

How Does Analysis Cure?, by H. Kohut

a. Quotes:

b. General Notes:

▪ Chapter 1 - Analyzability in the Light of Self Psychology (pg. 3)

- "The essential therapeutic conclusion of all my contributions to the understanding of the self and its development can be formulated as follows: **it is the defect in the self that brings about and maintains a patient's selfobject (narcissistic) transference, and it is the working through of this transference which, via transmuting internalization, that is, via a wholesome psychic activity that has been thwarted in childhood, lays down the structures needed to fill the defect in the self.** Indeed, I take the emergence of this process, and especially its persistent engagement, as evidence that the treatment situation has reactivated the developmental potential of the defective self. This central hypothesis, clearly set forth in *The Analysis of the Self* (1971) and many other publications, was not contradicted by my presentation in *The Restoration of the Self*." (pg. 4)
- "I will start by affirming once more my central claim with regard to the cure of the self: in the analysis of narcissistic personality disturbances all existing defects in the self become spontaneously mobilized as selfobject (narcissistic) transferences. And I will only add, to prevent a possible misunderstanding, that when I speak of the spontaneous mobilization of the transference in this context, I am fully aware of the fact that transference resistances which oppose this development exist and must be recognized and then dealt with by interpretation (see Kohut 1978b, 2:547-61). But acknowledgment of the existence of forces that oppose the unfolding of these transferences does not contradict my central claim that, given the actuating matrix of the psychoanalytic situation, the defective self of the patient with a narcissistic personality disturbance will mobilize its striving to complete its development, that is, that it will try again to establish an uninterrupted tension arc from basic ambitions, via basic talents and skills, toward basic ideals. This tension arc is the dynamic essence of the complete, nondefective self; it is a conceptualization of the structure whose establishment makes possible a creative-productive, fulfilling life. If a self has attained such nondefective structural completeness but is still unable to enact its intrinsic program because its energies are consumed by unresolved oedipal conflicts, then oedipal conflicts will be mobilized in the psychoanalytic situation, and an oedipal transference will offer itself to be worked through. The self psychological approach to those psychic disturbances that Freud called the "transference neuroses" is, *prima facie*, the same as that advocated by traditional analysis: the facilitation of the unfolding oedipal transference via systematic defense-analysis and the avoidance of premature transference interpretations (see Kohut 1971, p. 266) followed by a protracted phase of interpretation and working through. The differences between the traditional and the self psychologically informed therapeutic approaches to the classical transference neuroses relate to their different conceptions of the basic pathogenesis. The classical position maintains that we have arrived at the deepest level when we have reached the patient's experience of his impulses, wishes, and drives, that is, when the patient has become aware of his archaic sexual lust and hostility. The self psychologically informed analyst, however, will be open to the fact that the pathogenic Oedipus complex is embedded in an oedipal self-selfobject disturbance, that beneath lust and hostility there is a layer of depression and of diffuse narcissistic rage. The analytic process will, therefore, not only deal with the oedipal conflicts per se but also, in a subsequent phase or, more frequently, more or less simultaneously (though even then with gradually increasing emphasis), focus on the underlying depression and the recognition of the failures of the child's oedipal selfobjects. In view of the fact that the flawed selfobject matrix that is the breeding ground for the pathogenic Oedipus complex in childhood will be extensively discussed later in the present work, I will now leave the topic of the analysis of the oedipal neuroses and turn to the analyzable self disorders in the narrow sense of this term, that is, to the narcissistic personality and behavior disorders. With regard to the analysis of narcissistic personality disturbances in the narrow sense, I want to emphasize the essential importance of such patients reexperiencing and working through the lethargies, depressions, and rages of early life via the reactivation and analysis of their archaic traumatic self-selfobject relationships in the transference. While, as I noted above, all properly conducted analyses of oedipal neuroses will eventually reveal a layer of depression and diffuse rage concerning the failures of the selfobjects of the oedipal period, with the narcissistic personality disorders the remobilization of the analogous experiences of early and earliest childhood must occupy the center of the analytic stage for prolonged periods. If, that is, the insufficiently coherent or enfeeblement-prone self of the analysand suffering from a severe narcissistic personality disorder requires the working through of the lethargies and rages of earliest infancy on the way toward its rehabilitation, then these archaic experiences will be mobilized in the psychoanalytic situation and worked through. I might add here that these primeval experiences usually manifest themselves in the transference via the "telescoping" of archaic needs and archaic responses to their frustration on the one hand (such as the need for a primitive merger and primitive forms of rage and lethargy), with analogous needs and frustration-responses of later developmental stages on the other (such as the wish for closeness via perfect empathy and the feeling of disappointment when the empathic response is imperfect)" (pg. 4-6)
- "While a nuclear self cannot be created by the therapy, **the patient can still use the therapist as a selfobject to build up new defensive structures and, especially, to firm already existing defensive structures.** A selfobject transference establishes itself, in other words, in which the threatened defensive structures are offered to the selfobject therapist for his mirroring approval, or in which the selfobject therapist's personality is used, via a twinning merger or goal-setting idealizations, to strengthen the patient's defensive structures. As the result of straightforward educational activities from the side of the therapist, moreover, the patient can learn how to manage his defensive structures to his best advantage." (pg. 9)

▪ Chapter 2 - A Re-examination of Castration Anxiety (pg. 13)

- "...the healthy child of healthy parents enters the oedipal phase joyfully. The joy he experiences is due not only to the fact that he himself responds with pride to a developmental achievement, that is, to a new and expanding capacity for affection and assertiveness, but also to the fact that this achievement elicits a glow of empathic joy and pride from the side of the oedipal-phase selfobjects. Owing to this joy and pride of achievement, the boy's affectionate attitude does not disintegrate into fragmented sexual impulses, his assertiveness is not transformed into destructive hostility, and he is not intensely afraid of his parents. Only if his parents do not function appropriately as oedipal selfobjects will the child experience high degrees of anxiety." (pg. 14)
- "This pathologic anxiety appears in two forms: as primary and as secondary oedipal anxiety. **The primary anxiety of the oedipal period**, which I consider to be the more basic of the two types, **arises in response to the defective empathy of the child's parents, that is, in response to the flaws in a selfobject matrix that does not sustain the child.** The secondary anxiety of the oedipal period, which often presents more conspicuous manifestations despite its derivative quality, arises in the child when, after the disintegration of the healthy oedipal self, characterized by affectionate and assertive attitudes, the fragmented oedipal self, characterized by sexual and destructive fantasies and impulses, takes over." (pg. 16)
 - "Let us now focus on the primary anxiety of the oedipal child. In the most general terms, such anxiety is simply one special and specific instance of the type of basic anxiety that I have characterized in recent years (Kohut 1977, pp. 104-5) as "disintegration anxiety." It is the deepest anxiety man can experience, and none of the forms of anxiety described by Freud (1926, 1953, 20:87-157) are equivalent to it, in particular with regard to the basic content of the experience of the disintegration anxiety posited by self psychology. Although disintegration anxiety is in essence different from what is usually called fear of death, the fear of death as it is strongly experienced by certain individuals is not unrelated to disintegration anxiety. What is feared in the latter case is not physical extinction but loss of humanness: psychological death. Clearly, the attempt to describe disintegration anxiety is the attempt to describe the indescribable. But since it is a profound human experience, it is not an

- exact verbal definition that is called for, but rather an attempt to evoke a taste of the experience in question." (pg. 16)
- **"What is feared in both instances is the destruction of one's human self because of the unavailability of the psychological oxygen, the response of the empathic selfobject without which we cannot psychologically survive.** It is not fear of loss of love that is at stake here. As I explained elsewhere (Kohut 1980, pp. 482-88), even hatred - that is, human hatred which confirms the victim's humanness—is sustaining. **What leads to the human self's destruction, however, is its exposure to the coldness, the indifference of the nonhuman, the non-empathically responding world.** It is in this sense, and in this sense only, that we may say that disintegration anxiety is closer to what people call fear of death than to what Freud designated the fear of loss of love. It is not physical extinction that is feared, however, but the ascendancy of a nonhuman environment (e.g., of an inorganic surrounding) in which our humanness would permanently come to an end. A human death can be and, I will affirm, should be an experience that, however deeply melancholy, is comparable to a fulfilled parting—it should have no significant admixture of disintegration anxiety. It must be stressed, however, that in order to enable the dying person to retain a modicum of the cohesion, firmness, and harmony of the self, his surroundings must not withdraw their selfobject functions at the last moment of his conscious participation in the world. **Not only the fear of loss of love, or the fear of death, but also the fear of a loss of contact with reality or the fear of psychosis can be compared with the feeling of horror that self psychology understands as disintegration anxiety.** And again, as with the acceptations of "fear of loss of love" and "fear of death," there is some conceptual overlap. But the concept of a "loss of contact" has many shades of meaning, some clearly unrelated to the experience of disintegration anxiety. Even where "loss of contact" does convey a cognate meaning, more-over, its traditional usage leaves us in the dark about the crucial issue that the term "disintegration anxiety" is meant to evoke in us: namely, that it is a specific loss, the threatened loss of the self-cohesion-maintaining responses of the empathic selfobject, not the loss of contact with "reality" in general." (pg. 18-19)
 - "To put my message in a nutshell: I believe that we can, under favorable circumstances, observe a three-stage sequence of transferences or, to be more exact, a three-stage sequence of transferences, each of which is preceded by a stage of more or less severe resistances (see chap. 7, below). Schematically, then, we have (1) a phase of generally severe resistances; (2) a phase of oedipal experiences in the traditional sense dominated by the experience of severe castration anxiety—let us refer to it as the Oedipus complex, the time-honored term that has fallen into some disuse but which for purposes of clearly differentiating this third stage from the fifth stage in the sequence of transferences, I would like to rescue from obsolescence; (3) a phase of very severe resistances (for example, see Kohut 1979, pp. 12-20); (4) a phase of disintegration anxiety (see Kohut 1979, pp. 19-20); (5) a phase of generally mild anxiety, alternating with joyous anticipation; and finally (6) a phase for which I reserve the term oedipal stages in order to indicate its significance as a healthy, joyfully undertaken developmental step, the beginning of a gender-differentiated firm self that points to a fulfilling creative-productive future (cf. Kohut 1977, pp. 228-29 and 235-36)." (pg. 22)
 - "The child, we will conclude, must have entered the oedipal phase joyfully, that is, on the whole with the exhilarating feeling that accompanies a forward step in maturation and development, responding to the awareness of a new set of experiences, however hazy it might be, characterized by a qualitatively altered and intensified affectionateness and assertiveness. We will further conclude from the foregoing reconstruction (extrapolated from the occurrence of stage six of the aforementioned sequence of transferences) that **the child's self had on the whole been formed in response to optimally frustrating selfobjects up to this point in development, that it had not been exposed to traumatically disruptive rejections of its need to be confirmed in its vitality and assertiveness by the mirroring selfobject, to be calmed and uplifted by the idealized imago, or to be surrounded by the quietly sustaining presence of alter egos.** The least one can conclude from the occurrence of stage six of our transference sequence is that the child must have entered the oedipal stage with the expectation, however short-lived, that the selfobjects would again respond to this great forward move in development with the sustaining responses they had provided in the preceding stages. Although one instance is exactly like another, the fact is that the specific experiences of the analysand who has reached this final stage of the analysis (in particular, his experiences of mature affection toward, and mature competitive-assertiveness with, the analyst) are undoubtedly healthy aspects of his oedipal stage at least as it attempted to unfold at its very beginning before the traumatic responses of the oedipal selfobjects began to shatter the strength, cohesion, and harmony of the barely established oedipal self." (pg. 23)
 - "Suffice it to reiterate that the strong, cohesive, harmonious self of the oedipal child—the normal oedipal self that should be a center of independent affectionate and assertive initiative—will break into fragments and become weakened and disharmonious if its affection and assertiveness do not elicit the parents' proud mirroring responses (and various other empathically affirmative reactions) but eventuate instead in the parents' (preconscious) stimulation and (preconscious) hostile competitiveness. These flawed parental responses may occur via open and direct actions. They may be expressed verbally (which is rare) or may manifest themselves indirectly via prohibitive-rejecting responses or withdrawal (the more usual way in which the pathology of the self-object adult milieu surrounding the oedipal child expresses itself). At any rate, whether the parental pathology is expressed openly or covertly, the child's self becomes fragmented, weakened, and disharmonious and his normal nonsexual affection and normal nonhostile, nondestructive assertiveness become grossly sexual and hostile. While the sexual and destructive aims that arise in the child after the breakup of the healthy oedipal self can also be viewed as an attempt to organize the fragments of the self (for an example of this approach see Kohut 1980, pp. 521-27, the final outcome, that is, the pathological Oedipus complex, forms the nucleus for the pathological development that culminates in the manifestations of what we have traditionally referred to as the oedipal neurosis, classical transference neurosis, or structural neurosis." (pg. 25)
 - "There is no individual who is totally free of addictive features, whose sexuality is totally free of perverse interests, who is always incorruptibly nondelinquent. Similarly, there is no individual who does not have traces of oedipal lust, hostility, guilt, and fear. Despite the ubiquity of these traces, however, none of these drive-dominated modes of behavior and experiences should be designated as normal." (pg. 27)
 - "The causal role played by the oedipal selfobjects in bringing about the pathogenic Oedipus complex has already been discussed at length and I will, therefore, only briefly repeat that when the little girl reached the oedipal stage, her phase-appropriate affection and assertive behavior did not elicit affectionate pride from her oedipal selfobjects. Instead, they were (preconsciously) stimulated and competitive, for they displayed guilt-inducing prohibitive attitudes, for example, via overt censure or emotional withdrawal. As a result, the child's unsupported oedipal self began to fragment, and isolated drive experiences and conflicts about them replaced the primary joyful experiences of the phase-appropriate affectionate and assertive whole self. These are the conditions which, I believe, prevail in all instances of subsequent pathology that arise on the basis of an Oedipus complex. The situation in the case of agoraphobia, however, has certain specific features to which I will now turn. Although the breakup of the self accounts for both the disintegration of the agoraphobic woman's affectionate attitude toward the father in childhood (with pathogenic sexual fantasies replacing the former joyful warmth) and the tendency toward the spreading of anxiety and development of paralyzing panic, **it is the faultily responsive paternal selfobject that accounts for the first aspect of the structural disease of the self** (i.e., the ascendancy of an Oedipus complex) and the faultily responsive maternal selfobject that accounts for the second aspect (i.e., the patient's tendency to become overwhelmed by panic rather than being able to control her anxiety so that it can serve as a signal [Freud 1926, 1953, 20:87-157]). The mother, in other words, was apparently not able to provide a calming selfobject milieu for the little girl which, via optimal failures, would have been transmuted into self-soothing structures capable of preventing the spread of anxiety. It is this structural deficit, the deficiency in calming structures—a defect in the soothing functions of the idealized pole of the self - that necessitates the presence of a companion (a maternal woman who temporarily replaces the missing structure and its functions) to forestall the outbreak of anxiety. It was the nonempathic selfobject milieu of the oedipal phase, in other words, that both brought about the deleterious transformation of the little girl's originally affectionate attitudes into sexual drivenness and failed to provide the necessary conditions for the gradual internalization of those self structures that would have given self-confidence to the little girl and enabled her to remain calm despite

conflict and tension. To summarize: self psychology sees the failure of the oedipal self-object milieu as the essential genetic factor in agoraphobia. It considers the pathological oedipal fantasies as a symptomatic consequence of the flawed selfobject response. Finally, it believes that in the adult symptomatology the addiction-like need for an accompanying woman is not to be viewed as a defensive maneuver but as a manifestation of the primary disorder: the structural defect of which both the unconscious oedipal fantasy and the conscious need for a female companion are symptoms. The fact that the sexual wish for the father can be kept outside of awareness ("repressed") while the reliance on the self-object mother to curb the anxiety is conscious does not mean that the first is the dynamic source (the cause) of the patient's psychological illness and that the second arises in consequence of the first. The sexual wish for the father, in other words, despite being unconscious, is not "deeper" than the need for the selfobject mother.² The dynamic prime mover (the cause) of the disturbance and the "deepest" layer of the disease, as far as we can determine at this time, is the flawed self-selfobject relationship that transformed the positive experience of the oedipal stage, an upsurge of affectionate and assertive feelings, into the potentially pathogenic Oedipus complex. Vastly more important than the agoraphobic woman's subsequent exposure to the unconscious incestuous desires of the Oedipus complex, however, is the structural defect that followed from the failure of the idealized maternal selfobject to provide the child with the idealized omnipotent calmness which, via transmuting internalization, should have become self-soothing, anxiety-curbing psychic structure." (pg. 29-31)

- **"Because the parental figure with whose power and calmness the child's self needs to merge has herself a self defect—I say "herself" because in the case of the agoraphobic woman it is the mother, whereas in other forms of psychopathology, whether oedipal or preoedipal, it is the father—she experiences the child's developmental progress (his emotionally moving away from her) as a threat to her cohesion. She therefore fails to respond with mirroring pride or with other appropriate reactions that the child needs in order to maintain his self-esteem and ensure his self-cohesion.** Moreover, this parental failure comes at a moment when the child's self, in the midst of a pivotal forward move, is only precariously established and thus especially vulnerable." (pg. 31-32)
 - "The capacity of a parent to respond empathically to the unusually great or highly specific selfobject need of a child is, in the last analysis, a function of the firmness of the cohesion of the parent's self." (pg. 33)
- Chapter 3 - The Problem of Scientific Objectivity (pg. 34)
 - "If we are in a situation in which a human being listens to us in order to understand us and explain us to ourselves, and we know that such listening and explaining will go on for a long, at first seemingly unlimited, time, we are not in a situation that can be properly defined as being neutral. On the contrary, it is a situation that, in its psychological impact on us, is the very opposite of neutral—indeed it is a situation that may be said to provide us with the most crucial emotional experience for human psychological survival and growth: the attention of a selfobject milieu, that is, a human surrounding that, via empathy, attempts to understand and participate in our psychological life. And the quality of the understanding that is achieved, its relative accuracy, inaccuracy, insufficiency, or oppressiveness, is an immanent quality of the analytic situation, not an adventitious admixture to it." (pg. 37)
 - "There is not one kind of healthy self—there are many kinds. And there is no single analytic road toward cure—there are many, depending on the specific health potential of a specific analysand. But this much we can say: the healthy self will be predominantly composed of either primary or compensatory structures. Defensive structure, although never absent, will in most cases be at a minimum, though even this rule may, in some very exceptional cases, be invalid. While we are on firm ground in claiming that fully creative-productive selves are generally characterized by a relative paucity of defensive structures, we are less certain as to the most desirable ratio between primary and compensatory structure. On the basis of impressions gleaned from observing people who, I believe, are (or were) able to live especially meaningful and creative lives, I have come to assume that a self characterized by the predominance of compensatory structures constitutes the most frequent matrix of the capacity for high achievement. Stated in different terms, it is my impression that the most productive and creative lives are lived by those who, despite high degrees of traumatization in childhood, are able to acquire new structures by finding new routes toward inner completeness." (pg. 44)
- Chapter 4 - Self-SelfObject Relationships Reconsidered (pg. 49)
 - **"Self psychology holds that self-selfobject relationships form the essence of psychological life from birth to death, that a move from dependence (symbiosis) to independence (autonomy) in the psychological sphere is no more possible, let alone desirable, than a corresponding move from a life dependent on oxygen to a life independent of it in the biological sphere.** The developments that characterize normal psychological life must, in our view, be seen in the changing nature of the relationship between the self and its selfobjects, but not in the self's relinquishment of selfobjects. In particular, developmental advances cannot be understood in terms of the replacement of the selfobjects by love objects or as steps in the move from narcissism to object love." (pg. 47)
 - "Specifically, it rests on a confusion between the general meaning of the term **selfobject** as **that dimension of our experience of another person that relates to this person's functions in shoring up our self and a specific meaning of the term selfobject** - in this sense it should always be referred to as an archaic selfobject—that relates to the beginning stages of the development of selfobjects. During the earliest stage, cognitive indistinctiveness between self and selfobject may or may not exist. In view of the fact that I will discuss this issue from many sides later in this work, I will not pursue it further at this point. I will only say that, as with all genuine experiences in human life, the adult's experience of a selfobject is not segmental but serial. It is, in other words, an experience in depth: when the adult experiences the self-sustaining effects of a maturely chosen selfobject, the selfobject experiences of all the preceding stages of his life reverberate unconsciously. When we feel uplifted by our admiration for a great cultural ideal, for example, the old uplifting experience of being picked up by our strong and admired mother and having been allowed to merge with her greatness, calmness, and security may be said to form the unconscious undertones of the joy we are experiencing as adults." (pg. 49-50)
 - "Self psychology is now attempting to demonstrate, for example, that all forms of psychopathology are based either on defects in the structure of the self, on distortions of the self, or on weakness of the self. It is trying to show, furthermore, that all these **flaws in the self are due to disturbances of self-selfobject relationships in childhood.** Stated in the obverse, by way of highlighting the contrast between self psychological and traditional theory, self psychology holds that pathogenic conflicts in the object-instinctual realm—that is, pathogenic conflicts in the realm of object love and object hate and in particular the set of conflicts called the Oedipus complex—are not the primary cause of psychopathology but its result." (pg. 53)
- Chapter 5 - The Curative Effect of Analysis (pg. 64)
 - "[H]ow does self psychology perceive the process of cure? The answer is: as **a three-step movement, the first two steps of which may be described as defense analysis and the unfolding of the transferences, while the third step - the essential one because it defines the aim and the result of the cure - is the opening of a path of empathy between self and selfobject, specifically, the establishment of empathic in-tuneness between self and selfobject on mature adult levels.** This new channel of empathy permanently takes the place of the formerly repressed or split-off archaic narcissistic relationship; it supplants the bondage that had formerly tied the archaic self to the archaic selfobject. To demonstrate the essential correctness of the preceding formulation concerning the essence of the cure achieved by psychoanalysis, to demonstrate, in other words, the encompassing explanatory power of the simple formulation that the gradual acquisition of empathic contact with mature selfobjects is the essence of the psychoanalytic cure, is an enterprise of monographic proportions." (pg. 65-66)
 - "Each optimal failure will be followed by an increase in the patient's resilience vis-à-vis empathy failures both inside and outside the analytic situation; that is, after each, optimal new self structures will be acquired and existing ones will be firmed. These developments, in turn, lead to a rise in the patient's basic level of self-esteem, however minimal and by itself imperceptible to analysand and analyst each such accretion of

structure may be." (pg. 69)

- "Let me summarize both of these theories - the self psychological theory of the nature of psychopathology and the self psychological theory of psychoanalytic development—with two brief statements. (1) **Self psychology holds that, with regard to a large number of patients who now enter psychoanalytic treatment, the essence of psychopathology is the defective self** (i.e., the self prone to states of fragmentation, weakness, or disharmony). (2) **Self psychology holds that the pathological condition of the self is due to disturbances of the self-selfobject processes in early life; these processes normally lead to the building up of a healthy self.** A healthy self, it should be added, is a structure that - except perhaps as an outcome of the most severe forms of traumatization such as prolonged confinement in concentration camps and other protracted dehumanizing experiences - is not prone to become fragmented, weakened, or disharmonious during maturity, at least not severely and/or for long periods. What are the wholesome self-selfobject processes that build up the healthy self? We see them as occurring in two steps. First, **a basic in-tuneness must exist between the self and its selfobjects. Second, self-object failures** (e.g., responses based on faulty empathy) **of a non-traumatic degree must occur. We refer to the results of such failures on the part of the selfobjects of childhood as "optimal frustrations."** This two-step sequence of psychological events in early life, occurring in countless repetitions, has two important consequences: (1) it brings about structure formation (cf. Kohut 1978b, 1:137-38, and Kohut 1978b, 1:248-49) via a process to which I have given the name "transmuting internalization" (Kohut 1971, pp. 49-50), and (2) it prepares the soil for a shift in self-selfobject relations that is of great significance, namely, a gradual shift from the self relying for its nutriment on archaic modes of contact in the narcissistic sphere (in particular on mergers with the mirroring selfobject, mergers with the idealized selfobject, and twinship mergers [i.e., mergers with a selfobject that is experienced as an alter-ego replica of the self]) to its ability to be sustained most of the time by the empathic resonance that emanates from the selfobjects of adult life. In order to be capable of cure by psychoanalysis, the analysand must be able to engage the analyst as selfobject by mobilizing the sets of inner experience that we call selfobject transferences." (pg. 70)
- "To repeat and summarize, then, a successful analysis is one in which the analysand's formerly archaic needs for the responses of archaic selfobjects are superseded by the experience of the availability of empathic resonance, the major constituent of the sense of security in adult life. Increased ability to verbalize, broadened insight, greater autonomy of ego functions, and increased control over impulsiveness may accompany these gains, but they are not the essence of cure. A treatment will be successful because, allowing himself to be carried by the momentum of the analytic process, an analysand was able to reactivate, in a selfobject transference, the needs of a self that had been thwarted in childhood. In the analytic situation, these reactivated needs were kept alive and exposed, time and again, to the vicissitudes of optimal frustrations until the patient ultimately acquired the reliable ability to sustain his self with the aid of the selfobject resources available in his adult surroundings. According to self psychology, then, the essence of the psychoanalytic cure resides in a patient's newly acquired ability to identify and seek out appropriate selfobjects - both mirroring and idealizable - as they present themselves in his realistic surroundings and to be sustained by them. But how about structure formation? Is it not rather the replacement of selfobjects with self structure that is the essence of psychological health and thus of the process of psychoanalytic cure? My answer to this question, if I must answer with an unambiguous yes or no, is in the negative. A yes - the yes that is compatible with the traditional attitude of psychoanalysis—would indicate, to my mind, that the attitude of the empirical scientist had been replaced by that of the moralist. True, psychological structure is acquired through psychoanalysis and the self becomes more firm. 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 sustenance, including an increased freedom in choosing selfobjects. True, the person who grows up in a good selfobject milieu in childhood will in later life be blessed with the possession of a core of self-confidence along with nuclear ambitions, values, and goals. But by themselves these internal resources are never enough. We must have a healthy biological apparatus in order to utilize the oxygen that surrounds us, but we cannot live without oxygen. Similarly, we must be in possession of available nuclear self-esteem and ambitions, on the one hand, and of core ideals and goals, on the other, in order to seek out mirroring selfobjects and be nourished by their response to us and in order to seek out idealizable selfobjects and be enlivened by the enthusiasm we feel for them. The analyst's protracted and consistent endeavor to understand his patient leads to two results that are analogous to the outcome of normal childhood development: (1) his occasional failures, constituting optimal frustrations, lead to the building up of self structure, while (2) his on the whole adequately maintained understanding leads to the patient's increasing realization that, contrary to his experiences in childhood, the sustaining echo of empathic resonance is indeed available in this world." (pg. 77-78)
- Chapter 6 - The Curative Effect of Analysis (pg. 80)
 - "The best definition of empathy—the analogue to my terse scientific definition of empathy as "vicarious introspection" (1978b, 1:205-32)—is that it is the capacity to think and feel oneself into the inner life of another person. It is our lifelong ability to experience what another person experiences, though usually, and appropriately, to an attenuated degree. Under normal circumstances, this ability will change in specific ways along an individually variable but, on the whole, predictable developmental road. At the beginning of life, the baby's empathic perception of his surroundings seems to be tantamount to total suffusion with the emotional state of the other. There is empathic flooding, in other words, as opposed to that attenuated taste of the other's experiences that characterizes the adult in general and the depth psychologist who employs empathy scientifically in particular. From the beginning of life, therefore - and the analytic situation is no exception - the desideratum is exposure to attenuated empathy, not exposure to total and all-encompassing empathy. The baby is anxious and the mother experiences a taste of the baby's anxiety; she picks up the baby and holds it close. As a result of this sequence, the baby feels simultaneously understood and calmed because the mother has experienced as an empathic signal not the baby's total anxiety but only a diminished version of it. If the mother's empathic ability has remained infantile, that is, if she tends to respond with panic to the baby's anxiety, then a deleterious chain of events will be set in motion. She may chronically wall herself off from the baby, thus depriving him of the beneficial effect of merging with her as she returns from experiencing mild anxiety to calmness. Alternatively, she may continue to respond with panic, in which case two negative consequences may ensue: the mother may lay the groundwork in her child for a lifelong propensity toward the uncurbed spreading of anxiety or other emotions, or by forcing the child to wall himself off from such an overly intense and thus traumatizing empathic echo, her uncurbed empathic resonance may foster in the child an impoverished psychic organization, the psychic organization of a person who will later be unable to be empathic himself, to experience human experiences, in essence, to be fully human" (pg. 82-83)
 - "When the self psychologist speaks of "psychic structure," he is referring neither to the structures of a mental apparatus nor to the structures of any of the constituents of a mental apparatus but to the structure of the self. **The structure of the self, in other words, is the theoretical correlate of those attributes of the self which, in their sum total, define this central concept of self psychology.** While the notion of psychic structure is, like all theoretical constructions, no more than a tautology, it is still an invaluable aid to our thought and an indispensable tool when we communicate with one another. It allows us to speak of the attributes of the self in general terms, without specifying whether we have in mind its cohesion, its strength, or its harmony—that is, without specifying whether we refer to a person's experience of being whole and continuous, of being fully alive and vigorous, or of being balanced and organized (see Kohut and Wolf 1978, especially p. 414). And it allows us to evoke, again without being specific, such diverse yet defining attributes of the self as those given by our abiding experience of being a center of initiative, of being a recipient of impressions, of having cohesion in space and continuity in time, and the like." (pg. 99)
- Chapter 7 - The Self Psychological Approach to Defense and Resistance (pg. 111)
 - See text
- Chapter 8 - Reflections on the Self-analytic Function (pg. 152)
 - "I believe that a summarizing statement at this point concerning two major assumptions made by self psychology will help us on our way. The first concerns the functional yield that self psychology anticipates from the therapeutic expansion and firming of the psychic structures of the self. We

think, as I have stressed before, that this yield is optimally threefold: (a) that the analysand's capacity to make efficient use of selfobjects will be increased; (b) that at least one sector of the analysand's self, from the pole of ambitions to the pole of ideals, will be able to function effectively; and (c) that the analysand will be in a position to devote himself to the realization of the nuclear program laid down in the center of his self. The second self psychological assumption I would like to stress at this point is the genetic one I have frequently adduced in a variety of contexts. Self psychology holds that we can best understand psychoanalytic cure in analogy to successful early development; we define therapeutic progress toward mental health not primarily by reference to expanded knowledge or increased ego autonomy, but by reference to the laying down of permanent self structures via optimal frustration." (pg. 152-153)

- "Normal mental functioning, whether established in consequence of successful development in childhood or in consequence of a successfully completed analysis, rests on smoothly interacting psychological structures. Neither the selfobjects of childhood nor the selfobjects revived in the analytic transference should be expected to play an important role in adult or postanalytic life, respectively. In fact, the relative success or failure of early development and of analysis can be gauged by evaluating adult and postanalytic functioning against the question of the degree to which transmuting internalization has taken place. The "foreign protein" of the selfobject and of the self-object's functions, whether in childhood or during analysis, becomes split up after being ingested; its constituents are then reassembled to form the self in accordance with those individual patterns that characterize the growing child's (or analysand's) specific psychic "protein." These individual patterns derive from influences emanating from inherited patterns insofar as the child is concerned - although there can be no doubt that the actual content and form of the nuclear self are often decisively determined by the selective responses of the parental selfobjects (e.g., by selective "mirroring") - and preeminently in accordance with the basic design of the nuclear self of the adult analysand as it has been outlined through the confluent forces of a specific biological inheritance and a specific selfobject milieu in childhood. It follows that under optimum conditions the resulting psychic structures are only partially patterned in accordance with the gross features of the parental selfobject and they should show no more than the faintest traces of any of the gross features of the transference selfobject of analysis. And the same also holds with respect to the way in which, by comparison with the selfobjects of childhood and the selfobject of analysis, the adult and the postanalytic self perform the functions that the selfobjects had formerly performed for them. Not only do these functions become "depersonalized" (see Kohut 1971), but the specific way in which they are henceforth (internally) performed has few of the features that characterized the actions of the selfobjects of childhood and, under optimum circumstances, hardly any of the features that characterized the analytic selfobject." (pg. 160)
- "Just as the optimum experience of selfobject responsiveness in childhood lays down silently functioning regulatory structures which in adult life function outside of awareness - that is, without the need to recall the personified imagoes of the selfobjects of childhood - and just as the experience of optimum selfobject responsiveness in analysis (the analyst's correct empathic grasp of the analysand's needs and wishes followed by the correct interpretation of the relevant transference context in its dynamic and genetic dimensions) lays down regulatory structures which postanalytically function outside of awareness - that is, without the need to reinstate the functions of the selfobject analyst in the form of a conscious exercise of self-analysis —so also with regard to the integration of the analyst's theoretical knowledge with the rest of his personality. Here, too, it is not a matter of conscious awareness of the invaluable apparatus of concepts and theories that are at his disposal as he works with his patients or investigates the nonclinical field, but of their silent, preconscious use. An analyst, in other words, may be said to have become a true master in his field-I am thinking here especially of his clinical work-when his learning (i.e., his theoretical knowledge and his clinical experience) has become so thoroughly integrated with his total personality that he has ceased to be aware of it." (pg. 170)
- Chapter 9 - The Role of Empathy in Psychoanalytic Cure (pg. 172)
 - "The self psychologically informed response to the question of how psychoanalytic treatment leads to a cure—a question to which, since it involves consideration of the whole personality of the patient and his psychic functions, there is no simple answer - can be condensed into this formulation: **The psychoanalytic situation sets into motion a process which, via the optimal frustrations to which the analyst exposes the patient through more or less accurate and timely interpretations, leads to the transmuting internalization of the selfobject analyst and his functions and thus to the acquisition of psychic structure.**" (pg. 172)
 - "It is not the task of the analyst to educate the patient via confrontations but, via the consistent interpretation of the selfobject transferences, to cure the defect in his self. As the working-through processes concerning the psychic reality of childhood near completion during the late stages of analysis, then, the patient, in consequence of the new psychic structures that have gradually been acquired over the years of treatment, will be able to learn the lessons of realism from life itself." (pg. 173-174)
 - **"Empathy is the operation that defines the field of psychoanalysis. No psychology of complex mental states is conceivable without the employment of empathy. It is a value-neutral tool of observation** which (a) can lead to correct or incorrect results, (b) can be used in the service of either compassionate, inimical, or dispassionate-neutral purposes, and (c) can be employed either rapidly and outside awareness or slowly and deliberately, with focused conscious attention. We define it as "vicarious introspection" or, more simply, as one person's (attempt to) experience the inner life of another while simultaneously retaining the stance of an objective observer." (pg. 174-175)
- Chapter 10 - The SelfObject Transferences and Interpretation (pg. 192)
 - "[S]ince **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 analysand's experiences during the analysis, it follows that the analyst's pivotal communications to the analysand 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)." (pg. 192-193)
 - "Self psychology asserts that normality is properly defined by positing a meaningful sequence of changes in the nature of self-selfobject relations throughout the course of a person's life; normality is not tantamount to the claim—the unrealistic claim—that the need for selfobjects is relinquished by the adult and replaced by autonomy and object love. We see a movement from archaic to mature narcissism, side by side and intertwined with a movement from archaic to mature object love; we do not see an abandonment of self-love and its replacement by the love for others" (pg. 208)

c. Further Readings:

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