Self and Systems
Explorations in Contemporary Self Psychology

Editors
NANCY VAN DER HEIDE AND WILLIAM J. COBURN

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Empathic Understanding

The Foundation of Self-Psychological Psychoanalysis

Richard A. Geist

Massachusetts Institute for Psychoanalysis–Psychoanalysis, Newton, Massachusetts, USA

Empathy is the theoretical and philosophical foundation of self-psychological treatment. By emphasizing empathy as the primary methodology for collecting data about our patients, Kohut subtly, but dramatically, shifted psychoanalysis from Freud's theory-based treatment to a patient-centered treatment in which there is a profound shift in the analyst's listening perspective. This chapter explores the implications of such a shift in our listening perspective for both psychoanalytic treatment and developmental understanding. Using verbatim dialogue from both patient-therapist interactions and parent-child interactions, it delineates empathy's important role in therapeutic healing as well as its growth-promoting functions in a child's development.

Key words: empathy; self psychology; patient centered

I discovered self psychology early in my career at the intersection of two opposite realizations: first, practicing from a traditional listening perspective failed to resonate emotionally with me or my patients; second, my analysis was hopelessly marooned on the isolated shores of a nonconnected relationship. Isolated on a couch with a barely responsive disembodied voice that embraced the same frustration model of development and treatment and the same one-person view of pathology and God's eye view of reality that I was being taught, it was not until I stumbled across Heinz Kohut that I found the words to describe what was amiss with both my training and analysis.

The story of my discovery of Heinz Kohut is remarkably fortuitous. I had wandered into Mandrake's bookstore in Harvard Square to browse and say hello to its venerable owner Mr. Rosen. Those who may remember that wonderful nationally acclaimed bookstore will recall that it sold primarily psychoanalytic and art books, particularly those highly specialized toms that no one else in Harvard Square had ever heard of. That day, while perusing the shelves, I discovered Kohut's *The Analysis of the Self* (1971) and curled up on the floor to glance at this unfamiliar psychoanalytic book on treating narcissistic disorders (later called self-disorders). Next thing I knew there was a gentle tap on my shoulder; I looked up into Mr. Rosen's kindly face. "Are you all right?" he asked. "Can I get you something to eat; you've been here more than 3 hours." I remember gazing around, surprised and disoriented at how quickly time had passed and how engrossed I had become in the book. "I've never been better," I told him. I just discovered what's wrong with both my analysis and my training." I was taken aback by Kohut's remonstrance, at the same time knowing I had found a compass that would guide my future professional journey.

Reading Kohut was the first time in my career that I had encountered a clinical theory that moved me emotionally. Fortunately, a short time later, I bumped into Anna Ornstein (along
with her husband Paul, one of a small group of
the original self psychologists who were either
taught by, supervised by, or collaborated with
Kohut), and we spent an evening discussing self
psychology. For the first time I felt confirmed
in my belief that this embryonic evocative psy-
ochology provided a whole new more facilitating
way of listening and responding to patients than
my traditional training had fostered. Over the
next few years Anna was more than generous
with her time, energy, and interest in helping
me to understand the ramifications of self psy-
ochology. And, like a hungry weed looking for a

crack in the sidewalk, I devoured Anna’s and
Paul’s writings. With Anna and Paul, a voice, a
way of thinking about psychoanalysis, mingled
with my own, and I was able to conceptualize
what I was doing with clarity heretofore
absent.

Most dramatically at the time, I was see-
ing a group of patients with eating disorders
whose symptoms were resistant to treatment;
as I altered my listening stance to a self-
psychological one, they all began to improve
significantly. This resulted in the publication of
two papers on the treatment of eating disorder
patients from a self-psychological perspective
(Geist, 1984, 1989). More importantly, how-
ever, it changed the course of my approach
to treatment. In the early days of self psy-
ochology, there was no one in the Boston area who
understood the subtleties and nuances of self-
psychological treatment thoroughly enough to
provide supervision; therefore, I began an in-
tensive 2-year study of the self-psychological
literature on my own. At the same time, some
of my eating disorder patients were asking to
use the couch. Thus my first analytic cases
were initiated. While I sought out consultation
with a variety of analysts—at one point Kohut
by telephone—realistically, the treatments were
really my own interpretation of self psychology
and a joint learning experience with my pa-

tients. Fortunately, these patients experienced
curative treatments, and I have been practicing
my evolving version of self-psychological ther-

dapy and analysis ever since.

Empathy: The Methodology
of Psychoanalysis

Kohut (1959, 1982) discerned more clearly
than any analyst since Freud that what defined
psychoanalysis, or any science, was its method-
ology not its theories. Just as the scientist uses
a microscope to study the content of his/her
slides and just as the astronomer relies on a
telescope to explore the planets, the self psy-
chologist employs empathy as a methodology
for studying the inner life of patients. Empathy
as a methodology is defined as imaginatively
feeling and thinking through our own inner life
and experiencing that world from the patient’s subjective vantage point. For self psy-
ochology, the patient’s subjective reality defines
the reality in the consulting room and informs
us of the patient’s needs and how to respond to
them.

From the patient’s perspective, empathy can
be correct or incorrect, but where the patient
experiences our empathy as accurate, he will
feel understood on what can only be described
as a core level of his being. And where patients
feel deeply understood, empathy transcends
its role as a methodological tool for collecting
data. Empathy, by virtue of its mere existence,
becomes a psychological holding environment
that silently facilitates development in a variety
of self-enhancing ways.

First, when a patient feels understood, he ex-
periences a sense of realness, an awareness of
being alive, personally present, and invested in
one’s own functioning, activities, and capaci-
tics. Empathy, by its mere existence, becomes
the sustenance that, as Kohut (1980) suggested,
keeps the self psychologically alive. Empathy
thus remains an important guardian of the in-
dividual’s narcissistic equilibrium throughout
life.

Second, when an individual feels under-
stood, empathy fosters the integration of new
experiences. In the context of another’s under-
standing presence, both repressed and split-
off feelings can be integrated and contained.
Through such containment, an individual
develops a wide
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develops a wider experiencing self with the potential for inclusion and modulation of an increasing variety of feelings, thoughts, wishes, and fantasies. And when such deep understanding exists, the individual can tolerate living with certain feelings that his ego does not yet have the capacity to actualize and master.

Third, when an individual feels understood, empathy fosters an important quality of communication. The very fact of having been understood is tantamount to a validation of successfully having communicated how one feels. The gratification and satisfaction inherent in being known by another fosters progressively higher levels of empathic resonance (Kohut, 1984) between two people as understanding begins to replace the need for actual gratification of formerly frustrated early needs (archaic selfobject needs). Such resonance creates one of the most powerful bonds that can exist between human beings.

Finally, when an individual feels understood, empathy allows for the actual experiencing of empathic failures. In other words, in every relationship, including therapeutic ones, failures in understanding will occur. Neither parents, nor therapist, nor friends, spouses, or significant others can maintain perfect empathic responsiveness; but whether an individual can use these optimal failures in the service of growth or whether the feelings of emptiness, loss, disappointment, and lowered self-esteem become split-off and or repressed is contingent on their occurring in an ongoing psychological climate of empathy.

By emphasizing empathy as an underlying foundation for his new psychology of the self, Kohut subtly, but dramatically, shifted psychoanalysis from a theory-based treatment to a patient-centered treatment. In other words, we are no longer fitting the patient into some preconceived theoretical framework, as Freud attempted in his case studies; rather we attempt to discover the impact and meaning inherent in how our patients experience the world. The following brief clinical vignette will illuminate the essence of such a deceptively simple shift in our listening perspective from theory-based treatment to patient-centered treatment.

Carol was a 39-year-old woman actively involved in the business world. She had experienced an unsuccessful previous therapy and she remained depressed, unable to form relationships, and unable to assert herself. Carol had missed several sessions as a result of an extended business trip to the west coast. Upon returning, Carol told me that she was surprised that in our last session before her departure she had forgotten to tell me until she got up from the couch that she would not be here for a week because of her trip. (We had spent that hour unsuccessfully puzzling over why she felt unusually depressed that day.) "As I think about it now," Carol reflected, "I would have been too guilty to tell you I was looking forward to my business trip. I think I believed you would have thought 'you should be coming to therapy, not going off to enjoy yourself on a business trip.'" Attempting to understand how she experienced me at that moment, I offered, "So it felt as though my needs would be more important than yours?" Carol continued, "Yes, definitely. Then when I got back Thursday night, when I said I'd call you, it felt too late, so I called you Friday, but I knew you wouldn't have any appointments at the last minute." I responded, "I wonder if there isn't something important about this strong belief that my needs should take precedence over yours so that I couldn't be excited with you about your trip."

"I don't know," Carol said, "but it does remind me of an incident from my last therapy with Dr. B. I used to park my car in a garage that had an elevator in it across from work. I came out at 5 PM to get my car to go to my analysis and the car elevator was broken. So I had no way at rush hour of getting out to her office. And you know me, I show up for therapy no matter what, but I couldn't think of a way to get there. So I did what I thought was the mature thing and called to tell her what happened. She said 'fine.' When we met the next time, I began telling her the story, and when I said I couldn't think of a way to get there, she
said, 'No way to get here, think hard and I bet you could figure out a way.' I said you mean I could have taken a taxi. She said 'Exactly.' I left feeling furious." (This story reflects a more traditional approach to treatment, implying that her inability to come to therapy was really a resistance to the therapeutic process and that her therapist could help her become more independent via ego-building educational measures.)

From a self-psychological vantage point, our aim is to empathically understand what the patient is experiencing and to verbalize that in the form of our tentative therapeutic understanding, which we invite the patient to correct. I told Carol that "It sounds as if Dr. B failed to understand how panicked you must have been at not having a way to get to your analyst—the lost little girl feeling that we've talked about so much—so her message was that you should grow up."

Carol replied immediately. "I never thought of it, but whenever I have that lost little girl feeling, I pull myself together and act real mature. When I called her I was pretending like nothing was really the matter; she did the same thing to me as my mother. When you recognized that feeling in me a minute ago, I remembered when I was on a plane in Colorado. I glanced at my watch and realized it was therapy time, and I had a fantasy that I was 3- or 4-years old and I was clinging to your leg. I never could do that with my father, but I wanted to because I thought of him as strong."

"Of course," I said, "to kind of borrow his strength, just as you probably felt a longing for my strength when you were missing our appointment." Carol responded, "This therapy is so much more meaningful to me than the last, but I get worried if it's okay to have these needs." I then told her, "It's just such needs that have been waiting a long time to get remobilized and expressed and hopefully welcomed by me."

What is so subtly different about this interchange is that rather than discerning Carol's behavior from the outside (assuming theoretically that there must be some resistance in going to her therapy and assuming that, if I ally my ego with hers and help her think about coping mechanisms, growth will occur, I try to think and feel my way into her world. I recognize the "lost little girl" feeling she experienced when unable to access her car and how she must have experienced her therapist's response as a message to behave maturely. Because Carol feels empathically understood, she feels strong enough to tune into her own defensive style (acting maturely when she feels panicked so that others cannot understand her emotions), Carol then rekindles a need that was thwarted in her childhood—the need for an omnipotent, powerful, organizing, soothing caretaker who can provide the strength and tension regulation that allows the child to feel secure and competent (what self psychology calls an idealizing transference).

From a self-psychological vantage point, it is the remobilization of these early needs, in the form of transferences, and their acceptance by the analyst that allows prematurely interrupted growth to resume its developmental trajectory. Making the unconscious conscious plays only a minor role in the process; more important is the rekindling of early (although often unconscious) needs that, when welcomed by the analyst, catalyze enduring capacities in the patient—self-soothing, self-organizing, and affect-regulating structures that will slowly allow Carol to relinquish her defensive modes of coping and feel more secure and comfortable expressing her true feelings.

What allows me to assume with Carol a disparate listening perspective from other theoretical orientations is not so much differences in technique (although these certainly do exist) but differences in the most fundamental philosophical/theoretical beliefs about human ontology. For self psychology the central motivational core of the person is not the drives, or even the search for self-other relationships; it is, rather, the development, organization, and maintenance of the self. For self psychology the human species is not born with a destructive aggression that must be tamed, socialized, educated, or sublimated. Rather self-assertiveness following trauma self-continuity, the individu- velopment from a help- fant into an aut- rather our theory requires through higher level intin- who are perceiv- ing self-sustaining self psychology th- tions). For self ps- cial dilemma of h- a description of ; onflict between plea- internalized prohi- man's and womar- pletely successful ; ents and skills in tl- of personal ambiti- In the context of to respond to Carr belief that my nee- hers) rather than a- ting (to tell me sh- sessions); I respon- little girl in her) re- may be angrily res- respond by welcor- early needs rather t- pendence ("I'll bet- get here.")

Psychology Development

Our understanding combined with se- cal/philosophical b- species, has profoun- derstanding of both- ment. In this model both children and a feeling real, a sense c-
sublimated. Rather we are born with a healthy self-assertiveness that only dissipates into rage following traumatic insults to our self-cohesion, self-continuity, or self-esteem. For self psychology the individual is not programmed to develop from a helpless, dependent, symbiotic infant into an autonomous independent adult; rather our theory assumes that each individual requires throughout life a series of progressively higher level intimate relationships with others who are perceived or experienced as performing self-sustaining functions (in the language of self psychology these are called selfobject functions). For self psychology, the central existential dilemma of humankind is not captured by a description of an internal, guilt-laden conflict between pleasure-seeking instincts and the internalized prohibitions of society; rather it is man's and woman's continual and never completely successful struggle to use his or her talents and skills in the joyful and creative pursuit of personal ambitions and ideals.

In the context of these assumptions, I attempt to respond to Carol's whole self (her ingrained belief that my needs are more important than hers) rather than a fragment of herself (forgetting to tell me she would miss her next few sessions); I respond to the injured self (the lost little girl in her) rather than to the sense she may be angrily resisting coming to therapy. I respond by welcoming her remobilization of early needs rather than encouraging her independence ("Tell bet you could think of a way to get here").

**Psychological Health: Developmental Considerations**

Our understanding of empathy, when combined with self psychology's theoretical/philosophical beliefs about the human species, has profound implications for our understanding of both development and treatment. In this model, psychological health for both children and adults involves a sense of feeling real, a sense of feeling accepted, alive, and vigorous, a sense of knowing one has the capacity to partially soothe oneself and regulate tension states, a capacity to enjoy the magic of intimacy with others whom one experiences as selfobjects, the ability to play, and the potential to employ one's inborn talents and skills in a joyfully creative way. What I want to emphasize, however, is that psychological health emerges only in the context of an empathic connection between children and adults.

Such an empathic connection is unrelated to sympathy, support, or kindness. Developmentally, empathy refers to the myriad methods parents use to feel and think their way into their child's world so as to remain attuned to their needs. Another way of putting this is that we as parents, rather than being the target of the child's feelings, attempt to become the subject of the child's feelings. Janie is angry at us; instead of responding as if we are the object of her attack, we ask ourselves what it feels like to Janie to be so angry with us. Johnny doesn't want to go to bed because he doesn't feel tired. Instead of feeling that Johnny is challenging our authority, we ask ourselves what it feels like to be wide awake and told you must go to bed. In other words, in an empathic stance we are constantly trying to experience the inner state of the child and, where appropriate, convey that understanding via our verbalizations and actions.

Empathy, in this sense, is not something we provide our children; it informs us—correctly or incorrectly—of the appropriate responses to our children's needs. Empathy is what informs us of what to do when we are scheduled to go to the theatre and a child is sick. It informs us whether Johnny is so sick he needs us to stay home or only sick enough to wish us to stay home. Empathy, similar to its therapeutic use, is a methodology for collecting information about our children's inner emotional states by feeling and thinking our way into his or her world. Even in normal times, empathizing is a more complicated and difficult task than is generally acknowledged. In times when caretakers are under enormous stress, empathy can test
the very limits of adult responsiveness. Let me give you several examples of the complexity of empathy from everyday development.

Jenny, an inquisitive young child, is playing in her front yard. Suddenly she sees a shiny object in the road and begins to run toward it. In view of the potential danger of her venturing into the street, mother leaps up to stop her, explaining anxiously how dangerous it is to be close to moving cars. Is preventing Jenny from dashing into the street empathic? The answer is no. Empathy means recognizing and understanding the child’s inner motives and intentions as distinct from her behavior. When only the child’s behavior is recognized, it is more likely that the behavior will be interpreted in terms of the meaning that it has for the parent or caretaker rather than its significance for the child. When we acknowledge only the child’s behavior, she will feel misunderstood and devalued; and in her attempt to self-right, she will frequently embrace actions intended to force the parent to understand her underlying motives. Unfortunately these actions are often angry and demanding ones—hitting, biting, screaming, and other forms of impotent rage—because she feels that her intent has been misunderstood, distorted, or ignored. An interaction has been set in motion that precludes the possibility of recognizing and responding to the child’s original motive.

For example, if Jenny reacts angrily when her mother stops her from pursuing the intriguing shiny object in the street and parent and child become entangled in a struggle about her behavior, it vitiated mother’s capacity to empathically appreciate Jenny’s inner motive—in this case, her wish to seek out, explore, and touch objects in the environment. It should be clear, however, that understanding and validating the child’s inner state does not exclude a response that is guided by mature judgment. In fact, it is the very validation of Jenny’s inner state, letting her know that the mother understands and appreciates her curiosity, which allows a realistic response without provoking an escalating conflict.

Limit Setting

From a self-psychological vantage point, there is nothing inherently harmful about limit setting—particularly limit setting based on what parents can and cannot tolerate. We cannot allow children to dash into the street; we cannot allow siblings to physically hurt each other; we cannot always be at the beck and call of our children; we cannot always buy what children want. If a parent cannot stand the mess of finger paints, it is probably better to refuse to have them in the house than yield to the child’s request for them and then become furious at the resulting mess. While limit setting is sometimes necessary to protect the child, his or her siblings, or ourselves, however, we should not fool ourselves into thinking that limit setting promotes growth in children. Self-psychologically, what promotes growth is the building of self-structure, the internalization of enduring capacities that allow the child to feel whole and alive, cohesive, vigorous, and possessed with a healthy self-esteem that is resistant to the bumps and bruises of everyday life. It is the empathic connection between parent and children that catalyzes self-structure.

What limit setting accomplishes, where it works, is to promote behavioral compliance, which, from the child’s perspective, protects and preserves the connectedness between child and parent; such accommodation, however, also sacrifices the child’s inner sense of self. As one 10-year-old girl told me, “If I always do what she (mother) tells me I have to do, I get her approval, but I lose a part of me that’s important, the part of me that thinks for myself.” I worry much less about the child who grudgingly accepts our necessary limits than the one who seems to comply with all of our demands without feeling put upon.

Limit setting is generally focused on behavior rather than intent. While it is true that in order to manage in this world we must conform to certain generally accepted standards of behavior, self psychology has highlighted how much of society is still under the misconception that such standards of limit setting. This a very important plused to previously tion long festered culture; that is, ineffi vities that must educated out of children are born feral instincts mus Years of infant rese beyond a shadow o: born with destruct structive aggressor emerges when an i or her self-continu (Beebe, 2004; Sterr

How Emphatic Lim...

I have seen representatives and children l thy, our prolonged world, helps us bet tive state of a child response to what a moment. I have als facilitates our under without those feeling out us overwhelm needs.

I remember being old boy about 2 1/2, had died. The prese of continual control culminated in Steve and jacket to Father ther and prospective Steven had been doi but the planned mar culy. When I asked about the difficulty, t of the conflicts cent would wear for the post-wedding events.
such standards of behavior are learned through limit setting. This misconception originates in a very important philosophical assumption (alluded to previously) about people, an assumption long fostered by western Judeo-Christian culture; that is, infants are born with a destructiveness that must somehow be controlled or educated out of children. Freud believed that children are born akin to wild animals whose feral instincts must be socialized and tamed. Years of infant research, however, have proven beyond a shadow of a doubt that infants are not born with destructive aggression and that destructive aggression in the human species only emerges when an individual's sense of self, his or her self-continuity or self-esteem is injured (Beebe, 2004; Stern, 2005).

**How Empathy Replaces Limit Setting**

I have seen repeatedly in work with parents and children how the use of our empathy, our prolonged immersion in the child's world, helps us better understand the subjective state of a child in a way that informs our response to what a child needs at any given moment. I have also discerned how empathy facilitates our understanding children's feelings without those feelings threatening us and without us overwhelming children with our own needs.

I remember being asked to see an 11-year-old boy about 2 1/2 years after his mother had died. The presenting problem was a series of continual control battles with Father, which culminated in Steven's refusing to wear a tie and jacket to Father's upcoming wedding. Father and prospective stepmother told me that Steven had been doing well in terms of his loss but the planned marriage was giving him difficulty. When I asked them to tell me a bit more about the difficulty, they emphasized that most of the conflicts centered around what Steven would wear for the wedding and some of the post-wedding events. Father stated specifically that Steven seemed to feel close to his stepmother but was adamant that he would not wear a tie and jacket to the wedding.

After seeing Steven for several sessions, he indicated through his play and in talking with me that he liked his prospective stepmother even though he had mixed feelings about her becoming a real part of his family. The increasing conflicts over clothes were somewhat of a mystery; however, until one day, when talking about the upcoming wedding and how it made him think back to his mother's funeral, he began drawing a picture of the funeral scene. I gently pointed out to him that I noticed he had drawn himself with a tie and jacket and wondered if this could possibly have anything to do with all the difficulty over clothes. After making sure that anything he said to me would still be kept "secret" between the two of us, he told me that he had never told anyone but that, since his mother died, he had always connected dressing up with someone dying and that if he were to dress up with his stepmother around, he feared she might die too. He then added that he never thought about it before but most of his fights with his father had been about clothes. Of course, once we began to comprehend the motive underlying Steven's behavior and he allowed me to share this with his parents, the conflicts quickly abated. What seems clear in this case, however, is that by the time I saw Steven, the parent-child conflict had escalated to the point where the original intent of the behavior had been misinterpreted so that it precluded the possibility of recognizing and responding to the child's hidden motivation.

**Developmental Needs and Therapeutic Transferences**

Developmentally, empathy is particularly important in three areas. First, self psychology believes it is important to respond to the mirroring needs of a child, that is, to his need for validation and appreciation as the child continually holds himself up for confirmation of
his developing self. The 5-year-old who jumps off the couch and says, "Look at me; I can fly," is holding himself up for appreciation of a new-found physical strength and developmental leap. The 7-year-old who returns home from school and proudly demonstrates how to solve a math problem is holding herself up for admiration of her developing intellectual capacities. The 12-year-old boy who casually mentions he was invited to a party at a girl's house is letting us know of his pride in his beginning interest in girls and their interest in him. It is the adult's continual appreciation of these mirroring needs that enhances the child's self-esteem, vitality, and vigor. And, vice versa, it is our failure to validate such mirroring needs—to emphasize the dirty feet on the couch, the failure to do other math problems, or suspiciously inquiring, "What's going to happen at this party?"—that inhibits the formation of self-esteem and ambitions.

Second, self psychology believes that we must be available to serve as a looked-up-to other who offers calming, soothing, organizing, tension-regulating functions that the child can borrow when his or her normal equilibrium is disturbed. The need to borrow strength from a looked-up-to other is a universal need. The 4-year-old who is anxious about going to school and needs a parent to stay with her is expressing the wish to borrow her parents' strength to make an important developmental step. The 9-year-old who comes downstairs while doing homework and asks how to spell a word is asking to borrow the parents' superior knowledge while rushing to finish a paper. The 12-year-old who begins to put posters of baseball players on the wall is admiring sports heroes in the service of developing inner ideals and values. It is our failure to allow ourselves to be used in this way—because we fear the 4-year-old will not become independent, or the 9-year-old will not learn to use the dictionary, or the 12-year-old will never transcend his interest in baseball—that interferes with subsequent internalization of valued ideals and internal goals.

Third, self psychology believes that it is important for us to respond to the child's need to develop in the quietly sustaining presence of like others. The 4-year-old who cooks side by side with a parent, the 8-year-old who shares silently beside his father, the 12-year-old who likes to share his hobbies with a parent all gain a feeling of being with and being like their parents, thus acquiring a sense of belonging to a group of like others. Such needs for belonging are vitiated when a parent is unable to include the child in his world. Much like ET of movie fame, the child then feels like an alien from another planet, unwelcome, alone, and unable to share in the traditions of the culture.

Responding to these three basic psychological needs of the child—mirroring, idealizing, and twinship—fosters the development of a vital and cohesive sense of self. Concurrently, it facilitates the child's internalizing the adult's self-sustaining functions and transmuting them into his own enduring capacities. The gleam in the eye of the parent becomes the child's pride in the assets and functioning of the self; the parent's picking up and securely holding the cranky child becomes internalized as the child's capacity for self-soothing; the parent's help in organizing the child's life becomes the child's capacity for self-organization. These parental functions, which are taken over by children, can only be internalized if they occur in a context of empathy.

Consider the following example, which illuminates how (when an adult can serve as an empathic, external, psychic structure for the child) his or her functions can be internalized. I remember an 11-year-old boy who was brought home to his parents by a stranger; the stranger explained that he was driving by Ken's house when Ken and two of his friends threw snowballs at the car, hitting the front windshield. Standing at the door with Ken looking guilty and the stranger looking angry and expecting some reaction from Ken's father put the father in a difficult position. He felt the incident was a reflection on his parenting, that Ken should have know better, and that Father was being embarrassed in front.

Father responded, the guy must have lost control of the car, the windscreen.

Ken sheepishly replied, It was a stupid thing snowballs at a trellis me saying the windscreen as it drove, gotta admit it was a
tender. Father says, I go more worried about yours challenges. The con

Ken: "Well they're a lot. I am. Do you think"

Father: "I didn't know growing"

Ken: "Haven't you no than all the other kids."

Father: "I'm sure you your age too. I didn't b 1/2. Thought I'd never"

Ken: "Gee, I never knew that too?"

Father: "Yeah, I did."

Ken: "Did you ever the of it?"

Father: "As a matter of f"

Ken: "I guess we were p"
Geist: Empathic Understanding

embarrassed in front of another adult. To respond empathically in this situation requires that Father begins to focus not on his own drop in self-esteem, or his need for Ken to behave correctly, or his need to keep Ken in the house for the rest of the day to teach him not to throw snowballs at cars, but on how Ken was feeling at the moment. Ken’s father told the stranger that he would take care of the situation and, after the stranger left, said to Ken, “That was a pretty embarrassing situation for both of us.” Ken concurred, “Yeah, that dumb guy had no right to come chasing after me and bring me home. He didn’t even have any right to come on my property.”

Father responded, “You’re right. I suspect the guy must have been really scared that he’d lose control of the car when the snowballs hit the windshield.”

Ken sheepishly replied, “I would have been too. It was a stupid thing to do. We were throwing snowballs at a tree, but Jimmy started challenging me saying he bet I couldn’t hit a car’s windshield as it drove by, so I finally did it. You gotta admit it was a good shot.”

Father says, “I gotta admit that; but I’m more worried about you not feeling good enough about yourself to withstand Jimmy’s challenges.” The conversation continued.

Ken: “Well they’re always teasing me about how short I am. Do you think I’ll ever get any taller?”

Father: “I didn’t know you were worried about not growing.”

Ken: “Haven’t you noticed, I’m 6 inches shorter than all the other kids.”

Father: “I’m sure you’ll grow. I was real short at your age too. I didn’t begin to grow until I was 15 1/2. Thought I’d never grow.”

Ken: “Gee, I never knew that. You really thought that too?”

Father: “Yeah, I did.”

Ken: “Did you ever throw snowballs at cars cause of it.”

Father: “As a matter of fact I once did.”

Ken: “I guess we were pretty stupid, huh?”

Father: “Well, probably not stupid, just worried about ourselves.”

Ken: “I think I’ll stick to building snow forts and aiming at trees.”

In this example, Ken’s father was able to decelerate from the attack on his own self-esteem, his feeling that he had not taught Ken about the rules for getting along in the world, and began to empathize with his son’s motives for the action. It is during the conversation that we can observe how, as Ken feels empathized with, he realizes for himself that the behavior emerged from a particular motive, not an antisocial one or anti-authority theme but from his own fears about his physical development. It is during these types of discussions that the foundation for such capacities as tension modulation, the capacity for delay, and the internalization of personal ideals are laid down.

Connectedness: Beyond Kohut

While Kohut’s original formulations emphasized a structural theory in which growth (and cure in treatment) is contingent on the development and restoration of the self within an individual, he also recognized that his theory of cure and development involved two people. For example, when Kohut suggested that it mattered more who we are than what we did in an analysis, he was implicitly recognizing that the analyst’s impact on the treatment could not be ignored. Kohut also recognized that there could be no self without selfobject experience. And he knew there could be no selfobject experiences without connectedness (Geist, in press). In 1980, the year before he died, Kohut wrote a letter to Paul Tolpin in which he suggested that his psychology of the self was still incomplete: “In the future I am already seeing with going further—I have some outline in my mind” (Tolpin & Tolpin, 1996, p. xxii). In my own work (Geist, 2007, 2008, in press), I have attempted to carry Kohut’s ideas further into a relational context, expanding empathic
immersion to encompass the idea of "connectedness," a natural extension of what Kohut began.

Connectedness refers to a general sense of two people experiencing each other as a felt presence in each other’s lives. More specifically, when two people feel connected, each person’s responsiveness—including his or her empathy, self-object functions, and idiosyncratic subjectivity—is experienced as part of one’s own sense of self. While this experience is, in part, a metaphorical expression, it shifts our clinical emphasis from a more traditional understanding of the analytic couple as two separate people (one of whom is healthy and the other of whom is disturbed) in the room to one more aligned with Kohut’s focus on how patient and analyst experience each other as part of their respective selves. From a connectedness sensibility, we are continually part of the other’s metaphorical space, deeply experienced in the patient’s (and the patient in the analyst’s) organization of experience. What I am suggesting is that true healing requires connectedness. Without connectedness, an analysis may be possible but its depth and curative potential is significantly limited.

Let me turn, then, to how our delineation of connectedness alters the analyst’s understanding and responsiveness at any given clinical moment. A young man spent his hour with me attempting to figure out why he needed to do everything himself rather than let others be helpful. When we failed to reach any satisfactory answers, Stan felt angry and frustrated that I had been unable to understand why he needed to remain so self-sufficient. On his way out the door, Stan turned, seething with anger, and said, “Well, you ought to know, it’s your job!”

The next hour he entered the office in a rage, saying he had gone home after our last session feeling furious. “When I got home I moved my refrigerator myself, then I figured out a way to carry my new desk up three flights of stairs without any help.” Without allowing me a word, he went on to say angrily that he would not be here next Monday. “Is that enough advance notice? And I’ll be away over the Christmas holidays. If I get the job I want, I’ll need to cut out my mid-week appointment. I’ve been coming here too much anyway. And don’t tell me it’s the same thing as moving my desk or refrigerator. I already know I want to do this myself. Therapy is like a piece of real estate. You invest in it, and it appreciates quickly and then settles down. I made a big leap and now it’s slow going, and I might as well do it myself. After all, your job is just to sit there and watch me get better, isn’t it?” He was yelling at me by the end of his monologue but gave himself just enough time to catch his breath and then asked, “Well, where do you think this therapy is at?”

I told Stan that I thought we had reached a point in the treatment where he was bringing into the therapy, in a helpful way, the feeling that every little boy has at one time or another—that he has a right to expect that his parents will know the answers—and that I had obviously failed him in the last session in that regard. “That’s for sure,” he replied. I continued by saying that we also knew that was one place his mother had let him down over and over again and it would be understandable if he had felt so vulnerable that he retreated for protection into a “please, Mother, I’d rather do it myself stance.”

There was a brief silence, and then Stan calmed down and said, “That was interesting. I have a friend who feels that way too; he can’t let himself ask me for help. I feel so vulnerable right now. You know, I came to therapy and I’ve been an amorphous blob. You are a real part of me, and I need you to be cohesive for me because you’re a real part of me. It’s real dangerous for me to be asking for something from you when I’m in that state.” I agreed, saying, “Yes, when there’s a beginning sense of self, but because I’m so much a part of you, if I fail, it would feel like your failure.”

“Yeah,” Stan continued, “if you failed, I don’t know what would happen. I guess that’s why I’m thinking of leaving at those times that there are afraid to ask the questions.”

This brief interchange ill parate phenomena in self-ment, but I want to focus on connectedness and begins to expand upcative paradigm. For many years, we saw self together vi "please, Mother, I’d rather do it myself stance. This defensive developed in response to the fact his childhood could tune in rather feeling continuous. Pointed, he began to isolate most of his needs. Occasion rage to burst forth as we attend to his needs.

When Stan left my office and telling me that I ought to agree that he was for the first time to have a remobilize a thwarted, and express it. This expression the following day along rage. In other words, we were omnipotently attempting to the answers?" in the same way we were omnipotent control over our body when I want to raise my hand because I feel included in hognize the importance of his need rather than discerning entitled or provocative geste.

From a more traditional would respond to the rage it attempt to help Stan suppose: educate him out of the rage by tuning his aggressive drive a his ego. In this model, we assume he was or we could back him and ask where I apy was at. But from a self- connectedness perspective, we see a reaction to his rightful omnipotent control over me (in language, control over his se.
why I’m thinking of leaving you first. I forget at those times that there are answers and I get afraid to ask the questions.”

This brief interchange illustrates several disparate phenomena in self-psychological treatment, but I want to focus on how the concept of connectedness informs the treatment and begins to expand upon Kohut’s innovative paradigm. For many years, Stan held his precarious self together via his rage and his “please, Mother, I’d rather do it myself” personality style. This defensive character style developed in response to the feeling that no one in his childhood could tune into his needs so that, rather than feeling continually hurt and disappointed, he began to isolate himself and deny most of his needs. Occasionally he allowed his rage to burst forth as a way to force others to attend to his needs.

When Stan left my office seething with rage and telling me that I ought to know the answers, he was for the first time allowing himself to remobilize a thwarted, early, normal need and express it. This expression gained momentum the following day along with his protective rage. In other words he was, through his rage, omnipotently attempting to force me to “know the answers” in the same way that we feel omnipotent control over our bodies, for example, when I want to raise my hand, it rises. And because I feel included in his world, I can recognize the importance of his relinquishing an early need rather than discerning his behavior as an entitled or provocative gesture.

From a more traditional vantage point, we would respond to the rage itself with the overall attempt to help Stan suppress it, sublimate it, or educate him out of the rage—in other words, to tame his aggressive drive and thus strengthen his ego. In this model, we could comment on how angry he was or we could turn his question back to him and ask where he thought the therapy was at. But from a self-psychological connectedness perspective, we would view the rage as a reaction to his rightful need to have omnipotent control over me (in self-psychological language, control over his selfobject) in the context of my failure at a moment in the treatment. Thus, rather than commenting directly on his rage, I focus on his whole self-organization and how, when it is disrupted, he becomes literally unglued; and furthermore I assume responsibility for my inability to help him rather than blaming it on his defensive distancing. I tell him how it is understandable he reacted to my error because it repeats the same psychological injury that occurred continually in his early development. I then allude to the “please, Mother, I’d rather do it myself” coping mechanism that he developed in response to feeling so narcissistically injured in his youth. As Stan feels empathically understood, his rage subsides quickly and he is able to recognize on his own that his reactions relate to his fear that I will retraumatize him (repeat the early failures) if he dares to relinquish his defensive style and request my help. Cure in this instance will result from the combination of the strengthening of his sense of self and the concurrent relinquishing of his defensive coping mechanisms so that it becomes possible for him to seek out meaningful others who can help sustain his sense of self.

This vignette, along with the developmental examples proffered, illustrate several important self-psychological aspects of the treatment process: first, how empathic connectedness leads to the strengthening of one’s sense of self and to an enduring human bond necessary for any treatment to succeed; second, how there is only one reality in a consulting room and that is the patient’s subjective reality; third, how if we understand that patients experience us as part of their sense of self, we become protective of, rather than threatened by, how the patient may perceive us; and finally, how instead of dissecting fragments of the patient’s self (his anger or his defenses), we focus on the whole self in an attempt to increase its cohesiveness. The primary goal of self-psychological treatment, then, is the building of self-structure that enables the patient to seek out intimate connections that joyfully and creatively sustain one’s self-organization.
Conflicts of Interest

The author declares no conflicts of interest.

References


*Annals of the New York Academy of Sciences*


In this chapter I hope to give shape and content to the various ideas that comprise the theme—wisdom. On expression as part of the self and demands, their excessive loftiness and vacuity will be themes.

A life lived witho