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21 On Working Through in Self Psychology

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In his posthumous work, *How Does Analysis Cure?*, Kohut remarked that

> whereas self psychology relies on the same tools as traditional analysis (interpretation followed by working through in an atmosphere of abstinence) to bring about the analytic cure, self psychology sees in a different light not only the results that are achieved, but also the very role that interpretation and working through play in the analytic process. (**1984**, p. **75**)

This chapter elaborates, beyond Kohut's commentaries in *How Does Analysis Cure?* and in other writings (**1971**, **1977**), a self psychological conception of "working through." Before turning to this task, however, we must briefly review the way Freud and his successors utilized this notion, thereby showing in stark contrast the "different light" to which Kohut drew attention.

Among Freud's earliest technical guidelines to analysts was the admonition that merely calling attention to resistance on a single occasion would not promote therapeutic change. He observed,

> One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to "work through," to overcome it by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis. Only when the resistance is at its height can the analyst, working in common with the patient, discover the repressed instinctual impulses which are feeding the resistance; and it is this kind of experience which convinces the patient of the existence and power of such impulses. (**1914**, p. **155**)

Freud's emphasis on the need to overcome resistance to repressed instinctual derivatives was, of course, integral to his theory of analytic cure. He propounded this perspective on resistance to great effect in

the case histories of Dora, the Rat Man, and the Wolf Man, and, in theoretical papers of this same era, continued to stress the importance of overcoming resistances to instinctual derivatives and "awakening" memories (**1914**, p. **154**) as central to the treatment of neurosis **(Muslin and Gill, 1978)**. In a variety of works, Freud stressed that only repeated interpretations could eventually diminish the analysand's resistiveness, and that the analytic cure that resulted from such repeated interpretations (working through) was embodied in the ego's access to repressed contents, whether in the guise of instinctual derivatives, pathogenic memories, or oedipal fantasies. It was in this context that Freud initially approached the interpretation of transference—resistance. In the case of the Rat Man, for example, Freud **(1909)** broached transference interpretation as a strategy for gaining access to repressed memories (see **Muslin, 1979**). Transference interpretations focusing on the analyst in the here and now were irrelevant to the analytic enterprise, since the transference was merely one vehicle for uncovering repressed memories.

In his monograph of 1926, *Inhibitions, Symptoms and Anxiety*, Freud broadened his earlier perspective somewhat by conceding "that the analyst has to combat no less than five kinds of resistance emanating from three directions—the ego, the id, and the superego" (**1926**, p. **160**). Even here, however, Freud emphasized that it is with respect to the id resistances that the term "working through" had special relevance:

> For we find that even after the ego has decided to relinquish its resistances it still has difficulty in undoing the repression; and we have called the period of strenuous effort which follows after its praiseworthy decision, the phase of "working through." … It must be that after the ego-resistance has been removed the power of the compulsion to repeat—the attraction exerted by the unconscious prototypes upon the repressed instinctual process—has still to be overcome. (**1926**, p. **159**)

Succeeding generations of analysts have elaborated, refined, and, in certain instances, altered Freud's basic notion of working through. Among the elaborators, I would single out Fenichel **(1939)**, who broadened Freud's notion so as to provide for "the inclusion of the warded off components in the total personality" (p. 304). For Fenichel, whose concerns were primarily clinical, working through simply designated resistance analysis, independent of the nature of the resistance or the nature of the warded-off content. Both Alexander **(1925)** and Lewin **(1950)** compared working through to mourning, stressing that working through aims at, and eventually culminates in, the renunciation of complexes of early memories and wishes. Greenacre **(1956)**, for her part,

observed that, among the repressed memories eventually overcome via working through, those of actual traumata occupy a place of importance. Stewart **(1963)**, summarizing Freud's viewpoint, observed that working through should be conceived as the time required of the patient "to change his habitual patterns of discharge" (p. **496**). Adhering to Freud's belief that such change involved the overcoming of id resistance. Stewart pointed out that the resistance in question could be equated with libidinal fixation, libidinal "adhesiveness," and/or psychic inertia.

Among contributors who have proffered definitions of working through that dispense with Freud's continuing emphasis on id resistance, I would single out Greenson **(1965)**, Kris **(1956)**, and Loewald **(1960)**. Greenson, who introduced the notion of the therapeutic alliance into the theoretical consideration of working through, redefined the latter as "the analysis of those resistances and other factors which prevent insight from leading to significant and lasting changes in the patient (**1965**, p. 282). Predictably, he held that only patients able to maintain a therapeutic alliance throughout the analysis of the transference neurosis were able to complete the "work" of working through and successfully terminate. In place of Freud's emphasis on the analysis of id resistances followed by release of pathogenic material in the unconscious, Greenson's definition of working through focuses on the reliving of early wishes and fears in the transference and—when the therapeutic alliance is intact—the curative insight that follows this reliving. Kris **(1956)** explored working through from the standpoint of the integrative functions of the ego, claiming that the working-through phase of analysis released countercathectic energies that energized the integrative functions of the ego, as confirmed by the emergence of insight. Finally, Loewald **(1960)**, in another contemporary reformulation of working through, looked at this process from a view of the therapeutic action of analysis that focused not on the overcoming of id resistances and the entering of the repressed into consciousness, but on the resumption of ego development. The latter, for Loewald, derived from the analysand's relationship with a new object, the analyst, as mediated by and through the transference.

A Self Psychological Perspective on Working Through

I submit that self psychology provides a new perspective on the working-through processes of analysis by virtue of its elevation of the self

selfobject transferences to a supraordinate status in the theory of therapy. In my view, working through means that the impediments to the potentially curative self—selfobject transference are engaged and the work of dismantling these resistances is undertaken analytically. Like Loewald **(1960)**, Kohut equated the goals of working through with a resumption of development, but unlike Loewald, who understood such development in terms of the growth of secondary-process ego functions, Kohut viewed it in terms of the self's ultimate readiness for empathic interaction with its selfobject surround (**1984**, p. **77**).

Kohut perceived the essential process of cure to consist of a sequence of events: the formation of a selfobject transference that then becomes disrupted through nontraumatic empathy failures—optimal failures or so-called optimal frustration:

> In response to the analyst's errors in understanding or in response to the analyst's erroneous or inaccurate or otherwise improper interpretations, the analysand turns back temporarily form his reliance on empathy to the archaic selfobject relationships (e.g., to remobilization of the need for merger with archaic idealized omnipotent selfobjects or remobilization of the need for immediate and perfect mirroring) that he had already tentatively abandoned in the primary selfobject transference of the analysis. In a properly conducted analysis, the analyst takes note of the analysand's retreat, searches for any mistakes he might have made, nondefensively acknowledges them after he has recognized them (often with the help of the analysand), and then gives the analysand a noncensorious interpretation of the dynamics of his retreat. In this way the flow of empathy between analyst and analysand that had been opened through the originally established selfobject transference is remobilized. The patient's self is then sustained once more by a selfobject matrix that is empathically in tune with him.
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> In describing these undulations, the researcher must show how each small-scale, temporary empathic failure leads to the acquisition of self-esteem-regulating psychological structure in the analysand—assuming, once more, that the analyst's failures have been nontraumatic ones. Having noticed the patient's retreat, the analyst must watch the analysand's behavior and listen open-mindedly to his associations. By listening open-mindedly, I mean that he must resist the temptation to squeeze his understanding of the patient into the rigid mold of whatever theoretical preconceptions he may hold, be they Kleinian, Rankian, Jungian, Alderian, classical-analytic, or, yes, self psychological, until he has more accurately grasped the essence of the patient's need and can convey his understanding to the patient via a more correct interpretation. (**1984**, pp. **66-67**)

The outcome of this aspect of analysis is that the patient is now able to identify and seek out appropriate selfobjects and to be sustained

through empathic resonance with them. Further, psychological structure is acquired and the self becomes firmer (**1984**, p. **77**). In my view, working through, which paves the way for the curative aspects of the therapeutic self—selfobject transference, is to be separated from other aspects of self psychological analysis, such as the progressive unfolding of the curative self—selfobject transferences and their analytic resolution via optimal frustration and transmuting internalization. Thus understood, it is the successful resolution of the working-through aspect of analysis that ushers in these transferential developments and their therapeutic sequelae. As Kohut stated in describing a clinical impasse that was overcome through the work of working through: "It was with the aid of analysis of the tranference—the working through of his feeling rejected by me versus his drawing idealized vitality from me—that the old developmental stalemate was ultimately overcome" (**1984**, p. **159**).

How, from the self psychological perspective, do we construe the resistances that are to be worked through? For the analysand, they amount to archaic approaches to the human encounter that, over the course of a lifetime, have become essential to his self equilibrium. These "resistances" ensure the analysand psychological and experiential safety, albeit a safety characterized by emptiness, feelings of worthlessness, hypochondria, and the like. It follows that the revived archaic self—selfobject experience only appears to be a "resistance" from the viewpoint of the analyst, who sees the self of the analysand seeking to reestablish an archaic bond. For the analysand, the transposition of this search to the analytic situation does not represent a "transference distortion." Rather, it represents a realistic response to what is viewed, albeit unconsciously, as a replica of the environment of early childhood. To the extent that this initial experience serves the analysand's resistance to the therapeutic self—selfobject relationship, we may refer to it, in analogy to the "defense transference" of traditional analysis, as the "self—selfobject defense transference" **(Daniels, 1964)**.

Let us elaborate further on the experiential nature of this resistance. It is a constant source of wonder to the uninitiated that patients who present with depleted selves, feeling worthless and distressed, should prove resistant to the analyst's human concern, determined to persist in patterns of relationship in which their needs can be neither recognized nor gratified. These are the patients who, in the early stages of treatment, continue to experience deprivation; they invite neither the nurturance of a mirroring selfobject nor the invigoration of an idealized selfobject. Immersed in the archaic dyads of childhood, they persist in

loneliness, convinced that their longings can never be recognized, much less addressed. Why should this be the case? For these analysands, there can be no guarantee that the expression of their human neediness—however cautiously—will not result in repetition of early insults. They therefore have no choice but to opt for the safety of entrenchment in the withdrawn world of the enfeebled and depleted self. The analyst, from his point of view, sees this entrenchment in terms of persisting archaic self—selfobject patterns that preserve a status quo that forestalls the growth of the analysand's stunted self.

The working-though phase of analysis is set in motion by the analyst's empathic understanding of the analysand's unconscious structuring of the analytic relationship as a revival of an archaic bond. Interpretations at this phase represents attempts to ally the analysand's self-observing functions with the analyst in order to make the striving for the archaic bond a "foreign body," analogous to the interpretive rendering of the transference neurosis as a "symptom." The success of these interpretations is signalled by the analysand's willingness and readiness to enter into a basic selfobject transference—whether of the mirroring, idealized, or alterego variety—that spontaneously unfolds in a manner determined by the analysand's major self deficits.

As early as 1971, Kohut indicated that working through as a process in analysis might have as its initial task the "overcoming of a resistance against the establishment of the narcissistic transference":

> The first task in the working-through process may be the overcoming of a resistance against the establishment of the narcissistic transference (the mirror transference in the present example), i.e., the remobilization in consciousness of the infantile wish or need for parental acceptance. In the next phase of the analysis it is the therapeutic task to keep the mirror transference active, despite the fact that the infantile need is again in essence frustrated. It is during this phrase that the time-consuming, repetitive experiences of the working-through process are being confronted. Under the pressure of the renewed frustrations the patient tries to avoid the pain (a) by re-creating the pre-transference equilibrium through the establishment of a vertical split and/or of a repression barrier; or (b) through regressive evasion, i.e., by a retreat to levels of psychic functioning which are older than that of the pathogenic fixation. (p. **198**)

Following Kohut's lead I have divided the working-through aspects of analysis into (1) a working-through *phase* prior to the establishment of a curative self—selfobject transference and (2) a working-through *process* that continues after a selfobject transference is in place. The usefulness of these divisions, clinically and heuristically, is seen in several

ways: The designation of the working-through phase denotes and highlights the work done to overcome resistances during the initial and ubiquitous period of analysis that precedes the emergence of the selfobject transference(s) and is terminated when the patient enters into the basic selfobject transference. In cases where the therapeutic self—selfobject transference emerges spontaneously shortly after analysis has begun, this phase may be short-lived. In cases where a protracted struggle against a basic selfobject transference pattern ensues, it may be quite lengthy or unsuccessful.

The working-through *process*, which of course continues throughout as an integral part of the analysis, signals that the analysand's emergence from the working-through phase of analysis has been as always incomplete, and that, as the analysis proceeds, additional work will have to be done to overcome the analysand's intermittent propensity, in response to either real or imagined narcissistic injuries (pursuant to empathic failure, separation, etc.), to reenter the archaic self—selfobject dyad of early life at the expense of the therapeutic self—selfobject transference (Kohut, **1984**, p. **66**). Like the working-through phase, the working-through process is quite variable in duration and significance; there are analyses in which the bond of the therapeutic transference is disrupted frequently and for minor failures of empathy or other imperfections in the analyst. In other analyses, disruptions of the therapeutic bond, which of course will transpire in any analysis, occur less frequently; the bond of the therapeutic transference once established in these analyses is more resistive to being dismantled.

The variability of both the working-through phase and working-through process reflects the special nature of the self fixations and, by implication, of the self trauma to which the analysand has been exposed. There are instances in which the working-through phase or process is never successfully negotiated, resulting in either a continuing stalemate or premature termination. This is to say that there are patients for whom growth away from the security of being what Dostoyevski called an “Underground Man” never becomes a viable option. For these individuals, the memory traces of early experiences of insult or abandonment are too alive, resulting in an intractable adhesiveness to the seemingly minimal rewards of an archaic self—selfobject relationship characterized by loneliness and withdrawal. These individuals never acquire the ability to “turn their backs” on potential abusers and abandoners; they cling to their archaic dyads as their only security.

We may summarize to this point by observing that just as analytic theories over the past 60 years have expanded and emended Freud's original concept of working through, so self psychology, via the notion of the therapeutic self—selfobject transference, has expanded and emended the more recent perspectives of ego psychology and object relations theory. For analysts of classical bent, working through continues to betoken the struggle against id resistances (**Greenacre, 1956**; **Novey, 1962**; **Stewart, 1963**) aimed at the recovery of "warded off" material **(Fenichel, 1939)**. For analysts drawing on the perspectives of ego psychology **(Kris, 1956)** or invoking a concept of the therapeutic alliance **(Greenson, 1965)**, working through corresponds to the development of insight. Only Loewald, it would seem, anticipates Kohut in linking working through to the resumption of developmental potential, although Loewald apprehends such potential only from an object relations standpoint that consigns the analyst to the status of a contemporary "object" who offers himself to the analysand's unconscious. It fell to Kohut to enlarge this developmental framework by calling attention to the analyst's more basic status as a "selfobject" and to the "working through" that had to transpire in order to mobilize and maintain the therapeutic self—selfobject transference so as to allow the patient ultimately to fill out his depleted self through the acquisition of structure. The emphasis of this chapter is on the analysand's resistance to the emergence of this curative self—selfobject dyad, which is to be overcome in the working-through *phase* of a self psychological analysis in my view, just as it is the analysand's tendency to forsake this new therapeutic relationship for the security of the depleting self—selfobject patterns of early life, which must be addressed by the working-through *process* that continues throughout treatment.

These remarks on working through are to seen as an addition to Kohut's views on the essential work in an analysis. They represent an attempt to call attention to the work done in the early stages of analysis on the resistance to the formation of the therapeutic self—selfobject transference (the working-through phase) and the work done on the analysand's urges to retreat to the archaic selfobject bonds once a transference has been established (the working-through process). These remarks proceed from the definition of working through proposed here: Working through refers to the work done in engaging and removing the impediments to the potentially curative self—selfobject transference.

Working Through: A Self Psychological Case Study

History

The patient, a slightly built, fragile woman of 32, presented several years after a previous analysis from which she had derived considerable benefit. She had, in the aftermath of this analysis, married, had two children, and achieved a comfortable life style in an attractive home. Yet, these accoutrements of middle-class security notwithstanding, she reported distressing inner experiences, specifically, an unremitting feeling of being unloved and, owing to her pervasive sense of inferiority, a preoccupation with being harshly criticized by all those with whom she had relationships. These concerns and anxieties, well known to her since childhood, had not been alleviated during her previous analysis.

At the time she presented, the patient was experiencing what she termed a "depression," which had persisted for over 6 months. She was still in mourning for her father, then dead for a year, and had given birth to her second child 4 months prior to her initial visit. She reported a 12-year history of analysis and psychotherapy, for which she held her relationship with her mother responsible. Her mother had been seriously depressed since her daughter's high school days. On entering college, the patient had become depressed and agitated in response to her mother's intensifying distress, and had thereupon arranged for psychotherapy. When the mother died of breast cancer during the patient's senior year, she went into an analysis that lasted until her marriage at age 25, ending with what she termed "good results." By way of explaining this outcome, she appealed to her ability to socialize more easily, culminating in the overcoming of her fear of an intimate relationship with a man. The first analysis, she opined, had been "all about my Oedipus complex, my wish to dethrone my mother."

The anamnestic data eventually coalesced around the tragic absence of an adequate mirroring presence throughout her life. Her mother, she recalled, had never been able to calm her; in fact, the latter's ministrations had routinely distressed and agitated her to the point of tears. She recalled being told that she had been a colicky infant, to such an extent that she was evaluated for surgery (in the belief that her colic was due to a pyloric stenosis) in her first year. Early memories revolved around her fear of being picked up and held by her mother; she recalled a vivid scene from her third birthday party when, on being picked up by her

mother, she panicked and would not be calmed. She noted that her mother only picked her up when she seemed to be in dire distress, putting her down as soon as she calmed down. At the beginning of treatment, the childhood pattern reasserted itself both inside and outside the analysis: She continue to be distressed at the possibility of anyone spontaneously reaching out to touch her or embrace her.

It was only through reconstructions in the 3rd year of analysis that the basis for her anxiety became clear: She associated her mother's presence and touch with the psychic pain of enforced isolation. To be picked up by her mother was to experience the threat of being ultimately rejected by her. Such rejection took the form of being abruptly put down without any further contact, usually via the crib. This pattern was aggravated by the fact that the mother's "holding" presence was only associated with the patient's physiologic distress, that is, with acute discomfort that could not be alleviated. Whereas we can only surmise the impact of this unsoothable infant on her mother, we can be certain that neither the patient nor her mother experienced a gratifying relationship. For the patient, her mother had never been a source of warm acceptance or nurturance; on the contrary, she had, from early childhood, been vigilant and fearful around her mother, lest the latter find something objectionable in her behavior and become hurtfully critical. Such rejecting maternal criticism, as we learned in the analysis, had as its infantile precursor the patient's experience of being momentarily held and then rejectingly cast into the crib of isolation, where she was left to cry without any prospect of succor.

The major instigator of the patient's lifelong psychic distress was thus revealed to be her experience of her mother as an imprisoner. Although she clamored for interest and acceptance throughout her life—and in her analysis as well—her capacity to accept the calming and soothing ministrations of others, and thereupon to build self-calming and self-soothing self structures, were seriously compromised by the fearful prospect of dismissal. So she could do nothing but verbalize empty complaints that she was not being given adequate attention. In actuality, she placed herself on the "outside" in all her relationships, a victim of her unconscious equation of closeness with imprisonment.

By the time the patient reached latency, she ceased viewing her mother as a source of any assistance whatsoever; she became isolated in her own home, always lonely, always the outsider. In school and in most interpersonal encounters outside the classroom, she was manifestly agitated. Whether by herself or with others, she found it impossible to

sit for any length of time, and was therefore unable to sink comfortably into books, movies, or conversations. The only stimulation she received followed from the fact that her mother, until becoming ill when the patient was 12, ran the household like a military installation, replete with rules and fines for infractions. The patient reported that her siblings were somewhat less awed by the mother and therefore less anxious in her presence. But the atmosphere in the home was cold for all of them, no one touched, hugged, or kissed or, perhaps even more significantly, smiled at one another when Mother was around.

The patient's father, toward whom she had more positive feelings, was depicted as a warm and humorous person who took the family on occasional boating and hiking trips that the patient thoroughly enjoyed. These outings, however, dated from her early adolescence. During her childhood, the father's business kept him on the road throughout the week; he returned home mainly on weekends. Thus, he failed to become a major selfobject presence for the patient. In her self experience, he remained a vaguely idealized persona, but not a concrete presence in any of the major events in her life. Even during the occasional outings, he did not entertain any type of special relationship with her; she had enjoyed herself only as a member of the family. Of course, the patient's subjective experience of her father may not do full justice of his status as a strong, calming influence in the family. In the aftermath of her rejection by her mother, she became vigilant with her father as well, and may simply have been unable to tolerate an intimate relationship with him.

The patient's secondary-school experiences paralleled those at home. She became superficially attached to a group of young women toward whom she adopted the persona she had learned at home: To be the accommodating friend who never displays self needs. Unfortunately, her inability to “take in” the emotional availability of others generalized to her school work, where she experienced an analogous inability to “take in” the offerings of her instructors or the contents of her books. In high school, she neither dated nor participated in any social activities. This social isolation was aggravated by her mother's intensifying depression, which, in conjunction with the mother's regular psychotherapy, left the patient and her siblings relatively unattended in the home. Neither the patient nor her siblings ever brought friends into the house. The mother's depression, as we have noted, worsened throughout the patient's college years, leading her to begin her own psychotherapy at the age of 18. When the mother died of metastasized breast cancer

during the patient's senior year, she reacted with a mixture of sadness and relief that the mother's suffering was at an end; the latter had received neither physical nor emotional relief for many years.

Following moderately successful analysis that focused on the patient's oedipal competitiveness with her mother for her father's interest, she met her future husband at a dance; he was her first beau, and they married a month later. Although she respected his serious approach to life and devotion to high ideals, their relationship was marred by her continuing inability to accept his emotional availability; we may speak of her refusal to let herself be cherished by him as the major obstacle to their romantic relationship. This difficulty extended to her children as well; she could not enjoy merger experiences with them, and her maternal ministrations were dutiful at best. As noted, the equilibrium that resulted from her first analysis was disrupted when her father suddenly died of a cerebrovascular accident. Although she had seen her father infrequently in the years following her mother's death, she experienced his passing as a catastrophe engendering a sense of intolerable loneliness. As we later came to understand, his death signified the end of her belief that she could ever have her archaic merger needs recognized and accommodated.

The Analysis

The analysis began with the patient articulating a fear of allowing me to enter her psychic life that, she believed, was identical to her feeling at the outset of her first analysis. She added that not only her behavior but even her voice seemed to be the same as it had been in the former treatment. To me, she presented as a person remarkably responsive to my own bodily movements, to which she reacted with intense anxiety. Indeed, her agitation during the first years of analysis occasionally became so intense that she would shriek in the sessions. I quickly understood that my initial task was to foster a safe holding environment, free of any unwitting “controlling” on my part. The provision of this milieu meant keeping overt interventions to a minimum.

Little by little, the manner in which she structured her life—as summarized above—emerged: how she managed to keep everyone, emotionally speaking, at bay, and how her complaints of emptiness and loneliness proved unavailing, given her inability to be receptive to the emotional availability of others without feeling panic. Predictably, this defensive pattern reemerged in the early phase of the analysis: Her

complaints of being lonely elicited defenses against allowing herself to experience intimacy. These defenses were expressed both verbally, via her accusations of my indifference and summary rejection of my interpretive comments, and nonverbally, via her tendency to arrive late and/or leave early. At this juncture of treatment, we had not recovered the history of her early deprivations, and were thereby limited to the here-and-now material of her fear of my potentially intrusive presence. Retrospectively, of course, we can understand these early anxieties as emblematic of the archaic self—selfobject relationship that the patient sought to reinstate in the analysis, and we can see the analytic work of the time as the engagement of the working-through phase of treatment. This is to say that the patient began her analysis with a selfobject defense transference in the service of preserving her manifestly frozen self state; it was the task of the working-through phase to illuminate this transference via interpretation. Well into the 2nd year of treatment, the selfobject defense transference continued to unfold, and she continued to resist any interpretive exploration of her need to maintain barriers in the analysis. Interpretations of her complaints about being lonely were invariably followed by rejection of my remarks and emotional withdrawal.

It was only at the end of the 2nd year that she finally responded to these interventions—and the analytic ambience in which they had been undertaken—by recounting her early relationship with her mother, especially her pervasive fear of closeness with the latter. It was at this juncture that we reconstructed her early fear of being cast away and imprisoned in her crib. Her persistent pattern of self-protection via isolation began to wane, and her continuing complaints about my indifference were joined by new wishes that I provide her with more comfort and support.

As we entered the 3rd year of analysis, the patient's selfobject defense transference gave way to a selfobject transference of a predominantly idealizing type. Over the course of the next 4 years, the analytic sequence of optimal frustrations followed by transmuting internalizations resulted in the acquisition of new self structures subserving her self-calming and self-soothing capabilities. As in any analysis, these gains were interrupted by periodic retreats from the therapeutic selfobject transference to the old defensive constellation in which I was again experienced as an untrustworthy tyrant capable of imprisoning her in the crib of her childhood. At these junctures of treatment, the working-through process was activated to alert the patient, via interpretations,

to her defensive need to freeze me out in order to avoid exposing herself to the hurt of fantasied rejection.

These interruptions in the idealizing selfobject transference were typically evoked by situations in which her need for nurturance was temporarily heightened—for example, by separations, physical illness in herself or her children, or the need to make important decisions bearing on the welfare of her family. The working-through process that addressed and resolved these exigencies was of varying duration, ranging from several interpretations within a session to 2 weeks of interpretation addressing her resumption of the old defensive pattern. It should be noted again that the periodic activation of the working-through *process* during the course of an analysis stands in contrast to the working-through *phase* that typifies the beginning of self psychological analyses, in my view. Whereas the working-through phase is a prerequisite for the unfolding of the therapeutic self—selfobject transference, the working-through process presupposes that the basic self—selfobject transference has been engaged and that all further disruptions of the selfobject transference, once recognized and studied, become a vital part of the analytic cure. As Kohut noted:

> Time and time again in the course of analysis, the basic therapeutic unit is brought into play when a disruption of the selfobject transference, be it of the mirroring, twinship, or idealizing variety, is understood and explained and a potential trauma is transformed into an experience of optimal frustration. And, in consequence of these optimal frustrations, the needs of the analysand gradually change as, via imperceptible accretions of structure, his damaged self is increasingly able to feel enhanced and supported by those selfobject responses that are available to adults. (**1984**, p. **206**)

In the analysis in question, the working-through process successfully countered the patient's regressive tendencies, and, by the 6th year of treatment, the transmuting internalizations had led to significant adaptive gains. She became able more easily to touch and hold both her children and her husband; from the latter, she also became capable of asking for warmth. In addition, she resumed contact with siblings whom she had previously avoided for many years.

Concomitant with these gains was a new enthusiasm for the work of analysis since, as she observed, she was no longer preoccupied with the "putdowns" that had blocked her in the past. The latter phase of treatment followed a recurrent, cyclical pattern: Exploration of the patient's emergent need for mirroring of her assertive strivings was quickly followed by a psychological "looking backward" to make sure I was still

there as an approving selfobject. This maneuver usually engendered a temporary reactivation of her empty complaining, followed by her reengagement of the empathic milieu of the analysis. Experientially, this pattern might begin with the patient's recounting a romantically satisfying weekend with her husband, followed by anxious associations to an impending separation from the analyst and hence to poignant early memories of sharing a homework assignment with her mother, only to have the latter "take over" her project. Finally, she would "wake up" and remind herself of the distance between such early experiences and the present.

The patient's announcement of her wish to terminate, broached after 6 years of analysis, seemed reasonable enough. For the preceding 2 years, she had been able to pursue major activities with enthusiasm, free from her previous shackles. As mother, wife, and friend, she had achieved a new equilibrium. Recent analytic work betrayed little evidence of either her defensive proclivities or her tendency to reactivate the archaic patterns in response to impending separations or empathic errors.

Having confirmed the patient's assessment of her readiness to approach termination, the termination phase of treatment began and, with it, her relationship to me underwent a dramatic, regressive transformation: She returned to the defensive patterns that typified her early relationship to her mother and to me in the early phase of treatment. In fact, directly after announcing that she had arrived at a termination date, she had an anxiety attack and, in the next session, reported a self-state dream centering on a fearful reaction to separation. In the dream, the patient began a new life with an analyst who ultimately rejected her. The sequel to this anxiety attack and dream was a reactivation of the selfobject defense transference that had preoccupied us in the early years of treatment. For a time, I again became the withholding and unempathic mother of her early years, in response to whom she withdrew, mobilizing an archaic self state in which isolation, however painful, defended against the far greater pain of exposing needs that would not be gratified by the unreliable mother—analyst.

As the patient reexperienced the archaic self—selfobject relationship with her mother, we had one final opportunity to explore both its hurtful dimension and the more subtle security that it had provided. The analytic material of the time involved the patient's simultaneous experience of me as someone she could not leave, and someone who had never been adequately involved with her and was dismissing her

out of disappointment. These transference perceptions predictably evoked associations to the mother, who had only become manifestly interested in the patient during crisis states, as when she screamed for attention or fought with her siblings. In this same context, she recalled once more how uneasy she had been around her mother, with whom she had feared physical contact. The interpretations that followed these termination-phase developments focused on the patient's need to structure the analytic relationship in such a way that I would either abandon the termination plans or, alternatively, *make* her continue with treatment. Subsequent associations confirmed the accuracy of these interpretations.

Via a final recourse to the working-through process, we resolved this dying flicker of the selfobject defense transference. After several months, the patient once more became receptive to my words and my presence, and once again experienced the calming effect of her previous analytic bond. As we worked toward termination, this cycle of retreating to the selfobject defense transference and then, via interpretation, reaccepting my empathic interest, recurred several times.

Discussion

It has been my contention that working through is best conceptualized, from a self psychological perspective, as the analytic work performed in dissolving the patient's resistances to entering a new self—selfobject relationship. These resistances represent attempts to preserve archaic childhood bonds that, however stifling to growth, have heretofore provided the primary type of security known to these individuals.

In the patient we have described, both the working-through phase with which we commenced analytic work and the working-through process that was reinvoked throughout the analysis, centered on her experience of me as a potential imprisoner who was to be kept out of her life at all costs, and whose empathic overtures mandated even greater vigilance. In the termination phase, when the selfobject defense transference was reactivated, she rationalized her withdrawal by claiming that I had never provided adequate assistance and had, in any event, simply lost interest in her as an analysand. At those junctures of treatment when her defensiveness was at its height, her bearing, affect, and words revealed that she was now in a veritable panic state, her shrieking that I keep away form her alternating with futile crying for help. At such times, she *became* the threatened youngster whose mother was so

distant as to make her feel abandoned, and whose occasional "holding" gestures were only preludes to imprisonment in the crib. In the selfobject defense transference, she was equally convinced of my lack of interest in her and my readiness to censure her.

It was the initial task of this analysis to transform the self of this child in distress into an observing self capable of accepting the therapeutic rapport that is a precondition for the unfolding of the curative self—selfobject transference. It fell to the working-through phase of treatment—and the working-through process that was sporadically invoked in its aftermath—to enable the patient to overcome her resistance to embracing a new type of self—selfobject relationship, and to do so by facilitating her "rediscovery" **(Fenichel, 1939)** of the childhood anlagen of her ingrained defensiveness toward any offer of human contact.

I believe the foregoing remarks, premised on the vicissitudes of the patient's experienced self states, point out the relevance of self psychology to an experiential understanding of working through. In the case under discussion, the patient not only experienced the vicissitudes of her self states, as documented above, but reported on these vicissitudes with growing articulateness as the analysis progressed. It was her alternating experience of the analyst, as shaped by modulations in her experience of the archaic self—selfobject dyad of childhood, that was unique to her, and that provides the uniquely experiential vantage point for understanding the course of her analysis.

We may generalize and say that it is the *reexperience* of the archaic self in analysis that signals the engagement of the working-through aspects of analysis. It is the task of the working through in analysis to illuminate interpretively the archaic neediness characteristic of this self, thereby enabling the patient to relinquish the security entailed in the selfobject defense transference and to become immersed or reimmersed in the therapeutic self—selfobject transference. Finally, it is the achievement of the working-through aspects of analysis at any stage in the treatment to have subjected the archaic self to yet another defeat—this time in relation to the analyst—in its quest for a world of archaic selfobjects.

I conclude with some tentative reflections on the role of the analyst's presence and the analyst's interventions in the resolutions of the working-through phase of treatment. I have already alluded to the empathic ambience that typifies any properly conducted analysis, allowing the patient to retell the dramas of his life without fear of censure. Certainly, the basic experience of safety that occurs within this ambience plays an

important role in the patient's ability to relinquish the security associated with the archaic self—selfobject relationship of the past and enter the therapeutic self—selfobject relationship.

The impact of the analyst's dynamic and genetic interpretations is more problematic to assess. It is always difficult to state unequivocally that accurate interpretations were the major force in a given patient's repudiation of the archaic self and its investments. Accurate interpretations, as Freud first discovered in his treatment of the Wolf Man **(Freud, 1918)**, rarely dissolve the patient's need to maintain resistances. How, then, do certain interpretations prove to be effective? One useful way of addressing this problem is provided by self psychology: It is the patient's growing investment in the analyst as a major source of self-sustenance that, in the course of analysis, mobilizes the patient's receptivity to the analyst's interpretations and enhances his ability to respond to these interpretations. It would seem that the patient cannot fully overcome his resistance to the therapeutic self—selfobject relationship until he experiences—via displacements from the original selfobjects of early life—the analyst as the provider of psychological oxygen **(Kohut, 1977)**. It is only at this point that the patient can follow the analyst's lead and direct his attention to genetic reconstructions that enable him to see the past in the present.

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