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THE RESTORATION OF THE SELFOBJECT

Barry Magid, M.D., & **ESTELLE SHANE**, Ph.D.

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Abstract

Heinz Kohut insisted that, strictly speaking, the selfobject was an experience provided by the analyst's function, not a person. However, in light of an increasing body of mother-infant research into the bidirectionality of experience at all levels of development, and the consistent with the relational turn in self psychology, which emphasizes the roles of rhythmicity, mutuality and impact in the creation of attachment and a feeling of being understood, we maintain that it is time to restore the selfobject to personhood. Case material illustrates the role of the analyst's subjectivity in the creation of the selfobject experience, which is now conceptualized as part of a two-person psychology and relational interaction.

Keywords: [bidirectionality](#), [empathy](#), [relational turn](#), [rhythmicity](#), [self and interactive regulation](#), [self and mutual regulation](#)

Some years ago, one of us referred a friend for treatment to an admired colleague (actually, a prominent self-psychologist) and was surprised to learn that he had quit after a few sessions. Asked what went wrong, he explained, "She didn't laugh at my jokes."

How are we to understand that complaint? Is it a reasonable expectation that our analyst shares our sense of humor and laugh at our jokes? There was a time and place, in a classically oriented galaxy long ago and far away, when our friend's response would have been taken as a sign of unanalyzability, an inability to tolerate the inevitable frustration that ensues from the abstinence and neutrality inherent in the analytic situation. But even today, what this anecdote illustrates is that a patient may expect—and we might even say *reasonably* expect—something from the

analyst that goes beyond what we normally consider to be an empathic stance, that is, that close, attentive inquiry into the other's subjective world. Are such things as laughing at jokes an important part of the analytic situation, something like having a comfortable chair or an attractive office, elements that provide a setting that is not only secure, but welcoming?

Or does this incident point to a necessary dimension of responsiveness that actually goes beyond our usual definition of empathy? This patient didn't want just to be understood by his prospective analyst; he needed to see that he had a certain kind of **impact** on her. Her laughter would have been the sign that she "got it"—or didn't—on many levels, and that she had been changed as a result. But there is a problem here: one can't laugh out of obedience to a technique or a theory; the analyst's own sense of humor must be engaged spontaneously. Still, possibly holding ourselves in neutral in obedience to a theory may well backfire, as it did here.

We offer this little vignette as an opening to explore the role of the analyst's subjectivity as part of the selfobject experience. What role, if any, does the analyst's subjectivity have for the patient's selfobject experience? How is our perspective transformed when we begin to see responsiveness, recognition, impact, and mutuality, but also authenticity, as part of the selfobject experience? That is, if the analyst's subjectivity is a part of the process, what if the joke is really not funny from the analyst's subjective experience? But what if, from the patient's point of view, we **must** get the joke, find it funny, in order to get him?

With this incident as an introduction, this article intends to outline some of the conceptual transformations within Self Psychology entailed by its evolution from a one person to a two-person psychology, especially as these pertain to our understanding of the nature of the selfobject and of selfobject experience. We will also, in the end, look at some of Kohut's own transformation, which continued even

as he neared death.

Kohut clearly formulated Self Psychology as a one-person psychology and explicitly stated both that the selfobject was not a person, but an experience, and that the analyst was there only as a function to serve the patient's self needs, to provide that selfobject experience. Kohut (1984) himself acknowledged the ways in which his theory was originally formulated to be as consistent as possible with the one-person intrapsychic model of the psychoanalysis of his day, calling what he did putting "new wine in old bottles" (p. 114). Further, Bacal and Carlton (2010) have argued that Kohut's actual clinical practice went beyond the confines of what he felt constrained to say in print. In any case the art of our task in this article is to decant that new wine into **new** bottles, reframing his original conception of the selfobject in light of the subsequent evolution of Self Psychological theory and practice, along with its engagement with other broadly relational theories.

We would maintain that the restoration of the selfobject to personhood is the *sine qua non* of Self Psychology's having taken a Relational turn; that is, becoming a two-person psychology, characterized by bidirectionality, co-construction, and the mutual, interactive influence of two people engaged in the consulting room. By singling out the personhood of the selfobject as the crucial conceptual change, we are attempting to bring together and concretize a broad range of theoretical developments that have occurred in Self Psychology toward the end of Kohut's life, and particularly since Kohut's death. As early as 1993, it had been possible to ask of Self Psychology if there were "One Theory or Many?" (Shane & Shane, 1993), and since that time the variations, additions, developments, and innovations have only multiplied. One need only to turn to Bacal and Carlton (2010), Geist (2009), S. Stern (2004), and Teicholtz (2009) to name but a few contributors, for evidence of this proliferation in Self Psychological expansion and elaboration.

BACKGROUND

One of Kohut's first descriptions of self-object function can be found in *"Treatment of Narcissistic Personality Disorders"* (1968). Discussing Miss F, he wrote, "Concomitant with the remobilization of the grandiose self, on which she had remained fixated, there also arose the need for an archaic object that would be nothing more than the embodiment of a psychological function that the patient's psyche could not yet perform for itself; to respond empathically to her narcissistic display and to provide her with narcissistic sustenance through approval, mirroring and echoing" (in Kohut, 1978, p. . Here we have what would later be called the selfobject experience. However, the term "selfobject" does not yet actually appear.

The term "selfobject" (though at that time written with a hyphen) makes its first appearance at the beginning of *"The Analysis of the Self"*: "The small child...invests other people with narcissistic cathexes and thus experiences them narcissistically, i.e. as self-objects. The expected control over such [selfobject] others is then close to the concept of control which a grownup expects to have over his own body...." Kohut (1971, pp, 26-27). If one looks in the index of *"The Analysis of the Self"* under "self-object, definition" -this is the passage to which one is directed.

Given Kohut's subsequent insistence that the selfobject was an *experience* and not a *person*, it is noteworthy that in this very first usage, there is already an ambiguity. "Other people" are invested with narcissistic cathexes, and thus "experienced" as self-objects. But for Kohut, strictly speaking, the (then hyphenated) selfobject is not a person, but the child's *experience* of the person, in whom she expects to have a degree of control as if it were part of her own body. One might be forgiven, then, for thinking that from the very beginning, selfobjects are being defined initially as "other people" that we "experience" in a particular, archaic way. But for Kohut, this usage of his own was an example -in the very first instance -of what he later

explained as a “harmless and excusable” confusion resulting from referring to “self-selfobject relationships,” which are actually “...not part of physical reality but of psychological reality, observable by introspection and empathy.” Kohut (1984, p. 50). In retrospect, one might say that this confusion provides evidence for the difficulty, even for Kohut, of maintaining a strictly one-person psychological perspective, which he must explain away as a “harmless resort” to shorthand.

This initial description of the selfobject experience—the other as a bodily extension—evidently offered Kohut himself a way to understand what he had come to see as the familiar expectations that his patients had placed on him. Perhaps, as part of an interpretation, it also allowed some of his patients to feel that a particular kind of disruption in the transference had been understood, though we suspect that, as a metaphor, it has always been a far more congenial understanding to analysts than to their patients. It is nonetheless based on and perpetuates a misleading metaphor of mother-infant merger, or symbiosis, a model increasingly out of touch with the picture of an initial separation and mutuality that has emerged from infant research.

For instance, Kohut speaking about the need for lifelong selfobject relationships, wrote that “...a self in various states of structural fragmentation, weakness and disharmony...is in need of others...or “others” ...whom it experiences as not independent centers of initiative, but as extensions of itself that can provide needed sustenance and strength. Our mother lifted us up and held us close when we were babies and thus *enabled us to merge* (italics added) with her calmness and strength; she was an archaic idealized selfobject. A friend puts his arm around us or understandingly touches our shoulder and we regain composure and strength; he is a mature selfobject for us now” (Kohut, 1991, p. 501).

However, the interaction between the mother and baby, just as much as between

the mature adult and his friend, rather than being characterized by merger, is in fact an intersubjective interaction, to which the subjectivity of the mother is as necessary and immediately recognizable a factor for the baby as is my friend's understanding—and my understanding that he understands. "Calmness" is an aspect of the mother's subjectivity communicated to the baby, not merely a functional state operating outside of either's state of consciousness.

The conceptual and developmental origins of what Kohut came to call the selfobject experience are to be found in the vicissitudes of the mother-infant dyad, which, as described by, among many others, D. Stern (2004), Fonagy, Gergely, Jurist and Target (2002), and Beebe and Lachmann (2014) display, from the earliest stages, the signs of mutual regulation and rhythmicity that, along with their disruption and repair, will developmentally co-create the capacities for self and other knowledge and self and mutual, interactive regulation. Kohut's concepts of empathy and selfobject function, as related to the establishment and maintenance of a cohesive self, are described in broad outline and reconstructed from the transference experience of adults in psychoanalysis; these are the processes of mutual interactive regulation and attachment now being observed first hand in mother-infant research.

Such observations support the bidirectionality of all such interactions and lend experimental credence to the move from a one person to a two-person psychology. Kohut's vision was deeply, but only metaphorically, developmental. The intersubjective nature of the origins of self-experience that was emerging from actual infant observation did not penetrate his one-person psychology. Now, however, both in infant research and in a contemporary Self Psychology increasingly informed by that research, as well as by the influence of intersubjective and dynamic systems theory, a one-person psychology perspective has increasingly given way to one variety or another of two-person, relational models.

The term “intersubjective” itself has been the source of some definitional confusion and controversy, with Stolorow and Atwood (1992) using the term in its broadest sense to refer to “any psychological field formed by interacting worlds of experience” (p. 3), thereby asserting the impossibility of a truly “isolated mind,” and with Benjamin (2017) defining intersubjective as “*the felt experience* (italics added) of the other as a separate yet connected being with whom we are acting reciprocally” (p. 22). Overtones of both perspectives can be heard when D. Stern (2004) flatly declares in “The Dialogic Origins of Mind” that: “(t)he idea of a one-person psychology or of purely intrapsychic phenomena are no longer tenable...Our feelings are shaped by the intentions, thoughts and feelings of others. And our thoughts are cocreated in dialogue...In short, our mental life is cocreated. This continuous cocreated dialogue with other minds is what I am calling the intersubjective matrix.” (p. 77). In emphasizing the personhood and subjectivity of the selfobject, our focus, like Benjamin’s, is on the *felt experience* of the analyst, while at the same time recognizing, like Stolorow and Atwood, the constitutive role of the intersubjective field on *all* experience.

Psychoanalysis had traditionally looked upon the mother “as the object of the infant’s drives and the fulfiller of the baby’s needs” (Aron, 1996, p. 65). However, following the feminist and relational turn in the work of Benjamin (1988) and others, and in line with the growing body of infant research, the subjectivity of the mother has been increasingly seen as an inseparable aspect of the dyad. In Benjamin’s (1990) words: “Where objects were, subjects must be” (p. 34). For self-psychologists, the corresponding shift in regard to the selfobject might be: “Where functions were, subjects must be.” Neither mothers, nor selfobjects, nor selfobject mothers, are reducible to their functions, or to the infant’s experience of their functions. Personhood and subjectivity are inseparable from the interactive, bidirectional, co-constructed actions of self and interactive regulation. The

philosopher Charles Taylor (2007), arguing against a unidirectional model of ethical obligation in favor of one based on mutuality and reciprocity, inadvertently echoed Jessica Benjamin when he wrote: “The child is led by the parent on a path of growth. But this is not just a service performed by one human being for another. It only succeeds where it is other and more than this, where a bond of love arises. This is a bond where each is a gift to the other, where each gives and receives, where the line between giving and receiving is blurred” (p. 702).

EMPATHY AND THE SELFOBJECT

It's clear that Kohut's conception of empathy originated as an observational stance. It established seeing and seeing exclusively from the particular perspective of the other, as the basis of understanding that other. Indeed, Kohut described empathy as *vicarious introspection*—as if the observation of an inner landscape could be understood as paralleling the observation of an outer one (like the astronauts reporting back from the moon). This picture has been challenged from a number of different directions. Fonagy et al. (2002), for example, has outlined the mounting challenges to the “Cartesian doctrine of ‘first person authority,’” which claims that one has direct and infallible introspective access to one's own intentional mind states.... Instead arguing that our knowledge of our own ‘intentions, desires and beliefs.’ Results from the unfolding of complex developmental processes involving physical, social, teleological, intentional and representational dimensions” (pp. 204–205). Self-awareness is thus a by-product of interaction; subjectivity cannot be shown to exist prior to intersubjective.

This metaphorical privileging of observation as the basis for knowing leads to the inadvertent exclusion of all the interactive, rhythmic, playful back-and forth ways in which the infant comes to “know” herself and mother (e.g., I am who makes

mommy smile). Empathy as observation thus retains the scientific data-gathering model for knowing that Kohut was otherwise refuting in his effort to move psychoanalysis away from an objective scientific mode of understanding.

The definition of empathy as an observational stance also served to avoid the charge of providing a corrective emotional experience. Kohut's definition of empathy as a perspective taking its form exclusively from the patient's point of view, however, precluded the analyst's own feelings from being part of the selfobject experience. For Kohut, the analyst's feelings remained under the rubric of countertransference and were relevant, not for enriching the connection, but for what the countertransference feelings revealed about the nature of the patient's pathology and selfobject transference feelings—whether mirroring or idealizing.

For Kohut, the mirroring selfobject experience, with its provision of affect support as the patient basks in what he perceives as the analyst's unbounded acceptance of the patient's expansiveness, may create in the analyst a sense of countertransference irritation with the patient's sense of entitlement; whereas the idealizing selfobject experience, with its exaggerated appreciation of the analyst's perfection and strength, may create in the analyst a sense of countertransference shame and embarrassment at being overprized, along with the temptation to negate the patient's developmentally necessary over-valuation.

These countertransference reactions are explored by Kohut only to the extent that they threaten to intrude on the essential empathic stance and thereby become the source of an empathic disruption. Then, the analyst's failure to sustain empathy in whatever form, along with the acknowledgement of this failure, becomes part of the repair process. Many contemporary self-psychologists and intersubjectivists, following the lead of Stolorow, Atwood and Orange ([2002](#)), now maintain that the impact of the analyst's subjectivity, rather than being confined to

countertransferential impediments to empathy, constitutes a ubiquitous and unavoidable dimension of the analytic relationship. A further dimension is added by Slavin and Kriegman (1998), who argue that the patient's impact on the analyst's subjectivity, revealing hitherto dissociated aspects of his/her own unconscious experience, is a necessary component of a fully bidirectional, relational, therapeutic interaction. All these developments have taken us far beyond Kohut's original conception of empathy.

One consequence of these changes is that as much as Kohut and classical Self Psychology have continued to insist that "mirroring" was a transferential mode expressing the patient's thwarted wishes for a certain, needed variety of attention, therapists have almost invariably come to describe mirroring as an aspect of technique, the analytic stance that confers on the patient that "gleam in the eye" responsiveness so needed by the patient for whom such needs had been pathogenically thwarted. Thus, there has been a kind of surreptitious smuggling in of the analyst's own affective response to the patient as part of the therapeutic action of empathy.

And in fact Kohut did, at times, acknowledge empathy's therapeutic action, asserting that empathy in itself can serve a healing function, though we see him as, for the most part, persisting at the level of theory, though not at the level of practice, in splitting off the analyst's personal feelings from the idea of what it means to maintain an empathic stance, as opposed to what "being empathic" means in our everyday usage. Bacal and Carlton (2010), describes how in the early days of his experience in his analysis with Kohut, he discovered, as a kind of revelation, the therapeutic power of empathy as a response to his expressions. Like many of his colleagues and fellow analysands at the time, he had come from a prior analysis in which this way of talking to patients was not regarded as having very much use. It took him some time to get over experiencing Kohut's fairly consistent

way of talking with him in that way, with empathy, as somewhat indulgent (p. 140).

Finally, it seems essential to explore here Kohut's final thoughts on empathy which were published posthumously in his final articles, thoughts that clearly undercut his earlier definition of empathy as a listening perspective only, creating an understanding of empathic immersion as possessing a healing function for the patient. First, we refer to "On Empathy" (1981, in Kohut, 1991) a speech transcribed from a recording of extemporaneous remarks made in 1981, a few days before Kohut's death, at the Fifth Conference on Self Psychology, in Berkeley, California, in October of that year. Here Kohut said, "Empathy serves also, and this is now the most difficult part—namely, that despite all I have said, empathy, per se, is a therapeutic action in the broadest sense of the word. That seems to contradict everything I have said so far, and I wish I could just simply bypass it. But since it is true, and I know it is true, and I've evidence for it being true, I must mention it. Namely that the presence of empathy in the surrounding milieu, whether used for compassionate, well-intentioned therapeutic, and now listen, even for utterly destructive purposes, is still an admixture of something positive." (p. 530).

Further, "Introspection, Empathy, and the Semi-Circle of Mental Health" (1981, in Ornstein, 1991), was Kohut's last posthumously published article, written just a few days before his death for delivery as a plenary address at the Fiftieth Anniversary of the Chicago Psychoanalytic Society. Here Kohut writes, after once again definitively defining empathy as an observational stance, "I wish I could stop my discussion of empathy...at this point without having to make one further step which appears to contradict everything that I have said so far...but submission to [scientific rigor] forces me to tell you now that even though everything that I have said up to now remains fully valid so long as we evaluate empathy as an instrument of observation and as an informer of supportive psychotherapeutic and psychoanalytic action....I must now, unfortunately, add that empathy per se, the mere presence of empathy,

has also a beneficial, in a broad sense, a therapeutic effect —both in the clinical setting and in human life in general” (p. 544). Thus, Kohut states definitively, and very reluctantly, what before he had only hinted at, that is, the healing power of empathy per se.

With those ideas affirmed only at the very end of Kohut’s life, we can see how far Kohut himself had moved in regard to the nature of empathy. Hence, our thoughts about the restoration of the selfobject would necessarily include the reintroduction of the analyst’s feelings into the therapeutic mix as part of an empathic *response*, as opposed to the maintenance of an empathy as only a *vantage point*. Thus, the analyst’s affective attunement to the patient via marking, rhythmic response, play, and acknowledgement of the patient’s impact on the analyst, all become part of what is meant by the patient’s feeling of being understood, as well as becoming attached, held, or cared for.

Ever since Kohut subtly shifted the therapeutic center of gravity away from the correctness of the analyst’s interpretation, and toward the patient’s experience of feeling understood, it has become increasingly clear that in a two person relational model of interaction, a complex set of reactions and responses on the part of the analyst takes place –including such things as changes in facial expression, tone of voice and other visible signs of emotional response and impact, serving as signs of the analyst’s own joy, distress, humor, or sadness; all of these responses become necessary to the patient’s sense of feeling understood. Rather than maintaining the stance, as in classical self-psychology, that these conditions, along with empathy, are necessary for the patient to have an internal (ie one person) selfobject experience, we maintain that these conditions can be better, more accurately defined and understood as attributable to the essential personhood and subjectivity of that selfobject.

We argue this point because only a selfobject *as person* is able to participate in what

D. Stern (2004) calls the “micro-drama” of “the present moment” ...a “jointly lived experience ... [in which] each person intuitively partakes in the experience of the other. This intersubjective sharing of mutual experience is grasped without having to be verbalized and becomes part of the implicit knowledge of their relationship” (p. 22). These ideas closely parallel Howard Bacal’s introduction of the concept of the selfobject relationship and his later development of Specificity Theory (2006), in which each person intuitively partakes in the experience of the other. Our self-psychological sense of what it means to feel understood, therefore, has required an expansion of meaning in order to take in this quintessentially important aspect of implicit knowing; understanding cannot remain confined to the sort of explicitly verbal reports that come via empathically attuned inquiry.

So, from a relational two-person perspective, knowing is no longer confined to observing, nor to conceptualized understanding. Self-Psychology, even in its one-person mode, initiated the move from the curative function of the analyst’s understanding as manifested in a correct interpretation, to the patient’s feeling understood. Relationality, itself a complex range of two -person psychologies encompassing the work of Benjamin (2017), Bromberg (1998), Davies (1998), Mitchell (1993) and others has broadened this understanding even further to include the feeling that you, the patient, are not only understood by the analyst, but that you as a patient have had an impact on that analyst; that where powerful emotions are in play, you are not the only one in the dyad who is profoundly affected by them.

This enhanced vision of intersubjective interaction expands our perspective on what counts as selfobject experience. In this view, selfobject experience requires the personhood of the selfobject in order for there to be the mutuality that is an essential contributing ingredient to the establishment of self-cohesion, affect resonance, and self and interactive regulation. Acknowledging the personhood and

subjectivity of the analyst/selfobject is by no means only equivalent to advocating self-disclosure. Rather, as Aron (1996) notes, it involves the analysis of the patient's experience of the analyst's subjectivity – the impact of which, as in our opening instance of the analyst who did not laugh at our friend's jokes, goes a long way towards the establishment of, or the disruption of, an empathic connection.

In what follows we will present two case illustrations to demonstrate what we mean by this relationally inspired move beyond traditional empathy we have described above. The first is the Case of Martha, treated by BM. In this work empathy moves to encompass humor and mutuality, contributing to an expanded perspective on the selfobject and on selfobject experience. The second is the Case of Oliver, treated by ES. Here, empathy is shown to involve an understanding of the importance of revealing to the patient the impact that their work has had upon the analyst. Each of these cases will be explored from the first-person perspective of the treating analyst.

THE CASE OF MARTHA

A 60-year-old divorced academic came to treatment because she was having difficulty finishing a book she had struggled with for years. Although she had gotten her Ph.D. and considered herself a good teacher, she never was able to secure a tenure track position in her field, and her career had been spent in teaching that was divided among a number of different colleges, forcing her to cobble together a grueling schedule of classes as an adjunct professor. Martha was the younger of two children, her older brother being a doctor, upon whom all the family's hopes and attention had been lavished. Martha had been raised to serve him and the family, often turning over part of her small earnings to enable her brother's education and training. When he finally became a success and, as Martha says, had

no further use for her, he cut off contact completely, seemingly embarrassed by her and his own origins. Martha's relationships have tended to center around what she can do for others and how she can prove her worth through her own accomplishments, along with the favors she confers. Writing and publishing had taken on the function of a curative fantasy (Ornstein, 1992) as the vehicle for finally getting the recognition she always craved. Yet, they also served as a reminder of her always falling short, a symbol of her not being good enough, of never being "one of the big boys," never really making it.

Marsha's three times a week session were often filled with accounts of the progress of her writing, or lack thereof, the weekly word count, roadblocks, and frustrations. Although she generally saw me as encouraging and supportive—and as an idealized figure who both helped regulate and vitalize her, she reflexively assumed I was another one of those people who judged her by her accomplishments, to whom she needed to prove herself by having a "productive" week of writing to report.

One day in the 2nd year of treatment, in the first session following my taking an extended vacation, she began to talk about how listless and unproductive she had been while I was away. This should have been the perfect opportunity to get extra work done on her book, but she had squandered it, she said with bitter self-reproach. Rather than staying with and empathically exploring (yet again) her sense of failure, for some reason I ventured to say in a light-hearted tone, with a little smile, "Well what do you expect, when I'm away? Of course, you had a rough time of it." Her mood immediately shifted, and she broke out in a corresponding grin. Later we were able to talk about how she had immediately sensed that I wasn't judging her by her lack of production, as she had always dreaded, but that, somehow, I appreciated our connection, recognized my importance to her in a nonshaming way, and playfully conveyed the assurance that she didn't have to "earn" my attention and affection.

The idealizing selfobject function that I had provided for her was thus interwoven with my own subjective and emotional response to her situation. I did not simply understand her from within her own vantage point, then, though that understanding was part of what I was reacting to –and against. It was important that I had a different and far more accepting attitude to her and her productivity than she had for herself. This encounter with my subjectivity went far beyond providing the simple “relief” of my non-critical approval. At one and the same time, Martha realized that I could both understand how she felt, that is, that she must produce in order to matter, *and* to see and hear that I felt differently.

THE CASE OF OLIVER ¹

“How can I believe that you understand me when I know that you are not afraid of me?”

It was with these angry words that my patient Oliver confronted me in the height of an enactment between us. To put our encounter into some perspective, Oliver had been in treatment with me in mostly turbulent four times a week analysis for several years. A successful, apparently happily married professional man, Oliver’s face to the world was warm, balanced, and affable. With me, too, he had been friendly at the outset of our work, but once our relationship had deepened, he became enraged with me, and deeply depressed. In sessions Oliver sat with his chair facing mine, but with his body turned away and his face persistently averted, refusing to make eye contact.

Investigating over time the meaning of his gaze aversion, at first Oliver could only explain his self-labeled “hiding from me” as feeling intense shame in my presence. Further exploration evoked a fear in him of what he, or I, might find lurking in the

other were we to even exchange glances, much less actually indulge in a lingering visual exchange. Might we find mutual anger and hostility? Might his persistent mistrust of me be validated by what he saw revealed in my eyes? He knew my husband had left me, and he imagined me as angry, sad, unhappy, and grieving; he could perceive these emotions in me that I must either be denying or dissociating, but that he knew were there. In short, he feared I was neither being honest with him nor with myself.

It was only through the final session of a prolonged enactment, in which Oliver's accusation that I was not afraid of him emerged, that I finally, in that one explosive session, came into connection with the unformulated fears and emotions that my patient had evoked in me, emotions that I had been unaware of, but that he had long since been convinced were present. Oliver's lifelong core issues had included feeling unsafe, unknown, and unable to trust, experiences he had had with everyone always, but now in particular with me. Now especially, with his highly disturbing insight that I didn't feel fear of him, he could justifiably demand to know, how could he be expected to feel safe and known and trusting with someone who could not perceive his feelings, nor her own? It all burst forth in that one session when, in a shame-filled rage, Oliver made that new, unexpected, and heretofore unspoken accusation that went directly to the heart of his fears. He shouted: "You are not afraid of me because you are incapable of knowing what I feel! Do you even know that I am angry enough to murder you? Do you realize that I want to destroy you? To attack you? To do you real bodily harm? Here we are, alone in the office, behind closed, soundproofed doors ", he charged, his wrath escalating. "I'm in a fury but I can tell, you're not afraid!! You're so cool, you're so calm, you act like you feel nothing, just blah. I've always known it, though I couldn't have said it; it's because you don't know me well enough to be afraid! It's because you don't really get that I could kill you! That I want to kill you! By this time, he was shouting wildly. And I was horrified. My heart was pounding. I felt intensely disrupted. But I was trying to

control myself, control my breathing, and keep my feet planted solidly on the floor in order to stabilize myself, or at least to appear stable. In short, I tried to keep my cool. But then in that moment I realized something for the first time: I had been trying with all my might to convince Oliver, and myself, that I was not afraid. And up until now, I had successfully convinced myself, even though I hadn't persuaded.

But what about that? What did it mean that I was denying my fear of Oliver, not to mention controlling my anger and my resentment at his treatment of me? I was trying to convey that I was alright with anything he said, that I was able to maintain my confidence in him and in myself, that I could maintain my selfobject functions, which, to my mind, meant remaining with him and not with myself and my attendant emotional experience, remaining exclusively attuned to his affects and resonating with them. I thought of myself as being there to understand him, to listen, to endure. To repeat, I felt my selfobject functions required that I convey my readiness to hear it all in a calm, receptive way so that he could express as much of it as was possible to put into words, because it was the only way I knew that he could be helped to integrate these unendurable, terrifying, somatic and somatised feelings and emotions; it was the only way I knew for him to feel better, to experience feeling more whole.

In any case, on that day I've just described, when Oliver accused me so fiercely of not being frightened, for some reason myself state shifted and another way of being me emerged, forcing itself into my awareness, producing an unwanted "not me" state that was, indeed, angry and resentful, and, yes, scared of the violence of Oliver's rage. I can't tell the story here in full, how Oliver and I negotiated between us over the next several weeks the differences in each of our experiences during that period of enactment. But suffice to say, I told him why I had endeavored to remain calm; and he told me that my unruffled response to him, my not knowing that he was capable of killing me, meant to him that I didn't know him at all, who

and what he was, all the evil he was capable of. He needed to see my fear in response to him to know that he indeed had had an impact on me; if I wasn't impacted by him, it meant to him that I didn't understand him or know him, and that, above all, I didn't even want to know or understand him.

The case of Oliver demonstrates in some circumstances, with some patients, that empathic understanding as traditionally conceived is not enough; the need of the patient may be to know with certainty that he has been truly understood and known, and that that certainty can only come with a convincing demonstration of the impact he or she has had upon the analyst, that he is not the only one experiencing profound emotion. From our current perspective, an exclusively empathic response can feel like the analyst is not involved with the patient and the process. The iatrogenic effects of neutrality, then, may derive not solely from a non-empathic observational stance, but from an empathic stance that encompasses a failure to make the patient's impact on the analyst palpable.

These vignettes, the referred patient who needed, but did not get, the analyst's laughter; Martha, who needed her analyst's humor, not just his empathy, to feel understood in a new and different way; and Oliver, who needed confirmation of his impact on his analyst by the real experience that he was making her afraid; all of these examples point to an expansion of the "selfobject experience" into a two person, intersubjective interaction with a selfobject other who has been restored to personhood and subjectivity.

Notes

1 A different aspect of the work with this patient appears in Lachmann and Beebe [2014] as an example of an adult presentation of disorganized-disoriented

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