transitional means of reassuring themselves of their continuing existence and importance for us until this ability is firmly established. The pragmatist shift to an epistemology of meaning, and to an ontology of perspectival realism, gives us great flexibility in understanding these clinical phenomena. Our clinical theories must support and articulate such relational understanding.

Misunderstanding often seems to be the normal state of the psychoanalytic triad—the two subjectivities and the intersubjective field that includes them. If some fundamental emotional safety exists, however, analyst and patient together can attain understanding by continually working through, in a fallibilistic spirit, the small and large misunderstandings.

Chapter 11

How Does Psychoanalytic Understanding Heal?

As I neared the completion of this book, a patient announced to me one day, “I don’t think I care about being understood. I don’t expect people to understand me. I want to feel loved and cared for whether I am understood or not.” He thought that just such a feeling of being loved and cared for was what was working in his treatment. This patient thus forces me to articulate the implications of my pragmatic and intersubjective view of understanding for a theory of therapeutic action or efficacy. An honest pragmatist must, of course, acknowledge in a fallibilistic spirit that our clinical theories are never more than working hypotheses. We must also, like the ancient physicians, admit that genuine cure is a comparatively rare occurrence.

Nevertheless, the “cash value” (James, 1907) of any psychoanalytic theory lies in its account of cure. I have placed the idea of understanding in the center of the epistemology and clinical theory of psychoanalysis. Now I must explain the implications of this position for the question of therapeutic action, a question that

*Dr. Peter Lessem and I collaborated in writing early versions of some sections of this chapter.
has a long and thoughtful history. This history reflects a gradual shift from the interpretation-and-insight view toward an explicit emphasis on the healing power of relational and emotional understanding.

**THE EFFICACY OF PSYCHOANALYSIS**

Since Breuer and Freud’s (1895) *Studies on Hysteria*, it has been clear that psychoanalytic treatment in the hands of a skilled practitioner can be helpful. On the other hand, why this should be so and how the process works have never been clear for very long to very many people. As both participants in and observers of the psychoanalytic process, we often find ourselves at a loss to articulate the reasons for successes and failures. The question of therapeutic efficacy has, however, obvious practical significance. If we know what helps, we will do it, unless the cost proves too great to us as therapists. More than any other, perhaps, this question bridges the gap between psychoanalytic theory and practice, and it relies on the hermeneutic pragmatism that characterizes my account of psychoanalytic understanding. The question of therapeutic efficacy, precisely because it is so difficult to resolve, spans the history of psychoanalysis.

Breuer and Freud (1895) originally thought that people recover from “hystérias” by recalling early traumas and by the cathartic reexperience of the emotional states associated with these early traumas, that is, by abreaction. Once Freud adopted his topographical view of the mind, he asserted that analysis cures by making the unconscious conscious. Wishful conflicts, once acknowledged, lose their power, and symptoms disappear. With the coming of Freud’s structural theory, this process meant that ego control replaces id wishes and that mature organization supplants infantile chaos. With little change, this drive-based understanding of psychoanalytic cure persists today in Freudian ego psychology and Kleinian analysis.

Starting in the 1930s, however, dissenting voices emerged. In Budapest, Ferenczi, who stressed the emotional quality of the unique psychoanalytic bond (Bacal & Newman, 1990), wondered whether the relationship itself might not be the curative factor. In addition, he emphasized the therapeutic potential of regression and emotional reliving in the transference. Viewing the traditional reserved analytic attitude as inappropriate to heal the “traumatized child” in the patient, he thought analysts needed to be more responsive. They ought to make the analytic relationship a place of safety in which the patient could relive the original trauma in a context that is different from the original one, thereby making it possible for the patient to experience a new beginning.

Ferenczi underscored the analyst’s contribution to the therapeutic bond. He stressed (1) the ways in which what the analyst provides to the patient differs from what the patient has experienced in the past, (2) the analyst’s love for the patient, and (3) the importance of reducing impediments in the analyst to understanding and connecting emotionally with the patient. The first two of these concerns figured prominently in Ferenczi’s remarkably up-to-date discussions on the treatment of trauma. For example, Ferenczi (1988) contrasted his view with Freud’s:

> An abreaction of quantities of the trauma is not enough. The situation must be different from the actually traumatic one in order to make possible a different, favorable outcome. (p. 108)

> If the present process is to have a different outcome from the original trauma, then the victim of traumatogenic shock must be offered something in reality, at least as much caring attention, or a genuine intention to provide it, as a traumatized child must have. (p. 28)

> No analysis can succeed if we do not succeed in really loving the patient. Every patient has the right to be regarded and cared for as an ill-treated, unhappy child. (p. 130)

Without discounting the power of transference, Ferenczi underscored the actual personality of the analyst in the therapeutic situation. Believing that the analyst’s personality strongly influences the course of treatment, he criticized the overvaluation of theoretical insight. Personal qualities of the analyst, as well as feelings of liking, interest in, or indifference toward patients, come through and evoke unconscious responses from the patient (p. 191). Ferenczi was a solitary voice stressing the profoundly relational nature of the psychoanalytic process, including the need for
attention to countertransference. This attention, he believed, facilitates the analyst’s understanding of and emotional availability to the patient. Toward these ends, Ferenczi experimented with the radical innovation of mutual analysis. He hoped that by allowing patients to hear and explore his responses and transferences to them he would reduce the interference of his countertransference and what he called his “obtuseness.”

In Britain, Strachey (1934), in his remarkable paper “The Nature of the Therapeutic Action of Psycho-Analysis,” described the curative role of the therapeutic relationship. Within the safety of the analytic bond, the patient could more easily make use of interpretations. Strachey described the elements that contribute to the patient’s ability to integrate interpretations. These include the patient’s will to recover and capacity to assimilate reasonable arguments, as well as the relationship with the therapist. Strachey believed that the patient’s positive attachment to the analyst in the transference makes therapeutic change possible through modification of the superego. The patient assimilates the analyst into his or her tripartite psychic structure as an auxiliary superego. This auxiliary superego, a good object, differs from the bad objects of the patient’s past. Effective, or “mutative,” interpretations help the patient become aware of the contrast between the archaic fantasy object and the real analytic object. The resulting introjection of this less aggressive, more benign object into the patient’s superego modifies superego aggression, thereby creating interference with the habitual neurotic process. For Strachey, psychic change results from the internalization of the analyst as a good object via mutative interpretation.

Also in Britain, several analysts with a radically social conception of human nature challenged drive theory. They suggested that the basic human striving is for connection with others, often, in deference to Freud, called “objects.” This major transformation of theory—perhaps even a paradigm shift—to a relational model is still in progress. Greenberg and Mitchell (1983), as well as Bacal

and Newman (1990), have extensively explored this change in theoretical focus.

Ian Suttie (1985), for example, who I suspect has been neglected because he was so straightforwardly radical, understood human beings as motivated primarily by the need and desire for companionship and love. He saw hatred as frustration in the search for love. Differentiating sexuality from tenderness, he accused the Freudians of reductionistic pansexualism. Suttie complained, in addition, of what he called the taboo on tenderness, or antiemotionalism, in scientific psychology, in society, and particularly among psychoanalysts. He thought that society underappreciates and undercompensates the work of mothers and nurses, and he attributed this phenomenon to a general aversion to tenderness. Noting that society views as unmanly tenderness for people or animals, he thought that men had often substituted sexuality for the love and tenderness that were taboo for them. In Suttie’s view, Freud, by building the taboo on tenderness into his theory, reduced tenderness, love, and companionship to derivatives of sexuality.

Suttie believed that psychoanalysis provides an opportunity to restore lost or damaged capacities to find companionship and love. He liked to quote Ferenczi’s saying, “It is the physician’s love that heals the patient,” and he felt that this position has enormous practical bearing:

If we do not like a patient we are hopelessly handicapped in treating him. No amount of technical skill, theoretical knowledge or conscientiousness will atone for the absence of a sympathetic understanding and the capacity to “put oneself in the patient’s place.” (p. 74)

Suttie believed that all mental illness, no matter what its biological concomitants or how isolative it appears, is a disturbance in social relatedness. He therefore provided a developmental, and in today’s terminology, thoroughly intersubjective, account of the development of symptoms:

Mind is so intimately and constantly dependent upon interplay with other minds that any disturbance of its interpsychic [Suttie’s word]
relationships further alters the affected mind in a “vicious circle.” The loss of touch with others produces a vast number of secondary symptoms, reparative, compensatory, defensive, defiant, etc., and produces in the observer’s mind the illusion that the patient’s trouble is of relatively recent, definite and sudden onset, whereas in reality much of the disturbance and distress is due to emotions evoked by the impairment of companionship (of love and of interest) in the distant past. Further, every lapse from sociability on the part of the patient produces an antipathetic response from his social environment, which in turn has its repercussions upon himself. Thus a vicious circle of protest and counter-protest and misunderstanding is set up. In consequence the patient is alienated not so much of his own accord as by a sort of emotional ostracism on the part of others. He did not intend to become isolated, even unconsciously. He was forced into it. (p. 182)

This intersubjective account of psychopathology has important implications for understanding the therapeutic action of psychoanalysis. For Suttie the task of psychotherapy is “to induce the patient to lay aside her age-old defenses against the infantile dread of isolation, and to find an adequate substitute in adult love and interest-companionship” (p. 203). In another place, he claimed that psychotherapy involves “the overcoming of the barriers to loving and feeling oneself loved, and not the removal of fear-imposed inhibitions to the expression of innate, anti-social, egoistic, and sensual desires” (pp. 53–54).

Like Suttie, Fairbairn challenged the fundamental conceptual structure of Freudian psychoanalysis when he claimed that human beings are object-seeking from birth. He sought to replace the Freudian emphasis on impulse and drive with a focus on how people maintain crucial ties in the face of neglect or frustration of vital relational needs. According to Fairbairn, a person copes with the frustration that results from unsatisfactory early object relationships by splitting psychic experience. The unification of the split ego, or split psyche, became for Fairbairn the aim of psychoanalytic therapy. He regarded the split ego as an internal “closed system” that evolved as a reaction to the effects of unsatisfactory early object relationships. Thus, Fairbairn (1952) believed that “the chief aim of psycho-analytical treatment is to promote a maximum synthesis of the structure into which the original ego has been split” (p. 380). To do so, the patient needs help to release bad objects from repression and to dissolve “libidinal” ties to them in order to become free to form healthier object relationships. As Bacał (1990) paraphrases Fairbairn, “Interpretation alone is insufficient; the patient’s maintaining his inner world as a closed system has been partially determined by his sense of hopelessness in obtaining any satisfaction from objects in external reality upon whom he might allow himself to become dependent” (p. 357).

To feel safe enough to risk releasing internalized bad objects from repression (i.e., to experience them as bad), and to experience them in the transference, the patient must experience the analyst as a good object (Bacał & Newman, 1990, p. 152). In Fairbairn’s words, “It is the actual relationship between the patient and the analyst [that] constitutes the decisive factor in psychoanalytical, no less than in any other form of psychotherapeutic care” (p. 385). More precisely, “the relationship between the patient and the analyst is not just the relationship involved in the transference, but the total relationship existing between the patient and the analyst as persons” (p. 379). This tie with “a reliable and beneficent parental figure” (p. 377) was the relationship denied to the patient in childhood.

The most influential contributor to the paradigm shift to a relational model is Winnicott (1958, 1965). Focusing on the similarities between the mother–infant relationship and the analytic situation, he saw analysts as providing a holding environment similar to that furnished by good-enough mothering. A regressive experience in such an analysis, he thought, frees the patient from the persistent dominance of a compliant false-self organization, thereby making possible the emergence of a spontaneous, true self. Winnicott’s work on play and on transitional experience opened our eyes to the wide range of human experience, especially including the creative regions, that has relational meaning. He thus helped us to see nonverbal and playful activities of bonding both in childhood and adulthood. His highlighting of “primary maternal preoccupation” in infancy, with its considerable demands on the mother, parallels his emphasis on the management of the limits of analysts’ emotional availability. He said, more than half seriously, that his patients had to “queue up” for their regressions (Little, 1990). Similarly, Gotthold (1992) notes both the necessity
and difficulties of analytic wholeheartedness with patients like those about whom Winnicott wrote.

Bowlby, who has been ignored in British psychoanalysis both because of his ethological analogies and because his thought was radical, articulated the bonding hypothesis even more clearly than Winnicott did. In his last book, Bowlby (1988) summarized his life’s work under two headings: (1) the importance for psychoanalysis of considering how the actual conditions of a child’s emotional environment affect the person’s development and (2) the developmental primacy of experiences of attachment, separation, and loss, or, as he sometimes said, the making and breaking of emotional bonds.

Although Bowlby rejected drive theory and the Kleinian language of Winnicott, he saw the clinical work of Winnicott as most closely allied with his own thinking. However, while Bowlby saw the task of therapy as clearly focused on issues of relatedness, he viewed the process itself as insight-oriented. Bowlby acknowledged his similarity to Kohut on this issue. What is remarkable is how clearly Bowlby (1988) articulated the basic condition for the possibility of any healing through insight:

The first [task] is to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past and present, many of which he finds it difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance. (p. 138)

Other aspects of psychoanalysis emphasized by Bowlby were exploration, comparison of divergent experiences and perspectives, and understanding. But the creation of emotional security was Bowlby’s lifelong interest. He compared the secure-base-providing role of the therapist with “that of a mother who provides her child with a secure base from which to explore the world” (p. 140). The therapist provides a zone of safety in which the patient can explore the effects of his or her personal history—of trauma, neglect, or other trouble—on self-experience in the past and present.

Michael Balint, an analysand of Ferenczi, imported Ferenczi’s ideas into the group of British psychoanalysts who embraced the social conception of human beings. Balint made important additions to Ferenczi’s thinking about the importance of the patient-analyst relationship. Balint viewed psychoanalysis as a two-person or two-body psychology, not the one-person psychology of traditional analytic therapy. Like his mentor Ferenczi, therefore, he encouraged careful attention to the analyst’s contribution to the therapeutic situation. Moreover, in Balint’s words, “The events during an analysis are not determined by the patient’s associations and transference, or by the analyst’s interpretation, but by an interaction between the two” (Balint, 1953, as quoted in Bacal & Newman, 1990, p. 127). The course of an analysis, Balint maintained, is not a simple product of the analysand’s early experience. It also results from the current relations among the patient, the analyst, and the ethos of the analytic situation.

Balint’s relational theory of the genesis of psychopathology, especially his conception of “the basic fault,” engendered his view of therapeutic action. His “basic fault” referred to a major discrepancy, or gap, between a patient’s needs in infancy and the capacity of the people in the child’s early environment to respond to these needs. By regressing in the transference to the level of the basic fault, the patient attempts to form the needed reparative relationship with the analyst. Once regressed to this level, the patient can discover that rigidly maintained, self-protective conditions for relating and loving are no longer necessary. In the phase Balint (1968) called “the new beginning” (pp. 131–132), a person can relinquish these rigid conditions.

Meanwhile, the American Hans Loewald (1960a), working in ego psychology with its objectivist assumptions but influenced by the pioneering British psychoanalysts, wrote an extraordinary paper, “On the Therapeutic Action of Psychoanalysis.” Loewald argued that the relational features of the analyst’s interpretive activity are central to the therapeutic action of psychoanalysis. In his words, the “resumption of ego development is contingent on the relationship with the new object, the analyst” (p. 221). “The newness consists in the patient’s rediscovery of the early paths of the development of object relations leading to a new way of relating to objects and of being oneself” (p. 229). This new relational

*This idea resembles my intersubjective conception of the psychoanalytic triad (Chapter 2).*
experience for the patient comes about largely through the analyst's interpretation of the patient's transference distortion. "The chiselling away of transference distortions" (p. 225) permits the process of identification that Loewald, like Strachey, saw as central to the new object tie. Growth occurs, Loewald believed, by the internalization of relational exchanges between the self and the other. The analyst provides regulating and organizing functions for the patient by interpretation in a way analogous to the mother's care for the child. For Loewald, the patient internalizes the interaction process in which the analyst's interpretations supply an "integrative experience" for the patient. This process mediates between the patient's idiosyncratic, childish beliefs and the analyst's more highly differentiated organization.

To summarize, we could say that each of these authors—Ferenczi, Strachey, Suttie, Fairbairn, Winnicott, Bowlby, Balint, and Loewald—conceived of psychoanalysis as a return to the road not taken by the patient because it was not available to her or him as a child. These theoreticians believed that the lack of crucial attachment bonds, or primary emotional ties, prevents the emergence of a robust self. In analysis the patient returns to the conditions of infancy, not in a regressive sense but as an emotional opportunity for a much needed attachment that makes possible progressive development in adulthood.

Because of Strachey and Loewald, the question of how analysis works has been prominent in recent psychoanalytic thought. We turn now to how this issue has been approached within self psychology, both by Kohut and by some of those who have continued to develop self psychological theory. In the spirit of inquiry and growth of theory proposed by Kohut (1977, p. 312), I have slightly modified Kohut's (1984) question "How does analysis cure?" to ask: How does psychoanalytic understanding heal?

Kohut's (1977) explicit answer was that optimal frustration promotes transmuting internalization. By "frustration" he seems to have meant the disruptions and misunderstanding that inevitably occur, even in a treatment characterized by the empathic inquiry and empathically informed interpretations by the analyst. If adequately analyzed, these disruptions of the self–selfobject milieu enable the patient to internalize the analyst's selfobject functions—mirroring and soothing, for example. The patient thus builds up newly cohesive, stable, and positively valued psychic structure, or selfhood.

Kohut reaffirmed this view of cure in his 1984 book, emphasizing that frustration is inherent in the analytic process, which can provide only understanding and explanation, not gratification of the needs being understood. In his words, "It is the accretion of psychic structure via an optimal frustration of the analysand's needs or wishes that is provided for the analysand in the form of correct interpretations that constitutes the essence of the cure" (p. 108). Yet in this same work, Kohut also hinted that while self psychologically oriented analysis makes no major technical departures from classical analysis, something besides interpretation may be involved in psychoanalytic cure. In his account of the disruptions that lead to transmuting internalization of psychic structure, Kohut emphasized the mending or repair of the self–selfobject tie, or empathic bond, between analyst and patient (Jaenicke, 1987). Although, to my knowledge, Kohut never said that the process of mending a broken tie in the present makes possible a partial healing of the self broken in the past—his explicit emphasis was more on structure-building than on healing—his work suggests that self psychologically informed psychoanalysis works in this way. In addition, when this occurs, it may give the patient a feeling of hope that further healing is possible.

In this vein, Kohut (1981) suggested that, much as he wished to regard empathic understanding simply as a scientific tool for gathering data, he had been forced to recognize and admit that empathy itself might be curative. Thus part of Kohut's legacy to psychoanalysis is the recognition that both relatedness and empathy-informed interpretation are crucial to psychoanalytic cure. The open questions concern the relative importance of these two elements and the nature of the relationship between them.

In fact Kohut placed the formation of self-consolidating emotional connections squarely in the foreground of analytic thought and practice. The selfobject conception, self psychology's theoretical heart, placed the ability of emotional bonds to strengthen self-experience right in the center of emotional experience, devel-
opment, and cure. In other words, Kohut too thought that analysis gives patients a second chance at healthy emotional development based on attachment. Nevertheless, this emphasis surfaced most clearly in his later works.

As noted above, Kohut (1977) originally claimed that change occurs through transmuting internalization. In his view the patient takes in forms of self-experience made newly available by selfobject experience in treatment, especially while mending nontraumatically disrupted selfobject bonds. Gradually the patient incorporates forms of self-experience—ideals, ambitions, enthusiasms, firmness, for example—from his or her therapist's reasonably consistent responsiveness, presumably missing in the patient's childhood. Kohut accounted for the increased experience of self-cohesiveness, self-continuity, and positive self-experience by these "transmuting internalizations."

While internalization is undoubtedly a spatial metaphor that is vulnerable to criticism as overly concrete and simple, the transmuting part of the inferred process is more abstract and complex. The patient inevitably and continually transforms the current selfobject experience with the analyst according to already organized preconceptions inferred from her or his emotional history—importantly including the history of experience with the analyst—and thus gains new psychological organization or structure. In addition, it is clear that Kohut meant that selfobject experience changes the patient over time into a stronger person with a firmer and more positive sense of self. In his last writings Kohut (1977, 1984) placed more emphasis on this kind of change. However, he was reluctant to do more because he wanted empathy to be understood as a method of investigation, not as a direct route to cure through being kind. His own accumulated experience, however, led him to acknowledge that something was curative about the experience of feeling understood (1981).

An intersubjective account of psychoanalytic understanding places the process of organizing and reorganizing experience at its center (Stolorow et al., 1987; Stolorow & Atwood, 1999). Stolorow (1994) has moved away from a transformational view that sees organizing principles as replaced or radically modified in treatment. He believes instead that we acquire an expanded repertoire of principles for organizing experience more flexibly. Relational predicaments that closely resemble the intersubjective situations in which we formed our original assumptions can evoke them again. Yet we know that people do become more flexible, more moderate, more generous, and more content. How does this happen?

**ATTACHMENT, SELFOBJECT EXPERIENCE, AND THERAPEUTIC EFFICACY**

Psychoanalytic understanding is, among other things, a form of loving, and it can be experienced in that way by the patient. It differs from empathy, which is value-neutral and can be used to hurt people. Psychoanalytic understanding, as it characterizes both practitioner and process, is unequivocally propatient (Tolpin, 1991). Although patients may not recognize for a long time that we are on their side, we must know that we are. If we cannot find or maintain this attitude with a given patient, we ought to consult our colleagues and, if necessary, refer the patient. Often we can recognize our inability to stay on the side of a patient in the kind of humor—is it ironic or sarcastic?—we use in speaking with colleagues about this patient. Another clue comes in our use of diagnostic labels like "borderline" or "hysterical," which denigrate the patient and short-circuit the interplay of psychoanalytic understanding. Labeling may have other functions, of course, but none of these, in my view, furthers the process of understanding.

Being propatient, although only one part of cure or healing, is, like emotional availability, a necessary condition for its possibility. It probably forms part of that emotional availability so crucial to the attachment process that I see as the core of the therapeutic efficacy of psychoanalytic treatment.

What then is the connection between attachment and emotional healing? Clearly not all psychological change requires a crucial emotional bond to an analyst or therapist. Drugs, cognitive-behavioral therapies, and strategic or systemic family therapies operate—or claim to—without such bonds. I believe that an adequate psychoanalytic conception of therapeutic action through understanding requires that we look again at the selfobject conception.
The cornerstone of self psychological theory is the idea of selfobject experience. In my view the particular human being who provides selfobject experience matters profoundly. Thus, we can clarify the selfobject notion by reference to ideas that have emerged from research into early attachments. Prominent attachment theorists include Bowlby, Ainsworth, Sroufe, and Main. In contrast to classical psychoanalytic theory, attachment theory asserts that needs for safety and security, rather than for reduction of physiological drive tensions, lead to the formation of a bond between caretaker and infant (Bowlby, 1979).

Self psychologists and attachment researchers share in common a central belief in the overriding importance of the tendency of human beings to form strong emotional bonds to individual others. Both believe that this tendency to form strong bonds with special others is at the core of human functioning and human psychology throughout life. As Bacal and Newman (1990) point out, both approaches stress the importance for healthy development of relationships with phase-appropriately responsive and supportive figures. Additionally, both theoretical traditions maintain that this tendency is present in the infant and continues throughout adult life till death. Further, both believe that a principal feature of competent personality functioning and mental health is the ability to form emotional ties with people, in both the careseeking and caretaking roles.

Significant differences, nevertheless, exist between the two theories. Self psychologists view self-development as originating in, and maintained by, the experience of support from responsive and idealizable others. Self psychology calls these experiences "selfobject" to suggest that we feel people who provide them as supports to our selfhood, not primarily as subjects of their own experience. When caretakers disappear or fail, the child can often use another available adult to supply the needed ideals, validation, and support.

Attachment theorists, partly to the contrary, see the development of a self as contingent on reliable emotional bonds to particular caretakers. Recent infant research views infants as originally capable of and disposed to such ties. The stability of these bonds provides a sense of safety for the child, a secure base (Bowlby, 1988) from which the child can venture forth to explore the world. To lose such an irreplaceable caretaker can be profoundly traumatizing, and the loss may never entirely heal.

Attachment theory has been conceptualized by its researchers in behavioral, dyadic terms. Generally, theorists and scientists in the attachment tradition—Bowlby, Ainsworth, Sroufe, and many others—have emphasized the behaviorally observable effects of the formation and disruption of attachment. They also correlate security of attachment with various abilities and behaviors later in childhood and adolescence. Conceived in measurable and behavioral terms, attachment theory has become a prominent paradigm in infant research.

Yet attachment theorists sometimes neglect the subjective experience of attachment, including the personal meanings of attachment, separation, and loss. According to Greenberg and Mitchell (1983), Bowlby does not "account for the emotional need for and meaning of attachment and relationship in the development of a distinctly human self" (p. 187).

Self psychology, on the contrary, addresses the experience of attachment and loss. An example of this is the recent interest among self psychologists in the importance of the significant other for the patterning of self-experience. This is evident in Stolorow et al.'s (1987) intersubjectivity theory, Bacal's (1990) and Bacal and Newman's (1990) work delineating the object relational "bridges" to self psychology, Beebe and Lachmann's (1988) emphasis on mutual influence structures in their work on the development of representations, Fosshage's (1992b, 1994) work on the organizational conception of transference and the self in the relational matrix, and Lessem's (1992) work on the relational patterning of affective experience. Self psychology now addresses many of the same issues that have occupied attachment researchers.

To account for certain clinical phenomena—especially of loss, idiosyncratic personality development, the repetition of painful relational experience, and the uniqueness of each psychoanalytic treatment—self psychology needs to include attachment within its central theoretical ideas. According to the attachment theorists, however, attachment is always to a particular individual. In the words of Bacal and Newman (1990), self psychological theory "does not provide for an acknowledgment of the importance of object specificity" (p. 231). "In focusing on the experience of
selfobject function, . . . self-psychology theory has lost sight of the object that provides that function" (p. 230). If self psychology is to fulfill its promise, it must find a way to take the particularity of relational experience into theoretical account. I believe that stable attachments form a necessary condition for the possibility of "primary selfobject relatedness" (a term explained below). Such relatedness in turn is indispensable to the integration of affect that is crucial to cohesive, continuous, and positively colored self-experience.

Let me add a point of clarification: My focus here is not the question of the link between self psychology and object relations theories. For my purpose there is no need to decide whether self psychology is truly part of object relations theory or whether object relations theories in some interesting ways anticipated self psychology. Others deeply versed in both ways of thinking (Brandchaft, 1986; Bacal & Newman, 1990; P. Ornstein, 1991) have extensively considered these questions.

Instead we must use the empirical findings of attachment research to clarify and enrich what self psychology—a psychoanalytic theory that relies on introspection and empathy as its methods of collecting data—has taught us about the relational origins of self-experience. In "Introspection, Empathy, and Psychoanalysis: An Examination of the Relationship Between Mode of Observation and Theory," Kohut (1959) articulated the difference between empirical theories and those based primarily on the data gained by introspection and empathy. In his words:

Some concepts used by psychoanalysis are not abstractions founded on introspective observation or empathic introspection, but are derived from data obtained through other methods of observation. Such concepts must be compared with the theoretical abstractions based on psychoanalytic observations; they are not, however, identical with them. (p. 221)

Attachment theories "are derived from data obtained through other methods of observation." I do not, therefore, propose a simple merger of attachment theory with self psychology. These theories belong to different realms of discourse, to distinct conceptual schemes. Nevertheless, awareness of the findings of attachment research will expand the range of our empathy and will help us refine and clarify some theoretical notions of self psychology. Genuinely psychoanalytic theories always include "introspection and empathy as an essential constituent" (Kohut, 1959, p. 209). Still, those who seek to develop psychoanalytic theories must consider empirical findings and use these to improve our powers of empathic observation. Let us therefore examine the connections among selfobject experience, attachment, understanding, and psychoanalytic cure.

Primary and Derivative Selfobject Relatedness

In its brief history, self psychology has variously conceived the selfobject as person, function, dimension of experience, and vitalizing experience. Here I present my own developing view of the selfobject experience in secure attachments.

I will begin by distinguishing the selfobject connection from other forms of experienced relatedness. First, it differs from the I-Thou, or subject–subject, reciprocal connection, which defines a special kind of intersubjective field in which two people, either momentarily or fundamentally, stand in relation, at times perhaps mutually acknowledged, as subjects of experience. (Selfobject connection may, however, exist within this intersubjective form.) While prolonged I-Thou relatedness often sustains mutual selfobject relatedness, only when we describe the other felt as support for the self are we speaking of selfobject relatedness. Selfobject relatedness is an asymmetrical relational experience. It can, however, exist for both people in a mutual relation of I and Thou. Aron (1992) says that the psychoanalytic relationship is at once mutual and asymmetrical. Similarly, we can view selfobject relatedness (asymmetrical by definition) as existing within an intersubjective field in which both people fully participate.

Second, selfobject relatedness differs from personal relatedness in the legal or philosophical sense (Macmurray, 1957). In these views, the person or self is an agent in relation to other agents. Likewise, selfobject relatedness is not interpersonal in the interactive sense understood by most Sullivanian psychoanalysts. Instead, selfobject relatedness is a thoroughly subjective relational experience.

*Lynn Preston (personal communication) believes that selfobject experience is intrinsically bidirectional, that both people must give and receive if selfobject experience is to occur.
Third, selfobject relatedness is not I–It, instrumental, or subject-object relatedness (in the philosophical, not the psychoanalytic, sense of an object), although things, including ideas and forms of culture, may sometimes serve secondary, or derivative, selfobject functions (a concept to be explained later in this chapter). The I–It relation is one of user to object or item. When we experience another as support for the stability of our self-experience, we do not automatically reduce the other to the status of a thing. The common reference to the “use” of another as selfobject may mislead us into thinking that the special personality of the other is irrelevant. We may drift into the assumption that the providers of selfobject experience are as interchangeable as similar objects of use. We cannot drive into any emotional gas station and order regular unleaded selfobject experience, as if anyone would do as well as anyone else. Kohut did not see people as replaceable items. He taught us, on the contrary, not to differentiate between archaic and mature selfobject needs as if the distinction were between I–It and I–Thou relatedness, between relatedness that is primarily self-gratifying and that which springs from a true desire to connect with others. Throughout life, mature people have many kinds of connections to other human beings and considerable flexibility in their relational capacities.

Selfobject relatedness is a special kind of relatedness that creates and maintains positive and stable self-experience. We may feel the other as a selfobject and simultaneously experience her or him as subject or as object. Selfobject experience can coexist with, and inhere in, various forms of relational experience. A person, for example, who normally treats me as an adversary may give me some grudging admiration that, at least temporarily, strengthens my self-respect. Essential to selfobject relatedness is its experiential character, its nature as subjective and as strengthening to a stable and positive sense of self. Self psychology uses the psychoanalytic access through introspection and empathy to discover selfobject relatedness. If introspection and empathy yield the only truly psychoanalytic knowledge, and if we can know selfobject relatedness only so, then selfobject relatedness is a fully psychoanalytic conception. (This inference displays the tight connection between Kohut’s epistemological and methodological views [1959] and the central theoretical conceptions of self psychology.)

Expressions like “a form of relatedness,” “a process of feeling connection,” and “experienced relatedness” are almost interchangeable. Two assumptions underlie this terminology. It implies, first, that experience, whether self-experience or relational experience, is process. It is neither finished history nor encapsulated moment. It always involves interplay or conversation, among past, present, and future. Second, intentionally assuming that relatedness is process, I prefer the word “relatedness” to the more static-sounding “relation” or “relationship.” This choice avoids making the selfobject conception overly concrete. Instead, it retains experience-near and process-suggestive terms.

The intersubjectivity theory of Stolorow et al. (1987) provides a theoretical framework for the specificity of the other and for the particularity of selfobject relatedness. These authors insist repeatedly that an intersubjective field consists of the intersection and interplay of two differently organized subjectivities. If, in such a field, one subject finds the other a support for stable and positive self-experience, it is that subject’s experience of the particular other as providing support that I designate “primary selfobject relatedness.” This definition does not refer to infancy or maturity. It requires only an important bond in which one or both subjects experience the other as support for valued, cohesive selfhood.

Granted, not every intersubjective field is an attachment, or in Bowlby’s (1979) words, an “affectional bond.” Still, selfobject relatedness is the person’s experience, at any age, of a significant human other or attachment figure as support for the establishment, development, and maintenance of continuous, cohesive, and positive self-experience. I name this experience “primary selfobject relatedness,” and I believe that it inheres only in important emotional ties.

Undoubtedly, other self-vitalizing experiences can be important in childhood and adulthood. Many people feel, for example, that some form of physical activity strengthens their sense of self. Others gain a similar sense of self-vitalization from music or other experiences of human culture or natural beauty. Let us call these

The question of negative experience of a significant other arises here, either as “bad selfobject” (an oxymoron, I think) or, as George Atwood (personal communication, 1994) puts it, “people we may rely on negatively to support our sense of self, i.e., as counterexamples of who we are, where we solidify our sense of self through sharpening our contrast with particular others.” I do not claim that selfobject experience is the only psychologically important experience we have of significant others, just that it is the only type that heals.
secondary forms of self-vitalization “derivative selfobject experience” (no reference to instinctual derivatives intended). This broader category of selfobject experiences is implicitly relational. The usefulness of these secondary selfobject experiences derives from primary selfobject relatedness in attachment bonds. Deprived of primary selfobject relatedness, people usually find that selfobject experience of these nonhuman forms only fleetingly sustains a sense of self. Self psychologists have observed that the ability to use this larger class of experience improves, expands, and becomes more flexible once the basic need for primary selfobject relatedness has found appropriate response in significant emotional bonds.

Selfobject experience, therefore, is a large class of both primary and derivative self-strengthening phenomena, within which selfobject relatedness is the primary and indispensable form. The derivative forms, implicitly and derivatively relational, resemble Winnicott’s (1958) transitional experience. They have their importance as developmental achievements in their own right or as transitory substitutes, at any age, for the special human relatedness called selfobject relatedness.

Both self psychology and attachment theories point toward new ideas of development and maturity. Kohut used the expression “archaic” to describe forms of early relatedness that he thought persisted in narcissistically disordered personalities. He assumed, however, an undifferentiated matrix in which the infant experiences the caretaker only as part of the self. Recent research (Lichtenberg, 1983; Daniel Stern, 1985) has, however, convinced most self psychologists that infants can recognize their caretakers from the earliest days of life and that they are born with sophisticated relational capacities. Attachment theories, in addition, see emotional bonds as a lifelong need in primates, including humans. Few of us now share the assumptions about infancy on which Kohut’s characterization of early selfobject relatedness as “archaic” rested. We need, therefore, to ask ourselves what we could mean, if anything, by speaking of mature selfobject relatedness.

This whole distinction, I believe, needs to be laid to rest. Selfobject relatedness is neither mature nor immature. Almost everyone is born with the capacity for such relatedness, but not nearly everyone is born into an emotional environment that makes this experience readily available in stable, secure attachments. Without such a human environment, we go about, as if starved for relational oxygen, seeking substitutes in anxious attachments, substances, or compulsive activity. Even these activities, however, are signs that a person has not given up. Relational maturation consists, not in relinquishing or diminishing the need for human attachments that can provide selfobject relatedness, not in realizing some ideal of independence from others, but in regaining and developing the original disposition to find well-being in the human world.

Immaturity, to repeat, is not attachment to significant others, nor is maturity a take-it-or-leave-it attitude toward selfobject relatedness. One of Kohut’s most important contributions was a rejection of shame over our human need for relatedness. His conception of selfobject relatedness as self-constitutive affirmed the lifelong legitimacy of this need. If we water down the selfobject conception and make it overinclusive, we may then idealize a lesser need for human relatedness and intimacy. We then lose Kohut’s fundamental insight into human nature, neglect the findings of attachment theories, and return to a version of maturity morality.

Primary selfobject relatedness is the person’s experience, at any age, of a connection with a significant human other or attachment figure as support for the establishment, development, and maintenance of continuous, cohesive, positive self-experience. Such relatedness is crucial for learning to recognize, differentiate, and express a range of emotional experience. Primary selfobject relatedness, facilitated by optimal responsiveness (Bacal, 1985), provides a context in which we can comfortably come to include our own emotional life in an organized self. Then we no longer need to reject major portions of our self-experience, or to live a divided, disorganized, severely restricted life. Secure attachment makes primary selfobject relatedness possible. This emotional climate provides for the integration of affective experience into an organized and positively colored sense of self.

I believe psychoanalytic understanding creates in adulthood the opportunity for a second chance at such primary selfobject relatedness. There is no greater bonding agent than a prolonged attempt to make sense together of someone’s emotional life.