# Why the Analyst Needs to Change: Toward a Theory of Conflict, Negotiation, and Mutual Influence in the Therapeutic Process*

As we thread our way through the patient's brambles, we trip over the big feet of our self interest, then stumble to those same feet to resume the quest for the other (McLaughlin, 1995).

This essay addresses a basic dimension of the therapeutic process, something that lies at the very core of it and is a central feature of all human relating: the experience and role of conflict—inner conflict (within both patient and analyst), and interactive (interpersonal) conflict. We cannot talk about conflict without addressing, simultaneously, what we believe is a realm of experience that is inextricably linked with it, namely, the ubiquity of deception and self-deception.

We are going to try to discuss conflict, deception, and self-deception in a fairly generic way, by which we mean a way that cuts across the specific languages of particular psychoanalytic traditions. Our views will be most familiar and compatible with readers who have moved away from the classical assumption that all conflict and defense derives from drive/defense structures—away from viewing transference and resistance as necessarily or primarily equated with individual intrapsychic distortions of reality. Yet from this relational and intersubjective springboard we propose some assumptions about the nature of conflict that differ from the customary focus of theorists working in the relational, intersubjective, and constructivist paradigms. Specifically, we develop a way of talking about conflict in the therapeutic relationship as deriving from the inherently *diverging interests* (identities and needs) of analyst and patient. We shall describe the deceptions and self-deceptions surrounding the conflicts of interest and the complex negotiation process that is often required to deal with it.

## Conflict as an Essential Constituent of Relating

Consider Winnicott's (1950) incredible assertion, "The mother hates her infant from the word go" (p. 201). Winnicott was not talking about bad

* Originally published in *Psychoanalytic Dialogues*, 8:247–284. © 1998 The Analytic Press, Inc.

Slavin, Malcolm, Kriegman, Daniel, 1998, "Why the Analyst Needs to Change: Toward a theory of conflict, negotiation, and mutual influence in the therapeutic process", in Relational Psychoanalysis, Vol. 2: Innovation and Expansion, pp. 77-110. New Jersey: The Analytic Press.

or less than adequate mothers. He was talking about all "good-enough," devoted mothers. We don't think Winnicott was even talking simply about "hate" (the affect, or affective state) per se; certainly nor primarily about the manifestation of a destructive instinct" pressing for expression. We believe he was alluding to the affective dimension of something broader and more fundamental in the nature of human relating: the absolutely inescapable, major conflicts of interest that exist in the background between *even* the two individuals who share in the closest, most mutualistic relationship on earth—the relationship in which, without question, a natural empathy and love normally constitute the predominant affective bond.[1]

Consider what Winnicott says:

> The baby is not [the mother's] own (mental) conception. . . .
> The baby is a danger to her body in pregnancy and at birth. . . .
> To a greater or lesser extent [she] feels that her own mother demands a baby, so that her own baby is produced to placate her mother. . . .
> He tries to hurt her, periodically bites her, all in love. . . .
> He is ruthless, treats her as scum, an unpaid servant, a slave.
> He shows disillusionment about her.
> [After] having got what he wants he throws her away like an orange peel. . . .
> He is suspicious, refuses her good food, and makes her doubt herself, but eats well with his aunt. . . .
> She must not be anxious when holding him. . . .
> If she fails him at the start, she knows he will pay her out forever [p. 201].

The paper in which Winnicott wrote these lines, "Hate in the Countertransference," is, of course, *not* about mothers and infants (although

[1] The reader can basically interpret "conflict of interest" and "self-interest" in terms of the familiar, social meanings of these terms. Psychoanalytic readers may assume that self-interest as a motivational principle implies goals that are more conscious, calculated, and rational than those we observe in analytic work. *We make no such assumption.* The framework in which we understand self-interest as an overarching organizer of human motivation ultimately derives from contemporary evolutionary theory, in which the *overall dynamic system of human motivation*—not necessarily particular needs, wishes, or affects—is adaptively designed to operate, as much as possible, in a self-interested fashion (Slavin and Kriegman, 1992). The reader may also wish to see Trivers (1974) for a fascinating discussion of the biology of conflicts of interest (parent–offspring conflict) in human development and the wider world of nature and Slavin (1985) for a discussion of the function of repression in the context of parent–offspring conflict.

they are never far from Winnicott's mind). Immediately following the foregoing list of observations about mother and infant, Winnicott states, "The analyst must find himself in a position comparable to that of the mother of a newborn baby" (p. 202). Winnicott then introduces his notion of an "objective countertransference"—by which he means those aspects of the therapist's feelings about the patient that derive not from pathology in the therapist, nor from pathology in the patient, nor even from the specific character and style of the therapist as it interacts with the character and style of the patient.

Rather, the so-called objective countertransference seems to refer simply to a level of feelings, often fear and hate, that coexist with love. The fear and hate that Winnicott finds central to human relating seem to arise from what we see as the "psychic undertow' that operates between any two distinct beings who are attempting to interact in an intimate way. In an overarching, often unconscious way, each attempts to use the other, to pull the other into his or her subjective world, and to *resist* the pull, the undertow, in the *opposite* direction. Simultaneously, though, each needs to "use" the other to construct his or her own identity and thus wants—must want—to take in aspects of the other's subjectivity. Each tries to redefine the other in his or her own terms (and both to accept and to resist redefinition in the terms of the other). We call these universal relational tensions an undertow because they operate inexorably beneath whatever crashing of waves and ebbing and flowing of behaviors catch our attention on the surface.

Beginning with Winnicott's mother, "who hates her infant from the word go," we are also, as Havens (1997) puts it, confronted with the fact that "we stare forth from individually shaped and genetically different nervous systems onto a world seen from this time and place by no one else" (p. 526).

This innate individuality is nor simply a function of having different histories (although it is, of course, immensely elaborated and developed by different sets of experiences). From the word go, as it were, our individuality derives, in part, from the fact that each of us must have access to inner signals that will prompt and guide us to construct and reconstruct our individual world in accord with our self-interest (including most prominently inner signals that guide the actual process of constructing a viable subjective sense of what constitutes our own self-interest in relation to the interests of others).

As Winnicott (1963) observed, "There is a core of the personality that never communicates with the world of perceived objects and that the individual knows . . . must never be communicated with or be influenced by external reality" (p. 187).

This "core" can be seen as not only referring to an inevitable effort to protect the vulnerable aspects of the self, but also as signifying *an adaptive capacity to create and sustain the self in face of the average, expectable conflict, bias and deception that comes along with communication and influence in a relational world that, despite considerable mutuality, always includes significant competing interests.* There is a continuing tension, a web of conflicting and coinciding aims in the normal relational world that are sustained and amplified by our human capacity, as Havens (1993) notes, to use speech (not only to convey and communicate but also, regularly) for the purpose of concealing our thoughts, shaping them according to one or another prejudice. "Every human encounter is therefore a collision of viewpoints in which language both connects and conceals differences in outlook (Havens, 1997, p. 526).

Winnicott (1963) went on to say, "Although healthy persons communicate and enjoy communicating, the other fact is equally true that *each individual is an isolate, permanently non-communicating, permanently unknown, in fact unfound*" (p. 187).

Again, we read Winnicott (and Havens) as attempting to capture a very basic human tendency to construct our communications unconsciously in complex ways that, despite genuinely shared aims, are nevertheless inevitably biased toward our own interests; we naturally anticipate that the communications we receive from others will be similarly biased.

Winnicott's "core" is thus not a mute, defensively shut-off fortress but an adaptive aspect of how the self is configured, an aspect that serves as an innate, inner reminder that prompts us with something like the following message: monitor every communication, every relationship, that exerts a potential influence; despite significant overlap, my self-interest is unique and only partly shared by others; and even if they love me, they will often tend to act more in their own interests than in mine.

The core (as we see it) is not a "thing," or set of contents that exists in a fixed, immutable way within us; it is a metaphor that captures the essence of a process by which we organize all interactive experience, selectively coding outgoing and decoding incoming communication. This process limits the vast shaping potential, the influence, that interactive (social) experience can have on the highly plastic human psyche. The core reflects our inner design for managing the paradoxical nature of the human adaptation to the relational world: namely, in order to create and maintain a sense of self—including a sense of our own self-interest—we must continually learn from and incorporate aspects of the relational world. We must be influenced and feel this influence to become ourselves. Yet the intrinsically ambiguous relational world will, in even the best of circumstances, be biased toward its own interests, will tend naturally to represent its constructions as" reality" and its aims and ties as more closely and altruistically aligned with our own aims and interests than can ever, in fact, be the case.

Winnicott's observations about the "hate" that is present "from the word go" and the "core that must never be communicated with or be influenced by external reality" relate to fundamental aspects of our psychological being, *vital constituents of relating*. As we see it, Winnicott was not referring to an attunement to the realities of conflict that is reducible to "endogenous drives that need discharge" in the Freudian or Kleinian sense (although his Kleinian training certainly sensitized him to the existence of inherent conflict "from the word go"). Nor was he referring to hateful and defensive responses to environmental failures as self-psychological or intersubjective perspectives stress (Kohut, 1972; Stolorow, Brandchaft, and Atwood, 1987). Nor was he simply referring to reactions to the inevitable vicissitudes and disappointments in relating as other relational perspectives would emphasize (Mitchell, 1988). We believe he was talking about a universal *dialectic* between all individuals and the relational world, a dialectic that a) is rooted in the existence of implicit conflicts of interest, b) is represented innately in basic affects like hate and the existence of a private core of the self, and c) is vitally linked to the complex innate strategies we employ to "use" the relational world in order to create and maintain our individuality.

Clinically, this dialectical conflict within and between individuals involved in intimate forms of relating will also operate "from the word go" (see Benjamin, 1988). In myriad forms and innumerable deceptive ways, our subjective worlds and our interests will conflict with those of our patients. The crucial dimension of conflict we are referring to is intertwined with yet does *not* derive from and is not fully graspable or understandable in terms of a) the patient's *pathology*, projected or displaced onto a blank screen neutral, or even an affectively resonating therapist (as traditional analytic theorists and contemporary classical theorists might hold); b) the therapist's countertransference response to the patient's pathology, the experience evoked by a projective identification into the roles of others who were in conflictual relationships with the patient in the past (as many object relations and interpersonalist theorists might hold); or c) the failures of therapists to adequately empathize or sustain an attunement with the patient's subjective reality (as the self psychologists would have it).

What we are saying is that—like any two individuals (strangers, close relatives, intimate friends, lovers, parent and child)—therapist and patient operate through subjective worlds, needs, agendas, ultimately interests, that, to some extent, always diverge. At times their interests will inevitably clash. Woven into the most loving and cooperative motives (over and above the influence of professional roles) every individual organizes—really must organize—his or her subjective world to communicate and promote his or her own interests. From birth onward our subjectivities are naturally and inherently biased toward our own vital agendas. This bias is basically adaptive; it underlies the meaning of human individuality in a world of conflicting interests; and it may operate consciously or unconsciously.

## The Adaptive Resistance to Influence in the Analytic Relationship

We develop here a perspective in which the centrality of the conflict between the patient's and analyst's needs and identities leads to continuing efforts to break down each other's identity: to reveal and examine each other's biases (identities, loyalties, agendas) and the inevitable conflicts between them. Patient and analyst continuously experience each other doing this. They experience and evaluate the integrity of each other's effort to engage in this process. The process is highly mutual and reciprocal (Ferenczi, 1932) although not symmetrical (see Aron, 1992; Hoffman, 1994; Beebe and Lachmann, 1988). Indeed the substantially different roles of patient and analyst invariably heighten certain aspects of the inevitable conflicts between them and what they ultimately need to negotiate (Slavin, 1996a; Kriegman, 1998).

The analytic literature grapples with facets of this negotiation process using the technical frameworks of transference, countertransference, empathy, holding, affective resonance, role responsiveness, projective identification, enactment, resistance, and so on. But all these clinical conceptualizations lead to discussions of conflict in the therapeutic relationship in ways that, we believe, often obscure crucial aspects of how and why conflict is central to human relationships, how it operates inexorably within every thoroughly "good-enough" therapeutic encounter and is integrally tied to the therapeutic action.

Most of our clinical conceptualizations of conflict (over the whole spectrum from classical to object relational, interpersonal and self-psychological/intersubjective perspectives) exaggerate the difference between the therapeutic relationship and other intimate human interactions (Bromberg, 1991). Our concepts tend to restrict us to viewing conflict in the therapeutic relationship as arising from the patient's pathology, from the analyst's pathology (countertransference), from failures in technique, or simply from differing individual, subjective organizing principles (Stolorow and Atwood, 1992), interpersonal patterns (Aron, 1992), or the complexity of human relating (Mitchell, 1988).

We believe that all analytic traditions overemphasize the extent to which differences in the subjectivities of patient and analyst result from either instinctual clashes, relational failures, or the accidents of an imperfect world. Rather, intersubjective disjunctions are often ultimately rooted in genuine conflicts of interest. In a variety of ways, it is conflicting interests that generate the continuing (self-interested) efforts at *mutual* influence that can be found within most therapeutic communications, and these conflicting interests are, inevitably, deceptively hidden within all versions of analytic technique. Consider the following kinds of clinical situations that, in one form or other, most of us have encountered.

## *Nancy and the Analyst's Newborn Child*

Nancy was a very troubled young woman who had been characterized by many other therapists as "very primitive." She became agitated and depressed in response to hearing that her current therapist was about to have a child. Her therapist responded warmly to her, yet tried to articulate what he felt was idiosyncratic in her perspective on the situation. He conveyed something like the following thought: "We've seen how much you tend to feel that there is a limit to the amount of love and concern available in the world; so what I give to my child will reduce what is available for you."

The implication was that the most significant dimension of Nancy's current experience was a set of internalized assumptions carried over from a childhood during which she suffered enormous deprivation and frequently felt intensely envious, jealous, and rivalrous with her siblings. The emphasis on her past—although communicated in a compassionate way without any direct implication of "distortion"—implied that her views did not fit the reality of the current situation. Nancy seemed to contemplate the therapist's words. But, following this session, she became more distraught and angry (in his view she regressed further) and became suicidal!

A careful continuing look at this case revealed that the therapist was deeply invested in his assumption that Nancy's fear, rage, and regression came predominantly from her pathology, that is, that the threat to her emerged essentially from her characteristic way of organizing experience and was fundamentally at variance with his own basic sense of the world. He knew, too, that, to some degree, his experience of Nancy also arose from his analytic identity. He sensed that his analytic training and theory were biased toward his interests, geared to developing and protecting his therapeutic identity, his healthy need as a professional to feel that he had adequate, valuable resources to give.

For example, in supervision on this case, he was reassured that, of course, he would have enough to give and that the crucial therapeutic question was why Nancy could not experience his caring. He was encouraged to look at how she had even managed to project her doubts and anxiety into him—managing to enlist him emotionally in the reenactment of her relationship with her rejecting patents—making him feel as though he were abandoning her. It was also pointed out that this was, simultaneously, a reversed side of the enactment: Nancy was now in the role of her abandoning parents (with whom she was identified) engaged in a rejection of the vulnerable child (projected into the therapist).

The analyst recognized that Nancy's characteristic readiness to experience changes as threatening was clearly at play in the disruption that had occurred in the treatment. Yet the very power of Nancy's "regression"—her intense transference—had set in motion an interactive process that led (with the help of further consultation) to a deeper reappraisal by the analyst of his own beliefs, specifically, of the way in which his views of Nancy shielded him from recognizing the elements of self-deception and self-protection in his own initial response to her. During this process, he also had the opportunity to experience the birth of his child—his own joyful preoccupation with it and the very real drain it created on his resources.

In subsequent meetings the analyst found himself needing to acknowledge the vital, inherent truth that Nancy's "transferential anxiety" had ultimately brought him to hear: that, of course, his life energies were and would be significantly absorbed by a child of his own flesh and that his relationship with his child did represent a different—in many ways, far more powerful—investment than his bond with her. He acknowledged and discussed the reality of these conflicts, including his own struggle to recognize and articulate them. Nancy seemed to experience something in these discussions as genuine. She began, as she put it, to feel "real" again; she no longer felt that her therapist had "disappeared." She became less afraid and—in her inimitable way—quipped that "maybe her analyst would actually learn something about nurturing that might be of use to her." As she recompensated, they went on to explore many of the additional, painful, and highly defended personal meanings that his becoming a father held for her.

## *Tanya: Paying to Be Cared About*

Consider another familiar therapeutic conflict. Tanya was experiencing recurrent, extreme distress at "having to pay to be cared about" by her