Selfobject Experiences: Development, Psychopathology, Treatment.

Ernest S. Wolf, M.D.

Chicago

Introduction

The aim of this presentation is to provide an overview of psychoanalytic self psychology as it has been developed by Heinz Kohut and his colleagues. In accordance with the theme of this symposium I will highlight the development of the self, its psychopathology and the treatment of disorders of the self.

Self psychology is not a monolithic theory. Various self psychology researchers, including Kohut himself, explored into different directions guided by their own preferences. Contradictory conclusions sometimes result. Nevertheless, there is a core of self psychology theories and practices that are generally accepted by most workers in the field though the views presented here reflect especially the particular directions of my own interests experiences and conceptualizations.

Basic assumptions.

Psychoanalysis investigates the domain of inner experiences. The neonate is born pre-adapted to an average expectable environment. Physiologically that means being born with a predictable need for a certain level of oxygen, for nourishment, for warmth, for a certain amount of physical activity and for protection against physical trauma. Analogously the neonate arrives with a predictable need for psychological experiences, especially for an attuned
responsiveness from the caregivers. There also appears to be a universal need to explore the surround, both sensorically and motorically, leading to interactions with the human as well as the non-human environment. Comparable to the intake and output of physiological metabolism, one can hypothesize a psychological give-and-take interaction that is needed for psychological growth and development.¹ Self psychology has brought to the study of these phenomena an emphasis on the infant's subjective experience.

**Subjectivity and selfobject experiences**

Fueled by the in-born need to explore and have experiences, the neonate's sensory organs feed a plethora of sensations into the central nervous system. Basch (1975) demonstrated that ordering is the basic function of the brain. Apparently it is a property of the nervous systems of living organisms to organize the sensory experiences into patterns. To the organism these patterns yield information to guide interaction with the surround. Analogously to brain functioning, ordering is also the central organizing principle of psychological functioning. (Terman, 1992, p.xiii). In the human these patterns and organizations of experiences become very complex. From the point of view of subjective experience this ordering manifests as attempts to make sense of one's experiences, i.e., to confer meaning.²

---

¹ Lichtenberg (1989) has presented a comprehensive discussion of the various developmental factors from the point of view of motivation.

² For example, the medical student who for the first time peers into a microscope sees only a chaos of confusing dots, lines and curves without apparent structure; a few months later, after months of immersion into the experience of microscopy, that same student will see cells and nuclei, boundaries and spaces. Analogously, the budding psychotherapist when first confronted with a suffering client or patient, will only hear and see the surface manifestations of psychic pain and pleasure; a few months, or, perhaps, a few years later, after much immersion into the inner life of self and others, this therapist will recognize patterns of the client's deep inner experiences: she has learned to organize her perceptions, that is, she has learned to become empathic with her patient.
Of the numerous patterns of experiences that the infant begins to organize we are particularly interested in those that give the developing youngster a sense of self. Those experiences that become organized to evoke a sense of self we have designated as selfobject experience.

The selfobject concept arose from Kohut's repeated clinical observation that patients' smooth functioning as well as their feeling of well-being were lost when these patients experienced the analyst as not being empathically in-tune. He theorized that the self, in order to emerge from a less differentiated matrix, needs certain kinds of inputs from objects to achieve and maintain the self's cohesion, boundaries, vitality and balance. In the psychoanalytic clinical situation the analyst's empathic understanding of the patient may be experienced by the patient as a needed input to evoke and maintain the structural cohesion and energetic vitality of the self. Since this needed input for the self is supplied by objects Kohut termed these objects selfobjects.

Thus the major forces motivating behavior were seen to emerge as a consequence of the infant's development within a matrix of selfobject relationships. In interaction with biological givens and environmental variables, these early relationships are the primary shapers of the personality and account for much adult behavior, whether normal or pathological. Self psychology, therefore, is characterized by a shift in emphasis away from ascribing major

---

3 In the recent history of the development of psychoanalytic thinking one can detect a shift of emphasis from a natural science positivist-objectivism to a more experience-near subjective point of view. In harmony with this tendency one can observe a shift from Kohut's emphasis on 'selfobjects' as objects or persons used by the subject in the service of the subject's self (cf. Lichtenberg (1991, pp.457) to contemporary emphasis on the subjective aspects of the experience of self and its selfobjects.

4 Precisely defined, a selfobject is neither self nor object, but the subjective aspect of a self-sustaining function performed by a relationship of self to objects who by their presence or activity evoke and maintain the self and the experience of selfhood. As such, the selfobject relationship refers to an intrapsychic experience and does not describe the interpersonal relationship between the self and other objects.
motivational force to instinctual drives and, instead, the interactional context is
stressed as the major *fons et origo* from which are derived the shape of the self
and the impact of its vicissitudes. The self psychological emphasis on the
experience of relationships occurred against a background of similar findings
emerging from infant research. Current self psychological theorizing seeks to
integrate the data from clinical psychoanalysis with the data from infant
research. Developmental research demonstrates increasing recognition of the
importance of mutual regulation between caregiver and child. Analogous
paradigm shifts with their emphasis on interactional dynamics can be seen in
Kohut's self psychological theorizing, in Mitchell's relational theories, in
Lichtenberg's 'motivational systems' and in Stolorow's intersubjectivity theory as
well as in the recent work of Gill & Hoffman.

**Selfobject experiences**

As already stated, selfobject experiences are needed for the emergence and
maintenance of a cohesive, balanced and energetic self. These selfobject
experiences can be classified into various types: mirroring, idealizing, alter-ego,
ally-antagonist, efficacy, vitalization of affects (and perhaps others not yet
discovered).

Throughout his life a person will experience himself as a cohesive

harmonious firm unit in time and space, connected with his past and pointing
meaningfully into a creative-productive future, [but] only as long as, at each stage in
his life, he experiences certain representatives of his human surroundings as
joyfully responding to him, as available to him as sources of idealized strength and
calmness, as being silently present but in essence like him, and, at any rate, able to
grasp his inner life more or less accurately so that their responses are attuned to his
needs and allow him to grasp their inner life when his is in need of
assistance.(Kohut, 1984, p.52; my italics)
An optimal developmental ambience will provide the child with the essential selfobject experiences. A faulty developmental ambience results in selves that are impaired in structure and functioning. Such a pathogenic developmental ambience usually is characterized by absent or by noxious selfobject experiences. Faulty selfobject experiences may occur because of unavailability of suitable others through, for example, separation, loss, unresponsiveness, excessive responsiveness, rejection, intrusion, instability, overstimulation, understimulation, inappropriate sexual stimulation and destructive aggression.

**Selfobject experiences and selfobject transferences.**

We have often used the term fragmentation, perhaps somewhat too loosely, to characterize the rainbow of self states from the slightest disconcertedness to massively irreversible psychotic disorganization associated with possible loss of self. The intensity of selfobject experiences ranges widely from a fleeting hurt to the deep pain, including anxiety and depression, that is characteristic of disrupted intimate relationships to significant others such as parents, spouses, children, friends and lovers. And, of course, in a normally proceeding analysis the relationship to one’s analyst usually deepens and intensifies while manifesting the characteristic expectations and fears of this particular individual's yearnings for selfobject experiences. In this latter instance we refer to them as selfobject transferences since, typically, they are an expression of current needs shaped by the expectations molded in the furnace of early experiences with parents and significant others.

The need for selfobject experiences are not restricted to early development but remains throughout life. The self is enhanced and strengthened by being appropriately responded to.

"But this increased firmness does not make the self independent of selfobjects. Instead, it increases the self's ability to use selfobjects for its own
needed selfobject experiences

Kohut originally described three kinds of selfobject relationships. We now recognize at least seven types of selfobject experiences that are needed for the establishment and maintenance of a cohesive, energetic and balanced self.

mirroring selfobject experiences: a need to feel recognized and affirmed; to feel accepted, appreciated and responded to.

idealizing selfobject experiences: a need to experience oneself as being part of an admired and respected selfobject; needing the opportunity to be accepted by and merge into a stable, calm, non-anxious, powerful, wise, protective other who possesses qualities the subject experiences as lacking in the self.

merger selfobject experiences: a primitive form of the mirroring need that finds confirmation of self only in the experience of being totally one with the selfobject.

alterego selfobject experiences: a need to experience an essential alikeness with the selfobject. This forms the basis for many important peer relationships that, via imitation, lead to learning.

adversarial selfobject experiences: a need to experience the selfobject as a benignly opposing other who continues to be supportive and responsive while allowing or even encouraging the self to be in active opposition and thus

---

5 The expansion of the infant’s self-experience beyond the boundaries of its body to include aspects of the surround has sometimes been termed infantile grandiosity. Such an appellation is misleading because the infant is grandiose only in the eyes of the external observer. For the infant it is a real experience of blissful well-being that forms the bedrock upon which healthy self-esteem is built.

6 Faced with growing up in a world experienced as alien, the intensity of this need manifests sometimes in the creation of imaginary playmates by the child. Might this be a precursor to later artistic creativity?
confirming an at least partial autonomy; the need for the availability of a selfobject experience of assertive and adversarial confrontation vis-a-vis the selfobject without the loss of self-sustaining responsiveness from that selfobject.7

efficacy experiences: From the awareness of having an initiating and causal role in bringing about states of needed responsiveness from others, the infant acquires an experience of efficacy that becomes an essential aspect of the cohesive self experience. It is as if the infant were able to say: I can elicit a response, therefore I am somebody. The regression facilitated during the analysis of adults opens the way to reexperiencing on an archaic level the pleasurable self-enhancing experience of efficacy and the painful self-destroying experience of the loss of efficacy.8

vitalizing selfobject experiences: The child needs to have the vitalizing experience that the caregiver is effectively attuned to the dynamic shifts or patterned changes in its inner state, that is, across the specific categories of affect to the crescendos and decrescendos, to the surges and fades of the intensity, timing and shape of its experiences (Stern, 1985, pp.156-160).

**Phases of Development**

---

7 cf., e.g., the “no, no, no” of the 2-year old.
8 The sense of agency implied in the ability to elicit a response from selfobject-others is one of the strongest supports of the self as a structure and self-esteem as an experience. When the caregiver, usually the mother, out of an excessive zeal to respond, gratifies the child’s every need immediately, perhaps even before the child itself has become quite aware of the need, then the experience of having a need and eliciting a response is interfered with. Often such children cannot even fully experience their own affects because they are drowned out by the caregiver’s excessively sympathetic response. E.g., the child falls, hurts a little and cries but the child does not feel its pain when the caregiver is overinvolved and cries out loudly in more pain than the child. No joy or pleasure, no pain or sorrow is not immediately taken over and experienced by the caregiver. The child begins to experience itself as an extension of the selfobject-other rather than as a self in its own right and in the absence of being effective selves such children lack all sense of efficacy. Thus arises the need to be effective as one’s own self by doing something that the caregiver could not possibly resonate with and participate in. I have seen cases of Anorexia Nervosa where the need to starve oneself was the expression of the underlying need to be effective in the face of an overindulgent and excessively responsive mother.
The developmental line of selfobject relations represents one way to conceptualize the changing requirements for selfobject experiences (Wolf, 1980). Kohut (1984, p.194) pointed out that

"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"

The emergence of the self

Chronologically, we see 1) the preemergent phase, i.e., the developmental phase before the first initial but transient appearance of the self. Kohut thought this first self emerged around age 18 months. 9 2) the consolidation phase, i.e., the developmental phase from the first initial emergence of the self until, normally, the definitive consolidation into a cohesive, balanced and harmonious self. During this consolidation phase the self oscillates between various fragile editions of a partially disorganized fragmented self and a self of various states of cohesion and balance with a variety of configurations of ambitions and ideals. Kohut thought the final consolidation takes place during the eighth year of life. It is at that time that a person's inner program of ambitions and goals crystallizes to form that person's joyful awareness of his/her human self; an awareness of being temporal and of seeking fulfillment via an unrolling destiny with a precarious beginning, a flourishing middle, and a retrospective end; 3) the postconsolidation phase, i.e., the developmental phase that begins after this definitive consolidation.

Infancy

---

9 Evidence from infant research and more extensive clinical experience suggest that the self may first emerge much sooner, perhaps even shortly after birth (Stern, 1985, p.11)
Neonates and small infants presumably experience themselves before self/object differentiation as if in a limitless merger with the world. Even after self/object differentiation and the emergence, at least transiently, of a structured self with a sense of selfhood, there occur non-pathological oscillations between states of merger and states of non-merger. At a later age such merger states would be indicative of regression and, possibly, pathology. The infant requires active confirmation by its selfobjects because such mirroring experiences are needed to evoke the self structure and its concomitant experience of selfhood. At the same time, the infant needs the availability of idealizable selfobjects to provide idealizing selfobject experiences for the evocation and sustenance of self structure. Both types of experiences are needed throughout life to evoke and sustain the sense of self. The need to experience the essential likeness of the selfobject and to be strengthened by its quietly sustaining presence are probably present already during infancy also. Infant research has demonstrated that these selfobject experiences are interactively participated in and mutually enhancing to both infant and caregiver.

**Oedipal period**

Selfobject experiences of both the mirroring and idealizing types as well as alter-ego experiences are required during the oedipal period in order for the developing self to form adequate gender identity and to prevent the kind of distortions in self structure that leave a disposition for the later outbreak of psychoneurosis in adulthood. In outline, the requirements are as follows:

boy: non-seductive confirmation of his autonomy and maleness by the mother together with her acceptance of his idealizing needs. Non-aggressive acceptance of the son's adversarial and alter-ego needs by the father.
girl: non-seductive confirmation of her autonomy and femaleness by the father together with is accepting of her idealizing needs. Non-aggressive acceptance of the daughter's alter-ego and adversarial needs by the mother.

Let me stress that self psychologists generally think that the child can traverse the oedipal experience without permanent damage if the parental response is benignly appropriate and not neurotically reactive. Such a healthy developmental ambience may not be very common given the socio-cultural tensions characteristic of past and present Western societies. Castration anxiety and penis envy, therefore, are not inescapable experiences for the child but conditional upon the individual parental and socio-cultural configurations that impact on the child's development of self.

Especially during latency, but also to some extent throughout life, one observes that selfobjects are needed as models to imitate and to provide the experience of likeness. These alter-ego experiences are prominent in the development of skills. They open an avenue for learning from peers and from parents as models.

**Pre-puberty**

During the pre-pubertal years a gradual expansion of the various modes of selfobject experiences takes place with a shift, away from the early caretakers as the provider of the selfobject function, towards teachers, friends, and, most importantly, with a substitution of symbolic selfobjects for the selfobject person. The selfobject modes are becoming more diffuse and less personal.

**Adolescence and young adulthood**

The process begun pre-pubertally becomes more encompassing and deeper during adolescence. Cognitive development leads to a recognition of parental defects with the inevitable outcome of a rapid de-idealization of the early idealized selfobjects. Since the self cannot flourish in the selfobject
vacuum caused by the sudden and rapid de-idealization of parental imagoes but only in relationship to responsive selfobjects, the adolescent turns to the peer group, to the adolescent sub-culture and its idols, and to the heroes of cultural history for the needed selfobject sustenance of idealizable selfobject experiences. The availability of the peer group to substitute for parents as idealized selfobjects can be crucial for the maintenance of psychological health. The ability to substitute cultural selfobjects for idealization becomes possible with the increasing capacity for symbolization, i.e., heroes of history, art, religion, and ideas can be idealized and thus allow for the adolescent’s reconstruction of values and integration into the general culture.

Marriage

Spouses are used by each other for a variety of selfobject functions. Intimacy facilitates controlled regression to primitive merger without fear of irreversibly losing the autonomy of the self. Expansion of self boundaries to include the spouse allows participation in the self-sustaining selfobject experience of the other as if it were the self. On the other hand, frustrations and disappointments in the expected and needed selfobject experiences threaten the cohesion of the self and may lead to behaviors that threaten the marriage.

Parenthood

Ideally parents have sufficiently solid and cohesive selfs to respond with sufficient flexibility and fluidity as needed by their off-spring. Fluidity of self boundaries also makes it possible to include children as selfobjects or let them separate autonomously, as needed by both children and parents. Weissman and Cohen (1985) have demonstrated that the parenting alliance is a needed self-selfobject relationship vital to the evolving parenthood experience and other adult tasks.

Middle-age
Facilitated by the waning illusion of immortality and precipitated by incidents that force an increasing awareness of the finality of life, middle age becomes a time for self evaluation. The self's reassessment of itself calls for a readjustment of its goals (social, vocational, career, family) to bring them into harmony with the self's "program of action" (Kohut & Wolf, 1978) that "strives for fulfillment through the realization of its nuclear ambitions and ideals" (Kohut, 1975, p.757). Significant deviation from the latter result in an experience of non-fulfillment that may eventuate in a so-called midlife crisis.

**Old-age**
Old age is characterized by a reciprocal need to idealize the community and be idealized by it. Old people yearn to be confirmed as an especially valuable guide and model for the community's ideals which satisfies both their mirroring and efficacy needs. The honors that society often bestows on its aging members testifies to its idealizing needs even though not every Council of Elders deserves the recognition and power that is entailed.10

**Central subjectivity: the selfobject experience.**

---

10 The selfobject experiences needed to reach and sustain a maturity of the self include a sense of belonging to a respected, perhaps even idealized community. Belonging to a subgroup that experiences itself as despised or as treated with contempt by the mainstream culture lowers self esteem and causes intense feelings of helplessness and rage as we witness in our inner cities everyday. The resulting social turmoil is easily misunderstood and often falsely blamed on the individuals involved or merely on economic conditions. The ethnic violence that is currently so prominent in Europe is perpetrated more by alienated middle class youth than by economically disadvantaged people. The common denominator is the recent history of social changes that resulted in a fragmentation of societies and led to their inability to continue providing adequate selfobject experiences for its individuals who now experience themselves as weak, helpless and despised. Through a self esteem enhancing process of identification with an historically idealized but aggressively violent aspect of the group, the accumulated narcissistic rage is displaced on others that are even more helpless, e.g., by terrorizing powerless foreigners, women and children or by such courageous acts as the desecration of graves that cannot defend themselves.
In self psychology there has been a subtle but discernible shift in our major focus toward the selfobject rather than the self as our center of conceptual gravity. This shift has come about for a number of reasons among which I would point to the inescapable recognition that we never observe selves in a vacuum, so to speak, but only within a framework of a matrix of selfobject experiences provided by the functioning of selfobjects. The self resists precise definition. The selfobject concept, however, difficult though it is to comprehend at first, can be defined fairly precisely in terms of the self: Selfobject experiences are those experiences that evoke, maintain and give cohesion to the self. Objects, of course, perform many psychological functions for the person -- e.g., they may give sexual pleasure, they may feed or support in a variety of ways, they may teach skills and protect and so on. Some of these interpersonal functions that objects perform in a variety of ways may secondarily, because of the pleasure and success they give to the self, be supportive for the self without being necessary for the integrity of the self's structure. These interpersonal functions are to be distinguished from the selfobject functions that as selfobject experiences are sustaining the self.

Let me illustrate this important distinction by recalling, for example, a common vicissitude of the student-teacher relationship when, for example; studying music. In the beginning the student uses the teacher to learn some musical skill. It is an interpersonal relationship with an interpersonal function. Often, after a few weeks there may be some disappointments and the relationship can be broken off or exchanged for another teacher without any psychological pain of any consequence. But sometimes, perhaps because of some special need of one of them, but not necessarily an abnormal need, the relationship changes: now any disruption is experienced as a significant psychological trauma and may, possibly even lead to a psychotic break when
one of the two participants breaks off the relationship. One recognizes that an intense reaction has developed and is jeopardizing the relationship. Some archaic selfobject need has become mobilized and requires a specific selfobject experience in order to maintain the cohesion of the self. Because it manifests in the present as a revival of an archaic need we call this phenomenon a selfobject transference: the self of one or both of the participants has become dependent on the other for the needed selfobject support to its self. What had been an interpersonal relationship dedicated to the acquisition of skills has been superseded by a selfobject experience functioning to maintain the structure and cohesion of the self.

The ubiquity of the need for selfobject experiences

The need for selfobject responses is not confined to the archaic selfobjects that are the normal requirements of the early years but selfobject responses in a variety of forms are needed throughout the life span. Indeed, the need for selfobject responses is always present, waxing and waning with the ups and downs of the strength and vulnerability of the self. At one end of the spectrum, the strong, healthy and mature self still requires some mirroring affirmation even in a nourishingly stimulating environment that is free of noxious stresses; at the other end, the fragile or regressed or otherwise vulnerable self, desperately needs the mirroring experiences exercised by a selfobject matrix to maintain some semblance of self cohesion, even when its fragility has activated powerful defenses, e.g., schizoid withdrawal or paranoid hostility, that frustrate and defeat the yearning for selfobject responses. Similarly, experiences with idealized selfobjects and alter-ego self objects are also needed over a lifetime. As the individual grows and matures from birth to death the original archaic form of the
selfobject needs of infancy gradually change into other forms of selfobject needs - sometimes represented symbolically- that are appropriate to the level of maturity reached.

The terminological shift from 'narcissistic' transferences to 'selfobject' transferences has still another significance. While initially Kohut defined the need for mirroring as related to the reactivation of the archaic infantile grandiose self - and this is still true for the early years of childhood and for selves in a state of relatively deep regression - we can define the need for mirroring now more generally as the universal need of any self to be affirmed as significant. Ideally, perhaps, one can theorize about a self so strong, healthy and cohesive as to have no need for selfobject experiences of any kind. Clinically, however, one cannot expect to come upon a self that needs neither the responses of a mirroring selfobject nor the availability of an idealizable selfobject.

Psychopathology

Pathogenic selfobject experiences may result in arrested development of a self and/or traumatic injury to a self. Any particular self may show aspects of both types of impairment. If the noxious experience occurred during the preemergent phase of the self the resulting pathology is likely to be classified as Borderline or psychotic. Disturbance of self development during the consolidation phase leads to narcissistic personality and narcissistic behavior disorders. Finally, there are those disturbances that arise from interference by intercurrent events or by the very shortcomings of the self, with the fulfillment of the selfs aims as laid down in a program of action at the time of the consolidation of a specific configuration of ambitions and ideals into a cohesive self. In accord with such a classification of developmental phases one can conceptualize the psychopathological effects originating in these phases.
respectively as those of the Deformed Self, the Traumatized Self or the Unfulfilled Self. (Lichtenberg, 1993)

**Therapeutic considerations**

Pathogenic events lead to a self that is weakened and vulnerable, and, consequently, a self that has developed all kinds of defensive and compensatory functions to safeguard its remaining structures. Therapeutic activity must be directed toward strengthening the self. A strengthened self often is able to give up no longer needed defenses. Interventions aimed directly at defensive structures before strengthening the vulnerable self usually lead to undesirable negative therapeutic reactions. The analyst, therefore, must have a fairly comprehensive grasp of this self's history and development, of the vicissitudes it faced, of the injuries it sustained and of the defensive and compensatory responses it developed to protect and to express itself. Conceptualizing such an understanding requires a theoretical framework that relates data from observations about the patient to the introspective-empathic data experienced by the therapist-patient couple in interaction. There always remain unanswered questions about the relative contribution of genetically determined transferences and defenses versus reactions determined by the here-and-now of the therapeutic encounter. The analysand's unconscious and the analyst's unconscious surely influence each other to an extent that is unknowable by either. A high tolerance of uncertainty as well as a flexible openness to discard what does not work, with a willingness to look again and try something differently, characterize the skillful therapist.

Such a therapeutic process rests on what happens between analysand and analyst, especially on the subjective feeling states of each in response to each other. Here I am avoiding the terms transference and countertransference
because they carry the burden of too many contradictory and, therefore, confusing definitions.

Two types of psychotherapy process can be differentiated: the *ambient* process and the *disruption-restoration process*.

**Ambient process**

Indicated for the patient who is in need of selfobject experiences that will nourish arrested and atrophied aspects of an impaired self. The therapist must be sensitive to the empathically perceived inner state of the patient's self and respond appropriately. The patient will feel understood, appreciated and valued. This provides the patient with a needed selfobject experience that strengthens the patient's self by strengthening the self-selfobject bond between patient and therapist. This process is initiated by providing a non-specific selfobject ambience that depends as much on the therapist's personality as on the therapist's theoretical orientation. However, this is not to be misunderstood as gratifying or actively soothing the patient except for trying to understand the patient empathically and verbally conveying that understanding. The patient may misperceive such understanding as love and that can be interpreted.

**Disruption-restoration process**

In a smoothly proceeding psychoanalytic treatment one can observe often, perhaps always, sudden disruptions that transform a relatively harmonious working relationship between analyst and analysand - sometimes referred to as the therapeutic alliance - into an adversarial ambience. It appears that these disruptions occur during all psychoanalytic treatments regardless of the theoretical convictions of the therapist, that is, regardless of whether the analyst thinks of himself as classically or object-relations or self psychologically oriented. However, different theoretical frameworks lead to different conceptualizations of the observed phenomena, indeed, sometimes to entirely
different observations altogether. I will attempt to conceptualize within the theoretical framework of psychoanalytic self psychology but I am aware that the described phenomena could be formulated differently. In a properly conducted psychoanalysis the disruption is followed by a restoration of the collaborative ambience between analysand and analyst. Failing that restoration the joint psychoanalytic enterprise is likely to founder in a premature termination or in an interminal stalemate.

The disruption is ushered in when the analysand suddenly experiences the analyst as not being attuned or attentive. The patient feels misunderstood and unable to get through to the therapist. Perhaps, the therapist seems more interested in himself and in his theories than in the patient's concerns. Or, the therapist may seem to be more involved with the patient's family or other presumed adversaries than being allied to the patient. Sometimes the patient has the impression that the analyst is more interested in the patient's behavior than how he/she feels inside or that the analyst cares more about what the analysand does than who he is. For the patient it is an experience of ineffectiveness, perhaps sometimes even total powerlessness.

In the past I have on occasion talked about empathic failure of the therapist as the cause for the disruption. Let me now correct the erroneous impression that I was blaming the therapist for the disruption. The disruption is not due to a failure of either but due to a discrepancy between the experiences of reality by analysand and by analyst. Analysands unquestionably experience a lack of empathy and understanding. The analyst must recognize and acknowledge that because, by so doing, 1) he provides the patient with an experience of having effectively communicated to the analyst, i.e., a self-enhancing experience of efficacy, and, 2) he restores the patient's experience of a selfobject bond with the analyst. However, the analyst's acknowledgment of
the patient's experience is not a admission of guilt and does not call for an apology. At the most a comment indicating one's understanding of the patient's suffering is in order.

Generally speaking, it is an apparent consequence of such episodes of malattunement that patients feel alone and overwhelmed by affects of anxiety, frustration, anger, helplessness and rage or hopelessness and depression. It is useful to remember that the disruption of the therapeutic relationship is associated with low self-esteem, that is, a devastating sense of badness characterizes the disrupted state of the analysand. These overwhelming affective states are probably related to a resonance with analogous affective reactions during infancy and childhood when the youngster's self-esteem was crushed in interaction with the significant adults.

The acknowledgment by the analyst of his having been experienced by the analysand in such a way as to trigger the disruption usually leads to a collaborative inquiry by both into the dynamic and genetic causes of the disruption. For the analysand this becomes an experience of being understood, an experience of efficacy in having an influence on the analyst, and, finally, an experience of being vitalized by the affective attunement with the analyst. Due to the intensity of the disruption the self state is one of a therapeutic regression with a disorganization of various aspects of the self structure. The ties that bind the components of the self together are loosened and subject to rearrangement into a more cohesive configuration in harmony with the relationship with the analyst. As a result the analysand's self is strengthened and the disruption gradually changes into a restoration of an ambience of lowered tension with

---

11 The self experience of the analyst will qualitatively include some similar feelings, if he allows himself to become aware of them, though one may reasonably hope he will be able to resist the regressive and fragmenting pull of the disruption more effectively than the patient can.
renewed analytic inquiry. The analysand's self-esteem is enhanced concomitant with the strengthening of the self. This is in contrast to the archaic experience with the selfobjects of childhood. At that time confrontations between child and parent left the child feeling inadequate, bad and unacceptable and the child's self was weakened. Now this is partially reversed in the analytic situation. The patient is still the same person with the same self, albeit a little stronger. But what a difference that extra strength makes!

REFERENCES


