

Shane, M. (1985). 6 Summary of Kohut's "The Self Psychological Approach to Defen... Progress in Self Psychology, 1:69-79.



(1985). Progress in Self Psychology, 1:69-79

6 Summary of Kohut's "The Self Psychological Approach to Defense and Resistance"

Morton Shane, M.D. ①

In this chapter of Kohut's *How Does Analysis Cure?*, he considers three interrelated questions: first, in general, the place of defense in self psychological theory; second, in particular, whether the analysis of defense, that is, resistance analysis, is still indispensable to analytic technique as conceived by self psychology; and third, and more particularly, how self psychology evaluates the traditional treatment process as an overcoming of resistance in order to make the unconscious conscious.

Kohut ties these three questions related to defense and resistance to a distinction he made previously between 19th-century scientific objectivity, which he sees as defining traditional psychoanalysis, and 20th-century scientific objectivity, which he sees as defining self psychological psychoanalysis. The traditional analyst sees his patient objectively, and seeks to discover discrete mechanisms of a mental apparatus; the self psychologist acknowledges his own impact on the field he is observing, and, using empathic contact with the patient, is able to broaden his perspective beyond this mechanistic view. Traditional psychoanalytic beginnings in hypnosis introduced a mode of thinking ill-adapted to the requirements of complex mental states. It encouraged a metaphor of surgical detachment, viewing the unconscious as an abscess to be penetrated and drained. By and large, according to Kohut, the traditional analyst imitates and models the surgeon who puts aside all feelings, even his human sympathy, as he proceeds to drain the pathogenic abscess in the unconscious. While the introduction of ego psychology influenced the theory of mental illness, it did not influence the technique. There were exceptions, however, to this overall approach of traditional psychoanalysis; Loewald and Stone, for example, introduced a new attitude of understanding and explaining so that stunted psychological development might resume. However, the old conceptualizations persist and remain strong, especially in the areas of defense and resistance, where the traditional model, according to Kohut, is "penetration to the unconscious via the overcoming of resistance." Kohut asks what this model explains and what it fails to explain. To quote him directly:

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 69 -

The explanatory power of the old model is best ... when it is applied to isolated processes and isolated, circumscribed sectors of psychic life. It is worst... when it is applied to the complexities of man ... [particularly] to man's personality viewed along the time axis of his unrolling life. To be specific: the traditional model explains slips of the tongue and other forms of the psychopathology of everyday life to perfection; it also does well with regard to the interpretation of the majority of dreams—self-state dreams being the exception—as long as they, too, are viewed as delimited units of psychic function; and it is also satisfactory with regard to understanding the symptoms of the transference neuroses as long as they, too, are viewed as delimited units of psychic function or, more accurately, as delimited units of psychic dysfunction. The model is unsatisfactory, however, in explaining personality in general and the psychopathology of personality disturbances in particular—especially disturbances in which the essential psychopathology results from the thwarted development of the self. (p. 181)

The focus on defense mechanisms and unconscious drive wishes, which still describes the traditional model, remains important to the beginning student of psychoanalysis undertaking his first analyses under supervision, just as it had been important when analysis itself was in its infancy. But now the focus of attention for the experienced practitioner has shifted to an attempt to grasp the condition of the self. This is an important point, so I will again quote Kohut:

Defense-motivation in analysis will be understood in terms of activities undertaken in the service of psychological survival, i.e., as the patient's attempt to save at least that sector of his nuclear self, however small and precariously established it may be, that he had been able to construct and maintain despite serious inadequacies in the development-enhancing matrix of the selfobjects of childhood, (p. 184)

At this point, Kohut presents a long case illustration covering a 3- to 4-month period during the 4th year of analysis of a middle-aged lawyer suffering from marital and work dissatisfactions, focusing on three dreams that occurred at the beginning, middle, and end of that period, respectively. This man had previously had an interrupted traditional analysis.

The case illustration is designed to contrast the traditional approach to treatment, and particularly to defense and resistance, with the self psychological approach.

I will begin with the verbatim report of the three dreams:

Dream 1. A summer resort.... The patient... was sleeping not inside the building but on the front lawn. He was ill at ease, uncomfortable, thrashing about restlessly with the result that he became uncovered. People began to walk by. He was dismayed by the thought that they would see him partially uncovered.

Dream 2. The patient had reported at the beginning of the session that during a recent disagreement with his wife he had behaved more maturely than in the

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 70 -

past. Specifically, instead of getting enraged as would formerly have been the case, he had cancelled an engagement of his own in order to allow [his wife] to attend a concert with a girlfriend,... [He dreamt:] He was honored by the Lawyer's Association and was to get a prize. Although he himself had not heard the announcement that he was to be honored, the man sitting next to him told him about it and also explained to the patient that, as a compromise, he was sharing the prize with someone else. The patient then went to the podium and was given the award; it was a camera. To the surprise of everyone he lifted the camera and took a picture of the audience. The audience was stunned.

Dream 3. His friend John W was with the patient during the analytic session. John was lying next to the patient on the couch. There were other people in the room too.... [An older person had] a heart attack. The patient sprang into action ... [and did] mouth-to-mouth resuscitation. (pp. 185-186)

Kohut then discusses a traditional approach to the analysis of this patient. He first identifies four kinds of resistance pertaining to the case illustration, correlated, according to traditional analysis, with the themes of (1) sibling rivalry; (2) exhibitionism and voyeurism; (3) anal-retentive erotism; and (4) incomplete resolution of the Oedipus complex. The discussion of each type of resistance is ultimately designed to demonstrate that

the models of traditional analysis, although adequate up to a point, fail to provide a conceptual framework that enables us to appreciate the most important functions of these so-called resistances, whereas self psychology, by contrast, does provide such a framework. (p. 187)

Taking up the first theme, sibling rivalry, Kohut reveals that the patient had only one sibling, a brother 2 years his junior, clearly his mother's favorite, by whom he felt displaced and outclassed in regard to both physical attractiveness and physical adroitness. He defensively withdrew from competition and avoided angry jealousy in relation to his brother, assuming an attitude of superiority, isolation, and nonconformity, especially in the intellectual field. This defensive stance became manifest in both his first and second analyses in regard to his attitude toward analytic work on his dreams. Since analysts are interested in dreams, supplying them is playing up to authority in competition with younger siblings, that is, other patients. The patient would both conform and defy; he would supply a dream fragment, but, rather than work on it, he would instead veer off into intellectual side issues about the general meaning of dreams. Moreover, he felt pressured by the analyst to have dreams, remember them, and analyze them during his sessions. Dreams 2 and 3 contain clear inferences to the traditional theme of sibling rivalry and can be understood from a traditional point of view. In dream 3, the patient shares and is pushed off the analytic couch by a brother figure, and in dream 2, he and a brother figure share a prize. In both dreams the patient seeks a special bond with the analyst figure, making himself victorious in the end. In dream 3, it was he, not the "brother,"

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 71 -

who saved the analyst-figure's life by resuscitating him. In dream 2, he could be mature and share his prize with a "sibling."

Moving on to the second theme, exhibitionism and voyeurism, and their defensive inhibition, Kohut relates that this theme was more intense in this analysis than it had been in his previous, more traditional analysis. In particular, the patient was preoccupied with his body as flawed. Turning to dream 1, the patient expresses shame at being seen naked, at exhibiting himself publicly. In his associations to the dream, the patient spoke of his frustrated wish to have a light on in the bedroom the night before while having intercourse with his wife, both to see her, and also, principally, to watch her

as she watched him. During the analysis of the dream, the inhibition of these wishes led to resistances to the emergence of underlying, deeper drive wishes.

In dream 2, what is evident is the patient's defense of turning passive into active; that is, from the one who is being looked at on the podium, in an expression of his uncomfortable exhibitionistic desires, he becomes one who turns a powerful, voyeuristic eye on the stunned, indeed overwhelmed, audience. In a prior session, the patient had reported an experience in law school when, in an examination situation, he was able, through a clever artifice, to surprise, stun, and embarrass his evaluators, and thereby avoid their criticism of him. Thus the defense of turning passive into active was demonstrated as characterological for this patient, particularly in dealing with exhibitionistic and voyeuristic impulses, manifested both within and without the analysis.

The third theme identified by Kohut deals with defensive resistances emanating from childhood experiences that traditional analysis relates to anal-retentive erotism. This theme was almost entirely absent in the patient's analysis with Kohut, but figured prominently in his previous analysis. Here Kohut makes an important point that will be returned to later, in a different context:

the patient reminisced, not infrequently, and especially during the first year of analysis, about... [the] topic [of anality] as it had been discussed by the previous analyst. In this connection, he tended to repeat with what seemed to me genuine fondness certain phrases that the analyst had used in his (transference) interpretations, such as "first you are shutting yourself off tight and then, suddenly, you are making a big production." It seemed that what little mourning about the loss of the previous analyst this patient could experience was expressed via these memories of the former analyst's interpretations... (p. 196)

Although, as stated above, anality played no significant role in his analysis, Kohut nevertheless included material from the patient's early life relevant to anality as a source of resistance in treatment. As he says,

I do so in the context of my attempt to provide as complete a picture as possible of the traditional outlook on defense-resistances, and especially in view of the

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 72 -

fact that the patient's previous analyst had clearly put great stock in this dynamicgenetic connection, (p. 196)

The patient's mother gave him enemas throughout childhood until he was 10 or 11 years old, seeing it as a remedy for "irritability." Furthermore, she felt that bowel movements should be early in the morning, rather than later in the day, as was the patient's spontaneous tendency. Kohut remarks that this information about the patient's early life would seem to be in tune with the outlook of the former analyst; namely, the patient resisted the analytic process just as he had resisted parting with the cherished feces. Furthermore, it ostensibly fits with this interpretation that only pressure could force the patient to comply with the basic rule, resulting in a sudden outpouring of material after a protracted dearth, just as his childhood constipation had given way to the sudden "big production" as a result of the enema.

Finally, the fourth theme identified by Kohut deals with defensive resistances emanating from childhood experiences that traditional analysis relates to an incomplete resolution of the Oedipus complex. In discussing the possibility of oedipal pathology in his patient, Kohut speculates that all of the preceding defense-resistances could be secondary to an overall defensive retreat from oedipal conflicts to preoedipal conflicts. Furthermore, Kohut says, one might speculate that the patient's competitiveness with his younger brother was a regressive version of the more nuclear competitiveness with his father, that his voyeuristic-exhibitionistic features and fear of passivity derived from frightening primal scene observations, and that the anal theme was in toto a defense against castration anxiety. However, to quote Kohut,

despite my own openness to discern the Oedipus complex in this patient's analysis and thus come face to face with the resistances that constitute clinical manifestations of the defenses against castration anxiety, I was unable to discover this classically pivotal configuration, at least not in its role as the nucleus of psychopathology.... not in the three dreams I examined, and also not in the material that preceded [or followed] them... (p. 199)

In this way, Kohut demonstrates his familiarity and skill with what he terms "drive- and ego-psychological etiology," which he feels can be used to explain the symptoms and character traits of any patient. "But," he adds, "as analysts we must have the capacity to postpone closures and to apply closures tentatively, observing the analysand's reactions to our tentative interpretations, and to consider as many explanations as possible." To quote him further, "Progress in science, I like to say, is impeded more by our commitment to old knowledge than by our incapacity to acquire new knowledge" (p. 199).

With this, Kohut completes his drive- and ego-psychological approach to the specific defense-resistances of his

patient. He now turns to the self

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 73 -

psychological approach to defense and resistance, but rather than focus on the individual defenses and resistances of the patient as he did in his discussion of drive and ego psychology, he instead focuses on the patient's total personality, and only secondarily turns to the specific defense-resistances of this individual. Such an approach to the material is

an intrinsic constituent of the overall stance of the self psychologist ... to construct first an hypothesis concerning the structure and central program of the patient's nuclear self and only subsequently to assess such details as psychic mechanisms against the background of this tentative overview of the personality. (pp. 200-201)

Kohut goes on to explain that without knowledge of the vicissitudes of the patient's self, we cannot appreciate the significance of his defenses and resistances.

Turning first to the patient's childhood, it is apparent that the emotional milieu was determined by his silent, powerful, and disapproving mother. She imposed a "quasimilitary, machinelike outlook" and a "cold and joyless" atmosphere on the entire family. An event in the patient's childhood, termed "the interrupted basement game," serves as a significant emblem for the difficulties in the family. The father had once played hide-and-go-seek with his two sons in the basement of their house. They were all having a good time, laughing and shrieking with delight, when the mother suddenly appeared and looked at them. She did not utter a single word but her wordless disapproval was unmistakable. "All the joy seemed to leave the three of them, and after listlessly playing on for awhile, they stopped, the boys going to their rooms and the father as usual going to his club" (p. 204).

Other illustrations of the atmosphere include the mother's taking the patient to a skyscraper immediately following his fearful dream of falling off some high building to prove to him that there was nothing to be frightened of, as well as her aforementioned attitudes toward bowel control and regularity. To summarize, the mother seemed to lack warmth, was duty oriented, lacked a natural understanding of people and especially children, and was moralistic. She also was quite pessimistic about her family's health and about their future careers.

The father appeared to be a more potentially joyful person than the mother, though he was overshadowed by her in the patient's mind for a long period of time. He was successful in his career and had been a college athlete, but he maintained a distance from home and was mainly silent about his work and his achievements.

In discussing this patient's personality, Kohut notes the similarity of the emotional constellation of the family to other patients he has described, namely, Mr. X (1977), Mr. M (1977), and Mr. Z (1979). Exposed to development-thwarting influences from the side of his mother, who possessed

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 74 -

a near paranoid rigidity, and was insecure and hypochondriacal, and a father who withdrew physically and emotionally, this patient attempted to heal the self via the creation of compensatory structures by turning to the potentially development-enhancing reactivation of the selfobject father. But the question remains, how did the patient manage to stay as relatively healthy as he did, to become a reasonably well-functioning and clearly nonpsychotic adult? Kohut asserts that as a child

he had managed to keep a significant remnant of his nuclear self alive, remaining at least potentially capable of responding with renewed structure building to new opportunities for further growth. Expressed in technical terms, he remained potentially analyzable. Expressed in everyday, human terms, he never quite gave up hope. (p. 208)

Kohut asks further why the patient was able to preserve his nuclear self. How did he preserve this core structure? He speculates, first, on congenital capacities promoting health and development taking the form of an innately present vigor of the nuclear self, increasing resistance of the nuclear self to disintegration, and enhancing the capacity to fight noxious influences. Such congenital vigor of the nuclear self promoted in the patient an innate capacity to form *compensatory* structures, that is, the capacity to hope for a satisfactory selfobject that would in the future enable him to consolidate the structures he had already formed in childhood. As with Mr. X, Mr. M, and Mr. Z, he more or less relinquished the mirroring selfobject and attached himself to a potentially idealizable one.

Still referring to innate capacities, Kohut then distinguishes the patient's capacity to form *defensive* structures,

“structures used to maintain the remnants of the self—i.e., to maintain the status quo, however unsatisfactory it may be” (p. 210). One such defensive structure retained in its original form is that of turning passive into active, illustrated in dream 2, where the patient counterattacks the audience by unexpectedly snapping a picture of them at the very moment when he had received at least a moderate amount of the mirroring he needed. Another defensive structure identified in this patient was that of withdrawal from others to an isolated preoccupation with his own thinking and reasoning powers. This defensive structure, unlike turning passive into active, was developed further and became quite useful to the patient.

Having identified those *innate* qualities of his patient that allowed him to become a reasonably well-functioning and clearly nonpsychotic adult, Kohut turns to the self-enhancing aspects of his *environment* that supported the preservation of a self, and the hope for an adequate selfobject that would strengthen and consolidate it. To begin with, the patient's father, though more vigorous, joyful, and less disturbed than the mother, probably did not contribute, to any significant extent, to the patient's remaining marginal

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 75 -

vigor. At best, he did not interfere with the patient's development, at least in early life. Later he actively sided with the mother to discourage the patient from pursuing a career.

The maternal grandfather was a more invigorating figure for the patient's self. First, he was an unsurpassed male figure in the life of the patient's mother, for whom her husband remained second rate and could therefore never become an idealizable figure for her son. A positive aspect of the mother's idealization of her father, however, was that her son could see that there was at least *one* male capable of being idealized by her. Second, he was a constituent of the life-affirming atmosphere in the grandparents' home, where the patient had spent three happy summers during which he was more outgoing than usual; and, third, he was an available object satisfying certain of the patient's idealizing needs. The grandfather had risen from comparative poverty to great wealth, led an adventurous life, and was much admired by the grandmother.

In terms of the patient's mother, while her overall influence was deleterious, she did provide areas of support, particularly during the summer vacations at her parents' home where she seemed to benefit, along with her children, from the invigorating atmosphere provided by the grandparents' presence. Also she read aloud to him nightly, leading to the patient's genuine gratification from reading later in life. Nevertheless, life-sustaining forces cannot be attributed to the mother. On the whole, in life and in selfobject transferences within his analysis, the patient moved gradually from the mother and toward paternal symbols of grandfather and father.

Having outlined the dominant influences in the patient's childhood that thwarted or enhanced the firm establishment of his self, Kohut returns to a discussion of the defenses and resistances of his patient, in order of increasing psychological depth and significance: namely, resistances related to sibling rivalry, exhibitionism and voyeurism, anality, and homosexual and competitive aggressive impulses related to the father. In each case, Kohut demonstrates the operative principle regarding the function of resistances and defenses: the principle of the primacy of self-preservation. In terms of sibling rivalry, there is no doubt that his younger brother played an emotionally important role in the patient's life, being better endowed physically and loved more by his mother, which the patient handled by a defensive attitude of chronic superior withdrawal. This attitude also played a significant role during the analysis; whenever the patient felt understood, he would invariably withdraw. While others, representing his brother, might wish to be understood and be responded to, he did not; he was indifferent to his analyst's ability in this regard. I will quote Kohut in relation to his patient's second dream at some length, because what he says here is central to his thesis:

Thus, after proudly reporting to me that he had behaved maturely toward his wife and, in his dream, receiving recognition from me (albeit shared with a brother) of his progress, he suddenly turned the situation topsy-turvy and,

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 76 -

raising the camera and exposing me to the painful limelight, denied having asked for a self-confirming mirroring response from the mother-analyst.... Clearly, what is involved here is not a struggle for object love but a need for self-enhancing reflection.... [the] so-called “defense-resistances” are neither defenses nor resistances. Rather, they constitute valuable moves to safeguard the self, however weak and defensive it may be, against destruction and invasion. It is only when we recognize that the patient has no healthier attitude at his disposal than the one he is in fact taking that we can evaluate the

significance of “defenses” and “resistances” appropriately. The patient protects the defective self so that it will be ready to grow again in the future, to continue to develop from the point in time at which its development had been interrupted. And it is empathic recognition of this fact by the analyst who essentially sees the world through his patient's eyes while he analyzes him that best prepares the soil for the developmental move forward that the stunted self of the analyst actively craves. Such recognition serves the patient better than anything else the analyst can offer.... (pp. 222-223)

Kohut adds that traditional analysts do acknowledge the protective aspect of resistance, but they nevertheless continue to have difficulty with this concept for two reasons: one is the analyst's own vulnerability to the narcissistic wound of seeing his help rejected; the other and more important one is the scientific model of truth facing, of making the unconscious conscious; anything that opposes this morally tinged goal is considered resistance. Though self psychologists find this model useful in specific circumstances (such as in dream analysis), they choose to subordinate it to their overriding theory of thwarted and remobilized self development.

Specifically, with reference to his patient's dream of stunning the audience by taking its picture, Kohut reasons that just as the patient had safeguarded himself against the intrusions of a partly crazy mother, so he chose in his dream to safeguard himself against the intrusions of a partly crazy analyst. The analyst, like the mother, had seemed to this patient more concerned with proving his own theories than with respecting the patient's individuality. It was in this context that patient and analyst came to understand the patient's stance of superior isolation vis-à-vis his brother (and others) not as contempt, but as protection against the damaging, oppressive demands and expectations of his mother. In fact, the patient's brother, as her conforming favorite, had been damaged by his mother, whereas the patient was able to preserve his self by his withdrawal.

Concerning the second theme, that of exhibitionism-voyeurism, Kohut explains that whenever the patient's need for self-enhancement through mirroring increased, he felt intensely painful shame and embarrassment owing to basic deficiencies in both maternal and paternal selfobject relationships. He preserved the integrity of his self by mobilizing his aggression, that is, by turning passive into active, becoming a sadistic voyeur and making the selfobject ashamed and embarrassed instead of himself. The move from being naked in public as in dream 1 to stunning the analyst-audience

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 77 -

by taking its picture demonstrates the move from passive embarrassment to active sadism.

In order to discuss the third theme, that of anality, which had been credited by his former analyst with a truly causal role in his pathology, Kohut offers an effective anecdote that should be read in its entirety in order to be fully appreciated. The essence is that the patient's first analyst had seen the holding back and evacuation of the enemas administered by his mother as an enjoyable and forbidden anal orgasm, an interpretation that the patient was very fond of repeating to Kohut. Kohut, on the other hand, did not find anality to be much a part of the patient's character. Why, then, did the patient so love the interpretation? Kohut discovered that it was not the content of the analyst's remarks, but his tone of voice at such times, which communicated so much to the patient—vitality, deep emotionality, and enjoyment of life, attitudes so lacking in the joyless atmosphere in which the patient had grown up.

Finally, in terms of the fourth theme, the defense resistances against the male child's oedipal competitiveness with his father, and his partly reactive passive homosexuality, Kohut offers a self psychological reinter-pretation of this psychic constellation. In his analysis with this patient, the father theme was a central theme relatively late in the analysis and emerged with intense “resistance” only after the brother conflict and the preoedipal mother attachment had been analyzed.

What emerged [in regard to the oedipal constellation] was ... not a death wish against the father and a defense against it, but a yearning for a strong vital idealizable father-analyst.... In ... dream [3] ... the revival of the father-analyst who had a heart attack seemingly invited interpretation in terms of a death wish and reaction formation against it. In reality, however, the act of resuscitation expressed the patient's wish to transform the analyst from an old, sick, dying man into a living, vital, and responsive ideal. (p. 230)

It developed that not only had the mother prevented the son from idealizing a strong and vigorous father, but she also had obstructed him from idealizing his grandfather. Her own view of the grandfather as she presented it to her son was to see him as physically weak and close to death. But this view of the grandfather's frailty was happily contradicted by the boy's own experience with him in a most propitious way, and, in fact, in the transference, the patient's decisive rise in self-esteem was associated with a similar availability of an idealizable selfobject.

Kohut concludes that his patient's development had resulted in the permanent establishment of compensatory

structures to which he had turned after the decisive failure in obtaining the selfobject responses needed to consolidate the primary structures.

Let me close this abstract of Kohut's chapter on defense and resistance by quoting from the last few pages, which summarize his manuscript.

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 78 -

Even with regard to the father theme the self psychologist and the ego psychologist remain far apart. Not only are their interpretations of the basic dynamic constellations widely divergent (sexual drive-wishes for the mother motivating oedipal rivalry with the father, versus the need for a strong idealizable father in order to strengthen the self), but, even disregarding these differences in content, the self psychologist cannot agree that he is dealing in this instance primarily with a "resistance" of this analysand.... We cannot ... accept the dictum that we are primarily engaged in a battle to increase knowledge and that everything that impedes progress toward "becoming conscious" ... is to be considered a "resistance." Just as was the case with the "resistances" vis-à-vis sibling rivalry, exhibitionism, and anality, so also with regard to the paternal selfobject. All these so-called resistances serve the basic ends of the self; they never have to be "overcome" ... rather, they are healthy psychic activities, in all their ramifications, because they safeguard the analysand's self for future growth. (pp. 233-235)

Reference

Kohut, H. (1984). *How Does Analysis Cure?* A. Goldberg, ed., with P. Stepansky. Chicago & London: University of Chicago Press.

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.

- 79 -

Article Citation [Who Cited This?]

Shane, M. (1985). 6 Summary of Kohut's "The Self Psychological Approach to Defense and Resistance". *Progress in Self Psychology*, 1:69-79

Copyright © 2009, Psychoanalytic Electronic Publishing.

[Help](#) | [About](#) | [Report a Problem](#)

WARNING! This text is printed for the personal use of the subscriber to PEP Web and is copyright to the Journal in which it originally appeared. It is illegal to copy, distribute or circulate it in any form whatsoever.