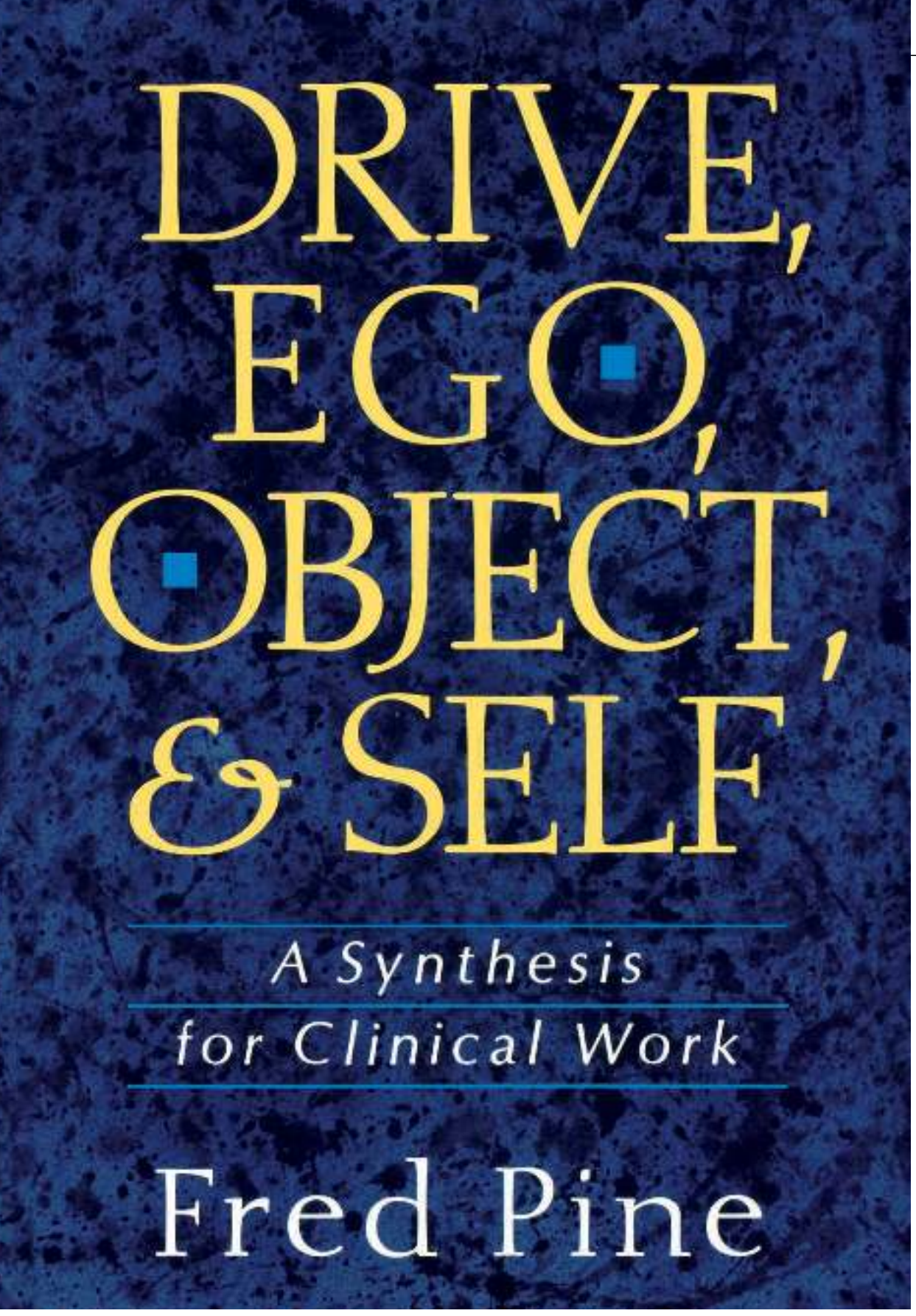
DRIVE, EGO, OBJECT, & SELF
A Synthesis for Clinical Work
Fred Pine

DRIVE, EGO, OBJECT, AND SELF

DRIVE, EGO, OBJECT, AND SELF

A Synthesis for Clinical Work

FRED PINE

A Member of the Perseus Books Group

Excerpts from: Bernfeld, S. (1949). The analysis of a psychic triad. *Psychoanalytic Study of the Child*, 3/4, 181–226. Reprinted with permission of International Universities Press, Inc.

Excerpts from: Fleming, J. (1971). Some observations on object constancy in the psychoanalysis of adults. *Journal of the American Psychoanalytic Association*, 19, 744–759. Reprinted with permission of International Universities Press, Inc.

Excerpts from: Loewald, H. W. (1971). On motivation and instinct theory. *Psychoanalytic Study of the Child*, 26. Copyright © 1972 by Ruth S. Eissler, Anna Freud, Marianne Kris, and Seymour L. Lustman. Reprinted by permission of Yale University Press.

Excerpts from: Mitchell, S. A. (1984). Object relations theories and the developmental tilt. *Contemporary Psychoanalysis*, 20, 473–499. Reprinted with permission.

Excerpts from: Pine, F. (1985). *Developmental theory and clinical process*. Copyright © 1985 by Yale University. Reprinted by permission of Yale University Press.

Excerpts from: Pine, F. (1985b). On the "development of the 'psychodynamic point of view.'" *American Journal of Orthopsychiatry*, 55, 450–457. Copyright © 1985 by the American Journal of Orthopsychiatry. Reprinted with permission.

Excerpts from: Pine, F. (1986b). The "psychic phase" in the light of present-day research. *Bulletin of the Menninger Clinic*, 50, 564–569. Reprinted with permission.

Excerpts from: Pine, F. (1990). The four psychologies of psychoanalysis and their place in clinical work. *Journal of the American Psychoanalytic Association*, 38, 571–596. Reprinted with permission of International Universities Press, Inc.

Excerpts from: Pine, F. (1989). Motivation, personality organization, and the four psychologies of psychoanalysis. *Journal of the American Psychoanalytic Association*, 37, 27–60. Reprinted with permission of International Universities Press, Inc.

Excerpts from: Segal, N. B. (1961). Narcissism and adoration in indigenic. *International Journal of Psychoanalysis*, 42, 465–475. Copyright © Institute of Psychoanalysis. Reprinted with permission.

Library of Congress Cataloging-in-Publication Data
Pine, Fred, 1931–
Drive, ego, object, and self : a synthesis for clinical work / Fred Pine.
p. cm.
Includes bibliographical references (p.).
ISBN 0-465-01722-3
1. Psychoanalysis. I. Title.
RC504.P56 1990
616.89'17—dc20 89-43168
CIP

02 03 04 EB 15 14 13

To Rachael and Daniel

Contents

Preface

THE PHENOMENA OF clinical work, as they are conceptualized today, are often seen as falling into four broad domains. We are accustomed to referring to these domains as those of drive, ego, object relations, and self. Our theories ought to fit with these observations and to suggest how things got that way. My aim in this book is to propose a view along those lines.

Whatever original contribution there is herein, it is not intended to be in the groupings of the phenomena themselves, nor in the broad conceptual languages used to describe them. There I shall simply work with our familiar terms: drive, ego, object relations, self. I recognize that these are loose and overlapping groupings, and that the phenomena could be grouped in other ways; but they are familiar, and I am used to rediscovering them continually in clinical work, and so I shall stay with them here. I wish to emphasize at the outset that I will be focusing on the *phenomena*, not formal theories regarding them—thus self, but not Self Psychology; object relations, but not the views of any one theorist; and drive and ego, but not only in the ways they have been addressed in classical psychoanalysis.

As phenomena, they have been part of the data of observation ever since

the way of thinking that we call psychoanalysis came into being in Freud's writings. Certainly drive concepts were central in his work—in his varying dual instinct theories and in the continuing centrality he accorded to sexuality, broadly conceived. An ego concept was present from the start, alternately referred to under the broad heading of "defense" or the narrower one of "repression." This is certainly familiar. But object relations and self were also important in Freud's writings. He gave recognition to the significance of the object in couching the stages of core anxiety in the language of separation—loss of the object, and loss of the love of the object, his first two stages, most notably; and transference and the oedipal constellation are as much object relations concepts as they are drive concepts. As for self, though he put it in quasi-libidinal/instinctual terms, Freud's struggles with the concept of narcissism were efforts to deal with the experience of "self," the person's relation to the self as object. It seems that drive, ego, object relations, and self are the phenomena of mental life, or are at least central among them, and we rediscover them again and again.

My own contribution is intended to be in the attempt at some synthesis of these phenomena (actually a clinical demonstration that they are synthesized in individual persons) and a developmental argument regarding how they got that way. Since in itself this is, I recognize, an ambitious attempt, I hasten to add what the views to be presented do not attempt to do. They do not represent a formal theory; there is no overarching frame, no basic postulates that serve as firm anchor points. Rather, I step into the developmental and clinical processes in midstream and try to make some sense of them. And I skirt the issue of hermeneutics versus science that is currently actively argued in the psychoanalytic literature, recognizing that my arguments can be drawn into either position.

My own statement is offered in three main parts: a theoretical section where the point of view is developed; a clinical section where it is illustrated; and an applied section where I utilize the ideas, along with further clinical examples, to attempt some clarification of various current issues in the psychoanalytic literature.

Among the broad set of ideas presented here, I introduced some in my earlier book, *Developmental Theory and Clinical Process* (1995); but I rapidly came to the opinion that that was only an introduction—that there was a lot more to be said about them. Hence the fuller statement with clinical illustrations in the present book.

Acknowledgments

I WANT TO express my gratitude, first, to the individuals who worked with me in their personal psychoanalyses and who gave me permission to describe aspects of those analyses here. From the start I felt that the book would require extensive illustrative clinical reports. This led to a long delay in the writing, however, as I was naturally hesitant to publish such private material. Eventually I decided to proceed in a way that felt professionally sound, and this included (in addition, of course, to appropriate disguise) seeking the permission of the patients whose clinical material was to appear in the book. What I did was the following: I first worked on the manuscript and the case reports until they reached their final form; only then did I seek permission (so that I was in a position to show the write-ups to patients in that final form); and only after that did I conclude that I could go ahead and publish. This final product is the outcome of that process, and I again express my gratitude to the individuals who allowed me the use of the material described herein.

The process of requesting permissions itself turned out to be both educative and moving, sometimes profoundly so, for both the analysands (past and current) and me. They read the write-ups, commented on them, and sometimes recommended changes or additions—all of which are reflected in the final presentations here. But more significantly, the whole process—the approach by me as well as the reading of the contents of the write-ups—stimulated analytic work in various ways. With individuals currently in analysis, of course, it became part of the analytic work; and I have no doubt that it will continue to be a presence in that work throughout the analyses. With individuals who had completed their analyses, and whom I recontacted to seek permission, it stimulated a reworking and reevaluation of both their analysis and their relationship to me.

Since the issue is such a problematic one for psychoanalytic writing, I want to say that the process to date seems to have been not destructive but rather productive as it is itself subjected to analytic work on postanalytic review. I am not so naïve as to think that this particular "parameter" is ever fully "analyzed away," but in that, I believe it joins much else in an analysis of which that same can be said (and often with respect to things of which the analyst is not even aware). But certainly, in the present instance, real work has gone on in relation to this new fact in the analysis, and I expect that to continue. Nonetheless, I cannot say how things will work out over the long term and whether untoward complications may develop. I respectfully hope that no seriously problematic issues arise.

Second, I wish to thank a few individuals who have been extremely helpful in enabling me to get this book written. Dr. Herman van Praag, Chairman of the Department of Psychiatry at the Albert Einstein College of Medicine, met my request for a sabbatical cooperatively, and it was during that sabbatical in the second half of 1987 that the first draft of this work got written. I am pleased to express my thanks to him.

Ms. Marie Mele, my secretary at the College of Medicine and an extraordinarily competent person, made that competence available to me as she produced beautiful working and final drafts of the manuscript. That she did this while working under my self-imposed time pressure (which I regularly placed right on her desk along with the manuscript) only increases my gratitude.

Jo Ann Miller, Director of Professional Books at Basic Books, could always be counted upon for clear and straight thinking commentary. In rela-

tion to this book and in my previous contacts with her; I value that highly. Her assistant, Andrea Ben-Yosef, has been helpful at every turn. And I appreciate the work done by Nola Lynch, who copyedited this book.

Finally, I wish to acknowledge those editors and publishers who granted permission for me to incorporate material that I had published elsewhere, often in quite different forms from their appearance herein. Formal acknowledgment is given on the copyright page, but I wish to describe the present use of those works. I draw upon two papers that first appeared in the *Journal of the American Psychoanalytic Association* (Pine, 1985, 1989), using them here in revised and extended form. The first of these appears in this book as part of chapters 2, 3, and 12; the second appears here, with modifications and extensions, as part of chapters 5 and 6. Portions of two other prepublished papers are also drawn upon in this book. A small section of chapter 10, on the development of specific ego capacities, first appeared in the *American Journal of Orthopsychiatry* (Pine, 1986a) as part of a larger, quite different paper. And what appears here as chapter 11, is substantially enlarged and altered version of a paper that first appeared in the *Bulletin of the Menninger Clinic* (Pine, 1986b). And last, a brief historically oriented literature review that appears here as part of chapter 2 was published in similar form by Yale University Press in my previous book (Pine, 1985). Permissions to utilize extensive quotations from other authors are also indicated on the copyright page. I am grateful for each of these permissions to republish.

Although all of the case studies in this book are real, the names and identifying details of the individuals mentioned have been changed in order to protect their privacy.

DRIVE, EGO, OBJECT, AND SELF

PART I

THEORETICAL

In this part I present a clinically and developmentally based model that moves toward an integration of the four major current psychoanalytic psychologies—those of drive, ego, object relations, and self. The ideas presented represent a coalescence of two modes of thinking. One mode begins with what we see clinically and asks, how could this have come about developmentally? The other, in reverse, begins with the observational domain of infant and child development and asks: what are the likely later clinical manifestations of the observed phenomena? what are their intrapsychic components? and which of these become most central, and how? The answers to these questions are guided by knowledge of outcomes that are actually seen clinically later on.

In seeking to account for how clinical phenomena come to include aspects of drive, ego, object relations, and self—each potentially as a central organization—I look closely at individual development. And there I believe we find that no one of the four has developmental priority; each of the four

has very early origins and a long course of development. My main point is that they become increasingly interrelated with one another, that each of the four achieves motivational status and thus can become a dynamically central organization—entering into the causal chain of behavior.

The overall view of human psychological functioning that underlies and results from the concepts to be developed here is consistent with the psychoanalytic emphasis on the centrality of *conflict*. But it will give equal centrality to the place of *repetition* and of *development*, the latter referring to both normal and blocked or aberrant development.

Clinical illustrations are reserved for the second and third parts of the book.

CHAPTER 1

Multiple Perspectives and Singular Persons

OVER THE DECADES, psychoanalysts have evolved a number of perspectives on intrapsychic life to help make sense of the data of clinical psychoanalysis. Each takes a somewhat different view of human functioning, emphasizing somewhat different phenomena. I shall refer to those perspectives that are central currently as the four psychologies of psychoanalysis: the psychologies of drive, ego, object relations, and self experience. By calling them psychologies, I mean to emphasize the claim each makes to describing a significant way in which the mind functions. And by calling them psychologies of psychoanalysis, I mean to emphasize that each lays claim also to a complex, in-depth view of the mind based on the shaping influence of early bodily based and object-connected experiences. Each of them adds something new to our understanding.

Each of the four conceptual domains, while having a certain degree of internal consistency, is also to a degree only a loose grouping of phenomena. And certainly at the edges, so to speak, they overlap with one another.

Phenomena are continuous, not categorical—especially in a site as complex as the human mind. And so, even with attention to a set of four clinically relevant domains of phenomena, the conceptual fit to the actualities of clinical work remains imperfect.

To the degree that individual theorists and clinicians are excessively ardent in their support of one or another of these psychologies, I believe they are in the familiar position of the blind men and the elephant, each touching a different part and mistaking the part for the whole animal. The complexity of the human animal is sufficiently great such that we gain in our understanding by having multiple perspectives upon it. The perspectives on the elephant vary spatially; the view you get depends on where you touch—legs, tail, tusks, or trunk. But the perspectives on human functioning, I shall argue, vary temporally. We all function differently and are intrapsychically organized differently at different moments. The view you get depends on when you are looking.

But though our potential perspectives are multiple, the persons they refer to are nonetheless singular—in both senses of the term. They are one (whole, integrated), though with plenty of room for conflict (and it shall be one of my tasks to propose modes of integration of the diversity). And persons are singular in the sense of unique, each different from the other (and the multiple perspectives better provide the tools for describing the full array of that uniqueness).

While I shall develop an integrated view of the several perspectives provided by the four psychologies, I shall not be making any effort to integrate *general* theories or the views of particular theorists. That task is too cumbersome, probably not possible to do, and in any event quite aside from my intent. My intent instead is to work toward an integrative view of the substantive phenomena to which the various theories address themselves: phenomena such as urges (in the drive psychology); modes of defense and adaptation (in the ego psychology); relationships and their internalization, distortion, and repetition (in the object relations psychology); and phenomena of differentiation and boundary formation, of personal agency and authenticity, and of self-esteem (in the self psychology). In not granting any automatic primacy to drive theory, I do not mean to reject the centrality—indeed the all-pervasiveness—of conflict. Quite the reverse. By recognizing and respecting the multiplicity of variables central to human function that have been highlighted by diverse theorists I hope to increase the space in our

theories for complexity—complexity reflected in the central place of conflict and of the multiple functions of behavior.

This wide ranging integrative attempt is an outgrowth of clinical experience and developmental study. It seems to me to fit, or at least reasonably approximate, the realities of those two domains. As for the clinical domain, a look at the major psychoanalytic journals makes clear that clinical work has expanded in recent years with regard to patient populations worked with, clinical phenomena seen, theories used to organize these phenomena, and interpretive approaches used within an analysis. My aim in this book is to advance a view of motivation and personality organization that could be seen to underlie, be implicit in, or provide a framework for this expansion. A multiperspective approach, I believe, underlies the way many analysts in fact work with their patients today. And as for the developmental domain, the view of the person accorded by infant and child observation is very different from the view accorded by the clinical psychoanalytic looking glass. If in clinical psychoanalysis persistent wishes can be seen as central organizers of the in-session associative material, in infant and child observation relationships and their distortions, adaptations and their failure, and the dawning awareness of a self, an "I," press themselves upon virtually all observers. Our theories should aspire to reflect this full range of phenomena.

Let me begin with two brief sets of illustrations: a hypothetical clinical example and a developmental example.

A HYPOTHETICAL CLINICAL EXAMPLE

Let us imagine a not uncommon clinical history—a woman who had had, as a child, a flirtatious sexualized relation to her father of a degree that was intensely exciting to her and who suffered a profound sense of rebuff when she felt she lost him when her mother was near. In the session to be imagined, she was flirtatious with her male analyst. Other imagined session content will be assumed to vary, according to the point I wish to make and will be referred to in the hypothetical interpretations.

Interpretations to such a patient would be responsive to the in-session

content, of course, and would be based upon how her central motivations were understood—which motive(s) seemed active at this particular time in this particular session. Thus, depending on general clinical circumstances and the specific session content, one can envision any of the following as an appropriate interpretation:

1. So, now that your mother has left for her vacation, you seem to feel safe in being flirtatious here, too, as you say you've been all day with others. I guess you're figuring that this time, finally, I won't turn away to be with her as you felt your father did.
2. It's not surprising that you suddenly found yourself retelling that incident of the time when your mother was critical of you. I think you were critical of yourself for flirting with me so freely just now, and you brought her right into the room with us so that nothing more could happen between us.
3. Your hope seems to be that, if you continue to get excitedly flirtatious with me, and I don't respond with excitement, you'll finally be able to tolerate your excitement without fearing that you'll be overwhelmed by it.
4. When those profound feelings of emptiness arise in you, the flirtatiousness helps you feel filled and alive, and so it becomes especially precious to you. It was as though, when your father turned his attention to your mother, he didn't know that you had wished to be healed by him and not only sexy with him.

These are over-ted interpretations for an inverted session. I hope it is obvious that what is actually said by the analyst in a session would be based on what actually is said by the patient in that session and on the transference situation as it is then manifest. In that context, the interpretation offered (from among an infinite range of possibilities) would be tailored to how this particular material in this particular patient in this particular session seemed best understood. No analyst, we hope, would bring to a session a theory-dictated, preformed interpretation.

But my point is that the range of interpretations actually used by analysts draws on widely varying "contents" of human history or "processes" of human functioning. Thus, the first "interpretation" given is meant to highlight the effort to gratify a sexually powered wish in a relatively un-

complicated fashion. The second interpretation centers on guilt and defense; it draws on the idea that the fixation aroused anxiety and guilt and that the memory of the object relationship to the mother could be used for defensive purposes—both to express and externalize the blame-saying (mother criticizes her, not she herself) and to defend against the illicit sexual intimacy (mother is made to be present in thought). The third interpretation focuses on repetition in efforts after mastery; it draws on the idea that even supposedly pleasurable affect in object-relational experiences can reach traumatic (unmasterable) levels of intensity that produce repetitive efforts to master the still-blocked psychic tension. And the fourth interpretation centers on a painful subjective experience of self; it draws on the idea that erotic arousal (or any strong affect) can itself be used defensively to ward off intolerable feelings of emptiness or depression. Though each of these interpretations have been tailored, for purposes of explication here, to highlight different aspects of psychological function—sexual gratification, defense, repetition of an old object relationship, and self experience—no one of these views of human function is the exclusive possession of any one formal psychological theory. They are all aspects of human function and of necessity are addressed by all serious and encompassing theories.

I have given four hypothetical interpretations to introduce an aspect of my theme. But they are hypothetical only in the sense that they are based on a fictitious instance and a session that did not in fact happen. They certainly are within the range of the kinds of interpretation that I find myself drawing on regularly in day-to-day work. In that sense, they are not at all hypothetical. And, in principle, at different times, each of these interpretations and more might be given to the same patient, as the analysis revealed different aspects of the "same" event.

I suspect that such a range of interpretation is part of the work of most clinical psychoanalysts. But explicitly espoused theories do not always reflect this full range. The relation between theory and clinical practice, altogether, is very difficult to describe for something as complex, ever varying, and noncomprehensible as an analysis. We tend to elevate to the level of theory those particular concepts that are useful to us as primary organizers, and we then espouse different theories. While I am not suggesting that all analysts in fact really work alike, I am suggesting that clinical work is often more widely varying than our theories reflect. In psychoanalysis, theories