TO FREE THE SPIRIT FROM ITS CELL

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PASTOR MANDERS: I refuse to discuss such questions with you. Mrs. Alving—not while you're in such an unstable state of mind. But what do you mean by calling yourself a coward just because...

MRS. ALVING: I'll tell you what I mean by it. I'm timid and frightened because I can never be free of the ghosts that haunt me.

PASTOR MANDERS: What do you mean by that?

MRS. ALVING: I'm haunted by ghosts. When I heard Regina and Osvald out there, it was just as if there were ghosts before my very eyes. But I'm inclined to think we're all ghosts, Pastor Manders; it's not only the things we've inherited from our fathers and mothers that live on in us, but all sorts of old dead ideas and old dead beliefs, and things of that sort. They're not actually alive in us, but they're rooted there all the same, and we can't rid ourselves of them. I've only to pick up a newspaper, and when I read it I seem to see ghosts gliding between the lines. I should think there must be ghosts all over the country—as countless as grains of sand. And we are, all of us, so pitifully afraid of the light.

Henrik Ibsen, Ghosts, Act Two
The conference at which this chapter was first delivered marked the tenth anniversary of the final appearance of Heinz Kohut at its deliberations. His departure from its proceedings left a yawning space of which all were acutely aware. In the past decade self psychology, the discipline he founded, has confounded those critics who, too eagerly, wrote it off as a fad and prophesied its demise (Rangell 1982). It has firmly established its importance in the therapeutic community. Kohut had come to believe that by converting hypotheses into doctrine classical analysis had brought psychoanalytic development to a cul-de-sac. He contrasted the world of dogmatic religion with that of creative science, and he recognized that to the latter, absolute truth is essentially unknowable. And so, acting in fidelity to his own observations and his own experiences, he forged a new and historic path that freed frozen potentialities of his patients and his own.

These ten years have, however, also provided us with a wealth of clinical experience with the basic principles Kohut elaborated so brilliantly. Nothing in a creative science stays the same. "Even the most convincing conclusions, seemingly self-evident and beyond question, may ultimately come into serious question" (p. 57), Kohut (1984) wrote, leaving this as an essential part of his legacy. It is now a time to take a fresh look at problems yet unsolved. For us, as for Kohut, what is unquestioned cannot be changed. Our theories are different, but to see only what our own theories make recognizable to us remains a continuing hazard of our occupation. Every previous innovative development within our field has been overtaken and circumscribed by that somber fate. Perhaps my own personal experience over the past 40 years in psychoanalysis especially alerts me to this peril. Perhaps, equally, I choose this focus here as my way of honoring that special bond that I share with colleagues with whom I have had the privilege of collaboration in this unique enterprise over the past nearly 15 years. It is a bond best defined in the words of Albert Einstein: "The right to search for truth also implies a duty. One must also not conceal any part of what one has recognized to be true."

Over the past decade I have come to recognize certain problems that call into question important concepts and common practices within self psychology. To illustrate these problems I will present some excerpts drawn from the treatment of two patients. The first, an architect, and the second, a writer, were each painfully saddled with conceptions whose underlying assumptions they had never recognized or been able to question. These pretty much determined their perceptions and ideas about who they were, which in turn predetermined what they were doing—and were unable to do—on this planet. Both the concepts I brought to the patients and those they brought to me had to be reconsidered in order to establish the "space" in which, in one case, a new edifice might be created and, in the other, a new script written. In the depths of that dimension of experience that is my focus here there was operative not only the fear to repeat, the recognition of which constitutes a major and enduring contribution of self psychology, but an even more pervasive fear, one more difficult to identify and engage directly and therapeutically: a fear not to repeat, a terror of change.

The fear of repeating traumatic childhood experiences creates a resistance that is now readily recognizable. It takes the form of defense structure that Kohut (1984) described as involving activities undertaken in the service of psychological survival, that is, as the patient's attempt to save at least that sector of his nuclear self, however small and precariously established . . . , that he has been able to construct and maintain despite serious insufficiencies in the development-enhancing matrix of the selfobjects of his childhood.

[p. 115]

According to Ornstein (1990), these defense organizations "continue to be reactivated whenever the patient is experiencing his environment as unresponsive and unempathic" (p. 42). Their treatment constitutes a challenge "to be able to interpret habitual, deeply unconscious defensive positions from within the patient's own perspective and to recognize—and appreciate—the functions they serve in protecting the vulnerable self in less than optimal environmental circumstances" (p. 46). These defensive structures are considered to constitute "the most powerful obstacles to change" and must be subjected to the process of working through in a successful analysis (pp. 41-42).

With the patients I am describing here our focus was drawn increasingly to a defensive structure different from that described by Kohut in the passage just quoted. Rather, operating at an unconscious level, this formation acted as a stubborn resistance to change by dismantling and preventing the consolidation of new structures of experience. It was triggered in response to the patient's experiencing the analyst not as unresponsive or unempathic but as an invaluable ally in the maintenance of a therapeutic bond that was based on sustained empathic inquiry into deepening recesses of the patient's subjective experience. The fear here arose with the patient's perception of the approach of imminent and profound change. It appeared whenever the process of inquiry illuminated and thus threatened some deeply entrenched unconscious principle of organization of experience of the self, a principle in which the essence of an archaic tie to a primary caretaker continued to live on.

The direct observation of the operation of this defense organization indicates that resistance to change is stratified and multidimensional and that the working-through process must provide access to and address this layer of
unconscious experience if the analysis is to have its most important mutative impact. Thus, the analysis of the defense organizations that cluster around the need to protect vulnerable self-structures is an essential but not ultimately conclusive target of the analytic procedure. To be sure, in order to become engaged in the serious task of analyzing the more deeply embedded psychological configurations, "the patient has to be certain that the current selfobject, the analyst, is not again exposing him to the pathological milieu of early life." (Kohut 1979, p. 13). On the other hand, neglect of the more deeply embedded sources of resistance to change will lead to a result in which improvement may be limited to certain areas while the patient's essential perspective on himself and his world remains unchanged, with the possibility foreclosed for examining and transcending a decisive unconscious contribution to the forms and quality of his life.

It was this deeper source of resistance to change that kept the patients I am describing here imprisoned in gulags of their minds. Its treatment is complicated, for it involves an investigation into and an essential realignment of the ordering principles that shape experience and determine the nature and structure of subjective realities. In order for this development to occur in a patient, the analyst is likely also to have to undergo a painful process of realignment in what he observes and in the focus of his interpretive activity. It is to the case of the architect to which I now turn in order to illustrate my thesis.

Patrick, the architect, had earned an outstanding reputation for the quality of his work and for the dedication and absolute integrity he brought to it. Still youthful and athletic in appearance, he had achieved much of what he had set out to do in life. He was looked up to and regarded as an unqualified success by many who knew him. He had participated actively in his family life, raising three children who appeared successful in their own right, and he maintained a stable marital relation of many years' duration. Nevertheless, life had become not only joyless but a source of almost ceaseless torment for him. His feelings of emptiness and depression had some years ago driven him into a severe addiction. He acknowledged almost wistfully that even such costly relief had become foreclosed for him.

What was it that continued to agonize Patrick so cruelly? He was the eldest son of a father who had freed himself from his own childhood impoverishment to become a legend in the ranks of pioneer developers of housing tracts and shopping centers, a man who had amassed undreamed-of wealth. The father attempted to pass on the lessons life had taught him to his son, whom he loved, with the same tenacity that had served him so successfully in his business affairs. He espoused the virtues of hard work with a missionary ardor, and he heaped scorn and predictions of apocalypse upon anyone whose zeal in this direction was less than his own. Attention to detail he elevated to the status of the nuclear art form. "Make certain you do the little things," he would preach, "and the big things will follow." As a boy, Patrick had drawn the unfortunate "little thing" assignment of raking the leaves of their fine new house each afternoon after school. In the evening before the family could sit down to supper, dad would accompany the lad into the yard and inspect the results of his labors. No white-gloved marine sergeant was more dedicated to his task. His father's reproaches and his own forebodings as neglected leaves were discovered and pointed to, his indolence or fraudulence thus unmasked, remained indelibly seared in Patrick's memory.

Having set an example in his own world that his contemporaries fell over themselves trying to learn and emulate, Patrick's father could not understand why he should be having such difficulties in getting his firstborn son to follow simple instructions. Equally difficult for him to comprehend was how Patrick could find appealing any interests or entertain any ambitions other than those he had determined were in the boy's best interest. Increasingly, Patrick's father came to treat such expressions with disdain and as personal rejections of him and his values. He especially could not understand why the boy was so offended whenever they visited one of his new development projects. Instead of seeing his father's entrepreneurial wizardry, Patrick could only see mindless and garish desecration being inflicted on the environment, and having experienced it at a shorter range on himself, he reacted viscerally. Although dad regularly and cordially invited Patrick to come along on his fishing trips or sailing boat excursions, he never attended a baseball game in which his son, who took pride in his feats as a second baseman, was playing.

This schism between what he saw and felt and what he was supposed to see and feel— in general, between experiences as they were and as they were supposed to be—remained for Patrick an enduring source of irreconcilable torment. Somehow out of the woof and warp of this relationship Patrick developed a firmly consolidated structure of experience. It was woven and held together by an underlying perspective toward himself and his life that created an architecture for his spirit that was almost as confining as his life with father had ever been. Patrick could never really unlearn very much of what his father had insisted on teaching him. Any spontaneous enthusiasm or fun for anything he might design for himself, including his own lifestyle, came inexorably to be erased, automatically and mysteriously, as if by some unseen master hand and as if it—and, in a profound sense, he—had never really existed.

Patrick was compelled to operate in his profession— one he had somehow had the courage to choose for himself— exactly as if it were his father's first venture in the development business. The possibility of little things turning into very big and disastrous ones had become so enshrined as a principle of not-to-be-questioned truth that Patrick could never again limit the significance
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To him of any imperfection. In the tight confines of his mind there was no time and no space for the enjoyment of his superbly innovative spirit. He had to concern himself with every detail of any project he undertook, as if it were the lawn that was to be inspected by his father. Patrick drew each design and bird-dogged it through the detailed drafting process. He took the plans to the building authorities himself and personally followed the interminable procedures necessary to secure the required permits. He even had to see that the garbage was taken to the street from his office himself, for he was certain that anyone to whom he delegated the responsibility would forget it sooner or later. If he departed in the slightest from this ritualized existence, he was filled with terrible foreboding. He was compelled to conclude what his father had always maintained: that his insistence on choosing his own life for himself and not accepting what his father chose for him was an unarguable demonstration of his stupidity or willfulness.

Nor could Patrick enjoy even the acclaim and rewards his talents and energies brought him. Helplessly manacled to his father’s values and unable to consolidate any of his own, he continued to harbor the unyielding conviction in some corner of his mind that he was fraudulent and undeserving of those tributes. His admirers were reacting to his beautiful buildings, he, unyieldingly, to the neglected and unraked leaves they had not yet seen!

Whatever transient feeling of well-being, confidence, enthusiasm, or hope Patrick experienced in his sessions would regularly disappear, relentlessly vitiated by some self-disparaging thought. Then the space that had been occupied by the feeling of aliveness would be replaced by the more familiar empty malaise and joylessness that had pervaded his childhood.

What happened in my consulting room, I was able to determine, was a faithful replication of what occurred when Patrick was by himself. Observing how his mental operations always came to ground zero in this repetitive self-negating process, I got a vivid sense of how like a cell Patrick’s mind was. I could observe how each time the cell door opened with a fresh, innovative thought or exuberant feeling it soon clanged shut again. Only by immersing himself in work to the point of exhaustion had Patrick been able to find some measure of relief from this process.

I have come to recognize this constellation of shifting feeling states as an indication that there is an underlying process at work—ghosts, as it were—that discloses skeletons below. Within this skeletal framework experience is being shaped sequentially by two different and incompatible perspectives according to two different sets of organizing principles. These in turn reflect different and incompatible motivations. This process can assume many forms, frequently insidious and difficult to detect, and the perspective that divests the self of what is exquisitely personal is always preprogrammed to prevail. Thus, development on the basis of authenticity of experience and centrality of differentiated choice is repetitively foreclosed. These principles operate from within an area of experience that has been described as the pre-reflective unconscious (Atwood and Stolorow 1984). As Basch points out, this corresponds to “the sensorimotor period delineated by Piaget, that is, those first 18 months of life where infants establish patterns of expectation that are not, and may never become, subject to symbolic manipulation” (personal communication, February 20, 1992).

Caught up in the affective content of their experience, patients are likely to be oblivious to the existence of the subterranean backdrop of other mental operations. As Freud first noted, patients tend unreflectively to believe that experience is explained by events and circumstance and are oblivious to the role played by the unconscious in how events are being processed. Analysts, especially those who lend themselves to sustained immersion in their patients’ experience, also tend to become similarly trapped in its content. Such entrapment blinds the analyst to the shifting of affect states and subjective realities that is occurring beyond the focus of their eyes. In these circumstances it is easy to fail to recognize that the forms or symbols in which a particular constellation is finding expression are unimportant except as they provide access to the underlying process. It is easy also to fail to appreciate that the “reality” of the patient’s affective state may need not so much to be affirmed or resonated with as opened wide to the processes of self-reflection so that its derivative and subjective origins can be grasped.

In patients like Patrick the process by which one way of organizing experience is usurped by another more forceful is an internal and automatic replication of crucial developmental events of the child–caregiver experience. That point at which the shift in feeling state from enthusiasm to malaise occurs continues to mark exactly the great divide of developmental derailment. It reflects the fact that the child’s attempts to use his own feelings as central organizers of experience and behavior were stilled by attitudes and actions of caregivers. The patient cannot exit what has become a closed and noxious system. He remains trapped in the structural remains of an archaic tie. The perspective and motivation that prevails is one in which the individual is compelled to submit to a definition of himself determined by forces external to his control or volition, a definition determined by the needs, wishes, and fears of caregivers or those who continue to represent them psychically. “I must believe that I am and must continue to be what you, my caretakers, see me to be” remains the operative organizing principle.

Let me now turn to my second example. Marco, a writer, striking in his tall, aesthetic, and unaffected appearance, appeared in my office one Monday after spending the previous Saturday night at the opening performance of his play. He said that he felt “hung over,” although he had not been drinking. The
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misgivings he had had about the staging and the acting proved unwarranted, and the play, he said, went very well. He noticed, however, that at the party afterward he felt sad—"melancholic" he termed it—and he could not explain this to himself. He remembered that he had stood in the rear of the theater while the performance was taking place, listening carefully to his lines being delivered. He felt flashes of pride as he found himself saying to himself "That's okay" and sometimes "That's good!" But these vanished and were replaced by the sadness that enveloped him. The actors at the party were effusive in their praise and the director told him that he thought the play was a major piece of work, but Marco had a sense of unreality about the whole thing. Feeling distant, dull, empty, out of place, and alone as he mingled with the celebrators, he felt as though they were talking about someone else. Surely the drama that he had presented on the stage was no more dramatic than the one taking place inside him. But whose drama was it and what part was he playing in it?

Some months before, Marco had begun to discuss the difficulties he was encountering in his writing. He wrote for television and had two partners who reviewed his work and then made suggestions for revision. Marco had great difficulty in being able to preserve and protect his own contribution in the face of their suggestions. It became clear that this difficulty arose because a familiar configuration was constantly being triggered. Marco was afraid of damaging the feelings of his partners, and this fear interfered with his retaining as central his own purpose of producing what he felt was the best possible script. He compromised himself repeatedly and thus interfered with the unfettered development of his own creativity. As a consequence, his efforts were robbed of the richness and enthusiasm only he could bring to them, and he worked without zest.

A second severe problem occurred when he began with an idea that excited him. Then he would regularly find himself procrastinating, and he was soon overcome with fatigue and lethargy. Only when he approached a deadline could he rouse himself, and then only because the fear of the consequences of disappointing his employers outweighed the vague, sinister, and unrelenting discomfort that brought his excitement, and with it his creativity, to a halt.

In attempting to understand this reaction, Marco recalled that his interest in story telling was preceded by a childhood passion for reading. In his own room he found that he could enter into the magical worlds of the great storytellers. There he sought and could find refuge from the gray weariness of his home, his mother's unrelieved bitterness, his father's withdrawal and addiction, and the interminable arguments between them. When he was 8 or 9, Marco remembered, his mother walked into his room and caught him reading. "Why are you always spending your time that way?" she scolded. "To avoid helping me?" He never showed her any of the stories he subsequently began to write.

When he was 12 he wrote the school play and asked his mother to come to watch on the night it was being performed. He wanted so for her to be pleased and proud, but she sat there unmoved and unimpressed. When he was introduced on the stage at the end of the play and the audience applauded, Marco noticed that his mother's hands remained fixed at her sides.

How can one understand Marco's inability to sustain his prideful enthusiasm and its collapse into a state of profound sadness at the premiere of his play? Surely Marco remained compelled to continue to experience as his very own his mother's sadness at his early interests, which took him away from her. His mother's perspective continued to replace his own, and this process resulted in Marco's lack of initiative and his absence of zest. It continued to paralyze him and prevent him from being able to negotiate differences with his writing partners that would have protected his own innovations from surrender. Marco's triumph at the opening of his play was being reflected back to him as an example of naughtiness, and he was responding as if he had no mind, no will, no credible experience of his own.

This process and its underlying principles also shaped Marco's personal relationships with women and stripped them also of the quality of volition. Every intimate relationship had inevitably become increasingly difficult for Marco. In each he felt himself under constant pressure to demonstrate that he continued to love his partner and had not grown tired of her, a requirement that in itself inevitably became tiring. Consequently, Marco felt burdened when he was with his partner and relieved when they were apart—relieved, that is, until he would begin to worry that when he next saw his loved one she would be expecting him to make love with her and would be checking to titrate the level of his passion after their separation against what it was before. Nothing could have been more lethal in its effect on his appetite for lovemaking. He knew, moreover, that his partner would be hurt and angry or cold and aloof. That reaction in her was intolerable to him because it made him feel that he was totally bad. Thus, Marco could not help sliding into an archaic definition of who he was. He was, he felt, the very one, unchanged, his mother had reflected back to him so long ago, the boy his mother was sorry she had. Thus he repeatedly surrendered any definition of himself of his own to criteria imposed from outside. Whenever he began to experience his personal self in a perspective of his own—for example, when he began to feel as he was watching the opening night performance of his play that he was for one brief, shining moment his own person, not his mother's, his audience's, his collaborators', or mine—he would soon after feel that he was really selfish, uncar ing, and therefore undeserving. That was the principle that turned Marco's success into an incipient melancholia.

Who Marco was remained dependent upon the reflection he got from his
partner, a principle simple in its elegance. If she smiled, he felt he was good; if she was aloof and cold, he was bad! The particular partner didn't even have to be present for this circuitry to be activated. When he was alone, Marco was preoccupied with her, could not get her off his mind. The picture of her wounded expression, her angry mouth, or flaring eyes imprisoned him. He heard her crying, "Look what you've done to me" and he could not turn away. He did not feel that he owned his own body, his own affection, person, or mind. Each relationship was a prison cell in which his spirit was trapped.

**HISTORICAL NOTES**

The phenomenology that I have been discussing has been the focus of much interest, perturbation, and varying interpretation throughout the course of psychoanalytic history. It was the basis of Freud's investigations in the case of the Wolf Man, in which Freud came to feel that "something in these people sets itself against their recovery [so that] its approach is dreaded as though it were a danger" (Freud 1923, p. 49). It has been described exhaustively by analysts of the Kleinian school, who have noted repeatedly the resistance of patients to change and their inability to sustain feelings of well-being inside and outside the analysis. Operating on the basis of the paradigm of the mind as an energy-processing apparatus, Kleinians have attributed these repetitive reactions to the death instinct and to pathological biological forces of destructive envy (Bion 1962, Joseph 1989, Rosenfeld 1987). Every major theoretical innovation in psychoanalysis has involved a search for a better understanding and solution to this underlying problem (see, for example, Fairbairn 1954, pp. 137-146). The inability of his patients to sustain excitement and enthusiasm and to emancipate themselves from protracted states of emotional shallowness and malaise except by resort to desperate and despairing attempts at self-stimulation was the cardinal symptom that captured Kohut's interest. It was the failure of classical concepts to solve this problem that ultimately motivated his call for a return to the methods of empathy and introspection as "defining the contents and limits of field and determining the theories" of psychoanalysis (Kohut 1959). The earliest descriptions that emerged from Kohut's re dedication to the empathic-introspective stance were of a sequencing of feelings similar to that which I have described. He (1971) noted that "a pervasive hypochondriacal brooding may disappear," usually as a result of external praise or interest.

The patient suddenly feels alive and happy and, for a while at least, shows initiative and has a sense of deep and lively participation in the world. These swings are usually short-lived and they tend to become the source of uncomfortable excitement. They arouse anxiety and are then soon followed by a chronic sense of dullness and passivity, either experienced openly or disguised by long hours of mechanically performed activities. [p. 17]

In explaining the anxiety that caused his patient's "heightened pleasure in himself and his increased vitality" to be replaced by a state of depletion, Kohut fell back on the concepts of ego psychology. "These and many other similar complaints," he wrote "are indicative of the ego's depletion because it has to wall itself off against the claims of the grandiose self, or against the intense hunger for a powerful external supplier of self-esteem and other emotional sustenance in the narcissistic realm" (Kohut 1971, p. 17). Kohut never abandoned this explanation of the anxiety his patients experienced when authentic, demarcated, and poorly consolidated structures began to emerge. It was the crucial element in the dream interpretation that distinguished the second analysis of Mr. Z. from the first (Kohut 1979).

It was inference based on the model of an inadequate mental apparatus that led Kohut to conclude, fatefully, that the anxiety behind the failure to sustain experiences of enthusiasm and joy in the self was triggered by a deficit of psychological structure, thus providing self psychology with a defining organizing principle at its outset as a psychology of deficit rather than a complex psychology of empathically accessible subjective experience. The joyless existence of "tragic man" was the outcome of massively faulty responses to his stirrings in childhood for mirroring and idealizable experiences from caretakers. The transmuting internalization that would have laid down cohesive structures in the presence of adequately empathic and optimally frustrating responses had not taken place. The enthusiasm and vitality that emerged episodically with expressions of archaic self-structures (and affirming responses to these) could not be sustained, and they collapsed.

However elegant this perspective, it fails to take adequately into account the nature and extent of the structure that has evolved and become firmly consolidated, a structure I have attempted to describe in the cases of Patrick and Marco. That structure is the consequence of the attitudes reflected back to the child in his formative relationships. Within it the archaic ties to parental caretakers are perpetuated. In the psychic reality of unconscious organizing principles is to be found the enduring truth of Freud's observation that the ego never willingly abandons a libidinal object choice (Freud 1917). The structure that develops out of the matrix of emotionally enslaving early ties foretells the emergence of new structures, based centrally on inner and distinctive feelings, because these continue to constitute a challenge to the parents.
In analysis, when the observational focus is placed on deficit, on what is absent, the importance of identifying and analyzing the imprisoning structure is obscured. The therapeutic endeavor shifts to ways of filling in the deficit by processes of "optimal frustration" and "transmuting internalization" and away from the task of recognizing and helping liberate the patient from ties that continue to impair his ability to sustain experiences of "the exhilarating bliss of growing self-delimitation" (Kohut 1979, p. 17) and the joy of recognizing and purposefully pursuing an unfolding design of a self of his own.

In these circumstances it is apparent that the urgent needs for mirroring or idealizable qualities that appear in the selfobject transferences cannot be taken as identical to or comparable with the original selfobject needs now revived in an empathic setting (Schwaber 1984). Only the extension of the process of empathic inquiry can reveal a context in which such selfobject needs are being derivatively activated in order to countermand automatized self-depleting operations. Specific attunement to and recognition of Patrick's and Marco's perceptions and experiential states were unquestionably necessary for the establishment of a firm therapeutic bond (Brandchaft and Stolorow 1990). These preconditions must be fulfilled if the analytic work is to focus on the enduring and defining impact of early experience on the sense of self and to focus on its continuing contribution to the automatic, invariant, and nonreflective organization that expropriates, redefines, and redirects experience.

When Patrick experienced a reflection of himself, in or outside the analytic transference, at variance with one that his tortured state of mind allowed him to retain, he generally seemed appreciative. However, such experiences, I noted, left him without the tools he needed to be able on his own to identify and ultimately counteract the predetermined shift in perspective that continued to nullify the impact of any beginning positive experience of himself regardless of the source from which it emanated. Consequently, expressions of pride or enthusiasm could be observed regularly to be sucked back down into the more familiar organizing perspective. I believe that continued therapeutic interaction of the kind that purports to provide the "mirroring" affirmation that was denied the patient in his childhood may, in fact, superimpose a well-intended but misguided perspective of the analyst over that which is afflicting the patient. I have observed that these therapeutic interactions tend to contribute to the prolongation of the pattern that Kohut early took note of. "The analysand becomes addicted to the analyst or the analytic procedure and the transference-like condition which establishes itself in such analyses is indeed the reinstatement of an archaic condition" (Kohut 1971, p. 46). The uncritical and, I believe, erroneous application of the theory that the path of development of the self consists of progress from archaic to mature selfobject relations can lead to a situation in which addictive attachments can be recycled and perpetuated, relatively unchanged in their depths, through a succession of relationships, including the one between analyst and analysand.

In the patients I am describing the nuclear structures are no longer freely mobilizable. They have become inextricably enmeshed with highly organized and unyielding internal structures in precisely the way their psychological organizations became enmeshed with that of their caretakers in childhood. Whatever the specific intersubjective factors that produced this particular character structure, the mandate has been established that the person continue to define himself by how well or poorly he fulfills what the caretakers needed, expected, and required of him, in both positive and negative aspects. No situation more clearly shows the influence of the observer on the observed than the effect of caretaker on child, and in none is the consequence of that influence more enduring. The first caretakers occupy the role of reflector of an ultimate reality and the absolute definer of who the child is. Their constructs, communicated in a thousand ways—verbal, gestural, and attitudinal—impair meaning to the child's experience. Enduringly negative or positive, hopeful or despairing, nourishing or depleting, these meanings continue to shape the quality and direction his inner life takes. It is the operation of this underlying configuration that dooms people like Patrick and Marco to suffer the fate of Tragic Man, realizing in despair that they have not been living their lives.

If the shift in affect state that I have described can be carefully observed over a protracted period and the invariance and automatism of that shift made evident to the patient, he can be helped to become aware of the processes within him that are codetermining the nature and quality of his life, processes that are outside his control and volition. The anxiety that underlies and motivates the shift, no longer obliterated by unrecognized surrender to an alternative perspective, will then become more accessible to analytic investigation and work.

Perhaps I can illustrate the operation of these therapeutic principles in a brief excerpt from the associations of a patient who has been described previously (Stolorow et al. 1987, Chapter 4). I will omit pertinent details except to mention that the patient was getting his chaotic professional affairs in order and, in the process, had engaged a competent and professional office manager upon whom he had become very dependent for the achievement of this goal. The patient's associations were as follows:

I was aware of being swept along, away from the centrality of my own center of initiative, and I noticed the tendency for this to occur whenever others' spheres of influence intersected with my own. For example, Katherine. She is my office manager and she has certain priorities in the organization of my time, so I found myself fitting in with her schedule for me. If she couldn't fit my appointments with
you into her schedule for me, I found myself incredulously fitting in
her priorities for me as if they were my own. Her perspective became
dominant and obscured any of my own. I became aware of the
importance to me of not interfering with her enthusiasm and a
gnawing apprehension of what would happen if I did. Gradually
and insidiously I became aware of a feeling of not being on top of, but one
step behind, always one step behind and never able to catch up. I
saw myself rationalize my behavior: "Things at the office are a mess
and I have to go along with this routine until things get straightened
out and then I'll be able to go back to my analysis."

Not wanting to undermine her initiative, I found myself swept
along, becoming resentful and unhappy because my life was not my own,
even though it always seemed that what was going on was for my own
good!

I was aware that what was lacking was the quality of ownership, that
it was not I who was directing my life, and therefore there was an
unmistakable lack of pleasure even in those things that appeared to
me to be in my own best interest. What was enormously helpful to
me was to continue to be able to be reflective while all this was going
on, and so to be able to stay in that space with more wholeness, not
lose my self.

Stolorow and I have proposed that "developmental traumas derive their lasting
significance from the establishment of invariant and relentless principles of
organization that remain beyond the accommodative influence of reflective
self-awareness or of subsequent experience" (Brandchaft and Stolorow 1990, p.
108).

The most serious and lasting damage incurred by developmental traumas
is that sustained by the emerging and fragile sense of self and involving the
establishment of rigid criteria by which the self is defined. Thus, it becomes
essential to observe how the shift in affect states I have described is rooted in
automatic, relentlessly recurring translocations in the sense of self. Each step
toward the realization of a demarcated and authentic personality, each appear-
ance of an emerging sense of personal agency, is initially but fleetingly accom-
panied by a vitalizing and transcendent sense of self. This was the case with
Marco, for example, when he initially felt exultant while watching his play being
performed, but such a basis for self-definition was regularly erased and replaced
by a feeling of debased fraudulence and dishonor. I have described this process
in detail in a previous work on a patient with a seemingly intractable depression

(Brandchaft 1988). The shift from liberating exuberance to the malaise and
depletion of defeat and surrender is rooted in this underlying shift in the
foundations of the sense of self. To make possible changes at this nuclear level,
it is essential that the therapeutic process open these unexplored areas of
self-experience to the processes of reflection and analysis in depth.

The operations of unconscious principles of organization that create and
maintain an established cohesive psychological structure while continuing to
disarticulate and prevent the consolidation of new psychological structure are
responsible, in one form or another, for the most frequent, pervasive, and
disabling of the disorders of the self. Marco's and Patrick's dullness of existence
is in its essence a function of the relentless enfeeblement of a distinctive core, a
core trapped and continuously drained of its own vitality, part of the gift of life.

I have referred to the myriad of forms in which this underlying psycho-
logical configuration and the unconscious organizing principles that hold it in
place can find expression. Marco and Patrick, for example, have each been
transfixed with tormenting doubt concerning the truth about who and what
they really are, and this doubt extends to the most profound and nuclear of
their feelings. In this ceaseless and paralyzing doubt are contained the roots
of the obsessive dilemma and its concretizing compulsive rituals. Kohut de-
scribed the appearance of this doubt in the case of Mr. Z.: the patient became
aware of the extent of his enmeshment with organizing principles established in
his early relationship to his mother, as a consequence

of the crucial fact that the mother's emotional gifts were bestowed
upon him under the unalterable and uncompromising condition
that he submit to total domination by her, that he must not allow
himself any independence, particularly as it concerned significant
relations with others, he retreated from the pursuit of the analytic
task, voicing instead serious doubts as to whether his memories were
correct, whether he was not slanting them in his presentation to me.
[Kohut 1979, p. 13]

Patrick's enslavement to detail, another patient's periodic torment as to whether
he had left a gas jet open, compulsive hand-washing routines I have observed—all
have as a central organizing principle, as did the behavior of Mr. Z., a
persistent and agonizing doubt concerning the truth about the essence of their
humaness. These individuals are continually asking if they are bad or good,
destructive or innocent, hateful or lovable. In this torment is the echo of the
central and still-unresolved dilemma of childhood: Whose versions and whose
perspective are to be believed? The failure of analysis to penetrate to this area of
experience, which is exquisitely available to the analytic method of empathic
inquiry, has resulted in the tragedy of the virtual therapeutic abandonment of the treatment of this disorder to the neurobiologists, who operate according to impersonal and statistical criteria and neglect the personal.

In a more florid form this oscillation between enthusiasm and malaise in the experience of one's self can also be seen in the manic-depressive syndrome. Narcissistic object choice has generally been recognized as the point of loss in the melancholia that forms part of this picture, whereas mania has been ascribed to the defensive denial of that loss (Klein 1950). Without the primary focus on self-experience and the use of empathic inquiry into that experience from within, it was not possible heretofore to identify the manic phase as emerging from the experience of transient shedding of an enslaving tie to a self-annihilating self-object or to attribute the melancholia to the reestablishment of that tie and, consequently, to the loss of a vital part of the self (as described by my patient Marco in the passage 1 referred to previously). And underlying an addiction to substances and sexual enactments or rituals can regularly be found the deeper imperative to countermand the tormenting effects of corrosive experience of self not only as reflected in the eyes of another but as arising from within, from an unyielding, self-abusive, or self-defeating structure.

In whichever of the myriad forms this underlying configuration may come to expression, it is an unerring indicator of a specific developmental derailment. The need of Patrick's and Marco's caregivers to commandeer the child's developmental processes caused a fateful and specific transition. In both cases the individual was deprived of that developmental progression by which he could come increasingly to rely on his own spontaneous, authentic, and noncompliant experience as central in his perception, motivation, and interpretation. This failure has momentous consequences. It renders the individual permanently the hostage of the responses of another for the determination and definition of who he is. He is imprisoned by a feeling of responsibility for the state of mind of another, and he is utterly unable to use his own unfettered volition in the choices he makes in the fulfillment of his attachments and in the interests he attempts to freely pursue and fully enjoy. Thus, it becomes mandatory that the analytic process reinstate the developmental process at the point at which it was interrupted. This necessarily involves the analysis providing a setting in which the patient can live through whatever anxiety lies in the path of his reclaiming the ownership of his self and determining the laws by which his sense and definition of self are governed. Only in that way will it be possible for him at last to depend upon another without placing himself at risk of surrendering the determination of who he is to that other.

The anxiety that accompanies the shift that occurs each time the person strives once more to break free from the constraints of established principles of organization and the habitual processes built up over a lifetime may be so subtle as to escape notice. In attempting to provide a therapeutic milieu the analyst must be aware of the extent to which this dread affect state may have been repressed developmentally because it met with an unattuned or misattuned responsiveness from caretakers. Soarides and Stolorow (1984/1985) emphasize the sensitivity of patients to any indication of such attitudes in the analyst and describe how these attitudes initiate a resistance of their own, the dread to repeat (Ornstein 1974). There may be feelings of unreality and profound strangeness or estrangement. Frequently, the anxiety takes the form of various concrete symbols of disaster, such as earthquakes, thunder, lightning, and the like (Brandchaft 1991), or of pervasive hypochondriacal concerns (Kohut 1979, p. 19). These experiences all convey the sense of threat to the self if there is a shift in its familiar orientation and allegiance. The challenge to existing ways of organizing experience continues always to constitute a painful and, not infrequently, cataclysmic psychological event.

In understanding the resistance to change in the analysis of disorders of the self and the fear that underlies it, Kohut's (1979) description in the case of Mr. Z. is pertinent: "As we discovered—without which progress would surely ultimately be halted—his fears concerning the loss of the mother as an archaic selfobject, a loss that . . . threatened him with dissolution, with the loss of a self that at these moments he considered to be his only one" (p. 13, emphasis added).

Kohut went on to write that the deepest anxiety experienced by his patient was that in response to movements toward "independent maleness." These continued to reproduce in him the frightened reaction he had had as a child at the "icy withdrawal" of his mother in response to similar steps, a withdrawal to which he had always responded with an emotional return to her. The account of the second analysis of Mr. Z. is replete with passages that describe the intense anxiety Mr. Z. experienced over and over again as his movements toward autonomous and demarcated selfhood challenged the principles that had hitherto dictated his surrender of such a developmental course.

The fear of being alone and, in that state, the terror that Kohut regarded as the greatest, that of fragmentation, has been frequently isolated and identified as a primary and irreducible factor in maintaining existing and familiar organizations of experience (Adler and Buie 1979). In treating these patients, however, I observed, as Kohut recognized in the passages cited, that this anxiety is itself an aspect of a more complex state. When he is alone the patient has no access to any information or reflection with which to counteract insistent representations arising from unchallenged archaic and authoritarian definitions of self. He is trapped in an unreflected perspective, one that he does not recognize as perspective but accepts as not-to-be-questioned reality. He is apt to be unaware of the existence of any core of self save that caught in the enmeshing perspective. There is an escalating negation and abuse of the self that suggest experiences of
being browbeaten into submission. Unable to find refuge, the patient may then begin dissociating from his experiencing self because he has developed no strategies with which to defuse the bombardment of the stimuli of his internal surround. He may suddenly feel overwhelmed and increasingly frightened by the mechanical and robotic quality of existence. This cycle is especially likely to occur when the patient is alone and at night, when there are no distracting preoccupations and when it may be terminated by desperate and joyless attempts at sexual stimulation, by chemical or alcoholic means, or by sheer exhaustion.

The attempt to organize experience in a new way frequently results in a pervasive and disarticulating doubt about the truth of subjective experience. However, if the context in which this experience regularly recurs can become familiar to the patient, that is, if it regularly follows an attempt to free himself from some constricting relationship or ongoing organizing principle, he will recognize it as a sign of forward movement, even if it is subjectively frightening. When the therapeutic focus has resulted in supporting the processes of self-reflection, the patient can become familiar with the enmeshing structure and its invariant impact on the way experience automatically evolves within it. A third perspective will then have become established within which the assumptions underlying the patient's shifting sense of self become accessible and are no longer sacrosanct and immutable. Then also the experience of dissolution can come to be recognized as involving only one sector of the patient's self-experience, not its totality and not the central sector he wishes to consolidate. In each case the frightening experience and the accompanying distress need subsequently to be carefully investigated in a therapeutic environment in which a firm bond has been established. At this point in the therapeutic interaction the preconceptions of the therapist can have a determining effect upon the subsequent course and outcome. Nowhere are the words of Kohut (1984) more prophetic:

The difficulties, at times well-nigh insurmountable, that the observer faces are not due to his influence on the field of observation, but to his own shortcomings as an observing instrument. Prejudicial tendencies deeply ingrained within us will often decisively influence what part of the potentially available data we perceive, which among the perceived items we consider important, and ultimately how we choose to explain the data that we selectively perceive. [p. 38]

If in the conduct of a therapeutic analysis of a self disorder the unfolding process is not interfered with, the operations of the underlying defensive structure will inevitably emerge. This will have a decisive impact upon the subsequent course of the analysis. Such a process necessitates the formation from the beginning of a therapeutic bond with the patient based upon a commitment to the stance of empathic inquiry (Brandchaft and Stolorow 1990). This will lead to an awareness, deepening investigation, and gradual illumination of existing unconscious organizing principles and their continuing contribution to the repetitive course that life takes. The accompanying recognition that the existing structure must be disarticulated and its power curtailed so that alternative ways of organizing experience and new implementing structure may develop has profound implications insofar as treatment modalities are concerned. Such a procedure involves a reconsideration of the role of such modalities as affective attunement, resonance, or engagement, as well as of the relative merits of optimal frustration and responsiveness. Central to such reconsideration is an assessment of the extent to which the tool facilitates or impairs the process of empathic investigation and illumination. I trust I will not be misunderstood here as making a plea for a lesser responsiveness. It is my intent, rather, to emphasize a greater discernment on the part of the therapist, one that leads to continued curiosity and observation and that, so informed, determines the nature of the response and the area to which it is directed.

The basic tools of sustained empathic inquiry that led Kohut to his revolutionary discoveries have persuaded me that a most essential facet of the patient's developmental process is the shift from other-referenced to noncompliant criteria as the central basis for the sense of self. Such a development is necessary in order that the individual will continue to operate from a self that acts as a center of authentic and voluntary initiative. In the cases of Patrick and Marco I have described how their development was constantly being stripped of what was most exquisitely spontaneous and personal and how malaise and lifelessness accompanied that process. It is my impression that the truest measure of the depth of the success of an analysis lies in the extent to which it has helped the patient free himself from the organizing principles that dictate this usurpation and surrender of the self. Only by reclaiming the ownership of his own sense of self and proceeding from a center of initiative within it can the patient experience the joy and enthusiasm of a life more truly his own.

The empathic investigatory process that formed the basis of Kohut's original theories of the psychology of complex states is uniquely suited to the exploration of this area of continuing repetitive derailment and resistance to change. It is to this enduring contribution that we need to periodically return, and we continue to be inspired by Kohut's courageous example. Beyond any specific set of concepts, it continues to be the indispensable tool and compass of the creative science of psychoanalysis.
REFERENCES


