

# A Developmental Orientation and Approach

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A developmental orientation frames an approach for psychoanalytic treatment. A central feature of this approach is that it appreciates development as an ongoing active process that is life long, and a process that not only has a past but exists in a present and has a future. From the patient's viewpoint, a developmental orientation for psychoanalysis represents new beginnings (Balint, 1952; Loewald, 1960). An aim is to release developmental processes of adaptation, so there is less encumbrance by shadowed repetitions of conflict from one's past. In re-experiencing aspects of conflicted relationships from the past in the midst of a special new relationship -- -- where there is an atmosphere of trust, security and empathy -- -- new connections are made by the patient, and new adaptive possibilities for living emerge that are tried out.

The developmental orientation, with its forward-looking emphasis, supplements the other viewpoints of psychoanalysis. It makes use of many insights from the genetic viewpoint (concerned with psychoanalytic reconstructions of the past), and it enlarges the adaptive viewpoint of psychoanalysis while working within a dynamic framework of unconscious defense and resistance. It is also a feature of this orientation that it makes use of current knowledge of the human developmental process, not only from the accumulated clinical experience of psychoanalytic practice but also from a range of other disciplines in the developmental sciences. This chapter will highlight the additive features of the developmental orientation without reviewing the other working viewpoints that have been discussed in Sections I and III of this volume.

## The use of the past in the developmental present

Psychoanalysis in its approach to psychopathology addresses suffering and maladaptive behavior, as do other treatments. But in addition psychoanalysis deals with unconscious conflict and fantasy as it becomes understood in an intimate, relatively long-lasting form of relationship treatment. As such it has a developmental orientation, not only in terms of the influence of the past but also in terms of understanding current influences and wider alternatives so as to avoid maladaptive repetitions in the future. As noted, the past is made use of, by re-experiencing many of its conflicted aspects in the therapeutic encounter (i. e. in experiences of transference) so as to engage new possibilities and "new beginnings". In other words, what is useful about one's past is being able to understand it in terms of one's developmental present.

A goal of the patient in psychoanalytic treatment is to be able to make use of the past by arriving at a wider understanding of his or her biography (Erikson, 1950), including ambivalent relationships with parents and others, of recurrent conflicts (including many aspects that were not conscious), and to be able to distinguish what was true and vital **then**, from what is vital **now**. The patient comes to have more of a capacity for introspection and empathy (Kohut, 1959) and for emotional appreciation for others as well as for one's self in the past, what is currently referred to as reflective functioning (Fonagy, Gergely, Jurist, & Target, 2002). Some have described an aspect of this process in vivid literary terms as one in which the problematic ghosts of one's represented past can be converted, with psychoanalytic treatment, to useful ancestors for the present (Fraiberg, Adelson, & Shapiro, 1975; Loewald, 1960).

And key to the developmental orientation is the appreciation of different developmental capabilities, limitations, opportunities and challenges at different points in the lifespan. What can be accomplished now as a 20 year old, for example, in the way of potency, sexual intimacy and responsibility with a desired other is different from what one may have wished for and could not accomplish as a five year old. The conflicted relationships and dreams one has as a 50 year old with career and family are different from those of a 20 year old. The particulars of adult development from a psychoanalytic perspective have occupied the attention of a number (see Benedek, 1970; Colarusso, and Nemiroff, 1981; Dewald, 1981; Neugarten, 1979; Pollack, 1981; Vaillant, 1977). Adult development includes responses to life events such as marriage, parenthood, loss of loved ones, retirement and biological decline; it also includes initiatives in response to perceived possibilities of achieving better levels of adaptation (Settlage, Curtis, Lozoff, Silberschatz, & Simburg, 1988).

Psychoanalysis, from a developmental orientation, can be regarded as existential; it operates with an awareness of one's present position in the life cycle, affirming existence along with its limitations as well as its potentials. Although we are limited in terms of our capacities and what we can do in our circumstances, we are free within a range of possibilities and we are responsible for what we do. Psychoanalytic treatment can also be regarded as "tragic" (Kohut, 1977; Schafer, 1959), in the sense that it takes into account the human predicament in terms of one's mortality, one's vulnerability, and one's ambivalent relationships, conflicts and unrealized dreams. It also takes into account disappointments that result when one reflects on the wished-for changes and betterments that have not occurred in a lifetime. The well adapted person -- -- whether assisted by psychoanalysis or not -- -- accommodates to one's existential predicament and continues to participate in development. It is a characteristic of adaptive development that the individual assimilates new experiences and relationships, even in the midst of unfulfilled wishes and even in the midst of diminished capacities.

### Adaptation, forward looking processes and early relationships

Processes of adaptation are a central aspect of the developmental orientation for psychoanalysis. Perspectives about adaptation and mental organization in context have gained increasing prominence within psychoanalysis over the past 65 years -- -- beginning with the work of Heinz Hartmann (1939), and as a result of accumulated clinical experience as well as accumulated knowledge from other disciplines in the developmental sciences (Emde, 1999;

Mayes, 1994; Rado, 1953). The developmental orientation draws attention to the forward-looking aspects of adaptation that characterize an individual throughout life as well as the formative origins of such adaptive processes that take place in the context of early relationships. The forward looking aspects of adaptation are apparent as we consider the anticipatory signaling functions of affects and as we consider the early formation of the cognitive representational world of self and others, a world that consists of expectations, planful schemas and possibilities. These will be considered next.

Psychoanalysis gives prominence to experiences in infancy and early childhood that occur in the context of parental and caregiving relationships (see chapter of Ahktar, this volume). Early relationship experiences are different from later ones because they are formative. Experiences in first relationships set patterns and prototypes for how to behave with a caring other, and for what to anticipate in the way of satisfactions and frustrations in particular circumstances (Sameroff & Emde, 1989; Stern, 1985). Such experiences become internalized by the individual, continue as strong influences in development throughout childhood and are activated in similar relationship contexts throughout life. A number of psychoanalytic observers have emphasized that affective representations of self in relation to others arise in early caregiving relationship experiences and set expectations, both adaptive and maladaptive, that continue afterwards (Bion, 1962; Erikson, 1959; Fairbairn, 1963; Guntrip, 1971; Klein, 1967; Sander, 1980; Spitz, 1959; Winnicott, 1965). Otto Kernberg (1976, 1990, and chapter in this volume) has theorized that basic units of integrated motives arise in infancy that involve affect, self, and object—a notion that can also be thought of as emotion schemas of self in relation to others. Peak affective states of experienced pleasure or displeasure with the caregiver, when internalized, motivate corresponding wishes either to repeat or avoid similar affective experiences.

The psychoanalytic notion of “wish” is itself a forward looking concept since it deals with an imagined state in the future. Sandler (1978) has translated the psychoanalytic notion of “drive” or “need” into the terms of a represented wish, one that includes the desired or expected response of the significant other (i.e., the response of the “object”). In other words, the very notion of “wish” implies a set of expectations—with goals and actions of others in relation to self in an imagined scenario. Thus experience is organized in a way that integrates the dynamic past and the future (i.e., according to expectations). Current theorizing in the cognitive sciences, as well as in some areas of psychoanalysis concerned with process research (see chapter of Bucci, this volume), are making use of similar models that deal with sequences of expectation and dynamic themes of self in relation to others. (Noteworthy are the “core conflictual relationship themes” conceptualized by Luborsky, 1977, the “role relationship models” conceptualized by Horowitz, 1991, and the emotion schemes of self in relation to others of Bucci (1997, and the Bucci chapter in this volume).

Perhaps the most poignant area linking forward looking processes and models of early development is that of attachment theory and research (see chapter of Target, this volume). Beginning in infancy, monitoring the accessibility of the attachment figure occurs according to what John Bowlby (1969; 1988) conceptualized as “working models of attachment.” Such models are expectation sets that result from early relationship experiences with primary caregivers and include representations of self in relation to others that are linked by affects and that may be self-enhancing (as in secure attachment) or self-maintaining/defensive (as in insecure attachment). Moreover, working models of attachment relationships with their

concomitant expectations persist over the course of development, and are apt to be influential in adult love relationships (Shaver, & Hazan, 1985) as well as in parenting relationships (Fonagy, Steele, & Steele, 1991; Grossman, 1987; Main, 1985; Ricks 1985).

Similar models involving expectations have also been articulated by other psychoanalytic observers of early development. Daniel Stern (1985) has vividly described the intimate development of self in relation to others in infancy in which representations of interactions with primary caregivers become generalized and guide expectations and subsequent behavior. Ideas about reflective functioning or “mentalizing” as articulated by Peter Fonagy and Mary Target (1998) are recent psychoanalytic concepts linking self in relation to others that involve affect and by their nature are likely to influence adaptive expectations of others. Reflective functioning refers to the ability to appreciate mental states (i.e., feelings, beliefs, and intentions) in others as well as in one’s self. This ability is envisioned as a skill that is learned early in development with origins presumably linked to back and forth meaningful exchanges of affect with the parent (see detailed discussion in Fonagy et al., 2002). Assessing reflective functioning, working models of attachment (especially in the Adult Attachment Interview) and relationship configurations of conflict are current areas of vigorous psychoanalytic process research ( see chapter of Bucci, this volume).

### A Brief History of the Developmental Orientation and its Background

A developmental orientation and approach was articulated by a task force of clinicians chaired by Calvin Settlage and Selma Kramer and summarized by Goodman (1977) and also by Emde (1980), Shane (1977), & Settlage (1980). The task force brought the experience of child analysis and adult analysis to bear on contemporary knowledge of developmental processes and it articulated much of the framework noted above. As Morton Shane put it: “the use of the developmental approach implies that the analytic patient, regardless of age, is considered to be still in the process of ongoing development as opposed to merely being in possession of a past that influences his present conscious and unconscious life.” (Shane 1977, pages 95 to 96). Subsequent contributions describing the usefulness of a developmental orientation for psychoanalytic work have been offered by Abrams (1990), by Tyson and Tyson (1990) and by Wallerstein (1990).

In one sense, psychoanalysis from its beginnings, has been developmentally oriented. It has given early development a central place in its clinical theory, it has described meaningful developmental sequences, and it has connected later repetitions of conflicts to earlier ones that were not understood or mastered. In another sense, however, the developmental orientation as reviewed in this chapter reflects dramatic changes in psychoanalytic thinking. . Much of Freud’s thinking had its origins in a *Zeitgeist* of 19<sup>th</sup> century biology that was deterministic and at times reductionistic. Although its early theory often reflected these origins, psychoanalytic theory and practice increasingly moved beyond its deterministic origins as it dealt with expanding structures of meaning, with uncertainty and with changing adaptive contexts. In so doing, it has become more consistent with contemporary developmental psychobiology.

Let us trace how this has occurred. Freud's concept of motivation was centered around his unpleasure-pleasure principle: unpleasure resulted from an increase in drive tension and pleasure from its decrease. This principle has often been referred to as the principle of entropy (Rapaport,

1959) since motivation was seen in terms of a discharge of energy or a running down to a lower level of organization. Freud's psychobiological model was based on a physics that specified entropy as the second law of thermodynamics. But today's biology has brought us to a changed viewpoint. Organized complexity is now a central concept and, correspondingly, contemporary developmental biology is considered a biology of increasingly organized complexity. In other words, negentropy, or increasing organization, characterizes developmental systems. Although it is rare for negentropy to be discussed directly, a number of recent models for psychoanalytic theorizing have changed in accordance with this viewpoint particularly when a developmental orientation is adopted (for example, see Bowlby, 1969; Emde, 1980; Lichtenberg, 1989; Peterfreund, 1971).

Freud, although he kept to his entropic model, gave us a background that we can see today in historical retrospect as in some ways developmentally oriented. An early version of increasingly organized complexity in development can be seen in his description of successive psychosexual stages and their transformations in puberty (Freud, 1905) as well as in his concerns with increasing structures of meaning (see review in Emde, 1992). Subsequent psychoanalytic authors also provided a background for the developmental orientation before its articulation in the 1970's. Hartmann's theory (1939) about increasing differentiation and structuralization of the ego can be seen as a theory of increasing organization and complexity in development. Similarly, Spitz (1959), following Hartmann, made use of concepts of successive differentiation in development and theorized about the sequential appearance of organizers of the ego in new fields of integration. Erikson (1950) along quite similar lines formulated his ideas of epigenesis throughout the life-span—with changing and more complex levels of organization between self and society at each level.

The history of psychoanalytic thinking about affect provides an important background for the developmental orientation in that, before its articulation in 1972, clinicians increasingly saw affects not merely as maladaptive, disorganized and discharge phenomena but instead as adaptive, organized and anticipatory. Beginning with what might be called Freud's clinically-based later views, affects began to be seen as composite states that include direct feelings of pleasure and unpleasure that are evaluative and include cognitions, and that function in an adaptive way both unconsciously as well as consciously. (see Freud 1923; 1926; 1930; 1933; also see Brenner, 1974; Engel, 1962; Jacobson, 1953; Schur, 1969). An important feature of this line of thinking is instantiated by Freud's formulation that affects are signals, seated in the ego. The signal formulation describes how affects have a regulatory and anticipatory role, one that functions automatically to mobilize a mental defense or an adaptive action. Signal anxiety in a small dose prevents one from becoming overwhelmed by states of helplessness which may arise because of linkages to earlier developmental conflicts and experiences. Others have since described a developmental sequence involving signal depression or 'helplessness' in which small doses of these affects function to regulate self-esteem and to avoid overt depression (Anthony, 1975; Bibring, 1953; Brenner, 1975; Engel, 1962; Kaufman, 1977). Similarly, a feeling of safety was proposed to have a regulatory anticipatory role as a signal affect (Sandler, 1960) and others proposed that positive affects may have signal functions (Engel, 1962; Jacobson, 1953).

That affects have a continuous regulatory role in our lives, and are not usually disruptive, has been a view which has gained increasing psychoanalytic acceptance since Freud's day. There are of course extreme states, but in everyday life affects regulate interest, engagement, boredom, frustration and related states of involvement with the world on a pleasure-unpleasure

continuum. This idea was contained in Jacobson's idea of moods as a 'barometer of ego functioning' (1953, 1957) and was subsequently made more explicit by others (Blau, 1955; Castelnuovo-Tedesco, 1974; Novey, 1961; Rangell, 1967). Along this line, affects came to be seen as vital for human social relatedness and central for object relations (Landauer, 1938; Novey, 1961; Rangell, 1967; Schafer, 1964; Spitz, 1959). Correspondingly, affects were described as important social communicators in early development (Basch, 1976; Rapaport, 1953; Schur, 1969), and as essential communications in the psychoanalytic process (Greenacre, 1971; Spitz, 1956).

There are many additional streams of influence that contribute to today's developmental orientation and approach. Within psychoanalysis, the clinical experience of analysts working with children have made strong contributions. Noteworthy are those of Anna Freud (1965) pointing to developmental lines going forward, as well as to the analyst's active role in participating in the child's development, and those of Margaret Mahler and her colleagues pointing to processes of separation/individuation that recur throughout life (Mahler, Pine, & Bergman, 1975). Other analysts working with adults made contributions conceptualizing the psychoanalytic process itself as a developmental one, presenting opportunities for an opening of experience to new relationships (Balint, 1952; Gitelson, 1962; Loewald, 1960) and corrective adaptive experiences (Alexander, & French, 1946). Perhaps more than anyone else, Hans Loewald (1960, 1971) provided a background for today's developmental orientation. Loewald, in theorizing about what he referred to as "therapeutic action", brought developmental concepts of higher levels of integration into the process of psychoanalytic therapy itself, regarding it as a special developmental experience. In his words, "Analysis is thus understood as an intervention designed to set ego-development in motion ... not simply by the technical skill of the analyst, but by the fact that the analyst makes himself available for the development of a new 'object-relationship'" (Loewald, 1960, p. 17).

Therapeutic action deals with understanding the influences that move psychoanalytic therapy forward. Clearly, specific factors related to individual goals, adaptive strengths and circumstances as well as the particulars of individuality and disorder, are most important. What Loewald addressed, however, are more general factors, highlighting that psychoanalytic treatment itself is an interactive, developmental process. Such a view is consistent with the recognition that psychoanalysis, as a relationship form of treatment, has moved in many ways from a one person to a two person psychology (Thoma, & Kachele, 1987). The analytic process is more than the reconstruction and analysis of a patient's past; it involves an ongoing interaction between patient and analyst within a special relationship, one wherein internalized relationship patterns are repeated in the context of the analytic relationship that develops over time. This view has also intensified an interest in the processes of early development when relationships are formed.

### Early Development And Developmental Motives

Earlier, we discussed psychoanalytic interest in early relationship experiences. The developmental orientation emphasizes that an interest in these experiences is not because of any close similarity with later experiences or concerns with regression but rather because of an interest in formative and fundamental processes that are forward looking. Thus early relationship experiences lead to affective representations of self in relation to others, and these in turn set

expectations about security as well as about conflicts. Early experiences set adaptive pathways. A related reason for interest is that early development may bring into focus general vital processes that appear early and continue throughout life and thus may be relevant for therapeutic action. Both Loewald (1960) and Gitelson (1962) noted the possibility that strong developmental forces could be activated in treatment, similar to those observed in the infantile dyadic condition. More recently the current author summarized an extensive body of multidisciplinary infancy research that led to a formulation strongly supportive of this possibility (Emde, 1988a, 1988b, & 1990). The overall formulation is as follows. Evidence suggests that certain early-appearing motivational features of developmental process are biologically prepared (i.e. inborn) and persist throughout life. Developing in the necessary adaptive context of the infant-caregiver relationship, these motivational features can be regarded as basic motives of development. As such, they can be mobilized through empathy so as to enhance therapeutic action with adults as well as children. Examples of these features, that can be referred to as “basic motives” are presented below.

The first basic motive of this sort consists of activity. Activity is presumed by all developmental theories. More specifically, immediately after birth, pre-programmed sensorimotor systems become activated in the expectable evolutionary environment of caregiving and, as Marshall Haith's work with the visual motor system shows us (Haith, 1980), developmental agendas are apparent in visual activity that lead to increasing organization and knowledge of the world. Since this form of basic motivation does not depend on learning or reinforcement, we can think of it as an inborn propensity to exercise early sensorimotor systems. Moreover, hereditary influences in this propensity are species-wide; there is little room for individual differences. Propensities for such activity are what have been called 'strong developmental functions' (cf. McCall, 1979). The other basic motives illustrate the same principle.

A second basic motive concerns self-regulation. Modern biology has taught us that self-regulation of physiology is basic for all living systems. It is built into cardio-respiratory and metabolic systems and sustains life. But beyond this, there is self-regulation for behavioural systems—in the short-term sense for arousal, attentiveness and sleep wakefulness cycles, and in the long-term sense, for growth and vital developmental functions. The developing individual maintains an integrity during major hazards and environmental perturbations. Development is goal oriented and there are multiple ways of reaching species-important developmental goals, a feature that Bertalanffy (1968) referred to as 'equifinality'. This idea is illustrated by children who are congenitally blind (Fraiberg, 1977), or congenitally deaf (Freedman, 1972), or who are born without limbs (Decarie, 1969), all of whom go through infancy with different sensorimotor experiences, but nonetheless typically develop object permanence, representational intelligence and self-awareness in early childhood. Related to this idea are self-righting tendencies. For important functions, there is a strong tendency to get back on the developmental pathway after deficit or challenge (Waddington, 1962; Sameroff, & Chandler, 1976). Well documented observations of developmental resilience—i.e. severe infant retardation due to deprivation which is later corrected by environmental change—illustrate this kind of self-regulation (see examples in Clarke & Clarke, 1976).

A third basic motive concerns social fittedness. Developmental research has indicated the extent to which the human infant comes into the world pre-adapted with organized capacities for initiating, maintaining and terminating interactions with other humans. At birth these include a propensity for participating in eye-to-eye contact; a state responsivity for being activated and soothed by human holding, touching and rocking; and a propensity for showing prolonged alert attentiveness to the stimulus features contained in the human voice and face (see reviews by Campos, Berrett, Lamb, Goldsmith, & Stenberg 1983; Emde, & Robinson, 1979; Papousek, & Papousek, 1982; Stern, 1985). The integrative capacities of the young infant (for processing sequential information, for cross-modal perception, for an early form of social imitation and for orienting—to mention some of these) also indicate pre-adaptations for the dynamic circumstances of human interaction (Meltzoff, 1985; Papousek, 1981; Stern, 1985;). Bowlby (1969) has indicated that the propensity for attachment is a biologically-based motivational system, in many ways as important as feeding and sexuality. The term 'social fittedness' is used here to emphasize the dyadic nature of this regulatory motivational process. Social fittedness is remarkable also from the parent side. A variety of parenting behaviors with young infants are done automatically, appear to be species-wide, are not conscious and do not seem the product of individual experience. They have therefore been referred to as “intuitive parenting behaviors” (Papousek, & Papousek 1979). Examples include parental behaviors supporting visual contact such as positioning the infant so that eye-to-eye distance maximizes the newborn's ability to see the face, exaggerated greeting responses, parental imitation of the newborn's facial and vocal expressions and 'baby talk' (see also Snow 1972). Finally, research on behavioral synchrony also illustrates social fittedness in the biological predisposition of parent and infant to mesh their behaviors in timed mutual interchanges observed during social interaction (Als, Tronick, & Brazelton, 1979; Brazelton, Als, Tronick, & Lester 1979; Condon & Sander, 1974; Haith, 1977; Meltzoff, 1985; Sander, 1975).

A fourth basic motive concerns affective monitoring, a propensity to monitor experience according to what is pleasurable and unpleasurable. In other words, there is a pre-adapted organized basis in the central nervous system for guiding the direction of experience in early infancy. From the parent's point of view, infant affective expressions are predominant in guiding caregiving. Mother, for example, hears a cry and acts to relieve the cause of distress; she sees a smile and hears cooing and cannot resist maintaining a playful interaction. From the infant's point of view, research documents an increasing use of affective monitoring for guiding one's own behavior whether a mother intervenes or not (see reviews of the infant's developing emotions in Campos et. al, 1983; Emde, 1988a and 1999).

A fifth basic motive builds on the first motive of activity to specify what can be designated as cognitive assimilation. Piaget considered cognitive assimilation to be the "basic fact of life." This refers to the biological propensity to process new information, and to structuralize such information according to what is familiar. In other words, it refers to a fundamental forward looking propensity to seek out the novel in order to make it familiar. Other researchers have considered cognitive assimilation to be the early and continuing tendency to reduce cognitive discrepancy (Kagan, Kearsley, & Zelazo, 1978; McCall, 1972) wherein the individual is motivated to act so as to resolve a perceived difference from what is expected. In either consideration there is a movement to expand knowledge with an increasingly organized view of the world.<sup>1</sup>

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<sup>1</sup> As with all other psychological domains, cognitive assimilation operates according to principles of regulation. Affects are central mediators in this regulatory activity. If the environmental event is mildly or moderately

Overall, these developmental motives, so salient in infancy, are presumed to operate as general background influences in analytic work, as silent aspects of the developmental process. They can be considered fundamental modes of development, part aspects of developmental regulation in general and in their operation interwoven and inseparable. It is further presumed that these motivational influences can be mobilized over time through the empathic and interpretive availability of the analyst. It is to the processes of empathy and interpretation that we turn next, as well as to the shared aspects of therapeutic action.

### Availability, affect regulation empathy<sup>2</sup>

Psychoanalysis is a form of treatment that relies upon availability of the analyst over time. In this section and the next we will include the contributions of the developmental orientation to thinking about this availability in terms of the processes of therapeutic action that involve affect regulation, empathy, interpretation and shared meaning. In doing this, a caveat seems in order. At times the developmental orientation makes use of analogues between the processes of forming early relationships and the processes of beginning a new special relationship in analytic work. Although early relationship experiences, may contribute to adaptive and maladaptive prototypes that recur throughout life and may need to be understood in their dynamic particulars, there is not meant to be any straightforward similarity of early experiences with the analytic experience, nor are allusions to early experience intended to imply regression. Rather, these analogues, because they reflect aspects of development, are meant to inform thinking about the general processes of empathy, interpretation and what is shared in the developing analytic relationship.

Analysts agree that the availability of the professional helper is what sets the stage for therapeutic action. Availability is what fosters trust, confidence, and a consistency of expectations; it is therefore a presupposition for the therapeutic alliance. Developmental analogues in infancy and in caregiving have been described, both in terms of the patient's experience—as "basic trust" (Erikson, 1950), and "confidence" (Benedek, 1970)—and in terms of the analyst's experience—as a "diatrophic attitude" (Gitelson, 1962; Spitz, 1956). It is noteworthy that availability, both in the early caregiving situation and in the analytic/therapeutic situation, becomes manifest through regulation. Regulation ensures balance, the avoidance of extremes, and the maintenance of individual integrity during the flow of life. From a developmental view, regulation functions to ensure optimal exploration against a background of safety. This view is consistent with that advanced by psychoanalytic and developmental theorists (Sandler, 1960; Sandler, & Sandler, 1978; Sander, 1985; Sameroff, 1983; Sameroff, & Emde, 1989). The view is also consistent with the advice of textbook writers concerning analytic technique: the analyst needs to maintain a balance between affective experiencing and interpretive activity (Fenichel, 1941; Thomä and Kächele, 1987). Correspondingly, this section

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discrepant from what is known, it is experienced as interesting; if it is extremely discrepant, it is experienced as frightening. Something familiar, appearing in an unexpected context (providing it is not too abrupt), is experienced as surprising and may even become joyful. Where there is restriction or restraint imposed on one's plans to resolve a discrepancy, there can be frustration and anger. Finally, pleasure and mastery, in their various forms, can occur when a plan is carried out and a discrepancy resolved (Morgan and Harmon, 1984).

<sup>2</sup> This section and the next, concerning the analyst's availability, is modified from Emde (1990),

and the next will discuss developmental aspects of two main forms of therapeutic availability. One occurs through affect regulation. The other occurs through interpretation.

The developmental orientation indicates that the analyst participates in a special developmental experience in the therapeutic action of analysis. How? It has been said that no therapy works unless you become part of the problem, and that psychoanalysis does not work unless you become most of the problem. In addition to the obvious reference to the centrality of intense transference experiences, the saying has reference—on the analyst's side—to such aspects as "role responsiveness," as discussed by Sandler (1976), and immersions in projective identifications and productive countertransferences, as discussed by Ogden (1979) and Fleming and Benedek (1966). Still, all of these developments occur in a contained—or regulated—sense. A special context allows for this kind of experience. The context is one where there is a shared zone of understanding for both patient and analyst. In addition to a shared sense of openness about what can be expressed, there is a shared sense of safety and restraint about what will not happen.

In the therapeutic process, the analyst attends to current affective states and inferred signal affects. Additionally, the analyst uses his or her own signal affect processes in response to the patient and allows a resonance with what the patient is attempting to communicate. This reminds us of two other developmental analogues of affect regulation. The most obvious is affective mirroring, a confirmatory experience both in therapeutic action and in early caregiving that has been so well articulated by Kohut (1971, 1977). Another is what might be referred to as the provision of affective "scaffolding" by the therapist. As Kohut (1977), and Stolorow, Brandchaft, & Atwood (1987) have pointed out, mother's soothing and comforting of negative affects provides a basis for the child's tolerance and for "dosing" of affects (cf. the "holding environment" of Winnicott, 1960). The patient, like the young child, learns from the therapeutic experience about how to "dose" particular affects in certain circumstances. One might carry this a step further and say, following the developmentalist Vygotsky, that this illustrates a process whereby one learns from another by means of "scaffolding" and pulling forward in development—in this case by the therapist (in analogy to mother) demonstrating and making possible the use of affects as internal signals.

Clinicians have come to recognize that empathy occupies an important role in psychoanalytic work alongside that of interpretation (see Kohut, 1959; Beres, & Arlow, 1974; Freedman, 1972; Shapiro, 1981; Schafer, 1959; Stolorow et. al., 1987). Partly due to such recognition, Kohut's formulation, of what can be regarded as a "corrective empathic experience" (i.e., that empathic failures of primary caregivers during earliest childhood are causes of psychopathology that require later corrective empathic experiences during analysis) has received considerable clinical attention (see chapter ).

What might be referred to as an empathic attitude of the analyst contains a number of dispositions. These include an ongoing attitude of encouraging exploration in the midst of negative affects and what is painful, as well as encouraging the discovery of the unexpected and the capacity for surprise (Reik, 1936; Schafer, 1959). There is an atmosphere of interest in errors and misperceptions.. Major errors are of course introduced by transference distortions. But transference has its positive affirmative aspects in addition to its self-defeating aspects (Loewald,

1980; Kohut, 1977) Rothenberg (1987) has pointed to the positive value of creativity in the therapeutic process in which it is seen as a higher-order aspect of adult functioning. According to this view the analyst envisions alternatives and can make use of metaphor, paradox, and occasional humor, often with a sense of irony.

Most would agree that a goal of intensive psychotherapy and analysis is to obtain freedom from repeating the painful self-defeating patterns of the past. But there is also another important goal. This involves an affirmation of connections between past and current experience. It might be said that while we seek to establish a sense of discontinuity (putting the past in its place), we also seek to establish a sense of continuity (gaining a sense of ownership and connectedness with one's past, including both its positive aspects and the struggles that one has overcome). We might refer to this feature of the therapeutic process as affirmative empathy. With successful treatment the patient gains an affirmative sense of life continuity—both in terms of self- and other representations. As stated by Beres and Arlow (1974), a goal of psychoanalytic work is to enable the patient to develop an empathy for his self of the past, to see himself on a continuum from his early life to his current life, along with an acceptance of formerly repudiated aspects of himself. As Erikson (1950) put it, the goal is one of helping the patient to make his own biography. This has to do with affirming individuality and basic values rooted in biology, family, and culture. Kohut (1971) placed an affirmative empathic attitude at the center of the therapeutic process in his self psychology.

#### Availability, interpretation and shared aspects of therapeutic action

Therapeutic action also relies upon the analyst's availability over time in terms of increasing understanding and interpretive activity. Indeed, interpretation of defense and of internal conflict in the context of transference is regarded as a sine qua non for analytic work. This chapter has given less attention to interpretation since, in contrast to empathy, it has occupied center stage in analytic considerations (see Thoma and Kachele 1987; chapter \_\_\_ in this volume). The developmental orientation endorses the analytic tradition that interpretations need to be appropriate to the level and context of the individual's development to whom they are applied. Accordingly, empathy, although based on the analyst's emotional sensitivity and responsiveness, involves more than emotion. As Kohut put it, empathy involves "vicarious introspection" (Kohut, 1959). It depends on cognition, on perspective-taking, and on knowledge about the other person and the situation. The knowledge required for empathy in therapeutic work can be thought of as a set of schemas or as a "working model" of the patient (including past, current, and transference aspects) that undergoes continual updating over the course of treatment (Basch, 1983; Greenson, 1960).

A theme of this chapter is that the developmental orientation is forward-looking as it points to making use of the past in the reflected upon experience of the present within the analytic process. From this perspective, the analyst's availability includes an appreciation not only of complex affects, but of complex intentions, and of a wider cognitive range that contributes to the patient's feeling of "being understood." And such availability does more: it anticipates movement and encourages exploration. Rene Spitz (personal communication) used to say that a good psychoanalytic interpretation guides the patient to his next step. It helps the

patient make new connections among affects, memories and actions; it helps the patient move to new possibilities.

Some aspects of interpretation can be thought of as similar to a forward looking process of what a parent or teacher does in child development. We are reminded again of what has been referred to as scaffolding (Vygotsky, 1978); this amounts to an interpretive "pull" toward a higher level of understanding with both differentiation and integration (Loewald, 1960). In Loewald's view this reflects a positive aspect of the "neutrality" of the analyst that includes: ... the capacity for mature object-relations, as manifested in the parent by his or her ability to follow and, at the same time, be ahead of the child's development... In analysis, a mature object relationship is maintained with a given patient if the analyst relates to the patient in tune with the shifting levels of development manifested by the patient at different times, but always from the viewpoint of potential growth, that is, from the viewpoint of the future [p. 20].

The middle phase of analysis is when there is a deepening of transference experiences and their resistances as well as some interpretive understandings of these experiences. In the course of concentrated work, there is an expanding sense of meaning. The analyst is available to the patient for a continuing experience in which there is an increasing respect for individuality, defensive struggling, and the quest for truth. Both participants engage in a contrasting of "now" versus "then" experiences in the light of varying transference manifestations. Exploration is valued in the face of conflict.

The sense of mutuality has now progressed within the patient-analyst relationship experience to the point that there is more of a sense of "we" that is affective as well as cognitive. Moments of intense feelings of togetherness and of shared meaning are extremely important for psychoanalytic work. Such moments often precede and surround productive work within interpretive activity and they contribute to the regulation of previously warded-off affects. It is also the case that such moments occur at different levels of organization (and co-organization). In addition to the analyst's emotional availability providing a "background of safety" for overall analytic work (Sandler, 1960), the analyst serves as a "beacon of orientation" (Mahler et. al., 1975), providing reassurance for new directions and more specific work. More reflective exploration can go on in the midst of uncertainty and painful emotions.

Moreover, from the vantage point of the basic motivational features of development reviewed above, something further can be suggested in this process. Normative, biologically prepared developmental processes may become actualized that are fostered by the interactive, emotional availability of the analyst. This may lead to a resurgence of activity and cognitive exploration in which affects are more regulated, and with reflections about self and others in which new possibilities for adaptation are envisioned, discussed and tried.

Two examples can illustrate the above points about the analyst's availability and mutuality. The first example concerns a man in his 30's who had experienced a prolonged period of parental unavailability in early childhood. During the analysis he repeatedly found himself yearning for a responsive presence—at times with memories of mother's unavailability and at times with memories of father's unavailability. After three years of analysis he talked in one session about his experience during a recent vacation. He had felt lonely and anguished and found himself having imaginary dialogues with the analyst, and these gave him comfort. Patient and analyst then began to reflect on the progress that had occurred in the analysis; poignantly,

the word “we” was used by each to describe shared understandings of both struggles and gains. A second example is one that comes from the research study of a recorded analysis using the case of Mrs. C (Spence, Mayes, & Dahl, 1994; Mayes, & Spence, 1994). This study illustrates a point made earlier that internalized relationship patterns are repeated in the context of the analytic relationship that develops over time. The researchers found that the analyst’s interventions were correlated with a pattern of pronoun usage occurring in the patient’s speech, a correlation that increased over the course of the analysis and was especially prominent in the final phases of treatment. From a detailed study of these patterns the researchers concluded that they indicated an increasing sensitivity of the analyst to a repeated special mode of interactive experience. They also speculated that this may have reactivated a special form of developmental experience, one that was positive and shared, the prototype for which was the contingent responsiveness experienced in the mother-infant relationship.

A sense of “we” that develops in analysis, in analogy to the early caregiving experience, organizes (by interpretation) what was previously less organized, as we discussed in the previous section. And in this the analyst, as Loewald states, “functions as a representative of a higher stage of organization and mediates this to the patient” (Loewald, 1960, p.24). There is a gradient of knowledge and expertise in the analytic relationship just as there is in early caregiving relationships. Thus cycles of increased organization and shared meaning occur with interpretive activity. But it should be emphasized that analytic work is not easy. Progress is not linear. Disorganization and reorganization are recurring processes within the analytic experience.

A few words about the termination process. In terminating, there is a necessary reworking not only of conflicts about leaving, but also of what has been experienced throughout treatment. The patient needs to put in place the shared meaning of what has occurred. Correspondingly, the analyst needs to acknowledge the validity of the patient’s increasing autonomy. We are reminded again of a basic feature of the development process: in early caregiving secure attachment generates exploration (Bowlby, 1969); in like manner, the capacity for intimacy and the capacity for autonomy develop alongside each other—they do not compete. The patient mentioned above began increasingly to talk about his increased energy and interests outside of analysis that included new satisfying experiences in family relationships and at his job. He had come a long way in his analytic work and in his life. He was ready to move on.

### Moving beyond

The past is not forgotten. It was an early discovery of psychoanalysis that the conflicted past is not only consciously remembered but is remembered non consciously by way of patterns of behavior and symptoms. The developmental orientation emphasizes that “the use of the past” can occur as a product of analytic work. As one understands more about past conflicts and struggles, and as one gains empathy for one’s self in the past as contrasted with the present, one can appreciate the value of others and self in an ongoing representational world. One can then make a useful biography (as Erikson put it) and have useful ancestors instead of ghosts (as Fraiberg and colleagues put it). It is not enough, however, to reflect upon and understand one’s conflicted and painful past; nor is enough to make a biography with a background of ancestors. New possibilities for living in the present must be envisioned and tried out.

Perhaps in the early days of psychoanalysis when behavior was seen through a deterministic lens the past was viewed more simply. Now we are in a different world, with

science recognizing uncertainty and with influences on behavior seen as probabilistic. The developmental sciences have shown us that genetic influences are strong but such influences typically depend upon environmental interactions across the course of development, and operate according to what developmental biologists refer to as “probabilistic epigenesis” (Gottlieb, 1992). Thus seeking alternatives and new possibilities seems more important in today’s world.

As we have reviewed, the developmental orientation adds a forward-looking perspective for understanding the psychoanalytic treatment process. The psychoanalytic patient in treatment not only comes to regulate affect with more anticipatory signaling adaptive functions in the midst of conflict, and not only comes to be aware of new adaptive possibilities to old repetitive conflicts -- -- but such a patient also tries out new alternative modes of being and interacting. In the later phases of analytic work, much of this trying out occurs within the newly experienced relationship with the analyst, and much of it, increasingly, also occurs in relationships outside of the analytic treatment situation. In other words, in the course of the analytic developmental experience the patient begins to put into action and practice the new possibilities that are realized and to find suitable replacements in life for old repeated maladaptive patterns.

As mentioned earlier, the developmental orientation makes use of knowledge gained from other disciplines in the developmental sciences. Developmental psychology has recently become aware that future oriented mental systems, such as anticipatory processes, expectations and plans, although understudied, are essential for life and development and hence they are now the subject of active investigation (Haith et. al., 1994). Similarly, the developmental orientation of psychoanalysis indicates that forward looking processes are essential for successful treatment; hence one hopes they will be the subject of increasing attention. More than envisioning alternatives to old maladaptive patterns, however, analytic patients need to *practice* new possibilities.

Contributions from other disciplines are also instructive and point to the importance of practicing. Both learning theory (Wachtel, 1977) and the newer discipline of connectionism (Huether, Doering, Ruger, Ruther, & Schussler, (1999) bring emphasis to the finding that extinction is an active process involving the acquisition of new responses, skills or connections; it is not a passive one of decay. Thus old painful memories, difficulties, expectations and connections are not simply forgotten in successful clinical work, they are replaced. An implication for psychoanalysis is that new satisfying experiences need to be put into play in order to inhibit old maladaptive behavior patterns. It is not enough to understand or make connections with reasons for symptoms or reasons for self-defeating behavioral patterns. The developmental orientation indicates that new beginnings require not only cognitive explorations but also the practicing of new alternatives.

Much of this line of thinking is new territory for psychoanalysis and will be seen as controversial and even unsettling by some who are less used to this line of thinking. What the developmental orientation indicates is that psychoanalysis needs more useful theory and research related to practicing in the midst of new beginnings. It indicates we need more knowledge about how to facilitate practicing experiences within analytic settings without being intrusive or directive and as patients become more autonomous and prepare to move beyond. Freud was concerned at the end of his life with issues of what could be accomplished using the phrase

“analysis terminable and interminable” (Freud, 1937). The developmental orientation rephrases issues for the ending of analysis as “development terminable and interminable”.

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