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Any therapist who works within the framework of psychoanalytic understanding will not take the terms *conformity* and *individualism* at face value—that is, as these terms are commonly used to describe overt social conduct. Those patients who, at first glance, seem to fit neatly into one of these categories usually prove, on close examination, to be far more complex inwardly than they seem. The therapist will want to understand why conformity or individualism has figured so prominently in a person's social life or persona, when that is the case, and whether or how either of these plays a significant role in the suffering that has brought the patient to treatment.

I believe that the average well-trained and well-analyzed therapist can set aside his or her own values sufficiently in this respect to be able to approach the patient with a mind open enough to get the job done. In other words, in this context, therapists can approximate the analytic model of neutrality, equidistance from the constituents of conflict, and consistent control of disruptive countertransferential tendencies. On that basis they are prepared to understand clinical instances of pronounced social conformity and individualism and in each instance conduct treatment reasonably and effectively.

After presenting an analytic-descriptive account of these wo extremes, I shall present some brief summaries of work with specific patients. Then, in the discussion section, I shall return to qualify in one important respect this puristic analytic model of work with the extremes of social conformity and individualism. That qualification will lead us into both technical issues and questions about the nature of our knowledge of the world around us.

CONFORMITY

Conformity contributes to the appearance of having identity. This is so not only in the minds of witnesses but also in each conformist s conscious experience. Continuous steadiness of conformist

conduct may come to seem so natural to the conformist that it occasions none of the "Who am I?" sorts of questions with which many people plague themselves. Those who pursue this conformist course are likely to be already extremely turned off to and, so, turned away from, the ambiguities of their inner worlds. Their conscious experience is focused on simplistic versions of what goes on around them and how to fit into it unobtrusively. They keep busy judging how closely they approximate common features of the surrounding world. By blocking impulsive actions that may carry marks of individuality they hope to escape critical scrutiny by others. Their motto is "No surprises." In its way, conformity also tends to control others, for it can make them, too, self-conscious about being different.

Notwithstanding those efforts to achieve identity through a kind of anonymity, these conformists remain exposed to indiscriminate experiences of shame. They are embarrassed whenever they judge that they have lapsed from being acceptably expectable and unremarkable. Shame, one might say, is the main affect signal by which they regulate their conduct and conscious experience. Being turned so much to the outside world as they view it, they steadily impoverish further their already severely restricted conscious experience of their inner worlds. They shrink their potential for using inner life creatively in work, love, and play. Indeed, being shamed also seems to have been a major feature of their experiences as children—enough so that the development of organized, relatively autonomous superego functioning and its derivatives in moral codes seem to have been retarded. Thus, they can also be secret transgressors to a surprising degree, and they live with a fear of discovery.

On deeper levels of experience and unconscious fantasy, this artificially naturalized conformity is built on rubble. So it seems upon the analysis that may become possible during those not rare occasions when some degree of decompensation afflicts the conformist. Extreme conformity seems then to be built over fragmented selves and objects, lack of purpose and sense of agency, an intolerance of ambiguity and pain so great that it precludes emotional commitment to individualized others and sets severe limitations on the sense of aliveness. Using the defenses of splitting, denial, idealization, and projective identification of what they cannot tolerate in themselves, extreme conformists empty themselves of individuality. They constantly try to put an end to spontaneous, unrehearsed, unscrutinized expressions of feeling and flights of imagination.

The functioning of these conformists features blocked incorporation of whatever they find around

them that seems obviously individual and so could tempt them toward experiencing their fragmentation or daring to build an individuality of their own. Supplementing that blocking are persecutory attitudes toward that which they exclude and project. Not only do they throw out the baby with the bath water, they do in the baby that we, as therapists, recognize as their own repudiated selves. In short, these extreme conformists seem to be fully situated in what Melanie Klein (1948) designated the paranoid-schizoid position of psychological development and mode of psychological function. Fundamentally, their ethos is narcissistic, and their thinking is concrete or earthbound.

Extreme conformists are not likely to show up in the office of a dynamic psychotherapist or psychoanalyst. They tend to bring their emotional difficulties to the office of their GP or a medical or surgical specialist, especially when, as is often the case, due to excessive repression these difficulties are expressed mostly psychosomatically. As a last resort they prefer to turn to a drug-oriented and supportive general psychiatrist. But if, somehow, they turn up in the office of a therapist who focuses on inner-world experience, they are initially quite uncomprehending, and they give every appearance of seeming to want neither self-understanding nor the experience of being understood, as described so well by Betty Joseph (1983). Traditional Freudians might say of them that they are so well and rigidly defended that their prospects as analysands are not favorable; at best, they may make only limited gains. But no matter what the exploratory therapist's school of thought, he or she will recognize in these suffering conformists a great vulnerability to panic should the depths of their inner world ever be opened up to them without extensive preparatory work.

Sometimes therapy can help extreme conformists get beyond the panic and the defenses that surround it. In a slow and zigzag way and over a long period of time, exploratory treatment may make a big difference in their psychological status and further development. These patients may become able to confront their hostile introjects consciously and with some confidence that they will be able to contain them; they may get to know firsthand their vulnerable, fragmented, fluid, and despairing selves, their dreadfully low self-esteem, and their deep-seated feelings of shame, emptiness, and vulnerability. They may be convinced that they have lived in a world characterized by being persecuted or by persecuting others. In short, they may begin to explore their Kafkaesque inner world and define ways out of it.

I have been describing prominent trends that one may expect to encounter in the treatment of those

who are, relatively speaking, extreme conformists. They are hypothetically pure cases. In life, we encounter all degrees of emphasis on this mode of adjustment. (I leave aside for the moment the benevolent, growth-enhancing aspects of conformity without panic.) Consequently, the therapist or analyst should not be misled by constricted self-presentations into foreclosing the possibility that therapy will reveal as yet hidden enclaves of individuality. Like patched-up chinks in armor, these enclaves may offer entries into the psychic retreats described by John Steiner (1993). Then these flaws can be turned to good advantage, given adequate patience and tact on the therapist's part.

No single interpretive line is guaranteed to be helpful in every case or throughout the work with any one patient. There is, however, one aspect of too-conformist patients that has often seemed to me to be useful in finding a way to approach them, and that is their need to avoid surprises and keep excitement to a minimum. Often, it is obviously the surprise or excitement of romantic or erotic feelings or both, and sometimes the surprise or excitement of indignation or other forms of critical or angry engagement with others. In both cases, there will be complex issues to sort out and try to work through. Frequently, however, the prospects of surprise or excitement reside simply in exposure to novelty or the adventurous possibilities of travel or a change of residence or job, or they may reside in unexpectedly rewarding experiences with others such as enthusiastic praise.

As usual, the transference is a likely place to pick up signs of the struggle against excitement and surprise. And it is there that these patients may do their damnedest to remain disengaged—or at least to seem so. They hope thereby to deny the therapist the pertinent cues. Here, identification and exploration of this policy of control through remoteness may show that excitement and surprise are (unconsciously or consciously) equated with chaos, flooding, complete loss of control, or rapid spilling over into disastrous action, all leading to the debacle of personal fragmentation and humiliation at the hands of the therapist. Anal prototypes are likely to dominate these expectations. For example, surprises may be fantasized as the so-called accidents of bowel training; they are mess-making. Orgasm itself may be a terrible anal explosion.

One way these patients show their dread during treatment is by rapidly appending mention of actual or possible negative aspects to whatever unexpected positive experience enters into their associations and then dwelling on the negative to the exclusion of the positive. For example, a good

feeling about the preceding session may have to be disparaged at length as being defensive, superficial, or too compliant. Or, if surprised by indignation, they will shrug off the feeling because they know "the rules of treatment," or they really think the therapist is, if anything, "too kind" or just being "a bit provocative" for their good. Similarly, if proud of themselves, they are sure that they will let this "boasting" go to their heads and ruin everything. Altogether, they resemble severe governesses keeping children under constant critical surveillance and using pinches, frowns, and chilly tones to maintain or restore order.

Understandably, anything approaching free association is initially intolerable. It is avoided, or simulated by nonstop talking or using prepared agendas or constantly contriving painful crises in their daily lives that give them lots to talk about in the sessions.

Throughout this struggle, a therapist can recognize that a sense of omnipotence is being confirmed by the maintenance of iron control of the self and others, including control of the therapist. The composure of conventionality is a powerful weapon of the righteous in their never-ending struggle against the "perverse," "vulgar," "evil," "alien" forces in the world, of which the therapist may become, in the transference and through projective identification, the chief representative.

INDIVIDUALISM

Turning to the other hypothetically pure case, that of extreme individualism, one may find that, below the surface, things are much the same as with the extreme conformists. In certain important respects, some things may even be similar on the surface. When it is extreme, a deliberate policy of individualism implies a horror of conformity, however that person represents it, and so it is constantly defining itself by what it must not be—what Erikson (1956) called negative identity'. Thus, it is not so much otherness that is being constructed by these individualists; their goal is the construction of oppositeness as a steady state. When it is genuine and relaxed, otherness or alterity opens a near-infinity of possibilities, including selective conformities without panic. In contrast, the extreme individualist, having adopted a posture that may be strikingly counterphobic or rebellious or some of both, is self-defining under severe constraints. The premises of this position are embodied in the unconscious fantasies it enacts, and they are those of the paranoid-schizoid position as described for the conformists:

fragmentation of self and objects and all the rest. And, like the conformists, they live in a predominantly narcissistic internal ethos.

In these instances, however, there is likely to be more unconscious emphasis on fantasies of omnipotence. Whatever analytic treatment is possible will show this to be so. These extreme individualists are enacting a way of being totally self-originating, in effect imagining themselves as androgynous gods giving birth to themselves. Socially, they may strike stereotypical poses derived from nineteenth-century Romanticism, as though they are so "original" that nothing they do or feel has any precedent whatsoever. These poses come across to the knowledgeable as parodies or mere gestures of imaginativeness and freedom. To maintain their illusions of omnipotence, they cannot allow themselves to respect tradition and to draw on it to help them work toward change, as a self-confident creative person might. Nor can they draw on inner-world experience to put a convincing personal stamp on what they do. Defined as they are by negativity' and grandiosity, they must try to fabricate on demand an inner world and an outer form for it, the result being that their subjectivity will be considered theatrical and shallow by all but the naive.

Expectably, these patients fear treatment and fight it desperately. They are notoriously difficult to treat owing to their pronounced narcissistic personality organization and its dependence on omnipotence fantasies. A variety of therapeutic approaches has been presented in the clinical literature (see, e.g., Kernberg, 1975); however, none of them has been universally accepted. Presumably, the outcome in each case depends on the unique pairing of therapist and patient and the severity of the disorder.

CONFORMITY, INDIVIDUALISM, AND IDENTITY

Taking the extremes of conformity and individualism together, I suggest that they represent two kinds of what have been called false selves (Winnicott, 1958). But we must also allow falseness a quantitative aspect—a position on a continuum rather than a fixed, absolute, and even discontinuous position.

Genuineness in human existence is always at risk. This perspective on risk is consequential for

understanding individualistic and conformist identities. Using as a model Erikson's (1956) idea of identity diffusion at one extreme and premature foreclosure at the other—roughly corresponding to what I have been presenting as the extremes of individualism and conformity, respectively—we can say that what lies between them is not so much stable identity (or the cohesive self of Kohut's [1977] theory) as identity that is always at risk. Erikson recognized this to be so. Identity at risk implies acceptance of there being no final resting place and a great need to tolerate ambiguity, tension, and deferral of closure. It also implies the value of maintaining both a heightened realistic sense of continually making choices and a readiness to recenter one's point of view or allow it to be altogether decentered for indefinite periods of time.

All of this characterizes those who live their lives in a manner that is lively and engaged, even if troubled or unsettled. For times and mores do change, fervent beliefs lose their support, some old relationships are no longer supportable, new opportunities wax while old ones wane, and some preferred pleasure possibilities must change with age and circumstance and the surrounding ethos. I believe it is fitting in this regard to speak of a democratization of selfhood or personhood.

None of the foregoing is intended to deny the powerful influence of unconscious mental processes. In principle if not in practice, psychoanalytic therapies can always trace the formative role played by these archaic unconscious processes in whatever is chosen, whatever is changed, and how it is changed; even flexibility or adaptability has its personal- emotional history. It is the singular richness of the psychoanalytic approach to show this continuity within flux. And this flux and this continuity will be defined variously in keeping with the principles of each school of psychoanalytic thought. Each school, however, will maintain a focus on continuity between, on the one hand, the present and, on the other, infantile, unconsciously maintained wishes, defenses, and prohibitions and the fantasies in which they play themselves out. This selfsameness need not be unmistakably evident on the surface of things. It is, however, conspicuous in the results of projective tests before and after effective therapies (Schafer, 1967), and certainly conspicuous in second and even third personal analyses. This deep-down conformity is not that of the mass as viewed by the sociological eye. This is remaining true to lifelong principles of creating experiences of any kind at all.

CLINICAL ILLUSTRATIONS

I shift here to clinical analytic constructions of the following familiar sort. One patient had adjusted early in life to a mother whom he experienced as unable to tolerate the strong needs and demands of others, including himself. He was to be no trouble. If he were, she would shut down emotionally to the point where he would end up feeling abandoned and painfully alone, and perhaps frightened as well. In later life, he tried his best never to be any trouble, meanwhile harboring intense resentment mixed with guilt over this state of affairs. He read this demand that he be no trouble into every relationship, including, of course, the transference relationship. He did so either apprehensively or with conviction that often was based on extreme interpretation of single signs that his presence or conduct was in the least unsettling to the other.

In the context of this chapter, his adjustment can be called an extreme conformism in a world constructed on his mother's terms as these were originally interpreted and applied by him as a child. It was his world, his psychic reality, and there was no saying no to it except indirectly through expectable symptoms, bad moods, and occasional outbursts filled with fear and remorse. As he changed during his treatment, he never forsook this psychic reality, but he did enlarge it to include the possibility of some reality testing and consequently some moderation of anxiety and guilt- proneness. On this basis, he could include a greater range of choice and opportunities for gratification than had been possible before. All of these changes could be seen as moving away from a specialized conformity and toward individualism; alternatively, they could be characterized as demonstrating noteworthy democratization of his personhood.

I do not say democratization of the self, because my entire argument points toward a personhood that is always in flux and that is negotiated and sometimes negated in important respects, and thus is always at risk. I am pointing toward a set of self-processes rather than a monolithic, static self, a once-and-for-all self that precludes deep change. Elsewhere (1992), in a critique of essentialist theories of unitary selves, I have called what I have in mind multiple self-narratives.

Another patient had learned to conform to a pathologically individualistic mother who had abandoned her own conventional social, religious, cultural, and political background and gone to an opposite extreme of what she took to be unconventionality. The patient, who continued into her adult

years adoring an idealized fantasy of this mother, had been living a willful existence, adhering very little to what she took to be social convention. In her latency period, however, she had gone through a period of valuing what was clean, orderly, devout, prim, and controlled.

Analytic treatment showed that, with the advent of adolescence, the emphases of this rule-governed period had been deeply repressed and reacted against with the programmatic oppositeness that I mentioned above. It took years of treatment before the quality and importance of this preadolescent period emerged. Once it did emerge, she and I were necessarily engaged with her repeated defensive efforts to ward it off, but we also struggled to find a way to include and represent this one constituent of a complex, viable personhood. In this instance, democratization meant that she no longer wished to be so powerfully exclusive and persecutory of any kind of social conformity.

I have avoided using the word *integrate* and have settled on the word *include* in order not to idealize what is usually accomplished in psychoanalytic therapies. Inclusion of the intrapsychically forbidden, as those who have been treated analytically or practice that kind of treatment know all too well, is a major accomplishment. In this case, this inclusion of conformity took place with no significant compromise of the patient's individualistic spontaneity and creativity, but with continuous unrest about the change.

In another case, a man's individualism took the form of political radicalism with so strong an emphasis on egalitarianism that it covered and rationalized masochistic pleasures; it also served as a reaction formation against wishes to be and fantasies of being a tycoon. In his case, he had to call all self-interest "bourgeois decadence" to stave off the tycoon fantasy.

As a fourth clinical instance, I mention a series of men with whom I have worked whose mothers were more or less severely depressed during their childhood years. Expectably, their ways of constructing their world and their experiences and their personhood, so far as they were able to, had been deeply influenced by what we may call in this regard their failed mothers. As adults, they conformed with terror to the psychic reality that they steadily re-created and projected into the surround. Objectifying this mother was strictly prohibited, and the same was true of the father, who, knowingly or not, had conspired with her to maintain an idealized image of her in the family. He, too,

could not be scrutinized freely. This blocking of perception was a deeply entrenched characteristic of these men. Thus idealized and protected, the mother or her surrogates and, secondarily, the father and his surrogates became constant sources of guilt. Need, frustration, and the surprises of spontaneity were strictly forbidden and severely punishable through various forms of mental and physical self-injury. Punishment included repeatedly forming painful though also sadistic relationships with women.

I want to emphasize the attack on reality-testing functions. As in the stereotype of the extreme conformist, severe limitation of content and severe, though selective, impairment of function in all relations with reality were required. Although vocational achievements were not blocked, they had to occur far from personal, intimate human relationships.

This consequence could be seen clearly in the transference relationships these men constructed and the desperation they experienced when they began to face alternatives. Outwardly, each of these men did not give the impression of being unusually conformist. This impression could be attributed in part to inhibitions with regard to observing certain social and sexual conventions, in part to perverse inclinations, in part to counterphobic gestures, and so on. Inwardly, however, they lived the kind of lives that I described in an earlier publication on prisoner fantasies (1983). They were captives in a well-guarded, regimented world in which they had learned to love as well as hate their chains.

In presenting these cases I wanted to show the complexity of conformity and individualism once one departs from a social viewpoint that relies on conduct and consciousness and enters into the depths of the inner world. For there are conformist individuality and specialized conformity in the inner world. Inwardly, each patient emerges in certain profound ways as both extremely conformist and extremely individualistic, and therefore always presents a challenge to the therapist's skills and range.

DISCUSSION

These remarks pave the way for my return to the question of relative immunity from countertransference disruption in the therapies of cases of the sort I have been discussing. The crucial area to consider in this regard is not the patient's usual stance relative to social customs or mores. Rather, it is the patient's usually unconscious stance relative to the therapist's own expectations and needs in his

or her professional practice. Patients engaged in intensive treatments develop transferences that focus on these expectations and needs of their therapists, and they try to lure them into enactments in which, as a form of countertransference, the therapists take the part of one side of an internal conflict by assuming the role of one fragment of self or one internalized object. For example, therapists may end up acting in ways that support unconscious fantasies of cruel or negligent parents or despised parts of the self. And patients often succeed in this effort to enact and reenact, even if not to an extent that is certain to wreck the therapy. They may stir up impatience, induce some distractedness, occasion feelings of despair, stimulate moralizing or inappropriate reassurance.

Some therapists have major expectations and needs for positive rapport, based perhaps on strong reparative tendencies, and, unconsciously, they develop strategies for avoiding feeling like bad mothers or fathers. They do not tolerate negative transferences well, especially when these involve sadistic elements. And if they are too easily alarmed by suggestions of even minimal departures from sanity, as they define it, based perhaps on their own family prototypes of madness that they still fear they have incorporated and not fully mastered, they will discourage regressive shifts. They may do this by too readily becoming structuring auxiliary egos who dispense advice or interpretations too soon and too anxiously. Thus, they enforce a kind of conformity to *them* that blocks out important communications of deep-seated problems.

Annie Reich (1951) described these expectations and needs of therapists as characterological countertransferences, that is, as readiness for countertransference not specific to any one patient or situation. These countertransferences are rooted in the reasons one becomes a therapist in the first place. Probably they remain always somewhat active, for good as well as for bad, even after the therapist has undergone the most thorough, effective personal analysis. No one changes totally, especially not on those deep levels. It is those characterological countertransferences that are the roots of our special skills, but they can also be enforcers of strong conformity or pronounced individualism. In this way, they can become sources of trouble in the treatment situation. We all know fellow trainees and colleagues who are prone to depart from neutrality, equidistance, and self-awareness in one or another of these directions, and we all know of flagrant excesses.

We should not be surprised or downhearted by this recognition. As far back as Freud, and contrary

to certain official, conformity-inducing denials, these differences among therapists have played their part in theoretical and technical debates in our field. It has been reported that Freud was compelled at one point to emphasize with respect to rigidities creeping into the ideas and practices of his followers, "I am not a Freudian!" Taking a long view', these debates have been profitable; in the short run, however, excessive claims and overheated practices have done much mischief, especially in the treatments of women, gays, and lesbians who have been pressured toward conformity with gender stereotypes.

I center on countertransference in my discussion section to call attention to theoretical and technical over-conformity and over-individualism and to lead into my major qualification of my point in the introduction about therapists approximating sufficiently the ideal of neutrality to be able to work well with patients who present these tendencies to excess.

I am a strong believer in the value of looking at psychoanalytic therapy as a dialogue. The dialogue generates the phenomena of the treatment and their interpretation, what I call their tellings and retellings in actions as well as words (1992). Therapy is, in this sense, co-authored. The points of view or values of both therapist and patient will not only set the criteria for what will be regarded as conformity and individualism, but will also limit or facilitate the importance of phenomena thus defined. I believe that all of our descriptions and interpretations, including my own, should be regarded as provisional; if they hold at all, they hold within a perspective or school of thought, such as the Freudian or Kleinian, and they hold among those who demonstrably, even if not totally, share the perspective in question. On this basis, when those who share one perspective look, they can see the same thing; when they speak, they can understand one another; and when they argue, they do not as a rule seem incoherent to one another. One could say they belong to therapeutic subcultures, which means that they abide by most of its conventions. To the extent that any of us becomes profoundly individualistic and still wants to retain the name psychoanalyst, to that extent professional incoherence will develop, for the rules of the game will have been changed, and standards of understanding and practice will no longer apply across the board. Latent grandiosity mixed perhaps with some sociopathy will prevail.

My main point is that I regard my account of conformists and individualists among patients and therapists as provisional. It reflects my undemanding of both contemporary ego-psychological Freudian and contemporary British Kleinian terms and practices, and I have assumed that there is enough of a

community of understanding among all of us to claim, in this special sense, that I am speaking objectively. I claim to be describing reality. I assert that my account has truth value. What I don't assert is that I am describing the only possible world or, more specifically, the only possible therapeutic culture. I am prepared to accept as worthy of respect and attention other systematic presentations that are cast in other terms and use other criteria of evidence or proof—though I will not feel obliged to agree that any of them lead to a better understanding or practice.

The pluralism that I am describing does not require us to fall silent; nor does it involve an "anything goes" attitude. We go on as we have before, though with more humility about our claims about the past and the present. The reason for this is that pluralism is not a cause to be espoused or opposed. It is an aspect of every culture and subculture. Thus, all I am saying is that acknowledging this to be so in psychoanalytic therapies can be liberating and exciting and not a surrender to anal chaos.

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