

Intimate Attachments: Toward a New Self Psychology

By Morton Shane, Estelle Shane and Mary Gales.

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Reviewed by

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Ensnared behind the barricade of Freud's canon, psychoanalysis has been slow to embrace challenges from within and without. The internal challenges have come in the form of attempts to either question or extend Freud's ideas. Despite the fact that analysts whose contributions fell outside the canon were treated as heretics rather than as participants in a scientific discourse, brave analysts have occasionally emerged to challenge our diffident field with new ideas. Morton Shane, Estelle Shane, and Mary Gales are three such courageous analysts and their book, **Intimate Attachments: Toward a New Self Psychology** clearly and directly challenges basic psychoanalytic assumptions.

The book opens with the analysis of a traumatized woman for whom no sign of transference, which they define as the re-enactment with the analyst of old conflicted and traumatic experiences, emerges. Instead, the authors assert that the woman's analytic experience is marked by a never before known feeling of safety. They challenge the reader with the nagging question of whether this really can be an analysis when so little transference is evident and so much that is new and positive is experienced. Gales and the Shanes answer this provocative question in the first chapter, which then serves as a guide to the new self psychology they elaborate in the first half of their book; abundant clinical material spanning the life cycle fills the second half.

Intimate Attachments is an iconoclastic work. With origins in Bowlby's attachment theory and in some aspects of Kohut's work, Shane, Shane and Gales' new theory challenges classical psychoanalytic ideas and Kohut's original psychology of the self as well by de-emphasizing the notion of psychoanalytic cure effected by an

interpretive process. Instead they advance the concept of analytic cure effected by the provision of a missing essential relationship, a subject of current debate within the field of self psychology (Siegel, 1999).

In this review, I summarize the major tenets of the authors' new theory and critique their views about several basic psychoanalytic assumptions. Among these assumptions are: the authors' new definition of emotional health with its related question of, "What are the proper goals of an analysis?"; their new definition of transference and its related question, "What are the contents of the unconscious and what is their role in an analysis?"; and "What is the nature of psychoanalytic treatment itself?" Because they propose a new self psychology, I compare their ideas to those originally proposed by Kohut in his psychology of the self.

In their theory, Shane, Shane, and Gales depart from established metapsychological conceptualizations and offer concepts named with evocative new descriptors that, because of their unfamiliarity, have an awkward feel at first reading. They re-define emotional health in terms of the attainment of two essential consolidations: the "**consolidation of the self**" and the consolidation of a capacity for an intimate connectedness with an other which they call "**the consolidation of self-with-other.**" They assert that the establishment of these two essential consolidations, in both development and treatment, depends upon an appropriately responsive environment coupled with adequate constitutional endowment. For them psychological trauma is any circumstance that disrupts the cohesion of these two consolidations and psychoanalysis is the therapeutic method that reactivates thwarted development and re-

establishes the route toward a consolidated self and a consolidated capacity for intimacy.

In the author's new self psychology, the therapeutic reactivation of development requires an appropriately responsive environment that the authors call the "**positive new experience.**" This new experience evolves from two essential elements, the "**dimensions of intimacy**" and the "**relational configurations.**" The first of these elements, the "dimensions of intimacy," in turn, has two components: the "**self with self-transforming other**" and the "**the self with an interpersonal-sharing other.**"

The "dimensions of intimacy" describes the patient's experience with the analyst who provides psychological functions such as self-regulation, self-affirmation, self-delineation, and self-state stabilization. The first component of these dimensions, the "self with self-transforming other," describes how the patient uses the dyad to regulate how he or she becomes a person in his or her own right. The second component, the "self with an interpersonal-sharing other," describes how the patient uses the dyad to be more fully connected to an other who is experienced as a distinct entity. The authors suggest that development occurs during psychoanalysis via connections established in the analytic dyad. They cite Kohut's selfobject and Stern's self-regulating other as the origin of these ideas but distinguish their own formulations in the following ways:

1. In the proposed new self psychology the analyst's optimism and hope emanates from the analyst's inner balance and is part of the "positive new experience" that goes beyond empathy, understanding, and interpretation.

This differs from Kohut's emphasis on the interpretive process as the curative agent of the analysis.

2. The authors distinguish the bi-directional nature of dyadic interaction from what they understand to be the unidirectional dimension of Kohut's selfobject concept.
3. In the "self-transforming other" dimension, the patient has a constant awareness of the other. This differs from Kohut's view that the selfobject analyst is experienced as part of the self and not as a distinct center of initiative.
4. The experience of the "self-transforming other" is conceived of as a new experience rather than as a transference repetition. This is similar to Kohut's concept of the selfobject transference.
5. Finally, in the "self with interpersonal-sharing other" dimension, the analyst's subjectivity is appreciated. Again, this differs from Kohut's idea that the selfobject is experienced as a part of the self and is not recognized as a distinct center of initiative.

Technical inferences flow from these conceptualizations. The authors suggest that when informed by the "dimensions of intimacy," the analyst's empathy is attuned to

the dimensional component currently in the foreground. Such attunement aids the analyst in deciding whether to participate in a special action such as the giving or receiving of gifts, the provision of extra-analytic contact, or even the holding of a patient's hand.

A corollary of the authors' concept of the "dimensions of intimacy" is their new definition of mental health defined as a consolidation that leads toward a capacity for an intimate connectedness. This definition differs significantly from the idea of health contained in Kohut's psychology of the self. In his theory, Kohut defines health as a cohesive self, able to fulfill the potential contained within the skills and talents of a given personality and able to live a life that is fulfilling and creative for that person (Kohut 1977). Contrary to Gales and the Shanes, Kohut does not include the capacity for intimacy in his definition of well being for he asserts that many relatively happy productive people are not truly connected.

Rather, Kohut opposes the idea of connectedness as a measure of health and argues that the capacity for intimacy as a criterion for emotional health represents the intrusion of Judeo-Christian values concerning love and closeness into the field of psychoanalysis. This definition of health creates an "intimacy morality" that does not belong in the realm of psychoanalysis. Further, it makes the analyst an agent of a culture that values intimacy rather than the agent of a particular patient. This same intrusion of Western values into psychoanalysis can be found in Freud's object-libidinal line of development where the goal of development, and of treatment as well, is for narcissism to be relinquished in favor of object-love. Kohut addressed this issue in his early work when he suggested that narcissism has a developmental line of its own,

separate and distinct from Freud's object-libidinal line (Kohut 1966). From Kohut's perspective, narcissism is not to be relinquished in favor of object-love. Instead, Kohut asserts that narcissism matures, via the processes of development, into psychological structures. The proper goal of an analysis, as Kohut sees it, is the maturation of narcissism, with its subsequent strengthening of the previously weakened psychological structures (Kohut 1971).

Regarding the "**relational configurations**," the second element of "the positive new experience," the authors describe three possible ways the patient might experience the analyst. They confine their definition of transference to the first relational configuration, the "**old self with an old other**" -(which the authors shorten to the "**old-old**"). This is the closest of the configurations to one aspect of the traditional notion of transference in that it expresses the traumatic relationships of childhood that are re-experienced with the analyst. In this configuration the patient experiences him or herself as the old traumatized self of childhood while the analyst is experienced as the old traumatizing other. In the second relational configuration, the "**old self with the new other**" -(shortened to the "**old-new**")- expectations of the old traumatizing relationships of childhood continue, but the analyst is experienced in ways that differ from the old traumatizing objects. In the third configuration, the "**new self with a new other**" -(shortened to the "**new-new**")- the patient is freed from the past and experiences both himself or herself and the analyst in new ways. Neither the "old-new" nor the "old-old" configurations are considered transference.

The authors conceptualize a developmental trajectory that moves in the analysis from the distorted relationships of "old-old" or "old-new" to the "new-new" experience.

Their clinical suggestions regarding the “relational configurations” are similar to those for the “dimensions of intimacy.” That is, attention to the foreground relational configuration informs the analyst’s empathy and serves as a guide to whether one works with the old maladaptive relational experiences or with the newly developing capacities for a consolidated self.

While the trajectory of relational configurations is a useful conceptualization, I find the authors’ definition of transference to be limiting. They confine their definition to “the old self with old other” configuration. This definition focuses solely on the relational element and excludes other unconscious contents from the concept of transference. Defending this position Gales and the Shanes assert that real life experience has a greater impact upon development than does internal conflict and fantasy elaboration and to support their argument cite Bowlby and Kohut’s emphasis on lived experience. While Kohut, along with Bowlby, acknowledges the enormous impact the environment has upon the shape of the self, the role of unconscious fantasy is important in Kohut’s theory.

In contrast to Shane, Shane and Gales, Kohut’s understanding of transference does include unconscious contents in addition to old relational elements. In his theory, Kohut relies upon Freud’s original definition of transference as the intrusion of the system Unconscious into the system Preconscious (Kohut 1963, 1966, 1971). This old but broad definition of transference accounts for the impact of unconscious childhood fantasy upon the dynamics of current life while simultaneously including the sequestered traumatic relationships with the failed selfobjects of childhood.

Concerning the content of the unconscious, Kohut conceived of two unconscious narcissistic configurations, each with attendant unconscious fantasies, and asserted that these configurations form as a result of environmental forces that disrupt the maturation of narcissism. He asserted that these configurations contain unrequited selfobject needs and it is the unconscious search to fill these needs that creates the transference experience. From Kohut's perspective, selfobject transferences express needs; they do not express a relationship. Gales and the Shanes seem to have eliminated these unconscious narcissistic needs and fantasies from their new self psychology without sufficiently accounting for their absence. By confining their definition of transference to the repetition of the relationships with the failed selfobjects of childhood I believe they have limited a useful concept.

The last of the concepts I'll consider here is the "positive new experience" which, according to the authors, forms out of the "dimensions of intimacy," the "relational configurations," and the developmental trajectory across the relational configurations. The concept of the "positive new experience" raises the question of, "What is curative in the psychoanalytic process?" and thereby expresses the major challenge of this book.

Shane, Shane, and Gales assert that developmental change occurs through the provision of a growth-promoting new experience with the analyst. While they include interpretation in their therapeutic repertoire, the interpretive process is not the central curative agent. Rather, the "positive new experience" is the curative agent. For these authors the "positive new experience" **is** the analysis. This differs significantly from Kohut's idea that a weakened self is restored through an interpretive process, conducted in a humane ambiance of sincere understanding and sensitive explanations.

Such an atmosphere welcomes the arrested narcissistic structures without humiliation and promotes their maturation, returning arrested development to its interrupted track. In contrast to the “positive new experience,” the Kohutian conceptualization does not promote growth through the provision of a special action other than a sensitively conducted interpretive process.

I close with two final comments and a question. The first concerns the fact that the authors make no distinctions about the kinds of patients who will benefit from their approach. By making no differential distinctions they imply that their singular approach will benefit all, an idea that goes against clinical experience. If there were a group of patients for whom this approach is particularly useful it would be helpful for the authors to define that group. My second comment concerns the vignettes the authors use to illustrate their theory. A problem arises here in that the necessarily brief nature of a vignette does not provide sufficient detail to convincingly convey the process the authors wish to describe. Microscopic studies of analyses conducted with different types of patients would be helpful in addressing both the differential diagnostic issue as well as in providing more fully convincing data.

My question concerns the fact that the authors hold different basic assumptions and pursue significantly different goals from those contained within Kohut’s psychology of the self, yet they’ve positioned their theory as a new self psychology. In light of their many differences with Kohut’s ideas, Gales and the Shanes do not make clear why they seek to retain their new theory under the theoretical umbrella of self psychology instead of pursuing it as a new psychology.

In conclusion, I recommend this clearly written challenging book to analysts interested in recent developments within contemporary psychoanalysis. Whether one agrees or disagrees with their ideas, the Shanes and Gales have enriched our field by stimulating a useful reconsideration of psychoanalytic assumptions.

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