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The Limits of the Archaeological Vision

RELATIONAL THEORY AND THE CYCLICAL–CONTEXTUAL MODEL

In a 1931 letter to the writer Stefan Zweig, Freud wrote, "I have sacrificed a great deal for my collection of Greek, Roman and Egyptian antiquities, [and] have actually read more archaeology than psychology" (E. Freud, 1960). Archaeology was a powerful and abiding interest of Freud's—an interest difficult to miss by anyone who has seen pictures of his office, filled as it was with those treasured objects from the ancient world. But archaeology was more than a hobby for Freud; it was a central metaphor in his theorizing, a source of images that not only expressed but shaped his theoretical vision. In attempting to articulate how the relational perspective I describe in this book differs from the approach to theory and practice that characterizes the more conservative or traditional versions of psychoanalytic thought (as well as in clarifying how the views described here differ in certain important respects from some versions of relational thinking as well), the distinction between the archaeological model on which much of psychoanalytic theory and practice was originally founded and what I call the *cyclical–contextual* model is crucial. Indeed, for the purpose of illuminating the essential features of the relational approach I explicate in

this book, this distinction is even more pivotal than that between one-person and two-person theories or between drive conflict and relational conflict theories.[1]

What I mean by the archaeological mode of thought is the view that personality is organized in terms of more and more deeply buried layers that, by virtue of their being deeply buried, have been cut off from the influence of new experiences. In accord with this view of personality, psychotherapy is viewed very largely as a process of uncovering, recovering, or reconstructing the past and of digging through successive layers to get at the "archaic" material that lies below. Personality is seen as most fundamentally organized, most deeply influenced by the most archaic depths of the "inner" world, while the "surface" manifestations, the ways in which we seem to be responding to what is actually going on "outside," are relegated to the realm of the superficial (see Wachtel, 2003a).

One indicator of how pervasive this model is in psychoanalytic theorizing is that, for many readers, what I am describing—the structuring of personality in the form of hierarchically organized layers or "developmental levels," with "earlier" modes of psychological organization more deeply buried and fundamental—may not seem to be a *particular kind* of psychoanalytic theorizing (that is, an archaeological kind), but simply what a psychoanalytic point of view *is.* If psychoanalysis is not the study of the "depths" of personality, of the "inner world," of the infantile core that has not grown up and that remains attached to the figures and the circumstances of childhood, they may ask, then what is it?

The cyclical–contextual paradigm that I will discuss in this chapter addresses that question by presenting an alternative form of psychoanalytic theorizing, one that is *not* rooted in the archaeological model but that, nonetheless, addresses all the observations and clinical phenomena that have been of concern to proponents of that model. It is a theoretical point of view that is informed by developments in relational thought over the last two decades and at the same time is rooted in a still broader integrative effort that aims to incorporate a substantial range of phenomena that have tended to be largely ignored or minimized by psychoanalytic theorists (Wachtel, 1997). On the one hand, it

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[1] This is not to suggest that the distinction between one- and two-person psychologies or between drive and relationship-focused theorizing is unimportant. I would not have devoted several chapters to these distinctions if I did not view them as of major significance in understanding the current landscape of clinical theory and practice. But, as I noted, they both are also in certain respects flawed distinctions, distinctions that can lead to unnecessary confusion.

is concerned with the pervasive evidence for unconscious wishes, fantasies, and images of self and other that silently guide our behavior and color our experiences; with the many ways in which these unconscious mental structures and processes can at least *seem* to be infantile, archaic, or primitive; and with the many ways in which our experience of new circumstances and new figures in our lives seems to reflect the influence (and often, seemingly, the distorting influence) of our *earlier* experiences, including the phenomenon of transference which is so central to psychoanalytic thought. But on the other hand, it aims as well to address a whole *other* set of crucial observations that have been given short shrift by psychoanalytic theorists, especially those who operate from within the archaeological model.

Among these additional observations are particularly those bearing on the enormous variability of behavior and experience from one context to another. This variability and responsiveness to context includes not just the impact of the immediate interpersonal environment, but also the critical role of culture, class, race, ethnicity, and other broad social, economic, and historical influences which are as much a part of the essential context of our behavior and experience as is the more immediate and intimate relational matrix that has been the prime focus of relational theorists (see, e.g., Wachtel, 1983, 1999).

It is again important to be clear that in emphasizing the crucial role of the specific context in determining the individual's behavior and experience one is in no way positing an "environmental determinism." Rather, one is simply averting an equally simplistic characterological or developmental determinism, in which the answer to how the person will respond already lies "inside." There *is* a structure to personality, a unique individuality that leads each person to respond in his particular fashion to even to the most compelling and seemingly unambiguous of situations; the variance does not simply lie in the situation (Bowers, 1973; Wachtel, 1973, 1977; see also Frankl, 1959, for a more dramatic example). But, as noted in a previous chapter, that structure is a *contextual* structure. As Stolorow and Atwood (1992) have put it:

> A person enters any situation with an established set of ordering principles (the subject's contribution to the intersubjective system), but it is the context that determines which among the array of these principles will be called on to organize the experience. . . . The organization of experience can therefore be seen as codetermined both by preexisting principles and by an ongoing context that favors one or another of them over the others. (p. 24)

CRITIQUES OF THE ARCHAEOLOGICAL MODEL

Stolorow and Atwood's contextual approach to psychological struc-
ture is part of a larger intersubjective critique of the assumptions of the
archaeological model. Thus, in discussing problems and contradictions
with the concept of neutrality (cf. Wachtel, 1987c), Stolorow and
Atwood (1997) note that "the commonly held idea that interpretation
simply lifts into awareness what lies hidden within the patient is a rem-
nant of Freud's topographic theory and archaeological model for the
analytic process. . . . This model fails to take into account the contribu-
tion of the analyst's psychological organization in the framing of inter-
pretations" (p. 436). Elsewhere (Stolorow et al., 2001b) in discussing
the fundamental assumptions of their intersubjective approach, they
state quite explicitly that "psychoanalysis, in this view, is no longer an
archaeological excavation of ever deeper layers of an isolated and
substantialized unconscious mind" (p. 47).

Other prominent psychoanalytic writers have also offered cri-
tiques of the archaeological model in recent years. Spence (1982), for
example, makes reexamination of the archaeological model a central
element in his influential book, *Narrative Truth and Historical Truth.*
Mitchell (1992a), further extending the critique, states, "The analytic
method is not archaeological, analyzing and reconstructing; it does
not simply expose what is there. The analytic method is constructive
and synthetic; it organizes whatever is there into patterns supplied by
the method itself" (p. 279). And even from a more classical or
Freudian view, Blum (1999) expresses similar concerns about the
nature of the material that comes forth in the analytic process: "The
beautiful archaeological model was oversimplified, and did not do
justice to the complexity of memory modification and validation, or
to the need to establish or restore meaningful connections and con-
text" (p. 1131).

A key thrust of many of these critiques is epistemological, high-
lighting how the archaeological metaphor misleads us about what we
can actually know or discover. But the problems with the archaeologi-
cal metaphor and the psychoanalytic model constructed on its basis go
beyond the epistemological. Apart from contributing to a misleading
sense of certainty about the historical accuracy of the constructed past,
it also is the foundation for serious misunderstandings about the
way that the past influences the present. The archaeological model, in
all its various manifestations—whether they be Freudian, Kleinian,
Winnicottian, Fairbairnian, Kohutian, or what have you—posits an

"inner world" that is, in significant and fateful ways, hermetically sealed off from everyday experience.

This is not to say that, from the vantage point of these theories, the inner world does not *influence* everyday experience. It is a central tenet of these theories that the impact of the inner world on our daily lives is enormous. Rather, the inner world is hermetically sealed off in the sense that it is not *changed by* our daily experiences as are the more conscious or "surface" manifestations of our personalities. It remains attached to the circumstances and fantasies of infancy, even as, outside of awareness, it drives the psyche of the adult.[2]

Within this model, in order to understand the person as he or she is now, one must dig through the successive strata that lie closer to the surface in order to get to the hidden core. In the theorizing of Freud and of later analysts in the classical tradition, that core consists of desires and fantasies that have been generated through a series of sequentially programmed phases by the vicissitudes of the drives. Some of these early desires and fantasies evolve over time in response to maturation and new experiences, but other parts of our early mental life are isolated from the reality-oriented ego and remain preserved in their original form. They do not "grow up" but rather, as Freud (1915b) described it, they "proliferate in the dark" (p. 149). They may send out derivatives that make some contact with the ego and find partial expression in more modulated and acceptable ways. But the core lies there unchanged, as sealed off from the daylight of new experience as the shards of pottery buried under layers of debris in archaeological sites. Therapy conducted from this point of view consists, to a significant degree, of digging down until the earlier layers are reached.[3]

Object relations models, of course, differ in important ways from this "drive"-focused conception. But in many ways, object relations models also frequently manifest the same fundamentally archaeological structure. It may be *internalized objects* that are buried rather than drive

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[2] The model does posit, of course, that these "inner" experiences and structures can be modified by one particular set of circumstances—those deriving from the special experience of being in analysis. But the impact of the ordinary experiences of daily living is taken into account in far more limited fashion.

[3] In certain respects, this model might more aptly be described as geological than archaeological. That is, what is found is *not* actually like inert shards of pottery, but more like the intensely hot magma that lies beneath the surface layers of the earth, always ready to erupt. But in part reflecting Freud's especially keen interest in archaeology and in part because it has simply been the metaphor used in psychoanalytic discourse over the years, the term "archaeological" is almost always used when examining this way of looking at the psyche.

representations, and these affect-laden images may derive more from actual relational experiences than do the more endogenously generated fantasies posited in the drive model; but the *structure* of the theory (as opposed to the content) is often quite similar—successive layers that are more and more deeply buried and that, *by virtue* of being buried, persist in essentially unaltered form despite later experiences that might otherwise be expected to modulate and modify them. As with the drives of classical theory, the "primitive" or "archaic" representations of internalized objects that are depicted by object relations theorists do not grow up, do not mature and evolve as new experiences accrue in the course of living.

There are, of course, many versions both of Freudian and of object relations theorizing, and sorting out precisely where a particular model manifests the assumptions of the archaeological model and where it is organized around a different conceptual structure is not always easy. Psychoanalytic thinking has evolved, and today there are few "pure" forms of the archaeological model. More often, what appears are unexamined hybrids, in which the influence of the archaeological model remains strong, but the parameters of that influence are less easy to identify than once was the case. Considerable ambiguity is maintained by the deployment of a variety of forms of linguistic fudging that are very common in the psychoanalytic literature. These include depicting a particular pattern or problem as *having its origins* in a certain developmental period, *having its roots* or *precursors* in that period, *deriving from* that period, and so forth. Phrases such as these are so common in the literature that most readers scarcely notice their ambiguity. But there is a vast difference between the unobjectionable (but largely banal) point that everything has a beginning or origin, that something starts the ball rolling, that earlier events lead to later events, and the potentially more problematic assumption that seems often to be implied—that the "roots" are still there, that the trees and branches that are more evident to the eye are still being fed and maintained by those roots, and—to move away from the botanical and metaphorical and toward the implied literal meaning—that what the person is "really" pursuing is not what it seems to be but in fact the more infantile and "archaic" aim that, in archaeological fashion, lies beneath.[4]

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[4] I shall have more to say later about the issue of the person not "really" pursuing what he thinks he is pursuing. At first blush, this may seem to be merely a statement of the idea that some of our aims are unconscious, or indeed, a logically necessary corollary of that idea. As I will elaborate, however, there are other ways to conceptualize unconscious processes that are sounder both theoretically and clinically.

The ambiguities are further illustrated in a passage from Mc-Williams's (1994) influential textbook on psychoanalytic diagnosis, along with a particularly clear statement of the premises of the archaeological model. In spelling out some of the key assumptions that tend to be shared by classical and relational thinkers alike, she states the following:

> Although most analytic diagnosticians now conceive the relevant stages through which young children pass in less drive-defined ways than Freud did, psychoanalysis has never seriously questioned three of his main convictions: (1) current psychological preoccupations reflect infantile precursors; (2) interactions in our earliest years set up the template for how we later assimilate experience, making that experience comprehensible unconsciously according to categories that were salient in childhood; (3) identifying a person's developmental level is a critical part of understanding him or her. (pp. 40–41)

The ambiguity is embodied in terms such as "precursors" and "template" (as well as in the meaning of "reflect" in her first proposition). But in the third proposition, we seem to be moving into a mode of thought that more pointedly affirms the archaeological model. The person's way of being does not just have *origins* or precursors in an earlier period; the person, in significant ways, *remains* in that period, stuck at a particular "developmental level."

McWilliams's characterization of the standard assumptions of psychoanalytic thought parallels May's (1990) depiction of psychoanalysis as "wedded to a notion of developmental stages and more particularly to the idea that disruptions at particular phases of infancy or childhood have effects on particular systems of motives or character traits" (p. 165). May, however, adds the noteworthy additional sentence, "It is remarkable how little evidence we have for this idea in spite of voluminous and energetic research over the last half century." Able reviews of the empirical findings in this regard by Westen (e.g., 1989, 1990) and by Zeanah et al. (1989) among others, have further documented the substantial empirical challenges to this widely held way of thinking.

In reflecting on the limitations of the archaeological model and on the substantive alternatives for conceiving of the development and dynamics of personality, Mitchell (1993b) has stated that "rather than regarding the past as the underlying, archaeological substratum of psy-

chic reality, I regard the past as the relational context in which characterological patterns of integration were established and shaped. In this view, the past does not underlie the present but, rather, provides clues for understanding the way in which meanings in the present are generated" (p. 464). Elsewhere, he similarly argues that "disturbances in early relationships with caretakers . . . seriously distort subsequent relatedness, not by freezing infantile needs in place, but by setting in motion a complex process through which the child builds an interpersonal world (a world of object relations) from what is available" (Mitchell, 1988a, p. 289).

Mitchell's comments take the critique of the archaeological model an important step further. The image evoked by Mitchell's account is not one of successively more deeply buried layers, with the original still down at the bottom causing mischief. Rather, it is one of a process that, as he puts it, is "set in motion" by early experiences; that is, a picture not of fixed layers but of constant evolution and change. To be sure, as I will elaborate further in this chapter, the *direction* of that evolution is powerfully influenced by early experiences and the *degree* of change is constrained by the very processes they set in motion. Early experience indeed has a powerful impact; but the nature of that impact, the process by which it is perpetuated, needs to be rethought.

THE CYCLICAL PSYCHODYNAMIC MODEL

The conceptual thrust embodied in Mitchell's position—early experiences affecting later experiences not by "freezing infantile needs in place," but by setting into motion a complex, ongoing process in which the consequences emerge from the kind of interpersonal world the child builds as a result—parallels very closely the model I have previously called *cyclical psychodynamics* (e.g., Wachtel, 1977a, 1977b, 1987a, 1993; Wachtel & Wachtel, 1986). That label is still an appropriate one, and I will continue to refer to cyclical psychodynamics in the discussion that follows. But I will also refer to the model in this discussion as a *cyclical–contextual* model. The original name (cyclical psychodynamics) was introduced because the model was grounded in a psychoanalytic point of view, but it organized the observations associated with such a point of view in a different manner—a manner that highlighted the central role of cyclical feedback processes in the dynamics of personality. The term "cyclical–contextual" similarly identifies the

model as one that emphasizes cyclical processes, but it highlights as well the *contextual* emphasis which I believe to be one of the most distinctive and valuable contributions of the relational point of view.

The cyclical psychodynamic model was designed from the outset to take into account not only the findings and ideas of psychoanalysis but, additionally, those of therapists and researchers from outside the psychoanalytic world (Wachtel, 1997). What psychoanalysis highlighted was the ways in which we persist in thoughts, fantasies, and behaviors that seem "out of touch" with present reality and governed by the past rather than the present. In contrast, what was highlighted (in equally persuasive fashion) by influential theorists and researchers from outside the psychoanalytic tradition was that our behavior and experience are responsive to the immediate context and to changes, even subtle changes, in what is transpiring (see, e.g., Mischel, 1968, 1973; Wachtel, 1973, 1993, 1997; Wachtel & Wachtel, 1986).

Cyclical psychodynamic theory was an attempt to reconcile these two lines of thought and the phenomena associated with each. It entailed a depiction of the ways in which, on the one hand, our behavior and experience—and even the *unconscious* dimensions of our psychic life—were profoundly influenced by the events and emotional nuances of what was actually transpiring around us and, on the other hand, our response to that context was determined not by any "objective" property of what was going on but by our particular *experience* or *interpretation* of what was going on, by our unique, idiosyncratic, subjective take on those events. It is not a matter of one or the other—being governed by our inner world of deeply private and largely unconscious psychological meanings and inclinations or by the events and stimuli of everyday life. It is that *each creates and evokes the other.* Consistency is maintained both by our *perceptual* inclination to *see* the old in the new and by our *behavioral* inclination to *evoke* the old in the new.

Consider a simple example that I introduced in one of the earliest presentations of the cyclical psychodynamic point of view (Wachtel, 1977a):

> The two-year-old who has developed an engaging and playful manner is far more likely to evoke friendly interest and attention on the part of adults than is the child who is rather quiet and withdrawn. The latter will typically encounter a less rich interpersonal environment, which will further decrease the likelihood that he will drasti-

cally change. Similarly, the former is likely to continually learn that other people are fun and are eager to interact with him; and his pattern, too, is likely to become more firmly fixed as he grows. Further, not only will the two children tend to evoke different behavior from others, they will also interpret differently the same reaction from another person. Thus, the playful child may experience a silent or grumpy response from another as a kind of game and may continue to interact until perhaps he does elicit an appreciative response. The quieter child, not used to much interaction, will readily accept the initial response as a signal to back off.

If we look at the two children as adults, we may perhaps find the difference between them still evident: one outgoing, cheerful, and expecting the best of people; the other rather shy, and unsure that anyone is interested. A childhood pattern has persisted into adulthood. Yet we really don't understand the developmental process unless we see how, successively, teachers, playmates, girlfriends, and colleagues have been drawn in as "accomplices" in maintaining the persistent pattern. And, I would suggest, we don't understand the possibilities for change unless we realize that even now there are such "accomplices," and that if they stopped playing their role in the process, it would be likely eventually to alter. (p. 52)

As I noted in originally discussing this example, however, it is very difficult for the accomplices to break out of their roles. The repetitive behavior that has maintained the patient's dominant patterns over the years constitutes a powerful force field and exerts a strong pull on others. In a host of ways, many of them not easy to identify or notice, each of us repeatedly induces others to behave in ways that are very likely to *maintain* the pattern between us.[5] If the therapist understands this, then she will seek to illuminate, for herself and for the patient, the often subtle ways in which the patient induces others to act toward him in a manner that perpetuates the assumptions about the world he already holds, and she will examine in detail the repetitive *sequences* that characterize his interactions with other people. Because so much of this mutual eliciting of pattern-maintaining responses goes on outside of awareness, or is only dimly in awareness, bringing this interactive pattern more focally into awareness is as crucial a part of the therapist's task as is the more traditional task of elucidating unconscious wishes and fan-

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[5] In Chapter 7 I discuss how this conception differs from those of projective identification and the repetition compulsion.

tasies. That is, it is not only our wishes or fantasies that must be made more conscious, but our *behavior*, the repetitive actions and interactions with others that constitute our lives and that, from another perspective, define our personalities.

Put differently, and highlighting the contrast with the archaeological model, the early pattern (not just of behavior but of affect, fantasy, self-experience, and experience of others) does not persist because it is somehow buried and sealed off from the influence of daily life but because the pattern itself creates, over and over, a *particular kind* of daily life, one that maintains that very pattern. In this sense, far from ignoring the reality of what is actually going on around us, neurotic patterns are, in important respects, *acutely responsive* to what is going on. To be sure, they depend as well on the element of active construction and interpretation that is characteristic of all of our encounters with the environment and is especially evident in the ambiguity-soaked realm of affective experience and interpersonal transactions. Every stimulus, every situation, every context, every interpersonal event is filtered through our subjectivity, given meaning through the perceptual and interpretive structures that have evolved in the course of our lives. To a significant degree, we see what we *expect* to see and, often, what we want or need to see. That is the side of the maintenance of old patterns that psychoanalytic accounts have always stressed. But, short of psychosis (and even in certain respects in psychotic states as well) the capacity for distortion has its limits. We always are *also* responding (if always "in our fashion") to what is actually going on;[6] and without understanding this dimension, without understanding how the seemingly internal structures of our psychological lives are maintained through our transactions with the "accomplices" in our relational patterns, both our theoretical understanding and our capacity to be helpful to our patients are severely diminished.

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[6] I will not consider here the philosophical conundrums that are introduced by a term like "what is actually going on." Much fruitful and illuminating philosophical analysis has been directed to this question, as has a good deal of stance-taking sophistry. Suffice to say that in daily living (if not necessarily in the pages of philosophical journals) failure to assume that there *is* a real world out there is a sign of serious mental illness. At the same time, especially in the realm of relational and affective experiences, to assume that "what I perceive" is necessarily equivalent to what "is" is itself a formula for considerable interpersonal mischief, as well as a formula for disastrous incompetence as a psychotherapist.

THE CYCLICAL MODEL AND CONTINUITIES
IN ATTACHMENT STATUS

Much the same kind of process of mutual perpetuation and interpenetration of internal and external influences needs to be considered in understanding a wide range of other continuities in behavior and experience from early childhood. Consider, for example, the phenomenon of attachment. It has been one of the remarkable discoveries of developmental research in the last few decades that indicators of attachment status assessed very early in childhood can be seen to predict attachment status in later childhood and, to some degree, even in adulthood (Grossman, Grossman, & Waters, 2005; Sroufe, Egeland, Carlson, & Collins, 2005; Cassidy & Shaver, 1999). Here again, we seem to come upon a persistence of early modes of psychological organization and of the impact of very early experiences. But although Bowlby's (1973) concept of an "internal working model" valuably advances our understanding of the way that new experiences are inevitably perceived and filtered through psychological structures deriving from earlier experiences, an overly "internal" account of how this set of expectations about human relationships persists over time can be rather misleading.[7]

To begin with, and very germane to a contextual understanding, it is not only the child's attachment status or internal working model that remains the same; the child's *context* is likely to remain the same as well. Although there are obvious (and usually traumatic) exceptions, children generally continue to have the same mother and the same family throughout childhood. Thus, whatever characteristics of the mother and ways of interacting with the child had originally brought about the child's attachment status are also usually *continuing* in the child's life. It is thus impossible to attribute the continuity in the child's attachment status to a kind of "setting of the cement" in the personality, because an equally plausible explanation is the continuity in the child's key relationships. As Westen (2002) has put it:

> The attachment literature has given us good reason to believe that
> certain forms of dyadic interaction can indeed lead to insecure or

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[7] For an analysis of our ties to early objects that parallels the examination of the persistence of attachment patterns presented here, see Wachtel (1997, pp. 56–60).

disorganized patterns of attachment and problematic ways of experiencing self-in-relation-to-others by at least 12 months of age (Fonagy, Steele, and Steele, 1991; Lyons-Ruth, Bronfman, and Parsons, 1999; Main, 1996). But the same parents who are misattuned with their infants are often misattuned with their toddlers or their teenagers, and we have precious little data that bear on the question of when the primary damage is done and when it can be undone. (p. 878)

Westen notes that the failure to sufficiently take into account the continuities in the child's context over time skews psychoanalytic thinking about other aspects of development as well. Reviewing the assumptions prevalent in psychoanalytic discourse and how they compare to the findings of careful research, he raises questions about the widespread tendency to assume that particular difficulties in adulthood are attributable to difficulties encountered at a particular stage of development. He notes, like May (1990), that there is precious little evidence for this idea. A more relevant consideration, he suggests, in understanding the relation between problems that may have been encountered at an early developmental stage and those occurring later is that the same problematic parenting that marked the preoedipal years is likely, in slightly different form, to mark the oedipal, latency, or adolescent years.

A second source of continuity also is rooted in the continuity of the developing person's context over time, but highlights the *dynamic* relation between individual and context. As Robert Merton (1948) pointed out many years ago in a classic formulation, our expectations can often become "self-fulfilling prophecies." The secure child, whose internal working model leads him to anticipate a sensitive and attentive response to his needs, is likely to behave differently toward his attachment figure than the child who has learned to fear an unpredictable or inadequate response or who has learned that it is safest to turn away and seek to minimize his attachment needs. As a consequence, the behavior of the attachment figure is likely to *continue* to be different toward the secure child than toward the child whose attachment experiences have been compromised. In response to the child who is comfortable needing the parent and gratifyingly reassured by her ministrations, further sensitive response on the parent's part is much easier than in response to a child who fights showing or experiencing those needs (the "avoidant" or "dismissing" child) or who interacts in a fitful

and potentially off-putting manner (the "resistant/ambivalent" or "preoccupied" child). In this fashion, whatever potential there is for sensitive, responsive parenting in the mother is enhanced in interacting with the secure child and diminished in interacting with the insecure. In the emotional realm too, it seems, the rich get richer and the poor get poorer.

Of course, the mother is not just *responding,* not just encountering a child whose behavior has nothing to do with her or with her own inclinations. The attachment style she encounters is one that she has very largely *created* through her own prior behavior.[8] Thus her continuing with that behavior is not just a function of the child's behavior but of inclinations that characterized her even before the child was born and that were responsible for initiating this pattern of interaction in the first place. But the point is that even if, in some patterns such as this, we actually *can* decide which is the chicken and which is the egg, before very long the results become scrambled. Whatever potential there was for change (positive or negative) is diminished over time by the continuing pattern between them, which becomes self-fulfilling from both directions. With attachment as with virtually all facets of personality, the past matters greatly. But the past matters not as something simply stored, not as the ultimate frame of reference for the present, but as *what starts us on a particular path.* What we encounter on that path then becomes our destiny.

TRAUMA, BRAIN, AND BEHAVIOR: FURTHER ILLUMINATING THE CYCLICAL MODEL

Even when early experiences seem to create a change in the very structure of the brain, as seems to be the case, for example, with the occurrence of severe trauma[9] (van der Kolk, McFarlane, & Weisaeth, 1996), the process of cyclical transactions I have been depicting remains essential to understand. For whatever changes in the brain (as well as in emotional and behavioral proclivities) may occur as a result of trauma,

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[8] It may be that there is as well a genetic or temperamental component to the attachment status and attachment behaviors of both mother and child. But this should not lead us to overlook the role of the continuing interaction between them, which is also a crucial element in maintaining the continuities that are found repeatedly in the research.

[9] Of course, because we are embodied beings, we can also say that *every* experience results in physical changes in the brain in some respect.

the person then further reacts to those very changes, and the concatenating consequences of those reactions, including the ways other people experience and react to them, begin to take on a life of their own. People who have experienced traumas, for example, manifest a variety of behaviors that have further significant impact on their relations with others. They may show considerable wariness with other people, be inclined toward intense and unpredictable emotional outbursts, have difficulty establishing intimate relationships or reliable friendships, have difficulty performing at work or holding a steady job. They may have severe sexual inhibitions or be conflicted and ambivalent in sexual situations. These problematic patterns are consequences of the trauma, but they also over time become a source of *further* life experiences that are painful in their own right and that maintain the impact of the trauma over the years.

Thus, for example, if as a result of the trauma the person has developed a deep fear and mistrust of other people, then he is likely to recoil from the possibility of closeness or intimacy and perhaps to present a face to the world that is perceived as unfriendly, unapproachable, even hostile. As a consequence, he will be less likely to elicit or encounter the "softer" side of people, and the world will *continue* to feel like a harsh and dangerous place, perpetuating his stance of mistrust (and the same consequences) once again.

Similarly, if as a consequence of the trauma, the person is prone to unpredictable or inappropriate-seeming emotional outbursts, this too is likely to keep others away or keep them wary, and the consequence once again is of making the world feel less safe or welcoming, setting the stage for still more of the same. Other common sequelae of trauma, such as impairments of attention or concentration, distraction due to anxiety, or difficulty following through, can perpetuate the state of vulnerability and traumatization in a different way. They are likely to create difficulties both in school and on the job, and these school and job failures, especially in a society such as ours which is marked by considerable economic inequality and inequality of living conditions, can generate further stresses. They may, for example, lead to depression, proneness to aggressive behavior, or a variety of other reactions that then generate further consequences, including further disruptions of work capacity or career advancement which create a vicious circle of still more of the same.

Thus, the source of the problematic sequelae of trauma does not lie simply or directly in the stored memories of the trauma in the brain.

It lies as well in the *further* experiences that occur as a result, experiences which probably would not have occurred, or would not have occurred in quite the same way, had the person not undergone the original trauma, but which now are as much a part of the problem as the original trauma was. As I put it elsewhere in discussing this topic, "a way of life that may have originated in trauma can become itself a continuing source of traumatization that, in turn, further perpetuates that same problematic way of life" (Wachtel, 2002).

Even if some patients are indeed helped by recovering access to the early experience so that they can work it through, without understanding how the problem has evolved into a *way of life*, and without attending to the ongoing, and very real, consequences of that way of life in the present, the therapeutic effort is likely to be insufficient to the task. Here too, the causes of the patient's difficulties do not lie simply in the past. They lie in the way of life that ensues and in the cyclical patterns that, over and over, create and recreate the same situation.

CYCLICAL PSYCHODYNAMICS: A CASE ILLUSTRATION

In further elaborating on the cyclical psychodynamic model, it may be useful to present at this point some material related to a concrete clinical case. The patient's difficulties (I will call him Richard) could readily be understood in terms of his earlier experiences with a mother who was severely limited in her capacity to empathize with his experience or to value him for who he was rather than for what she needed him to be. In important respects, Richard did persist in a way of experiencing the world that was traceable to his early experiences with his mother and that represented a striking continuation of the early patterns in his life. But rather than understanding this persistence as a result of the wishes, fears, fantasies, and representations that dominated his earliest years being sealed off from influence by the ongoing events of his life, the cyclical–contextual understanding highlights how those very events are crucial in maintaining the pattern.

Richard was, in certain ways, a rather gregarious man, capable of being charming and outgoing. But it soon became apparent that these social skills were in large measure being used in a way that warded off more intimate relationships, and that on those occasions when the possibility of intimacy did begin to emerge, it was associated with quite considerable anxiety. Richard had many friends, many dates, and a hec-

tic social calendar. But he was lonely, sometimes to the point of quite considerable depression. He rarely permitted himself to expose his deeper feelings to a woman, or even to a close male friend. He was, one might say, relentlessly superficial.

But it was not easy for him—or even for others—to be clear about this. For his superficiality, as it were, was *sophisticated* superficiality. He was a very bright, very well educated, very funny and interesting person. He could tell a good story and keep people engaged. At the same time, there was a sense that his friendships were not really very close, and that the people he regarded as his good friends did not regard him in similar fashion.

As noted earlier, there were many elements in Richard's childhood and in his upbringing that could help explain these tendencies. One could, that is, easily find the "roots" or "origins" of the pattern. *Both* his parents were preoccupied with appearances to a quite unusual degree. Multiple cosmetic surgeries, at all stages of the life cycle for all members of the family, were a part of the picture. So too were expensive clothes, continuing redecoration of the house, and conversations about other people that, to a striking degree, centered on whether they looked good or not. I have the image that Richard received more "air kisses" in his childhood than genuine embraces. And although much of what his parents had to say about him was positive, there was a very strong sense that he was valued for how he could enhance the image of the family, not out of any genuine appreciation of his own unique qualities or with any real understanding of his subjective experience.

In a certain sense, then, it is rather easy to "explain" Richard's present pattern in terms of his past. And indeed, without knowing about how his life patterns constituted an understandable adaptation to the experience of growing up in his particular family, our understanding of Richard would certainly be deficient. But understanding of Richard's difficulties is also deficient if it does not include the way in which he reproduces those dynamics over and over in the course of living, in large measure through the very way he tries to defend himself against their consequences. This pattern may have *started* (had its "origins," "precursors," "roots," "template") in his response to the emotional circumstances of his early relations with mother and father; but it continues not just because it became part of his "inner world," but because his entire *way of life* now is organized around it. The unconscious anxieties, conflicts, fantasies, and identifications that originated in his childhood can be seen as the cause of this way of life. But it is equally true that this way of life is what keeps those anxieties, conflicts, fanta-

sies, and identifications alive. Because he is so adept at keeping people away from the more intimate (and hence more vulnerable) core of his affective life, day after day he has the *actual experience* (not always consciously registered, but registered powerfully nonetheless) that others are not interested in his deeper feelings, that they respond to his social skills and self-presentation but keep a certain distance. Even as, with little awareness, Richard worked hard to keep a moat around his deeper feelings, he also (again with little conscious awareness) *yearned* for deeper contact. Consequently, the distance that others maintained in response to cues from him could feel, at some level, like a confirmation of the unacceptability of the more private, vulnerable, and deeply personal side of him—an experience that, in turn, led him still again to retreat behind the very wall that kept him from deeply meaningful contact with others. In this fashion, over and over, his "inner" state produced predictable "outward" consequences, and those consequences served to sustain the "inner" state. Neither the inner state nor the outward events were more basic or fundamental. They were part and parcel of each other, inseparable and insufficiently understood without reference to the other.

In our sessions, in parallel fashion, what frequently ensued was that Richard would lead me away from the emotional core of what he was experiencing, until I actually did begin to lose interest and start to drift. That would then confirm for him that I, like everyone else, wasn't really interested in him, and even though the apparent disinterest actually resulted from his *not* revealing his deeper feelings, the implicit (if usually not conscious) conclusion that he would reach from this experience was that he had *better not* reveal those feelings. This would then set the stage for still another round of "you don't really care so I won't take the risk of revealing myself to you."

This could happen in a variety of ways. At times, for example, he would tell a story in great detail—sometimes even in *interesting* detail—but in a way that made it extremely difficult to see what it had to do with the work we were doing together or to keep track of the emotional thread. Other times he would use (really use up) much of the session in efforts to entertain me,[10] but his efforts to keep me inter-

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[10] Interestingly, Richard did not particularly try to *impress* me. Although he was proud of his skills as a raconteur, and did want to impress me with *that*, the overall sense was much less of his trying to impress me than to please me and to make me "safe" to be with by keeping things light and pleasant. In the conceptual framework of Horney, (1945) the dynamic was much more one of "moving toward" than of "moving against," though there were obviously elements of the "moving away" dynamic as well.

ested in this way would have the opposite effect. I would grow bored and restless, even at times almost hopeless that anything "therapeutic" would ensue. The content of his conversation was of a sort that in another setting I might well have found quite engaging. But *because* our relationship was a therapeutic one, in which disclosure of his more private and vulnerable side was part of the expectation, the ways in which Richard's almost relentless "socializing" became an impediment to intimacy were particularly salient.

Other cyclical patterns related to Richard's conflicts over intimacy were evident as well. Richard was a successful information technology entrepreneur, and so he had enough money to initially attract women with the lavish amounts he spent on them. He would almost instantly, as soon as even the beginnings of a relationship looked in the offing, buy the woman very expensive clothing and jewelry or take her on extravagant vacations, with first-class flights and five-star hotels. The sense of "buying" these women's attention was quite palpable, but disappointment followed quite regularly. The healthier of the women began to feel used, felt *bought* in some way, sensed that they were being given money and clothes and jewelry *instead of* intimacy with Richard. Others were the kind of women—those, after all, more likely to be drawn to someone like Richard—whose own dynamics pulled more for wanting material displays than for wanting genuine intimacy. In the first case, the woman would eventually withdraw, often with a sense of disgust and disappointment. This would leave Richard feeling devastated, and confirm for him (again not always with clear awareness) that he had *better* "buy" women because he sure as hell couldn't really interest them in him. In the second kind of relationship, his view that women were not interested in him as a person, but only in what he could provide them, was confirmed in a different way, but equally persuasively.

It is particularly important to understand that unless the daily dynamic that characterizes his life in the present is taken into account, it becomes virtually impossible to liberate someone like Richard from the endless round of repetitions of the same pattern again and again. For the perpetuation of this pattern is *not* just a function of an "inner" fantasy or fear. His vision, though in many ways *continuous* with that of his childhood self, is not just an irrational holdover from years before. In an important way, it is a relatively *realistic* response to the particular life experiences that he encounters again and again. At the same time, the very fact that he does encounter those experiences over and over is a product of the "internalized" assumptions that he holds

and the highly individual reaction patterns associated with them. Having learned to be mistrustful and despairing of the prospect of real intimacy, he lives in such a way that intimacy becomes impossible, and then has confirmed again and again that that mistrust is justified.

In the work with Richard, as in all work guided by the cyclical psychodynamic point of view, the "internal" dynamics are by no means disregarded. In the course of the work, the fantasies, memories, fears, and shameful desires that are the central focus of standard psychoanalytic work were addressed in good measure. But those internal dynamics were understood not just as residing in an "internal world" apart from the events and circumstances of his life but as *Richard's particular way of experiencing and responding to* those circumstances.

Put differently, rather than the events of daily life being treated as a mere *reflection* of "deeper" processes, as a *product* of those processes but not a cause, the cyclical–contextual perspective views the influence of early experiences and the psychological structures that evolved as a consequence through a different lens. The influence of those psychological structures is indeed powerful, but it is manifested through (and inseparable from) the *later* life experiences that they contribute to bringing about; and, in reciprocal fashion, those later life experiences are what maintain some version of those early-arising structures of thought, affect, and action over the person's lifetime. The person is seen to persist in old patterns not in spite of new experiences which would change them if they were only accessible to influence, but *precisely because of* the ongoing experiences those patterns repeatedly bring about. No one, in fact, lives in an "average expectable environment." Rather, if the clinician looks closely and sensitively enough, it becomes readily apparent that we each live in a relationally and emotionally *unique* context, a context that is generated by the often subtle distinctive characteristics of our particular way of interacting with others and that both reflects and maintains our ongoing psychic structures.

IRONY AND INTENTIONALITY

The ends we regularly bring about are not necessarily the ends we seek. A common feature of the life patterns that bring people to a psychotherapist is irony. Sometimes, to be sure, the repetitive nature of the pattern does reflect a direct intention, even if an unconscious one; the person may not be *aware* of what he is seeking, may not be *aware* of

the hidden intentionality, but it is difficult to make sense of the patterns that may be observed clinically without assuming that precisely such an intention is operating beneath the surface. But viewed through the lens of cyclical psychodynamic theory, a different configuration often becomes evident, one in which unconscious thoughts, meanings, and intentions are no less a matter of concern, but in which irony rather than straightforward intention takes center stage.[11]

As is almost always the case, the ironic consequences in the case just discussed were intermixed with consequences that were indeed intended, even if not conscious. Although Richard craved intimacy he also feared it, and a good part of the pattern of his life seemed to reflect unconscious efforts to ensure that the danger that intimacy represented would be averted. In that sense, the absence of intimacy in his life, though genuinely painful, was also unconsciously sought by him in the pursuit of safety. At the same time, though, many of the ways that Richard attempted to prevent rejection and the accompanying feelings of inadequacy and undesirability ended up making rejection more likely. In that sense, ironic (and *un*intended) consequences were also central to his dynamics.

In many other cases, the role of irony is even more evident and more central. In these cases, the primary consequences of the problematic patterns in the patient's life are *not* really intended, even unconsciously. They are *ironic* consequences, the result of efforts to prevent the very thing that ends up happening. Consider, for example, the case of a patient I will call Edward. Edward was plagued by a painful feeling of insubstantiality, a sense of being "a straw in the wind." Here again, as in most cases, the factors that contributed to this troubling experience of himself included a complex web of conscious and unconscious representations and of repeated experiences that began fairly early in childhood. But in order to understand how this troublingly fragile sense of self was perpetuated over time. it is necessary to understand how Edward *responded* to this disturbing feeling and what the *consequences* for him were.

Whatever the origins of this experience of insubstantiality, much of what the experience reflected and symbolized—and what contrib-

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[11] Irony figures especially prominently in the writings of Karen Horney (e.g., 1939, 1945, 1950). I have drawn on Horney's thinking in a wide range of my own formulations throughout my career and have explicitly drawn attention to the dimension of irony in her work in Wachtel (1979).

uted to perpetuating it—was Edward's inclination, over and over, to accommodate or accede to others, to fit in in a way that led him to lose touch with his own views and desires and his own vital center. Whether it be what restaurant to go to, what movie to see, what political opinion to express, or, more profoundly and significantly, what emotions to experience and express, Edward found himself under the sway of other people's wishes and feelings. This would usually begin as an almost automatic response, not initially noticed or experienced by Edward as ignoring his own inclination. But usually, before very long, Edward would begin to sense that something felt vaguely uncomfortable, not quite right. This experience was often associated with a feeling of "hollowness" that would emerge for him in a conversation in which he realized he had been feigning enthusiasm. Whether this was about the food, the movie, the direction of the conversation, what have you, there would be a discernable subjective experience of falseness and lack of vitality, the result of his taking on *others'* views, and so having little to support what he was saying from within his own vital experience.

Some of the origins of this kind of self-experience have been insightfully discussed by Winnicott (e.g., 1965) in his classic discussions of the "false self." But understanding the perpetuation of the experience for Edward requires attention to the ironic processes whereby the very efforts he makes to deal with this distressing experience end up recreating it over and over again. Once established, the sense of weakness and emptiness that plagued Edward made it difficult for him to feel safe or justified in asserting his own views. Not feeling whole or "real," not feeling an inner sense of integrity, he felt little sense that he even knew or could count on what his own views were. Thus, feeling lost and without grounding, he looked to others for direction as to what he should do or even feel. Moreover, as a consequence of feeling like a straw in the wind, maintaining his own boundaries was a task for which he did not feel he had the requisite strength. Thus, feeling unable to reach or to value or trust his own views or preferences, he would once more conform to the preferences and expectations of others, and, as a consequence, once more feel like a straw in the wind, once more feel he lacked an internal compass. Not very much of this process was articulated or conscious for Edward at the time he began therapy, and what was was limited to fragments that provided little if any illumination of the sequence of events and experiences or its repetitive nature. Nonetheless, Edward repeated the pattern in one form or another over and over. Feeling weak and uncertain of his own

real desires and perceptions, he would look to others for direction; looking constantly to others, he would feel ungenuine and insubstantial, "like a straw in the wind"; feeling like an insubstantial straw in the wind, he felt compelled to look to others for direction. The circle turned again and again, with each turn justifying the next.

For whatever reason, in the case of Edward, the experience of suppressed anger never emerged as a central feature of this pattern in his life.[12] For Marina, on the other hand, this did seem to be the case. Manifestly, Marina's life pattern was a lot like Edward's. She too had difficulty asserting her own views and often accommodated to others. But for Marina, the driving experience that led to the repetition of this pattern was not a feeling of insubstantiality and hollowness as it was for Edward, but rather a fear of the *anger* that might be released if she dared to let her own natural inclinations be expressed. She was constantly holding herself in check, as if putting her finger in the dike to prevent everyone (her *and* her potential victim/rejecter) from being flooded and drowned. I say victim/rejecter because Marina had *two* fears, equal and opposite from one vantage point but cumulative and additive from another (that is, from hers). She feared, on the one hand, that she would destroy the other, that her rage would lead her to be overwhelmingly hurtful. On the other hand, she feared that her anger would drive people away, that she would be left alone and vulnerable.

When the latter aspect of her anxieties was in the forefront, she often feared her anger would be laughable and dismissible, that she would at most be perceived as an annoying gnat. This part of her fears was, of course, inconsistent with her fear that her anger was so powerful it would destroy those she loved. It was somewhat more accessible to consciousness than the fear of her anger's destructiveness, but the two states of mind were largely dissociated from each other, and thus the "logical" inconsistency between these two visions of her anger was unable to diminish the impact of either.

To keep these fears of her anger in check, Marina behaved in a manner that was rather strikingly "nice," conforming to others' wishes and going along to a degree that hurt her own interests quite considerably. This was not, however, the product of a conscious strategy.

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[12] Obviously this brief vignette, which describes only one specific element in the complex dynamics that characterize any case, is not intended as a *comprehensive* account of the dynamics even of this one pattern in Edward's life. It does illustrate, however, some of how the dynamics of irony contribute to perpetuating patients' difficulties.

Marina was only dimly aware of this pattern at the time she entered therapy. It took a good deal of work to illuminate even the degree to which she did go out of her way to be "nice," much less the anger she thereby hoped to keep at bay.

Marina's life story is representative of a sizable subgroup of patients who seek help from psychotherapists. They present as strikingly meek, or cooperative, or helpful, or "nice." They suffer from a variety of symptoms—perhaps headaches, or depression, or low self-esteem, or a frustrated and sometimes mystifying sense that life feels empty and unsatisfying. Before long, it becomes apparent that they have great difficulty in asserting themselves as well as in expressing anger. Indeed, the two are confused for them. They are hesitant to make their needs or preferences known or to express their views or ask for their due; to do so makes them feel too "pushy" or aggressive. They also have a hard time not just in *expressing* anger but even in letting themselves *feel* angry, even if they have been badly treated. They try hard to smooth things over or they "understand the other person's point of view" to such an extent that *their* point of view virtually disappears. If they do feel anger—and, as I shall discuss in a moment, the occurrence of anger is actually not inconsistent with this clinical picture—they feel guilty, apologetic, maybe even humiliated. In attempting to make amends, they may go out of their way to an extreme degree (and sometimes to the considerable detriment of their own interests) to get back in the good graces of the other person.

In Marina's case, for example, as afraid of anger as she was, she would periodically erupt in intense angry outbursts. These outbursts, however, hardly ever were accepted by her as appropriate to the situation that elicited them. They felt to her "crazy," incomprehensible, and shameful, and the main way she dealt with them consciously was to ask, "What's wrong with me?" or "What happened? *That's not like me*!" She would, through such a response, reassert her sense of herself as a *non*-angry person for whom being angry is "not like her," but would thus also prevent herself from ever *standing behind* her anger, and thereby rectifying what had angered her in the first place.

Not uncommonly, people caught in this kind of pattern may withdraw altogether from the person who has made them (consciously or unconsciously) angry, finding the tension intolerable or finding it impossible to integrate the normal occurrence of anger into any relationship that means something to them. Such withdrawal, of course, is often as well *an expression* of the anger, an aggressive rejection, even if

not necessarily acknowledged as such. At times—and here we get deeper into the tangled knot of the patient's way of life—a good part of the patient's anger at the other person may include anger at him for *being someone he gets angry at*; that is, for contributing to the breaching of the patient's *defenses against* anger. In essence, the feeling is: "How *dare you* make me angry! Don't you know how uncomfortable that makes me?" This, more than what the person actually did may be the most significant offense.

From the vantage point of classical psychoanalytic theory, such patients are commonly described as manifesting a reaction formation against anger that has been there since childhood. The excessive niceness is a way of keeping away angry feelings that are constantly in danger of breaking loose. This vision, more a product of the drive theory than of relational accounts because it focuses on the defense against the impulse rather than on the relational configuration that gives rise to it or that it represents, views the anger as primary, as something that arose in childhood and that is stored "within." Put differently, the anger is the independent variable, and the reaction formation is the dependent variable. The cyclical psychodynamic point of view leads us to expand our field of vision. What becomes evident when one does so is that, however the pattern began (and such patterns very frequently do start in childhood), once it gets going it has certain consequences. The person who is inhibited in this way from pursuing his aims and interests is much more likely than most people to feel thwarted, deprived, even cheated. Marina, for example, was bypassed for promotions at work, was somewhat of a wallflower socially, and even in her family was the caretaker adult child who seemed to get less love and appreciation than her more "selfish" sister. Such experiences are very likely to lead to the kind of frustration that has made the hypothesized connection between frustration and aggression (Dollard, Doob, Miller, Mowrer, & Sears, 1939) such a psychological mainstay.

But there was little room in Marina's makeup for much aggression, at least of the overt kind. When angry or aggressive feelings were stirred, they were experienced by Marina as dangerous and toxic, and the result was that she redoubled her efforts to be "nice," to be cooperative, pleasing, unthreatening. And in doing so—exaggeratedly, compulsively, and largely unconsciously; not as a reasoned and tempered product of a religious or moral philosophy—she once again set the stage for *further* experiences of being dismissed, frustrated . . . and angry. And then, since this anger too had to be immediately buried and

repudiated, she laid the ground for still another turn of the circle in which she was caught.

The problem for patients such as Marina is often exacerbated further by their not knowing very well how to *express* anger in an effective and socially acceptable way. The very tendency to suppress their anger deprives them of the cumulative experiences that enable most of us, over time, to learn how and when to express anger—how, that is, to express anger so that it serves the purposes of changing the situation that has *made us* angry.[13] As a consequence, the alternatives feel to such patients like either "bury it" or explode, and neither alternative gets them what they want or need. Moreover, because they do not know how to be angry *effectively,* they feel less able to *back up* any aggression that is stirred in them, and so they back off. And, of course, the result is *still more anger,* because they continue to be deprived of their fair share.

People like Marina lead a way of life designed to stifle anger, and that very way of life, instead, *generates* it. They may talk about their childhood in the therapy, and in doing so may even express some degree of anger about things that happened then (an indulgence made safe by the therapist's encouragement and the distance of the consulting room from the time and place when the anger was most hot and dangerous). But the anger that they struggle with is no longer the anger from childhood, and going back to its "origins" or "roots" may miss the key point—the patient's *whole way of life* has become an anger generator, and *that* is what is most essential to understand. The anger the patient struggles with now is not the anger from the distant past but from experiences today and yesterday, and their cause is very largely the *suppression* of anger the day before that

Similar patterns of internal state generating action in the world that ends up maintaining or strengthening that same internal state can be seen in virtually every clinical case. The deeper one probes into the person's history, experience, and unconscious wishes, fears, and fantasies, the more it becomes evident how powerfully they are all linked to the *ongoing* patterns between people in the patient's life today (for further examples, see Wachtel, 1993, 1997).

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[13] I will discuss later in this book the important work of the Boston Process of Change Study Group (e.g., Stern et al., 1998; Lyons-Ruth, 1998), which has introduced to the literature of psychotherapy attention to processes of "implicit relational knowing." Knowing *how to be* angry in an effective and socially and personally acceptable way is an important dimension of implicit relational knowing.

VARIABILITY AND CONTEXTUALITY

It is important to be clear that rarely are any of these patterns utterly pervasive. To begin with, as I have already alluded to, it is not uncommon, say, for people like Marina to quite regularly become overtly angry or resentful, notwithstanding their prodigious efforts to prevent this from happening. But in addition, there are often pockets—sometimes very important and extensive realms—in which the pattern is not evident, in which they are able to be assertive, effective, even to stand up for themselves quite directly and forcefully. This might be at work but not with friends, or vice versa. It might be in *certain aspects* of their work and not others (say, in getting a project under way but not in salary negotiations). It might be in a particular relationship (say, with a spouse or a sibling) and the relationship might be highly valued—perhaps overly so—for this very reason.

This variability is frequently omitted from clinical case reports and formulations, which often tend to focus on the patient's dominant patterns and to relate them to particular developmental experiences. But it is an essential feature of clinical descriptions deriving from a contextual point of view. In order really to understand another person, we must understand the impressive variability in both behavior and subjective experience that is almost certain to be evident if one pays attention to it. Almost everyone, from the sickest to the most healthy, feels good or does well in some settings and not others, with some people and not others, in some activities and not others, on some days and not others, and so forth. It is essential that we understand—or at least attempt to understand—the ways in which these variations are related to their context. We must know, that is, *when* the person feels depressed, confident, outgoing, inhibited, sexually aroused, sexually inhibited, and so forth. For only when we know how the person's experience is related to the setting do we really know sufficiently what the experience is "about."

CYCLICAL PSYCHODYNAMICS, REPETITION COMPULSION, AND PROJECTIVE IDENTIFICATION

The conceptualization I have outlined in this chapter has certain similarities with two other concepts that have been prominent in psychoanalytic discourse—repetition compulsion and projective identification.

The concept of repetition compulsion, a concept Freud introduced in *Beyond the Pleasure Principle* (Freud, 1920), also depicts the person as bringing about the same pattern over and over again. Where the concept of repetition compulsion differs from the conceptualization described in this chapter is in its presumptions about motivation. There are actually two versions of the motivation to repeat. In one, what is at issue is a biologically innate tendency to repeat that is closely related to Freud's philosophical speculations about the death instinct. In the second, the person repeats the same scenario over and over because he is attempting to recreate the old situation in order to make it *come out differently* this time. This effort at coping is usually futile, however, in large measure because it is engaged in unconsciously and hence in a way that is unlikely to be flexible or nuanced enough to actually make things happen differently.

The cyclical psychodynamic conception is certainly not lacking in ideas of motivation, including unconscious motivation. But it is more agnostic with regard to precisely what the motivation is or what the engine is that powers the repetitive set of occurrences over and over. As noted above, in many instances the result that is repetitively achieved is *not* sought, but is an ironic consequence of the very effort to *avoid* that result. The burden of proof, we might say, is more even-handed. There are certainly instances where we do unconsciously recreate the same situation over and over for the purpose of mastery, of coping better the next time around, even of just having "better luck" this time. There are instances as well when the person unconsciously *seeks* punishment or failure, *aims* to bring this about, just as proponents of the concept of repetition compulsion and certain closely related ideas assume. But there are many instances as well where the aim (even the *unconscious* aim) is *not* to bring about the same problematic set of events again and again, but rather, as I described above, where the repetition derives from the ironic consequences of trying to *prevent* the very events that keep occurring. In this, what transpires from the cyclical psychodynamic vantage point includes patterns that are quite different from what is depicted in the theory of the repetition compulsion.

The role of irony is what distinguishes the conception described here from that of projective identification as well. The concept of projective identification has undergone considerable change over the years, from its origins in Klein's drive-dominated, preponderantly intrapsychic proto-object-relations theorizing, through the modifica-

tions introduced by theorists such as Bion (e.g., 1959a, 1959b, 1970) and its further elaboration by Ogden (1979, 1982) and by contemporary relational theorists. But it remains very largely a concept in which what the other person is feeling and how the other person responds is assumed to be what the patient unconsciously *intended* her to feel and do. Gabbard (1995) has noted that it is not uncommon in references to projective identification to portray the analyst as "virtually empty and . . . simply a receptacle or container for what the patient is projecting" (p. 479). And Eagle (2000), after describing an interaction with a supervisee who was convinced that she was having headaches during sessions with a particular patient because the patient was "putting the headaches into her" via projective identification, states:

> I have read references to projective identification in the literature that are not essentially different from the account I have just given. There is frequent talk of the patient putting something into the analyst without any seeming awareness of the need to at least try to specify the interpersonal process (e. g., cues emitted by one person) by which one person gets another person to feel certain feelings—or without any seeming awareness that such ordinary, nonmagical processes must exist. . . . I am not maintaining that there are no actual phenomena that people who use the term projective identification are trying to capture. What I am trying to highlight is the fuzzy and muddleheaded nature of much discussion of and thinking about concepts such as projective identification . . . in contemporary psychoanalysis. (pp. 34–35)

In contrast to this very concretistic concept, the cyclical psychodynamic account of the way that people evoke feelings in others is concerned precisely with what Eagle notes that proponents of the concept of projective identification so largely ignore—the particular behaviors and cues that evoke the feeling (see the discussion of the important role of *actions* in cyclical psychodynamic theory in the chapters that follow). Moreover, the cyclical psychodynamic conception of how feelings are evoked in the other again considers irony and *un*intended consequences to be a real and not infrequent possibility.

Today, the concept of projective identification is widely viewed as a bridge between the "internal" world and the world of everyday experience. But closer examination of how the concept is often employed reveals it to be one of those bridges on which the tolls are collected only in one direction. Although the posited phenomena of "putting

feelings into" others and then having them "put back into" one's own psyche after appropriate "metabolization" may seem to imply a two-way flow (putting aside for the moment the conceptual incoherence that conflates moving the feeling to a different *representation* in the person's head and putting the feeling into an actual other person), the focus in discussions of projective identification is usually preponderantly on what *the patient* is doing, with, as Gabbard notes, the other person essentially just a vessel for the patient's projections to be poured into (see also Slavin, 1996, p. 622).

It is interesting to note in this regard that Bion (1970), who is often credited with "interpersonalizing" the concept of projective identification, directs the therapist to enter the session "without memory or desire," an idea that is utterly and quintessentially a one-person conception. The therapist is empty, has no motives or expectations of her own, and is simply an external receiver (a "container") for the projections that come from inside the patient. It is thus surprising and disappointing that so many relational writers discuss Bion's conceptualizations so positively and uncritically. It is precisely such a view of the therapist as not bringing *her own* contribution to the interaction, but merely observing and responding to the patient's, that the entire relational movement was created to challenge. As Renik (1999a) notes in discussing a somewhat related conceptualization of projective identification by Bollas (1987):

> From this point of view, the analyst, the analyst's subjectivity is rendered essentially inconsequential. Such is the patient's power to determine the analyst's experience by projectively identifying that the analyst's individual psychology is, in effect, overridden. Now, instead of the analyst looking at the patient *out there* and observing him or her objectively, the analyst is looking at the patient *within* and observing him or her objectively. The familiar positivist conception of the analyst as objective observer is preserved. (p. 518, italics in original)

If one instead approaches the phenomena that have been addressed through the concept of projective identification in a more fully two-person way, what becomes apparent is that the patient evokes whatever he evokes in a *particular* therapist and hence, what he "puts into" the therapist is not just a product of the patient's insides but of the therapist's sensitivities and readiness to perceive. What to one therapist might

be evidence of the patient's masochism (because it evokes the therapist's sadism) to another might be evidence of the patient being bravely forthcoming about his frailties (because in that analyst the patient's vulnerability evokes *respect* rather than sadism). As a consequence, not only are the two therapists' *perceptions* different, but—à la cyclical psychodynamics (see also the discussion of schemas, assimilation, and accommodation in the next chapter)—what the patient's feeling "is" becomes different, because over time the way the patient feels and construes his experience is powerfully influenced by how the other person responds to it and by the quite different ensuing sequence of events that *continues* to shape the experiences and perceptions of both parties.

Now, in saying that what the feeling actually becomes is changed by the perceptions and the response of the particular therapist, I am not implying that the patient's experience is arbitrary or simply "determined" by the therapist. There are significant and meaningful constraints or boundaries in at least two ways. First, where *the patient* goes with the experience is not completely arbitrary. It has to be in some way a version of what was there to begin with, a path consistent with where he was going. The patient's experience may be somewhat malleable, but it is not *infinitely* malleable. Second, similar constraints exist on how the therapist will *perceive* the patient's experience. Her perception is not completely malleable or arbitrary either. The therapist too is responding and perceiving to what is actually transpiring, even if she too is doing so selectively and "in her fashion." In that sense, the therapist's response *is* a function of what the patient is feeling or doing, and so the responsibility for what the patient evokes in her does partly belong to the patient, but in a very different (more transactional and mutual) way than in the objectivist fashion that Renik calls to our attention.

It is true that the concept of projective identification and the ways that it is employed in clinical formulations have continued to evolve. Maroda (2002), for example, has stated that "the analytic literature is replete with examples of projective identification, moving from the old view that the patient uses it to 'dump' unwanted feelings on the analyst and force her to feel bad, to a more constructive view of projective identification as an attempt to communicate disavowed affect to the analyst" (p. 107). But in "moving from the old view" to the newer view, which Maroda employs with great sensitivity and skill, the meaning has been *radically* altered. Yes, in both cases it's about how we pick up feelings from the patient; but the conceptualization is so fundamentally—and importantly—different that it is confusing to use the same term.

NEW WINE IN OLD BOTTLES?

The standard complaint about proffered conceptual innovations is that they are just old wine in new bottles, ideas that are tired and familiar that are simply given a new name. This has certainly often been the case in psychoanalysis as it has in other realms; jargon can provide impressive, technical-sounding wrapping for ideas one's grandmother was familiar with. But, as the above discussion illustrates, in psychoanalytic discourse, there is often what might be described as an equal and opposite problem—*new* wine in *old* bottles; that is, genuinely new and useful ideas whose implications are obscured and constrained by a tendency among psychoanalytic writers to be overly reverent toward (one might even say, to fetishize) older, widely used terms that have come to be almost membership shibboleths. Psychoanalytic writers often seem to sprinkle their writings with such terminology in order to be perceived as still members in good standing of the psychoanalytic community—*especially* if they are introducing innovations.

As we have just seen, "projective identification" is one of those terms, an old bottle into which have been poured a variety of new and genuinely important ideas and observations. But the distinctiveness and specificity of these innovations are somewhat obscured—and even limited—by the older connotations and associations that are called up by continuing to use the older terminology. As I proceed, it will be apparent that this is by no means an isolated instance. In various ways, terms like neutrality, interpretation, transference, and countertransference have all been stretched well beyond their original meanings as new ideas have been formulated in familiar terms, obscuring the full import of the new conceptualizations that have been inserted into comfortingly familiar containers.

To be sure, in *all* disciplines, the meanings of terms are constantly evolving and building metaphorically on older conceptualizations (Lakoff & Johnson, 1980; Wachtel, 2003a). *Some* allusive ambiguity and ties to older ideas can be helpful and enable connections that are lost if we are too obsessionally precise or literal. But the process is considerably more extreme, I believe, in psychoanalysis, which, we might say, is a "transference-based" discipline in more ways than one. (See the discussion in Chapter 3 of the influence on psychoanalytic thought of the model of training that for so long predominated in the psychoanalytic world.) There is always considerable difficulty in extricating oneself from the frame of reference in which one's ideas were

originally shaped. Lifting one's leg out of quicksand often drives the other leg in more deeply. Many of the issues I have been discussing in this book derive from the ways in which the critiques and new ideas of psychoanalytic innovators were often expressed in language forms that subtly perpetuated the very assumptions that were being challenged. The chapters that follow will be devoted to spelling out the implications for clinical practice of a more thoroughgoing adaptation of relational thinking in general and of the cyclical psychodynamic point of view in particular.