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**Self Psychology**

**The Self and Its Vicissitudes Within a Relational Matrix**

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A well-documented shift from a one-person to a two-person psychology (Rickman, 1957; Balint, 1968; Greenberg and Mitchell, 1983; Modell, 1984; Mitchell, 1988; Ghent, 1989) cuts across a number of psychoanalytic theoretical developments, including the British school of object relations, self psychology, interpersonal psychoanalysis, and currents within Freudian ego psychology. Because of its pervasiveness, it has led to the use of the term "relational perspectives" (Greenberg and Mitchell, 1983; Mitchell, 1988), the subject matter of this book. This shift from an intrapsychic to a field perspective can be likened to the Copernican revolution, in that the individual, like planet earth, does not exist alone but can be understood only in relation to the "gravitational forces" of the universe at large.

**SHIFT IN OBSERVATIONAL STANCES**

Fundamental shifts in theoretical perspectives within the domain of science often entail basic changes in both observational and conceptual stances. The shift from an intrapsychic to a field model within psychoanalysis is in part based on the on-going, far-reaching change from the positivistic science of the 19th century, wherein so-called "facts" were "objectively" observed, to the relativistic science of the 20th century, marked by Heisenberg's Uncertainty
Principle, wherein the "observed" is recognized as always shaped by the observer.\(^1\)

The shift from positivistic to relativistic (or perspectivistic) science is apparent in the psychoanalytic observational stances of the "objective" observer versus the subsequent formulation of the "empathic mode of observation." A breakthrough in Freud's work was his investigation of the patient's intrapsychic world, implicitly using the yet unformulated empathic mode of observation. The positivistic science of the day, however, significantly influenced the investigation of the patient's inner life. The analyst's observations and interpretations tended to be, and often still are (particularly in clinical discussions), viewed as "objective."\(^2\) Recognizing from a relativistic scientific position that the analyst always affects what is observed, Kohut (1959, 1982) clarified and proposed the consistent use of the empathic mode of observation namely, to attempt to understand from within the vantage point of the analysand. Placing the analysand's perspective and experience in the foreground militates against imposing the analyst's point of view onto the analysand. Although this listening stance is designed "to hear" as well as possible from within the vantage point of the analysand, this is clearly a relative matter, for what is heard is always variably shaped by the analyst.\(^3\) To refer to this

\(^1\)This shift to a relativistic science is both reflected and further developed in Piaget's theory of constructionism.

\(^2\)We can surmise that Freud did not formulate the "empathic mode of observation" principally because of the positivistic science of the day. Although he seldom used the term empathy, Freud (1921) did address its fundamental importance in referring to it as "the mechanism by means of which we are enabled to take up any attitude at all towards another mental life" (p. 110). Empathy has generally referred to affective resonance with the other (see Greenson, 1960). As a data-gathering stance (Kohut, 1959), empathy enables us to feel into and to "vicariously introspect" about the other's subjective experience—a complex affective and cognitive process (see Lichtenberg, 1981).

\(^3\)In his critical assessment of self psychology, Bromberg (1989) erroneously links the empathic mode of observation with "dedication to full empathic responsiveness" (p. 282). Kohut (1959, 1982) conceptualized the empathic mode of observation as a data-gathering stance, distinct from ensuing interventions. The confusion may partially emanate from Kohut's (1982) noting that this data-gathering activity of the analyst (which the patient experiences as a response from the analyst) in itself may be experienced by the patient as "empathic" and "therapeutic" and his use of the word "empathy" also to refer to a "powerful emotional bond between people." Referring to the responses of the analyst based on empathically-gathered data, Kohut (1977) also noted the need for an "average empathic responsiveness" (p. 253). Contrasting empathic responsiveness with the "neutrality" of the classical stance, Kohut used the term to address the requisite affective involvement of the analyst. What is meant by empathic responsiveness is a far too complex subject to address here, but it is to be differentiated from the empathic mode of observation.

listening stance as a mode of "observation" reflects the ongoing shift from positivistic to relativistic science, for "observation" conveys a sense of an "outside" observer. A more relativistic description is to identify this mode as the empathic mode of perception, referring to the analyst's perceptual process (Lichtenberg, 1981, for example, uses this latter term). The analyst's perceptions, understandings, and explanations are subsequently offered to the analysand for his or her experiential assessment (Schwaber, 1984, has further delineated this stance).

When the analyst's observations and interpretations are no longer viewed as "objective" facts but as "subjective" organizations, the analytic field shifts immeasurably as the analyst is "dethroned" from the position of the "objective" observer and becomes a coparticipant in perceiving and constructing the analytic process. The perceptual-affective-cognitive organizing principles or schemas of the analyst variably shape the analyst's experience and reading of the analysand's experience, just as the analysand's schemas variably shape his or her experience of the analyst. This fundamental shift from positivistic to relativistic science and paradigmatic change in observational stances underscores that the analytic arena involves an interaction between two persons (and their respective subjectivities) and, therein, is a relational or intersubjective field.\(^4\)

\(^4\)The terms relational (Greenberg and Mitchell, 1983) and intersubjective (Atwood and Stolorow, 1984) are used here interchangeably. The term relational directly refers to (internal and external) relationships and is easily recognizable and also broadly applicable outside the analytic context; the term intersubjective, in emphasizing the interaction of two subjective worlds (to be distinguished from Stern's (1985) use of the term intersubjective, which refers to a distinctive form of relatedness), includes more easily, when applied to the analytic arena, the full range of self experience in which the relational dimension shifts between foreground and background. Both terms refer to a field model in which the individual is viewed as developing and living within a relational matrix.

ONE-PERSON AND TWO-PERSON PSYCHOLOGIES: A NEW SYNTHESIS

In understanding a person (personality theory), a one-person psychology model emphasizes biologically determined developmental unfolding and conflictual experience and views psychopathology as primarily intrapsychically generated. A two-person psychology model emphasizes development and conflict emergent within a relational field and views psychopathology primarily as emergent
within and generated by the relational field. Because these theories of development and pathogenesis reflect an intrapsychic and relational emphasis respectively, a one-person psychology model applied to the analytic arena tends to support the classical view of transference as a displacement and projection onto the blank screen of the analyst wherein the contribution of the analyst is considered minimal, that is, transference as distortion (for a review, see Fosshage, 1990a). Interpretation and insight, and not the relational experience, tend to be viewed as the central agents of therapeutic action. Correspondingly, a two-person psychology model supports the view that both patient and analyst variably contribute to the transference (for a review, see Fosshage, 1990a). Conceptualizing the analytic scene as a two-person psychology opens the door to including, if not emphasizing, the new relational experience, in addition to interpretation and insight, as important agents in therapeutic action.

As Modell (1984) and Mitchell (1988) point out, considerable overlap exists between these two theoretical perspectives. The one-person perspective is not “naively solipsistic” and the two-person perspective is not “naively environmental” (Mitchell, 1988, p. 4). Environmental influences are included within a one-person perspective, but the action in development, pathogenesis, transference, and therapy tends to be intrapsychic. Conversely, biological determinants are included within a two-person perspective (for example, primary motivations in all psychoanalytic theories are biologically anchored or prewired), but the action in development, pathogenesis, transference, and therapy tends to be relational. All theories have elements of both, although most theories emphasize, as evidenced in interpretive constructions, one side or the other. Moreover, the elements in the various monadic and dyadic models significantly vary in content. For example, all theories of primary motivation assume that motivation is inherent to the organism, but differ as to what the specific motivational strivings are.

Although Freud (1896) in his seduction theory began with a two-person emphasis, his theory evolved primarily into an intrapsychic model. The reemergence of a field perspective in psychoanalysis, the Hegelian “antithesis,” has prepared the way, initially, for the use of complementary models (Modell, 1984) and, now, for a possible new synthesis through the integration of the one-person and two-person perspectives (Modell, 1984; Ghent, 1989). As Ghent (1989) points out, one emergent synthesis, guided by the overlapping work of Winnicott, Guntrip, and Kohut, involves the concept of the self “as the center of activity of the psyche,” within a relational field.

With the central focus on the development, consolidation, and maintenance of the self, self psychology is viewed by some advocates (for example, Goldberg, 1986, and Wolf, 1988) and critics (for example, Bromberg, 1989, and, as relating to transference, Hoffman, 1983, and Mitchell, 1988, 1990) as fundamentally a one-person psychology. This assessment, I believe, is based principally on Kohut’s initial separation of the narcissistic and object relational lines of development, a separation that he never fully resolved, and on his early notion of merger between self and object when the object serves archaic selfobject functions. To separate conceptually two lines of development implies erroneously that self-development does not occur within a relational field, a theoretical contradiction (to be developed) in the light of the emphasis on the self-selfobject matrix. This separation also erroneously implies that the state of the self does not affect one’s object relations and that one’s object relations, in turn, do not affect the sense of self. Although Kohut legitimized self-concerns by focusing on the development of the self (in contrast to classical theory wherein the developmental pathway is from infantile narcissism to object relatedness), initially he inadvertently repeated the error in classical theory of dichotomizing self and object relational concerns. Although Kohut (1984) never fully extricated himself from this dichotomization, his description of “self-selfobject relationships” became more relational in that it typically involved two separate persons (see pp. 49–52). Subsequently, other authors (for example, Modell, 1984; Stolorow, Brandchaft, and Atwood, 1987; Bacal, 1990; Bacal and Newman, 1990; Fosshage, 1990c) have made forcefully set forth that the self-selfobject matrix is a relational matrix; they, therefore, consider self psychology, in part, to be fundamentally a two-person field model.

My thesis is that the evolving theory of self psychology, a direction Kohut (1984) proposed especially in his last book, newly synthesizes monadic and dyadic features and that a new synthesis is required to emerged in an overarching self psychological theory in which conflict was readily included through a redefinition of the primary ingredients of conflict. A primary model of conflict, in Stolorow’s (1985) words, is that “conflict states often arise when central strivings and affective qualities of the person are believed to be inimical to the maintenance of an important selfobject bond” (p. 200). (This model corresponds with Winnicott’s, 1960, notion of the formation of “a false self on a compliant basis.”) The concept of self as a guiding center was also central for Jung (1953), but without a corresponding emphasis on the relational field.
provide a comprehensive understanding of an individual and the analytic process. My purpose here is to illustrate this emergent synthesis by examining some of the one-person and two-person features of self psychology in the conceptualizations of psychological development, pathogenesis, transference, and therapeutic action. Self-psychological psychoanalysis, like all psychoanalytic orientations, continues to be an evolving theory and includes a wide range of theoretical and clinical variations and differences. The ensuing discussion, of course, emphasizes my perspective.

PSYCHOLOGICAL DEVELOPMENT

All developmental models posit that human beings are prewired to follow general developmental patterns. The specificity, content, and emphasis of these patterns differ considerably. How and the degree to which development requires a relational field and the degree to which the relational field shapes the person point up the one-person and two-person distinction.

Kohut (1984) placed at the center of psychological development the self as striving “to realize” its intrinsic program of action within a self-selfobject matrix. Kohut’s “nuclear self” refers, in part, to an innate or prewired general developmental program (Goldberg, 1986) involving mirroring, idealizing, and twoship selfobject needs that provides an overall direction to the development of the self. In addition, the nuclear self includes the unique talents through which the emergent ambitions and ideals are expressed. Although Kohut described various experientially accessible features of the self as “vigor,” “vitality,” “harmoniousness,” and an “independent center of initiative,” he avoided defining the concept of the self precisely, because of concern that it was premature to reach closure on so new a concept. The “intrinsic program of action” refers to an inbuilt overall developmental “program” or “guiding” principle unique to each person. This notion of a unique guiding center of the person varies in emphasis but has been recognized and described by several psychoanalytic authors. For example, Loewald (1960) writes:

If the analyst keeps his central focus on this emerging core, he avoids moulding the patient in the analyst’s own image or imposing on the

These selfobject needs exist throughout one’s life (Kohut, 1977) and are not viewed as only infantile needs. While developmental lines are delineated for each selfobject realm, the full range of selfobject experience is always potentially accessible and shaped by immediate needs, stresses, and psychic structure.

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patient his own concept of what the patient should become. It requires an objectivity and neutrality the essence of which is love and respect for the individual and for individual development [p. 229].

The conceptualization of an inner “core” emerges in Winnicott’s (1960) idea of a “true self” as distinct from a “false self,” in Guntrip’s (1971) concept of self, and in Jung’s (1953) overarching concept of self wherein the self is viewed as a “guiding” center (Whitmont, 1987). Evidence of an unique inner “core” for each individual and inherent developmental strivings continues to accrue. The concept of self-righting (Tolpin, 1986; Lichtenberg, 1989) has recently been appropriated from the embryologist Waddington (1947), who proposed a genetically programmed self-organizing and self-righting tendency inherent in all organisms. Lichtenberg (1989) posits an inherent tendency to rebound from a deficit with a developmental advance when a positive change in an inhibiting external condition occurs” (p. 328). Tolpin (1986) observes that the frustrated baby spontaneously revives and insists on getting the “mother to act right!” (p. 121). A deprivation of REM leads to a self-righting or “rebound effect” (see Fiss, 1986, for a review). Self-state dreams (Kohut, 1977) are seen as attempts to restore a failing sense of self. And on the basis of clinical evidence, REM and dream content research, I (Fosshage, 1983, 1987) have postulated that, pertaining to psychological organization, dreaming mentation fundamentally serves developmental, maintenance, and restorative (or self-righting) functions. Regarding the many constitutional givens, Thomas and Chess (1977) have provided us with a powerful research demonstration of basic temperamental differences existent at

Comparing interpersonal psychoanalysis and self psychology, Bromberg (1989) suggests that crucial to analysis is our “need to find out who the patient is rather than believing you know in advance what he needs” (p. 283); he ascribes the latter stance to self psychology. Bromberg’s analysis may partially rest on Kohut’s posited nuclear self, which is unique for each individual; but, it is to be hoped, no analyst, self psychologists included, believes that he or she “know[s] in advance what a patient needs.” Bromberg states, and I concur, that we need to discover “who the patient is.” Interestingly, his formulation, “who the patient is,” implies a “core” self. This “core” self emerges within a relational matrix and within the analytic relationship. Actual theoretical differences probably lie between the degree of emphasis on an intrinsic “nuclear” (Kohut) or “true” (Winnicott) self and the degree to which the self is shaped by the relational matrix.

At the microbiological level, the self-righting tendency is reflected in the discoveries of DNA’s complex genetic instructions for damage repairation.

My positing that dreaming, just as waking mentation, can further developmental processes somewhat overlaps with Jung’s concept of the compensatory function of dreams. For Jung, when “ego consciousness” deviates from the self, a predominately unconscious developmentally guiding center of personality, the dream attempts to compensate or self-right the person.
birth and continuous throughout life. And based on infant research, Stern (1985) presents an array of hard-wired givens in the developmental unfolding and structuring of a sense of self within an “interpersonal” field. Stern’s description of “a continuous unfolding of an intrinsically determined social nature” (p. 234) makes relationships a built-in feature of the self.

The postulation of developmental strivings and of a “nuclear” core, however specified, provides the motivation for and the overall direction of an analysis. A person who seeks analytic treatment hopes for the developmentally requisite experiences (termed, within a self-psychological perspective, the selfobject dimension of the transference or analytic relationship; see Ornstein, 1974, on the search for the new beginning), expects the old to reoccur and tends to organize and construct the analytic experience according to the well-established schemas (transference), and tends to connect in those characteristic ways established in past relationships. These various processes are intricately interwoven and are the focus of the analysis. If developmental strivings are not postulated, the analysand tends to be viewed as exclusively invested in the “old,” whether conceptualized as infantile fixations or repetitious relational configurations (the latter, for purposes of attachment, psychological organization, or both). Under these circumstances, the overall momentum for analytic change, rather than being buoyed by the analysand’s developmental striving to change, can subtly shift to the analyst and potentiate the analysand’s accommodation or aver siveness to what then becomes the analyst’s agenda for change.

To posit and include developmental strivings, in addition to problematic schemas (transference), profoundly affects the analyst’s listening and organization of clinical material. For example, in a recent case presentation (Fosshage, 1990b) the discusants and the analyst viewed the analysand’s incessant demands to feel cared for and “careable” quite differently. Some viewed the analysand’s “demandingness” as a remnant of infantile (narcissistic) omnipotence; others, as the repetition of “bad” object relational patterns. Those analysts (including the author) who posit developmental strivings viewed demandingness as partially an expression of both the patient’s difficulty with maintaining (due to problematic schemas) and the patient’s striving to consolidate a feeling of being cared for and “careable” (Kohut referred to the latter as the “leading edge” of the material [Miller, 1985]; and Guntrip, 1971, as the “cry” within the hysteric).11

11In my view the patient suffered both from a deficiency in a positive, cohesive self-structure (namely, an arrest in the development of sense of self as cared for and “careable” and of self-esteem regulatory capacities) and from pathological structures, namely, a negatively valenced self-schema in relation to problematic schemas of the other. At those times when “normal” development is arrested, resulting in specific deficiencies in self-structure, specific problematic (or pathological) structures are formed (for example, problematic schemas of self and other). Deficiencies and pathological structures are complexly interwoven, further negating the earlier theoretical and clinical dichotomization of developmental arrest and conflict/defense models. (Eagle, 1984, makes the same point, although he retains the notion of conflict as defined within the conflict/defense model.) Psychopathology always includes both arrests in development and conflict, the latter as redefined within self psychology (refer to footnote 5). Structural deficiencies and their corresponding developmental needs as well as pathological structures must be addressed analytically.

The emphasis on a prewired general developmental program of the self, primary in self psychology, is a one-person psychology feature. Infant and developmental research and clinical evidence, however, clearly indicate that self-development does not occur in a vacuum. Self-development not only includes relationships as central but requires a relational field. Kohut’s most important clinical finding focused on the ways that patients make use of their analysts to develop, consolidate, and maintain a positive cohesive sense of self. He conceptualized this dimension of analytic experience as the selfobject transference and gradually etched out a developmental model based on the self-selfobject matrix.12 Lichtenberg (1991) writes, “In agreement with much infant research, Kohut conceptualizes a constant interrelationship between motive, to achieve and restore self cohesion, and environment, the empathic responsiveness” (pp. 4–5). Kohut (1984) considered this self-selfobject matrix as a life-giving and -preserving relational matrix:

Self psychology holds that self-selfobject relationships form the essence of psychological life from birth to death, that a move from dependence (symbiosis) to independence (autonomy) in the psychological sphere is no more possible, let alone desirable, than a corresponding move from a life dependent on oxygen to a life independent of it in the biological spheres [p. 47].

The development of the self within a self-selfobject matrix is central to the developmental model and is an emergent theoretical synthesis of one- and two-person psychologies.

Are Self-Selfobject Relationships Relational?

Much confusion surrounds the question whether the self-selfobject matrix is a relational matrix. The confusion emanates, I believe, from

12The concept of the selfobject emphasizes development rather than repetition of the past and, therefore, in my judgment, does not fit properly under the concept of transference. This dimension is more accurately viewed as the selfobject dimension of the analytic relationship (Bacal and Newman, 1990; Fosshage, 1990a).
two sources, namely, the merger concept as applied to self-selfobject connections and the original differentiation between narcissistic and object relational lines of development.

Kohut (1971) initially conceived the self and object to be merged when a person uses the other to provide self-maintenance or self-restorative functions. Without self and object differentiation, so the argument goes, a person cannot “relate” to the other. Therefore, the self-selfobject matrix is not relational. (This line of reasoning is based on a conceptualization of “relating” as requiring self and object differentiation.) Subsequently, Kohut (1977, 1984) suggested that selfobject relationships had developmental lines and only the most “archaic” involved a merger between self and object. Stern’s (1985) more recent conception, based on infant research, that self and object differentiation is most probably present at birth requires a reconceptualization of even the earliest self-selfobject relationships.

Kohut (1984) came to view a selfobject “as that dimension of our experience of another person that relates to this person’s function in shoring up our self” (p. 49; italics added), firmly anchoring the conceptualization of selfobject in a relational matrix. The selfobject dimension is one dimension of object relationships that comes to the foreground and recedes into the background depending on self needs (Lichtenberg, 1983; Stolorow, 1986) and the particular relationship. Self experience is central in the theory and analytic focus, and the many dimensions of object relationships are a major aspect of self experience. With the selfobject dimension of relationships crucial in development, pathogenesis, transference, and therapeutic action, self psychology becomes fundamentally a relational model (Modell, 1984; Bacal, 1990; Bacal and Newman, 1990; Fosshage, 1990c).

The second source of confusion about whether or not the self-selfobject matrix is relational emanates from Kohut’s original division between the narcissistic and object relational lines of development. This division was made, in part, to create a place for the new theory equal in importance to, and without tampering with, the old. His initial postulation of two independent lines of development, to reiterate, inadvertently repeated the error in classical theory of dichotomizing self and object relational concerns. The division implies that how we feel about ourselves does not affect our feelings toward others and vice versa. This theoretical conundrum is resolved if it is understood that self-development occurs within and requires a relational matrix.

Consistent reference to the self-selfobject matrix within self psychology implies that the selfobject dimension of relationships is primary in development, pathogenesis, transference, and therapeutic action. Because the term self-selfobject matrix inadequately reflects other dimensions of relational experience, Stolorow and his colleagues (Atwood and Stolorow, 1984; Stolorow, Brandchaft, and Atwood, 1987) have introduced the concept of intersubjectivity to encompass the full range of psychological life and the interaction of two subjectivities within the analytic relationship. The complex multidimensions of self-experience and object relations (for example, sexual, aversive, affiliative—see Lichtenberg, 1989) and corresponding schemas are included with greater facility under the rubric of intersubjectivity. Analysis requires focus on both the selfobject or developmental dimension of the analytic relationship (Kohut’s selfobject transference) and on the problematic schemas (transference). The schemas and the selfobject dimension are often intricately intertwined, shifting from background to foreground in a complex interplay. Other self psychologists attempt to include this full range of experience under the rubric of the self-selfobject matrix (P. Ornstein, personal communication).

Lichtenberg (1991) recently shifted the conceptual focus from selfobjects to selfobject experiences to maintain the focus on the analysis’s experience. Selfobject experience refers to “an affective state of vitality and invigoration, of needs being met and of intactness of self” (p. 478). More precisely, the selfobject experience refers to the dimension of experience that pertains to a vital and invigorated sense of self (Fosshage, 1990c). Kohut’s emphasis that a consolidated, vital experience of self can fully occur only when there is an internal sense of empathic resonance with actual or symbolic others is still retained. Even when the activity is solitary and is not relationally dominated, an empathic resonance with others is a necessary ingredient and backdrop for a fully vitalized sense of self.

PATHOGENESIS

Kohut’s thesis was that consistently faulty self-selfobject relationships during the formative years were the principal cause for derailments in self-development. Faulty selfobject relationships entail insufficient developmentally required selfobject availability and responsiveness, which disrupts the development and maintenance of a positive
cohesive sense of self. Additionally, these ruptures gradually form pathological structures or schemas of self and other, based in part on accommodation to the other to maintain some, albeit limited, self-object tie (corresponding with Winnicott’s, 1960, notion of the “false self”). Originally applied to the narcissistic personality disorder, this basic model of pathogenesis has become applicable to all disorders (viewed as disorders of the self) as the theory has expanded into a supraordinate theory of the psychology of the self. Psychoanalytic self psychology has emphasized developmental derailments due to relational deficiencies. For example, Kohut (1977) posited that unresolvable oedipal difficulties were related not to biologically determined oedipal conflict, but to failures in the self and oedipal-selfobject matrix, namely, that the oedipal selfobject had failed to respond adequately to either the sexual or the competitive strivings of the child. Whereas the concept of self, with its “program of action,” is a one-person feature, pathogenic derailments, occurring within a two-person matrix, are clearly a two-person feature. Containing both monadic and dyadic features has, ironically, led to contradictory critiques of self psychology: on one hand, as an “asocial,” intrapsychic model and, on the other, as a “parent blaming,” two-person model.

The combination of monadic and dyadic features is built into the interactional patterns between mother and infant that are currently viewed as the building blocks of psychic structure formation (Stern, 1985; Beebe and Lachmann, 1988). These interactional patterns are based on the temperament of the infant and his or her shifting priority of needs and motivational systems (Lichtenberg, 1989) in conjunction with the attunement of the mother, determined, in part, by her temperament and shifting priority of needs and motivational systems. These interactional patterns gradually build perceptual-affective-cognitive schemas with which subsequent life experience is organized and constructed. A consistent mismatch serves as a basis for developmental derailment and formation of pathological structures. The constitutional factors and the shifting needs and motivations of both participants, and the interactions between the participants, are all intricately interwoven and required for understanding the complex developmental or structure formation scenario. This general theory of pathogenesis represents an emergent synthesis of monadic and dyadic features.

**TRANSFERENCE**

Pivotal to Kohut’s contribution was his observation of patients striving to use the analyst for self-restorative and developmental functions, what he came to term selfobject transferences. Analysis might focus for some time on self-protective measures and conflicts surrounding the emergence of particular selfobject needs, conflicts principally related to the dread of the repetition of the traumatogetic occurrences of the past (Ornstein, 1974). Working through these conflicts and related protective operations gradually enables the selfobject needs to come to the foreground.

The establishment of selfobject transferences does not depend solely on the selfobject needs, conflicts, schemas, and protective operations of the analysand, but also requires a sufficient availability of the analyst. Kohut (1977) referred to the latter as the requisite “average expectable responsiveness.” The selfobject transference is a relational matrix to which both analysand and analyst contribute. The conceptualization of the selfobject transference, therefore, is a two-person psychology model. (It can be seen, incorrectly in my judgment, as “asocial” only when the selfobject is not viewed as a relational dimension.)

Recognition of a necessary responsiveness from the analyst implicitly places a new emphasis on the relational experience within analysis. Interpretation is one, and certainly not the only, type of response from the analyst which contributes to the relational experience of the patient. Within this complex interactional field, the term optimal responsiveness (Bacal, 1985) more adequately reflects the broad range of analytic interventions that facilitate the analytic process. Without this overarching technical concept, interventions other than interpretation often go unrecognized or are denigrated as nonanalytic. While verbal exploration and interpretation is often optimal, at times nonverbal communication, for example, a facial expression, is the optimal response (see Balint, 1969).

Notwithstanding that the selfobject dimension of the analytic relationship is central from a self psychological perspective, are there other dimensions of the relationship and of self experience that need to be brought into the analysis? Kohut (1984), never completely resolving his dichotomizing narcissistic and object relational concerns, confusingly noted that the object relational transferences, that is, transferences related to object relational conflicts (as if these did not involve the selfobject dimension and were essentially different) also required analysis. According to Kohut, object relational transferences frequently served as needed-to-be-analyzed impediments to the emergence of selfobject needs and the establishment of selfobject transferences. The principal structure-building process, for Kohut, occurred through the establishment and analysis of the selfobject transferences.

A new, albeit not unitary, model of transference has subsequently
emerged, which I have termed the organization model (for a review of the model and the contributions of Gill and Hoffman, Stolorow and Lachmann, Wachtel, and myself, see Fosshage, 1990a). In this model transference refers to perceptual-affective-cognitive organizing principles or schemas (generated out of interactional patterns and thematic experiences) with which the analysand perceives, organizes and constructs the analytic experience. These schemas include a successful or failing selfobject feature, namely, the feature that enhances or depletes a vital sense of self. For example, an analysand’s expectation (schema) of an abusive other based on past experience involves a particular view of the other that incorporates a selfobject failure. Analysis focuses principally on the illumination of the problematic schemas (that is, schemas that involve arrested development and render conflict irresolvable) as they are activated in the analytic relationship and on the selfobject dimension of the analytic relationship as the analysand uses the analyst for self-development and self-maintenance.

Both analysand and analyst variably contribute to the analytic relationship. When entering analysis, the analysand hopes for the new (that is, the selfobject need or developmental striving is in the forefront), expects the old (according to the schemas), and organizes and interacts in ways (based on schemas) that tend to elicit new and old repetitious relational experiences. As part of this two-person conception of transference, or, more accurately, the analytic relationship, the analyst attempts to understand and explain the analysand’s experience through organizing the experience with his or her schemas.

Understanding transference as variably shaped by both analysand and analyst within a two-person field model enables us to recognize that the degree to which the analyst contributes to the activation of the analysand’s schema will determine whether the schema can be illuminated or the schema is reinforced through a replication of the relational pattern. For example, if the analysand fearfully expects the analyst to be removed and emotionally unresponsive, the degree to which the analyst’s behavior and presence corresponds with this schema will determine whether the schema is reinforced or illuminated. “The patient will only be able to observe and identify a particular organizing principle when the contribution of the analyst is sufficiently minimal that alternative interpretations, from the patient’s vantage point, are feasible” (Fosshage, 1990a, p. 26).

Terminologically, “countertransference” places the emphasis on the analyst’s reactions to the transference and does not adequately reflect the totality of the analyst’s subjectivity participating in the analytic encounter. “Both patient and analyst shape the countertransference and, as with transference, the contribution of each can range from minimal to extreme” (p. 18). For example, the analyst, like the patient, may selectively attend to minimal cues in experiencing the patient. The analyst’s activated schemas and reactions may or may not facilitate the analysis, depending on the respective patient and analyst contributions to the analyst’s experience and on the subsequent analysis of the intersubjective scenario. Discrepancies between analyst and patient experiences can be useful in understanding and analyzing the intersubjective encounters (Wolf, 1988). The recognition of the interaction of two subjectivities occurring within the analytic arena makes this a more complete field model.

The complex intersubjective nature of the patient–analyst encounter precludes so-called inevitable countertransferences, namely, specific countertransferences that all analysts would predictably experience in reaction to specific transferences. For example, what one analyst might experience as hostility, another might experience as assertiveness.

The analyst is often portrayed as inevitably “pulled into” the transference, but within a field model it becomes clear that the analyst also shapes how he or she is pulled in (Fosshage, 1990a). Similarly, the analyst must be sufficiently available to the developmental “pull” of the selfobject dimension of the analytic relationship, but that response too is shaped by the analyst.

The complex interaction of analysand and analyst and their respective subjectivities reflected in the evolving organization model of transference synthesizes one- and two-person elements.

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14 As I have delineated, the conceptualization of transference as an organizing activity nullifies the dichotomy between distorted and realistic perceptions and the use of this dichotomy to differentiate transference from nontransference (Fosshage, 1990a, pp. 12–15). Schemas vary quantitatively along a number of dimensions, for example, frequency of use, modifiability, conscious awareness, and self-enhancing versus self-depleting, that prevent a dichotomization between transference and nontransference. For these reasons, I have proposed the use of the term schemas. The term transference is used to refer to those schemas and to typically problematic schemas activated within the analytic relationship.

15 In viewing countertransference as encumbering or distorting the analyst’s view, Kohut never extricated himself from the “classical” view of countertransference. In contrast, his recognition of the importance of the “personal presence” of the analyst, the need for the analyst to be sufficiently available (“average expectable responsiveness”) and the formulation and emphasis on the self selfobject matrix in the analytic arena, all underscored the profound participation of the analyst and the analyst’s subjectivity in the analytic process.
THERAPEUTIC ACTION

Fundamental ingredients of therapeutic action are: (1) an ongoing, sufficiently consistent and reliable experience of selfobject (idealizing, mirroring, and twinship) components within the analytic relationship; (2) the subsequent analysis and consequent management of the self-selfobject ruptures; (3) the illumination, within the current context, of primary problematic experiential themes and schemas and their genoses (that is, analysis of transference); and (4) the fundamentally new relational experience (that is, self with other) that in large measure is created by the previously mentioned components of the analytic process. These processes bring about psychological organization, an increase in regulatory and management capacities (structure building), and modification of problematic schemas (structural change).

An Ongoing Selfobject Experience

Kohut (1982) recognized (somewhat reluctantly) that the use of the empathic mode of observation, by providing an ongoing experience of being acknowledged and understood, could be therapeutic. This realization opened the door to recognizing the potentially curative value of the relational experience within the analytic arena, a major departure from the traditional emphasis on interpretation and insight (resonating with the work of Ferenczi, Balint, Winnicott, Guntrip, and others). By 1984, Kohut had acknowledged without hesitation the curative or developmental value of an ongoing selfobject experience (see p. 78). He was well aware that this experience could be called an "emotionally corrective experience," but unlike Alexander (1956), he stipulated that the analyst should not sharply deviate from the analytic stance. Yet, Kohut (1977) recognized that the analyst had to be sufficiently available for the selfobject or developmental "pull" and referred to it, as previously noted, as the "average expectable responsiveness."

Although this average empathic responsiveness lies within a broad band in the spectrum of possibilities and allows many individual variations, it is not—in principle—an approximation of the functions of a psychologically programmed computer that restricts its activities to giving correct and accurate interpretations. The conclusion that it is "in principle" true that the analyst must not try to function like a well-programmed computer rests on two premises: that the analyst's responses require the participation of the deep layers of his personality and . . .

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that the responses of a computer would not constitute an average expectable environment for the analysand [p. 252; second italics added].

The "human presence" (Kohut, 1984) is crucially important and is basic to therapeutic action. The relationship within which the analysand can develop (partially created by but certainly not limited to interpretation and insight) makes clear that the model of therapeutic action represents, once again, a new synthesis of one- and two-person psychology features.

Whereas some self psychologists are still reluctant to speak of the new relational experiences in psychoanalysis and still emphasize interpretation as the primary mode of intervention (see Wallerstein, 1985), others are not (see Bacal, 1985; Stolorow et al., 1987; Wolf, 1988; Fosshage, 1990a, c). The interpretive sequence is crucially important in psychoanalysis and often central, but it needs to be viewed, in addition to its insight-increasing aim, as a response of the analyst that contributes to the analysand's experience of the relationship. Often the interpretive sequence is optimal in facilitating the analytic and developmental processes, and at times other actions are necessary (for example, see Bacal's, 1985, discussion of Kohut's well-known offering of his "two fingers" to be held by a deeply depressed patient).

The Subsequent Analysis and Consequent Management of the Self-Selfobject Ruptures

With the emergence of a selfobject connection, often following analysis of protective measures (defenses), Kohut emphasized as central to therapeutic action the repair of the inevitable self-selfobject ruptures through interpretation. These self-selfobject ruptures are ruptures in the relational (understanding the selfobject dimension to be a component of relationships) connection between patient and analyst that negatively affect the patient's sense of self. During a so-called optimal rupture, the patient may be able to "stretch" and provide the necessary self-regulatory function without, or in spite of, the analyst. And following the repair of ruptures (by understanding the patient's experience), optimal and not, the patient incrementally learns that ruptures are manageable and thus increases overall regulatory capacity.

Self-selfobject ruptures are inevitable because no analyst can understand perfectly or always be sufficiently available for the necessary selfobject functions and because a analysand will tend to perceive,
organize, and construct the analytic experience by using problematic schemas that entail selfobject failures. Yet, analysts contribute more or less to ruptures (a two-person field model). Specific ruptures (with regard to content) may or may not occur, depending in part on the contribution of the analyst.

Recognizing that analysts contribute more or less to self-selfobject ruptures raises a thorny question: Do analysts, or should analysts, ever attempt to avoid selfobject ruptures? Deviating from the "standard" analytic stance is typically viewed as a momentarily necessary parameter or more often as a countertransferentially acting in (an example is how some discussants viewed my answering an analysand's question [Fosshage, 1990b]). To view the analytic stance as static is a remnant of a one-person psychology and positivistic science. Ornstein (1990) recently noted:

Any entry into a psychoanalysis—as well as the full journey through it—is always highly idiosyncratic for both participants, no matter how we may generalize about these entries. On this microscopic level there is nothing “standard” or “well defined” about the precise conduct of an analysis, because no two analyses are ever alike, even if they are not haphazard and have their definite, well-articulated general “rules” [p. 478].

Ruptures are inevitable and, indeed, through repair enable structure-building and structure-changing (reorganization). Yet, when the analyst contributes "too much" to the rupture, or when the patient is feeling particularly fragile, or in the beginning phase of treatment when the analytic connection is still unreliable, the rupture can prove to be retraumatizing and unanalyzable. If we are not sufficiently "pliable" (Balint, 1968) (for example, to avoid, if only temporarily, certain behaviors that are particularly traumatic to the analysand), the analysand, at the least, may not feel understood or, at the worst, may experience the analyst as not caring to understand. A field model enables recognition that the analyst is a full participant in the analytic relationship. This recognition, the ramifications of which are still emerging, is central in self psychology and, indeed, in all relational perspectives.

The Illumination Within the Current Context of Primary Problematic Schemas and Their Geneses (the Analysis of Transference)

The analysis of the schemas or transference is vital to facilitating psychological reorganization. As primary problematic schemas are illuminated within the analytic and extraanalytic relationships and their geneses understood, the analysand gradually becomes able to suspend and even to transform these schemas and develops new ways of experiencing and organizing his or her sense of self, others, and the world.

The analysand's use of particular schemas results in selective attention to, and at times behaviors that elicit specific cues or responses. Because both participants contribute to the analysand's experience, it is the degree of contribution from the analyst that will in large measure determine whether or not the schema is illuminated or the experiential pattern on which the schema is based is repeated and the schema is reinforced. Although the analyst's contribution is usually inevitable (for something the analyst does will usually activate a patient's primary schema), the analyst's contribution can vary widely. Other factors that affect whether a schema is analyzable or is reinforced are the history of the analytic relationship, including the previous illumination of the particular schema, the rigidity of the schema, and frequency of its use.

The Fundamentally New Relational Experience (That Is, Self with Other) That in Large Measure Is Created by the Components of the Analytic Process

Within a self-psychological field model, the process of understanding and explaining selfobject needs, ruptures, and schemas substantially provides a new relational experience. To consider this new relational experience as an overriding central change agent (in contrast to insight, which is only one, albeit very important, aspect of the relational experience) facilitates inclusion of the vast array of complex and subtle verbal and nonverbal communications and experiences that go on within the analytic situation. The experience of this process, discussed and not discussed, ultimately provides new interactional patterns that are the basis for new schemas of self and other, and self with other. Within a field model, new relational experiences, within which interpretation (that is, understanding and explaining) and insight are often central ingredients, are fundamental to psychological organization and reorganization.

CONCLUSION

Self psychology, with its emphasis on the unique "program of action" of the nuclear self, a one-person psychology, and its emphasis on the
self-object matrix, a two-person psychology, is providing an emergent synthesis of monadic and dyadic features for the understanding of development, pathogenesis, transference and therapeutic action.

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We are all of us born in moral stupidity, taking the world as an udder to feed our supreme selves: Dorothea had early begun to emerge from that stupidity, but yet it had been easier to her to imagine how she would . . . become wise and strong in his strength and wisdom, than to conceive with that distinctness which is no longer reflection but feeling . . . that he had an equivalent center of self, whence the lights and shadows must always fall with a certain difference.


In recent years analysts from diverse psychoanalytic schools have converged in the effort to formulate relational theories of the self (Eagle, 1984; Mitchell, 1988). What these approaches share is the belief that the human mind is interactive rather than monadic, that the psychoanalytic process should be understood as occurring between subjects rather than within the individual (Atwood and Stolorow, 1984; Mitchell, 1988). Mental life is seen from an intersubjective perspective. Although this perspective has transformed our theory and our practice in important ways, such transformations create new problems. A theory in which the individual subject no longer reigns absolute must confront the difficulty that each subject has in recognizing the other as an equivalent center of experience (Benjamin, 1988).

The problem of recognizing the other emerges the moment we

An earlier version of this chapter appeared in Psychoanalytic Psychology, 1990, 7(suppl.):33-47.