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WHEN INTERPRETATIONS DERAIL THE PATIENT: EXAMPLES FROM CONTEMPORARY CONFLICT THEORY

Presenter: Henry Friedman, M.D.
Date: March 22, 2007

Dr. Henry Friedman, Associate Clinical Professor of Psychiatry at The Harvard Medical School and Teaching and Supervising Psychoanalyst at the Massachusetts Institute for Psychoanalysis, offered a provocative presentation challenging traditional psychoanalytic treatment's primary focus on intrapsychic conflict and uncovering the unconscious, suggesting that this exclusive focus may inadvertently undermine the quality of a patient's life by overlooking a patient's present symptoms, current life problems, and corresponding life goals. Moreover, Friedman implied that analytic insight alone is insufficiently therapeutic; he instead posed that an emotionally curative relationship between patient and analyst, in which the analyst fully invokes his or her subjectivity, is a necessary ingredient for a successful treatment outcome.

To illustrate his points, Friedman referenced a case presented in Abend's (2005) article, "Analyzing Intrapsychic Conflict: Compromise Formations as an Organizing Principle," to contrast Abend's more classical treatment approach with his own. The young male patient had grown concerned that his fiancée, who had used her engagement as a reason to quit her dissatisfying job, was spending money excessively and failing to find work elsewhere, despite her promises to do so. Only in his analysis did the patient express doubts about his fiancée's sincerity in her feelings for him, questioning whether she was instead exploiting him financially; however, he did not raise these concerns with his fiancée and continued to accept her spending behaviors and unemployment.

As described by Friedman, Abend's analysis of this case primarily focused on intrapsychic conflict and the ways in which the patient's current relationship with his fiancée was reflective of his relationship with his mother. The patient's mother was described as narcissistic in character,

devaluing of her successful but passive husband, while possessively idealizing her son, who was touted as superior to his father and siblings. Specifically, the seductiveness of the patient's mother, in the form of her possessive idealization of the patient, was viewed as the explanation for the patient's conflicted attraction to women, in which he found suspect women's motives in attaching to him. Friedman agreed that the patient's childhood relationship with his mother influenced his relationships with women, disposing him to be far more acquiescent of questionable treatment by women as the patient had never known a healthier dynamic, but he believed it had not distorted the reality of the patient's perceptions of his fiancée, as the patient was in fact struggling with genuine relationship incompatibilities with his fiancée. The patient's attachment to a narcissistic mother perhaps also encouraged the kind of dependency on a woman that would make his separation from her a guilt-inducing experience, not allowing the patient to broach his doubts about his fiancée to her more directly because he may have felt that he had no right to question her behavior. Doing so could possibly engender a narcissistic rage reaction, which the patient, in his guilty dependency, would naturally wish to avoid.

For these reasons, Friedman would alternatively not only observe and reflect upon the patient's passivity in confronting his fiancée but also urge the patient to speak directly with her concerning his doubts. For Friedman, failing to help the patient trust and use his perceptions of reality to identify the very real relationship problems he was experiencing constituted a disservice to the patient because it ignored the patient's potential well-being and the character pathology of the patient and fiancée.

Friedman concluded that the analyst's subjectivity is at the heart of intervention. Rather than routinely framing a patient's conflicts with others as symptoms and intrapsychic compromise formations, Friedman preferred to acknowledge the interpersonal nature of many of these relational conflicts and suggested that they may in fact portend character pathology. He advised appealing to the transference in order to assess the extent to which a patient is grounded in reality and what interpersonal problems might therefore be explained by deficits in reality testing. If a patient is unable to accurately assess that another person is dangerous to him or her, Friedman argued that merely interpreting how the patient's genetic material influences the present would nonetheless still leave the patient in the dark as to the potential for harm from a dangerous other. Thus, Friedman was not opposed to advice giving under these circumstances.

Friedman also extended the analyst's use of self in treatment to include summoning the analyst's personal experiences of being in the world and relating to others, that withholding the wisdom gained from the analyst's

life experiences necessarily forces a patient to relate to what he referred to as the analyst's "false professional self," which would defeat the receptive attitude to alternative perspectives that Friedman wishes to cultivate in the hope that such respect for pluralism would advance the treatment. By the same token, Friedman reminded us that making room for new ideas also means conceding the possibility that the patient's understanding of his difficulties may in fact realistically reflect the patient's problems and should not therefore be routinely discounted as manifest content disguising latent infantile meanings.

A provocative discussion followed Dr. Friedman's presentation, primarily addressing matters of technique, specifically the analyst's self-disclosure and use of the analyst–patient relationship. Friedman advocated answering most patient questions without first exploring the meaning of the question because to not do so was "rude," and communicates that curiosity is intrusive, thereby encouraging patient compliance. Friedman did not believe that such disclosure would foreclose analytic space for exploration and fantasy because the space to explore is created by the analyst who conveys respect, decency, and amiability in his manner. Friedman so privileges the relationship that he advised adjusting the treatment's frame and parameters from patient to patient, attuning oneself to patient needs in order to preserve the therapeutic relationship. Given that the aim of analysis is transformation of some sort, Friedman argued that rigid adherence to therapeutic rules stifles dynamic movement, and thus adjustments need to be made from patient to patient so that the relationship does not erode and is instead used as a vehicle for change.

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REFERENCE

Abend, S. (2005). Analyzing intrapsychic conflict: Compromise formation as an organizing principle. *Psychoanalytic Quarterly, 74*(1), 5–25.

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