STRIPPING AWAY AND INTEGRATION:
TWO PERSPECTIVES ON THE THERAPEUTIC PROCESS

Joseph Weiss, M.D. (San Francisco)

This paper discusses a comparison between two models of the therapeutic process which, for convenience, may be called the model of progressive stripping away and the model of progressive integration. Though neither of these models provides a comprehensive picture of the therapeutic process, each offers a useful, simple, and general perspective of the changes that take place during analysis. In other words, each model provides a dimension that may be used in the consideration of almost any clinical phenomenon.

The model of stripping away emphasizes an important aspect of analysis: the successive uncovering of layers of mental life with a progressive penetration into deeper and deeper layers. This model has great orienting value for the clinician. It enables him, after listening to what might otherwise be a confusing mass of clinical material, to organize it around a group of closely related questions. What is the patient's major current resistance? How is he resisting? What is beneath the resistance? What is the motive for the resistance? The generality of the model is such that it provides a perspective no matter what the clinical picture. And though the analyst at times may have difficulty applying this model, still, the model helps the analyst to maintain a clear and simple idea of his task.

The model of progressive uncovering not only orients the clinician to a mass of clinical material, but also tells him what to do with it. He must deal analytically with (strip away) the patient's major current resistances. If, for

Many of the ideas in this paper were inspired by work on a research project on the Modification of Defenses in Psychoanalysis, being carried out under the leadership of Emanuel Windholz, M.D. and supported by NIMH grant, #13915-01. Members of the project are Edward E. Hause, M.D.; Haskell F. Norman, M.D.; Ralph H. Potter, M.D.; Harold Sampson, Ph.D.; Robert S.Wallerstein, M.D. and the author. The author is responsible for the formulations presented in this paper.

instance, the patient's main resistance is an unconscious gratification that he is obtaining in his relationship to the analyst, the analyst must frustrate the gratification and thus render the resistance inoperative. If the patient's major resistance results from an unconscious defense, the analyst must take steps to remove this resistance by making the defense conscious. And, by the same token, if the patient's major resistance stems from a transference, the analyst must take steps to remove it by making it conscious.

The model of progressive integration, like the model of progressive stripping away, provides an explanation for the changes that take place during analysis. But unlike the model of progressive stripping away, the model of progressive integration appears mainly in theoretical discussions of analysis. One purpose of this paper is to show that it is useful to consider concrete clinical changes from the perspective provided by this model. As will be seen, the model of progressive integration when applied to clinical changes adds considerable detail and explanatory power to descriptions of the therapeutic processes suggested by the model of progressive stripping away.

The model of progressive integration implies a kind of conservation principle. According to this model the unconscious elements that are brought to the surface during analysis do not completely disappear. Rather they are changed by becoming reorganized. Instead of operating independently, they become integrated into the major organization of the personality. This idea has been expressed in various ways since the beginnings of psychoanalysis. In the earliest formulations the changes brought about by analysis were expressed by the contrast between unconscious and conscious, and also by the contrast between primary and secondary processes. According to these formulations, during analysis the unconscious is made conscious, and primary processes become changed to secondary

processes. Then after the development of the idea of the ego, Freud spoke of the integration of the unconscious drives into the ego: "where id was, there shall ego be". And in *Analysis Terminable and Interminable*, Freud (2) took a further step in the elaboration of the idea of integration; he suggested that during analysis the unconscious defenses, which he spoke of as "segregated within the ego", come to act "in harmony with the major trends of the ego". During analysis the defenses, which at first act beyond the control of the rest of the ego, become integrated into the rest of the ego; that is, they come under its control and are thus converted into ego syntonic control mechanisms. A ~~more thorough~~ consideration of the fate of the defenses, which develops the suggestions made by Freud in *Analysis Terminable and Interminable*, has been recently reported (7).

If the stripping away model helps us to see analysis in terms of the patient's progressive penetration into ever deeper layers of mental life, the integration model helps us to see analysis in terms of the patient's progressive acquisition of new capacities. Thus, for example, the integration of a patient's previously unconscious sexual impulses adds to the patient's capacity to love. Later this paper examines how the analysis of the defenses and of the transferences leads to new capacities that enhance the patient's ability to function. Just as the story of an analysis can be written in terms of the patient's progressive penetration into deeper layers of mental life, it can be written, too, in terms of the patient's progressive acquisition of new capacities. The patient's acquiring a new capacity enables him to risk new experiences and thus to recognize new difficulties. These difficulties then become the focus of analytic attention. The resolution of these difficulties results in the patient's acquiring still other new capacities so that he can risk still other new experiences.

Originally stripping away and integration were thought of as processes that occurred in sequence. According to this concept, first a defense is stripped away and then the underlying impulse or affect is integrated. This sequential idea was weakened by Freud's implication in *Analysis Terminable and Interminable,* that analysis must bring about not only an integration of the unconscious affects and impulses, but also of the unconscious defenses. For the unconscious defenses which, according to the original concept had to be stripped away, had, according to the new concept, to be integrated. The original sequential relationship between stripping away and integration was further weakened by the development of the picture of the mental apparatus as having a hierarchical structure consisting of layers of drives and defenses; the view elaborated so completely in the work of Gill (5) and of Rapaport (6). Thus, Fenichel (1) has pointed out that what is drive from one perspective, is defense from another. Then inevitably, the integration of any layer in the defense-impulse heirarchy is the integration of an impulse from one perspective and the integration of a defense from another.

Let us review then what is meant by the integration of a defense. The patient's defenses, such as repression and undoing, like his impulses, at first are unconscious. Though part of the ego they are segregated from the rest of the ego. They act beyond control of the conscious ego. During analysis they are brought under the control of the rest of the ego and thus come to act in harmony with the major trends of the ego. They are thereby transformed from unconscious defense mechanisms to ego syntonic control mechanisms. The ego syntonic control mechanisms that result from the integration of the defenses are used by the ego to regulate the impulses previously warded off by the defenses.

Let us compare the different ways of conceptualizing the analysis of the

defenses that are suggested by each of our models. According to the model of stripping away, the defenses stand between the conscious ego and the affects and impulses that are warded off by the defenses. The analysis of the defenses removes them and permits the warded off affects and impulses to emerge. The model of integration agrees with the model of stripping away in one regard, namely, that the analysis of the defense removes it as an unconscious organization. But it adds to the crude concept of abolition by indicating what happens to the counter-cathectic organization that was the defense. It adds that it is changed from a segregated to an integrated organization, so that it comes to act in harmony with the rest of the ego. According to the stripping away model, removal of the defense permits the previously warded off affects and impulses to emerge; according to the model of progressive integration the integration of the defense provides the ego with an ego syntonic control mechanism that it can use to regulate the affects and impulses previously warded off by the defense. The ego comes to control the affects and impulses so that it can either permit these to emerge or prevent them from doing so.

A brief clinical example will help us to compare the concepts of stripping away and integration. A patient with a severe compulsive character disorder was scarcely aware of his stubbornness at the beginning of his analysis. This character trait was the source of an important resistance. As the analyst's comments made the patient more aware of his stubbornness, the patient became considerably more cooperative with the analyst. From one point of view, the resistance was stripped away by the patient's insight into his stubbornness. Yet the concept of integration, which emphasizes the patient's not only losing a resistance but acquiring an ego syntonic control mechanism, adds to the above formulation and accounts for the additional observation, that as the patient

became more cooperative he also became more able to be deliberately ~~more~~ stubborn. ~~therefore~~ As the patient became aware of his stubbornness he gained control of it and thus became more capable not only of relinquishing this attitude, but also more capable of experiencing it. He became able to be stubborn when he wished and when he found it appropriate. But as the patient became able to be stubborn deliberately he also became able to be cooperative. He could permit himself to cooperate, knowing that he could stop cooperating at will. Thus the patient did not change simply from a person who was stubborn to a person who was cooperative; rather he changed from a person who was unable consciously to cooperate or consciously to be stubborn, to a person consciously able to express either attitude. In other words, he integrated his stubbornness. He gained control of it so that he became more able both to be stubborn and to stop being stubborn.

Now let us consider the analysis of an unconscious defense, the defense of undoing, from the vantage point of each of our models. The obsessive compulsive patient referred to above, during a phase of his analysis, defended himself against all strong affects by the defense of undoing. As soon as one affect began to threaten the patient, he would undo it, automatically and without conscious control of the process, by strengthening a different affect which he experienced as magically cancelling out the first. Thus he would undo shame with pride and pride with shame, stubbornness with helplessness and helplessness with stubbornness. The analyst's interpretation of this defense led to the patient's becoming able to experience strong affects. This clinical phenomenon is crudely explained by the stripping away model which suggests that the analysis of the undoing defense rendered it inoperative and thus permitted the affects that were previously warded off by this defense to come to the surface. The integration model adds detail to this crude formulation. According to the integration model the patient's insight into his use of undoing gave his ego a certain degree of

control over this mechanism and thus partly transformed it from an unconscious defense to an ego syntonic control mechanism. In the process of transformation the defense became shorn of its magical and primitive qualities. The patient became able to use it so it would act in accordance with the other trends of his ego. He became able to turn to affects or away from them according to his interests or according to what he considered appropriate. Having acquired this mechanism to regulate his affects, he could permit himself to experience strong affects.

The concept of the integration of the undoing defense accounts for a clinical observation not accounted for by the stripping away concept. We would expect from the stripping away model that the analysis of the patient's undoing defense would result in two overlapping processes: 1. The gradual disappearance of the defense. 2. The gradual appearance of strong affects. This is not what happened. Rather, following the patient's gaining insight into his undoing defense there was an intermediate phase during which the undoing became increasingly distinct and prominent. The patient, who had previously been afraid of the confusion resulting from his obsessive compulsive thinking, became overtly obsessive and confused. During the intermediate phase in the analysis of the patient's undoing defense two processes occurred together: 1. The patient's obsessive compulsive thinking became increasingly overt. 2. The patient expressed increasingly strong affects. This intermediate phase is explained by the idea that as the patient became more aware of his undoing and hence more in control of it (that is, as he began to convert it into an ego syntonic control mechanism) he became more able to experience his undoing and also more able to avoid undoing. Thus he became both more tolerant of his obsessive thinking and also more able to stop being obsessive, and hence to experience strong affects.

Let us now consider the final phase in the analysis of the patient's undoing defense. The patient in the final phase was able to experience strong affects. There was very little obsessive thinking. Would it not be enough to say simply that the defense had disappeared without adding that it had been transformed into an ego syntonic control mechanism? We do not believe so for the following reasons: The concept that the defense was converted to an ego syntonic control mechanism, now operating relatively unobtrusively, enables us to follow, as part of one continuous process, the analysis of the defense through the intermediate phase to a phase of relatively normal affect regulation that results from the analysis of the defense. Furthermore, the concept of the ego syntonic control mechanism is a help in investigating normal functioning; it is a help in understanding, for example, the different normal ways by which different people regulate their affects.

Let us now consider another and more novel application of the concept of integration during analysis, namely, the idea that during analysis the patient integrates, that is, gains control of, his transferences. The earlier discussion of the analysis of the unconscious defenses has prepared us to consider certain similarities between the analysis of the defenses and of the transferences, which, of course, also have a defensive function. Both the defenses and the transferences are by definition unconscious and both are made conscious during the process of analysis. Both are abolished (stripped away) as unconscious processes during successful analysis. And, in each case, successful analysis results in an integration of previously unconscious processes so that the patient acquires new capacities.

Before taking these ideas further it is important for us to distinguish between two processes: The integration of the patient's transferences, which is investigated further below, and the resolution of his transference neurosis, a

broad and sweeping topic that is beyond the scope of this paper. The integration of the patient's transferences is only a small aspect of the resolution of the transference neurosis. The breadth of the latter process is apparent from the observation that the resolution of the transference neurosis brings about in the neurotic patient changes analagous to those that occur in the normal child with the resolution of his oedipus complex: namely, the relinquishment of pre-genitality or rather the reorganization of pre-genital impulses under genital primacy, a marked change in the quality of object relations, the giving up of the attachment to the analyst, the finding of new object relations, and the acquisition of sublimations.

Let us return to a consideration of the concept of the integration of the patient's transference. A brief clinical example will help us to compare the concepts of stripping away and of integration as applied to the analysis of a particular transference. During a late phase of his analysis, a patient was somewhat tedious, irritable, and depressed. He had felt hurt by the analyst, certain of whose comments he had experienced as expressing indifference to him. He was repeating with the analyst, to whom he had strong unconscious homosexual feelings, certain experiences that had played a significant part in his relationship to his father. The patient's insight into the connection between the feelings to the analyst and his childhood experiences with his father led to a marked change in his behavior. He gave up his irritable manner. As analysis of the patient's homosexual transference progressed, he brought forth new memories, of his love for his father and of his feeling rejected by him. Furthermore, the patient became more aware of his love for the analyst, and also sad. He prepared himself to give up his intense attachment to the analyst.

For the sake of exposition the analysis of the patient's homosexual transference may be described as having had two interrelated consequences: 1. The patient's ceasing to transfer, 2. the patient's recovery of new memories.

Let us begin by considering the first of these consequences, namely, the patient's ceasing to transfer. According to the stripping away model the analysis of the patient's homosexual transference abolished it. The reader will not be surprised that the concept of the integration of the transference adds to the explanation provided by the stripping away model and explains observations not explained by the idea of abolition of the transference. Thus, the patient's insight into his homosexual transference did not lead simply to his gradually relinquishing his attachment to the analyst. Rather, it led to two simultaneous changes: 1. The patient began to refrain from seeking homosexual gratification from the analyst. 2. The patient began to express his fondness for the analyst more fully and directly. These changes are explained by the idea that as the patient became more aware of his unconscious transferring, and thus more in control of it, he became more able both to express it and to refrain from expressing it. Thus, while the patient's control of his transferring led to his ultimately giving up his relationship to the analyst, it is also true that during the intermediate phase in the analysis of his homosexual transference, the patient's control of his transferring enabled him to experience homosexual impulses to the analyst more fully than before.

Let us consider the second consequence of the analysis of the patient's homosexual transference as described above, that is, the patient's recovery of new memories of his love for his father and of his feeling rejected by him. The patient's transference of course, serves as an unconscious defense, a defense that protects the patient from remembering. The patient repeats rather than remembers. According to the stripping away model, the analysis of the patient's transference abolishes it, and thus permits the emergence of the memories previously warded off by the patient's transferring. How does the integration model explain

the patient's recovery of memories? As we have seen, the integration of the patient's transference gives him control over it, so that he becomes more able both to refrain from transferring and to express his transference impulses more fully and directly than before. According to the integration model it is the patient's control of his transference that helps him to bring forth new memories. He can remember certain painful experiences because he can remember them without transferring, that is, without repeating them in his relationship to the analyst. And also he can remember certain pleasant experiences that are no longer attainable from his parents, and thus painful to recall, because he is able to transfer, that is, because he is able to repeat aspects of these experiences in his relationship to the analyst. Thus, the patient in our example could bring forth new memories of his feeling rejected by his father when his control of his transferring was such that he did not have to repeat the feeling of being rejected with the analyst. And, he could remember more about his childhood love for his father, which was now unattainable, when his control of his transferring permitted him to repeat, in his relationship to the analyst, certain of the pleasant aspects of his childhood fondness for his father.

The neurotic patient's tendency to transfer is, according to Freud, (2) "intimately bound up with the nature of the illness". The patient's tendency to transfer is a consequence of his frustrated demand for love (3). "If someone's need for love is not entirely satisfied by reality, he is bound to approach every new person whom he meets with libidinal anticipatory ideas". Thus the neurotic patient must unconsciously seek with each new object, certain transference gratifications, but he cannot succeed in finding them. The process of integration of the transference plays a role in correcting the neurotic patient's double impairment. He becomes able, partly as a result of such

integration: 1. to approach new objects without unconscious libidinal anticipatory ideas. 2. To deliberately seek and to find from certain new objects and under appropriate circulstances, certain of the satisfactions, (though in a new context) that he once experienced with his parents.

REFFRENCES

1. Fenichel. O.: Problems of Psychoanalytic Technique. PSA Quart. Vol. X, 1941.
2. Freud, S.: Analysis, Terminable and Interminable, Coll. Pap. V, 1950.
3. Freud, S.: Introductory Lectures on Psychoanalysis, Stand. Edit. XVI,1916.
4. Freud, S.: The Dynamics of Transference, Stand. Edit. XII, 1912.
5. Gill, M.: Topography and Systems in Psychoanalytic Theory, PSA IS Col. III, 1962.
6. Rapaport, D.: The Structure of Psychoanalytic Theory, PSA Is. Vol. III, 1960.
7. Weiss, J.: The Integration of Defenses, Inter. J. PSA XLVIII, 1967.