. Northvale New Jersey: Jason Aronson, Inc.
- Ogden, T. (1994). *Subjects of analysis*. Northvale New Jersey: Jason Aronson, Inc.
- Ornstein, P. (1991). A self psychological perspective (discussion of six essays) In Dowling, S. (Ed.), *Conflict and compromise: therapeutic implications*, (pp. 133-171). New York: International Universities Press.
- Pine, F. (1985). *Developmental theory and clinical process*. New Haven: Yale University Press.
- Rapaport, D. and Gill, M. (1959/1967). The points of view and assumptions of metapsychology. In M. Gill (Ed.), *The Collected Papers of David Rapaport*, (pp. 795-811). New York: Basic Books.
- Rappaport, D. (1998). Destruction and gratitude: some thoughts on the "use of the object." *Contemporary Psychoanalysis*, 34:369-378.
- Renik, O. (1991). Countertransference enactment and the psychoanalytic process. Presented to the San Francisco Psychoanalytic Society, October 1991.
- Renik, O. (1995). The ideal of the anonymous analyst and the problem of self-disclosure. *Psychoanalytic Quarterly*, 64:466-495.
- Sander, L. (1977). The regulation of exchange in the infant-caretaker system and some aspects of the context-content relationship. In M. Lewis and L. Rosenbaum (Eds.), *Interaction, conversation, and the development of language*, (pp. 133-156). New York: Wiley.
- Sander, L. (1983). Polarity, paradox, and the organizing process and development. In J. Call, E. Galenson, and R. Tyson (Eds.), *Frontiers of Infant Psychiatry*, (pp. 333-346). New York: Basic Books.
- Sandler, J. and Rosenblatt, B. (1962). The concept of the representational world. *Psychoanalytic Study of the Child*, 17:128-145.
- Schafer, R. (1983). *The analytic attitude*. New York: Basic Books.
- Schore, A. (1997). In Moskowitz, M., Monk, C., Kaye, C., and Ellman, S. (Eds.), *The neurobiological and developmental basis for psychotherapeutic intervention*. Northvale, New Jersey: Jason Aronson, pp. 1-72.

Shane, E. and Shane, M. (1985). Change and integration in psychoanalytic developmental theory. In C. Settlage and R. Brockbank, (Eds.), *New Ideas in Psychoanalysis* (pp. 69-82). New Jersey: The Analytic Press.

Shane, E. and Shane, M. (1989). Prologue, *Psychoanalytic Inquiry*, 9:333-339.

Shane E., Shane, M., and Gales, M. (1997). *Intimate attachments: Toward a new self psychology*. New York: Guilford.

Shapiro, T. (1988). Foreword. *Journal of the American Psychoanalytic Association*, supplement on "The concept of structure in psychoanalysis", 36:III-VI.

Settlage, C. (1974). Report of the commission on child analysis of the Am. Psychoanal. Assn., Conference on psychoanalytic education and research, position paper.

Settlage, C. (1992). Therapeutic process and developmental process in the restructuring of object and self constancy. *Journal of the American Psychoanalytic Association*, 41:473-492.

Settlage, C. et al. (1988). Conceptualizing adult development, *Journal of the American Psychoanalytic Association*, :347-370.

Silverman, D. (1992). Attachment Research: An approach to a developmental relational perspective. In N. Skolnick and S. Warshaw (Eds.), *Relational perspectives in psychoanalysis* (pp. 195-216). Hillsdale, New Jersey: Analytic Press.

Slochower, J. (1996). Holding and the fate of the analyst's subjectivity. *Psychoanalytic Dialogues*, 6:355-360.

Spezzano, C. (1996). The three faces of two person psychology: development, ontology, and epistemology. *Psychoanalytic Dialogues*, 6:599-622.

Spillius, E. (1992). Clinical experiences of projective identification. In (Editor's name(s) (Eds.), *Clinical lectures on Klein and Bion* (pp. 59-73). London: Tavistock/Routledge.

Stern, Daniel (1985). *The interpersonal world of the infant*. New York: Basic Books.

Stern, Donnel (1997). *Unformulated experience: From dissociation to imagination in psychoanalysis*. Hillsdale, New Jersey: Analytic Press.

Stolorow, R., Brandchaft, B. & Atwood, G., (1987). *Psychoanalytic treatment: an intersubjective approach*. Hillsdale, New Jersey: Analytic Press.

Strachey, J. (1934). The nature of therapeutic action in psychoanalysis. *International Journal of Psychoanalysis*, 115:27-159.

Strenger, C. (1991). *Between hermeneutics and science: An essay on the epistemology of psychoanalysis*. New York: International Universities Press.

Strenger C. (year). The desire for self-creation. *Psychoanalytic Dialogues*, 8:625-656 Sugarman, A. (1995). Psychoanalysis: treatment of conflict or deficit? *Psychoanalytic Psychology*, 12:55-70.

- Sullivan, H.S. (1972). *Personal psychopathology*. New York: Norton.
- Sullivan, H.S. (1953). *The interpersonal theory of psychiatry*. New York: Norton.
- Summers, F. (1994). *Object relations theories and psychopathology: a comprehensive text*. Hillsdale, New Jersey: The Analytic Press.
- Tyson, P. & Tyson, R. (1990). *Psychoanalytic theories of development*. New Haven: Yale University Press.
- Weiss, J., (1993). *How psychotherapy works: process and technique*. New York: Guilford Press.
- Winnicott, D. (1960/1965). The theory of the parent-infant relationship. In D. W. Winnicott (Ed.), *The maturational processes and facilitating environment: Studies in the theory of emotional development* (pp. 37-55). New York: International Universities Press.
- Winnicott, D. (1963). Communicating and not communicating leading to a study of certain opposites. In D. W. Winnicott, (Ed.), *Maturational process and the facilitating environment* (pp. 179-192). New York: International Universities Press.
- Winnicott, D. (1965). *The Maturational processes and the facilitating environment*. New York: International Universities Press.
- Winnicott, D. (1968). The use of the object and relating the rough identifications. In D. W. Winnicott, *Playing and reality* (p. 86-94). New York: Routledge.
- Wolff, P. (1996). The irrelevance of infant observations for psychoanalysis (with commentaries and rebuttal). *Journal of the American Psychoanalytic Association*, 45:369-474.
- Zeanah, C., Anders, T., Seifer, R. and Stern, D., (1989). Implications of research on infant development for psychodynamic theory and practice. *American Journal of Child and Adolescent Psychiatry*, 28:659-668.
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