FROM THE WORD TO THE SCENE:
AN EXPANDED CONCEPTUALIZATION FOR THERAPEUTIC ACTION

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An answer to what is mutative within the psychoanalytic process has been central to any explanation of therapeutic action since Freud’s early injunctions for analysts to bring to the level of consciousness that which has been unconscious, rephrased within the structural model as “Where id was, there ego shall be” (1923). The assumption underlying this understanding of the unconscious emphasized the mutative power of words and meanings. Interpretation became the razor-sharp tool of analytic healing, which Glover (1931) enshrined with his notion of the correctness in formulation and timing of interpretation that a competent analyst must attain.

Kohut’s conceptualization of a two-phase process of therapeutic action consisting of understanding and explaining, undermined, in part, the centrality of interpretation by locating it within the context of a therapeutic relationship in which an empathic bond between analyst and analysand was emphasized as necessary for interpretation to be mutative. In the first phase of treatment this therapeutic bond is constructed by analyst and analysand as an “archaic selfobject tie.” This tie is experienced by the analysand as a merger with the analyst that functions to provide continuity, cohesion, and vitality to her sense of self. This tie is constructed as the analyst “simply share(s) with the patient his grasp of what the patient experience(s)” (Kohut, 1984, p. 185). In the second phase a more mature selfobject experience is achieved by “the replacement of a merger experience with the selfobject by the experience of empathic resonance from the side of the selfobject” (Kohut, p. 185). This is accomplished as the analyst offers dynamic and genetic explanations while still continuing to accept the patient’s inner world. These interpretations are assumed to increase the “objective” experience of self for the patient and at the same time sustain her self-acceptance.

In recent years a number of analysts outside of as well as within self-psychology have questioned the enshrinement of empathy and/or the cen-
trality of understanding the patient's subjective experience to mutative ac-
tivity. For example, Slavin and Kriegman (1992) have pointed out,

The attempt to remain exclusively attuned to what appear to the therapist to be
the dominant themes and meanings in the patient's subjective world is, in fact, sensed by many patients as a self-protective strategy on the part of the therapist. . . . Over and above any particular individual defensiveness that we may attribute to the therapist, the overly consistent use of the empathic mode will, for some patients, be sensed as the therapist's hiding some aspect of him- or herself, or pursuit of his or her own interests—interests that, as the patient well knows but therapists are loath to face, indeed, diverge in some significant ways from those of the patient. We, must, thus, clearly face the fact that an immersion in the patient's subjective world . . . must be complemented, at times, by what is, in effect, the open expression of the analyst's reality. (pp. 252–253)

The difficulty with the empathic response, or echo, as it has sometimes been called, is well illustrated by the Greek myth of Echo and Narcissus. It seems that Echo's attempts to get Narcissus to engage with her by reflecting with exactness every utterance made by Narcissus did not meet with success. Rather, Narcissus rejected her well-intended efforts to establish a relationship, dramatically exclaiming “Hands off!” (Bulfinch, 1959, p. 88), a sequence quite similar to that described by Slavin and Kriegman.

Hayes (1994), a self-psychologist, describes a case in which a similar dilemma occurs, but with a different twist that is illuminating. In the treatment he describes, the patient initially experienced Hayes's empathic mode of investigation as helpful. But at a point in treatment when a new dimension of the transference emerged, Hayes's empathic inquiries and responses became organized differently by his patient and he was experienced as a controlling mother, similar to the mother of the patient. Hayes was able to work through the impasse in treatment this shift precipitated by investigating with the patient the shifting meanings of his mode of investigation. Thus, rather than using Slavin and Kriegman's strategy of open expression of the analyst's reality, Hayes used the strategy of reflecting on the patient's experience of the treatment itself, identifying meanings that occurred for both him and his patient.

Other self-psychologically oriented analysts have recognized the limits of an empathic stance or mode of investigation and offered further contributions to therapeutic action. For example, Fosshage (1992) has advocated the utility of shifting between two modes of investigation—the empathic and the relational—in working with patients, sounding a bit like Slavin and Kriegman, but giving more positive recognition to the empathic mode than the others. While the empathic mode shares a perspective from within the experience of the patient, the relational mode reflects a perspective that is