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CONTINUING RESEARCH:
THE MODIFICATION OF
DEFENSES IN PSYCHOANALYSIS

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Emanuel Windholz introduced the report, which was based on a research project¹ concerning changes in the defenses of the ego during psychoanalysis. He briefly described the history of the project, which grew out of a purely clinical study of the analysis of a patient with an obsessive-compulsive character disorder. The study provided some preliminary formulations about the patient's defenses and how they changed during the course of the analysis; the research grew out of an attempt to extend these findings and to evaluate them.

Joseph Weiss presented a paper, "The Emergence of New Themes in Analysis: A Contribution to the Psychoanalytic Theory of Therapy," opening with the question: How does a patient become able to bring forth a previously ward-off mental content? A basic theoretical idea that has guided the group's thinking about this question is that the ego plays a predominant role in this process, ordinarily bringing ward-off contents to the surface only when it is safe to do so. This idea helps to account for the observation that the neurotic patient is not ordinarily overwhelmed, and hence traumatized, by the emergence of ward-off contents.

It is only in unusual circumstances in the analysis of a neurotic patient that the ward-off impulse overwhelms the ego defense and breaks through to the surface. When this does occur, the emergence of the impulse is more apt to be traumatic and disruptive than therapeutic. The patient is apt to repress the impulse as soon as he can, or, if he cannot repress it, he may retain it in consciousness as part of a symptom: or he may act it out.

An example of a theory which ignores the role of the ego in bringing

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¹ The San Francisco research group members are Edward Hause, Lucille Miodnosky, Haskell Norman, the late Ralph Potter, Harold Sampson, Robert Wallesen, Joseph Weiss, Jules Weiss, and Emanuel Windholz. The research is now supported by NIMH Grant No. 13195-01.

forth a warded-off content is one developed before ego psychology, that the frustration in the transference of a warded-off content may play a major role in bringing it to the surface by causing an increase in the thrust of the impulse to consciousness. Although unsatisfactory, this theory has seemed to work because it makes a valid connection between the neutrality of the analyst and the emergence of a warded-off impulse. The neutrality of the analyst is indeed connected causally with the emergence of the warded-off impulse, but not primarily because it frustrates the impulse. Rather, it is because it makes it safe for the patient to experience it.

Weiss, by asserting the predominant role of the ego, took a position in the theory of therapy parallel to the theory of affects in *Inhibitions, Symptoms and Anxiety* wherein Freud pointed out that the neurotic adult's anxiety ordinarily is not instinctual anxiety, produced by the damming up of instinct, but signal anxiety produced by the ego. Similarly, the appearance of warded-off contents ordinarily is not the result of the damming up of these contents leading to a breakthrough of the patient's defenses; it is rather the result of the ego's evaluation that it is safe for the patient to experience them.

The ego works to prevent traumatic states and, in the neurotic patient, generally succeeds. Exceptions to this safety principle may occur when the ego misjudges what it can tolerate, so that it lifts its defenses too readily, or when a warded-off content overwhelms the ego's defenses and breaks through to the surface.

A patient may become able to bring forth a previously warded-off content once his ego has acquired a greater capacity to control it, as, for example, in the development of insight as a result of interpretation. The patient comes to connect the previously warded-off content with words. The ego, which can focus attention on verbal elements, becomes better able to focus attention on the mental content. Furthermore, the linkage of the mental content with words brings the content into associative connection with other parts of the ego which make use of verbal symbols. As a result of these changes, the ego acquires more control of the content and, hence, is better able to consciously tolerate it.

Weiss cited two commonplace situations in which a person may lift his defenses and bring forth the contents warded off by the defenses: during sleep, or while listening to a joke. Each of these may be understood in terms of the safety principle. Because during sleep there is a greatly diminished possibility of motor action, a person can experience contents in his dreams, for he is in no danger of expressing them in action. In the case of humor, a person who hears a joke may, by identification with the ego and superego of the teller of the joke, temporarily gain the strength to tolerate a content that he ordinarily wards off by defenses.

Another everyday phenomenon understandable in terms of the safety principle is that of crying at the happy ending. Certain individuals cry at the happy ending of a movie rather than at the depressing events preceding it.

The grief and the impulse to cry are warded off until the situation no longer merits this reaction. When, at the happy ending, there is no longer the need for grief to be warding off, the defenses that were keeping it unconscious can be lifted. After the defenses are lifted, the energy that was used to maintain them is unnecessary and may be discharged, causing pleasure and allowing for the expression of grief.

Current views of defense analysis are not explicit about how the successful analysis of a defense enables a patient to bring forth the mental content previously warding off by the defense. In an early model, the successful analysis of a defense was seen as abolishing it, and thus permitting the warded-off content to rise to the surface, propelled by its own thrust. This model did not grant the ego a sufficiently important role in bringing the warded-off content to the surface, and has been, of course, changed as a result of ego psychology. It became generally recognized that the ego continues to use various counter cathetic mechanisms even after successful analysis. Analysis does not abolish defenses; rather, it modifies them.

Weiss suggested that the essential change brought about by the analysis of a defense is a change in the relationship of the defense to the rest of the ego. Before analysis, the unconscious defense is, as Freud has pointed out, "segregated within the ego," so that it does not necessarily function in harmony with the major trends of the ego. Because the patient cannot regulate his defenses, he cannot use them to regulate his warded-off impulses and affects, and so the unconscious defense is unsatisfactory as a regulatory mechanism. Weiss proposed that the successful analysis of a defense brings it under the control of the rest of the ego, so that it comes to function in harmony with its major trends, and is thereby changed to what Freud called ego-syntonic control. A patient can use a control mechanism that has developed from the old defense more or less at will to regulate the content previously warding off by the defense. However, since the control mechanism is ordinarily not cathected with attention, it functions outside the patient's awareness. The regulatory power provided by the control makes it safe for the patient to experience the previously warding-off content.

Weiss cited the example of a patient who used his unconscious stubbornness to ward off frightening homosexual fantasies about the analyst. That is, his stubbornness served as an unconscious defense against his passive homosexual wishes. The patient, of course, could not control his stubbornness. Therefore, he could not use it to control his homosexuality. When, as a result of analysis, the patient gained insight into his stubbornness, acquiring control over it, he began for the first time to bring his homosexual fantasies to the surface. His capacity to control his stubbornness, so that he could become stubborn at will, made it safe for him to bring forth his homosexual fantasies.

Whereas stubbornness may be regarded either as a defense or as a drive derivative, undoing may be conceptualized only as a defense. A patient with an obsessive-compulsive character disorder used the unconscious defense of undoing to ward off threatening affects. When an affect began to threaten

him, he felt forced to shift away from the idea or activity with which it was connected to an idea or activity connected with a different affect. He experienced the new affect as magically undoing the previous one. But as the new affect eventually began to threaten him, he repeated the process. The patient could not control his shifting from one idea or activity to another. His undoing defense prevented him from experiencing strong affects, but it did not provide him with much control of his affects. Because he could not regulate this defense, he could not use it to regulate his affects.

Analysis of the patient's undoing defense took about a year and was more or less successful. As he brought the undoing defense under the control of his ego, he began to experience strong affects that previously had been too threatening for him to tolerate.

Weiss then presented an example of defense analysis which he compared with the crying-at-the-happy-ending phenomenon. A patient unconsciously warded off his underlying feelings of sadness by a kind of denial, rarely acknowledging frustration or disappointment. He maintained an attitude of happiness and contentment, but he could not consciously tolerate his feelings of contentment. He felt guilty about his happiness, for he believed he could only feel happy at some other person's expense. For this reason, he warded off feelings of contentment by secondary defenses. The successful analysis of the patient's guilt over his contentment enabled him to experience it. He began consciously to enjoy life more than in the past. As he became able to do this, he also became able to feel sad. His capacity for happiness made it safe for him to tolerate his sadness.

Harold Sampson reported on "An Empirical Study of the Analysis of a Defense and the Emergence of Warded-Off Contents." The theories which were developed in Joseph Weiss' presentation were based on a close study of clinical material. The research group wished to go beyond the traditional case study method with its relatively informal, private, and implicit standards of evidence and confirmation. They wished to clarify concepts sufficiently to make reliable the links between concepts and observations, and, furthermore, to make these observations as public and as objective as possible. The initial studies were carried out on case material from the analysis of a 35-year-old, single male graduate student suffering from severe obsessive compulsive character problems. The analysis lasted over 800 sessions, was considered successful by the treating analyst, and was completed several years before this project began. The analyst had kept daily summary process notes of each session, which form the basic data for the work reported here. The first "unit" of the analysis studied was 108 sessions. This unit was chosen arbitrarily, as long enough to make it likely that some significant change in a defense would take place, yet short enough to lend itself to intensive study and group discussion by the research team. Preliminary review of the unit disclosed that the defense of undoing was the main subject of the analyst's interpretations during this period. Further, the defense appeared to undergo

changes consistent with the conception that defenses do not disappear when analyzed, but become integrated within the ego as regulatory mechanisms. These changes in the defense also appeared to be associated with the emergence of strong emotions, which had been warded off by the undoing mechanism in conjunction with isolation.

The researchers now wished to test—on the basis of observations which could be made reliably by independent judges—whether there was a demonstrable transformation of the patient's unconscious undoing defense into an ego-syntonic control mechanism and, further, whether the integration of undoing was associated with the patient's coming to experience strong affects. The research proceeded in step-wise fashion. The first step involved intensive clinical study and induction in order to discover, describe, and conceptualize changes in the defense of undoing during this unit of analytic work. This step involved clarification of concepts, and linking of concepts to observations. The second step was to demonstrate that these changes in the defense actually took place—i.e., that the changes could be observed reliably by independent judges. Sampson described the use of objective coding or scaling procedures which minimized clinical judgment. The third step was to determine whether the reliably observed changes in the defense of undoing occurred in accordance with the theoretical expectations; that is, whether there would be an orderly series of changes from less integrated to more integrated. In this step, a statistical test was applied. The fourth step was to develop reliable measures of the patient's affective experiences so that it could be demonstrated whether and when strong affects appeared. The fifth step was to examine the relationship between the integration of the undoing defense and the appearance of strong affects, to determine whether these changes were closely associated, as would be expected. Again, a statistical test was applied.

Sampson described how, on the basis of the first step, the clinical inductive study, four stages of increasing integration of the undoing defense were defined. He explained in some detail the concept of the undoing mechanism as used in this research. Freud, in *Inhibitions, Symptoms and Anxiety*, described undoing in regard to certain compulsive symptoms which occurred in the form of paired acts, the second of which magically nullified the first. In an extension of the original usage, undoing has also been applied to sequences of ideas or attitudes, in which the second idea or attitude magically cancels the first. Sampson and Joseph Weiss defined undoing as the unconscious *shifting* from one action, or idea, or impulse, or attitude, to an alternative in which the second tendency is experienced as magically nullifying or canceling the initial tendency. Undoing processes may be observed with great frequency in many obsessive-compulsive patients. According to this definition, it is not the second action or idea or attitude which is considered the undoing *process*, but rather the unconscious *shifting* between the opposing alternatives, with the accompanying magical idea that one alternative nullified the other. Sampson emphasized this point because it appeared that

the ego of the patient acquired control not simply over particular mental contents, but rather over the process of *shifting*. The patient acquired the capacity to shift at will between alternative mental tendencies, whereas shifting initially occurred unconsciously, involuntarily, and with the meaning of magical nullification.

On the basis of this conception of the defense, it was possible to describe stages of increasing awareness of, and control over, the initially unconscious and involuntary shifting between alternative tendencies. These stages were defined in terms of the patient's observations about alternative mental tendencies within himself, and awareness of shifting between such tendencies. In stage one, the patient had no awareness that he shifted between one alternative tendency and another. During this stage he maintained the view that he could not have alternative ideas about any particular situation. This was a defense against any awareness of his shifting; that is, it was a secondary defense against awareness of the primary defense of undoing. If he had allowed himself to experience situations as open to choice, he would have experienced doubt, indecision, and confusion as a result of automatic vacillation between alternative tendencies. In stage two, the patient relaxed his secondary defense. He became aware that he experienced alternative tendencies within himself and felt confused by this observation. Although he was now aware of opposing mental tendencies, he was not yet aware that he shifted back and forth between these tendencies. In this stage, although the patient cannot yet observe his use of undoing, the undoing process is readily observable to the analyst.

In stage three, the patient directly observed undoing processes. He observed himself shifting, for example, between alternative positions, balancing one idea against an opposing idea, turning involuntarily from one train of thought to an opposing train of thought. In this stage, he became aware that he used one idea or attitude or activity to cancel out another, and, further, he became aware that the idea that one tendency could actually cancel out another was irrational. In stage four, the patient observed that he could control his shifting, that he could deliberately or actively shift from one alternative to another, and also could keep to one train of thought without shifting to its opposite. These are self-observations of a regulatory process, derived from the earlier undoing mechanism, but now shorn of its magical properties and acting in harmony with other ego interests and trends. This stage four is transitional. In a hypothetical stage five, in which the regulatory process is fully integrated, the patient would not continue to observe and comment on it. The process would operate smoothly and, ordinarily, without any special attention-cathexis. Thus, it would no longer be detectable in terms of self-observation by the patient and would require definition in terms of such ego capacities as voluntary persistence in a desired activity and flexibility in turning from one activity to another voluntarily.

On the basis of this rationale for the four stages, a series of rules was developed which would enable independent judges to read the process notes

of the analytic sessions and determine what stages of the integration of undoing were observable in each session. A four-stage scale was constructed for the integration of undoing that could be applied to notes of analytic sessions by independent judges. Each analytic session would receive a single "integration of undoing" score based on the highest scoreable instance within the unit. Many sessions would, of course, have no self-observations by the patient scoreable by the scale.

Three psychologist-judges were selected and trained, and they independently scored batches of forty sessions which were presented to them in random order, so that they could not detect whether they were scoring an early or late session. Statistically, interjudge reliability was found to be very satisfactory. Each session was given an integration-of-undoing score determined by the agreed upon rating of the three independent judges or, when disagreements occurred, a consensus score reached by discussion between raters. When the scrambled sessions were rearranged in proper order, stage one scores were mainly grouped in the first 36 analytic hours; stage two scores bunched up between the 19th and 72nd sessions, stage three scores were concentrated between hours 73 and 108; and stage four scores in the last 18 sessions. This ordering was statistically significant. Thus, the distribution of scores was consistent with our expectations and supported the thesis that the patient acquired progressively greater awareness of, and control over, his undoing defense during this period of analytic work. The results also suggest the continuity between the initially pathological defense, as defined, and the emerging ego capacity to shift or not shift between alternative tendencies.

The first interpretation by the analyst of the undoing defense occurred in interview 61, with subsequent interpretations occurring in interviews after 79, bunching up between 98 and 108. The analyst showed the patient that he was turning away from one idea when it was beginning to be uncomfortable, to an opposing idea. Some interpretations also exposed the idea that one tendency nullified another. The patient moved from stage one to stage two without interpretation of the defense. This change appeared to result from increasing confidence in the analyst which permitted the patient to relax his secondary defense and to tolerate experiences of mental confusion and inner contradiction. The changes to stages three and four, however, appear to have been dependent upon interpretation.

The second stage of the initial study tested the clinical formulation that, during the first 108 hours of the analysis, the integration of the defense of undoing enabled the patient to experience strong affects. The defense of undoing attenuates affects because each incipient affect, connected to one action, idea, or attitude, is immediately canceled out by an opposite affect connected to an alternative action, idea, or attitude. So neither one feeling nor its alternative can develop strongly. To test the hypothesis that the integration of undoing enabled the patient to experience strong affects, it was necessary to develop scales to assess the patient's currently experienced

and acknowledged affect. The purpose of these scales was to permit reliable description of changes over time in the type, intensity and variety of the patient's conscious emotional experiences. Clinical judgment and inference were deliberately minimized in developing scoring procedures, and the scales were restricted to those affective experiences which the patient directly acknowledged. The patient's generalized statements indicating uncertainty about whether or not he experienced an affect were eliminated by detailed scoring rules, so that the scale would identify only actual affective experiences. Memories of temporally remote affects were not scored.

Dysphoric affects were reported frequently by the patient and as experiences ranging from mild to very intense. The *dysphoric scale* was developed to score such affects as anxiety, guilt, depression, and embarrassment. Intensities were scored as mild, moderate, strong, and intense. Nondysphoric affects, such as excitement, enthusiasm, pleasure, happiness, anger, etc., were reported relatively infrequently, therefore were scored only for presence-absence. The few weak or ambiguous instances of these affects were eliminated by scoring criteria so that intensity scores would not be required.

Three new judges were selected and trained. Each rated batches of sessions independently for the various affects. Interjudge reliability was high. The results showed a statistically significant relationship between the integration of undoing and the emergence of strong nondysphoric affects; the presence of more than one type of strong affect in a session; and the presence of opposite affects in a session. There was *not* a statistically significant relationship between the integration of undoing measures and the emergence of strong dysphoric affects. These affects were prominent throughout the period of analysis studied. However, the most *intense* dysphoric affects did appear only as the defense of undoing became integrated. Overall, with the exception noted, the findings are consistent with the hypothesis, and support the thesis that it is the integration of a defense within the ego which enables a patient to experience the mental content formerly warded off by the defense. Sampson pointed out that a number of different, more or less plausible, explanations of the observed results could be offered, and that there is no definitive way of choosing between them on the basis of a single study. Covariance does not prove causation. He went on to discuss methodological issues in this kind of naturalistic study of the individual case, which may be summarized as follows:

1. In order to study changes taking place over extended periods of time, the condensed data of process notes is required rather than the more complete, more accurate, and impossibly voluminous data provided by audio tape recordings or transcripts of them. Good process notes provide enough information for the kinds of descriptions required, but such notes are inevitably and indeterminately distorted, as all studies have shown, by the many inherent limitations of the analyst as observer and recorder. In the work reported in this panel, only process note data were used; but subsequent

work will be based on the cases in which audio tape recordings can be used to check the process note findings.

2. The analyst's conscious and unconscious biases may influence the processes studied, as well as just the process notes. As an initial step toward controlling this problem, Sampson and the research team intend to study material from four analyses conducted by four analysts, one (or more) of whom will be outside the geographical area of the research team, and neither familiar with nor an adherent of the viewpoint of the research team.

3. In the absence of experimental control of variables, there is no certain way of choosing among alternative explanations of observed covariances, even though not every explanation is equally plausible. A major alternative to experimental control is replication. Successful replication of the hypothesized relationship between integration of a defense and the emergence of warded-off contents—across defenses, patients, analysts, and theoretical beliefs—would greatly strengthen the credibility of the hypothesis, and would correspondingly reduce the credibility of the *ad hoc* explanations which seem plausible with regard to one particular observed change. In the same case as already reported, a replication study with another defense was done, using an analogous series of four stages of integration.

4. The use of objective measures, scoreable by independent observers with satisfactory interjudge reliability, is a crucial aspect of the methodology. These measures are developed to fit the specific case, and are subject to the danger of *arbitrarily* selecting criteria to confirm the hypothesis. The research group was preoccupied with this issue because it necessarily had to study and interpret manifest data in terms of inferential concepts (defense). The group plans to deal with this problem in two ways. The first involves a prediction study, in which it would be specified in advance, on the basis of early observations alone, what observable phenomena in later sessions would be taken as evidence that a particular defense has become integrated. Making specifications in advance for new defenses in new cases may be difficult. A second method is designed to protect against arbitrariness in selecting criteria for stages of integration when prediction is not used. The specific observations selected and assigned to each of the four stages of integration of the defense, on the basis of case study, will be judged for scale relevance and stage assignment by independent professional judges in terms of the rationale of the scale and of the stages. This test will provide protection against selection of criteria in an arbitrary manner to prove a point. A pilot study of this procedure is currently under way.

In discussing the two presentations, Robert Wallerstein raised the question of why more formal systematic research, as presented by the panel, is required for further scientific advance in psychoanalysis. For there is no need to document the extraordinary reach of the traditional case study method innovated by Freud. The whole corpus of psychoanalysis, the closest in existence to a general psychology, brilliantly attests to the explanatory

power of the theory derived from the data of the consulting room. In contrast, formal research methods and research inquiries in psychotherapies have exerted very slight influence on the theory and practice of psychotherapy.

In spite of the fact that understandings in psychoanalysis have not been much enriched thus far by formal research, it is necessary to be cognizant of the limitations of the case study method as a source of prospective continuing knowledge. These limitations have been clearly and variously summarized. O. Shalov observed that data reported by an analyst have intrinsic inadequacies because the analyst, in addition to being an observer, is himself a participant. Glover² focused on the distorting biases fostered by the very conditions of analytic life. "Analysts of established prestige and seniority produce papers advancing a new theoretical or clinical viewpoint or discovery. If others corroborate it they tend to report that; but as others feel reason to reject it, this scientific 'negative' does not get reported. So ultimately it is canonized 'as so-and-so has shown.'" For this reason, Glover felt it almost inevitable that a great deal of what passes as a tested theory in psychoanalysis is little more than speculation varying widely in plausibility. Such defect is not corrected within the training situation, which Glover felt tends rather to perpetuate error through its hothouse atmosphere and the ready ascription of dissent or question to "resistances" that the candidate must overcome.

Gill has commented on the limitations of the treating analyst as a sole research observer and reporter imposed by problems of the countertransference. According to Gill,³ the research problem created by countertransference is that of properly calibrating and recording one's self (the analyst) as the observer in researches that rest, after all, on human assessments and not on dial reading. "In a case report, we hear nothing of the subtleties of the analyst's attempt to understand and evaluate his own role in the 'experiments' he conducts with each patient, and thus we must take on faith that individual idiosyncrasies have played a minimal role in the observations and in the conclusions drawn from them. . . . In no other branch of science are we willing to refrain from inquiring into the possible sources of error inherent in a recording apparatus or in the design itself."

Wallerstein continued that some analysts regard the standard psychoanalytic situation as close to a research (even a quasi-experimental) method. According to this view, the psychoanalytic situation is a relatively stabilized, recurring experimental situation in which the experimenter (the analyst) introduces independent variables (interpretations and other specifiable interventions) and can then predict and ascertain their impact on all the dependent variables within the situation.

Wallerstein himself felt that the analytic hour in itself is far from a quasi-experimental situation, for the criteria for such a situation are most

² Glover, E. (1962), Research Methods in Psychoanalysis. *Internal. J. Psychoanal.*, 33:403.

³ Gill, M. (1947), In Margaret Brennan, Problems in Clinical Research; Round Table, 1947. *Amer. J. Orthopsychiat.*, 17:216.

stringent. J. K. Feibleman described an experiment as a "controlled observation of what happens when some segment of the natural world is forced into an alternative in which it will be as easy to obtain a negative as a positive answer." Analytic research does not appear to satisfy the criteria for a semi-experimental approach. Psychoanalysis has indeed profited enormously from the natural observations of gifted individual observers. Analytic work, however, can at best arrive at circumstantial evidence of the plausibility of an interpretation, but not yet of its unique necessity. To move now beyond this sense of plausibility, sustained by inner conviction, toward the more usual scientific criteria of replicability, the procedures of the traditional psychoanalytic case study need somehow to be formalized, especially in their verification phases. This, then, is the scientific rationale and justification for the kind of research that the group in San Francisco has been conducting.

There are some specific methodological problems of the informal case study method which must be dealt with in transforming that method into a more reliable and objective research instrument. The problems included are: (1) that the basic observations are not ordinarily public—that is, they are directly available only to the treating analyst, and not to independent, concurrent observations; (2) that the ways in which the observations are usually reduced, ordered, and summarized to develop or to test hypotheses are also not ordinarily public but reflect, rather, the private judgments of the analyst-investigator; (3) that the clinical retrospective method, in which causes are inferred after the fact from a study of the consequences, involves problems of built-in circularities of reasoning; and (4) that there are problems of generalizing appropriately from observations made in single or few cases. Questions corresponding to these problems can be listed in the same order:

- (1) How ought, and how may the basic data of psychoanalysis be made available to scientific study; by the historical method of "memory only," by the use of process notes as primary research data, and/or by the use of verbatim recordings as primary research data? (2) How may the basic data of psychoanalysis be reduced, ordered and summarized—of what order are these data, how do they relate to the concepts, can clinical judgments or inferences be used as primary data, and how can the so-called "consensus" problem (or what to do when experts disagree) be handled? (3) How or to what extent may circularity of clinical judgment be circumvented? and (4) To what extent can one generalize from one case or from very few?

Emanuel Windholz then reported on the pilot study which he designed as "the consensual analysis." He observed that it is easier to achieve agreement about the meaning of clinical observations if the study is limited to a narrowly defined area in which changes are to be explored. The value of such a research approach was demonstrated by Joseph Weiss and Sampson for studying changes in the defense mechanism of undoing. Validation of changes in the more complex ego activities, such as shifting ego attitudes and

character traits, is much more difficult. This could be facilitated by collecting observations which are available only during analytic supervision. The supervisor, however, participates in the conduct of the analysis and influences it, thus invalidating the use of supervision as a method of research. Windholz proposed that by refraining from participation the role of the supervisor could be limited to being purely an observer. As in supervision, he could use his empathic understanding to collect data about the analyst's nonverbal activity, his analyzing style, and his countertransference. He could record the analyst's evaluations and conceptualizations of the analytic process. These are not included in the analyst's written notes used in our research. Windholz then described some examples of such observations. These are well-known and easily identified phenomena which are characteristic for the conduct of every analysis.

During the first few weeks of an analysis, a patient felt overwhelmed by his homosexual feelings for the analyst. The temptation to act out these homosexual impulses was obvious. The analyst perceived correctly that the patient's acting out was self-destructive and was also a defense against the patient's feelings for the analyst. An interpretation of this as a transference would have been a mistake, for it was an externalization of the patient's wish to be seduced and of the defense against it, namely, to be protected. The analyst's intervention was correctly aimed at the defensive meaning of the impending acting out. He told the patient that the reason why he, a college graduate, now expressed interest in becoming a longshoreman was an expression of his wish to prove his masculinity and to avoid further talk about homosexuality in the analysis. The analyst observed that the patient's experiencing of his homosexual ideas was isolated and intellectualized. While reporting these observations and his interventions, the analyst described some of his impressions about the patient. He felt very much taken by him, by his charm and, particularly, by his unusual capacity for self-observation, as well as by his intelligence and his skillful verbalizations. At this point, the analyst became self-critical for admiring the patient. He asked himself whether he may have been seduced by the patient, responding with unconscious or latent homosexual feelings of his own.

Listening to such self-observations in supervision usually evokes in us the suspicion that these are evidences of countertransference. The analyst is warning himself against such inappropriate reactions. The analyst's reactions, however, are overdetermined. They contain important clues to an understanding of the patient and of the analyst's conduct of the analysis. Subsequent study confirmed that the patient indeed possessed the unusual charm and intelligence described by the analyst. This was one of the reasons why the analyst was so taken with him. The skillful verbalizations were of significance for the assessment of the patient's special ego strength. The capacity for self-observation was highly praised by the analyst. It appeared to him to be a proof that the patient was unusually suitable for psychoanalytic therapy. This was very surprising, inasmuch as the analyst was well aware of the

patient's severe psychopathology. The analyst's guarding himself against the patient's seductiveness was also a sign of his own heightened self-observation. Was the patient putting the analyst on the defensive? Was he also observing him and making him feel uncomfortable? Was the patient's skill in observing himself coupled with an unusual capacity to observe the analyst? These and similar questions were raised by the analyst's verbal reports. Subsequent data confirmed their significance. Moreover, the intervention which the analyst selected was of course overdetermined and had indeed transference implications as well. These were of no dynamic importance at this stage of the analysis. They were, however, clarified a short time later. The patient remembered that he had made an urgent call to his father while in college, telling him that he was troubled by some problems of his sexual life. Like the analyst concerned about the patient, the father rushed to his son, convinced that the boy was involved in some homosexual activity. After he arrived, his son told him only about his concern regarding his sexual impotence. Greatly relieved, the father reassured his son, telling him that he had had similar difficulties in his youth.

Bibring,⁴ enumerating the procedures and techniques which analysts and psychotherapists use, emphasized the role of manipulation. Bibring did not imply any deliberate steering of the patient, which would not be in accord with analytic principles. What he meant by the technique of manipulation was the recognition of the fact that an inevitable consequence of analytic interventions is an influencing of the patient's behavior. Looking back on the technique applied in our case, we can conclude that the patient had to be protected against his homosexual impulses. The interpretation of the patient's need to prove his masculinity was designed to make the patient aware of this. At the same time, the analyst inadvertently warned him against acting out. The patient complied and controlled his impulse. What was impressive was the lack of awareness of the contradiction in the analyst's judgment. He offered the patient support while being impressed by his strength. Indeed, his admiration of the patient was exaggerated. Had he conveyed it to the patient nonverbally? If he had, was his concern justified? The conclusion was obvious. The patient, indeed, needed both: admiration of his strength and masculinity, and protection against homosexuality. The analyst's nonverbal responses offered temporary support to the patient's ego. When they are explored carefully they appear to be selective, aimed at various specific ego attitudes and ego functions, and they fluctuate according to the shifts in the hierarchy of the defenses.

In the course of the next few months, the analyst reversed his judgments about the patient's ego strength. This was to be expected, for the patient suffered from a severe character disorder with borderline features. What was of interest, however, was the analyst's reluctance to acknowledge this. The

⁴ Bibring, E. (1954). *Psychoanalysis and Dynamic Psychotherapies*. *This Journal*, 2:745-770.

new problem which faced him centered around the patient's silences. The patient, very familiar with psychoanalytic technique, took to asking the analyst various questions to which he could not expect any answers. Yet he felt angry and tried to provoke the analyst who remained silent. The analyst was convinced that the patient was fully aware of the meaning of his behavior. It was equally clear that he could "verbalize" what he experienced, and an interpretation of the content was unnecessary. The analyst reported how uneasy he felt. He was convinced that it was necessary for him to remain silent. The complex meaning of the conflicts between the correctly assessed "ego strengths," the patient's verbal capacity, his actual need for autonomy, and his equally obvious need for support were poorly understood at this stage of the analysis. The analyst began to doubt whether his silence was justified, and gradually arrived at a compromise solution. He felt that it was unnecessary to interpret the patient's behavior. The patient's anxiety, however, necessitated some intervention. The analyst made some casual remarks which he described as "making some reassuring background noises," to protect the patient from feeling completely frustrated. About this time the patient had a recollection of lying in front of the warm fire at their country home, listening to the reassuring sounds of his mother bustling in the kitchen.

These oscillating reactions of the analyst are significant for our understanding of the analytic process. Behind the façade of the so-called countertransference are clinical judgments which help the analyst to find the appropriate attitudes for the conduct of the analysis. By frustrations and gratifications he exerts his influence over the regulatory functions of the ego which are threatened by the mobilization of conflicts. The analyst's own grasp of his behavior is impressionistic and can be best explored from his verbal reports. Efforts to observe himself could seriously impair his spontaneity and interfere with his intuition. Yet they are an integral part of the process to which Kris⁵ referred when he observed that "much or most of analytic therapy is carried out in darkness, with here and there a flash of insight to lighten the path. . . but without insight and the ego achievements which lead to insight, therapy itself remains limited and does not retain the character of psycho-analysis."

Some of these "ego achievements," though essential, are transient and difficult to conceptualize. Anna Freud's demand for a systematic study of the analyst's behavior is based on the assumption that it reveals more about the patient's ego. This is the objective of the consensual analysis. Anna Freud described these transient, elusive processes in the following way: "In the variations of the analyst's 'acting out' in technical behavior, we may . . . find new clues to the systematic study of character structures and personalities."

⁵ Kris, E. (1956), On Some Vicissitudes of Insight in Psychoanalysis. *Internat. J. Psycho-Anal.*, 34:452, 453.

⁶ Freud, A. (1954), The Widening Scope of Indications for Psychoanalysis. *This Journal*, 2:609-610.

What she refers to by the term "acting out" in technical behavior are "minute variations in our own behavior and reactions." It is possible to study these variations in the consensual analysis. Anna Freud explains: "In the personal pressure which the patient exerts on us, he betrays the subtleties of his healthy personality, the degree of maturity reached by his ego, his capacity to sublimate, his intellectual gifts and his ability to view his conflicts at least momentarily in an objective manner!"

Windholz described the conduct of the consensual analysis. The observing analyst writes his weekly process notes, his own interpretation of the course of the analysis and of the analyst's behavior. He proceeds step by step with the treating analyst, reading the treating analyst's process notes prior to their meeting. Their conclusions are based on identical data. The danger of being influenced by hindsight is eliminated. The observer can recognize important omissions in comparing the written and verbal reports. These are valuable additions to the group's studies.

The analysis is concurrently audio-recorded. Audio recording of the analysis, as well as the research process itself, inevitably influences both the patient and the analyst. For example, when the analyst expressed his confidence that the patient was an excellent prospect for analysis, he may have concealed concern about the possible failure of the research. His fear that he responded to the patient with countertransference could have revealed his sense of responsibility for the failure of the analysis, which would expose to him. The patient's pride in his skillful verbalizations was partly a response to the recording of the analysis. Research, to which the patient agreed, confirmed his sense of power over the analyst and his feeling that he was selected for his special gifts. The observing analyst is in a good position to follow up the effects of these factors upon both the patient and the analyst.

The utilization of the vast amount of audio-recorded data is another problem which could be clarified with the help of the observing analyst. What are the criteria for the selection of a phase of the analysis for study? Validation of conclusions, clarification of contradictions or confusions, and many other problems could be selected on the basis of these data collected in consensual analysis.

Philip S. Holzman opened the discussion with remarks about the overall research project. He thought the project being discussed was of great importance. Its major significance is not only in the potential clarifying and edifying consequences of the work, but in the fact that experienced, knowledgeable analysts are engaging in a major expenditure of effort and time to examine the psychoanalytic process. This is psychoanalytic research on the psychoanalytic process, as contrasted with nonpsychoanalytic research on the psychoanalytic process, or psychoanalytic research outside the psychoanalytic process. The research team is composed of senior analysts and recognized major contributors to the research literature. Thus, the treatment process can be studied almost in its ideal form, in contrast with studies in

which treatment was done by residents, psychology students, or psychiatrists whose competence is considerably less than that represented by this group. Further, the research is carried out under the auspices of the San Francisco Psychoanalytic Institute with the complete support of the Department of Psychiatry at Mt. Zion Hospital. This is a fortunate merging of clinical skill and entrepreneurial skill; it represents an effective model for others to emulate.

The investigators focus on how psychoanalysis affects the vicissitudes of defensive behavior in patients. Within the psychoanalytic literature on technique there are two contrasting views: (1) that defenses which are pathological structures will be obliterated by successful psychoanalysis; and (2) that defenses may be used in the service of conflict resolution and are not to be considered, *sui generis*, pathological. Successful psychoanalysis therefore changes merely the form in which defenses manifest themselves, freeing them for flexible integration into thought organization that is more under potential voluntary control. The theoretical orientation of the investigators endorses this second outcome of a psychoanalysis, and Joseph Weiss' paper has spelled out this rationale in great detail: after successful psychoanalytic treatment, defenses are "integrated into the ego, acting in harmony with other ego trends." Defenses in the service of pathological conflicts are "segregated," that is, they function outside the realm of the patient's attempt at voluntary control; therefore, the patient tries to employ compensatory mechanisms which have the status of compulsions, as if they were defenses against defenses against defenses, etc. The aim of the study, then, is to describe the sequence of changes that takes place in defenses in a successful analysis and to identify typical stratifications of defense. To accomplish these aims, the investigators have attempted to clarify some psychoanalytic concepts, to trace the relationship between these concepts and the observational data, and to establish methods that insure reliable judgments of those observations and of the conceptual links with them.

The basic data are the process notes of the treating analyst, principally, from the first 108 hours. The researchers were able to show that independent raters agreed with each other very reliably.

Holzman discussed the adequacy of the procedures in terms of the validity of the data base, and of whether the conceptual issues can be clarified by this procedure.

There is probably no one correct method for researching the psychoanalytic method, just as there is no one correct procedure in other empirical researches. The methods must be appropriate to the questions asked of the psychoanalytic situation. In this instance, the basic data are the process notes. The nature of process notes is such that their length varies depending upon the material needing explanation, whether the patient is silent, withholding, or associating freely. There are many sources of distortion in the use of process notes, as the investigators well know. Yet, it may be argued, no repre-

sentation of the psychoanalytic process is completely valid. But are the process notes valid enough for the purpose of this study? Granting the questionable veridicality of such notes—they are two-thirds of a page each—can one demonstrate that the notes reflect alleged changes occurring in the patient? The investigators have demonstrated that they do. But a more pressing question is whether one can demonstrate that the changes reflected in the process notes also occur in the *actual process of the psychoanalysis*, as determined from the more concrete data of a tape-recorded analysis. Now, Holzman did not wish to argue the issue of whether a tape-recorded analysis is really a psychoanalysis. Gill and his colleagues have done that persuasively and effectively, and Holzman was entirely convinced by their argument that a tape-recorded psychoanalysis is not less a psychoanalysis than a nonrecorded one. The critical variables would not be in the act of recording, but of interpreting, clarifying, responding, understanding, and the rest of the psychoanalytic process. Holzman's concern was whether the process notes have a validity as measured against a *more* complete record. This is a first priority.

People using tape recordings report a tendency to become overwhelmed by the extensiveness of the data, and, as a consequence, they focus on rather narrow, microscopic aspects of the material, such as speech disturbance ratios and word-counts, rather than on macroscopic sweeps of the psychoanalytic process. It would seem that this narrowing trend is a reflection of the difficulties of data reduction and the too facile reliance on techniques already established for other segments of behavior, rather than the inevitable consequences of the tape recording itself. Therefore, use of taped interviews in no way assures major answers to major questions, and the use of process notes may help keep the focus on broader trends. The major disadvantage of the process notes, however, is that the purpose for which they were set down affects their content. They thus severely limit the possibility of turning up new insights or unexpected relationships. For example, the treating analyst of Case A conceived of defenses principally in structural terms. Shifts in defensive functioning would therefore be recorded as shifts in *styles* of doing things, the ebb and flow of rumination of thoughts, actions, counteractions, attitudes, and counterattitudes. This formulation neglects the dynamic considerations of defenses which, as Schaefer and Loewald observed, consist in wishes and motives which have mental content. Every counteractant is, after all, directed against a wish or a goal and takes the form of goal-directed or goal-diverting action, thought, or affect. Where, in this study, are the contents that are pitted against other contents? To no small degree, it is the *unconscious* nature of the counterwishes that makes the defense itself unconscious. And these counterwishes themselves are, of course, *gratifying* and wish-fulfilling. But in the process-note-data base, there is no real possibility of highlighting the drive or wish aspects of defense, their pleasure as well as their cost. Holzman referred here to pleasure, not only in the specific content of the counter ideas, but in the act itself of countering.

Only in the "consensual analysis," as Windholz has described it, is it possible to get beyond the process notes and into the content. Windholz has described how homoerotic wishes were to be magically undone and blown away by the patient's throwing himself into masculine pursuits. The richness of the content is what will advance our knowledge of shifts in defenses.

In Patient A, what dynamic shifts occurred? Holzman was curious about stage four, where the patient felt he could intentionally shift from one alternative to another. What were the two motives underlying these shifts? Did the patient succeed in becoming conscious of them, and is that why he felt he could control them? Can one detect what these motives are in the data? A statement by the investigators that no interpretation of the undoing defense occurred until hour 61 seemed questionable to Holzman. Yet the process notes give no opportunity for tracing interpretation of the *content* of the undoing defense, and therefore of tracing what the steps are in the vicissitudes of the defense.

Holzman felt he was reacting to the fact that process notes *alone* are derived data, filtered too much for this kind of work, and therefore the research conclusions will be derivative, too. The investigators will speak about *mechanisms* and *regulatory processes* first, rather than of contents. Because of this, levels are leaped.

Holzman proposed that a recorded psychoanalysis is indispensable for this kind of work. But such recording should be supplemented by process notes that include what the tape cannot record: the thoughts and introspections of the psychoanalyst, as illustrated by Windholz in his report. This consensual process need not interfere with the psychoanalysis. Indeed, it may even increase the analyst's sensitivity. That it would influence the process is certain, but whether this influence would be a negative one is *not* preordained.

Holzman had a further comment on method. The ratings of undoing and of affects are somewhat deceptive. Actually, the researchers derived the scale and the examples of how to rate the material from the record of Mr. A. The independent raters then proceeded to rate this same Mr. A. The scale is thus an *ad hoc* scale, which shows principally the extent to which the raters could follow the instructions of the rating guide. It is not a test of the reliability of the scale. For the reliability of the scale to be tested, the scale would need to be applied to a *different* patient. Would then the raters agree about what undoing is, and the shifts in its appearance? That would be the test. For one may find that the investigators' broadened definition of undoing (they include not only the *acts* of erasing and blowing away previous actions, but counterthoughts, doubts, and vacillations) will be blurred with displacement, reaction formation and, perhaps, isolation.

Holzman observed that the team had already begun to record a psychoanalysis, that they were constantly improving their research. His remarks were intended as encouraging the team to persist and to improve. More serious exploration into the psychoanalytic process is a pressing need.

Peter Knapp addressed himself to some of the methodological problems of the research. He noted that Wallerstein had discussed the confusion between "clinical" methods and "scientific" methods. "Clinical" methods include a range from quasi-experimental to quasi-natural, and are all adapted to the therapeutic task. The nature of the different "clinical" methods, in terms of what kind of situation they represent, is differently interpreted by different experts. Psychoanalysis is *not* a research. The analyst is constantly interacting and contaminating the research. The research worker approaching this record of an analysis must do so as a naturalist.

Concerning the nature of the psychoanalytic data: Notes distort the original phenomenon and omit a great deal. They vary with the analyst's mood. The optimal record would be obtained through tapes of the hours, as both Gill and Knapp himself have shown. Process notes do have a place in naturalistic research into the analytic process. They can be used to obtain a sweep of material and can be compared to recordings of the analysis. Process notes contain the major elements, perhaps, but they also have crucial gaps, especially relating to the countertransferences. One omission which cannot even be revealed by an audio recording has to do with what goes on in the analyst's mind. Knapp was fascinated by the idea of the observer analyst as described by Windholz, and felt that this added another dimension, giving crucial added data about the analytic process.

The problem of data reduction in studies of the analytic process is related to the fact that the data are always too voluminous. One approach to the problem of data reduction is to use a technique of systematic sampling, or systematic focusing. Tied in with the problem of data reduction is the task of reducing the data with a testable clinical theory in mind. The task then becomes one of framing testable clinical theory; this is a crucial task in this kind of research today.

Leaving the methodological problems raised by the panel discussion, Knapp went on to discuss certain substantive issues it had raised. Joseph Weiss has contrasted two models of what happens to defenses during psychoanalysis: first, an embellished cathartic model, in which the defenses are conceived of as being demolished. This model is traced to Freud's earliest cathartic model. It is no longer a live model in any serious discussions. Weiss then offers a contrasting model: an anticipatory and integrative one, that the patient brings up material only when it is safe to do so. The patient, by a process of testing, develops the ego capacity to regulate the emergence of new contents. He anticipates new content and learns that certain anticipated reactions from the analyst won't be forthcoming: he won't be punished, etc. The patient learns about the analyst's neutrality, warmth, and humanness. He also learns that affects won't overwhelm him. What is new in Weiss' description is the demonstration of the change of a single defense. What is needed to elaborate this idea are systematic, naturalistic observations. What will be seen, according to Weiss' thesis, is a layering of impulses and defenses, with a systematic and regular penetration through the layers. Weiss

has described a situation which is an extension of the original metaphor: "where it was there shall ego be." The metaphor as extended is: where rigid, stereotyped, defensive activity was, there flexible defenses will be. In conducting research based on this concept, there is a danger of being involved in circularity and a danger of personifying ego forces. In analysis, the tendency to personify concepts is always present.

An exciting aspect of the research is the idea of formulating alternative hypotheses, as has been outlined by Sampson. Knapp, in further comments about Sampson's paper, observed that rating affect is quite difficult and that process notes, being very derivative from the original data, are difficult sources for this purpose. Knapp closed his discussion with the observation that research on psychoanalysis, using data from the analysis such as was used in this study, is now in a comparatively advanced state.

Wallerstein commented on the methodological issues, raised by Holzman and Knapp, of the problem of the data base, on its adequacy and sufficiency—specifically the problem of the adequacy of process notes and the purposes for which they are useful. This is an empirical question. Tape recordings of analyses present us with a wealth of data, whereas process notes are selective, distorted, and certainly unsuitable for many purposes, such as, for instance, the study of moment-to-moment interactions. On the other hand, process notes have a great advantage which has to do with their manageability, inasmuch as they represent a 50- to 100-fold reduction in the data as compared with tape recordings. Research in the psychoanalytic process suffers from too much data. It is important to keep in mind the purpose to which the data will be put. Perhaps an important study would be to compare process notes and tapes side by side in dealing with questions. Knapp has been doing this kind of work for many years. Wallerstein observed that the San Francisco research team is presently doing a combined study of a tape-recorded analysis in which it will be possible to compare the tape recordings with process notes from selected hours, to see which is better and which can complement the other in specific ways.

Joseph Weiss answered a number of Holzman's points. Undoing, as conceptualized by the research team, is the unconscious shifting from one idea to another for purposes of defense. The first idea is connected to a particular affect, the second to a different one. As the patient shifts from the first idea to the second, he shifts from the affect connected to the first idea to the affect connected to the second. The second affect is experienced as magically undoing the first.

The shifting itself is the defense, not the various affects to which the patient may shift. This conceptualization of undoing enabled Weiss to make sense, in Patient A, of what would otherwise have seemed like a group of unconnected events. It enabled Weiss to make the interesting observation that the patient's shifting becomes integrated into his ego during analysis. At first, the shifting occurred beyond the control of the ego. Gradually the ego acquired control of the shifting.

Weiss' definition of undoing determined the description of the process. His definition was not determined by a paucity of material as provided by the process notes. Thus, the various specific affects used in the undoing defense were apparent in the notes. For instance, the patient used pride to undo shame and shame to undo pride, enthusiasm to undo discouragement, and defiance to undo submissiveness. It was only by focusing on the shifting itself, however, rather than the various contents that sense could be made out of the processes under observation.

In the ordinary description of the hierarchy of drives and defenses, something is missing. In such descriptions, for instance, homosexual tendencies may be viewed as warding off deep-seated sadistic fantasies, and the homosexual tendencies themselves may be seen as warded off by superficial aggressivity. Each impulse is a defense, each defense an impulse. Whether a particular element is considered a defense or an impulse depends on which other element is being considered along with it. What is missing in such descriptions of the defense-impulse hierarchy is what Weiss has conceptualized in his description of the undoing defense. There is no place for undoing, as he has conceptualized it, in the ordinary description of the defense-impulse hierarchy. Weiss believed that such descriptions provide a very incomplete picture of what constitutes defense.

Sampson agreed with Knapp and Holzman that a key methodological question is whether relationships demonstrable in the process notes would be demonstrable in the actual analysis. In the present case, no tape recording is available and no empirical answer to the question can be given. In future cases, tape recordings will be available to back up findings based on process notes data. For the present, the research group is pleased to have been able to demonstrate a lawful relationship, consistent with theoretical expectations in the microcosm of process notes, and considers this a major initial step in the very complex process of testing its hypothesis. Encouraged by this result, further studies using additional controls will be undertaken.

Sampson also concurred that the rating scales are *ad hoc*. They were deliberately designed to fit the individual case, and he did not assume that they can be applied without modification to a different case. Psychoanalysis assumes that there will not be a univocal relationship between surface and depth, hence, specific manifestations of various stages in the integration of the defense of undoing may be expected to vary from case to case. In the present study, Sampson noted that the problem with the *ad hoc* measurements is that confirmation of the thesis might be smuggled in via the interpretation (by *ad hoc* scales) of particular manifestations in a particular case, as, for example, indications of more or less integration. Procedures are being devised which will permit the fitting of measures to the individual case, yet protect against dangers inherent in this necessary procedure. A most promising planned approach to this problem will use predictions (based on observations of manifestations of an unintegrated defense in early treatment hours) of how the integrated defense will manifest itself in later hours. In this approach,

interpretations of the data are made in advance (as predictions), so that the hypothesis cannot be confirmed by arbitrary interpretation of the data after the fact.

Jules Weiss closed the panel with comments on one aspect of the discussion, the "safety principle," as described by Joseph Weiss. When the patient's ego is relatively too weak to handle instinctual derivatives, it does not permit them to emerge into consciousness. When the ego becomes stronger and can safely tolerate the instinctual derivative, it actively permits the ideas and affects relative to that instinct to emerge into consciousness. Joseph Weiss and Sampson have described a number of situations in which there is a relative strengthening of the ego with respect to the instinct, so that derivatives which heretofore were kept unconscious may safely be permitted into awareness. Sampson has described particularly how a study of process notes in one case permitted an appreciation of how one aspect of the ego was strengthened, namely, the control over the defense mechanism of undoing, which changed from an unconscious, automatic mechanism, to a consciously controlled mechanism. The ego then could use this newly developed control to safely handle new instinctual derivatives.

Windholz' "consensual analysis" may be used, among other things, to study another aspect of the shift from a situation of danger to one of safety. By studying the analyst's ideas about the analytic situation, the observing analyst can infer those areas in which the patient's ego does or does not need help: areas of the ego's relative strength which the treating analyst need not support, and areas of the ego's relative weakness which the treating analyst strengthens by his interventions, both intended and unintended. The same patient studied by Windholz through consensual analysis can then be studied using the process notes, by the techniques developed by Joseph Weiss and Sampson. Thus, the two kinds of observation may be dovetailed to give a broader picture of the process by which the patient's ego is strengthened so that it may more safely tolerate the emergence of new material.

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2420 Sutter Street
San Francisco, Calif. 94115*