CONTEMPORARY CONCEPTUALIZATIONS OF DEFENSE:

A RELATIONAL PERSPECTIVE

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Dissertation Abstract

Alev Çavdar, "Contemporary Conceptualizations of Defense: A Relational Perspective"

This study aimed at systematically studying defenses from a relational perspective. Recent advances in psychoanalytic theory emphasized the role of relationship in defining basic psychoanalytic concepts. The notion of defense has been conceptualized as an interpersonal process that is co-constructed in the relationship. Based on these theoretical suggestions, this study investigated the aspects of defense that could be re-defined as including the relationship, and the trigger and outcome of defensiveness within the relational context. The psychoanalyst-patient relationship was identified as the setting of observation in this study, since it is affectively intense, isolated and natural. Regarding the first aim of this study, which is to re-define defensiveness, it was expected that the defensive instances of the patient's discourse and the processes by which the patient defended herself could be identified reliably. Further, it was proposed that these definitions would offer a wider conceptualization than the classical defense mechanisms. The second aim of the study that is the investigation of how defensiveness unfolds in the interaction, expected particular features of the analyst's interventions and patient's defensiveness to mutually influence each other.

The data of the study was ten fully transcribed sessions from a psychoanalysis. The transcripts were evaluated by three raters on several aspects of defensiveness that were identified by two pilot studies: Here-and-Now Defensiveness, Affect/State that is defended against, Defensive Effort, Primary Aim, and Expected Relational Outcome for the patient; Type, Relational Quality and Linguistic features for the analyst's interventions.

Overall, the results indicated that for the patient in this study, the wider definition of the defense notion that emphasizes the defensive function and the Defensive Effort categorization offered a more reliable and extensive understanding, as compared to the classical mechanisms. The interactive regulatory purpose of the defensive effort was found to be a differentiating characteristic of defensive efforts. In addition, the examination of the interaction between the patient and the analyst in this data, revealed that the type, relational quality and word count of the interventions were associated with different aspects of defensiveness. The theoretical contributions of Relational/Intersubjective perspectives were supported.

Tez Özeti

Alev Çavdar, "Savunmanın Çağdaş Kavramlaştırılmaları: İlişkisel bir Yaklaşım"

Bu çalışma savunma kavramını ilişkisel bir yaklaşımla sistematik olarak incelemeyi hedefledi. Psikanalitik teorideki son gelişmeler, temel kavramların tanımlanmasında ilişkinin rolünü vurguladı. Savunma kavramı, ilişki içinde karşılıklı olarak yapılandırılan kişilerarası bir süreç olarak kavramlaştırıldı. Bu teorik önerilerin ışığında, bu çalışma savunmanın ilişkiyi de içerecek şekilde yeniden tanımlanabilecek yönlerini ve ilişkisel bağlamdaki tetikleyici ve sonuçlarını araştırdı. Gözlem ortamı olarak, duygusal yoğunluğu, izole yapısı ve doğallığı nedeniyle, psikanalist-hasta ilişkisi seçildi. Araştırmanın ilk amacı olan savunma kavramını yeniden tanımlamaya yönelik olarak, hastanın savunmacı olduğu durumların ve kendisini nasıl bir yöntemle savunduğunun güvenilir olarak tespit edilebilmesi beklendi. Ayrıca, bu tanımların, klasik savunma mekanizması anlayışına göre daha geniş bir kavramlaştırma sağlayacağı ileri sürüldü. Araştırmanın ikinci amacı olan etkileşimde savunmacılığın nasıl göz önüne serileceği ile ilgili ise analistin belirli müdahalelerinin ve danışanın savunmacılığının karşılıklı olarak birbirini etkileyeceği beklendi.

Bu çalışmanın verisini tamamen yazıya dökülmüş on psikanaliz seansı oluşturdu. Yazılı haldeki seanslar, üç hakem tarafından, pilot çalışmalarla belirlenmiş olan şu boyutlar üzerinden değerlendirildi: hasta için Şimdi-ve-Burada Savunmacılık, Duygu/Hal, Savunmacı Efor (Davranış), Birincil Amaç ve Beklenen İlişkisel Sonuç; analist için müdahalenin Türü, İlişkisel Niteliği ve Dilbilimsel özellikleri.

Genel olarak sonuçlar, bu çalışmadaki hasta için, savunmacı işlevi vurgulayan savunma mefhumunun ve Savunmacı Efor (Davranış) kategorizasyonunun, klasik savunma mekanizmalarına göre daha geniş ve güvenilir bir anlayış sağlayacağını gösterdi. Savunmanın Etkileşimi Düzenleyici amacının, farklı Savumacı Eforları (Davranışları) ayırt edici olabileceği görüldü. Bunun yanısıra, bu verideki hasta ve analist etkileşimi üzerinde yapılan inceleme, müdahalenin türü, ilişkisel niteliği ve kelime sayısının danışanın savunmacılığının farklı yönleri ile ilişkili olduğu görüldü. Psikanalitik teorideki İlişkisel / Öznelliklerarası yaklaşımların katkıları desteklendi.

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CONTENTS

CHAPTER I

INTRODUCTION

In contemporary psychoanalytic theory, the individual is no longer conceptualized as a closed system and the focus of psychotherapy is not only the intrapsychic processes of the patient. Rather, with the major contributions of Relational Psychoanalysis and the Intersubjectivity Perspective, the individual is understood to be in continuous interaction with, shaping and being shaped by, the real external world. Influenced by the advances in theory, some basic concepts of traditional psychoanalysis have been vastly studied and re-defined from this perspective (e.g. transference, counter-transference, the locus of change). Still, some other concepts are predominantly under the impact of the traditional one-person psychology.

One of these basic concepts of psychoanalysis is the notion of defense and defense mechanisms. Although references are made to the relational meaning and use of defenses, they have not been systematically reconsidered from a relational perspective. Throughout the history of psychoanalytic thought, defense has been considered from the perspectives of classical psychoanalysis, Ego Psychology, Object Relations Theory, Interpersonal Psychoanalysis, Attachment Theory and Relational Intersubjective Perspectives. These contributions will be discussed in the next section in detail. In general, the early years of psychoanalysis are dominated by the definition of defense as an intrapsychic mechanism that serves to alleviate the tension created by conflicts between wishes and/or a wish and a fear. Despite exceptions and critiques, it was not until Interpersonal Psychoanalysis that the real relationship became a part of the definition of defense. However, although the

relationship was included as the source, the mechanism and the aim of a person's defensive behavior, the internal and external was still dichotomized. With the introduction of Relational Psychoanalysis and Intersubjectivity, the individual was understood as in mutual, ongoing and fluid interaction with the environment, and experiences as co-constructed. This idea is theoretically reflected in the contemporary conceptualizations of defense, which is considered to be co-created, rather than revealed (Hoffmann, 1991) and defined as avoidance of certain self-states and ways of behaving (D.B. Stern, 2010; D.B. Stern, 2013).

The aim of this study is to systematically study these contemporary conceptualizations in order to offer a wider redefinition of the notion of defense, pertaining to its trigger, mechanism and outcome. Further, how defense is triggered by the external world and how that world influences it will be considered. A reconsideration of defense is expected to contribute both to theory, in terms of offering contemporary redefinitions or elaborations of defenses, and to clinical practice by offering tools for a better understanding of unconscious relational processes. In addition, this study may also expand the applicability of psychoanalytic concepts to include cultures that attribute great determining power to relational contexts.

Historical Overview

Classical Psychoanalytic Theory and Ego Psychology

The first appearance of the term defense in psychoanalytic history is in 1894, in Sigmund Freud's paper titled "The Neuro-Psychoses of Defence" (Strachey, 1962). In this paper, S. Freud offered a distinction between *hypnoid and retention hysteria* and *defence hysteria*, and described a form of defense that separates an incompatible idea from its affect, thus, rendering the idea weakened and isolated. The isolated affect then becomes attached to other ideas, which were not incompatible in the first place, and causes them to be obsessional ideas. Further, he added that another type of defense would have been to reject the incompatible idea and the attached affect as a whole, and to behave as if it never existed. He designated this mechanism as psychotic, calling it *hallucinatory confusion* (S. Freud, 1894a).

Besides the official introduction of the concept, it is evident in his letters to Fliess and the Drafts edited by Strachey (1962) that S. Freud had been extensively reflecting on defining and re-defining the defense notion between 1894 and 1896. In one of his letters to Fliess, he discussed the concept within the context of obsessional neurosis, paranoia and hysteria in terms of the triggering affect, content and outcome (S. Freud, 1894b). In another letter, he introduced the conflict-defense relationship to account for the *acquired neurosis/hysteria*, and explicitly stated that what is defended against is sexuality for all cases (S. Freud, 1894b). The Draft, titled Paranoia, was noteworthy, since he described the defense mechanism projection for the first time in an attempt to explain the mechanisms underlying paranoia (S. Freud,

1894c). He stated that the way in which paranoia deflects an incompatible idea is projecting it to the external world. Another quite influential remark in this paper was his characterization of projection as a common, normal psychic mechanism that is abused for defensive purposes in the case of paranoia. Similarly, he claimed that obsessional ideas are also caused by the abuse of the normal mechanism of substitution for defensive purposes (S. Freud, 1894b). Up to this point, S. Freud's elaborations did not offer a definition of defense. Rather, he reviewed the mechanisms that are known today as repression, denial, isolation of affect and projection, and tried to explain psychopathology by the exploitation of these mechanisms of normal functioning for defensive purposes.

In a letter to Fliess in 1895, S. Freud offered a broader portrayal of the concept, claiming that "There is a normal trend toward defense — that is, an aversion to directing psychic energy in such a way that unpleasure results*"* (S. Freud, 1895, p.163). He moved on to explain that this normal trend to defend against unpleasure has the risk of being the source of fresh unpleasure itself. As a result of this thinking, the concepts of defense and compromise in understanding psychopathology started to emerge in his writing. As to the trigger of defense, he mentioned a primary experience or the memory of it (S. Freud, 1895). In 1896, S. Freud's confusion about terminology started to surface in his comments, such as the necessity of the cooperation of defense, in addition to excess sexuality in causing repression (S. Freud, 1896a). The distinction between repression and defense, as well as the trigger and outcome, were quite unclear in these accounts. By the end of 1896, he tried to clarify these issues by portraying repression as a pathological defense. In the same paper, he further claimed that what is defended against is a memory of an event that evokes unpleasure, which is always sexual in nature and could not have been

successfully inhibited; thus, it creates fresh unpleasure every time it is reawakened (S. Freud, 1896b).

After a relatively silent period in terms of discussing defense, in 1916, S. Freud identified repression as the "main pillar upon which rests the edifice of psychoanalysis" (S. Freud, 1916, p. 413). While he reviewed the history of psychoanalysis, he portrayed repression as a theoretical construct created by psychoanalytic work, and claimed that psychoanalysis, as it tried to explain neurosis, held resistance and transference as the foundations, and on the basis of repression, it validated the role of sexuality and the unconscious (S. Freud, 1916).

Until 1936, S. Freud had been using the terms defense and repression interchangeably. Although he mentioned several other mechanisms, repression was always treated distinctively. This has created a great deal of confusion about the definitions of repression, defense, and resistance. Finally, in 1936, S. Freud explicitly addressed this issue and defined defense as the "general designation for all the techniques of which the ego makes use in the conflicts which potentially lead to neurosis*"* (S. Freud, 1936, p. 434), and repression as one of the mechanisms that could be used in the service of defense. This conceptualization of defense mechanisms as functions of the ego that serve to keep conflictual wishes unconscious has been dominant in psychoanalytic theory since then. Still, he did not offer a consistent theoretical account of what constitutes defense or a list of defenses, but kept mentioning several mechanisms such as repression, projection, displacement, sublimation. Later, he added reaction formation, undoing and isolation (S. Freud, 1936) to the previously listed ones. However, S. Freud's focus was always more on the broader defense notion and the triggers, rather than the specific mechanisms, by which the person defends him/herself.

In the same paper, he equated defense with the flight response against an external danger. He formulated that the ego withdraws the libidinal investment from the dangerous instinct representative, and uses it for the release of anxiety. At this point in the development of psychoanalytic theory, he attributed the source of anxiety, which was previously defined as an automatic reaction to the repression of the impulse, to the ego (S. Freud, 1936).

In sum, after the introduction of the term defense by S. Freud in 1894 as a way to ward off unacceptable mental content, there has been a brief period of the supremacy of repression at the expense of the defense concept. Then, the concept was re-introduced in 1936, with a clear definition that designates defenses as all the techniques of the ego – including repression – that are utilized to manage intrapsychic conflict. During the following 30 years of psychoanalysis, the concept of defense was heavily determined by S. Freud's conceptualization in the 1936 paper. In the final version of his elaborations, defense was designated as the psychic mechanisms that the ego utilizes against instinctual demands and/or conflicts. Classical Psychoanalytic theory still defines defense mechanisms as intrapsychic processes that defend the person against conflicts that may arise between two wishes and / or between a wish and a fear. Although this definition seems to be clear, what is defended against has been identified as an event, a memory, excessive instinctual demands, conflicting instinctual demands, and conflicts between instincts and the external world at different points throughout the progress of the classical psychoanalytic perspective. On the one hand, some specific mechanisms were identified, exemplified and linked to certain types of psychopathology, and on the other hand, it was claimed that any normal psychic function could be utilized to protect the ego.

There have been some early theoretical contributions to S. Freud's thinking. Shockley (1916), although not frequently cited, attempted to clarify the confusions about what is defended against and how. He claimed that defenses are unconscious adaptations that come into the picture when there is a problem with the ego's adaptation to the environment or when instinctual demands are in conflict with "the conscious ethics of the psyche" (Shockley, 1916, p. 141). His portrayal incorporated the double function of defense: gratification of the need while blocking it from consciousness. He discussed several cases as examples of specific defenses, each against a different memory, event or affect. Based on these clinical observations, Shockley (1916) offered a categorization of defenses into three: defense reactions of everyday life, pathological defense reactions with temporary mental disturbance, and pathological defense reactions that result in permanent mental disturbance. This categorization is the earliest form of the contemporary hierarchical organization of defenses from primitive and non-adaptive to mature and adaptive.

Another contribution to the concept of defense was made by Slutsky (1932), who suggested that psychoanalysis itself can be a defense against progress. The patient he presented perceived psychoanalysis as the suffering that she endures to allow herself pleasure. In contemporary terminology, what Slutsky (1932) exemplified could be considered a defensive masochistic attitude. In both Shockley's (1916) and Slutsky's (1932) contributions, defenses were depicted as any experience, condition or symptom, rather than an intrapsychic mental operation. As evident in these accounts, until the prominent work of Anna Freud, the concept of defense was considered with a flexibility that could sometimes be confusing about its source and mechanism. The only definitive aspect was the *defensiveness* of any effort, not the

mechanism per se. Still, this focus on the defensive function, instead of a categorization, provided an enhanced clinical understanding.

In 1936, Anna Freud elaborated on S. Freud's work by cataloguing specific defense mechanisms. Her most prominent contribution has been listing and defining: repression, regression, reaction formation, isolation, undoing, projection, introjection, reversal, turning against self, and sublimation. This list has always been used as the basis for further additions, and the same terms are still being used for clinical communications. Apart from listing the mechanisms, A. Freud (1936) offered her answer to the question of what causes the ego to utilize defense mechanisms by categorizing possible triggers as: (1) superego anxiety that is the fear of the conscience, (2) objective anxiety that is the fear of real negative consequences, and (3) instinctual anxiety that is the fear of the strength of the instinct.

S. Freud's topographical model and A. Freud's ego-psychological perspective, dominated psychoanalytic thought for a very long time. In general, ego psychology defined defense as an activity of the ego that is unconsciously activated and performed, to protect the ego from an instinct, anxiety or a painful emotion and is expected to alleviate tension (Gerö, 1951). In addition to the clarification of a definition, ego psychologists emphasized the healthy, adaptive function of defense mechanisms (Hartmann, Kris, & Loewenstein, 1946). Defenses thus were un-pathologized by ego psychology, which influenced later theorists in portraying defenses as cognitive skills (e.g. Brenner, 1981).

Further contributions of ego psychology focused on the questions, are defense mechanisms a separate set of ego functions that serve solely defensive purposes or could any function of the ego be called defensive or non-defensive according to its use? Brenner (1981) broadly defined defense as anything that serves

to reduce unpleasure. He objected to the use of the term defense mechanism, since it denied the non-defensive use of these functions as well as the defensive use of other ego functions (Brenner, 1981). On the contrary, Gillett (1987) claimed that indeed, there are special ego mechanisms that have an innate basis and are shaped by experience, just like other ego functions such as perception and memory. Based on this similarity, Gillett (1987) differentiated between the defense mechanism, which is unconscious, and the conscious or unconscious defense content that is created through experience. Gillett's formulation narrowed the range of defenses down to certain mechanisms that are solely ascribed to defensive purposes and are not part of normal functioning, whereas Brenner (1981) suggested that all ego functions can serve defensive or non-defensive purposes.

Although A. Freud (1936) and ego psychology illuminated some areas of confusion, they narrowed the broader concept of defense to defense mechanisms and have been criticized since the beginning of their work. The critiques indicated a need for a broad, multifaceted, synthetic and interactional understanding of the notion of defense. The earliest criticisms focused on the issue of multiple layers. When the defenses were exclusively categorized in their simplest form, the complexity of the psyche could not have been captured. Feigenbaum (1937) is one of the first to identify this perplexity, in the context of depersonalization. He reported that S. Freud classifies depersonalization as a defense that instigates the symptom in one paragraph, and as the symptom itself in the next. Feigenbaum (1937), resting on two case examples, concluded that depersonalization was serving defensive purposes and was found to be co-occurring with projection. Similarly, Benedek (1937), attributed repressive forces partially to the ego, to be integrated as a defense against the pressures of the id and the pressures of the environment, and partially to the

superego, and he illustrated this perspective by a case example in which shame was considered a defense against exhibitionist tendencies. In this case, an unpleasant affect was interpreted as a defense against an impulse.

In addition to these references on the complexity of the source, mechanism and outcome, the interaction of several defense mechanisms in accomplishing a defensive function was identified as an area of further concern. French (1938), as noted in his observations about A. Freud's work on defenses, criticized A. Freud for her reductionist approach to defense mechanisms. A. Freud listed the mechanisms in their simplest, isolated forms. French (1938), on the other hand, turned his attention to the complexity of the ego's functioning. According to him, the ego's defensive function could not be defined by elementary mechanisms; rather, it is important to capture how these elementary mechanisms are synthesized and integrated for defensive purposes. He used *identification with the aggressor* and *altruistic surrender* as examples of the intricate organization that involves more than one mechanism used in combination; thus he identified how the synthetic function of the ego is operative in the defensive realm. Gerö (1951), in his summary of the contributions of ego psychology to the concept of defense, also pointed to the complex, stratified nature of defenses; two or more defenses can operate simultaneously, and the defense itself may increase the suffering and become a symptom. In their Glossary of Defenses, Bibring, Dwyer, Huntington, and Valenstein (1961) made a distinction between the irreducible defense mechanisms and complex defensive configurations. However, the ambiguity of the term irreducible and the lack of clarity of the distinction between the process, content, outcome and purpose was criticized (Siegal, 1969).

To sum up, as the ego psychological perspective developed in time, A. Freud's (1936) emphasis on neurosis and defense and Hartmann's (1946) emphasis on healthy adaptive functioning converged. It was established that the formative development of psychic structures and development of defensive patterns were almost indistinguishable. When defense was first defined, it was portrayed as against unpleasure, which was caused by the accumulating excitation of drives. However, although the concept of unpleasure was retained in ego psychology, the source of unpleasure changed to a great degree (Arlow, 1966; as cited in Wallerstein, 1967). Thus, what is defended against became increasingly more complex. Abend (1981) summarized these developments in the concept of defense and stated that the psychoanalytic thought progressively grasped the impossibility and inaccuracy of defining defenses as only mental entities and/or pathological processes.

The Role of the Relationship in the Early Years of Psychoanalysis

During the era of psychoanalysis that was influenced heavily by classical theory and ego psychology, the role of interpersonal relationships in triggering and implementing defenses was another point of divergence. First, Fenichel (1938) questioned the notion of instinct alone as the source of anxiety. He claimed that if their satisfaction had not been prevented by the external world, there could have been no reason for the drives to cause discomfort (cited in Abend, 1981). Further, consideration of the complex organization of the defensive activities of *identification with the aggressor*, *altruistic surrender* (Fenichel, 1938), and *flight from an object* (Hendrick, 1938) also imply the inclusion of another person and the relationship.

There are also more direct accounts that merge the clinical observations with theory in accounting for the role of the relationship. Knight (1942), in a paper titled "Intimidation of Others as a Defense against Anxiety," portrayed hostility as a defense. He claimed that in order to avoid the guilt, shame and narcissistic wounds of getting help, the patient defends herself by being hostile. Further, he mentioned the analyst's role in maintaining this pattern of seeking and rejecting help. Still, the suppressed experiences of childhood sexuality were cited as the root of the fear of rejection and insult (Knight, 1942). The anxiety triggered by "the strong need for love" is defended against by "intimidating others". This pattern then turns into a vicious circle as intimidation provokes hostility from the environment (Greenson, 1943). Knight's (1942) claims are distinctive, since defense is portrayed not just as an intrapsychic operation, but is contemplated to be operating within the relational context. Despite the adherence of psychoanalysis to the centrality of the ego and the classical technique in that period, his paper clearly demonstrated how a relational action can serve defensive purposes. Further, the source of the defensive activity is also relational, and its impact on others serves to maintain its use. Similarly, Fried (1954), who was known to be a Freudian in her practice, presented self-induced failure as a defense against aggressive impulses. She described self-defeating behavior as a defense against "infantile destructive, oral aggressive, anal sadistic and omnipotent drives" (p. 331), and as cast jointly by the need for instinctual gratification, the defensive configurations aiming to balance the instincts and the external world, and the inability to distinguish action and fantasy. Up to this point, Fried's (1954) construal characterizes the typical defense conceptualization of classical psychoanalysis. However, it is noteworthy that she claimed that the individual shapes both his internal world and his external world to defensively defeat

self. She summarized the mechanism as recruiting guardians from the external world to restrain the destructive drives. The external guardians, as well as the person who is defending himself, is unaware of this defensive manipulation. Further, she concluded that this type of defense became more prevalent as the society became less restrictive. Contrary to the classical definition of defense and also the ego psychological perspective, in Fried's (1954) explanation, the real relationship is a part of the defensive mechanism itself. Another such example is offered by Grinstein (1957), a Freud scholar, who defined a defense called *comes the knight in shining armor* in order to bribe the analyst to provide love or to save the patient from potential anxiety. He interpreted patients' offers to help or save the analyst by their expertise, money/property or connections as a defense. While presenting a patient of his, he stated "through his defense of giving me financial advice, he tried to make me dependent upon him and hence to render me harmless" (Grinstein, 1957, p. 127). At first glance, it could be explained by the more popular concept of a rescue fantasy. However, Grinstein (1957) stated that it is different from a rescue fantasy, because here the defense is "an actual or real way of dealing with potentially threatening situations" (p. 129). Here again, the real relationship is included in the mechanism. What is defensively modified is not intrapsychic, rather it is the interaction.

Object Relations Theory, Interpersonal Psychoanalysis and Self Psychology

The struggles within ego psychology about the inclusion of interpersonal relationships were parallel to the emergence of another potent movement within psychoanalysis, Object Relations Theory. Melanie Klein (1946), by introducing the

concept of projective identification, paved the way for the inclusion of the object and relational processes in explaining defense. Initially, projective identification was defined as an unconscious infantile phantasy, in which aspects of self that might be experienced as disturbing or threatening, regardless of their affective tone as good or bad, are projected onto the other, and then, identified with. Unlike the previous exceptional attempts to incorporate the relationship (e.g. Knight, 1942), the concept of projective identification vastly influenced the psychoanalytic thinking.

In Object Relations Theory, as the id-ego-superego model became less pronounced, the representation of the self and the object became the focus. Thus, the source, aim and processes of defenses were redefined to include the object. Menaker's (1953) demonstration of the masochistic self-conception as a defense against psychotic breakdown could be considered an example of the object relational perspective, since the masochistic self-conception constitutes a way to maintain a relationship with an idealized object by modifying the self. Similarly, Wangh (1962), maintaining his loyalty to the terminology of ego psychology, focused on the defensive mobilization of some id experiences, ego experiences and ego functions in the Other, in his words, in an alter ego. He called this mechanism *evocation by proxy.* According to him, evocation by proxy might occur to defend the ego against the threats of losing a narcissistically cathected object, of failing to manage reality testing, of weakening impulse control. As exemplified by case material, he identified the reason for the utilization of evocation by proxy as the protection of the relationship with the narcissistically cathected object from the aggression towards it, which causes intense separation anxiety. Wangh (1962) added that this process cannot be explained only by projection. Instead of simply projecting, such patients evoke these attributes in the other, to defend themselves against the anxiety of

impaired reality testing. It is an unconscious, yet quite active process. Further, he stated that the need in this case is not reversing the position or identifying with the aggressor, but is rather evoking the interest and concern of the other so that s/he will take the person's place and protect him from the perceived threat. Wangh (1962), in addition to mentioning the traditional intrapsychic operations, identified how these single mechanisms are integrated into a real impact on the external world, which serves the actual defensive purpose.

However, the objects in the Object Relations perspective are not *real* others, but internal representations of others (Kernberg, 1975). Still, the object loss and environmental failure were included as sources of defense, and defensive processes were defined in terms of modifications of self and object representations. The inclusion of real people and the interaction in the descriptions of defensive operations came later in psychoanalytic theory, so that they were not considered to be an exception; instead, were treated as a broad shift in psychoanalytic thinking. For example, the Kleinian notion of projective identification was an intrapsychic process, an unconscious phantasy, until revised by Ogden (1979) as an interactive process. Similarly, Menaker's (1953) portrayal of sadomasochism as a defense was further developed by Avery (1977), who claimed that the sadomasochistic object relationship can be a defense against object loss. He challenged the more classical interpretation of masochism as a defense against Oedipal aggression and the more object relational construal as against the loss of the inner tie to the idealized object, by introducing the preoedipal actual object loss or the threat of it as the trigger of sadomasochism. Avery (1977) identified the sadomasochistic relationship as a way to protect the bond to the external as well as the internal object. He also attempted to demonstrate the stratified nature of defenses by characterizing the multiple purposes

of this relationship as the preservation of the real relationship, minimization of libidinal satisfaction and relaxation of the sadistic inner object (Avery, 1977).

These re-definitions of certain defensive maneuvers within the context of real relationships were initiated by the launch of Interpersonal Psychoanalysis in 1950s. The real, external and observable relationships became the focus of study and thus, the aim of defensive activity was re-defined as reduced conflict and increased harmony in relationships (Sullivan, 1953). Others, while not strictly adhering to the interpersonal approach, later gave similar accounts. For example, Rangell (1983) mentioned the existence of defenses that operate toward objects, and used the terms interactional and interpersonal defenses. He claimed that these defenses could be observed in the intrapsychic domain in terms of modifications of object representations, as well as in the interpersonal domain, in group relations (Rangell, 1983). Another example of the consideration of the real relationship is by Sand (1985), who claimed that, in narcissism, object loss is defended against by a retreat into a fantasy world of objects, instead of real interpersonal relationships, which are perceived to be threatening (Sand, 1985).

The emphasis on the real external world marks a partial return to the first model of S. Freud, which places the actual traumatic event at the core of psychopathology (Knox, 2003). However, the implication of the word *trauma* has changed drastically since the 1950s. Especially within the context of Attachment Theory, which places the real mother-child interaction at its focus, trauma has been defined as a threat to the attachment relationship. Accordingly, from this perspective, defense mechanisms were depicted as the patterns of affect regulation in the child-primary caregiver relationship, which were later internalized and became intrapsychic. In the more contemporary manifestation of the attachment perspective

on defenses, affect is an integral part of the relationship and regulating affect means regulating distance in the relationship. Thus, defense is basically affect regulation via distance regulation (Knox, 2003). Similarly, Fonagy et al. (1995) equates insecure attachment patterns with defensive compromises, in which the child maintains proximity by sacrificing intimacy or autonomy.

The independent theorist Winnicott (1965) also claimed that the child defends himself against both anxiety-provoking impulses and the traumatic environment and suggested that environmental failure results in pervasive defensive patterns, such as the false self. His view also implied that keeping affect, experience or parts of the self as unconscious serves not only to maintain equilibrium against the anxiety of a wish-fear conflict, but also to preserve the relationship with the significant other (Cooper, 1998). Sandler and Joffe (1967), who also worked with children, more directly challenged the anxiety-based classical definition of defense and claimed that defenses operate to maintain well-being rather than to guard against anxiety (cited in Cramer, 1998). Similarly, Schafer (1968) pointed to the need for a dynamic view of the defenses that he defined as motives or wishes, with an emphasis on the mental content connected to these tendencies. Within this conceptualization, he also underscored the constructive, positive aspect of the defenses, in addition to the destructive, negative aspect that were vastly cited.

However, this emphasis on well-being and productiveness became more influential with the Self Psychology movement. Kohut (1984) introduced the idea of preservation of self and/or self-esteem as the focus of defensive operations. The threat that is defended against in self psychology is the weakening or disintegration of the self (Shane, 1985). Thus, defenses are not considered pathological, rather, they were regarded as necessary for the development and protection of the self.

Subsequently, Kohut (1984) advised psychoanalysts not to attack defenses, which was the traditional way to work with them. Instead, Kohut (1984) suggested respecting their function of self-preservation, in order to be able to reach the content that they are guarding. Another important contribution of self psychology to the understanding of defense was their assertion that it is unfeasible to differentiate between the affective experience and the object; since the affect is inseparably linked to the object, it may be impossible to differentiate what is defended against from the aim of the defense (as cited in Cooper, 1990). This notion is also supported by the conceptualization of emotion as a process by which relationships are established, preserved and broken off, rather than as mere feelings. Experiences of positive or negative emotions serve as relational signals to self and others and thus, keeping affect unconscious may serve both self-regulatory and interaction regulatory functions (J.J. Campos, R.G. Campos, & Barrett, 1989).

Overall, Interpersonal Theory, Attachment Theory and Self Psychology converge on the significance of the real, external world, and the concept of regulation. What is defended against is still unpleasurable affect, but the affect is no longer isolated from the real relational context in which it is experienced. Further, interpersonal consequences have received attention and the aim and/or function of the defense has been broadened to include maintaining both intrapsychic equilibrium and interpersonal harmony.

This re-conceptualization of defense as an interpersonal process paved the way for the identification of previously unlisted defense mechanisms. Modell (1984), like Winnicott, differentiated the defenses against intrapsychic conflicts and defenses against environmental failure. He further proposed that *non-relatedness* and *self-sufficiency* could be considered as relational narcissistic defenses against painful

reality (as cited in Cooper, 1990). Levenson (1993) also attributed an interpersonal quality to defenses and claimed that the *omission of something from one's discourse* is an interpersonal defensive maneuver that could be the relational counterpart to repression. According to him, interpersonal psychoanalysis is the science of omissions.

The same trend was observed in psychoanalytically oriented family and couple therapy field. Lansky (1980, 1985, 1987) introduced the concept of *transpersonal defenses* in the family, especially against feeling shame. In his accounts, transpersonal defenses were mechanisms that evolve and function against negative feelings, which arise in the relationship (Lansky, 1980); and their aim is to regulate the self, protecting it from disintegration, and to regulate the relationship, protecting it from detachment (Lansky, 1985). Based on this approach, Lansky (1987) defined *blaming*, *preoccupation* and *impulsive action* as transpersonal defenses with significant consequences for the relationship. Similarly, D.E. Scharff and J.S. Scharff (1991) used *couple projective identification* as a cornerstone of their approach.

Other Contemporary Issues

Although the theory undertook several major swings that were reflected in all psychoanalytic concepts including defense, contemporary empirical work and official definitions are still heavily based on A. Freud's (1936) work. In the 1990s, the defense mechanisms were included in the DSM-IV, as one of the three alternative axes and were defined as "automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or

external stressors" (American Psychiatric Association, 1994, p. 751). The DSM-IV also included a hierarchically organized categorization, which was predominantly based on the studies that focused on enhancing A. Freud's list by systematically reviewing the possible other mechanisms that fit the original definition (e.g. Bibring et al., 1961; Vaillant, 1992).

Recently, Phebe Cramer has been one of the few people, who studied defense mechanisms extensively (Cramer, 1998, 2000, 2006, 2008). She tried to establish an overarching definition of defense, using empirical support. Cramer (2006) originally defined a defense mechanism as "a mental operation that occurs outside of awareness" that serves to "protect the individual from experiencing excessive anxiety" (p. 7). The classical influence is evident in her definition in that she kept the whole process intrapsychic, and maintained the definitive the role of anxiety (Cramer, 1998, 2008). After a series of empirical work, she concluded that research supports the following basic tenets of defense mechanisms: they function outside of awareness, follow a developmental hierarchy, are a part of normal functioning, are utilized more under stress, aid to prevent the awareness of negative affect, are associated with the autonomic nervous system, and imply psychopathology, when used excessively (see Cramer, 2008 for the review of the empirical work). She reported that the classical and ego-psychological understanding of defenses was supported (Cortina, 2010). However, when reflecting on her work, it should be considered that she initially started with a clear definition, as stated above, and focused almost solely on three defense mechanisms: denial, projection and identification in drawing empirical conclusions. Thus, Phebe Cramer specifically searched for evidence for the existence of the classically defined mechanisms, and found them. Yet, the existence of these mechanisms is not sufficient to conclude that

a defensive repertoire could be explained by intrapscyhic, hierarchically organized set of pre-defined mechanisms that reduce negative affect.

Defense Mechanisms in Relational / Intersubjective Approaches

After the 1980s, as Relational Psychoanalysis and Intersubjectivity began to be adopted by a large sector of the field, the conceptualization of the individual as a closed-system with an isolated mind was abandoned and all psychic processes began to be considered within their relational context (Ablon & Jones, 2005; Greenberg & Mitchell, 1983; Stolorow & Atwood, 1992). Sullivan's concept of *interpersonal field* that refers to the conscious and unconscious context created by the meeting of two subjectivities is largely adopted and enriched by the contemporary relational and intersubjective theorists. These approaches claimed that every aspect of psychological functioning develops by influencing and being influenced by this context (Shill, 2004). Thus, the relational view suggested that the individual defends himself against the negative affect caused by the external world or by the dreaded relational consequences of a wish, by interpersonal means and regulates the relationship as well as the self (Stolorow & Lachmann, 1980). Thus, the source, the aim, the process and the outcome of the defense include the real relationship.

Relational and Intersubjective approaches differ from classical psychoanalytic theory, object relations theory, and even self psychology and interpersonal theory in terms of their foundational premise. All the previous psychoanalytic approaches adhered to the positivist model, whereas the contemporary relational and intersubjective theories adopted a social-constructivist perspective that requires not only the inclusion and participation of the other into the

picture, but also the mutual construction of meaning (Hoffmann, 1991). Subsequently, the ongoing and fluid nature of the relational context was emphasized. In other words, it is not that the early relationship influences later ones; rather, there is an ongoing dynamic interplay. Further, the Cartesian internal-external dichotomy is directly challenged in contemporary psychoanalytic work. Hoffmann (1991) focused on the analytic setting, and stated that it is impossible to make a distinction between the transferential, and the real or personal and interpersonal. Similarly, Wachtel (1997) criticized both the inner-outer dichotomy and the portrayal of the individual at a distance from experience. He challenged the view that experience becomes fossilized inside and guides behavior. Instead, he emphasized the ongoing interplay between the inner world and present action. Similarly, developmental psychologists such as Kaye (1985) and Fogel (1993) suggested that the basic human features such as perception, cognition, emotion and behavior are incomplete, when considered as isolated means for associating the internal and the external world. They are "always parts of ways of doing things in the world" (as cited in Westerman & Steen, 2007, p. 328). From the same perspective, the Boston Change Process Study Group (2007) offered a new definition for intrapsychic as "lived experience that is represented at the implicit level" (BCPSG, 2007, p.1). In sum, experience is considered as ambiguous by its nature and as having the potential for endless interpretations, revelations and formulations (Hoffman, 1991; D.B. Stern, 1983). Thus, any perception, regardless of how scientific, obvious or concrete it is, is just one possibility out of a chaotic world the endless other possibilities of unformulated experience (D.B. Stern, 1983, 1989).

This social-constructivist perspective is clearly reflected in the defense notion as discussed by relational/intersubjective theorists. Hoffmann (1991)

explicitly opposed the Freudian conception of defense that undoubtedly incorporates an internal-external dichotomy and the analytic work of discovering what is hidden. Instead, he suggested that analysts are constructing an experience that had never been formulated before and this exploration of meaning affects both parties' experience. The implications of this perspective for the conception of defense goes beyond adding the interpersonal to the intrapsychic as the source, aim and mechanism of defense. Rather, the experience that is defended against as well as the mechanisms of defense are always a combination of intrapsychic and interpersonal elements, which are not just revealed, but created in the analytic situation.

Like Hoffmann (1991), Frank (2005) claimed that transference is not the distorted version of an objective reality, rather, it is one of the possible versions of experience of the relationship. Thus, the *real* in this sense does not refer to a non-distorted, realistic perception. It refers to "personally significant and emotionally authentic but mutually subjective interchanges" (Frank, 2005, p.17). This portrayal, again, marks the difference between the relational / intersubjectivity perspectives and the previous classical as well as interpersonal theories. Frank (2005) claims that the analyst cannot objectively analyze transference, but he may explore different aspects of the relationship. As applied to the concept of defense, it is not possible to objectively interpret defense. Rather, the defensive processes that are co-created can be reflected upon.

D.B. Stern's work is a very clear example of the relational perspective and the application of this perspective to the concept of defense. As opposed to the traditional view of psychoanalysis, which defined the analytic situation as one person finding out the *truth* about the other, D.B. Stern (2008) focused on the mutuality of the relationship and portrayed the analytic situation as mutually constructed. In line

with this constructivist perspective, D.B. Stern (2010) viewed defense as the "unconsciously motivated refusal to create or articulate experience, a turning away from the possibilities" (p. 95). His work focused on dissociation, which he defined as a selective perception that ranges from a milder form of adherence to a certain narrative to the stronger version that involves active rejection of certain meanings. D.B. Stern (2010) portrayed dissociation (defense) as being against a self-state (not-me), rather than a thought, affect or memory. In other words, defenses are not against something that arises, rather they serve to avoid a state of being (D.B. Stern, 2010). D.B. Stern (1997) defined *not-me* as the aspects of self that are defensively kept unformulated / unsymbolized, as a result of a victimization by a powerful other's aggression (D.B. Stern, 2010). In other words, what maintains or ends all dissociations is the interpersonal context (D.B. Stern, 2010). In addition, as evident in the previous statement, he equated defense with dissociation, as S. Freud once equated defense with repression. These notions also reflect the initial theoretical difference between the classic and relational perspectives; in the former, the defenses operate within the mind against the impulse and/or mental content, whereas in the latter, what is defended against is relational and what is defensively manipulated is an aspect of self in relation to an Other. Further, D.B. Stern (2010) claimed that the traditionally listed defenses denote formulated experience, and such mechanisms are not applicable to unformulated experience. The defensive maneuver in D.B. Stern's conceptualization culminated in the enactment of the dissociated experience; *the interpersonalization of the dissociation*. Thus, dissociation can be intrapsychic only after it is interpersonally worked through. Accordingly, he welcomed enactments, since they are the only way both the patient and the therapist/analyst can bring the "not-me" into the therapy room (D.B. Stern, 2008).

To sum up, in D.B. Stern's work, what is defended against is a self-state that originates from a negative relational experience and is perceived as something that should not be in contact with others. The purpose of warding off this disowned aspect of self is achieved by externalizing and interpersonalizing it. One of his recent works (D.B. Stern, 2013), in which he handled the concept of defense with a more extensive approach, further clarified defensiveness as being against certain ways of relating, rather than just certain thoughts, affects or memories. He defined freedom in the interpersonal field as "the degree of latitude patient and analyst have to relate to one another without the kinds of constraints introduced by unconscious defensive purposes" (D.B. Stern, 2013, p.6). In other words, when a way of relating is established as the usual and/or acceptable one, others may become less preferable or even defensively avoided. Thus, defensiveness becomes equivalent to less relational freedom (D.B. Stern, 2013). As the "derailments, distortions, or distractions" (D.B. Stern, 2013, p.11) due to unconscious defensive needs decrease, the degree of relational freedom increases. Subsequently, any change in the relational context may cause a person to be freer or less defensive (D.B. Stern, 2013).

In addition to the advances in psychoanalytic theory, other related areas of psychology such as infant observations (e.g. Beebe, Knoblauch, Rustin & Sorter, 2005), social psychology (e.g. Fiske, 1992), neuropsychology (e.g. Schore, 1994), also agree that intersubjectivity goes beyond the impact of the environment on the individual and involves an ongoing mutual interaction between the individual and the environment. Even the unconscious is defined as relational and interpersonal (Schore, 1994). All these advances, together with the shift in psychoanalytic theory, support the inseparability of the intrapsychic and interpersonal, which indicate that defense mechanisms cannot be considered as isolated functions of an isolated mind.

Rather, defense mechanisms develop within and are triggered by relationships; they operate as relational processes and have outcomes for the relational context of the person. Defensiveness could be understood as a potential that may or may not be formulated or triggered or activated. Then, what determines its activation or nature is the specific setting, which is an inseparable blend of intrapsychic and interpersonal influences at any given moment. This understanding of defense calls for new answers to new questions. From this perspective, Wachtel (2010) asked about attachment: "What each person's participation in the attachment relationship at any given moment is in response to and what it evokes in the other" (p. 8). It is possible to ask the same question about defense: What defensiveness in any given moment is in response to and what does it evoke in the other?

Empirical Studies on Defenses from a Relational Perspective

There have been extensive studies on creating lists of defense mechanisms (e.g. Bibring et al., 1961; Vaillant, 1992). These studies focused on the intrapscyhic definition of defenses and tried to categorize defense mechanisms as mutually exclusive and hierarchically organized. Further, many studies that associate specific defense mechanisms with specific personality features and mental disorders have been carried out (e.g. Blatt & Schicman, 1983; Cramer, Blatt, & Ford, 1988). However, reporting and discussing the already established results of these studies, which were guided by the traditional defense definition, are beyond the scope of this study. The focus of this section will be on how the change towards a more relational understanding has been reflected in empirical work and case studies.

Unfortunately, the advances in theory are reflected in just a few case studies and empirical works. Most recently, a direct and radical application of the relational perspective to defense mechanisms was offered by Westerman in several studies (e.g. Dahmen & Westerman, 2007; Westerman & Steen, 2007; Westerman & Steen, 2009). He formulated an Interpersonal Defense Theory that states, "Primarily defenses are patterns of interpersonal behavior aimed at influencing what happens in relationships" (Westerman & Steen, 2007, p. 337). The person, who defends himself, is understood as the participant of a meaningful activity. In contrast with the classical theory that places both the source and the means of defenses in the intrapsychic domain, Interpersonal Defense Theory directly emphasizes the interpersonal processes that serve to influence interactions (Dahmen & Westerman, 2007; Westerman & Steen, 2007). In this approach, intrapsychic operations are not discarded, but understood as aspects of the big picture. They were considered as.processes that assist the interpersonal maneuver (Westerman & Steen, 2007). The use of seemingly intrapsychic defenses such as denial influences the relationships of the individual, and this influence is not a side effect or secondary consequence; rather it is what the person actually aims at (Dahmen & Westerman, 2007; Westerman & Steen, 2007). Thus, defense is an interpersonal behavior that is activated against an interpersonal conflict and the classical intrapsychic defense mechanisms are subprocesses of these behavior patterns (Westerman & Steen, 2009).

Two of the very rare empirical studies on a contemporary conceptualization of defense mechanisms were conducted by Dahmen and Westerman (2007) and Westerman and Steen (2009). In these studies, defensive interpersonal behavior is operationalized as lack of interpersonal coordination, which is evident in breaches in the flow of discourse. By lack of coordination they refer to the interactions that do

not accord with the prior turns of the two parties in a dialogue. Westerman and Steen (2009) studied 96 participants' role-plays of conflict-free and conflict-ridden vignettes, and demonstrated that in the conflict-ridden condition, participants' responses were less coordinating. Similarly, in a previous study, Dahmen and Westerman (2007) studied another tenet of Interpersonal Defense Theory regarding expectations about the effect of defensive behavior on relationships. In this study, 96 participants provided answers to open-ended questions about their expectations regarding several interpersonal vignettes that include some sort of conflict. Results reveal that participants expect defensive behaviors to protect against a feared outcome, but on the other hand, also to increase the chances for negative outcomes other than the feared one. Likewise, they realistically expect defensive behaviors to hinder the wished-for outcome, and still, to increase the likelihood of positive outcomes other than the wished for one.

One flaw of these studies, as the authors conceded, is that the wish-fear conflict is conscious in the participants, even if the defense mechanism may not be. However, when the conflict is conscious, the implemented mechanism can be named a coping mechanism, instead of a defense mechanism, which are supposedly two distinct psychological phenomena (Kramer, De Roten, Michel, & Despland, 2009; McWilliams, 1994). Further, Westerman and Steen's (2009) study calls for a detailed exploration of wish fulfillment and fear avoidance aspects of the interpersonal defense.

Another way to study the relational aspects of defenses is to focus on what happens in the psychoanalytic setting, in terms of how the defenses surface and are interpreted. Despland, Roten, Despars, Stigler, and Perry (2001) explored the relationship between defensive functioning, interventions and therapeutic alliance,

using session transcripts. The results suggested that early therapeutic alliance can be predicted by the match between the level of defensive functioning and therapist's interventions, whereas neither of them alone could account for the difference in alliance (Despland et al., 2001). Drapeau and colleagues (2008) also studied the relationship between the therapist's interventions and the patient's defensive functioning. They used the first sessions of 32 patients' psychodynamic psychotherapy processes to rate the level of defensiveness and change in defensive functioning, and therapist interventions. The results indicated that therapists' interventions were not random, but followed organized sequences, indicating that they are aimed at a specific purpose. The analysis of the ratings could not identify a single intervention or a sequence that resulted in a change in defensive functioning or vice versa. The authors claimed that not the overall defensive functioning, but the specific type of the mechanism might demonstrate the effect of interventions on defense. They also suggested that instead of the type of the intervention, other variables such as intonation, content or accuracy may account for the change in defensive functioning (Drapeau et al., 2008).

Recently, Olson, Perry, Janzen, Petraglia, and Presniak (2011) reviewed 15 studies in order to identify guidelines for defense interpretation. Their findings demonstrated that defense interpretations were utilized even more than transference interpretations. They suggested that when a defensive material is made conscious properly, it will remain such. Further, trait defenses may require repeated interpretations throughout the analytic process, and if the interpretations lead to more than necessary anxiety, it will make the patient more defensive (Olson et al., 2011). On the interpersonal content of defenses, Olson et al.'s (2011) review focused on the link between transference and resistance, the former being a precondition for both the

existence and interpretation of the latter. Olson et al. (2011) affirmed that the quality of the therapeutic relationship determines the effectiveness of the defense interpretations.

Terminology

Before moving on to the aim and scope of this study, it is crucial to mention two important distinctions about the uses of the terms defense vs. defense mechanism and defense vs. resistance that have been extensively discussed in the psychoanalytic literature. These distinctions and preferences in the definition and usage of the terms reflect underlying theoretical assumptions.

Defense and Defense Mechanism

Especially in the second half of the 1960s, the terminology of the defense literature seems to be a crucial issue. Wallerstein (1967), in a panel on A. Freud's work on its 30th anniversary, made a distinction between *defense mechanisms* that are the labels used to define the mental operations and *defenses* that are the manifest behavior, affect or ideas. Further, he postulated that a defense might consist of a single defense mechanism or a quite complex constellation. He listed clowning, whistling in the dark, sour-grapes attitudes, etc., as examples of these complex constellations, and he concluded that the listed defense mechanisms of the classical tradition, as well as any other ego activity and the combination(s) of the two might serve defensive purposes. Valenstein (1966) agreed with this semantic complication that the same term might

denote the invented construct and the observable manifest behavior (cited in Wallerstein, 1967).

Wallerstein (1967) quoted Gill's (1963) account of three different, yet related, aspects of defensiveness in terms of their unconscious nature: the person may not be aware of what is defended against, the person may not be aware of the defensive mechanism/operation/behavior, and the person may not be aware that s/he is utilizing a defense (cited in Wallerstein, 1967). It is generally agreed that the defensive mental processes cannot become conscious. On the other hand, the knowledge that one is defending himself or what is defended against or the changes in behavior can become conscious (Gill, 1963; Hoffer, 1968). Following this line of thought, Hoffer (1968) offered another distinction between the *processes of defense* that could not be consciously accessible and *defense mechanisms* that are the derivatives of defensive process. In sum, there has been agreement on the necessity to distinguish the mental operation from the observable manifestation of it, yet there was no agreement on terms to denote them.

Siegal (1969), in an extensive review on defense mechanisms, stated that the term defense mechanism had been variably used for the mental content, the purpose and the mental process. Siegal (1969) noted,

> …indiscriminate and unsystematic reference to varying aspects and attributes of defensive functioning maintains logical chaos in regard to the classification and understanding of defense mechanisms since allusion to any mechanism may denote either process, content, purpose, or some combination of these (p. 788).

Even with the use of the term repression, which is one of the most robust constructs of the defense literature, the same confusion was evident. The term repression was used to stand for the process/mechanism on the one hand and the purpose on the other (Siegal, 1969). Siegal (1969) suggested the use of the definition of The

Menninger Foundation Psychotherapy Research Project, which was written by Wallerstein, in cooperation with a committee on which Siegal himself also sat. This definition states:

> A defense mechanism is a construct that denotes a mode of functioning of the mind. It describes how behaviors, affects, and ideas serve to inhibit, avert, or modulate unwanted impulse discharges. Defenses, in contrast to defense mechanisms, are behaviors, affects, or ideas which serve defensive purposes. Their functioning is explained in terms of the operation of the defense mechanisms. Defenses range from discrete attributes explicable by reference to the simple operation of a single defense mechanism to complex behavioral and characterologic constellations that are likewise specific, recurrent, and serve defensive purposes. These more complex configurations are variously called the defensive operations, defensive patterns, maneuvers, etc. They are made up of various combinations and sequences of behaviors, affects, and ideas, the operations of which are explicable by reference to a variety of 'classical' defense mechanisms, admixed with other ego activities (p. 791-792).

Wallerstein (1983) later elaborated on Gill's (1963) distinction between mental process and mental content, and Sandler and Joffe's (1969) experiential and non-experiential aspects of the mind's functioning. The experiential realm, as Sandler and Joffe (1969) labeled and the mental content, as Gill (1963) called it, refers to the conscious or unconscious thoughts, feelings, wishes, fears, fantasies, percepts, etc. On the other hand, the non-experiential realm (Sandler & Joffe, 1969) or the mental process (Gill, 1963) denote the mechanisms and means of the functioning of the mind, which can never be conscious. They can only be inferred through subjective experience (Wallerstein, 1983). Based on these distinctions, Wallerstein (1983) identified defense mechanisms as constructs, which are equivalent to the process, in other words, the unknowable aspect of the mental functioning that can be constructed; and defenses or defensive behaviors as phenomena, which are equivalent to the contents that are the outcome of the mental functioning. Sperling (1958), as cited by both Gill (1963) and Wallerstein (1983), mentioned the same confusion between mental process and observable behavior, with a suggestion to

restrict the use of the term defense mechanism to the assumed process, which results in behavior. He offered a quite straightforward example that the defense mechanism against dirtiness is not over-cleaning, but the reaction formation process that results in the over-cleaning behavior. Although this distinction seems clear and self-explanatory, understanding the operations of the psyche is not that simple. As discussed above, defensive activity could also be defended against, resulting in a multi-layered process.

Defense and Resistance

In the early works of psychoanalysis, resistance was commonly considered as the failure to associate freely, which was interpreted to be a defense against awareness and thus, analytic progress (Hendrick, 1938). Defense mechanisms operating in the therapy room were called resistances, and as defenses, symptoms or character traits in everyday life (French, 1938). However, Gerö (1951) directly addressed the issue of distinction between defense and resistance, and acknowledged the insufficiency of a distinction that is made solely on the setting. He claimed that on the surface, the term defense covers a wide range of processes that occur in everyday life in adaptive or pathological ways, whereas the use of the term resistance is reserved for the analytic setting and denotes the obstructive forces. However, as the concept of resistance had been expanded from a stubbornness or unwillingness towards the analyst to everything that impeded the analytic progress, considering resistance as a defense in the therapy room became inadequate (Gerö, 1951). Resistance could be a combination of several mechanisms and could not be labeled as an exclusive and irreducible defense mechanism category. Thus, resistance is defensive in terms of

preventing the awareness of something distressing, yet it is not a defense mechanism, but might be a constellation of mechanisms (Gerö, 1951; Siegal, 1969).

Rangell (1983), in his paper "Defense and Resistance in Psychoanalysis and Life" discussed the distinction in detail. He portrayed resistance as a defense against insight and agreed with Gerö (1951) and Siegal (1969) that the distinction cannot be made on the basis of the setting as analysis vs. life. Rangell (1983) claimed that both defense and resistance could be observed both in analysis and in everyday life. What defines resistance is its trigger – insight, which could come from anyone, including the analyst. In this sense, resistance is a defense against the weakening of another set of defenses (Rangell, 1983). The only difference between the analysis and life is that analysis focuses on insight in an isolated, more intense way due to its function (Rangell, 1983), in which case the threat could be expected to be experienced more strongly. Rangell (1983) defined this threat as a fear of increased responsibility over what one thinks, feels and does. Following the same line of thought, all defensive activities in the analytic work could not be considered as resistance, since not all of them are mobilized against insight. As in life, all types of defenses might be triggered in the analytic setting.

The Aim and Scope of the Current Study

This study aims to explore defenses as processes that belong to the relational context of the individual. As summarized above, empirical studies, clinical observations and case descriptions have been guided predominantly by the intrapsychic, isolated, exclusive defense mechanism understanding. However, such a focus on mental processes might impede understanding how defenses are shaped within the context of

the relationship as well as how the relationship itself can become the process by which the person defends him/herself. The contemporary relational and intersubjective perspectives, with their emphasis on the mutual construction of psychological phenomena, call for a re-conceptualization and systematic study of the notion of defense. Thus, this study will attempt to capture how defenses could be re-defined from a constructivist perspective and identify how defenses shape and are shaped by the relationship.

There are two aspects of a relational approach to defensiveness. The first aspect is a re-conceptualization of defenses with a relational perspective, so that the trigger, aim, mechanism and outcome of a person's defensive activity could include the real relationship. The second aspect is identifying the precursor and outcome of defenses in the interaction: how defensiveness and defensive behavior influence and are influenced by the others. These two aspects comprise the two main aims of this study: re-defining defenses in terms of their aim, mechanism and outcome and associating defensiveness with the input and output of the other person in the relational context.

The main focus of the investigation is any effort that could be considered defensive. A. Freud's (1936) reductionist approach limited the understanding of defense, and narrowed the scope of what could be considered defensive. This study, by contrast, considers the defensive function as the point of departure, as it was in the first appearance of the concept. In order to prevent any semantic confusion, any instance that could be considered to be defensive is labeled a *defensive effort*, since this term captures the intrapsychic and interpersonal aspects of the defensive function, without necessarily making a distinction between them. Further, the term defensive effort is also used to avoid any reference to the observed or inferred

distinction, as mentioned in the Terminology section. Last, the use of the term *defensive* refers to the function, whereas defense might refer variably to a mechanism or behavior.

Besides the identification of defensive efforts, this study attempts to define such defensive instances regarding their aim, process and outcome, rather than categorizing the defensive efforts using the previously listed intrapsychic mechanisms. As outlined previously, psychoanalytic theory has been broadened to include the ongoing, fluid, and mutually constructed impact of relationships on experience. Accordingly, following the identification of defensive instances within an interaction context, using a less restricted definition of defense that is based on function, it is planned to identify what affect or experience triggers a defensive effort.

In the literature, the trigger of a defense has been generally considered as anxiety or unpleasure. However, there have been some contributions that identified other experiences such as love (e.g. Knight, 1942), shame (e.g. Lansky, 1985) or some self-states such as disintegration (Lansky, 1985, Shane, 1985). This study considers the internal trigger of a defensive effort in its broadest sense that could include any affect or self-states.

Regarding the aim and outcome of the defensive efforts, the concept of regulation, which is one of the crucial contributions of attachment theory, self-psychology and infant research, guides the enquiries of this study. The aim of a defense is considered along two dimensions of self-regulation and interactive regulation (e.g. Beebe et al., 2005). Self- and interactive regulation are not considered mutually exclusive. Rather, any defensive effort is thought to be self-regulatory and interactive regulatory at the same time. This study uses these

dimensions in offering an understanding of the aim of defenses that is deeper than just self-protection. Further, the outcome of a defense is investigated in terms of distance regulation (e.g. Knox, 2003). Regarding affect as inseparable from its relational context and defense as affect regulation via distance regulation, this study expects the aim and expected outcome of the defensive efforts to be grasped in terms of distance regulation in the relationship.

Last, the process that denotes how the person defends him/herself is explored, apart from any intrapsychic definition and the previously identified defense mechanism list, to characterize how interpersonal behavior could also be understood as defense. The behavior that constitutes a defensive effort is described, with the expectation of capturing some collective relational defensive moves.

As the second step of this study, these defensive efforts are studied in relation to the discourse and behavior of the Other. Specifically, at any given moment, what the defensiveness is in response to and what it evokes are investigated. The possible external triggers and impacts are identified within the proposed context.

Since the social-constructivist approach of the relational psychoanalytic perspective portrays defense as co-created in any given moment, the unit of study is *here-and-now defensiveness*. The past accounts or self-reports of defensiveness are thought to reflect subjective reconstructions of an experience, rather than the experience itself. Thus, for the aims of this study, the only way to capture the mutually constructed nature of defensiveness is to study what happens in a relational context, in the here-and-now. As to the second aim of this study, placing defense in an interactional context and focusing on the here-and-now allows this study to make observations on interaction.

The material for this study is the analytic relationship. The focus is limited to the analytic relationship for several reasons. First, the analytic relationship offers a unique opportunity to observe a dyadic interaction that has the potential to invoke intense, emotionally loaded reactions in both parties. Thus, it is theoretically reasonable to expect that a person's typical defenses will be operative in the psychoanalytic setting in an intensified way (Rangell, 1983). Further, since the dyadic exchange at the moment of observation will not be contaminated by other relationships or an experimental arrangement, the psychoanalytic setting serves as a natural observation field. In addition, it has been noted by previous researchers that there is little information on how certain interventions of the analyst/therapist affect the defenses of the patient and vice versa (e.g. Drapeau et al., 2008). Studying defensiveness in an analytic setting is expected to contribute to clinical knowledge about how the patient influences and is influenced by certain interventions.

Considering these advantages, this study used archival data from a psychoanalysis conducted and terminated at the end of the 1960s and the beginning of the 1970s, with a classical psychoanalytic approach (see the Method section for detailed information). Since both the patient and the psychoanalyst were blind to the implications of the relational psychoanalytic approaches and aims of this study, the interaction to be studied is not influenced by the expectations of this study.

In general, case reports have been criticized for their subjectivity and the impossibility of replication (Lingiardi, Gazzilo & Waldron, 2010). However, self-reports are also at the same risk due to the reporter's defensiveness (Cramer, 2000; Shedler, Mayman & Manis, 1993). Besides, especially when the focus of the study is defensiveness itself, self-reports are even less reliable. Shedler, Mayman and Manis (1993) demonstrated that clinical judgment is a better indicator of mental health

status as it's also correlated with the physiological indicators. They therefore call for researchers to reconsider the value of clinical judgment, which is in fact the best way to capture the multi-dimensionality and covert aspects of communication (Shedler, Mayman, & Manis, 1993). Both the strength and weakness of clinical judgment lies in its subjectivity and multi-meaning capacity. Consequently, this study uses a systematic assessment, based on the clinical judgment of well-trained and well-informed observers. The objective of this study is to be able to generate reliable data on defensive efforts which is not accessible to the individual him/herself, and still to be able to capture the richness of anecdotal evidence.

Since this is the first systematic study of defensive efforts in a psychoanalytic relationship, this study will try to observe and report how defensive efforts are detected, formulated and changed in the process. Although it is a single-case study, some hypotheses are generated on the basis of the literature that serve as guiding expectations within the scope of this single case. The aims and expectations of this study are reformulated and specified as follows.

Aim 1

The first aim of this study is to re-define defenses with a broader definition based on their function, so that the trigger, aim, mechanism and outcome will include the interaction as well as intrapsychic processes. Within the framework of this aim, the following hypotheses are specified:

1. The judges will be able to define the defensive parts of the patient's discourse with a moderate to high inter-rater reliability.

2. The relational defensiveness assessment and the defensive efforts list will provide a wider conceptualization, with a different organizing principle than the classical defense mechanisms.

   a. There will be instances at which the patient's defensiveness cannot be defined by any of the classical mechanisms.

   b. There will not be a one-to-one correspondence between the defensive efforts described in this research and the classical mechanisms. Rather, each defensive effort will be capable of being defined by several classical mechanisms.

3. There will be distinct profiles for the relationally defined defensive efforts in terms of the trigger, aim and expected outcome.

   a. Each defensive effort will be associated with an affect/experience or a group of interrelated affects/experiences.

   b. Each defensive effort will be associated with a specific self and interactive regulation pattern.

   c. Each defensive effort will be associated with an expected relational outcome.

Aim 2

Associating defensiveness and specific defensive efforts with interventions of the analyst. Within the framework of this aim, the following hypotheses are specified:

1. The type of the analyst's interventions will be related to the level of here-and-now defensiveness and the defensive effort of the patient.

2. The style of the analyst's interventions will be related to the level of here-and-now defensiveness and the defensive effort of the patient.

3. The linguistic qualities of the interventions will be associated with the level of here-and-now defensiveness and the defensive effort of the patient.

CHAPTER II

METHOD

The measures used in this study were identified and developed through two pilot studies. The first pilot study was a supervised investigation of a pilot data, in order to operationalize the relational defense notion. The second pilot study was the application of the resulting coding system on a selected fragment of the same data. Then, the revised coding system was used by 3 raters on the sessions selected for this study. Inter-rater agreement was assessed, and further analyses were conducted.

In the pilot studies section, the data and results of these studies are summarized, and the distribution of the coding categories that warrant the inclusion of the measures are presented. Next, the data and procedure of the study is presented. In the last section, definitions, which were derived from the pilot work, and inter-rater agreement statistics of the measures are summarized.

Pilot Studies

Pilot Data

The data for the pilot studies were transcripts of sessions conducted and published by Paul A. Dewald in 1972. His book includes full transcripts of 108 sessions of a total of 347 sessions that were conducted within a two-year period, and summaries of the rest of the sessions. Each session is followed by a discussion by the

author on the clinical material. This data was selected as pilot because it was possible to study the entirety of the psychoanalytic process, and the clinical notes of the author were available to guide this exploration.

The patient in the pilot data was a 26-year-old married woman, who presented with anxiety attacks accompanied by physical symptoms and moderate depressive episodes. The initial formulation of Dewald was *"*a classical hysterical and oedipal conflict with the major psychopathology revolving around her relationship to her father and her sexual conflicts around this*"* (Dewald, 1972, p. 14).

Pilot 1

The first pilot study was the identification of the parts of the sessions where the patient could be described as being defensive. All 108 session transcripts were inspected, and defensive points in the dialogue were marked. These points were then clinically analyzed by the researcher and supervisors in order to understand why and how the patient was defending herself. These analyses resulted in the identification of the following facets that could define a defensive instance: Here-and-Now Defensiveness, Affect that is defended against, the Defensive Effort / Behavior, the Aim of the effort and Intention of the patient. Here-and-Now Defensiveness was thought to reflect the level of defensiveness at any given point, and also was identified to eliminate past accounts of defensiveness. The Affect and the interpersonal mechanism, namely Defensive Effort, were included to specify profiles that would constitute a relational defensive attempt. Further, the concept of Aim was considered in terms of regulation self or regulating the relationship, as inspired by Beatrice Beebe's work (Beebe & Lachmann, 2003; Beebe et al., 2005). Beebe and

Lachmann (2003) defined self-regulation as including "self predictability, regulation of arousal, previously established expectancies, symbolic elaboration, fantasy and projection" (p. 1) for adults. Interactive regulation refers to the mutual influence of the partners of an interaction on each other (Beebe & Lachmann, 2003). For this study, self-regulation was defined as the aim of the patient to modulate, adjust or regulate her inner affect, state, and/or experience. Interactive regulation referred to the aim of the patient to modulate, adjust or regulate the current analytic relationship.

The Intention of the patient was identified to reflect the internal representation of the interpersonal defensive attempt. The process through which these codes were operationalized will be described in detail below.

All sessions were evaluated by the researcher on each of these facets. The level of Here and Now Defensiveness was rated from 0 (Not defensive at all) to 4 (Extremely Defensive). The instances with a level of here-and-now defensiveness higher than 0 were then assigned an open-ended coding for the Affect, Defensive Effort, Primary Aim and Intention.

During the open-ended coding procedure, it was observed that Intention of the patient indicated quite a wide and subjective notion, which could refer to a variety of psychoanalytic concepts. It was therefore replaced by Expected Relational Outcome of the defensive effort, specified as getting more distant, getting closer, maintaining the distance, and ambivalent expectations. This specification was inspired by Knox's (2005) definition of defense as regulating the affect by regulating the distance. Thus, the inferred expectation of the patient was defined in terms of the distance in the relationship as the ultimate outcome. In addition, while coding the primary aim of the Defensive Effort, it was observed that making a forced-choice between self or interactive regulation would have been in conflict with the theoretical

orientation of the study that the distinction between intrapsychic and interpersonal cannot be clear-cut and that they cannot be considered opposites. For this reason, both dimensions were rated independently as the degree to which the patient was regulating the self or the interaction, allowing a defensive effort to be high or low on both Self-Regulation and Interactive Regulation.

After the completion of the open-ended coding of 108 sessions, the labels assigned to the open-ended descriptions were organized into categories. A summary of the resulting variables and their rating scale or categories is presented in Table 1 (see Appendix A for examples of each rating or code). A list of classically defined defense mechanisms was also included for comparison purposes.

Table 1. Rating Scales and Categories for the Patient's Discourse

Measure	Category / Rating
Here & Now Defensiveness	Rated on a 5-point scale
Affect / State	Anger/Resentment/Hostility, Shame/Guilt, Anxiety/Fear, Helplessness/Ineffectiveness, Jealousy, Disappointment/ Frustration, Vulnerability, Rejection, Abandonment/Separation, Sadness/Depressive Feelings, Regret, Sexual Feelings, Love/ Intimacy, Dependency, Excitement
Self-Regulation	Rated on a 5-point scale
Interactive regulation	Rated on a 5-point scale
Expected Relational Outcome	Get Distant, Get Closer, Maintain the Distance, Ambivalent

Table 1. continued

Measure	Category / Rating
Defensive Effort	Blaming – Analyst, Blaming – Others, Denying The Need, Omission, Devaluing Self, Presenting Self as Helpless, Complying/Pleasing, Remonstrance, Position Reversal, Turning to Another, Hiding / Sulking, Challenging, Introjection, Somatization, Seducing, Attributing Negative Thoughts to the Analyst, Moral Judgment, Threatening, Acting-Out, Praising Self, Devaluing the Analyst, Rejecting Help
Classical Mechanism	Anticipation, Affiliation, Altruism, Humor, Self-Assertion, Self-Observation, Sublimation, Suppression, Displacement, Dissociation, Intellectualization, Isolation of Affect, Reaction Formation, Repression, Undoing, Devaluation, Idealization, Omnipotence, Denial, Projection, Rationalization, Autistic Fantasy, Projective Identification, Splitting of Self or Others, Acting Out, Apathetic Withdrawal, Help-Rejecting Complaining, Passive Aggression, Delusional Projection, Psychotic Denial, Psychotic Distortion

The categories for Affect/State were determined on the basis of the open-ended codes and also the current literature suggesting that defenses could be activated not just by anxiety, but also by any negative emotion that is experienced as a threat to self-integration, self-esteem and or emotional well-being. Some positive emotions such as love/intimacy were also included, since they might also be perceived as a threat.

The Defensive Effort categories resulted from the process of simply defining what the patient was doing in an attempt to defend herself. None of the previous defense mechanism lists or the suggested inclusions by the later interpersonal or relational theorists were used to guide this coding, since the aim of this study was to explore defensiveness as free of the limitations of previous conceptualizations. Still, some categories of the final list, such as Blaming, Denying the need or Omitting, matched the suggestions of other theorists: Blaming by Lansky (1987), Illusion of self-sufficiency by Modell (1984) and Omission by Levenson (1993), respectively. Some others, such as Devaluing Self, Somatization, Acting-out, seemed to correspond to the similarly named classical mechanisms. Beyond the use of the same terms, the content defined as a defensive effort represented the behavior itself within its context, whereas the more traditional terms refer to a mental operation.

The Expected Relational Outcome coding was developed on the basis of the initial investigation of the pilot data. It was planned to indicate the patient's expectation in terms of regulating the distance between herself and the analyst. This variable was expected to reflect the fluidity and relationality of the efforts.

In order to be able to identify the similarities and differences of the traditional defense mechanisms and a relationally conceptualized defensiveness, the

classical defense mechanisms were also assessed. For the Classical Defense Mechanism categories, the list of DSM-IV (APA, 1994) was used, since it is developed on the basis of recent theoretical work and research, and it is widely used.

To sum up, the pilot work resulted in the identification of the Here-and-Now Defensiveness, Affect, Self-Regulation, Interactive Regulation, Expected Relational Outcome, and Classical Defense Mechanisms as the measures of this study. The tentative ratings and categories of these measures were also acquired through this work (see Table 1).

The second step of the first pilot study was to code the analyst's interventions. The analyst's discourse was also initially coded in an open-ended fashion for the 108 sessions. During this procedure, a need to distinguish the modality and style of the interventions emerged. Thus, two different variables were identified for the analyst: the Type of the Intervention and the Relational Quality of the Intervention, which refer to the modality and style of the interventions, respectively. The type of the intervention was the technical definition of what the analyst was doing at any speech turn. The final categorization, as demonstrated in Table 2, was based on the open-ended codes of the pilot work and the Coding Manual of the Psychoanalytic Research Consortium.

Besides the technical categorization, the relational quality of the intervention, which refers to any noteworthy feature of the intervention that might have been influential on the process, was defined in an open ended fashion. Themes such as supporting, blaming, being unresponsive to a need or affect emerged through this process. These themes were then organized into positive, negative and no relational quality, in terms of their main affective tone. A summary of the variables

and categories for the analyst's discourse are presented in Table 2 (Examples for each category are presented in Appendix B).

Table 2. Categories for Coding the Analyst's Interventions

Type of the Intervention	
Frame-Related Intervention	Rules (timing, payments), Session end, Other
Exploration	Association Question, Clarification Question, Elaboration Question, Fantasy-feeling-thought Question, Restating
Linking	Observation/Linking, Reflection, Resistance Intervention
Interpretation	Conflict Interpretation, Defense Interpretation, Dream Interpretation, Transference Interpretation
Filler	Fillers, all interventions that could not have been categorized otherwise
Relational Quality of the Intervention	
Negative	Disavowal, Unresponsiveness to the Need/Affect, Content Mismatch, Abrupt Interpretation, Rejection, Abandonment, Blaming, Forcing/Overpowering, Outside the Frame, Recognition and Seeking Association
Positive	Empathic Response, Effective Interpretation, Support
No Relational Quality	Neutral interventions, all interventions that could not be categorized as positive or negative

Pilot 2

A second pilot study was conducted on the first ten sessions, in order to check the suitability and limitations of the finalized coding system. The primary aim was to test the measures and categories in terms of their applicability and comprehensiveness. The second aim was to assess descriptive statistics, with the aim of deciding on the sample size, which is the number of sessions to be studied in this study, as well as checking the variance of ratings and distribution of categories for further revisions.

The sessions were coded using the finalized coding system, described above. Then, descriptive statistics of the first ten sessions were run for each variable. In these sessions, 135 of the 206 speech turns of the patient were identified as defensive. 54% of these turns were rated as Slightly Defensive, 39% were Moderately Defensive, 7% were Very Defensive and none of them were Extremely Defensive. This distribution was expected since the patient was not functioning on a psychotic level and the coded sessions were early in the treatment. It was also observed that since 135 speech turns of the patient were identified as defensive, a sample of 10 sessions would have provided enough number of defensive instances to allow for further exploration.

Of the 28 Defensive Efforts listed in the coding system, 22 were encountered in the first 10 sessions. The most frequently observed efforts were Omission (13%), Turning Away/ Sulking (10%), Attributing Negative Thoughts/Intentions to the Analyst (7%), Presenting Self as Helpless/in Need (7%), Turning to/Comparing with Another Person (7%), Blaming the Analyst (6%) and

Hiding Self (6%). The occurrence of 22 of the 28 efforts, and the rather balanced distribution also seemed to be satisfactory.

In 21% of the defensive turns, the Affect that is defended against was Anxiety/Fear, followed by more relationally triggered affects/states such as Rejection (18%), Sexual Feelings (13%), Abandonment/Separation (11%), and Anger/Resentment (10%). These observations supported the inclusion of affects other than anxiety as sources of defensiveness.

The primary aim of the defensive effort was explored using ratings of Self-Regulation and Interactive Regulation on 5-point scales (0: not at all to 4: extremely). Interactive Regulation (M = 3.0, SD = 1.2) had a higher rating than Self-Regulation (M = 2.1, SD = 1.1) for overall defensiveness. Means and standard deviations suggested an adequate variance to allow for identification of differences between instances.

The expected relational outcome was to Get Distant for 47% of the defensive instances, Ambivalent for 24%, Maintain the Distance for 16%, Get Closer for 13%. It was observed that a majority of the cases were labeled either as Get Distant or as Ambivalent. Still, each category had enough number of instances to be represented and analyzed.

Of the 31 classical defense mechanisms listed by DSM-IV, 20 were identified in the first ten sessions. Almost half of the cases were distributed among just three mechanisms: Suppression (23%), Projection (14%) and Repression (11%). Further, 12% of the cases could not have been defined by any of the classical defense mechanisms. The lack of a differentiating and definitive potency of the classical mechanism list in classifying the relationally defined here-and-now defensiveness was observed. Still, the pilot work was based mainly on the researcher's and the

supervisor's evaluations, who were not blind to the purpose of the study. This measure was therefore included so as to be able to observe the definitive potency of the classical mechanism list, as evaluated by independent raters.

The coding categories of the analyst's interventions were also inspected on these ten sessions. Overall, 205 interventions were noted. Regarding the type of the intervention, 64% of the analyst's communications was exploratory, whereas 25% included attempts at linking and only 3% were interpretations. The remaining 15% were frame-related interventions. The low number of interpretations was thought to be related to the fact that the sessions were from the very beginning of the process. A more balanced distribution of the selected sessions was anticipated to generate a relatively higher proportions of interpretations. As to the style of the interventions, 67% was with No Relational Quality. Only 14% of the analyst's interventions were defined as Negative, including Unresponsiveness (7%), Disavowal (3%), Content Mismatch (3%) and Blame / Rejection (1%). The interventions which could be perceived as Positive constituted 11% of all interventions, including Recognition (5%), Empathic Responses and Support (5%). Nine percent of the interventions were Effective Interpretations. The overall distributions confirmed theoretical expectations, and further, suggested that ten sessions would provide an adequate number of interventions to be able to test their impact, as long as the selection represented the beginning, middle and termination phases of the process.

In sum, the pilot work demonstrated that the final coding system was suitable for capturing the defensive instances and defining them in both intrapsychic and interpersonal terms. In addition, analyst's discourse could also be adequately outlined in terms of the type and relational quality of the interventions.

Data

The data for the study was ten fully recorded and fully transcribed sessions of the psychoanalysis of Mrs. C. The treatment started in late 1960s and was naturally terminated after 6 years and more than 1000 sessions. Both the patient and the analyst evaluated the treatment as successful (Jones & Windholz, 1990; Caston & Martin, 1993; Spence, 1993, 1995; Jones & Windholz, 1990). All sessions of this process were recorded, and transcribed by disguising any identifying information and paralinguistic markers were noted on the transcripts (Spence, 1993).

Mrs. C started psychoanalysis with the complaints of sexual unresponsiveness, inability to experience pleasure and low self-esteem. She was a social worker in her late twenties. When the treatment began, she had been married for 2 years and had no children. In the third year of the psychoanalysis she gave birth to her first child. She was quite self-critical, anxious, inhibited and emotionally constricted. Her father was a professional, her mother was a housewife and she was the second of their four children (Ablon & Jones, 2005; Caston & Martin, 1993; Spence, 1993).

The psychoanalyst of Mrs. C was an experienced psychoanalyst who adhered to the classical psychoanalytic perspective (Caston & Martin, 1993; Spence, 1993, 1995). He was supervised throughout the process (Spence, 1993).

The case of Mrs. C was selected as data for the study for several reasons. First, since the psychoanalyst was guided by a classical psychoanalytic theory, and the analysis was conducted in the years before the emergence of Relational and Intersubjective perspectives, both the patient and the analyst were blind to the subject

of this study. Second, it had previously been studied by many researchers (Jones & Windholz, 1990; Ablon & Jones, 2005; Spence, 1993, 1995; Caston & Martin, 1993; Vaughan & Roose, 1995; Halfon & Weinstein, 2013) and these studies were thought to be crucial guides in interpreting the findings of this study. The results of these previous studies also suggested that there was adequate variation in the patient-analyst relationship to allow for further exploration.

The sessions selected were the 91st and 92nd from the first year, the 259th and 260th from the second year, the 431st and 432nd from the third year, the 628th and 629th from the fourth year and the 1000th and 1001st from the sixth year of treatment. The sessions were adopted from Halfon & Weinstein's (2013) study, since the possibility of combining and/or comparing the findings was considered. The selection was apt also for this research, because it represented different stages of the psychoanalytic process from beginning to termination and the selection of two consecutive sessions from each year would reduce the risk of sampling one exceptional session from any phase, and would also provide information about the impact of one session on the next one.

Procedure

Three raters were trained to code the selected sessions. The raters were volunteer clinical psychology doctoral students at the City University of New York, where the researcher was a visiting research scholar. All raters had at least basic knowledge of psychoanalytic theory and technique. The training was completed in three meetings. In the first meeting with the raters, they were informed about the variables to be coded, and each category was explained and exemplified. A written

coding guide was also provided (See Appendices A and B for the definitions and examples). In the second and third meetings, they were asked to discuss and code practice session transcripts.

Following the completion of the training, electronic soft copies of session transcripts were given to the raters. In these files, the patient's speech in each session had already been organized into units by the researcher. These units were natural chunks of the patient's speech that end with the analyst's intervention or a long pause. Units that were naturally defined by the speech flow were used instead of any thematic partitioning of the patient's discourse only, in order to understand the co-constructed nature of the dialogue. Half of the speech turns were single units. For the remaining half, the number of units at one speech turn ranged from 2 to 18. Overall, the mean number of units per speech turn was 3.23 (*SD* = 3.43). The raters were asked to assess each unit of the patient's discourse in the transcript, and assign a rating or code for all the variables that were applicable. Each speech turn of the analyst was regarded as a unit, and the raters were asked to assign one of the given categories to these turns as well.

Last, the data from the 3 raters was analyzed for inter-rater agreement. The results of these analyses are presented separately for each variable in the next section. If the inter-rater agreement was high enough, the variables were used for further analyses. The variables with low inter-rater agreement were reported in the measures section, yet excluded from analyses.

Measures

Patient Variables

The variables that were assessed for the patient's discourse were Here-and-Now Defensiveness, Defensive Effort, Self- and Interactive Regulation, Affect / State and Expected Relational Outcome. The details for each measure are presented below. The inter-rater agreements for the categorical measures were calculated using Fleiss' Kappa and the rating agreements were evaluated by intra-class correlation coefficient (ICC).

Here-and-Now Defensiveness

Raters were asked to rate the Here-and-Now defensiveness of the patient by assigning a number from 0 (not defensive at all) to 4 (extremely defensive). They were instructed to ignore past or present accounts of defensiveness, and were instead encouraged to focus solely on the here-and-now defensiveness of the patient. For 91% of the units coded, all 3 raters were in full agreement about the here-and-now defensiveness of the patient. The Fleiss' Kappa of .91, and an average pair wise agreement of 94% also suggested that this variable could effectively and reliably capture the here-and-defensiveness of the patient. To determine the scores for each unit, the mean of the 3 ratings were calculated. The scores for each speech turn were then calculated by taking the average of the units at each turn.

Affect

If the patient was considered defensive by the rater, she was asked to define the affect that was defended against by picking one category from the list, which was created in the pilot studies, as described above. This measure's Kappa was 0.2, which could be considered quite low. The raters could fully agree on only 14% of the units. Even when the affects were categorized into Positive and Negative, despite a substantial improvement in the percentage of full agreement units (66%), Fleiss' Kappa was still quite low (0.3). It was concluded that this variable does not offer reliable information on the affect that is defended against, and this measure was not used for further analyses. This lack of agreement might be due to the highly subjective and inferential nature of this variable.

Defensive Effort

The raters were asked to select a defensive effort from a list that would define how the patient was defending herself. As described above, the list was determined by the categorization of open-ended definitions in the first pilot study. Despite the large number of categories and the novelty of the construct, raters could fully or partially agree on the defensive effort for 94% of the units. A Fleiss' Kappa of 0.5 and an average pair wise agreement of 58% indicated a moderate level of agreement. In cases of partial agreement, the effort assigned by the two agreeing raters was used as the code of that turn. The variable was used for exploratory purposes, but a cautious approach was adopted in terms of hypothesis testing, as presented in detail in the Results section.

Classical Defense Mechanism

The raters were asked to use one of the classical defense mechanisms listed in DSM-IV to define a defensive unit in the patient's speech. In 32% of the units, none of the raters could agree on the same defense mechanism. In order to clarify the ratings, some classical mechanisms were categorized together on a theoretical basis. Suppression, Repression and Denial were considered as one cluster, Intellectualization and Rationalization were treated together, the Projection and Displacement categories were combined and finally, Idealization and Devaluation were regarded as one. Even with this simplification, the Fleiss' Kappa of 0.1 and average pair wise agreement of 32% indicated a very low inter-rater agreement. This variable was not used for hypothesis testing, but the data on inter-rater agreement was used for purposes of comparison in the Results section.

Primary Aim

To measure the primary aim of a defensive effort, the raters were asked to rate Self-Regulation and Interactive Regulation separately. For Self-Regulation, they were asked to assess the degree to which the defensive effort aimed at modulating/adjusting/regulating affect, state, experience of the patient by assigning a rating from 0 (not) to 4 (extremely). The intra-class correlation coefficient for these ratings was 0.2, suggesting a low agreement between raters. Thus, the self-regulation measure was also excluded from further analyses. On the other hand, for Interactive Regulation, raters were asked to assess the degree to which the defensive effort

aimed at modulating, adjusting, regulating the current analytic interaction. Their agreement on Interactive Regulation was moderate (*ICC* = 0.6). Interactive regulation was concluded to be a more reliable indicator of the aim of the patient in defending herself. The Interactive Regulation score for each speech unit was identified by averaging the scores of the three raters. Speech turn scores were determined by taking the mean of the interactive regulation scores of the units that make up that speech turn.

Expected Relational Outcome

The raters were asked to infer the expectation of the patient regarding the relational outcome of a specific defensive effort in terms of distance regulation by selecting one of the four given categories: Get Distant, Get Closer, Maintain the Distance, Ambivalent. Although disagreement between all three raters occurred only for 3% of the units, most of the units (70%) represented a partial agreement, and consequently, Fleiss' Kappa was far from satisfactory (0.2). Just as the affect that was defended against, the coding of the expected relational outcome was highly subjective and inferential. Thus, it too was excluded from further analyses. However, the high ratio of partial agreement suggested that this variable could be a reliable measure if improved by more specific definitions and differential criteria.

In sum, Here-and-Now Defensiveness, Defensive Effort and Interactive Regulation measures were identified as reliable measures, whereas Affect, Self-Regulation and Expected Relational Outcome were discarded from further inspection in this study.

Analyst Variables

The analyst's discourse was evaluated on the basis of the Type of the interventions, Relational Quality of the interventions and linguistic qualities. The details for each variable are presented below.

Type of the Intervention

The raters were asked to label each of the analyst's interventions, using the list presented in Table 2. Then, their coding was categorized under the previously defined titles of Frame-Related Intervention, Exploration, Linking, Interpretation or Filler. The inter-rater agreement for the type of intervention was satisfactory (Fleiss' Kappa = 0.6, Average Pairwise Percent Agreement = 70%). Since the overall agreement suggested a reliable rating in cases of partial agreement, the categorization of the two agreeing raters was used.

Relational Quality of the Intervention

The raters were asked to assign a relational quality to each intervention of the analyst. Their agreement on the specific sub-categorizations, such as disavowal or unresponsiveness, seemed to be low. However, when their responses were organized into Positive, Negative and no Relational Quality, the inter-rater agreement was adequate (Fleiss' Kappa = 0.7, Average Pairwise Percent Agreement = 81%). Thus, these three broad categories were used for further analyses. As for the

other measures, when only two raters could agree, the agreed upon category is used to define the intervention.

Linguistic Qualities of the Intervention

For the indicators of the use of "we" language, the words and phrases we, us, let's, together, you and me were counted. The overall word counts were calculated by the computer on the soft-copies of session transcripts. Sounds and silences were excluded

CHAPTER III

RESULTS

The first aim of this study was to re-define defenses, so that the aim, mechanism and outcome of a given defense would include interpersonal as well as intrapsychic experiences. In order to investigate this, Here-and-Now Defensiveness ratings for the 284 speech units were used. Further, if the patient was rated as slightly, moderately or extremely defensive in any unit, the specific effort that the patient used to defend herself, how self-regulatory and interactive regulatory the effort was, the expected relational outcome of the effort and the classical defense mechanism that would describe the instance were determined. The exploration of these variables of the patient's defensiveness and the results of the analyses are presented in the first part of this section.

The second aim of this study was to associate defensiveness with specific interventions of the analyst. To be able to do this, 88 speech turns of the analyst were coded according to the type and relational quality of the intervention. For the same purpose, the patient's communications that were assessed at the unit level were also revised to portray 88 speech turns of the patient. The interaction between the analyst and the patient were then analyzed, and are presented in the second part of this section.

The third section of the results includes additional analyses that explore the data further, in terms of observable trends and unforeseen associations. Lastly,

micro-analyses of three selected sessions are presented so as to demonstrate the link between quantitative data and clinical material.

Re-defining Defensiveness and Defensive Effort

The first aim of this study to re-define defenses initially generated three hypotheses, suggesting that a relational perspective could produce a reliable portrayal of defensiveness and identify specific defensive efforts that characterize a patient's behavior. Each hypothesis and the associated analyses are presented below.

Hypothesis 1

The first hypothesis expected the raters to be able to define the defensive parts of the patient's speech using the relational Here-and-Now Defensiveness definition and the Defensive Efforts list with a moderate to high inter-rater reliability.

As also reported in the Method section, the Fleiss' Kappa for Here-and-Now Defensiveness was 0.9, and the average pair wise agreement was 94%. In 91% of the instances, the raters were in full-agreement on the here-and-defensiveness of the patient, and in the remaining 9%, two of the three raters could agree. This quite high inter-rater agreement supports the first hypothesis.

Since the ratings had proved reliable, the Here-and-now Defensiveness score of each of the 284 units was determined by taking the mean of 3 raters. The defensiveness score for units varied between 0 and 2.33, with a mean of 1.3 and a standard deviation of 0.44. Overall, 42% of all units were defensive. None of the

units were rated as extremely defensive. The descriptive statistics for each session, calculated for units, are presented in Table 3.

Table 3. Descriptive Statistics of Patient's Here-and-Now Defensiveness for Speech Units.

	Total # of Units	# of Defensive Units	% of Defensive Units	Defensiveness (Unit Mean)
S 91	16	7	44%	0.63
S92	14	6	43%	0.57
S259	35	6	17%	0.27
S260	24	10	42%	0.54
S431	43	13	30%	0.45
S432	37	10	27%	0.37
S628	30	13	43%	0.64
S629	25	17	68%	1
S1000	28	14	50%	0.73
S1001	32	11	34%	0.77
Overall	*284*	*119*	*42%*	*0.63*

Then, the defensiveness score of each speech turn was computed by taking the mean of the units at that turn. The descriptive statistics for each session, calculated for speech turns, are presented in Table 4. The defensiveness scores or speech turns varied between 0 and 2, with a mean of 0.7 and a standard deviation of 0.34. The average number of defensive units per turn was 1.9 (SD = 0.79).

Based on the speech turn means of the here-and-now-defensiveness scores, a score of 0 was considered as *not defensive*, scores between 0 and 1 as *slightly defensive* and scores higher than 1 as *defensive*. According to this categorization 32% of the speech turns were not defensive, 34% of them were slightly defensive and 34% were defensive. Overall, the means, variance and distribution of here-and-now defensiveness fit clinical expectations.

Table 4. Descriptive Statistics of Patient's Here-and-Now Defensiveness for Speech Turns.

	Total # of Turns	# of Defensive Turns	% of Defensive Turns	Defensiveness (Turn Mean)
S 91	7	5	71%	0.76
S92	6	4	67%	0.75
S259	11	4	36%	0.24
S260	8	6	75%	0.46
S431	6	5	83%	0.46
S432	12	6	50%	0.44
S628	7	5	71%	0.54
S629	6	6	100%	1.48
S1000	11	8	73%	0.77
S1001	14	6	43%	0.80
Overall	*88*	*60*	*68%*	*0.67*

On the other hand, the Defensive Effort notion yielded a moderate inter-rater agreement, as demonstrated by a Fleiss' Kappa of 0.5 and an average pair wise

agreement of 58%. This finding indicates that the Defensive Effort list, which was generated for the purposes of this study, could potentially capture a novel construct. However, the high number of categories and low number of instances for some categories confounded the clear identification of all efforts. Since this is the first study using this Defensive Effort list and since the moderate inter-rater reliability requires a cautious approach, the instances in which the raters fully agreed or partially agreed were closely inspected.

The effort coding for a unit is determined as the effort partially or fully agreed upon by the 3 raters. The frequencies and percentages of each effort for the units are presented in Table 5.

Table 5. Frequencies and Percentages of Each Defensive Effort

Effort	Frequency	Valid Percent
Hiding / Sulking	32	31%
Turning to Another Person	22	21%
Presenting Self as Helpless	8	8%
Challenging the Analyst	5	5%
Treating Analyst as a Threat	3	3%
Moral Judgment	3	3%
Detachment*	14	13%
Ambivalent*	14	13%
Other	3	3%
Undecided	15	
Total	*119*	

* Formed by categorizing the systematic co-occurrences of certain efforts in the rater's coding.

In 31% of the units coded as defensive, the patient was described as defending herself in the here-and-now by Hiding / Sulking, and in 21% of the units by Turning to Another Person. In addition, Presenting Self as Helpless, Challenging, Treating Analyst as a Threat and Moral Judgment were observed in less than 10% of the units. Complying / Pleasing, Somatization and Preoccupation were spotted just once throughout the sessions and were categorized as Other efforts.

Further, since this study is the first one using this categorization, systematic co-occurrence of certain ratings at the partial or no agreement instances were also noted in order to identify any unlisted efforts,. In these instances, the raters agreed on the defensiveness of the unit. However, they coded the effort in systematically inconsistent ways with each other, but systematically consistent within themselves. This pattern was thought to indicate that the raters could each identify a specific defensive effort involving a common underlying theme, but which they each attributed to different given categories. Two common themes of *Detachment* and *Ambivalence* were evident in the content. The Detachment category refers to the systematic co-occurrence of Hiding, Turning to Another Person and Treating Analyst as a Threat, which were all defined as pointing to an effort to move away from the analyst. The Ambivalence category, on the other hand, refers to the systematic co-occurrence of Hiding and Turning to Another Person, as also in detachment, but accompanied by Presenting Self as Helpless. Here, the systematic co-occurrence of the more distancing efforts with Presenting Self as Helpless that could be considered as a move towards the analyst was seen as representing ambivalence. Detachment and Ambivalence categories each represented 13% of the defensive units. Another 13% of the units, which were assigned to different efforts by all of the raters and did

not represent any systematic co-occurrence of the ratings, were categorized as Undecided. For exploratory purposes, the descriptive information for the undecided units were presented in Table 5, but were excluded from further analysis.

As also indicated by the moderate inter-rater agreement, a closer look at the Defensive Effort codes demonstrated that some efforts, such as Hiding/Sulking and Turning to Another Person, were clearly identified, whereas some other instances were not. This may be partially due to the low number of instances for some efforts and partially due to the insufficiency of the list to capture some efforts or effort combinations, as reflected in the systematic co-occurrences.

To sum up, the first hypothesis that defensiveness could be reliably captured by using a relational, here-and-now definition is supported, but specification of the relational defensive efforts needs further revision and elaboration.

Hypothesis 2

In the second hypothesis, it was predicted that the defensive efforts list would provide a wider conceptualization of defensiveness, with a different organizing principle than the classical defense mechanisms.

The reliability of the Classical Defense Mechanism coding in this study was quite low (Fleiss' Kappa = 0.1, Average pair wise percentage agreement = 32%), even after combining the categories for similar mechanisms such as Repression, Suppression and Denial. All 3 raters assigned different Classical Defense Mechanism codes in 32% of the units. Further, the remaining units were distributed among Projection / Displacement, Suppression / Repression, and Intellectualizing / Rationalization. It is observed that despite its flaws, the Defensive Effort list had a

higher reliability than the Classical Defense Mechanism list. This finding does not mean that the Classical Defense Mechanism lists are not reliable measures; instead, it can be concluded that the relational aspects of defensiveness cannot be captured by the intrapsychically defined Classical Defense Mechanisms. The second hypothesis with regard to a re-definition of defensiveness is supported in the sense that relational defensive efforts and classical defense mechanisms cover different aspect of defensiveness. However, further specifications of this hypothesis that intended to identify the different organizing principles by investigating the correspondence between specific classical mechanisms and defensive efforts could not be tested, due to the lack of adequate reliability for classical mechanism variable.

Hypothesis 3

The third hypothesis predicted distinct profiles for Defensive Efforts in terms of affect, self and interaction regulation ratings and expected relational outcome. However, as mentioned in the Method section, the Affect, Self-Regulation and Expected Relational Outcome had inadequate inter-rater agreement. Thus, distinct profiles could not be identified. Instead, specific defensive efforts were profiled in terms of level of Here-and-Now Defensiveness and Interactive Regulation, in order to identify their possible distinct characteristics.

When the level of here-and-now defensiveness is considered, ratings for all efforts were very close to each other (See Table 6). As expected, the differences were not statistically significant. Hence, these relationally defined defensive efforts do not represent the level of defensiveness; rather, they reflect the type of the effort. For this reason, no effort could be thought to reflect an inherently more or less defensive.

Table 6. Here-and-Now Defensiveness and Interactive Regulation Means for Each Defensive Effort

Effort	Defensiveness (*rated on a 5-point scale)*	Interactive Regulation (*rated on a 5-point scale)*
Hiding / Sulking	1.43	1.23
Turning to Another Person	1.48	0.91
Presenting Self as Helpless	1.42	1.38
Challenging the Analyst	1.47	2.30
Treating Analyst as Threat	1.22	2.34
Moral Judgment	1.22	1.00
Detachment	1.38	1.55
Ambivalence	1.41	1.17
Other*	1.22	1.11
Overall	*1,37*	*1.26*

* Single instances of Complying, Preoccupation, Somatization combined

The overall Interactive Regulation mean was 1.26 (*SD* = 0.73). Only one defensive speech turn of the patient was assigned an interactive regulation rating of 0. When the mean interactive regulation ratings of the defensive efforts were considered (See Table 6), it was observed that Perceiving the Analyst as a Threat (*M* = 2.34, *SD* = 0.57) and Challenging the Analyst (*M* = 2.30, *SD* = 0.30) were quite high, whereas Turning to Another Person had the lowest rating (*M* = 0.91, *SD* = 0.62). Still, the mean differences were not found to be statistically significant.

Since the large number of categories for the defensive efforts variable and low frequencies of some efforts might confound the analyses, the efforts with a frequency below 5 were combined as Other. The interactive regulation ratings of these effort categories (See Figure 1) were compared using Kruskal-Wallis H test. The results of the analysis indicated that there was a significant difference in the interactive regulation score between defensive efforts, $\chi 2(6) = 18.731$, $p < 0.01$. Post-hoc tests were carried out with pairwise comparisons of the highest ranked effort, Challenging, and the lowest ranked effort, Turning to Another Person with the rest of the efforts, using a Mann-Whitney U test with a Bonferroni correction.

It was observed that Challenging the Analyst had a significantly higher interactive regulation score than Hiding/Sulking and Turning to Another Person, $U = 12$, $p = .001$ and $U = 3.5$, $p = .000$.

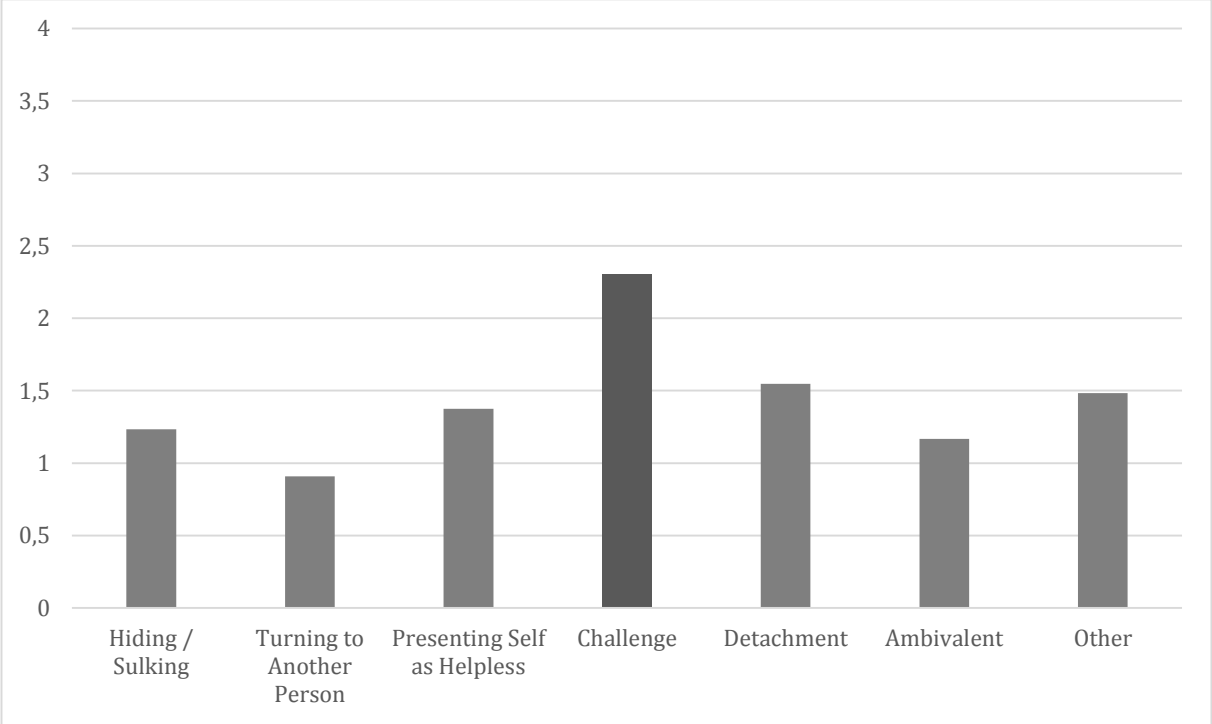

Fig. 1 Mean interactive regulation ratings for the combined defensive effort categories.

Defensiveness and the Analyst's Interventions

The second aim of this study was to investigate the relationship between defensive attempts and the interventions of the analyst. It was hypothesized that the type, relational quality and linguistic qualities of the interventions would be related to the level of defensiveness, as well as the specific defensive effort category that was utilized by the patient. The descriptive statistics and significance testing for the hypotheses are presented below. Hypothesis 1 and 2 are presented together, since the effect of type of the intervention and relational quality of the interventions were tested together, to be able to both capture their interaction and to compare their impact.

Hypotheses 1 and 2

The first hypothesis regarding the analyst-patient interaction predicted that the type of analytic interventions would be related to the level of the patient's defensiveness and defensive efforts. The second hypothesis expected that the relational quality of the analytic interventions would be related to the level of the patient's defensiveness and the defensive effort; and that relational quality would be a more powerful predictor than type of intervention.

To be able to test these hypotheses, type and relational quality of the analyst's interventions as well as the here-and-now-defensiveness and defensive efforts of the patient were determined for each speech turn. Of the 88 speech turns of the analyst, 10 of them were session-ending statements. Since they did not reflect any

technical or relational communication, they were excluded from the analysis. One intervention that was assigned different codes by each rater was also excluded from analysis. The remaining 77 interventions were labeled as Exploration, Linking, Interpretation or Filler. The frequencies and percentages of each type of intervention are presented in Table 7.

Table 7. Frequencies and Percentages of Different Types of Interventions for Each Session

	Exploration		Linking		Interpretation		Filler		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
S 91	3	50%	1	17%	1	17%	1	17%	6	100%
S92	1	20%	2	40%	0		2	40%	5	100%
S259	9	90%	0		0		1	10%	10	100%
S260	2	29%	2	29%	3	43%	0		7	100%
S431	3	75%	0		1	25%	0		4	100%
S432	3	27%	5	45%	3	27%	0		11	100%
S628	2	33%	1	17%	3	50%	0		6	100%
S629	4	80%	0		1	20%	0		5	100%
S1000	3	30%	3	30%	2	20%	2	20%	10	100%
S1001	6	46%	5	38%	2	15%	0		13	100%
Total	*36*	51%	*19*	27%	*16*	23%	6	8%	77	*100%*

The analyst's questions and phrases that asked for further elaboration of or association on facts, feelings, thoughts or fantasies were categorized as Exploration. Fully formulated psychoanalytic interpretations, including defense and transference

interpretations, were categorized as Interpretation. Further, the interventions that were not fully formulated interpretations, but still aimed at identifying certain issues, behavior patterns, resistances and/or links between them were categorized as Linking. Finally, the analyst's sound (e.g. Uhm) or single word (e.g. Yeah) communications were considered as Filler. Overall, 47% of the analyst's communications were categorized as Exploration, and 46% were Linking and Interpretation. Only 8% of the analyst's interventions were categorized as Filler. Since Filler interventions are quite few in number but significant in the clinical sense, their impact on the patient's defensiveness was also tentatively considered.

The relational quality of the interventions was also determined for each speech turn. The interventions, which were assigned abandonment / rejection or mismatch / derail / interrupt as a relational quality, were categorized as Negative. Likewise, encouragement or empathy / recognition / support were regarded as Positive. The rest of the interventions were regarded as No Relational Quality (No RQ). Again, ten statements that end the sessions and 3 instances that could not be validly coded were excluded. Of the remaining 75 interventions, 55% were rated as Positive, 11% as Negative and 35% as No Relational Quality. The frequency and percentages of each type of intervention for each session are presented in Table 8.

Since it was hypothesized that both the type and the relational quality of the interventions would be related to the patient's defensiveness, and that relational quality would have a stronger association with defensiveness than type, their inter-relationship first was explored by Chi-square analysis. A significant association between the type and relational quality was observed, $\chi^2(4, N = 70) = 22.450$, $p<.001$. The Linking interventions and Interpretations were more likely to be assigned a Positive relational quality (83% and 69%, respectively) than Exploration

(42%). On the other hand, none of the Linking interventions and just 8% of the Explorations were identified as Negative, whereas 31% of the Interpretations were identified as such. All Interpretations were assigned an either Positive or Negative relational quality, whereas 50% of the Explorations and 17% of the Linking interventions had no relational quality. In sum, Interpretations that are technically thought to be potent interventions of the psychoanalytic process were also considered to have prominent, predominantly positive relational qualities.

Table 8. Frequencies and Percentages of Interventions with Different Relational Qualities for Each Session.

	Positive		Negative		No RQ		Total	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
S 91	5	83%	0		1	17%	6	100%
S92	1	20%	0		4	80%	5	100%
S259	2	20%	1	10%	7	70%	10	100%
S260	7	100%	0		0		7	100%
S431	1	33%	1	33%	1	33%	3	100%
S432	9	75%	2	17%	1	8%	12	100%
S628	4	67%	1	17%	1	17%	6	100%
S629	2	40%	1	20%	2	40%	5	100%
S1000	5	63%	0		3	38%	8	100%
S1001	5	38%	2	15%	6	46%	13	100%
Total	*41*	*55%*	*8*	*11%*	*26*	*35%*	*75*	*100%*

Since type and relational quality of interventions were inter-related, a factorial analysis was required to see the associations of both variables with the defensiveness ratings. For the purposes of this research, there wasn't any non-parametric counterpart of such analyses available. Thus, a Two-way ANOVA was cautiously computed with the defensiveness as the dependent variable and the type and relational quality of the intervention that precedes it as independent variables. The results were not significant for the main effects or the interaction. Again, the Two-way ANOVA was conducted for the type and relational quality of the interventions following patient's speech turn, and again, the main effects and interaction were not statistically significant.

For a closer inspection of the data, the mean scores for here-and-now defensiveness preceding and following each type and relational quality of intervention were computed (See Figures 2a and 2b). Here-and-now defensiveness before and after Exploration, Linking and Interpretations, as well as before and after Positive, Negative and no RQ interventions were quite close to each other.

The interventions that were categorized as Filler seemed to display a different pattern in terms of their impact on the patient's defensiveness. In order to capture this pattern, the difference between defensiveness scores before and after each type of intervention were analyzed separately using Friedman's Analysis of Variance. For the Filler category, the difference was significant, $\chi^2(1, N = 6) = 5.000$, $p<.05$, whereas the other intervention categories did not yield a significant result.

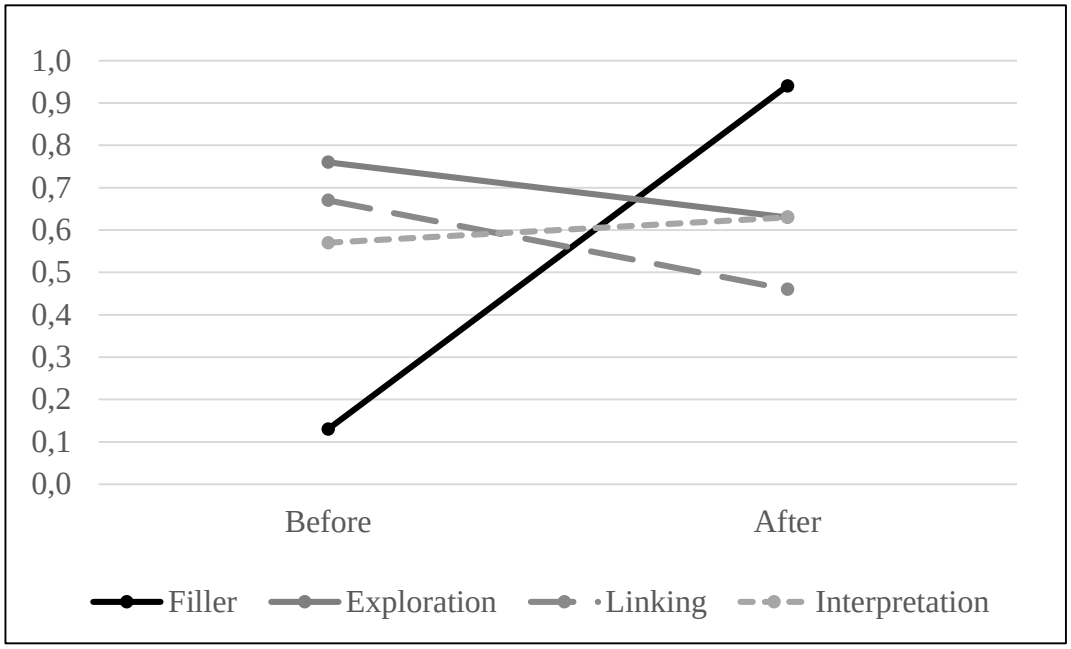

Fig. 2a Here-and-now defensiveness means before and after each type of intervention.

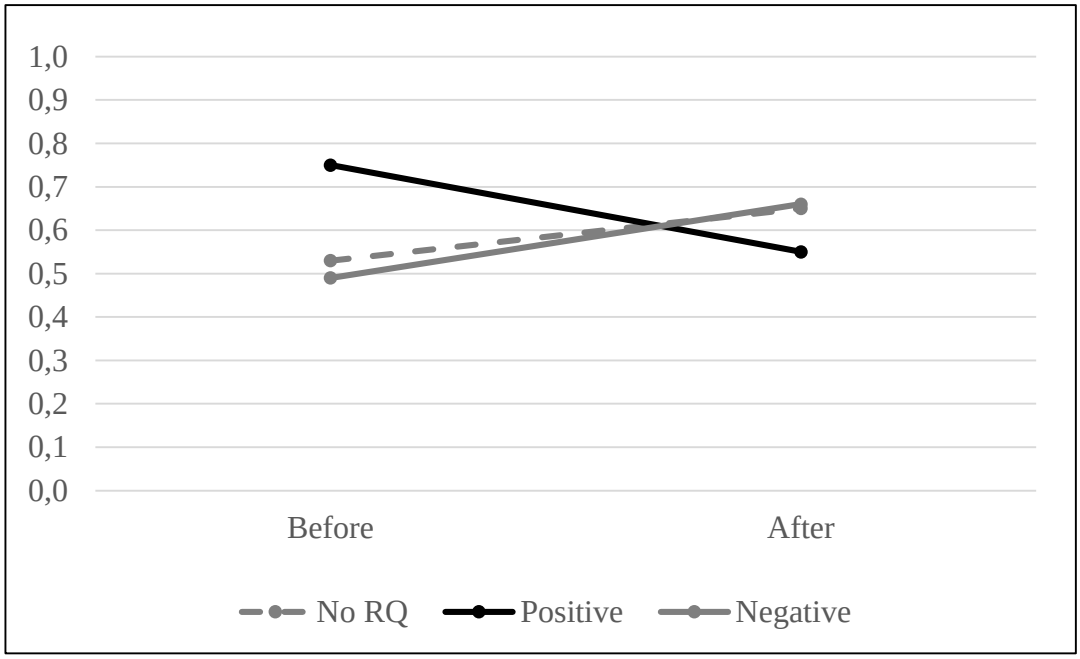

Fig. 2b Here-and-now defensiveness means before and after each relational quality of interventions.

In sum, the typical psychoanalytic communications on the part of the analyst, through Exploration, Linking and Interpretation, were not significantly related to the patient's defensiveness. Only the Fillers that might be perceived as unusual or unresponsive were found to have an impact on defensiveness. The first part of the hypotheses that predict an association between the type and relational quality of the analyst's interventions and patient's level of here-and-now defensiveness was not supported. Yet, the impact of the analyst's speech turns, which did not refer directly to the patient and could be considered as unrelated on the patient's defensiveness was a noteworthy observation.

The second part of the hypotheses associated analyst's interventions and the defensive efforts. To be able to test this, the defensive efforts that were originally coded for each speech unit were also combined into speech turn codes. If none of the units at a speech turn were rated as defensive, that speech turn was also considered not defensive. When one or more units of a speech turn were coded using the same defensive effort, that speech turn was considered a Single Effort turn, and defined by that specific effort assigned by the raters. To simplify evaluation, the single efforts below the frequency of two were combined as Single-Other. If different defensive efforts were assigned to the different units of the same speech turn, that speech turn was considered to be a Multiple Effort turn. In order to simplify the data, the same theme used for the coding co-occurrences under the first hypothesis of the previous section was used. Thus multiple effort speech turns were categorized as Combinations with Detachment, Combinations with Ambivalence, and Combinations with Challenging. The frequencies and percentages of the defensive efforts at each speech turn are presented in Table 9. Most of the speech turns (65%) were defined by a single defensive effort and Hiding / Sulking (26%) was again the most frequently

observed one, followed by Single-Other (22%). On the other hand, 35% of the speech turns included multiple efforts, and combinations with ambivalence (15%) and combinations with detachment (13%) were almost equal in number.

Table 9. The Frequencies and Percentages of the Defensive Efforts at Each Speech Turn

Effort	Frequency	Percent
Single Effort	*30*	*65%*
Hiding / Sulking	12	26%
Turning to Another Person	5	11%
Presenting Self as Helpless	3	7%
Single - Other	10	22%
Multiple Effort	*16*	*35%*
Combinations with Ambivalence	7	15%
Combinations with Detachment	6	13%
Combinations with Challenge	3	7%

The relationship between the type of the intervention before and after a speech turn of the patient and the type of the defensive effort were analyzed with Chi-square (see Table 10). Due to its low frequency when cross-tabulated with the effort categories, the intervention category of Filler had to be excluded from the analyses, despite its exceptional impact on the level of defensiveness. Regarding the intervention *preceding* the defensive efforts, no significant difference between efforts, and also between the efforts being single or multiple, were observed.

Table 10. Frequencies of Different Types of Intervention in the Speech Turns Preceding and Following Defensive Efforts

Effort	Preceding Speech Turn			Following Speech Turn		
	Explore	Link	Interpret	Explore	Link	Interpret
Single Effort	*7*	*8*	*7*	*16*	*7*	*6*
Hiding / Sulking	3	2	5	5	3	3
Turning to Another Person	2	2	0	1	1	1
Presenting Self as Helpless	1	1	1	0	3	0
Single - Other	4	1	0	7	0	1
Multiple Effort	*11*	*3*	*4*	*11*	*6*	*4*
Combination with Ambivalence	3	0	2	5	0	2
Combinations with Detachment	4	0	1	1	3	1
Combinations with Challenge	1	0	0	2	0	0

On the other hand, for the interventions *following* the defensive efforts, the association between the intervention and defensive efforts was significant, $\chi^2(12, N = 60) = 21.128$, $p<.05$. Seventy-one percent of the multiple defensive effort speech turns with an Ambivalent combination, and 67% of the ones with Challenge were followed by Exploration, whereas 20% of turns with Combinations with Detachment were. Instead, 60% of the multiple effort turns labeled as Combinations with Detachment were followed by Linking. The Combinations with Detachment turns were compared to other multiple effort turns in terms of the intervention following

them also by Yule's Q, and a very strong association of .87 revealed that it was strongly more likely for the Combinations with Detachment efforts to be followed by Linking or Interpretation, whereas the others were strongly more likely to be followed by Exploration.

When the patient used solely the defense of Turning to Another Person, the analyst was equally likely to use any intervention; and when the patient was defensively Hiding / Sulking, he was slightly more likely to Explore. Although its frequency was quite low, it was also noted that all three instances of just Presenting Self as Needy were followed by Linking. Lastly, 88% of the Single-Other were followed by Exploration.

These findings support the hypothesis that the type of the analyst's intervention would be associated to the defensive effort of the patient. In terms of the direction of this relationship, this finding demonstrated that the defensive effort of the patient influenced the type of analyst's intervention, but not vice versa.

The same Chi-square analyses were also carried out for the Relational Quality of the interventions that precede and follow defensive efforts. The frequencies are presented in Table 10. The effort comparisons by Chi-square did not reveal any significant difference. On the other hand, when the multiple and single effort speech turns were compared, again the intervention *following* the efforts – but not the ones *preceding* it – were found to be significantly different, $\chi^2(2, N = 60)=6.427$, $p<.05$. There was a higher probability for single efforts to be followed by interventions with Positive relational quality and multiple efforts to be followed by Negative relational quality. The majority of the negative quality interventions (83%) were after speech turns at which the patient utilized multiple defensive efforts. The sequential analysis also strongly supports this association, $Q= 0.83$.

This finding also supports the hypothesis that there would be an association between the relational quality of the analyst's intervention and patient's defensive effort. The relational quality of the analyst's intervention was not related to the specific effort, but was strongly related to the use of a single defensive effort versus multiple defensive efforts. As for the type of intervention, the patient's utilization of single or multiple defensive efforts was associated with the analyst's intervention following it, but not preceding it.

Table 11. Frequencies of Relational Qualities of Intervention in the Speech Turns Preceding and Following Speech Turns of Defensive Efforts

	Preceding Speech Turn			Following Speech Turn		
Effort	Pos.	Neg.	None	Pos.	Neg.	None
Single Effort	*17*	*2*	*10*	*21*	*1*	*6*
Hiding / Sulking	7	1	2	8	0	2
Turning to Another Person	3	0	1	2	0	1
Presenting Self as Helpless	3	0	0	3	0	0
Other	2	0	5	7	0	1
Multiple Efforts	*9*	*3*	*7*	*10*	*5*	*8*
Combinations with Ambivalence	3	1	1	2	2	3
Combinations with Detachment	2	1	2	3	1	1
Combinations with Challenge	0	0	2	1	0	2

To sum up, the type or relational of the intervention, except for the Fillers, did not influence or was not influenced by the level of here-and-now defensiveness of the patient. However, both type and relational quality of the interventions had significant associations with defensive efforts preceding them, but not following them. Further, it was observed that the type of the intervention was related to the type of the defensive effort, and relational quality of the intervention was associated to the diversity of the relational efforts. It could be suggested that type and relational quality of the interventions are influenced by different dimensions of defensiveness.

Hypothesis 3

The last hypothesis on the analyst-patient interface predicted a relationship between the linguistic qualities of the analyst's interventions and patient's defensiveness. Although the use of the "we words", such as we, us, together, appeared as a fruitful source of linguistic analyses in pilot studies, the data of the study could not provide enough instances of "we words" to be able to investigate their impact. On the other hand, the number of words used by the analyst appeared to be an important marker of the analyst's communications. The analyst used a total of 2211 words throughout the sessions, and the mean number of words at each speech turn ranged from 10 to 42 with an overall mean of 25 (SD = 40.18).

In order to test the relationship between the analyst's word count and patient's defensiveness, first the interrelationships between the type, relational quality and the word counts of the interventions were inspected. The number of words used for different types and the relational qualities of the interventions were compared using a Two-way ANOVA. The main effect for the type of the

intervention was significant, $F(3,67) = 9.879$, $p<.001$, $\eta\rho^2 = .40$. The relational quality of the intervention or the interaction of the type and quality did not have a significant effect on the word count. The post-hoc analyses revealed that the number of words used for making an Interpretation ($M = 79.12$, $SD = 68.97$) was significantly higher than Exploration ($M = 10.03$, $SD = 7.61$) and Linking ($M = 27.17$, $SD = 17.68$). Although 51% of the analyst interventions were exploratory, when they were calculated in terms of words used, 57% of the total number of words were used to make interpretations. Thus, in order to identify the relationship between the word count of the analyst's interventions and the patient's defensiveness, a partial correlation controlling for the type of the intervention was computed. The analyst's word count and the patient's defensiveness were not significantly correlated.

A closer inspection of the data suggested a non-linear association between the word count of the analyst and defensiveness of the patient. To test this, the analyst's word count was categorized as High (1 SD above the mean), Low (1 SD below the mean) and Baseline (around the mean). The defensiveness scores of these three groups were compared using the Kruskal-Wallis test and it was observed that the analyst's word count had a significant effect on the patient's defensiveness, $\chi2(2) = 6.434$, $p < 0.05$. The patient was less defensive after a speech turn of the analyst with a Baseline word count ($M = 0.51$, $SD = 0.61$), and more defensive after interventions with a Low ($M = 1.02$, $SD = .65$) or High word count ($M = 0.77$, $SD = .62$). To capture the sequential nature of this association, the probabilities of the patient being defensive or not after the analyst's baseline or above/below baseline speech were tested by calculating Yule's Q. The same observation was supported by high negative associations for the not defensive vs. defensive comparison, $Q = -.68$, and for the slightly defensive and defensive comparison, $Q = -.59$. When the analyst

spoke more or less than his usual, it was considerably more likely that the patient would be defensive.

This finding supports the hypothesis that the linguistic qualities, namely word count in this case, of the analyst's interventions would be related to the patient's defensiveness. Further, for the type and relational quality of the interventions, the analyst was influenced by the patient, whereas for the word count, the patient was influenced by the analyst.

Additional Findings

Trend Analyses

Besides hypothesis testing, one of the focal points in this study is to be able to document how the here-and-now defensiveness co-construction unfolds throughout the psychoanalytic process. Thus, the data were further investigated to observe what kind of change was shown in the variables used in this research over the course of the sessions. The trend analyses were conducted using the Curve Estimations, with time as the independent variable.

When the overall speech production of the patient is considered, the number of units and speech turns did not demonstrate a significant trend over time. However, the number of defensive units per speech turn demonstrated a significant increase as the sessions progressed, $F(1,9) = 11.543$, $p<.01$, $\beta = 0.769$. The Here-and-Now Defensiveness score, on the other hand, did not demonstrate a significant trend as the sessions progressed (See Figure 3a). It was evident that both Session 259 and Session

629 had quite different defensiveness configurations from the sessions preceding or following them.

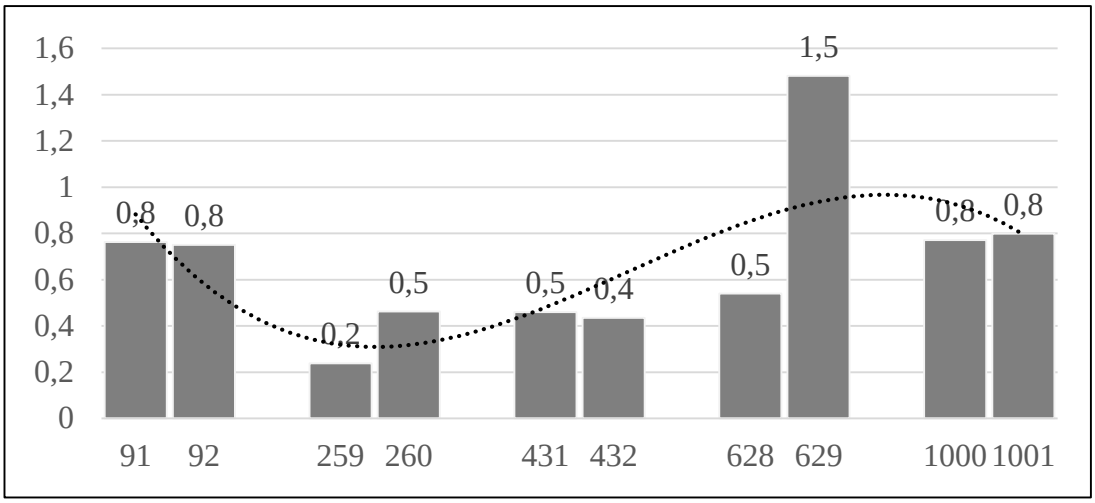

Fig. 3a Session means of Here-and-now Defensiveness ratings, presented with the trend line.

For Session 259, only 36% of the patient's speech turns had a defensiveness score over 0 and the mean defensiveness was 0.24. By contrast, in Session 629, all speech turns of the patient were rated over 0, and the mean defensiveness rating of 1.5 was considerably higher than that of the sessions before or after it. The clinical implications of these special configurations will be discussed in the next section. The existence of these two sessions (see Figure 3a) prevents any interpretable trend. Yet, when these sessions are excluded, a significant quadratic trend that explains 74% of the variance was observed, F (2,7) = 10.860, p<.05, β_1 = -3.930, β_2 = 4.130 (See Figure 3b). Defensiveness is higher at the beginning and as the treatment approaches termination, whereas it is relatively low in the middle phase.

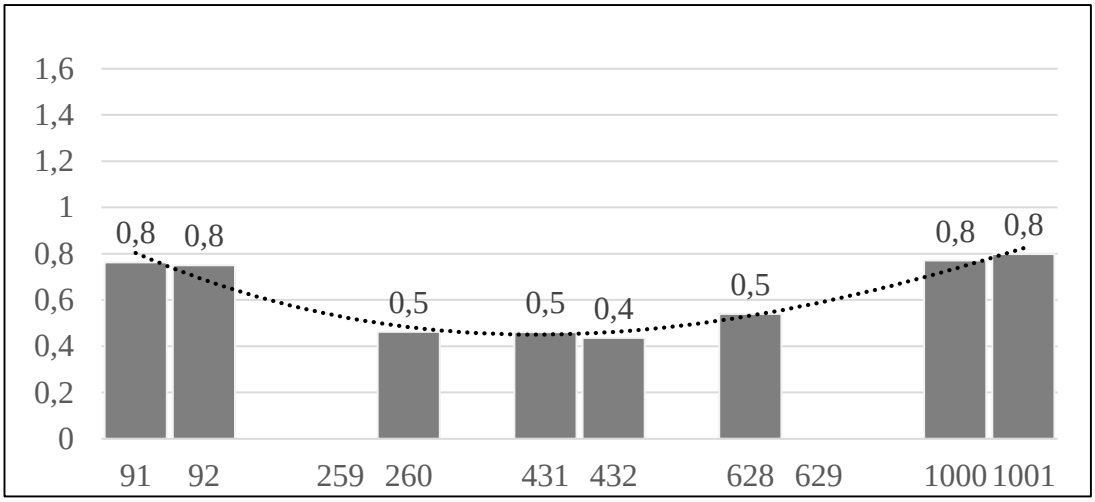

Fig. 3b Session means of Here-and-now Defensiveness ratings, when sessions 259 and 629 are excluded, presented with the trend line.

The interactive regulation ratings for the defensive speech turns demonstrated a more clear significant linear trend, F (1, 58) = 6.760, p<.05, β = .323. As the patient's communications progressed, the mean interactive regulation score increased.

Regarding how the analyst's communications changed throughout the sessions, the total number of interventions did not show a significant trend by session or year of treatment. It was noteworthy that in Session 259, all interventions were categorized as Exploration. In addition, Session 432 stood out due to both the high number of interventions and the tendency of the analyst to utilize Linking and Interpretation more than usual (72%). When change in the use of different types of interventions as the sessions progressed was analyzed, Exploration and Linking did not show a significant trend. For Interpretation, on the other hand, there was a significant logarithmic trend that explains 86% of the variance, F (1,4) = 25.769, p<.05, β = .946. As the analysis progressed by year, the number of Interpretations initially increased and became fixed by the 3rd year (see Figure 4).

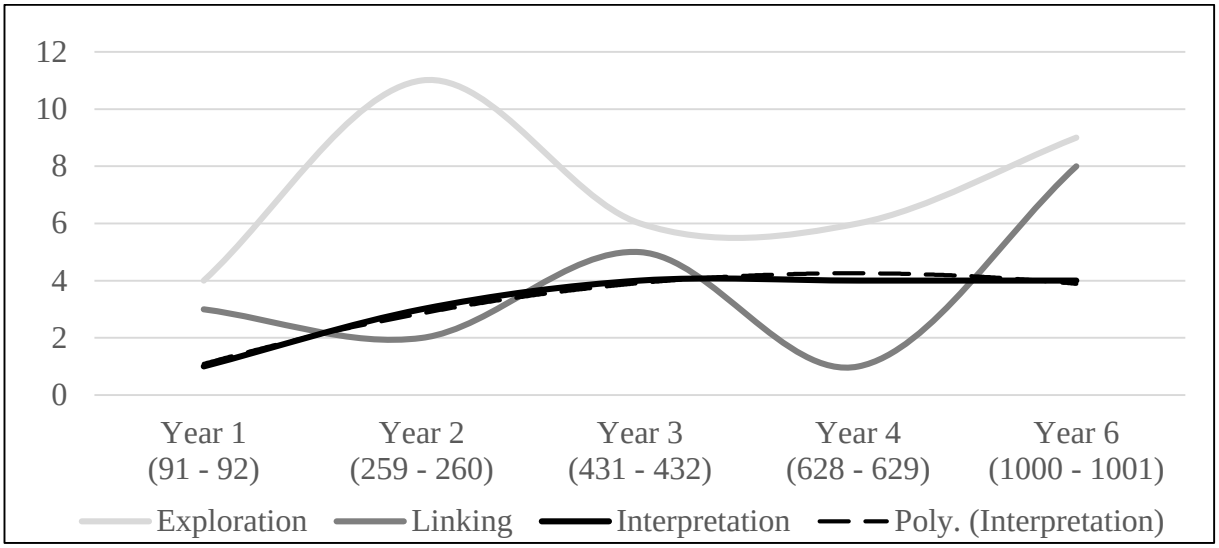

Fig. 4 Frequencies of types of interventions for each year, presented with the trend line for interpretation.

When the relational quality of the interventions in each session were examined, the raw frequencies did not show a significant trend over the sessions. However, the ratio of Negative interventions to the overall number demonstrated a significant quadratic trend that explains 47% of the variance, $F(2,7) = 5.024$, $p<.05$, $\beta_1 = 3.114$, $\beta_2 = -0.954$. As the sessions approached the middle phase of the treatment, the ratio of Negative interventions increased, followed by a decrease towards termination. The trends for the frequencies for each year were not significant, still, the quadratic relationship between the negative interventions and time is observable (see Figure 5). The 3rd year of the treatment seems to be a turning point for the relational quality of the interventions, at which time Positive interventions were at their lowest, and Negative interventions and No RQ interventions made their peak. It seems that both technically and relationally, middle phase sessions demonstrate a different pattern on the analyst's side.

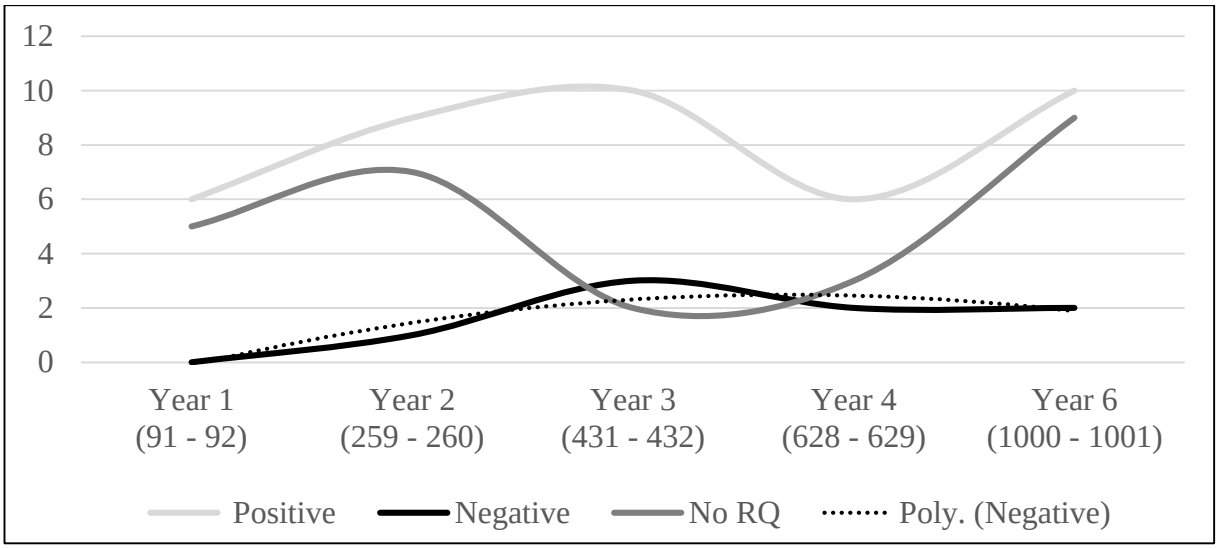

Fig. 5 Frequencies of relational quality of interventions for each year, presented with the trend line for interventions with negative relational quality.

Word Counts

In the initial hypotheses, the linguistic qualities of the analytic interventions were thought to be an important marker of their impact, and word count appeared to be critical in this sense. This finding entailed the exploration of the patient's word count, and its associations with both defensiveness and the analyst's interventions. Thus, a preliminary exploration of this unforeseen variable will be presented.

Overall, the patient used 34659 words, with a mean of 394 per speech turn (*SD* = 479.20). When the word counts of defensive, slightly defensive and not defensive speech turns are compared by a One-way ANOVA, slightly defensive instances (*M* = 750, *SD* = 571.9) appeared to have significantly higher word counts than both defensive (*M* = 178, *SD* = 233.4) and not defensive ones (*M* = 238, SD = 337.6), $F(2,85) = 17.527$, $p<.01$. It was observed that when the patient talked the least, she was considered defensive; when she talked the most she was seen as

slightly defensive; and when the amount of her speech was closer to her mean, she was considered not defensive.

Regarding the analyst's word count and the patient variables, it was previously reported that the patient tended to be more defensive when the analyst spoke more or less than his baseline. The patient's interactive regulation and the analyst's word count demonstrated a different association. They were negatively correlated, $r = -.382$, $p<.01$, $N = 53$. As the patient tended to interactively regulate more, the analyst tended to talk less per turn, as did the patient herself, $r = -.317$, $p<.05$, $N = 60$. In other words, when the patient was engaged in an interactive regulatory defensive effort, the analyst and patient were taking turns more frequently and talking less than their usual at each turn.

When the relationship between the analyst's word count and the patient's word count was analyzed, they were not significantly correlated and no significant sequential relationship was observed. However, in the light of the finding that suggested a relationship between interactive regulation and words per turn for the analyst, it was predicted that the interaction of the patterns of speech production by the patient and the analyst might be different when the patient was engaged in interactive regulation. To be able to test this, word counts of all speech turns as well as the defensiveness and interactive regulation scores were standardized as z-scores to allow for comparisons (see Figure 6).

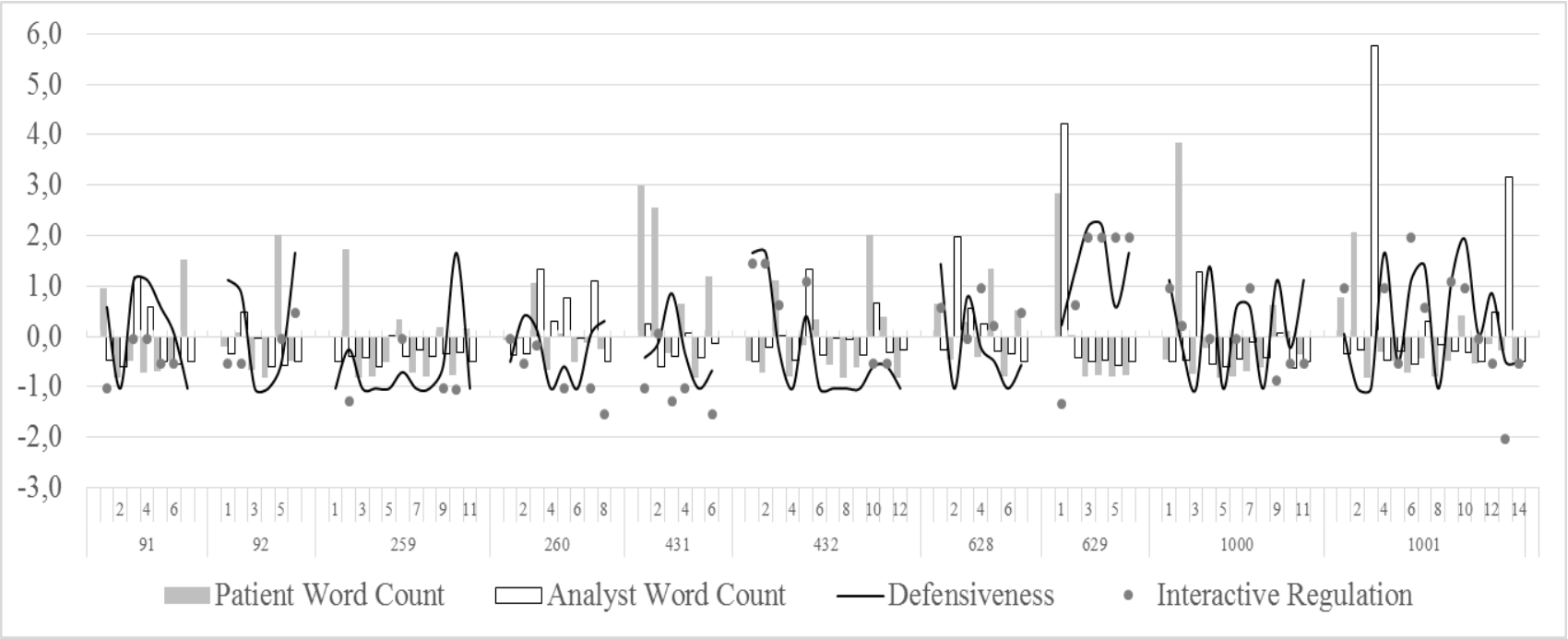

Fig. 6 Standardized (z) scores of speech turns for word counts and defensiveness variables, presented separately for each session.

As clearly observable in Session 629 in Figure 6, the patient-analyst word count association had a different pattern when the patient was engaged in more interactive regulation. This observation was supported by separate Pearson correlations of the analyst's word count and patient's word count for high and low interactive regulatory speech turns. For low interactive regulation, there was almost no correlation, $r = 0.005$, $p > .05$, $N = 36$, whereas for high interactive regulation word counts were significantly positively correlated, $r = 0.527$, $p < .01$, $N = 24$. This finding again points to a tendency for the analyst and the patient to take turns and to speak in synchrony when the patient is interaction regulatory.

Further, to micro-analyze this synchrony, the data were sequentially analyzed by considering the patient as lag 0 (See Figure 7a) and considering the analyst as lag 0 (See Figure 7b) in turn. For low interactive regulation speech turns, the patient's word count could moderately predict the analyst's word count, $Q = 0.48$, whereas the analyst's word count did not determine the patient's word count at the turn that follows it. When the patient was less interactive regulatory, it was more likely for the patient's high word count to be followed by the analyst's high word count and the patient's low word count by the analyst's low word count. The analyst talking more or less than his usual did not determine the patient's amount of speech when she was not considered to be engaged in interactive regulatory moves. On the other hand, when the patient was high in interactive regulation, the pattern was different from the low interaction condition, as expected. There was a slightly weaker negative association when the patient was considered lag 0, $Q = -0.35$. When the interactive regulation score was high, the patient's word count had a weak, inverse impact on the analyst's word count.

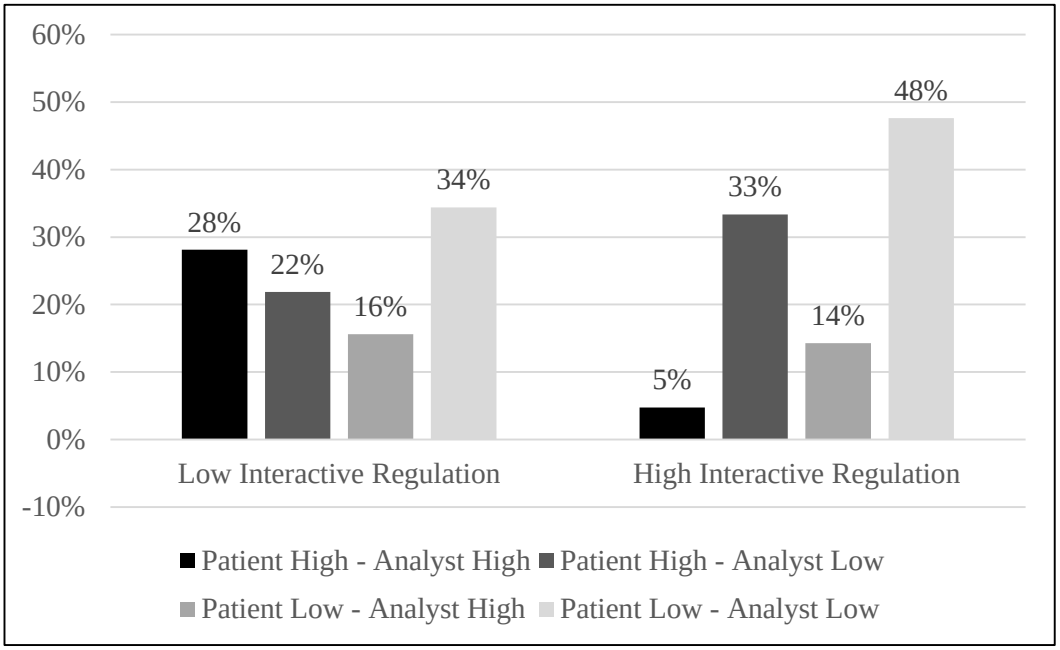

Fig. 7a Percentages of the combinations of the patient's word count level, and the analyst's word count level in the following turn (patient lag 0).

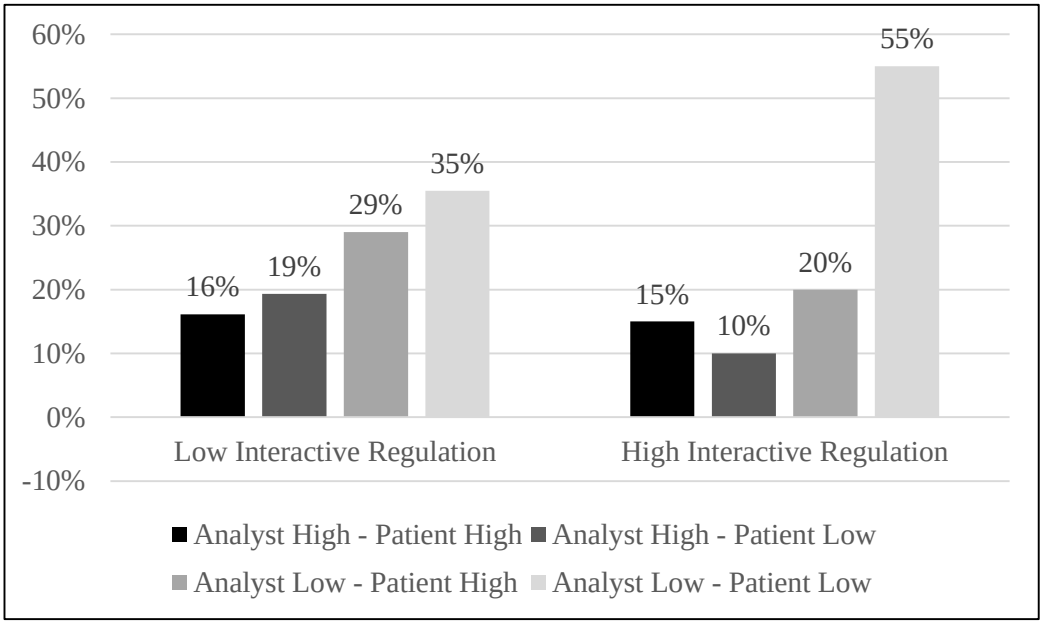

Fig. 7b Percentages of the combinations of analyst's word count level, and the patient's word count level in the preceding turn (analyst lag 0).

The strongest association was observed when the impact of the analyst's word count on the patient's word count for the following speech turn was analyzed, $Q = 0.61$. When the patient was considered to be highly interactive regulatory, she was more likely to speak more after the analyst spoke more, and was even more likely to speak less when the analyst did so. Together with the findings above, this points to more attunement by the analyst when the patient is not interactive regulatory, in terms of taking turns and synchronizing the speech production, and more attunement by the patient when she is interactive regulatory.

Process Measures and Clinical Content

The quantitative examination of the data revealed some notable features for some sessions. In this section, the content of these sessions will be reviewed so as to understand how the process measures can be related to content. Sessions 259, 432 and 629 are identified, due to their exceptional configurations of level of defensiveness and interactive regulation of the patient and the pattern of intervention of the analyst. For a micro-analysis, standardized unit scores of these sessions for here-and-now defensiveness and interactive regulation are charted with the analyst's interventions (see Figures 8a, 8b and 8c).

Session 259 was remarkable in that all interventions were Explorations, and most of them had No Relational Quality. It was also noticed that this session had the lowest Here-and-Now Defensiveness, as well as a very low Interactive Regulation rating. Mrs. C began this session by taking about feelings of insufficiency at work, rather non-defensively and the analyst did not intervene, except for a short prompt for clarification. As she elaborated on these feelings of insufficiency, she became

defensive, as evident in her hesitant speech: "*And they just, it just doesn't seem to me r--, at least for today, right now, such an important thing. I'm not even sure I want to mention it or m--, certainly not make much of it. (Sniff, Pause).*" However, she managed to keep elaborating and the analyst did not intervene until she arrived at the guilt feelings, by saying "*And yet, then I -- this is one of the things that has been bothering me the last two days, because I can't think of anything -- well, I feel as if I'm not thinking of anything to do about it. Almost as if that somehow, they're fighting as a result of my attitude toward them*."

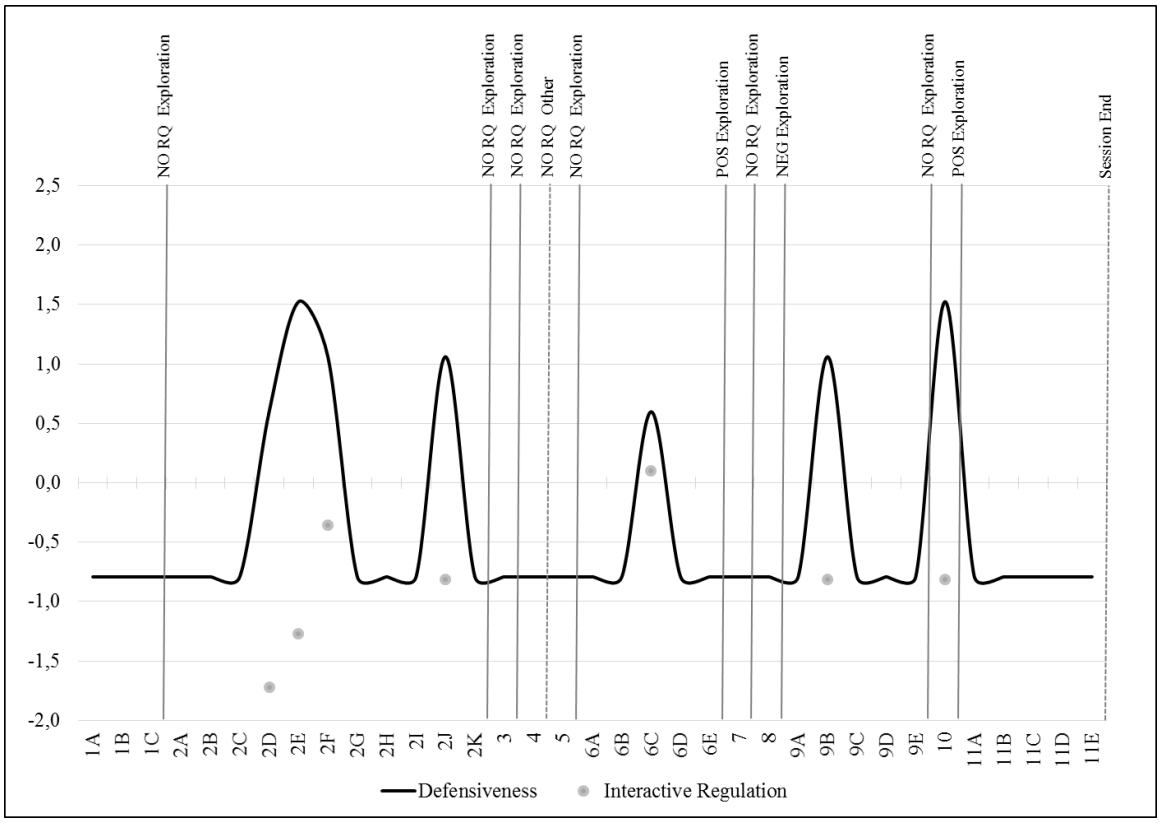

Fig. 8a Standardized here-and-now defensiveness and interactive regulation scores, presented with analyst's interventions for Session 259.

This point marked the beginning of the interaction (see from 2K to 6A in Figure 8a). The analyst started making exploratory comments, without being

judgmental or too supportive, such as "*You mean, as though you are responsible for it?*" and "*How do you understand it? I mean, how do you explain to yourself the change in your feelings, so that you feel you don't care?*" Then Mrs. C started a self-exploration of how her self-confidence had changed in the past years, and despite the temporary increase in her defensiveness, marked by a 4-minute silence, she could start talking about control issues. As she tried to explain why she was distressed by her inability to control her students, she mentioned "*It didn't bother me for any reason, except what if somebody walked in.*" This is when the analyst started to aid Mrs. C to understand what she was afraid of by suggesting "*You were afraid of what the headmaster would think?*" or "*He would disapprove of the fact that you were letting kids be noisy?*" in an exploratory tone (see 6E to 9A in Figure 8a). Mrs. C, after a brief defensive comment on the fear of letting her students go off on their own, could associate on the timing of these feelings. When the analyst directly asked what the trigger was, Mrs. C became defensive and stopped communicating after saying "*I don't know that I understand that. Because it's something I've had off and on*" (see turn 10 in Figure 8a), and the analyst non-challengingly encouraged her exploration by saying "*That's true, but then you did feel differently in the fall.*" After this intervention, Mrs. C could immediately identify the trigger of her feelings of insufficient, saying "*Until the operation.*" and continued to associate about the issue in a non-defensive manner until the end of the session. In Session 259, the measures on the interaction could capture how the session comprised a rather non-defensive, self-exploratory attitude by Mrs. C and an exploratory stance by the analyst, with a focus on a potential link between Mrs. C's increased feelings of insufficiency and an operation she had within that year.

The second session selected for a closer look was Session 629 that had the highest Here-and-Now Defensiveness and the highest Interactive Regulation rating, with a clear pattern of turn-taking as described in the previous section (see also Figure 8b). Thus, the clinical analysis of its content might also enhance the understanding of how the process and content are related.

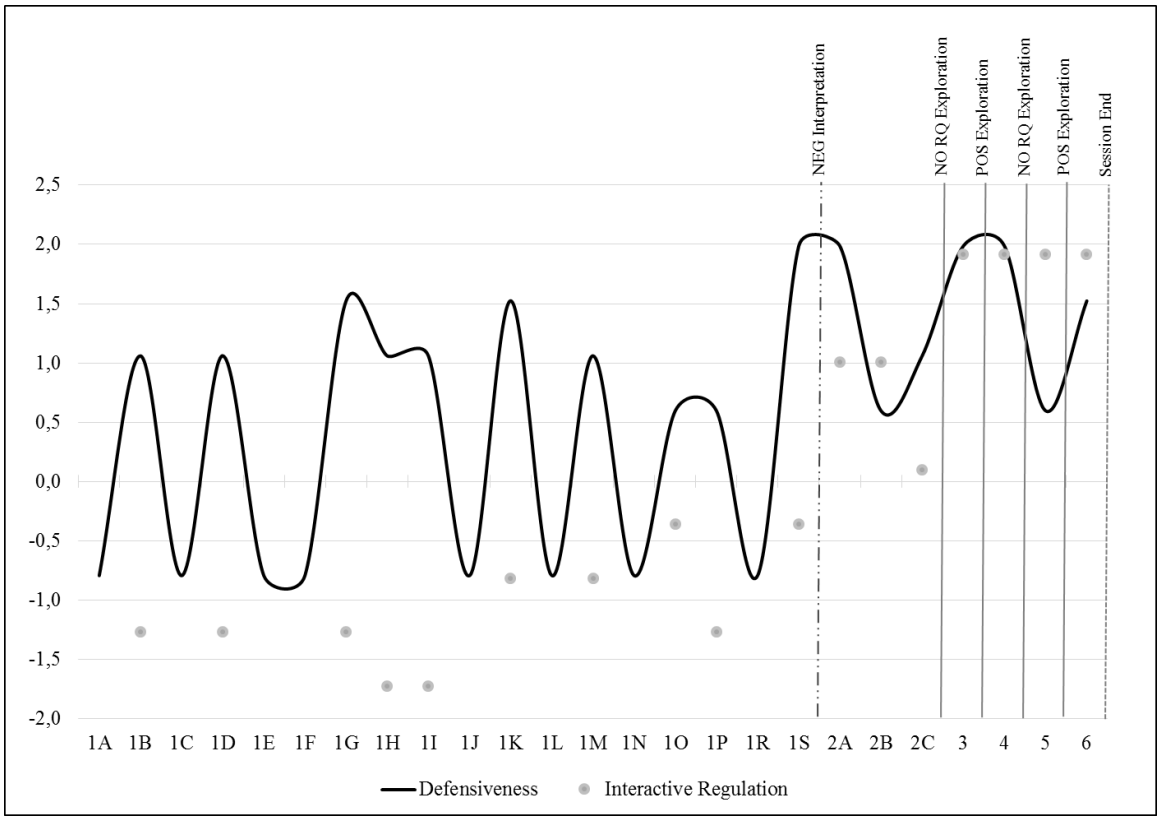

Figure 8b. Standardized here-and-now defensiveness and interactive regulation scores, presented with analyst's interventions for Session 629.

As also evident in Figure 8b, the patient starts the session with a very long uninterrupted communication, which is followed by a long negative interpretation. The following turns are short, defensive and highly interaction regulatory by the patient and short explorations by the analyst. When the content is examined, the very first sentence of Mrs. C in this session, after 2.5 minutes of silence with sniffs, is "*Well, at first I was thinking about the blouse I have on today and how, I guess, I*

haven't worn it for quite some time and I was surprised at how big it seems on me now." The reference to her looks and its exceptionality might indicate the presence of a transferential issue. This observation is also supported by the dream she told, shortly after the beginning, which started as "*…when I was in the subway, either coming here or going home again, I thought I, I saw somebody…."* and also by her mentioning a short skirt further in her discourse. With no explicit reference to the analyst, Mrs. C kept talking about some dreams and events with the themes of sex, pregnancy and giving birth, and anger feelings associated to them in a long and chaotic narrative (see 1A-1S in Figure 8b). A noteworthy theme was her husband wanting to have sexual intercourse, which she reported as "*I don't want to make love with him and that beyond that it seems like I want him to be home so I know I'm not alone…"* and *"…imagining if MSCZ wanted to make love tonight. Again, not, not being eager to but being agreeable with -- he wanted to last night and I said no again."* These themes, together with the references to her clothing, indicates an erotic transference. Further, she frequently mentioned bleeding throughout her narrative, including phrases such as "*Today I had some bleeding from what I sus-- suppose would be a hemorrhoid. I don't know*," "*I don't recall bleeding then, but I remember hurting a lot more then,"* "*I was thinking of, uhm, the bleeding I had this morning again*," "*Every time I went to the bathroom I would notice this bleeding and it was e-- fresh, running blood*" and "*I was thinking of the bleeding again. And I don't know, uhm (sigh). (Pause) I almost think that I was thinking something I can't now think.*" After her last comment on bleeding, the analyst intervened with an extraordinarily long interpretation (see Figure 8b): "*You know, uhm, it sort of strikes me as if now, today, and then other times too, when you seem particularly uh, you need to be detached and to withdraw and avoid what you clearly point to that you're*

avoiding. You, uh, you tend very much to talk -- you, by referring to things in the past, you know you are quite and then you say I was just thinking, or I thought and then -- it's a kind as though you're detached and you're reporting to me in a detached way what was going on in your mind as though you have nothing to do with it. As though it's somehow different and separate from you. Like you're just, uhm, well the ideal word that comes to my mind, is being obedient. And in a way you've used it recently. You're technically doing what you've been told. Saying what you're thinking. After the fact. At least this is the impression you give very strongly and that seems to me very much like the kind of distance that you were describing you kept, you know, from MSCZ." This intervention attempted to interpret Mrs. C's detached and obedient attitude when with her husband in relation to her attitude when with the analyst. However, it's quite long, confusing and anxiety-provoking. The disfluency of the analyst reflects that he is exceptionally influenced by his own countertransference. After this interpretation, Mrs. C responded by saying *"Well I had noticed how I was -- you know, I was feeling very, uhm, well, just aware of a jerkiness that, that I've -- well, it was as I, I was being quiet and then saying what I'd thought,"* and then changed the subject to a safer theme about not wanting to leave her daughter and mentioned that she was worried about the babysitter not wanting to do this another year and the rest of the session went as follows (see 2C-6 in Figure 8b):

A: You plan to be around next year, yeah?

Mrs. C: I'm sorry I don't know if I heard you correctly.

A: What'd it sound like?

Mrs. C: It sounded to me as if you laughed and said oh you plan to be around next year (sniff).

A: Yeah, that's what I said.

Mrs. C: Which I interpret then to mean well you won't be.

A: Why so?

Mrs. C: (Pause) I don't know. It must be because you used you. As if you're stressing that it's my plan, not yours. (Silence)

A: Well, our time's up.

This part of the conversation clearly indicates the counter-transferential oversight of the analyst in addressing Mrs. C's issues. In addition, Mrs. C seems to be keeping her speech quite short, just trying to clarify what she had heard. This unusual pattern might indicate her effort to regulate her reactions to the unresponsiveness, and lapse of the analyst in addressing the intense issues that she brought up in the beginning of the session. The quantitative analysis of the session, as reported above, clearly matches the content and the quality of the interaction that the non-defensive, but affectively and transferentially loaded narrative of Mrs. C was followed by a negative, lengthy interpretation, which resulted in a quite defensive turn taking, during which the analyst was exploring Mrs. C's experience. Besides, the content analysis of this session lends discernible support for the relational nature of defensiveness, as it is mutually constructed and maintained.

The last session to be reviewed, Session 432, was also outstanding with a high number of interventions with positive Relational Quality, a high ratio of Linking / Interpretation and the combination of a moderate defensiveness and high interactive regulation combination. A closer look at the unit level scores (see Figure 8c), reveals the pattern of how linking and interpretations with a positive relational quality led to a decrease in defensiveness.

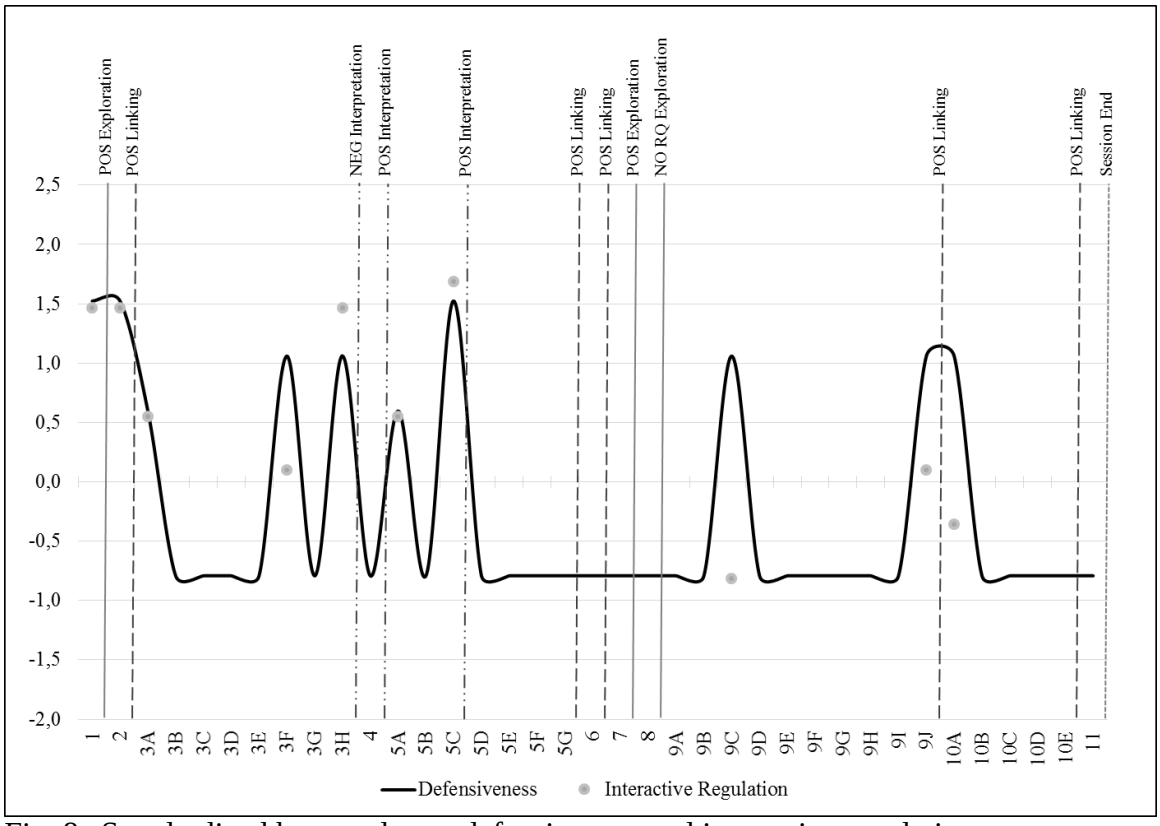

Fig. 8c Standardized here-and-now defensiveness and interactive regulation scores, presented with analyst's interventions for Session 432.

In the beginning of the session, Mrs. C brought up the issue of changing the time of one of her sessions and how she forgot to mention it before. She was talking in a shy, hesitant manner that is evident in her frequent use of "or" and "I don't know". The efforts of the analyst to further understand such as, "*How does that explain it?"* and his attempt to link the issue with timing such as, "…*It's true it's been true in the past. Why now*?" are followed by a long, spontaneous discourse by Mrs. C on her relationships with authority figures, essentially with her father. As she started talking directly about the time of the session, she started being more defensive, and changed the subject to her need to get approval from her obstetrician and pediatrician. At this point, the analyst intervened by interpreting that it was him

whom Mrs. C was expecting approval from, which seemed to be appropriate in terms of content. Yet, how he formulated it seemed to have the focus on the patient not explicitly stating it, rather than the content: *"What you're leaving out is, that you want me, apparently, to do that. You sort of, it's conspicuous that you don't say it."* When Mrs. C agreed with this comment, he added, *"But you don't say that."* After these interventions, Mrs. C talked about her need for approval from the analyst by likening it to a teacher-student relationship. She was emotionally more detached than usual, as if she was reporting technically. This attitude is reflected in her speech, as "*Uh, and I had two questions on my mind right now. One is well, well one isn't a question so much. I was just thinking that if I saw, or if I were feeling that I wanted your reaction to be approval on that basis that I just said, it was sort of uh, approval because I had just done a good job on something. And, and I very much think of it as, in terms of taking a test or passing a test. Uh, and th , it just reminded me very much of the one way I knew I could get approval from my father. Uh, right now I've forgotten the other question, well, the other thing that was a question."* Upon her forgetting the second question, the analyst interpreted her need for approval again and this time, he formulated it with an emphasis on how she felt: "*You know, it seems possible to me that one of the reasons you didn't want to ask, was because you're inhibiting exactly the opposite. As though you really would like to have me change the time as sort of a token of my appreciation and you have passed your test very well, and that I'm pleased by it, and all that. It would indicate that I was giving you something in return to show my appreciation.*" Then, Mrs. C started talking about her relationship with her parents and ended up by identifying her wish for, as well as fear of, getting the approval. Then, the analyst brought up her omission of the issue again and Mrs. C could elaborate on it with the aid of further exploratory interventions of

the analyst (see 5C-9A in Figure C). She talked about the break she had to take from the analysis after giving birth to her daughter, and despite a brief preoccupation with the process of hiring a babysitter (see 9C in Figure 8c), she could keep talking about her fear of not being accepted by the analyst and her wish to be praised by the analyst for having a baby. When she suddenly changed the subject from this to how she and her husband lost their chance to move to a new apartment (see 9J in Figure 8c), the analyst intervened to note this shift. Then she started talking about going back to her routines, and also her anxiety about the time change of the session. The analyst pointed to her comment about her own denial of a feeling and then ended the session by saying he could not change the session time. The pattern of Mrs. C's defensiveness as she talked about the approval and rejection dynamics and relatively non-defensive accounts following its recognition by the analyst was consistent with the quantitative findings of this study. It is especially noteworthy that the session's content was mainly changing the session time and expectations from the analyst that could be explicitly stated and recognized, and this session was marked by a moderate defensiveness and high interactive regulation.

Overall, the quantitative data, which was achieved by the judgments of the raters using relatively new constructs of defensive effort and interactive regulation, and its content seemed to be quite parallel. Furthermore, when the patterns of these sessions were compared, it was evident that the patterns identified by these constructs could efficiently differentiate between sessions, in which a fierce issue such as erotic transference was indicated; a session, in which a milder transferential issue of approval and rejection was worked through and a session in which the main theme was the exploration of feelings of insufficiency and guilt. How the freer or

more restricted, in other words, less defensive and more defensive communications were co-constructed, was observable both in the quantitative and qualitative data.

CHAPTER IV

DISCUSSION

The defense notion has always been an area of theoretical focus and a matter of debate, regarding its trigger, mechanisms, observed vs. inferred aspects, and consequences. Traditionally, defenses were defined as "intrapsychic mechanisms", which led to a static and narrow conceptualization. The contemporary psychoanalytic literature, on the other hand, suggested that defenses could and should be grasped with a wider perspective that accounts for their relational aspects both in terms of the characteristics of defensive processes and their co-constructed nature. Thus, this study aimed to systematically explore this conceptualization of defense, as influencing and being influenced by the relational context of the individual. Within this framework, this study first focused on the defensive activity itself, in order to re-define its trigger, aim, process and outcome to include the real relationship. The second objective was to identify how the parties of an interaction influenced each other, in the process of co-constructing defensiveness and defensive behavior.

Sessions from a psychoanalysis were selected as the data for this study, both in order to be able to capture the interaction in an intense and isolated setting and to offer clinical tools for psychoanalytic practice. The psychoanalytic session transcripts were assessed by independent raters with regard to several aspects of the patient's defensive activity and of the analyst's interventions.

Regarding the first aim of this study to define defense in relational terms, an overview of the results indicated that the psychoanalytic process could be reliably

assessed using a relationally defined notion of defensiveness. Further, this assessment could capture a distinctive attribute of the patient's discourse which could not have been accounted for by the classically defined defense mechanisms. However, although the attempt at profiling specific defensive behaviors of the patient could successfully identify several defensive efforts, these efforts did not provide a satisfactory and consistent record. Overall, the emphasis on the defensive *function*, instead of the *mechanism* was verified. In addition, as to the second aim of the study, the results lent strong support for the mutual influence of the patient and the analyst on each other in terms of defensiveness, and the patient's aim at interactive regulation was observed to be an important predictor of this mutual impact. As suggested by the relational psychoanalytic perspectives, the co-construction of defensiveness as a relational quality could be depicted. The specific results will be discussed below in detail.

Re-defining Defensiveness and Defensive Effort

The first hypothesis of this study expected that defensive sections of the patient's discourse could be reliably identified and characterized using the relational Here-and-Now Defensiveness definition and the Defensive Efforts list. This hypothesis was partially supported so that the incidence and level of defensiveness was captured. However, specification of the relational defensive efforts demonstrated a moderate inter-rater agreement. This finding indicates that the defensive function of any effort can be identified and greatly agreed upon by the clinicians. The primary clinical criterion seems to be the intent to defend, rather than the specific mechanism by which the patient was defending herself.

Similarly, the second hypothesis of the study predicted that the defensive effort conceptualization would offer a more encompassing definition of defensive instances, with a different organizing principle than the classical defense mechanisms. This hypothesis was supported so that despite the moderate inter-rater agreement, clinicians could describe a larger portion of a patient's discourse with a higher degree of agreement, using the defensive effort conceptualization as compared to the classical mechanisms. On the other hand, the prediction of the third hypothesis that defensive efforts would have distinct profiles in terms of the triggering affect / state, aim and expected outcome could not be tested, since they could not be reliably measured.

These findings indicate that the clinicians could agree upon the presence and level of defensiveness to a great degree when they were asked to rate any defensive instance. However, they had the lowest level of agreement when they were asked to assign a classical defense mechanism that would describe the instance. These findings have several implications already identified in the psychoanalytic literature. S. Freud's early work and other contributors of the era, such as Slutsky (1932) and Shockley (1936) focused mostly on the function of an intrapsychic maneuver to ward off unpleasant experience. Later, in an attempt to organize existing suggestions, A. Freud (1936) offered a categorization of defense mechanisms which led to a conceptualization that narrowed the definition of defense to specific and mutually exclusive defense mechanisms. In other words, the emphasis shifted from the *function or intent* to the *mechanism*. As reported in the Introduction, this approach that assigns a definitive role to the mechanism by which the person is defending him/herself, has been criticized because it could not account for the complexity of human experience (e.g. Benedek, 1937; Feigenbaum, 1937; Avery 1977). This issue

is reflected also in the debate of assigning specific ego functions that serve solely defensive purposes (Gillet, 1987) as opposed to suggesting that all ego functions could serve defensive or non-defensive purposes (Brenner, 1981). On the contrary, Vaillant (1992) directly criticized Brenner (1981) by claiming "*the cost of universality is the loss of distinction"* (p. 36) and pointed to the practical use of the exclusive and encapsulated categories in the clinical setting. In relation to these discussions in the earlier psychoanalytic literature, this study demonstrated that broadly defined defensiveness yielded a quite high agreement among clinicians, whereas exclusive categories did not. Thus, the findings of this study support the priority of the defensive function. Any intrapsychic or interpersonal maneuver could be understood in terms of defending the individual against or towards a more desirable or pleasurable state. The observation that the preset intrapsychic categories were falling short in reliably describing the clinical situation, whereas the broader descriptions of what was happening in the here-and-now represented a more consistent construct, is consistent with countless papers in the literature that already identified that defense is too complex and multi-layered to be narrowed down to intrapsychic mechanisms (e.g. Avery, 1977; Benedek, 1937; Feigenbaum, 1937; Hoffman, 1991; D.B. Stern, 1983; Wallerstein, 1967). However, Vaillant's (1992) warning that the distinctions offer clinical tools for the practitioner is also considered. It is evident from this study that, even though the processes consisting of defensive efforts can be studied, the classical defense mechanism conceptualization is inadequate in reliably capturing the entirety of the clinical scene.

Further, the Relational/Intersubjective perspectives discarded "the internal agent (*ego*) and its utilities" portrayal altogether and focused on fluid, constructed ways of experiencing. The notion of defense was modified not only to incorporate

the real relationship, but also to recognize the co-constructed nature of all relationships, including the patient-analyst interaction. Thus, the foundation was once again the function / intent and the flexible process that are based on the inseparable interplay of the internal and external (Hoffman, 1991; D.B. Stern, 1983; Wachtel, 1997). Along these lines, the findings of this study clearly support the relational/intersubjective perspectives that experience is not revealed, but is instead created out of endless possibilities (Hoffmann, 1991; D.B. Stern, 1983, 1989). An attempt to label a defensive instance using the pre-established defense mechanism list reflects the traditional view of psychoanalysis that the analyst already "knows" what the patient is doing. However, trying to capture what is happening within the here-and-now relational context offers a better grasp of the clinical interaction, as suggested by contemporary psychoanalytic thought and as supported by this study.

Although the cross-comparisons of the defensive efforts and classical mechanisms could not be conducted due to the low reliability of the latter, the following excerpt from the data of this study briefly and clearly illustrates the difference between the classical defense mechanisms and the extended defensive effort concept. In the 1001st session, in response to an extraordinarily long interpretation about her wish to have a baby with her father, Mrs. C responded,

> *"You know, I don't know it-- the thing I think of is something that I was thinking of just as I was leaving yesterday, uhm, and I wa-- I had forgotten it until just now so it must be connected. I, I can see where it could just be, you know, he was the way of my expressing -- well, it's really more than a feeling of disappointment, but it isn't so that FSO* [her daughter] *is a substitute and, and not adequate enough. If that's what I'm trying to make her a substitute for."*

All raters agreed that the patient was defensive in the here-and-now, and again, all raters agreed that Mrs. C was defensively "Complying with/Pleasing the Analyst." However, regarding the classical mechanism, each rater assigned a different classical mechanism, namely Suppression/Repression, Denial and Dissociation. As illustrated by the vignette and the ratings, the defensive effort conceptualization captures something about the discourse which could not have been achieved by the classical mechanisms. It can be claimed from a clinical point of view that all three of the classical mechanisms might be operative at the same time. However, just detecting them would lead to a misrepresentation of the big picture. Thus, in this example, simply saying that because of the increased level of anxiety due to her wish, the patient was repressing, denying or dissociating would leave out the overall effort to comply with the analyst by analyzing herself in a detached manner. However, the defensive function of this effort is crucial in that it might not only manipulate the intrapsychic content and reduce anxiety, but also possibly ensure the alliance, give the analyst notice of her distress, or tempt the analyst to drop the topic to prevent further increase in unpleasant affect, such as anxiety or shame. Specifically, this observation could be explained by the Interpersonal Defense Theory that portrays defense as an interpersonal behavior and proposes that the classical defense mechanisms are subprocesses which are utilized in the formation of these more complex behavior patterns (Westerman & Steen, 2009). Overall, the findings and this illustration point to the importance of extending the concept of defense to include the interplay of the intrapsychic and the interpersonal.

Could the defensive effort conceptualization and the list used in this study offer the extended categorization that does not prioritize the mechanism over the function and that includes the relationship as the context and process? The defensive

effort list yielded a more reliable and extensive depiction of the data than the classical mechanism list. However, there are several issues to be considered: the moderate inter-rater reliability, the systematic error in certain codes that led to an increase in partial agreements, and the difficulty with obtaining definitive and differentiating characteristics of these efforts with respect to their trigger, aim and expected outcome. There might be theoretical and/or practical reasons for these shortcomings. Although the defensive effort list was generated by means of an extensive pilot study with a quite broad foundation that included any verbal or non-verbal behavior, any attempt to *categorize* these encounters still might fall short in describing the complexity of the notion (e.g. Benedek, 1937; Feigenbaum, 1937; Hoffmann, 1991; D.B. Stern, 1983, 1989; Westerman & Steen, 2009). The existence of multiple defensive efforts at one speech turn of the patient, as well as at one unit of that turn, complicated the coding and prevented a more tangible assessment of the data. As reported in the results, the disagreement of the coders represented specific patterns for some defensive instances. This might also demonstrate that the categories were not mutually exclusive or that some categories were missing. Moreover, there might be some aspect of the patient and/or the interaction that cannot be captured using labels, e.g. unformulated experiences as named by Stern (2010). On the other hand, methodologically, the number of sessions included in this study might have been insufficient to draw conclusions, since some defensive efforts were exemplified by very few instances. Further, the defensive effort list was generated on a single case and used on another single case. This undoubtedly reduces the scope of the list to the patient-analyst dyads that were studied. Further research is needed in order to understand whether it is due to theoretical unfeasibility or methodological inadequacy.

The defensive efforts that could be identified with full agreement and enough number of instances were Hiding / Sulking, Turning to Another Person, Presenting Self as Helpless, Challenging the Analyst, Treating the Analyst as a Threat and Moral Judgment. The Hiding / Sulking category described the instances where the patient was withholding her thoughts or feelings that is in agreement with Levenson's (1993) portrayal of "omission" as an interpersonal defensive maneuver that could be the relational counterpart to repression, as well as Modell's (1984) "non-relatedness" as a relational narcissistic defense against painful reality. It might also have common attributes with Sand's (1985) portrayal of retreat from real relationships as a defense against object loss in narcissism. Further, Presenting Self as Helpless might be considered as the clinical relational manifestation of Fried's (1954) "self-induced failure" as a defense against aggression. This might also explain the Ambivalent category in which Presenting Self as Helpless was seen to be assessed in combination with Hiding and Turning to Another Person. This portrayal also supported Avery (1977) and Menaker (1953), who described the sadomasochistic object relationship as a defense against object loss. In addition, Treating the Analyst as a Threat has some similarity to Lansky's blaming in that both reflect an effort beyond projecting negative thoughts or affects onto the analyst; there is an active, observable relational effort. However, although the list included blaming as a different category, raters did not define those instances as blaming. Thus, Treating the Analyst as Threat is inherently different from treating the analyst as guilty. Finally, Moral Judgment, long considered as a defense in the literature (e.g. Grotstein, 1977) was identified in this study as one of the defensive efforts,

Turning to Another Person and Challenging the Analyst were relatively novel constructs. Turning to Another Person indicates instances at which the patient

was bringing up somebody else in her life and elaborating on her needs in that relationship, which might also be considered as her expectations from the analyst. Based on the content, it can be inferred that these instances go beyond displacing her feelings and have a relational implication, a message to the analyst. Further, defensively Challenging the Analyst is also a new delineation that needs attention. The following quote from Mrs. C, which was identified as defensively Challenging the Analyst by all raters might illustrate the content, "*Well, I could use the words you used, except then I'd feel, well, it's using your words, not what I'm really feeling now. Well, I just, I know the feeling I have is wanting to keep everything, uhm, vague. And just think of it in terms of, you know, sort of if you indicate to me, you know, just by discussing my finishing here that you don't need me then, you know, it's kind of like, well, then I'm not going to need you and I'll be very, well, it's almost like I'll show you.*" These instances could be considered as simply resisting the analysis. On the other hand, based on the findings of this study, it might also be reflected upon from a relational perspective as manipulating the relationship by challenging the analyst to defend against a rejection or abandonment, as well as direct hostility. These tentative suggestions need further research that would focus on these novel defensive efforts.

Another noteworthy observation regarding the proposed defensive effort profiles was that the affect/state variable, the self-regulation rating of the aim variable and expected outcome variable did not yield consistent scores, as mentioned in the Method section. Inspection of the data revealed that the affect/state variable and the expected outcome variable were highly inferential, since they asked the raters to make a clinical judgment about the totally unconscious experience of the patient, against which she was defending herself, and about the intention of the patient. In addition, the data were session transcripts and despite the inclusion of all the sounds

or silences, it still might be unsatisfactory for an observer to make such inferences. Additionally, it was puzzling to see that the self-regulation rating had a low inter-rater agreement, whereas interactive regulation did not. It seems that the subjectivities of the raters were more influential on the self-regulation rating than on the interactive regulation rating, which might suggest that evaluating self-regulation required more indicators than the transcripts offered.

The only measures that could have been analyzed with regard to their variation across defensive effort categories were the level of defensiveness and interactive regulation. The results suggested that not the level of defensiveness, but the interactive regulation scores could differentiate different types of defensive efforts. This finding is in clear conflict with the traditional understanding that suggests a hierarchical organization of defense mechanisms, regardless of their context (e.g. APA, 1994; Bibring, et al., 1961; Vaillant, 1992). These hierarchical organizations are formed mainly on the basis of adaptive success, the level of reality distortion, and the level of psychopathology (APA, 1994; Vaillant, 1992). However, such hierarchical categories resulted in considering one defense mechanism as inherently stronger or more pathological than the other. In contrast, this study found that the defensive efforts were not hierarchically organized like defense mechanisms. Instead, any effort had the potential of being considered less or more defensive depending on the specific instance.

Interactive Regulation ratings have been the only differentiating quality that could be identified by this study. Compared to other defensive effort categories, Challenging the Analyst had a significantly higher interactive regulation score. Due to the low number of instances, further information is needed to fully understand

how defensive efforts might vary regarding interactive regulation. Still, interactive regulation proved to be a consistent and consequential construct.

In sum, the relational perspective that proposed defense as caused by and implemented by interpersonal means to regulate the relationship as well as the self (Stolorow & Lachmann, 1980) was partially verified.

Defensiveness and the Analyst's Interventions

The second aim of this study was to explore the relational aspect of the notion of defense at the interactional level. Essentially, it was hypothesized that the type and relational quality of the analyst's interventions would be associated with the level of here-and-now defensiveness of the patient and the specific defensive effort. The linguistic qualities of the analyst's interventions were also examined.

The results demonstrated that the level of defensiveness did not influence or was not influenced by the analyst's interventions, except for the Fillers. The Fillers were found to increase the patient's defensiveness, whereas other types of intervention had no observable impact. Fillers were the vocalizations of the analyst that were not interventions per se; they were instead a part of the communication between the patient and the analyst. Their particular impact might be due to a perceived unresponsiveness of the analyst, implied by the lack of content in his communication. Fillers, however, were unusual for the analyst in this study, so the impact might also be partially caused by their oddness. Further research on different cases might clarify what lies beneath the extraordinary impact of Fillers on defensiveness observed in this study. Nevertheless, generic psychoanalytic

interventions such as Exploration, Interpretation and Linking between certain aspects of the patient's experience did not increase or decrease the level of defensiveness.

However, the type and relational quality of the interventions were found to be associated with the defensive effort utilization of the patient. Further, the impact was in one direction only; the type or relational quality of the analyst did not have an impact on the defensive effort of the patient in the speech turn that immediately follows it, whereas the patient's defensive effort had a significant effect on the type and relational quality of the analyst's intervention. More specifically, the type of the intervention was related to the type of the defensive effort, and relational quality of the intervention was associated with the diversity of relational efforts. This finding might reflect that what the analyst was technically doing and how he was personally formulating his interventions was influenced by different dimensions of defensiveness. This finding is in line with a previous study on the sessions of Mrs. C, by Drapeau and colleagues (2008). They also demonstrated that the analyst's interventions were not random, but followed organized sequences, indicating that they were aimed at a specific purpose. Drapeau et al. (2008) reported that there wasn't a single intervention or a sequence that resulted in a change in defensive functioning or vice versa. They suggested that not the overall defensive functioning, but the specific type of the mechanism might demonstrate the effect of interventions on defense. This study demonstrated the impact in the opposite direction, but still as Drapeau et al. (2008) expected; the type of defensive effort, but not the level of defensiveness, had an effect on the type of intervention.

The specific impact of the particular defensive effort on the type of the analyst's intervention was that the analyst tended to explore when the patient was defensively challenging or ambivalent, whereas when she defensively got detached

from the relationship, he tended to suggest links between her experiences or offer interpretations. This finding reflects the attunement of the analyst to the patient's type of defense, and one reason for the observed pattern might be the analyst's tendency to thwart the patient's attempts that might impede the relationship through interpretation or by making the patient aware of some connections. When the relationship was not threatened by the patient's defensive effort, he might be consciously or unconsciously choosing just to explore.

The relational quality of the intervention was influenced, not by the specific effort, but by the defensive efforts being single or multiple in a given speech turn of the patient. When the patient was using a single defensive effort, the analyst tended to respond positively. By contrast, when the patient was utilizing more than one defensive effort, the analyst tended to respond negatively, regardless of the type of his response. This might reflect increased anxiety or confusion on the part of the analyst as the patient defends herself using various efforts in combination. Attending to different defenses in one intervention might make it harder for the analyst to attune himself to the needs of the patient and the process.

Overall, the findings suggest that the analyst – consciously or unconsciously – tailored his interventions, at least partially, in accordance with the defensive efforts of the patient. This revelation strongly supports the relational/intersubjective perspectives that challenge the traditional neutral, all-knowing, observer analyst (Hoffmann, 1991; Frank, 2005). Instead, it was observed in this study that the analyst technically and personally responds to the defensive efforts of the patient. Considering that this psychoanalysis was evaluated as successful (Jones & Windholz, 1990; Caston & Martin, 1993; Spence, 1993, 1995; Jones & Windholz, 1990), the results might also reflect the findings of Despland et al. (2001) that the match

between the level of defensive functioning and therapist's interventions together, but neither of them alone, could account for the difference in alliance and consequently the outcome of the process. Similarly, Ablon & Jones (2005) studied sessions of Mrs. C and identified unique, distinct, repetitive patterns of interaction that characterize the specific analyst-patient dyad, which were strongly associated with the outcome of the process. The results of this study partially support these co-created patterns, as suggested by the previous research and the relational psychoanalytic perspectives.

The final hypothesis on the analyst-patient interaction predicted that the linguistic qualities of the analyst's interventions and the patient's defensiveness would have a relationship. The use of pronouns and phrases that would indicate relatedness, such as we, us, let's, was planned to be analyzed, but the data did not provide enough instances for the analyst. A study by Spence et al. (1994) on Mrs. C's sessions analyzed the co-occurrence of pronouns I and you, and found that this pairing could explain 75% of the variance in the frequency of the analyst's involvement (Spence, Mayes & Dahl, 1994). They interpreted this pattern as "*contingent responsivity*" that resembles mother-infant interactions (Mayes & Spence, 1994). However, as this study indicated, the more direct phrasings of relatedness were not a part of the analyst's repertoire.

The only linguistic quality that could be studied was the number of words used by the analyst. The results revealed that just the word count of the analyst, independent of the type or relational quality of the intervention, influenced patient's defensiveness. After the interventions when the analyst spoke more or less than his usual, the patient was more likely to be defensive. The patient's defensiveness was remarkably influenced by how long the analyst talked immediately before her speech turn. As a preliminary thought, this finding might suggest that the patient could be

sensitive to non-content aspects of the analyst's speech. Drapeau et al. (2008) also suggested that instead of the type of the intervention, other variables such as intonation, content or accuracy may account for the change in defensive functioning. This finding is also in line with the previously reported finding that Fillers had an extraordinary impact on defensiveness. Both of these findings could be considered from D.B. Stern's (2013) perspective that defensiveness is avoiding a less usual or acceptable way of relating, thus having less relational freedom. In this study, the patient is found to be more defensive when the usual way of interacting, which is denoted by the analyst's utilization of common psychoanalytic interventions and talking at his baseline length, is somehow disrupted by the analyst's too short, too long or filler type of speech. This might be interpreted as her discomfort with an unusual, possibly unresponsive, disappointing or threatening way of relating.

To sum up, the inspection of the patient-analyst interaction revealed that the method of the analyst was influenced by the specific defensive effort of the patient and his style of communicating was influenced by the diversity of the patient's defensive activity. Furthermore, the patient's level of defensiveness was influenced by the amount of speech analyst produced when intervening as well as by the utilization of Fillers. These findings indicate that it is essential to consider defensiveness similar to other psychoanalytic concepts, within its relational context (Ablon & Jones, 2005; Greenberg & Mitchell, 1983; Stolorow & Atwood, 1992). How the patient and the analyst verbally and non-verbally co-created the analytic situation was also observable in this study (Hoffmann, 1991; Frank, 2005; Wachtel, 1997).

Additional Findings

In this study, the trends of the variables and unforeseen associations were also explored in order to understand defensiveness throughout the process. The trends of both patient and analyst variables over the course of the sessions were in line with clinical expectations, and could be considered as a confirmatory observation for the measures of the study.

One notable finding that had significant implications for the aim of this study was the moderating effect of interactive regulation on the relationship between the patient's word count and the analyst's word count. When the patient was engaged in an interactive regulatory defensive effort, the analyst and patient were taking turns more frequently and talking less than usual at each turn. In other words, regardless of the content, the patient and the therapist were non-verbally in synchrony. When this association was sequentially dissected, it was observed that, when the patient was engaged in defensive efforts that were highly interactive regulatory, her speech production was affected by the analyst's speech production. Contrarily, when the patient was not regarded as interactive regulatory, the analyst was affected by the patient. This observation is similar to Spence's (1995) finding that the relatedness of the sessions could be evaluated by linguistic features, in this case, pronoun use. He reported that in Related sessions, the analyst utilized a higher number of, more immediate, and more comprehensive interpretations that had a greater impact on the patient's discourse as measured by specific discourse markers than he did in Isolated sessions (see Spence, 1995). The interactive regulation rating of this study could also be thought of as an indicator of relatedness in terms of defensively engaging more or

less in the relationship, and it has a crucial role in defining specific defensive efforts as well as moderating the non-verbal attunements of the patient and the analyst.

In general, this finding is another indicator of the significance of considering the relational context as shaping and being shaped by all aspects of psychoanalysis. Beyond this, the variable studied was the word count, which is not rated or categorized, and thus free of content. It reflects the rhythmic quality of taking turns in speech and resembles the mother-infant mutual regulation process as defined in infant studies (Beebe & Lachmann, 1988; D.N. Stern, 1985, 1995). D.N. Stern's (1985) concept of affective attunement as an automatic, implicit, relational process that maintains intimacy and security could account for such an attunement of the patient and the analyst at a non-verbal level. Further, D.N. Stern et al. (1998) identified two aspects of mutual regulation as the *physical and/or physiological* regulation that is based on the behavioral synchrony of the partners and *the experience of mutual recognition* that derives from the appraisal of each other's unspoken intentions and motives. At any interaction, both aspects are present to varying degrees (D.N. Stern et al., 1998). Even though there was a single simple indicator, this study also lent support to this implicit process that goes along with the verbal interaction towards a shared goal that is the change in the psychoanalytic process (D.N. Stern et al., 1998).

Limitations and Recommendations for Further Research

The first limitation of this study was the availability of data from a single case. Although the single-case allows focusing on details, the findings cannot be discussed in terms of the unique attributes of the patient-analyst dyad that was

studied or general trends that define the psychoanalytic process. Further, while the ten sessions selected were sufficient to study the level of defensiveness and the analyst's interventions, there were two shortcomings as to the number of sessions. The first was the inadequacy of the study to generate enough instances of defensive efforts. Together with the single-case condition, this made it harder to differentiate the repertoire of the patient from the capacity of the list. The second issue regarding the session selection was the observation that two consecutive sessions were not enough to capture longer sequences, since there were only five points in the data where the carry-over from the previous session could be observed. In addition, two sessions from one phase of the psychoanalysis did not sufficiently guard against encountering outlier sessions that might not reflect the overall pattern of the phase. Selecting at least five consecutive sessions from different points in the process would have achieved better results.

Another main limitation of the study was the unreliability of the affect/self-state and outcome measures. It was observed that, as Shedler, Mayman and Manis (1993) suggested, clinical judgment worked quite well for the defensiveness ratings that required the assessment of the available data with a psychoanalytic perspective. Affect/self-state and outcome measures had to be inferred from the observable data. These measures that required an assessment of the probable intention of the patient operated more like projections of the raters, instead of clinical judgments. Thus, further studies might adopt more objective affect measures from studies that execute narrative analyses. The expected relational outcome, in terms of distance regulation, has not been previously studied. Thus, for this measure, the coding guide could be improved to include enhanced definitions and more differentiating criteria.

In terms of measurement, one other limitation was the use of a 5-point scale to rate here-and-now defensiveness, self-regulation and interactive regulation. These ratings provided a quite low range of values, especially for here-and-now defensiveness. Although in a single-case study, especially with a patient such as Mrs. C, defensiveness is not expected to vary to a great extent, a larger scale would have provided more fine-tuning in terms of capturing the change throughout the discourse.

Since the results regarding the analyst-patient interactions proved fruitful and the sequential nature of mutual influence could be partially captured, further research might include more measures for the analyst's interventions. One suggestion might be assessing the aim of interactive regulation also for the analyst, and studying its association with the other qualities of the intervention, as well as the patient's defensiveness.

Summary and Conclusion

This research studied the notion of defense with a perspective that could account for the role of the relationship as a part of the defensive process and defensiveness as shaped by interaction. For the patient in this study, including the relationship, especially in the process of her defensive efforts, proved a fruitful area for further exploration. The precedence of the function / intent of the defensive activity over the mechanism or the process was evident. The results of the detailed investigation of the patient's defensive activity were in line with the Relational/Intersubjective psychoanalytic perspectives that assign a crucial role to the relationship.

The patient-analyst relationship, as observed in this dyad, verified that both verbal and non-verbal aspects of the interaction are essential in understanding the psychoanalytic process. The notions of affect attunement and regulation, as proposed within the Intersubjectivity approach, could be observed in terms of defensiveness, as a part of the co-created analytic process.

It was recommended that a larger number of sessions of different patient-analyst dyads would provide more extensive knowledge on the notion of defense from a relational perspective.

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APPENDICES

Appendix A

Here & Now Defensiveness

Any verbal or non-verbal behavior of the patient in the here & now that is evaluated as defensive will be assessed. Past or present accounts of defensiveness or use of specific mechanisms are not included, they are rated as 0. Any rating above 0 indicates that the patient is defensive at that point. The level of here & now defensiveness (regardless of the type) will be evaluated on a scale from 0 (not defensive) to 4 (extremely defensive). The definitions of each rating are presented below and examples are provided in italics.

0 - Not Defensive At All: Patient is not currently defensive, associates freely or just gives an account or answers a question. The content may include accounts of defenses, but the patient is not defensive while reporting.

> *The man in the dream somehow reminded me of a boy that I used to go with. He got upset when I left him but he also got over it almost immediately. Somehow there was a feeling of many women being in the dream and that reminds me of my father and all of his affairs.*

1 - Slightly Defensive: Patient is slightly defensive, with a partial awareness of being defensive, or the underlying cause. The affect or the effort is not resistant to becoming conscious.

> *It's like it's all not real. It can't really be so. You really have to love someone to let them see the inside of you and see every horrible part. And they have to love you too. Oh! I just couldn't stand it. I don't want to be understood. ***

2 - Moderately Defensive: Patient is moderately defensive, with little or no awareness of being defensive, or the underlying cause. The affect or effort is moderately resistant to becoming conscious.

> ***** I don't want anything to do with anybody. I want to be all by myself and I won't have to feel anything. I have so much emotion and I have no place to put it and I don't know what to do with it. My mother and father won't take it and that makes it horrible.*

3 - Very Defensive: Patient is very defensive, with no awareness of being defensive or the underlying cause. The affect or effort is rigid, very resistant to becoming conscious.

> *Sometime I'll get back at her. I'm Just waiting for the chance. ** This frightens me. *** I feel as if it's crazy. I can't ..... when I get mad like this I get a sexual feeling. I've got one now. It happens whenever I get anxious like this. It's as if I'm masturbating. **

4 - Extremely Defensive: Patient is extremely defensive, to the degree that the perception of reality is severely distorted, with no awareness of being defensive. The affect or efforts are extremely rigid and almost impossible to be brought into consciousness at the time of their use.

> *Delusional projection, psychotic distortions, acting outs that might harm self or others*

Affect / State that is Defended Against

The affect or self-state or any experience that is defended against in the here-and-now will be labeled using this list. Only what is defended against at the specific instance that is rated as defensive will be considered. The labels that are not included in this list or multiple labels will be noted. Examples for each label are presented below in italics.

Anger / Resentment / Hostility

(Cry) My hands feel paralyzed right now. I wonder if I want to kill her? I know that I do want to get back at her. I'd like to stand and scream. I did once, but she just sat there and looked at me! Something is holding me back.

Shame / Guilt

** It's as if I said that I want you to make love to me and you didn't. I feel so embarrassed that I could die. It's as if you are saying, "Who do you think you are?"*

Anxiety / Fear

*I got the feeling that somehow she would think me an unfit mother and then the whole thing began to snowball. I felt as if I had to call her and be sure that everything was all right. I had to convince myself that no one could take my children away from me. ** I wonder if maybe it was my own fear. I hadn't even thought about it until she suggested that maybe she should take the children for awhile. I felt as if I wanted something this morning, but I don't know what.*

Helplessness / Ineffectiveness

*It's always been this way. I was just born into a family and I just happened to come along. My mother resented me and my father didn't care about anything. If only I had some device! ***

Jealousy

*She went to Mr. Harris and she got divorced. She's through with her treatment now. I'm thinking of how much I feel my resentment! (Elaborates.) I feel it toward my parents and toward my sister. I feel so jealous of her. I feel as if I'm tied to them with strings, and it has been that way all my life. I hate them. It all depresses me and I have to bat my head against the wall with them. I know that I want to be independent of them and yet emotionally I'm just like a child. It's almost as if I need my parents to feed me and change my diaper. ****

Disappointment / Frustration

I could make Mr. Harris like me but I can't do that with you. So I'm not even going to try. I know that I can't. I feel very hostile towards you and I don't understand what I'm supposed to do.

Vulnerability

It's like ..... I think of Tom and my father talking to Dr. Davis about analysis and talking to you and others about it. I don't like that. All these men are trying to ruin me and no one ever comes to me. These are all men who are over my head and they talk about how they'll ruin me. I can fight with women and I can win, but I can't fight men. I'm too afraid of losing them, and afraid that they'll turn against me. (Elaborates.) Men have too much of a hold over me.

Rejection

Maybe I'm really afraid to show my love feelings. I have quite a bit of hostility that I'm aware of, and it's like my mother's. She takes it out on sales people. Last night I dreamed that I was going to do this but then I ran back to Harris instead of to you. Somehow I felt so sorry for you. The person in the dream had

*a mustache so I figured it must be you. In the dream I thought "I'm so sorry that I didn't go to him and when I didn't, he cried." But then in the dream I said to myself, "You're not the first one and he's probably been hurt before." **

Abandonment / Separation

*I've always been afraid that they are going to take him away from me. I want him to say, "We're going to do this analysis." (Elaborates.) I want him to be different and I see it as his weakness. ***

Sadness / Depressive Feelings

*Toda what else could I do? I suppose I could tell him to get his God-damn clothes on and go in the bathroom and pee! I could act as an adult and tell him to get your clothes on. But I know and it's all too much! It was too much when I was a child. I was all feelings and I wanted to touch that! I'd never seen one before. It was my father's and all I had to do was to reach out and I could have played with it!! ** I know that I can seduce any man to the point of bringing his penis out and showing it to me. But I've never done it. It's all just a fantasy, but if I am alone with him this is what would happen.*

Regret

*Toda what else could I do? I suppose I could tell him to get his God-damn clothes on and go in the bathroom and pee! I could act as an adult and tell him to get your clothes on. But I know and it's all too much! It was too much when I was a child. I was all feelings and I wanted to touch that! I'd never seen one before. It was my father's and all I had to do was to reach out and I could have played with it!! ** I know that I can seduce any man to the point of bringing his penis out and showing it to me. But I've never done it. It's all just a fantasy, but if I am alone with him this is what would happen.*

Sexual Feelings

It was a feeling in my mouth and in my body and in my hips. I don't want it.

Love / Intimacy

*I don't know. There is something that I can't stand, and I'm feeling very nervous. I have a feeling as if I'll explode and as if my head will come off. *** Now I have a fear that I have to leave. I would really like to stay here. I'm not getting out of you what I want and it's driving me nuts.*

Dependency

I really don't know what I'm doing here. Whatever I'll do in here will be all me and I'll be the one who will have to reflect on it. It's all me and there's no one helping me. There are all my emotions and my fears and I'll have to feel them and it's going to be up to me to help myself. There's no one else really to help me. I wish that I could run away like I usually do or else have an affair or give a party or buy a dress and then everything would be all right. But I know that I have no choice.

Primary Aim

The primary aim of the patient in defending herself in the here-and-now, for the specific instance, will be rated on two dimensions, Self-Regulation and Interactive Regulation, each on a 5-point scale (0: not to 4: extremely).

Self-Regulation refers to the degree to which the defensive effort aims at modulating/adjusting/regulating the affect, state and/or experience. Examples for each rating are presented below in italics.

0 – not self-regulating

*I feel so frustrated. There's nothing that I can do to elicit love from anyone. It makes me mad but there is nothing there. It's like dealing with a statue. I can't hurt it no matter how hard I kick. ***

1 – slightly self-regulating

You're the coldest man I ever met. I can't get anything out of you. I feel like a child and I hate it. You seem to expect so much. I guess I expect so much from you and it's never going to be.

2 – moderately self-regulating

*I was afraid to tell you. I felt that you would probably be mad. But with Harris I can run back to him and he will hold out his arms to me and he is the only one to understand me. ** You and every man that I know are trying to keep me from being a woman and from being an adult. You are trying to keep me a child and now that I'm pregnant this is impossible.*

3 – quite self-regulating

*She's a junior in college and right now she's in Europe with my older sister. (Cry) **** I've been through this feeling so many times I just want to be rid of it.*

4 – extremely self-regulating

*** (Sobs) ** I see her lying on the floor and then she is crawling around and I'm standing over her, and I'm big and I'm in control and she's completely helpless. ** I can't stand this **

Interactive Regulation refers to the degree to which the defensive efforts that aim at modulating/adjusting/regulating the analytic interaction. Examples for each rating are presented below in italics.

0 – not interaction regulating

I guess they had a lot of questions on their minds about analysis.

1 – slightly interaction regulating

*It was before I was married, and I'd come home from school and I was eating constantly and I was in a terrible mess. I was so hysterical before I went back and my father put his arm around me that once and he said: ..... ****

2 – moderately interaction regulating

*** I don't know whether to talk about my present problems or whether I should be talking about my emotional problems.*

3 – quite interaction regulating

** Before I began I felt that all of my anxiety would leave, and that I'd attach myself to you. I see now that I can't and I probably never will and I so I feel lost. ****

4 – extremely interaction regulating

I felt as if I needed a front with him, and I'm much more anxious here with you. I played games with him and I know that I can't do that here.

<u>Defensive Effort</u>

The verbal or non-verbal effort of the patient that serves to defend herself in a specific defensive instance will be assigned one of the categories below. The labels that are not included in this list or multiple labels will be noted. Examples for each label are presented below in italics.

Blaming - Analyst

You're the coldest man I ever met. I can't get anything out of you. I feel like a child and I hate it. You seem to expect so much. I guess I expect so much from you and it's never going to be.

Blaming - Others

I feel happy, but it also makes me mad. Somehow being pregnant makes me somebody. I'm thinking about the money and how I resent the children about this right now. We wouldn't have any worries about paying for the analysis without them. But I must have things worked out. I somehow expected everyone to give me what I ask for and no one is going to. There are only two people in the world who love me. I think of my mother's call and all she said was that they would investigate the idea of analysis. I have no one to turn to. I have one friend and she offered to loan us $4,000.

Denying the Need

***** I don't want anything to do with anybody. I want to be all by myself and I won't have to feel anything. I have so much emotion and I have no place to put it and I don't know what to do with it. My mother and father won't take it and that makes it horrible.*

Omission

*It was before I was married, and I'd come home from school and I was eating constantly and I was in a terrible mess. I was so hysterical before I went back and my father put his arm around me that once and he said: ..... ****

Devaluing Self / Self-Contempt

I want to feel equal with you. And that is what I'd like for this analysis to result in, but I'm afraid that it will never come. I feel so inferior to you. I came to you for help and you didn't come to me and I resent this feeling. I could never be accepted as a woman in this world.

Presenting Self as Helpless

*** I can't feel anything. ** I feel just like a child and I'm afraid that I'm going to stay this way. I don't feel as if I'm an adult and a woman and I can't stand it.*

Complying/Pleasing/Praising the Analyst

I felt as if I needed a front with him, and I'm much more anxious here with you. I played games with him and I know that I can't do that here.

Remonstrance

*I feel so frustrated. There's nothing that I can do to elicit love from anyone. It makes me mad but there is nothing there. It's like dealing with a statue. I can't hurt it no matter how hard I kick. ***

Position Reversal

*Maybe I'm really afraid to show my love feelings. I have quite a bit of hostility that I'm aware of, and it's like my mother's. She takes it out on sales people. Last night I dreamed that I was going to do this but then I ran back to Harris instead of to you. Somehow I felt so sorry for you. The person in the dream had a mustache so I figured it must be you. In the dream I thought "I'm so sorry that I didn't go to him and when I didn't, he cried." But then in the dream I said to myself, "You're not the first one and he's probably been hurt before." **

Turning to / Comparing with another Object

I'm feeling frightened and scared. I was saying to myself, "I can't do this." I've been thinking about Harris all through this and I feel as if I can't take this. It's unrealistic but I feel everything and I take it all to heart.

Hiding / Sulking

*It's like it's all not real. It can't really be so. You really have to love someone to let them see the inside of you and see every horrible part. And they have to love you too. Oh! I just couldn't stand it. I don't want to be understood. ***

Challenging

Well, I could use the words you used, except then I'd feel, well, it's using your words, not what I'm really feeling now Well, I just, I know the feeling I have is wanting to keep everything, uhm, vague. And just think of it in terms of, you know, sort of if you indicate to me, you know, just by discussing my finishing here that you don't need me then, you know, it's kind of like, well, then I'm not going to need you and I'll be very, well, it's almost like I'll show you.

Introjection

*I'd much rather be a tiny girl or else a grown man. As a grown man I'm equal and as a baby girl I don't have to worry. But as a woman I'm defenseless, that's why I feel that you don't like me. ** I'm aware that I have some sexual feelings and this hostility. But to talk about it would be as though I was masturbating. It would be like saying, "Look, I have a penis and I'm great." And yet I have a feeling that I would like to take every penis in the world and chew it up. **

Somatization

(Cry) My hands feel paralyzed right now. I wonder if I want to kill her? I know that I do want to get back at her. I'd like to stand and scream. I did once, but she just sat there and looked at me! Something is holding me back.

Seducing

*Sometime I'll get back at her. I'm Just waiting for the chance. ** This frightens me. *** I feel as if it's crazy. I can't ..... when I get mad like this I get a sexual feeling. I've got one now. It happens whenever I get anxious like this. It's as if I'm masturbating. **

Attributing Negative Thoughts / Intentions to the Analyst

**** I have the feeling that you'll be mad at me if I don't say something, and so I just can't say anything. But the longer the silence lasts the worse it gets.*

Moral Judgment

*(Cry) I don't know! *** I feel as if this is all wrong and that a child shouldn't feel this way and have these desires. I want a man of my own. If I can't have my father at least I can have one of the yardmen. I want to have one of them pick me. It's all so silly. I fight against women all of my life just like I fight Tom's mother for Tom. I used to fight my mother for my father. It's just like her call to you. She had to stretch out her tentacle and she couldn't stand the fact that I was the one who knew you.*

Threatening

*One time my father called her that. If I ever let go I'll just explode. **

Acting-Out

(Being late, not endorsing the check properly, etc.)

Praising Self

I learned that as I grew up and I found that it was a new weapon that I could use against men. I know .... I like for men to be very attracted to me and then I can turn my nose up at them. I want to do this to you. I want to find your

*weakness. I feel that this is a weakness in all men. ** I do it to Tom all the time. **

Devaluing /Pitying the Analyst

*I just don't understand it. Why would I kill myself over such a stupid God-damn thing as a penis! Why should that cause me so much trouble? I'd like to destroy them all! They are all competition!! ** This has made me so mad all of my life! Why is it so superior? I hate all men and I don't want one and I don't really think it's so great to be a man.*

Rejecting Help

*There are things that I can do to avoid hostility. I can show you my weaknesses, or I can fight you, or I can make you my therapist and my teacher and make myself inferior to you. ** I'm so tired of that picture and those curtains!*

Expected Relational Outcome

Expected relational outcome refers to what the patient expects in terms of relational distance, when she defends herself in a specific way. Only the specific instance, identified as defensive in the here-and-now will be considered. The patient will be evaluated as expecting to get distant, get closer, maintain the distance or being ambivalent in her expectation. The definitions of each category are presented below and examples are provided in italics.

Get Distant: The expected relational outcome of the effort is an increase in the relation distance by moving away or pushing the other away

You're the coldest man I ever met. I can't get anything out of you. I feel like a child and I hate it. You seem to expect so much. I guess I expect so much from you and it's never going to be.

Get Closer: The expected relational outcome of the effort is a decrease in the relation distance by moving closer or getting the other move closer

I feel as if I'm in a vise and that I'm caught. It's as if there are all kinds of holes and I'm about to fall through and yet I really do know that this is the only way. I've tried religion and I've tried running away and neither of them works. I'm so easily suggested to. (Elaborates.) I just have no mind of my own. (Elaborates.)

Maintain the Distance: The expected relational outcome of the effort is keeping the relational distance the same by preventing any move towards or away from each other.

*Sometime I'll get back at her. I'm Just waiting for the chance. ** This frightens me. *** I feel as if it's crazy. I can't ..... when I get mad like this I get a sexual feeling. I've got one now. It happens whenever I get anxious like this. It's as if I'm masturbating. **

Ambivalent Expectation

*The relational outcome of the effort is ambivalent that it may be expected both to get or remain closer and to get or remain distant at the same time. One time my father called her that. If I ever let go I'll just explode. **

Appendix B

Type of the Intervention

The technical categorization of the intervention. The categories and subcategories are presented below with their definitions and examples. The interventions that were not categorized as either Positive or Negative will receive a label of No Relational Quality.

Frame-Related Interventions

Rules: Any intervention about the timing, payments and rules of the analysis
In analysis there will be times when you will have questions that you want to ask. But before answering them it's important for us to try to understand what's behind the question and see if it has other meanings than the question itself.

Other (external event): Information about external events such as phone calls from family, session interruptions
I want to let you know that your husband and your mother both called me on the telephone since you were here last.

Session end: Analyst's phrases that end the session
We'll stop here for today.

Exploration

All the questions and phrases that are aimed at further elaboration, clarification or association.
Let's look and see what your associations are to each of the alternatives you mention.
How do you mean?
What is it that you feel you can't stand?

Linking (Non-interpretation Intervention)

Observation / linking: Observations on or links between content, aimed at bringing material into consciousness.
You seem to associate sexual feelings with a danger situation.

Reflection: Rephrasing and reflecting patient's affect, state or experiences that is not fully conscious, vaguely implied or difficult to verbalize.
So it's as if you feel it is wrong and dangerous to be curious about your own thoughts and feelings.

Resistance intervention: Questions or phrases that are aimed to unblock the resistance of the patient by pointing to the stops, omissions. *What did you stop at*?
I think that you have a lot on your mind about this and that the silence means that you are consciously editing what you are saying.

Interpretation

Conflict interpretation: A full description of a conflict or a pattern, usually with a link to the past experiences
So for you, the idea for you to be a woman is the same as getting your father and giving him what you feel your mother didn't. You want this and it excites you and tempts you but you also feel terrified and guilty and so you feel it is safer to be a child.

Defense interpretation: Comments related to the use and/or underlying causes of defenses

I wonder if you aren't reversing the positions in this image, and if it is you who feels helpless at the moment.

Dream interpretation: Comments related to the meanings of dream elements and/or the dream as a whole

I think that this dream and this lost feeling somehow represents the analysis and your feeling of "what am I doing here." And you compare this situation with the one with Harris where everything was structured and you felt you knew your way around and knew what you were doing.

Transference interpretation: A full description of a transferential conflict or pattern, usually with a link to the past experiences

I wonder if this isn't the same thing as your fear of feeling any emotional reactions towards me. It is as if you expect that I'll think that they are bad just as your mother did.

Relational Quality of the Intervention

Relational quality refers to any aspect of the intervention that might be considered as positively or negatively toned or expected to have positive or negative effects on the relationship.

Negative

Disavowal: The analyst does not own his contribution or involvement

*If I suggest to you that for the purposes of analysis you let down your usual barriers and say everything that comes to your mind, then what right do I have to have a reaction if you do just that? * We'll stop here for today.*

Unresponsiveness to / Not Recognizing the Need or Affect: The analyst does not respond to a clearly stated affect or need

*P: I feel so frustrated. There's nothing that I can do to elicit love from anyone. It makes me mad but there is nothing there. It's like dealing with a statue. I can't hurt it no matter how hard I kick. ** A: What comes to your mind?*

Content Mismatch: The analyst skips the immediate content and attends to another element from previous conversations

*P: It was their making love. I can't think about it! I grew up feeling it was all so animalistic, and that my father was horrible, torturing my mother like this. *** Whenever Tom and I make love I always have the feeling that my children are going to hear us or that they may be able to see us. I always dream about it too. **** A: Let's go back to the dream that you had about the room. The walls were all white. What are your associations to that?*

Abandonment / Separation: The behavior of the analyst that may imply abandonment or separation

(session cancellation, abrupt session ending, interruptions)

Blame: The analyst phrases the intervention in a way that may make the patient feel guilty, insufficient, or unsuccessful.

So we can see that you don't fully believe me about saying whatever comes to your mind. It's as if you think that feelings like this are an exception.

Outside the Frame: Any intervention that is considered to be outside the psychoanalytic frameç

Self-disclosure, acting-out, boundary violation

Force / Insist / Overpower: The analyst insists on his own agenda or interpretation, or controls the dialogue, or attacks the defense / resistance without acknowledging the affect.
(An example cannot be provided, since there were no instances in the pilot data)
Anxiety-Provoking / Abrupt Intervention: The analyst makes an interpretation that's too early, too intense or poorly phrased
(An example cannot be provided, since there were no instances in the pilot data)
Rejection: The analyst acts in a way that may be perceived as a rejection of the experience and/or self of the patient.
(An example cannot be provided, since there were no instances in the pilot data)

Positive

Empathic Response / Recognition: The analyst makes the patient feel seen and understood.
You seem to have some fear of talking about it.
Support: The analyst supports the patient on her own observations, defies patient's self-deprecation, expresses belief in the patient
That's a good question. Why should you?
Effective Interpretation: The analyst helps the patient to gain insight with a timing and phrasing that would alleviate her distress.
I think this is one of your fears about starting analysis. It's as if you fantasy that you're going to end up in my power and that you're going to be helpless.