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Relational Self Psychology

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Self psychology has evolved beyond Kohut's original one person psychology into a two person intersubjective theory that we propose can now be best understood as belonging to, and developing through interaction with, the broad spectrum of theories that come under the umbrella of Relationality, which are characterized by some form of bi-directionality and mutual influence. Key to this development has been the restoration of the selfobject from psychic function to personhood with its own subjectivity upon which the patient can have and recognize an impact. Kohut's conception of the therapeutic action of the acknowledging and repair of empathic failure can be expanded and enriched by relational ideas of mutual recognition, impact, complementarity, and the Third. Inputs from recent theoretical and experimental developments in the theories of attachment, dynamic systems, and trauma have also contributed to the evolution of what we believe is now a fully Relational Self Psychology.

Keywords: attachment; disruption and repair; empathy; intersubjectivity; mutual recognition; one person psychology; relationality; self psychology; self states; selfobject; two person psychology

We conceptualize relationality, consistent with Stephen Mitchell (2000), not as a single, unified theory, but instead as a sensibility comprising of a set of interacting theories initially characterized by a recognition of the primacy of attachment, and emerging over time into compatible versions of mutuality and

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bi-directionality. Indeed, at present, as Jody Messler Davies (2014) has asserted, the overarching umbrella of Relationality covers a wide set of perspectives that include relational theories influenced by: a Kleinian-Bionian position; British Object Relations; contemporary Self Psychology; and Interpersonal Theory. These perspectives may be said to share, following Wittgenstein (1953), a certain family resemblance, even though there is not a single, defining characteristic they all possess in common.

Hence we contend, along with Davies, that the Post-Kohutian contemporary version of Self Psychology we introduce here as Relational Self Psychology is best understood not as a theory of narcissism nor as a theory of empathy, but, rather, as a recursively evolving relational theory in its own right, one whose evolution is largely due in part to a continuous dialogue with other relational theories. In the process of reflecting upon and responding to challenges levied against elements of traditional Self Psychology, Relational Self Psychology has emerged as encompassing aspects of other contemporary psychoanalytic theories, modern notions of a dynamic systems sensibility, findings from infant and neurobiological research, and understandings derived from existential and epistemological philosophy.

So, to begin, we will address core features of Kohut's classical Self Psychology, emphasizing the principal areas in which his theory has evolved beyond Kohut's (1971, 1977, 1979, 1984) original contributions. Then we will describe eight areas of interface between Relational Self Psychology and theories of embodied Relationality, showing how Relational Self Psychology connects with, augments, and even, at times, challenges corresponding conceptualizations in other relational models. On some points the concepts might appear mutually compatible and permeable, with ideas flowing smoothly between them (e.g., formulations derived from Attachment Theory), while at other points, the resemblances are fainter, the co-mingling of ideas more difficult, or even resistant (e.g., the concepts of attunement and projective identification).

The core features of classical Self Psychology listed below emerge in the seven areas of Interfaces between Relational Self Psychology and Relationality that follow.

- Self as central to clinical and theoretical concern.
- The significance of selfobject function.
- The centrality of empathy and introspection.
- Aggression conceived not as drive but as a reaction to frustration and depravation.
- Defenses as self protection.
- Psychoanalysis as a restoration or facilitation of developmental process.

First Interface: Concepts of Self and Selfobject

Kohut (1971, 1977, 1979, 1984) insisted from the start that a person was first and foremost a locus of subjectivity, with subjectivity being present at birth and developing apace out of interactions with attuned caregivers. The self in Kohut's conceptualization possessed an inherent, coherent internal design. In Relational Self Psychology, however, Self is no longer understood as preformed psychic structure, but instead, as a fluid, ever-changing set of emerging capacities for awareness, attachment, and affect. This emergent

Self develops through ongoing, bi-directional interaction with the caregiving surround: Kohut's selfobject milieu.

Traditionally, Self Psychology had used the terms selfobject function or selfobject experience to convey the fact that the term selfobject does not refer to a person, but, rather, to another's provision of an essential, stabilizing constitutive function for the self's well-being. Kohut's insistence on the idea of selfobject as function rather than person impeded the movement of classical Self Psychology from a one person to a two person model. Clearly Kohut himself always conceptualized Self Psychology as a one person perspective, explaining that a function is not a person, and therefore the psychoanalytic situation involves only one person, the patient, with the analyst in that situation limited to being a provider of needed developmental experience, not a full person in his or her own right. The Relational Self Psychologist has revised this classical Self Psychological construct in order to present a psychoanalytic situation peopled by two individuals, each with distinct and separate subjectivities. Only in this way, by changing the analyst from only function to full personhood with the capacity to provide selfobject functions, might a truly Relational Self Psychology be effected.

But yet Kohut's (1971, 1977, 1979, 1984) truly inspired creation of selfobject as a single word rendered typographically-literal the nature of the self's embedded existence. There is no such thing as a separate self, nor a separate self-experience, then; there is no Cartesian inner world of privileged, private access. An easy and obvious parallel appears in Winnicott's (1947/1964) dictum: "there is no such thing as a baby" (p. 88). The infant's growing sense of self, sense of other, and sense of surround all emerge together from within a self-selfother, intersubjective system. Benjamin's (1988) picture of the co-emergence of self and other through mutual recognition—that is, I am who makes mommy smile; mommy is who makes me smile—offers a relational account in accord with Self Psychology's original depiction of selfobject and self–selfobject matrix.

Thinking of self not as an inner structure but as a recursive pattern of capacities and expectations furthers the argument that this pattern is located not inside the person, but instead arises from within the system of self–selfobject milieu. The concept of selfobject thus facilitates the deconstruction of notions of internal psychological structure versus external, or even internal, objects. Our capacities—such as, for example, for affect regulation and for self and interactive other regulation—exist neither inside nor outside of self; rather, they arise, are constituted by, or fail as part of a self–selfobject unit, or system. We would argue, then, that Self Psychology has increasingly evolved as grounded in languages of process rather than structure; dynamic systems rather than either internal objects, projections, or representations; nonlinearity rather than linearity; and the intersubjective rather than the intrapsychic.

A serious limitation in Kohut's (1971, 1977, 1979, 1984) original presentation of the self–selfobject unit is that it was conceptualized as uni-directional rather than bi-directional; that is, the empathic analyst was perceived only and exclusively as a provider of functions for the patient's self, and the patient was perceived as a passive recipient of the analyst's attentions. In contrast, in Relational Self Psychology, self–selfobject relations are conceptualized as bi-directional and intersubjective. Thus, while a mother/analyst does indeed provide vital selfobject functions for the infant's/patient's

developmental needs, the infant's/patient's responsiveness, health, growth, and development reciprocally provide selfobject functions for the mother/analyst, supplying, for example, ongoing affirmations of a sense of herself as a good enough caregiver.

SECOND INTERFACE: THERAPEUTIC ACTION

Any dynamic system will display periods of relative stability that are inevitably subject to perturbation or disruption. In fact, Kohut (1971, 1977, 1979, 1984) established disruption and repair as the essence of therapeutic action in Self Psychology. Disruption and repair involve the following:

A. The analyst's inevitable empathic failure;
B. The patient's experiencing in the context of that empathic failure of optimal (tolerable) frustration, not overwhelming (intolerable) frustration;
C. The analyst's acknowledgement that his empathic failure was the principal source of the rupture between them;
D. The patient's experiencing from the analyst's acknowledgement repair of the ruptured bond between them, with that empathic repair facilitating the patient's development of self cohesion and self regulation.

The concept of rupture and repair has its origins in Self Psychological theory (Kohut, 1979, 1984), only to be later confirmed and augmented by findings from infant research (e.g., Stern, 1985; Tronick, 1989; Beebe and Lachmann, 1994). Subsequently, clinical understanding of the concept of disruption and repair expanded across many contemporary theories, including the ideas that the rupture-repair cycle is inevitable; that its essential role in the unfolding transference and countertransference relationship cannot, and indeed should not, be avoided; and that the cycle of rupture and repair represents the curative process of analysis. It is paralleled in those theories of Relationality, in which enactment is conceptualized as playing a necessary, unavoidable, and central role in the therapeutic process.

THIRD INTERFACE: IDEALIZATION, AGGRESSION, AND THE NEGATIVE TRANSFERENCE

The concept of idealization is an example of Kohut's radical departure from classical and Kleinian (1932, 1957) thought that has had widespread influence in the field. While drive theory conceptualizes idealization as serving a secondary role as a defense against aggression, Classical Self Psychology conceives of idealization (or, more precisely, the idealizing selfobject function) as constituting one of three essential developmental needs that emerge in childhood in many forms and at many levels over the course of life. In earliest development, the requirement of an idealizable selfobject function is essential for the establishment of a safe-base experience, generating thereby a sense of comfort and security in the infant and growing child. The containing, affect-regulating function of the idealized selfobject is gradually internalized as part of the child's emergent self-regulating

capacities. Later in development, the idealizable selfobject serves as a source for establishing values and ideals, which may be seen as a core aspect of all positive transference, as well as, more specifically, forming the base for the idealizing selfobject transference. Perhaps Benjamin's (1991) formulation of the need for "identificatory love" (p. 284) by children of both sexes occupies a parallel position in Relationality.

In his writings (e.g., 1971, 1972) about archaic narcissism, Kohut spoke of the frustration of the grandiose self's wishes for omniscience and for omnipotent control over others. Earlier, Kohut (1972) had referred to the patient's propensity to express these wishes in analysis as the "positive narcissistic transference" (p. 363), an oxymoronic notion of transference derived from classical Freudian metapsychology. This transference manifestation was then established by Kohut as a prime diagnostic feature of the narcissistic personality disorder. Brandchaft and Stolorow (1984) extended Kohut's formulation by suggesting that what has been perceived as borderline personality disorder may be best understood as an iatrogenic byproduct of the analyst's failure to provide necessary empathic attunement for the narcissistic patient's needs in the clinical setting. Chronic misattunement, in their view, leads to the patient's experience of fragmentation and to negative transference configurations. Thus, the intrapsychic pathology of the borderline personality disorder, typically accompanied by such primitive defenses as splitting and projective identification, is reconceptualized by Brandchaft and Stolorow as a pathogenic consequence of the analyst's malattuned treatment of the patient in the dyad, a disruption in the dynamic system. This makes more clinical sense, these authors argue, than perceiving the disorder to exist solely as a product of the individual's pathological ego functioning.

Brandchaft and Stolorow's (1984) concept of the borderline personality as byproduct of the breakdown of a heretofore stable selfobject milieu became a landmark in systems and relational theory. At the same time, it also created a seemingly impermeable theoretical barrier to use of the projective identification concept within Self Psychology, indeed, a shibboleth in that latter theory, demarcating Self Psychology from Object Relations Theory.

The implication of Brandchaft and Stolorow's (1984) groundbreaking theoretical position is clear; individuals who had been perceived previously as treatment-resistant might emerge from an apparently unmovable negative transference, once they are provided with an empathic treatment milieu wherein an idealizing transference formation is welcomed and allowed to develop into a patient with a self disorder. This is particularly true when the analyst is prepared to acknowledge to the patient the impact of his/her own previous empathic failure.

In order to highlight and exemplify Relational Self Psychology's perspective on idealization, aggression, and the negative transference, we find it useful to review Kohut's 1979 paper, "The Two Analyses of Mr. Z." This paper comprises what Kohut came to call his specimen case, namely, the case in which he illustrates and elucidates his now fully formulated clinical theory of narcissistic personality disorder. The paper describes Mr. Z, a patient who had experienced two separate analyses with Kohut, each lasting for four years, separated by a 4-year period between them. In each analysis, Mr. Z begins in an idealizing transference with his analyst, but then, once fully engaged in treatment,

his experience of Kohut quickly becomes transformed into angry, demanding behavior. Kohut demonstrates how, in analysis one, he had worked and conceptualized as a classical analyst, and then how the treatment changed in analysis two once he had invented Self Psychology. During the first analysis, Kohut was the consummate classical analyst, viewing Mr. Z's pathology and his grandiosity and narcissistic demands as manifestations of a fixation on a pre-oedipal mother, and of defenses against oedipal competitiveness and castration fears. No matter how Mr. Z would protest, rage, act out, and then become deeply depressed and suicidal, Kohut stuck to his classical ideas. He had a theory, he knew his theory was correct, and he knew that all of Mr. Z's protests, no matter how violent, were simply manifestations of a defense and resistance that needed to be steadfastly interpreted. In retrospect, the rage, acting out, and depression may be seen neither as manifestations of resistance, as classical theory would suggest, nor as an expression of primitive aggression, envy, or even as an effort to destroy the analysis, as might be hypothesized by a Kleinian or a Kernbergian. Instead, in analysis two, Mr. Z's dysphoric expressions were perceived by Kohut as the iatrogenically-induced byproducts of an unempathic surround.

What success there was in the first analysis of Mr. Z hinged on an unintended empathic interpretation offered by Kohut, words to the effect of "of course you are angry, upset, hurt; who wouldn't be disturbed in a context wherein one was expecting to be understood, but was, instead, misunderstood?"—an interpretation that provided a turning point in the treatment. On the strength of that interpretation, Mr. Z had felt deeply understood for the first time, and from that point onward, accommodated productively to Kohut's vision. His rage attacks ceased abruptly, and he became calmer and less insistent upon justifying his anger at being misunderstood. Ultimately, the analysis came to an apparently successful conclusion, but was, in large part, a failure in the end; the narcissistic pathology was not understood and worked through, but was buried instead.

The second analysis of Mr. Z that occurred four years later was approached by Kohut with new Self Psychological understanding and came to a considerably more successful conclusion. The opening phase had been much like that in the first analysis, with Mr. Z angry and argumentative, but Kohut evaluated and interpreted those dysphoric affects differently. Instead of perceiving Mr. Z's protests as born of resistance, anger, and envy, Kohut saw these manifestations as Mr. Z's painful efforts to establish a replica of Mr. Z's childhood situation, taking at face value Mr. Z's experience of that situation, rather than reinterpreting it in accord with his old theory of libidinal development. The changes in clinical understanding were many, important among them being Kohut's new comprehension of the selfobject transference, but perhaps the most significant change was his new empathic listening position situated within Mr. Z's experience, accepting Mr. Z's perspective, rather than situated outside of it, influenced by Kohut's own theoretical expectations.

As a consequence of this new stance, an unanalyzable borderline patient (and arguably Mr. Z was just that) was being transformed before his eyes into a patient with an analyzable narcissistic personality disorder, or disorder of the self. Likewise, and importantly, the patient's unconscious defensive processes, such as splitting, (hitherto deemed to be intrapsychic) are re-conceptualized in terms of the state of the system, the system

being either in a state of stability or in a state of disruption. The case of Mr. Z illustrates much of what was radically new in Self Psychology's approach to aggression.

When Self Psychology was new to the psychoanalytic scene, it was sometimes suggested that it lacked a theory of aggression altogether, but it is now clear to all Relationalists that a theory of aggression need not be based on the premise of an inborn aggressive drive. Kohut (1971, 1977, 1979, 1984) conceptualized the potential for aggression as inherent in the human being, activated as a force both in life and the clinical setting that is reactive to experiences of frustration or deprivation. Kohut distinguished between two main strands of aggressive response. The first strand takes the form of ordinary anger that emerges and is resolvable once the motive for the anger has been addressed satisfactorily. The second strand, and the central focus of Kohut's concern, was termed narcissistic rage; here, aggression emerges in response to injury, damage, or humiliation. In contrast to normal anger, narcissistic rage can rarely be resolved in a satisfactory way, remaining active in the aggrieved person because the nature of the narcissistic injury is misunderstood and not worked through.

Kohut (1971, 1977, 1979, 1984) also theorized that healthy competitiveness and assertiveness, affect states he conceptualized as playful and expansive, were developmentally primary and not diluted or sublimated derivatives of primitive aggression. These are distinguishable from states of normal anger and, especially, from states of narcissistic rage. Kohut perceived a universal Oedipal phase in normal development, but he distinguished the normal Oedipal phase from Oedipal conflict, which he deemed pathological. Kohut argued that Oedipal conflict occurs when, during the course of the normally emerging Oedipal phase, the child is confronted repeatedly by threatened or threatening parental responses to the child's normal, healthy, affectionate interest in the parent of the opposite sex, and to his normal, healthy, competitive feelings toward the parent of the same sex. Such unempathic parental responses to stage-appropriate childhood gestures generate in the child experiences of fragmentation, turning the child's normal affection and competitiveness into drive-like strivings of lust and rage, earmarks of the classical Oedipal conflict. Thus, rage and lust are pathological responses to a poorly attuned selfobject surround during the Oedipal phase. The fact that Oedipal conflicts are common in development does not mean that they are normal, Kohut averred. Dental cavities are also common, but, like the Oedipal conflict, they are not an aspect of a healthy developmental course.

It's interesting to consider how deeply these Self Psychological formulations on aggression actually deviate from the understandings prevalent in Relationality. Mitchell, too, wrote about aggression, not as drive, but as an inborn capacity to react when the individual is frustrated or deprived, and this postulate seems consistent among Relationalists in general. But Mitchell was also clear that it is in the clinical situation that Self Psychology's views on aggression differ sharply from his own. While the Self Psychologist is principally concerned with exploring and acknowledging the empathic failure that undoubtedly precipitated an aggressive response, Relationalists are more interested in fully exploring all aspects of the aggressive self per se. Mitchell argued that the total experience of an aggressive self should neither be neglected nor dampened down in the clinical situation, but instead it should be investigated and understood in its own

right and allowed to develop fully, so that the fully understood aggressive self can more easily and effectively function on behalf of the individual's self assertion. As Relational Self Psychologists, we would see this aspect of aggression as a function of the normal, assertive, competitive, expansive Oedipal self. Clinically, then, we would concur with Mitchell's stance of appreciating and welcoming the vitality of the patient's aggression in the clinical situation, but would be careful to distinguish it from instances of rage triggered by the analyst's own empathic misattunement.

Fourth: Empathy

Kohut delivered his final talk in Berkeley in 1981, three days before he died. There, for one last time, he tried to clarify exactly what he meant by empathy and the empathic listening perspective that so many of his critics, but also his own colleagues, continued to misunderstand. In Kohut's terms, empathy is not compassion, it is not a positive or sympathetic feeling that the analyst cultivates within himself/herself, and it is not merely feeling what the patient is feeling. Once again, from the podium in Berkeley, Kohut insisted that empathy is a particular observational stance, one characterized by deliberately entering into and experiencing the world from within the patient's perspective. Kohut was attempting to distinguish the empathic listening stance from an observational stance positioned outside the dyad, a stance that presumes to represent an objective, more correct, scientific view. From that vantage point, as he tried to illustrate in the first analysis of Mr. Z, the classical analyst imagines himself to be correcting the patient's distorted views on reality.

In addition, for Relational Self Psychologists, empathy serves as a guide for selecting among the wide variety of ways we engage with our patients that response that will most lead to the patient's feeling understood and will facilitate expansiveness. The empathic listening stance does not preclude the analyst from observing and responding to the patient from alternative perspectives, as well as the empathic perspective. In Fosshage's (2003) terms, the analyst may either listen and respond from an Other Centered Position, that is, as an other in the patient's life such as a spouse or a child; or the analyst may listen and respond from a Self Centered Position, that is listening and responding from his/her (the analyst's) own perspective. For example, the analyst certainly will listen and respond from a Self Centered position when he/she experiences a strong feeling emerging, such as a sense of anger or resentment toward the patient during an enactment, and feels the need to express and mutually explore that feeling. Or the analyst may listen and respond from an Other Centered position when he/she wishes to reflect back to the patient what the patient's partner may have experienced in a particular moment. But, and this is the significant point, listening empathically from within the patient's perspective (as distinct from responding empathically) always and inevitably contextualizes our understanding of how we might best respond to our patient in any given situation as we select from among potential responses, whether we choose a response derived from an empathic mode, from a self-centered mode, or from an other-centered mode.

We wish to address another misconception about empathy: that the empathic stance can only engage the patient's conscious, but not his unconscious, experience.

Yet it seems to us that when a Relationalist, such as Philip Bromberg (2012), describes how he is able to enter into the varying points of view of his patients' different and dissociated multiple selves, we are witnessing the employment of empathic listening par excellence. The Relational analyst (in this instance, Bromberg) appreciates the legitimacy of the perspectives of each of his patients' multiple selves. He does not presume to preside over or choose among competing positions, interpreting, for instance, one as a legitimate need and the other as a defensive posture; rather, one might say he maintains a neutrality regarding the competing claims of different self states. The perspective of one self-state in the patient may privilege security from re-injury; the perspective of an other may encompass longing for a new, untried intimacy. The analyst must remain neutral to each of these perspectives. For Bromberg, just as for the Relational Self Psychologist, the patient's unconscious in this scenario consists of the patient's hitherto unrecognized and unarticulated, perhaps unformulated, hopes and dreads when faced with new experience. How a person comes by their particular hopes and dreads is the work of analytic exploration, with the analyst proceeding in an inquiring, non-judgmental manner in Self Psychology, just as in Relationality—or in any other theory, for that matter, that does not presume to know or to pre-judge the results of exploration before it gets started, nor to know which of the choices a patient faces is the right one for the patient to make. Such an approach recognizes that taking an empathic perspective is addressing the patient's experience from within the particular self state that is present in the moment, and preserving an analytic stance of self state neutrality, rather than, taking a position of analytic omniscience, designating the right, or healthy, or mature, way to feel, think, or perceive the world. The recognition of the subjective legitimacy of each of a variety of intrapsychic and interpersonal configurations that hitherto may have been hierarchically arranged in terms of the latent values of health or maturity, is similarly the theme of Ghent's (2002) final publication, "Wish, Need, Drive: Motive in the Light of Dynamic Systems Theory and Edelman's Selectionist Theory." Q6

We maintain that it is from the empathic stance that the analyst understands (and sometimes interpretatively communicates) the legitimate needs represented by each self, or self state. Whether the analyst adopts an attitude of non-intrusive reserve, attuned listening, or passionate engagement is determined by the analyst's assessment of the apparent needs and requirements of each of the often shifting self states of the patient as perceived empathically by the analyst at that moment in time. Theory cannot dictate this response.

Our point here is that an empathic stance affords the analyst the means for assessing what, for a particular patient in a particular self state, counts to that patient as feeling held, heard, or responded to. Empathy provides a means for the analyst's holding self state neutrality, and this recognition of the role empathy may serve in effectively working with multiple self states establishes an important conceptual bridge between Kohut's cohesive self, in which many differing self states may emerge, and Bromberg's and other Relationalists' concept of multiple selves.

But perhaps that need for a conceptual bridge is more apparent, more language-based, than real. For Self Psychology, the goal for the individual is to achieve an

experience of self-state coherence and cohesion rather than an experience of fragmentation, whereas for Relationality, the preservation of individual integrity for each of the multiple selves is most important. Yet Bromberg (2012) states that one goal is to achieve the experience of being one self while actually being many, bringing the Self Psychological and the Relationalist positions into some conformity.

Again it is interesting to consider how close Kohut's language of fragmentation is to Bromberg's (2012) and Stern's (2004) concepts of dissociation. When Bromberg speaks of the goals of analysis as being to replace dissociation with the ability to hold conflict, we can understand him to be describing a self with sufficient cohesion to withstand the tensions of conflict without fragmenting. To repeat, when Bromberg talks about normality as feeling like one self while actually being many, can that not be seen as akin to the experience of self- cohesion in Self Psychology? In Self Psychology, conflict is not conceptualized as pathogenic in itself; it is only when the degree of conflict is so severe that a sense of fragmentation ensues that conflict is considered pathogenic. Can these, then, not be understood as close to parallel concepts?

Fifth: Post-Kohutian Expansions of Empathy—From Empathy to Intersubjectivity

We now turn to the integration of a systems sensibility into Self Psychology, particularly the Intersubjective Systems Theory of Stolorow and others (e.g., Stolorow, Atwood, and Brandchaft, 1994; Stolorow, 1995; Stolorow, Atwood, and Orange, 2008) that facilitated the emergence of a Relational Self Psychological perspective.

Stolorow argued that Kohut's concept of empathy as vicarious introspection is pervaded by an isolated mind doctrine that bifurcates the subjective view of the person into inner and outer, with the mind pictured as an objective entity looking out at the world from which it is estranged. For Kohut, vicarious introspection is required to bridge the gap between the two isolated minds of patient and analyst in the analytic situation, but in Stolorow's world, no such bridging is required, as the two minds are not isolated from one another; they are always already connected to one another in the system they share.

Stolorow also criticized Kohut's view of empathic immersion. Stolorow contended that Kohut understands immersion to be neutral and objective, with the analyst being able to leave his own subjective world aside so that he/she may gaze on the inner experience of the patient with a vision purified of his/her own subjectivity. This ignores the inherently intersubjective nature of psychoanalytic understanding to which the analyst makes an ongoing, unavoidable, and indispensable contribution.

We are not sure that it is fair to say Kohut (1971, 1977, 1979, 1984) meant to suggest that the analyst was capable of leaving his own subjectivity behind, but whether or not Stolorow's criticism is accurate, Intersubjective Systems Theory undoubtedly opens up new perspectives within or beyond the classical form of Self Psychology, generating the Relational Self Psychological Model.

In ways we see as paralleling the work of Stolorow, Steven Mitchell (2000) and Thomas Ogden also saw the patient/analyst dyad as the indivisible center of

psychoanalytic concern. Ogden (2004) wrote that, just as Winnicott had spoken of there being no such thing as an infant (apart from maternal provision), Ogden would say that there was no such thing as an analysand (apart from the analyst's provision). Ogden conceptualized the vicissitudes of the analyst's experience of being simultaneously within and outside of the system of unconscious intersubjectivity of analyst and analysand; this third subjectivity was termed by Ogden, the Analytic Third. Relationality is thus closely aligned with Relational Self Psychology by an interest in the clinical varieties of dyadic systems.

We will turn, as a final observation on empathy, to a significant though little-commented upon feature of Kohut's (1981) last talk in Berkeley: the fact that Kohut added in his spontaneous remarks a conceptual complication to the meaning of empathy by alluding directly to empathy's dual nature, noting that empathy is both a mode of observation and, as it turns, an agent of repair in its own right. While contending forthrightly, on the one hand, that empathy is fundamentally an observational stance, Kohut at the same time acknowledged that empathy carries, in and of itself, a healing function. It may help to clarify this confusion by remembering that being listened to from an empathic vantage point can create a feeling of being understood, and that experience serves, in itself, as a selfobject function, one that stabilizes, organizes, and regulates self experience. From this standpoint, one might say that empathic interpretations function by helping a patient to map his/her experience onto an organizing, meaningful, narrative grid. Rather than functioning to uncover what has been hidden, such interpretations enable the patient to make sense of something, the potential for which, or the essence of which, had always been there, but had remained unknowable, perhaps, in Stern's (2004) terms, unformulated. What had been quite literally unspeakable might then be put into words. Kohut subtly and almost covertly shifted our understanding of the role of interpretation away from the analyst's correct understanding of the patient's psychodynamics, to the patient's subjective experience of feeling understood in the light of interpretation. This view of the role of empathic interpretation and of feeling understood allows us to comprehend how it is that widely divergent interpretations, arrived at from seemingly incompatible theoretical positions, have, at different times in the history of psychoanalysis, including the present, all been thought to be therapeutically useful to patients by their therapists, and have been experienced by these patients as beneficial. Self psychology thus provides us with a means for understanding therapeutic action across theories that does not, in a pejorative way, reduce their effects, it "transference cures." The nature of understanding and of feeling understood, is facilitated by Self Psychology's overarching theory of therapeutic action that embraces the broad spectrum of interpretative perspectives within the larger family of Relationality.

Sixth: Some Further Post-Kohutian Expansions of Empathy: From Empathy to Impact, to Recognition, to the Third, and to the Problem of Projective Identification

A significant contribution to the Relational Self Psychologist's understanding of empathy comes from Relationality's evolving expansion of the meaning and application of

empathic experience, enlarging our perception of what it takes for some patients to know that they really have been heard and understood, and, further, facilitating their capacity to experience connection with the other who is serving such a selfobject function.

Respecting the developmental legitimacy of the patient's emergent grandiose self experience, and maintaining a regardful, helpful, non-intrusive presence, might indeed, consistent with Kohut's teachings about the value of the classic mirroring transference, actually be sufficient to meet the patient's developmental needs. But it is also true that many patients require a far more actively engaged level of responsiveness than is conveyed by mirroring alone. For instance, Benjamin notes that the analyst's visible facial and gestural display of feelings and reactions offers a primary indicator for the patient that his/her story has had an impact that the analyst is able to both acknowledge and contain. In this regard, Fonagy (2003), theorized about what he termed marked mirroring. Registering for the patient not too much, and not too little, but just the right degree of responsiveness has great importance to the patient, serving as an indicator that the patient has been understood, but that the analyst has not been overwhelmed. This element inherent in the reciprocity and mutuality of a two-person process, a contribution of Relationality, had never been conceptualized in Kohut's Self Psychology.

Slavin and Kriegman's (1998) concept of the analyst's "need to change" (p. 247) is also an important contribution coming from relational understanding and making an impact on Relational Self Psychology. The deep analysis of the patient, particularly the traumatized patient, often forces into the analyst's awareness pathogenic issues that he, the analyst, had believed were resolved heretofore in his own analysis. Or, issues that had remained dissociated in the analyst's mind are catapulted into his consciousness as they emerge from within the mutually interactive system he is now engaged in with his patient. These unwanted feelings may interfere with the satisfactory resolution of the patient's pathology. The analyst must change, then, in order that the patient may be helped to change, Slavin and Kriegman aver; the analyst must explore areas of trauma within himself, integrate dissociated areas into his consciousness, fully expand his awareness, and successfully address his conflicts, so that both patient and analyst can move forward and achieve resolution. Analytic work with patients that demands from the analyst his own engagement in the change process itself would seem to go beyond and requires more for the achievement of "cure" than what Kohut had foreseen in his theory of Self Psychology, requiring the expansion of Self Psychology into the two person relational model we have been attempting to describe here.

Moreover, we can identify an additional formulation originating in Object Relations theory that has enriched Relational Self Psychology. The patient's urgent need is not just to feel understood; often it is also to make the analyst feel, along with him, that which he himself (the patient) is feeling, to render the analyst just as frustrated, angry, confused, or aroused as the patient is. And it is vitally important that the analyst can tolerate, and show that he can tolerate, those same feelings. The analyst can do this in part because he can imagine a different outcome, not a repetition of the disruption of vital selfobject ties by unacceptable or unbearable affect (as the patient himself is prone to dread), but instead, the analyst can imagine a positive new experience (Shane

et al., 1987; Shane, 2006) for the patient. In this way, the analyst enhances the patient's capacity for the containment of affect, both by modeling that containment and by providing the capacity for such containment as a selfobject function. Affects that hitherto were too intense or too shame-ridden to be consciously experienced may now be felt and contained within the dyad. Envisioned in this way, that the patient's experience of having a visible impact on the other constitutes for the patient an added dimension of feeling understood, encourages the Relational Self Psychologist to recognize and accept such transference phenomena. While such phenomena have often been attributed to the concept of projective identification, we would suggest that perhaps by adding a Self Psychological aspect to that Object Relations perspective, the phenomena can also be conceptualized in a more experience-near and metapsychologically more simple form, as affect attunement and containment. However, we recognize that Relationalists have used the concept of projective identification to encompass a far wider range of phenomena than can be easily translated into a Self Psychological model. In particular, projective identification is conceptualized as the mechanism behind many transference or countertransference complementarities, especially ones in which a traumatized patient seems to draw the analyst into the position of the perpetrator of re-traumatization. This is particularly experienced in feelings of shame, wherein an abused patient harbors a sense of shame over what has been done to him, shame that the actual perpetrators do not allow themselves to feel. The analyst in this scenario is also seen as subject to feeling inexplicable emotions of shame and guilt in the presence of the patient, as if she herself were the perpetrator of the trauma. Whereas Kohut tells us we must be prepared to acknowledge the inevitability of empathic failure, Benjamin has pointed to the inevitability of re-traumatization, and warns those who would presume that they can step therapeutically into the role of the all good, all containing object, that these efforts are doomed to be an inescapable analytic "Appointment in Thebes." We can heal the other, says Benjamin, perhaps directing her remarks most pointedly at Self Psychologists, not by providing what was missing, but by being willing, as the original caregivers were not, to acknowledge our failure to give what was needed, and, as well, to acknowledge our inevitable re-enactments with the patient of the original trauma.

Benjamin (2004) also expanded Self Psychology's concept of fragmentation beyond an individual's loss of self cohesion to describing the breakdown of dyads into complementary roles of doer and done to. For Benjamin, the restoration of the self, particularly in the case of trauma, must go hand in hand with the restoration of a sense of a lawful world and the co-creation of a Moral Third beyond doer-done to complementarity. From a Relational Self Psychology perspective, we can see versions of The Third as potential expansions of selfobject function, restoring the patient's self-cohesion in the aftermath of fragmenting trauma. It is a fruitful conceptual interface wherein attunement, mutuality, and recognition have the potential to enrich and expand our understanding of empathy and the process of healing and repair.

Kohut did not address this phenomena, which constitute in a major theoretical and clinical advance. While Self Psychology, in an effort to remain conceptually consistent and experience near, may continue to eschew a theory of projective identification, it is nevertheless challenged to come to terms with these instances of complementarity.

Also, Kohut did not place the inevitability and the individuality of countertransference reactions at the core of his theory in the way that Relationalists have done. Kohut's discussion of countertransference was confined to the problem of the analyst's intrusion into or interference with the unfolding transference. Kohut did not speak of the need for the analyst to utilize his own emotional reactions in the service of staying attuned to the patient's subjectivity, as is commonplace in Relationality. But, on the other hand, perhaps Kohut's emphasis on the dangers of analytic narcissism, the analyst's temptation to assert his own identity at the expense of the patient's needs, and the analyst's desire to employ and display the full range of his interpretive skills regardless of the patient's more urgent need for quiet attunement, such warnings might offer a useful corrective to those for whom the imperative for authenticity is used to justify the analyst's lapses in empathy.

Another important Relational concept quite absent from Kohut's Self Psychology, but one that for some might possibly provide a useful alternative listening stance within the Relational Self Psychologist's armamentarium, is reverie, a concept that Thomas Ogden has brought vividly to the literature. We reference specifically Ogden's 2004 paper, "The Analytic Third." Here Ogden presents detailed clinical material describing how he "relies heavily on his [own] Reverie experiences to recognize and verbally symbolize what is occurring in the analytic relationship at an unconscious level" (p.). Ogden begins the 2004 paper by describing himself realizing, as his patient free associates, that he, Ogden, is looking at an envelope that had been lying on his desk for several days, noticing for the first time indications that the letter had been part of a bulk mailing, and feeling disappointed that it wasn't the confidential communication he had fondly imagined it was. Ogden realizes further that he was feeling suspicious about the genuineness of the intimacy he had felt to be present between himself and his correspondent. Moving further into his reverie, Ogden associates to, among other things, Charlotte's Web, the closing time of his garage where his car is being repaired, and the fear he'll get there too late. He then wonders what these associations have to do with the intersubjective unconscious communication between the patient (who had gone right on associating out loud) and himself. Ogden offers an interpretation to the patient the next day that addresses the patient's feeling of being isolated and unable to breathe in the session, observations suggested to Ogden by his own associations in his reverie of being locked out of his garage. Ogden also connected his interpretation to the patient's dream of the night before of being under water, but somehow unaccountably being helped to breathe under water. This complex and compelling illustration offers an alternative way of listening, one that is in striking contrast to Kohut's empathic introspective mode. The differences between these two approaches, then, involve first, one analyst's (Kohut's) attempt to place in the background his own subjective experience while focusing on that of his patient, and the other analyst's (Ogden's) attempt to place in the foreground his own private associations while backgrounding those of his patient; and second, one analyst's (Kohut's) focus on the patient's conscious subjectivity and the other analyst's (Ogden's) focus on the unconscious intersubjectivity between himself and his patient.

Ogden may be credited with taking the interdependence of the self and selfobject milieu to its logical conclusion in a systems model, allowing himself, in reverie, to dissolve

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our ordinary bounded sense of inside and outside, self and other. However, it seems to us that the therapeutic validity of the analyst's reverie must always return to and be grounded in empathy. That is, the relevance of the analyst's unconscious musings must ultimately feel relevant to the patient, not just to the analyst, and can only be validated by the patient's feeling of being more deeply understood and connected than he had been before.

SEVENTH: PSYCHOANALYSIS AS A DEVELOPMENTAL SYSTEMS SENSIBILITY

The understanding of psychoanalysis as a developmental process, which was Kohut's signal contribution, is deepened by the assimilation of a systems sensibility, with the self–selfobject matrix perceived as a dynamic system. The overall functioning and stability of such a system can be perturbed—and restored—from many directions, and the forces that re-stabilize a system do not necessarily have any direct relation to those that originally perturbed it. A lump of clay wobbling on a potter's wheel can be stabilized and shaped by the potter's hands in many different ways and positions, none of which simply reverse the initial forces that shaped the wobbly lump. Likewise, the restorative function of empathy is not in any way a simple one-for-one replacement of a missing experience of parental attunement, nor does the therapist strive to achieve a corrective emotional experience that presumes to supply the love the patient had failed to receive in childhood.

From a systems point of view, just as we can say that what stabilizes a system has no necessary connection to what originally perturbed it, so, too, it is impossible to predict in advance the perturbations or permutations that may evolve from within a complex system. One's mood may change in response to either feeling understood or taking Prozac. Moods are the subjective manifestation of a complex system of interactions at many levels, and psychoanalysis need not cede any ground to neuroscience as being deeper or more discerning of what's really going on. A systems approach to self-development also has important implications for how the role of psychopharmacology is envisioned. It has sometimes been suggested that a positive response to, say, antidepressants proves that the depression was really chemically or biologically based, while depressive symptoms that respond to psychotherapy are thus shown to have been purely psychological in origin. These assumptions are misguided on many counts. Since we are not mind-body dualists, any psychological phenomena may be describable in the more experience-near language of subjectivity, or in the more experience-distant language of neuroscience, Kohut's concept of compensatory structure legitimizes the psychoanalytic treatment of so-called biologically-based conditions, such as schizophrenia, bipolar disorder, and major depressive disorder, in the face of the opposing contention that such conditions result from flaws in brain chemistry and, therefore, can only be appropriately treated by psychopharmacology. In any particular case, neither medication nor love alone may be enough.

Conclusion

In this rather free-flowing essay, we have argued that a Contemporary, Relational Self Psychology informed, by dynamic systems theory, attachment theory, infant research, and other relational theories, offers a fully relational model of the mind, of transference phenomena, and of therapeutic action. Kohut's concepts of self, selfobject function, selfobject transference, and the vicissitudes of disruption and repair provide a basis for furthering current understanding of intersubjective systems theory. Furthermore, empathy, correctly understood, and augmented by Relational theory's contribution of the importance of recognition, and of making an impact on the other, allows the alternative of an experience-near re-conceptualization of phenomena otherwise only explained by experience-distant metapsychological theories of internal objects and projective identification. Moreover, Kohut's developmental model allows for the smooth integration into psychoanalysis of the findings of experience-near infant research and attachment theory. His conception of holistically functioning, cohesive self experience provides a way for imagining those aspects of a person that function as a container for multiple, dissociated or conflicting self states.

Finally, we want to express our conviction that, just as Relationality has offered invaluable enrichment for Self Psychology (enabling its expansion into Relational Self Psychology), Self Psychology, both in its original and in its expanded forms, may provide vital enhancement for Relationality. Most important, Relational Self Psychology and Relationality can now be recognized, not as competing theories, but as complementary expressions of the larger Relational sensibility.

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