In this final chapter, we shift from the examination of the over- and undertones involved in the analyst’s interpretations to the actual content of these interpretations. What is the main focus of the content of the analyst’s interpretations? What does the analyst tell his patient that not only achieves cognitive accuracy in dynamic and genetic terms but also provides a bond of human understanding in the deep sense that I have discussed in the preceding pages? My answer, surely not an unexpected one for analysts, is as follows: since the essential driving force of the analytic process in the disturbances of the self is provided by the reactivation of the thwarted developmental needs of the self (Kohut 1978b, 2:547–61; 1971), since, in other words, the renewed search of the damaged self for the development-enhancing responses of an appropriately empathic selfobject always occupies center stage in the analyses’s experiences during the analysis, it follows that the analyst’s pivotal communications to the analyses are those that focus on the psychic configurations to which we refer as selfobject transferences. I will add immediately, in view of the fact that we now conceive of the self as consisting of three major constituents (the pole of ambitions, the pole of ideals, and the intermediate area of talents and skills), that we subdivide the selfobject transferences into three groups: (1) those in which the damaged pole of ambitions attempts to elicit the confirming-approving responses of the selfobject (mirror transference); (2) those in which the damaged pole of ideals searches for a selfobject that will accept its idealization (idealizing transference); and (3) those in which the damaged intermediate area of talents and skills seeks a selfobject that will make itself available for the reassuring experience of essential alikeness (twinship or alter ego transference).

It will not have escaped the reader familiar with my work that this classification of selfobject transferences deviates somewhat from that given in 1971. I have been led to these changes through the combined impact of both clinical and theoretical considerations, or, to express myself more accurately, by mixtures of clinical and theoretical influences on my thinking—mixtures in which sometimes the pressure of experience-near evidence and sometimes the need for theoretical consistency and clarity dominated. Changes in nomenclature—our decision in recent years to refer to certain recurrent sets of the patient’s experiences in the analytic situation as selfobject transferences rather than narcissistic transferences and the present decision to posit three rather than two classes of selfobject transferences via the conceptualization of the twinship or alter ego transferences as a selfobject transference sui generis and not as a subgroup of the mirror transference—cannot be justified in isolation. Instead, these changes must be seen simply as the necessary outgrowth of our broadened clinical experience and our deepened understanding of the clinical phenomena that we observe.

The earlier of the two changes, that of nomenclature, is probably less in need of explanation. When I used the term “narcissistic transferences” in 1971, I was simply trying to pour new wine into old bottles, attempting to make new ideas appear less radically new and more acceptable not only to my fellow analysts, but above all to myself; because of shared training and shared tradition, that is, I shared my colleagues’ reluctance to face openly the fact that our theories needed a radical change.

In addition, speaking of “selfobject transferences” rather than of “narcissistic transferences” enabled me to accommodate more easily a further change in thinking that has emerged since 1971, or, at any rate, an insight that has been more unambiguously formulated since then. I am referring to the fact that the need for, and the experience of, imagoes used for the creation and sustenance of the self undergoes a lifelong maturation, development, and change. Expressed differently, I mean that we must not confuse (1) the archaic selfobjects that (a) are the normal requirement of early life and (b) are required later on, either chronically in disorders of the self or, passingly, during periods of special stress in those who are free from self pathology, with (2) the mature selfobjects that all of us need for our psychological survival from birth to death.
The individual developmental lines of our three major selfobject needs should therefore be examined—and this task, I should add, is still largely undone—via a detailed investigation of the needs of man for the sustenance of his self in these three areas (i.e., his need to experience mirroring and acceptance; his need to experience merger with greatness, strength, and calmness; and his need to experience the presence of essential likeness) from the moment of birth to the moment of death. We have to date investigated the selfobject requirements of early life almost exclusively via transference reconstructions, and we have, through the observation of the changing and maturing selfobject needs of our analysands during successful analyses, formed some notions about the normal selfobject needs of adult life. But, as I said, much remains to be done; we need investigations of the special selfobject needs of adolescents and the elderly, for example, along with investigations of the selfobject needs that accompany specific life tasks including those shifts to a new cultural milieu that deprive a person of his "cultural selfobjects," during his mature years or when he has to deal with a debilitating illness, or the confrontation with death (Wolf 1980; A. Ornstein 1981).

Let me first focus on the developmental lines of our twinnship or alter ego needs. I turn to this particular need first and will discuss it more broadly than our need for self-enhancement by a merger with ideals because the latter have become more familiar to us. They have, after all, been conceptually separated (as transference entities) for a good many years, while the recognition that our twinnship or alter ego needs deserve a separate status and have a separate line of development has come only recently.

I believe that I simultaneously became aware of the significance of the need for alter ego or twinnship experiences in two distinct transference forms, one pathological and one normal. Although different in external appearance, these two forms possess one thing in common: the relevant transference experiences are revivals of analogous experiences during that part of later childhood which, in conformity with the traditional drive-physiological terminology, we tend to refer to as early "latency." Even though I recognized the significance of these two phenomena simultaneously—that is, it was only the observation of both of them in the clinical situation that alerted me to their significance—I realize in retrospect that I had in fact observed the pathological form on a number of occasions, and its significance became clear to me only after I recognized that it was the regressive fantasied equivalent of experiences that normally contribute to the sustenance of the child's self via enactments with selfobjects responsive to the child's specific needs.

The transference revival of the pathological variant can take a broad spectrum of forms. In one woman patient, for example, it was via some quasi-fetishistic and quasi-obsessional preoccupations which occurred during a period preceding my summer vacation that my attention was first drawn to the phenomenon in question. Her manifest dreams and conscious daydreamlike associations began to deal with things rather than with people, and I noticed, in particular, the recurrent theme of covering things: putting the lids on jars, removing flowers from vases and putting something (a piece of cardboard or paper) across the top, putting corks into empty bottles, putting a glass plate over an empty aquarium, and the like. When I called the patient's attention to the changed content of her dreams and associations and, in particular, to her understandably depressed mood and (not yet understood) repetitive quasi-compulsive preoccupation with closing up hollow spaces, adding that these developments had come about after I told her about the lengthy summer vacation I would be taking that year, she responded with associations that led back to her childhood. Specifically, she associated to her protracted loneliness when she was about six or seven years of age. At that time, her family had moved to a new location, depriving her of the friendly closeness of grandparents and exposing her in a more concentrated way to her cold and distant parents. It was in pursuit of these memories from latency that she admitted, against great resistance, not only that she had had a bottle on her bureau that she always kept stoppered, but that she had imagined some person to be living in this bottle—"my genie," as she tried to joke—with whom she had endless talks during the period of her greatest loneliness. Despite the fact that the memory of these childhood experiences had always been available to her, she had never told me about them, ostensibly because they had never occurred to her during the analytic sessions but also, as she came to recognize with increasing clarity, because she felt keenly ashamed of them. The reason for her great shame—and thus for her intense resistance to talking about this topic—was that the symptom, if one can call it that, had persisted into her adult life and that, even now, she occasionally carried on talks with "the genie in the bottle" which were, as the psychiatric lingo goes, "borderline" in character. In fact, it was difficult to say whether she was actually delusional during such periods or simply engaging in daydreams and fantasies.

After this aspect of her inner life that was formerly unknown to me became shared knowledge between us, the patient felt much relieved. It was at this time that I ventured the guess that, since the topic had come to a head after I had announced that I would be away for several weeks, the captive in the bottle was none other than me—a transference revival of the maneuver in latency that followed the
loss of the sustenance of her grandparents, in particular, of her beloved paternal grandmother. The patient's response to my interpretation, although given with great reluctance and embarrassment, was yet an unequivocal no. It was not the analyst who was the genie in the bottle, and it had not been her grandmother in childhood. Then as now the captive was a little girl, a twin, someone just like herself and yet not herself to whom she could talk, who kept her company and made it possible for her to survive the hours of loneliness when she felt that no one other than her companion in the bottle cared for her.

I will not expand further on the investigation of the nature of the alter ego of this patient except to note that the insights gained during the period in which she anticipated losing me also helped me to grasp the meaning of the transference that had been established before I informed her about my vacation. Formerly, I had misunderstood the essence of the transference by assuming that I was dealing with the patient's need for an approving and accepting mirroring selfobject. But, as I now came to understand, unlike Miss E. (see Kohut 1971, pp. 286–87), this patient did not want me to repeat what she had said, to reflect her moods, to confirm her being present and alive, that is, to concentrate entirely on her. Her self was sustained simply by the presence of someone she knew was sufficiently like her to understand her and to be understood by her. As long as the transference had been in balance, as it had been, more or less, until I told her I would be going away, her self had indeed been sustained by my simple presence, by my allowing her to experience me as, in essence, just like her self. The perfect selfobject for Miss E. had been the one that repeated and confirmed what she had said, that had no function other than to vitalize via emotional participation and reflection what the patient had experienced but was unable to feel as real. This patient's need, by contrast, was for a silent presence. She would talk to the twin, but the twin did not have to respond to her. As a matter of fact, just being together with the twin in silent communion was often the most satisfactory state. This interpretation of the beneficial effects of silently being together, in essence given by my patient rather than by me, illuminated the significance of the long periods of silence that had occurred earlier in the analysis—silences that my intellect told me must be "resistances," even though I had always tolerated these interludes easily without impatiently urging the patient to communicate her thoughts. The interpretation further clarified the meaning of the benefit that the patient had to this point in treatment derived from seeing me, at least as long as she could maintain the twinning experience.

But I also learned another very important lesson from this patient, one that derived both from a deeper understanding of the dynamics of the twinship transference and from the scrutiny of the genetic precursor of the sequential transference experiences. Let me say first of all that, at the time I treated this patient, I had already formed a vague notion of the decisive difference between instinctually cathected objects who are the targets of our drives and selfobjects who maintain the cohesion, vitality, strength, and harmony of the self. And although the distinct formulations that I at present employ were not available to me then, I still knew, in essence if not by name, what a mirroring selfobject was. In fact, the crux of my confusion at the time was not between a love object and a selfobject but between a mirroring and an alter ego selfobject. And what I learned from this case, apart from obtaining a first insight into the meaning and significance of psychological twinship, was—as I have said many times since in various ways—that the archaic selfobject need did not proceed from the loss of a love object but from the loss of a more mature selfobject experience.

Although analytic insights about our patients are usually first obtained via the scrutiny of the ongoing transference, an important point that applies, I believe, in general to new insights in depth-psychological research, this case was one in which the pivotal discovery of the precursor of the pathological experience, of the normal counterpart of the genie in the bottle, was drawn from genetic material. I will dispense with the details of the process that led to the crucial memory and proceed immediately to the end result. The memory—never repressed as to its content but never before appreciated with respect to the emotional significance of the content—was that of being in her grandmother's kitchen (perhaps at the age of four) while her grandmother kneaded dough, and she too silently kneaded dough on a little table next to the big one on which her grandmother was working.

"What an anticlimax!" the reader may well think. Indeed, what a seemingly insipid, everyday occurrence compared to the drama of the primal scene, of the child's sexual excitement and death wishes, that Freud wrested from the unconscious. Perhaps so, but I would point out that dynamic excitement and truth value do not necessarily go hand in hand. The self sustenance that a little girl might get from silently working in the kitchen next to her grandmother, that a little boy might get from "shaving" next to his daddy or from working next to his daddy with daddy's tools in the basement—these are indeed undramatic everyday events. The drama ensues or, more correctly, the tragedy ensues when a child is chronically deprived of such experiences—unless, of course, his self receives its primary sustenance in the areas of mirrored ambition and merger with idealized goals. It is then, after the self has fallen apart, that those dramatic events
occur that we have so often in the past taken for the deepest, drive-fueled sources of pathology. In fact, they are secondary developments, transitions between the nuclear pathology (the injured self) and the surface manifestations of the disturbance in adult life.

But I must return to the context in which I introduced the foregoing clinical vignette. One of my purposes in adding this material, indeed the most important purpose, was to justify a change in our classification of selfobject transfers by which we add a twinnship (alter ego) transference to the mirror transference and the idealizing transference, thus positing the existence of three major selfobject transfers. This is tantamount to postulating three separate lines of selfobject development rather than subsuming the twinnship transference under the mirror transference and dealing only with two developmental lines of basic selfobject experience.

Clearly, the discovery of important pivotal points at the ages of, say, four and six in this supposedly separate line of selfobject development is not sufficient to warrant the change in our classification. We need additional data—obtained through either observation, introspective thought experimentation, or both—indicating that important twinnship (alter ego) experiences are self-sustaining events not only, let us say, from the age of four to ten (when events like those which my patient reported when she was four are easily ascertained in many instances), but throughout life. It is not a question of looking for point-by-point replicas of the little girl’s kneading dough in the kitchen or the little boy’s working next to his father in the basement; we must find experiences that provide emotionally analogous support, however great the content of the experiences may differ from the content of the preceding clinical vignette.

Are there such analogous experiences both earlier and later in life? I cannot give an affirmative answer with complete confidence, but the evidence clearly points in this direction. As one would expect, it is difficult, if not impossible, to reconstruct from the transference experiences of our analyses those states of early psychological life that correspond to, or are precursors of, the common experiences I have just discussed. Again, it is not external resemblances that we are looking for, but identity of significance, similarity of function.

When a friend puts his hand on our shoulder when we are troubled, this symbolic gesture indicates without a doubt that a self-selfobject relationship is being established, that our fragmenting, weakening, or disharmonious self is made more coherent, is being invigorated, or is having harmony restored via the friend qua selfobject. But can we determine with confidence whether the restoring function emanates from a mirroring selfobject, an idealized selfobject, or an alter ego selfobject? Clinical experience, self-observation, and reflection tell me that the situation I am describing is not likely to be one of twinnship—the gesture (i.e., the touching of the shoulder) seems to speak against such an interpretation. But is the gesture a symbol for a merger with a mirroring selfobject or with an idealized selfobject? Or, to put the question into the more specific terms that lead us back to the context of our present reflections: is the shoulder-touching move a mature replica of a merger with an archaic mirroring selfobject or an idealized selfobject? Although on the basis of clinical experience, introspection, and thought experimentation I am inclined to say that in most instances the gesture indicates that the experience of a relationship to an archaic idealized selfobject is being enacted, a reliable decision can only be made via the detailed examination of just what the participants in our little scene are experiencing. It is most likely, as I said, that the disturbed recipient of the friend’s touch senses this gesture as a replica, however distant, of times when, as an upset baby, he was lifted up by his mother and thus able to merge into her calmness and omnipotent strength as he was held close to her body, suffused by the sense of merger with her and by the sense of participation in her perfection. But must it always be that way? Is it not possible that the same gesture, perhaps enacted in a way that differs ever so slightly from what we have just described, could also be the repetition of a merger with an archaic mirroring selfobject? In this case, the touching would signify approval, an expression of confidence in our innate power and in our resilience; it would constitute an expression of admiration for us even in our present state of disturbance. I have no doubt that this could be the case, and I will further admit that occasionally, though rarely, the same situation may relate to early twinnship support. In any event, I believe that an inquiry of this sort, apart from the specific context within which it is being undertaken here, would inevitably lead to results that support, and even make inescapable, the conclusion that we must speak of selfobjects not only with respect to early childhood and the regressive states of later life, but in the context of the normal experiences of support, indeed, the continuous stream of supportive experiences that we need to maintain the self during all periods of life: in later childhood, in adolescence, as adults, in old age, and ultimately in death.

But now, after this, I believe, necessary digression, let us return to the question of whether there are precursors to the easily observable and comparatively well-known “chip off the old block,” alter ego relationship of later childhood that I adduced. Here we are entering a territory that is difficult to explore. In later childhood we clearly see that it is the intermediate area of skills and talents—the girl kneading dough, the boy working with tools—that is the leading contact point in the twinnship; the archaic precursors of these experiences, however,
cannot be formulated in such clearly defined terms. Still, I have had the increasingly strong impression that we do encounter important self-affirming and self-maintaining experiences in early childhood that can be classified in terms of neither the mirroring needs of the self nor the self’s need to merge into ideals of calmness and strength. Why do I associate these experiences with archaic alter-ego relationships? I can best put my impression into words by saying that—parallel to the older child’s sense of security as he feels himself to be a cook next to a cook or a craftsman next to a craftsman—the young child, even the baby, obtains a vague but intense and pervasive sense of security as he feels himself to be a human among humans.

Some of the most painful feelings to which man is exposed, unforgettable described by Kafka in *The Metamorphosis* and observable during the analyses of many people with severe narcissistic personality disorders, relate to the sense of not being human. The awareness of such a central distortion in the personality stems, I believe, from the absence of human humans in the environment of the small child. The mere presence of people in a child’s surroundings—their voices and body odors, the emotions they express, the noises they produce as they engage in human activities, the specific aroma of the foods they prepare and eat—creates a security in the child, a sense of belonging and participating, that cannot be explained in terms of a mirroring response or a merger with ideals. Instead, these feelings derive from confirmation of the feeling that one is a human being among other human beings. To be sure, the specific features of these early impressions vary—explaining, for example, the reassuring magic of hearing one’s mother tongue on returning from foreign language excursions—but they all point to something that human beings have in common: an overall likeness in the capacity for good and evil, in emotionality, in gesture and voice. These aspects of our basic likeness are signposts of the human world that we need without knowing we need them so long as they are available to us.3

And twinships later in life? I believe that our observations inside and outside the analytic situation supply us with numerous data that support the hypothesis of a life of development of twinship transferences and other self-sustaining twinship experiences. Homosexual relationships, for example, can easily be classified in accordance with the predominant selfobject need that is fulfilled by either passive or active enactments. The younger partner (whether or not actually younger in years is irrelevant; he enacts the child) looks up at the father in admiration; the father feels confirmed by the approving admiration of the young partner. But there are also homosexual relationships in which each partner is the mirror image of the other, the other’s alter ego or twin—not only in the emotional sphere but in the area of sexual practices as well.4 Nonsexual friendships between members of the same sex can also be classified in accordance with this schema, as can heterosexual relationships, determining marital choices and the favorite forms of sexual enactment. The special requirements of artists are good sources of information in the present context. When I first described a “transference of creativity,” I particularly had in mind the creator’s need for a merger with an idealized selfobject while he was engaged in the most taxing creative tasks and the subsiding of this need after the daring creative step had been carried out.5 But mirroring needs (e.g., of Proust and Celeste; O’Neill and Carlotta Monterey) are by no means rare, and twinship relationships (e.g., of Picasso and Braque, as described by M. Gedo 1980, especially p. 84) also occur side by side with the other forms of transference that fulfill the needs of certain creative individuals.

But I cannot remain with the subject matter of the twinship transferences and other twinship relationships any longer. I only wanted to supply sufficient evidence to support the viewpoint that it deserves to be investigated separately and regarded as one of the major selfobject needs of man. And I adduced the foregoing material in particular because I wanted to demonstrate that the basis of my proposal is not the compatibility of such a conceptualization with the model of the self with which we are now working—specifically, the assumption that we have three areas (the pole of ambitions, the pole of idealized goals, and the intermediate area of skills and talents) to which the three major selfobject needs may be said to correspond—but the fact that ourintrospective and empathic immersion into the inner life of man provides us with data that are most unforcedly classified when we subdivide them into the three aforementioned groups.

Although I am not quite ready yet to let go of the subject matter of the classification of selfobject transferences altogether, I will interrupt my discussion of this topic for a moment in order to stress the fact that, however important the classification of the basic selfobject transferences may be, in and of itself, I am discussing it here mainly to emphasize what should indeed go without saying: (1) that the selfobject transferences arise spontaneously and without any active encouragement from the side of the analyst and (2) that their analysis lies in the center of the analytic task. The selfobject transferences arise, in other words, in consequence of the fact that certain developmental needs were not responded to adequately in childhood but, on the other hand, were not frustrated completely. Owing to the fact that at least one of the selfobjects of childhood was not totally unresponsive to the needs of the childhood self, in other words, hope was kept alive, and given the hope-activating import of that specific set of circumstances which we call the psychoanalytic situation (i.e., the pa-
tient's experience of being the focus of the empathically listening analyst), this hope is intensified and leads to the unfolding of a transference. Still, while my treatment of the transferences in this chapter aims primarily to underscore these two aforementioned points, I will proceed to a few additional reflections about the specific classification of the transferences I have just proposed.

Specifically, I want to point out that classifications, whether of so-called disease entities or syndromes, of personality types, or—our present hope—of the various genetically preformed patterns of childhood needs and/or wishes that we call transferences, are always artifacts (see Kohut and Wolff 1978 for a critical discussion of psychoanalytic typologies). Although classifications can never do full justice to the complexity of the phenomena that the analyst is studying, we still need classifications to give us a degree of cognitive mastery of our complex field, and we further need terms that refer to various classes of psychic phenomena in order to discuss our findings with colleagues. Our subdivision of selfobject transferences, however strained and oversimplified it may often seem, enables us to refer to the specific thwarted need of the analysand's self in childhood and to the specific person from childhood whose archaic selfobject responses the analysand tries to elicit again from the analyst. In other words, it enables us to conceptualize the various genetic clusters of thwarted developmental needs, independent of the specific pathological state of the self that supervened as a result of the selfobject failures of childhood and independent of whether the self became predominantly prone to fragmentation, enfeeblement, or disharmony, or of which mixture of these different propensities characterized the resulting self disturbance. The ability to differentiate between various types of selfobject transferences also gives us the opportunity to study in greater detail the developmental line characteristically associated with the archaic form of a particular self-object relationship—from the archaic state that is revived at the beginning of the transference to the mature state which, as a result of the systematic and patiently pursued working-through process, may be attained at the end of successful analyses.

But however helpful classifications in general, and the classification of selfobject transferences in particular, may be, the conceptual categories of any classificatory system become a hindrance rather than a help when, rather than alerting us to the occurrence of preponderant clusters of genetic and experiential importance, they become concrete entities, demanding that we force the data we observe into the rubric of an unalterable scheme. My own attitude toward the classifications I have proposed has always been that they are temporary, changeable, improvable—in short, that they will cease to be useful if we are unwilling to alter them in order to accommodate new insights or facts. And this is an attitude I have especially taken—to the discomfort of those colleagues who look, alas in vain, for reliable and enduring guidelines for their observations and thought—with regard to the classifications of the selfobject transferences. True, we can differentiate between the three major functions that our selfobjects performed for our childhood self, the three functions that create a self that we experience as cohesive, firm, and harmonious. And true, our selfobjects may traumatize us by failing us selectively in one or two of these functions. But there remain important issues that our classificatory procedure, in and of itself, cannot at present resolve. Turning to the endpoint of development—and to the endpoint of the successful analysis of a patient with a self disorder—people may ultimately be sustained from all three directions, that is, all three constituents of the self will receive emotional support from the mature self-selfobject relationships that result from normal development or successful analysis. But this desirable result is by no means always achieved via a uniform distribution of the three kinds of sustaining forces. There are certainly great variations within the spectrum of normality or maturity. Certain people are predominantly creative and self-expressive, and their creative selves are sustained by the actually occurring, or at least confidently expected, approval of the selfobject milieu in which they live. Others are predominantly sustained by feeling uplifted by ideals—all the sustaining forces which our culture puts at our disposal at any given time and place, that is, our current cultural selfobjects belong here. Culture, in other words, can indeed function as a selfobject—as differentiated from civilization, which can be defined as the sum total of the drive-taming institutions of society—whether it is via a multiplicity of diverse functions or through the personified embodiment of a single cultural hero—ideal such as, in the case of most psychoanalysts, the idealized image of Freud. Finally, there are still other people who derive the sustenance that maintains their selves mainly from feeling surrounded by alter egos. They feel strong and cohesive as members of a group of people whom they experience as being in essence like them, doing similar work, sharing similar biases and predilections, and the like. Anyone who has been away from his usual surroundings for some time—in a foreign country, for example—will remember the strengthening feeling of again being surrounded by other people who are like himself, a feeling, I will add, which is not to be confused with being mirrored by these people or with having the opportunity to idealize them. Still, having considered this explanatory limitation of our present classificatory schema, I remain convinced that this schema has much to recommend itself, that it is helpful, and, at present, perhaps even indispensable in our
The compensatory structures via the adequate responses of another self-object has also come to grief. The second lesson—I realize that I am repeating myself, but I believe these statements bear repetition—is that in a properly conducted analysis, that is, an analysis that does not block the spontaneous unfolding of the transferences, the basic and pivotal self-object transference that ultimately establishes itself will frequently be organized around the less traumatic aspect of the self-object milieu of childhood or, as we can often put it, around the less traumatic of the two self-object parents. 9 It is the working-through process mobilized by the analysis of this central self-object transference that, as clinical experience has taught us, ultimately leads to the strengthening of that compensatory area of the self, insufficiently established in childhood but not hopelessly defective, which brings about the analytic cure. 10 Whether this pivotal transference is a mirror transference, an alter ego transference, or an idealizing transference, it is the repetition of the two-step interventions of the analyst—the experience, over and over again, of understanding followed by explaining—that leads to structure building via transmuting internalizations.

Just as in normal development the baby's need for the direct and immediate mirroring by the empathic mother is gradually replaced by the more mature expectation that others will appreciate his achievements; just as in normal development the baby's reassuring awareness of being surrounded by the voices and smells of a human environment leads to the older child's sense of strength (as the little boy plays at shaving while his father shaves, or the little girl works in the kitchen next to her mother), and subsequently leads to the adult's reassuring experience of being surrounded by other persons who are (nationally, professionally, etc.) essentially identical 11 to him; and, finally, just as the baby's archaic merger-idealizations of fusing with the calm body of the adult who picks him up gradually lead to the reassuring and self-organizing experiences embodied in our admiration for great political leaders, artists, scientists, and their inspiring ideas—so also in analysis. Time and time again in the course of analysis, the basic therapeutic unit is brought into play when a disruption of the self-object transference, be it of the mirroring, twinship, or idealizing variety, is understood and explained and a potential trauma is transformed into an experience of optimal frustration. And, in consequence of these optimal frustrations, the needs of the analysand gradually change as, via imperceptible accretions of structure, his damaged self is increasingly able to feel enhanced and supported by those self-object responses that are available to adults. And just as young children who walk away from their self-objects for the first time retain the need for the self-objects' empathic responses—their pride in the children's growth, the silently present example of their own grown-up existence in a milieu of self-objects, their goal-setting ideals—so also with our analysands. With each step forward there is the anxious question of whether the self-object analyst's empathy will follow them on the new level they have reached, and of whether he will respond with the correct interpretation of their transference needs. Perhaps more important still, each time the analyst's interpretations are wrong, inaccurate, or otherwise faulty, there is the anxious question of whether the self-object analyst, often in contrast to the parental self-object of childhood, will be able to recognize his mistake and thus transform a potential trauma into a development-enhancing structure-building optimal frustration. And, as the analysis ends, the patient's ultimate step toward health may again require the analyst's acknowledgment—if the patient invites this endorsement—that however exhilarating the experience of a self that has become a center of independent initiative may be, the maintenance of such a self will always require a responsive self-object milieu which one must learn to find and secure.

As I near the end of the section of this book dealing with the nature of the psychoanalytic cure and, more especially, with how self psychology sees the movement toward cure in analogy to the movement which, under favorable circumstances, takes place in early development, I will return briefly to a question that I considered in the preceding chapter: has self psychology introduced a new kind of empathy into analysis? I trust that my preceding discussion of the difference between empathy, the theories that inform it, and the two-step sequence of our clinical interventions has clarified my reasons for answering this question in the negative. Should someone still insist that the new theories have enriched our capacity to observe the inner life of man to such a degree that quantitative change has become qualitative, I would not engage in an unrewarding argument with him. Certainly, if someone were to advance the claim that Brunelleschi gave a new vision to man, who would take issue with the assertion? But I would insist nonetheless that such a statement is more poetry than science—a claim which does not deny that poets may at times express certain psychological truths more poignantly and, within certain limits, more relevantly than we scientists are able to do.

**Concluding Remarks**

I have now come to the end of my inquiry regarding the self psychological theory of the therapeutic action of psychoanalysis. Although the self psychological theory of analytic cure, in harmony with the self psychological outlook on man—that is, the expanded focus that allows us to acknowledge the significance of the problems of tragic
It is against the background of this shift in outlook that we must understand the claim that the essential result of an analytic cure is the taming or relinquishment of the patient’s infantile drives. In fact, this result is not the patient’s abandonment of dependency relationships and becoming strong and autonomous, and it is not his turning self-love into the love of others. A good analysis will have explained to the patient how the shortcomings of the selfobject milieu brought about the deficits in his self structure and how, in consequence of the absence of the joy that results when the self feels welcomed and supported by its selfobjects, the drives became isolated as a depressive self attempted to maintain itself through joyless pleasure seeking. And a good analysis will have explained to the patient, furthermore, that the anxious clinging to the archaic selfobject and its functions was not due to a childish reluctance to give up old gratifications; instead, it was a welcome indicator that the striving to complete the development of the self had never been totally given up. And finally, a good analysis will have explained to the patient how the stalemate development of the self led to the emergence of the persisting—and, again, in essence welcome—demands, often deeply buried in the personality, that the selfobject ultimately respond adequately so that development may proceed to completion.

A good analysis, we believe, leads to a cure only by its employment, in countless repetitions, of the basic therapeutic unit of understanding and explaining, that is, via interpretations, the analyst’s only active function in the analytic process. True, we must not be perfectionists; we accept the fact that a modicum of psychotherapeutic impurity will often if not always be present, even following analyses that have been satisfactorily concluded. Such impurity will be found alongside the structural changes effected by the analysis, essentially grafted into the fully transmuted new structures that have been acquired. Although the self psychologist knows that self psychology, by allowing the analyst to recognize and analyze the selfobject transferences, has enormously reduced this psychotherapeutic admixture, he also knows that the ideal zero-point of such admixtures is still out of reach. (This recognition probably means no more than that there are still transferences—probably varieties of selfobject transferences—that have not yet been discovered and which, therefore, remain unanalyzed.) Still, while we are justly proud of the advances that analysis is making in the therapeutic realm, we will not, to repeat, be perfectionistic. As exemplified by our acceptance of a self-analytic function in certain former analyses, we will not fault either traditional or self psychologically informed technique for such harmless impurities in its results. We cannot be equally indulgent, however, with regard to terminations in which the analysand’s recovery is inextricably inter-
woven with certain permanent restrictions—especially with restrictions in his freedom to employ his creative mobility—and, as I have explained in detail, we are deeply dissatisfied with the results of our training analyses in this respect. Here we indeed see results that deviate grossly from the analytic ideal: a state of psychic well-being which, uncomfortably resembling the beneficial effects of commitment to religious dogma and to personified symbols of salvation, is achieved via the permanent espousal of a set of basic beliefs and an unbroken attachment—in submission or rebellion—to an idealized leader figure.

Self psychology is at one with the technical principle that interpretation in general, and the interpretation of transferences in particular, is the major instrumentality of therapeutic psychoanalysis. We believe, however, that interpretation can only be truly analytic, that is, will ultimately allow the analysand to live in harmony with the patterns of his own nuclear self, if it is given without the hidden moral and educational pressure that is unavoidable as long as the traditional emphasis on drive primacy, the infant's helplessness, and the pejorative connotation of the concept of narcissism are retained. Only if the analyst is able to grasp more or less accurately the experiences of his analysand, present and past, will he, via his interpretations, set up a working-through process that re-creates in the analysis a situation that provides protracted, development-enhancing exposure to optimal frustrations. It is this opportunity, insufficiently provided to the analysand in childhood, that is offered once more by analysis.

Notes

Chapter One

1. As I said before, all value judgments are to a certain extent self-fulfilling prejudices, and the procedure employed by the psychology of the self, i.e., its position that the reliable continuousness and cohesion of the tension arc of the self as yardstick by which to measure health, is no exception. It is no exception because we, too, first establish a yardstick to determine the validity of certain evaluative standards and then apply this yardstick to data that are themselves correlated to the values of which the yardstick is composed. There is no doubt that we are doing this; indeed there is no other way. In questions of life and death the choice of an axiomatically posited set of values must be made. But there are two important arguments that can be made in support of our approach. The first is that our value system is based on a claim that rests on empirical data and can thereby be either proved or disproved by observation. The claim in question is that human beings may have the experience that they are leading—or, toward the end of their lives, that they have led—meaningful, joyful, fulfilling lives despite the absence of pleasure and despite the presence of physical and psychological (including psychoneurotic) suffering. Stated in the reverse, the claim in question is that human beings may have the experience that they are leading—or, again, have led—meaningless, joyless, empty lives despite their success in obtaining pleasures and despite the relative absence of physical and psychological pain. The second argument in support of our approach is that, given our definition of a desirable human existence as sketched out in the foregoing, we may still investigate, and by adding empirical data prove or disprove our claim that the presence of an essentially cohesive self, the existence of an ever-shifting continuum between ambitions and ideals, is the sine qua non of the capacity to live a fulfilling life. It is certainly possible, for example, that we may in the future discover certain specific discontinuities in the self that do not stand in the way of a fulfilling life—a finding that would necessitate a revision of our theory.