Heinz Kohut and John Bowlby: The Men and Their Ideas

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Heinz Kohut and John Bowlby, working independently, contributed to a paradigm shift within psychoanalysis. Their combined work dramatically changed the way many psychoanalysts understand the effect of parent–child relationships on human development, as well as the very nature of psychopathology. This, in turn, transformed clinical practice as their ideas spread and many analysts became more emotionally responsive, creating a friendlier, more respectful therapeutic ambiance.

Essential to both men’s thinking is a deep and abiding belief in the central need for relationships beginning at birth and lasting throughout life. Further, they recognized how a parent’s responsiveness to a child’s needs for comfort and protection plays a crucial role in the child’s psychological development with an outcome of either healthy adjustment or psychopathology hanging in the balance.

In articulating these positions, they differed with the mainstream psychoanalytic views of their time. The classical psychoanalytic perspective focused on intrapsychic conflict over a set of drives, libido, and aggression. In both the theory and practice of the prevailing Freudian tradition, the greatest attention was given to exploring a patient’s instinctual life as expressed in fantasy, rather than to actual experiences during childhood. Kohut and Bowlby came to see that such an intrapsychic focus on drives and fantasies came at the expense of recognizing important developmental needs for relatedness. Also, they saw how an exclusive preoccupation with elucidating a patient’s intrapsychic conflicts could interfere with the therapist’s ability to grasp the very real and adverse impact of unresponsive (or abusive) parenting during childhood.

Kohut’s and Bowlby’s individual journeys as psychoanalytic clinicians and revolutionary theorists were dramatically different, yet both men broke with the predominant psychoanalytic dogma of their time and came to essentially the same viewpoint concerning the deep importance of relationships. Their body of work has proven to have tremendous impact on the clinical practice of psychoanalysts and psychodynamic psychotherapists over the last 40 years as they ushered in new ways of interacting with patients that were more compassionate, engaged, and flexible. Most important to their clinical approach is their acceptance of the patient’s desire for an emotional connection with the analyst as a basic human need, rather than conceptualizing that need as a defense against instinctual longings that must be relinquished. Further, they saw the new relationship with...
the analyst as a crucial part of a renewed developmental process and, as such, central to both their theories of cure.

**BIOGRAPHY AND THE DEVELOPMENT OF KOHUT’S AND BOWLBY’S THEORIES**

**Heinz Kohut, 1913–1981**

Kohut was born in Vienna in 1913, an only child. By all accounts, his first year was happy and his parents enjoyed a close relationship.⁰ In 1914, war spread through central Europe. Kohut’s father left for the Russian front when Kohut was 16 months old and did not return until he was 5. This was a painful disruption in young Kohut’s life and became even more so as his mother developed significant psychological difficulties. For example, in the autobiographical case of Mr. Z, the mother is described as a troubled and intrusive woman. Upon Kohut’s father’s return from the war, the marital relationship deteriorated. The trauma of the war had clearly taken a toll on his father. Kohut lost the vital father of his earliest childhood and he also lost the sense of a loving connection between his parents. There was, however, an important legacy from his father, who was a gifted musician. Kohut grew up in a highly cultured environment and developed a deep love of music.

Kohut entered university in 1932 while living at home. His father died prematurely in 1937, which was a painful loss for Kohut. Subsequently, Kohut entered into an analysis with August Aichorn, a close disciple of Sigmund Freud, known to be an expressive, caring analyst. Kohut completed medical school just at the time Germany invaded Austria, a time when Jews were experiencing the horror of Nazi persecution. At this juncture, Kohut, a Jew, was concerned about whether he would be allowed to take his exams or receive a medical degree. Adding to these worries, the Nazis forced his mother to sell the family home at a fraction of its worth. It was a traumatic and frightening time. In the end, Kohut received his medical degree and, shortly afterward, evacuated to London. Eventually, Kohut found his way to the United States and arrived in Chicago on March 4, 1940, where he remained until his death in 1981 at the age of 68.¹

Upon arriving in Chicago, Kohut completed his medical internship and became a resident in neurology and was considered outstanding. However, he left neurology to pursue psychiatry with the hope of gaining training in psychoanalysis. His journey into psychoanalysis was not easy. He was originally denied acceptance by the Chicago Institute of Psychoanalysis and required to have a therapeutic analysis that, according to Kohut’s biographer, Charles Strozier (2001), was quite unusual. After six years of a traditionally classical analysis with Ruth Eissler, Kohut was finally accepted into the psychoanalytic training program in 1946, at age 33. He proceeded through training and eventually came to be revered as a training analyst and as a teacher. After graduation, he was quickly recognized as bright and creative. He became active on the curriculum committee at the Chicago Institute and sought to reestablish orthodoxy via Freud’s views of psychoanalytic theory and practice. Ironically, his efforts on the committee were, in part, a response to Franz Alexander’s ideas about “corrective emotional experience” (Alexander, 1950, p. 484) which Kohut

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¹The biographical material is from Strozier (2001).

²Kohut’s mother was also safely evacuated after a great deal of worry and uncertainty. She also settled in Chicago in 1940.
viewed at that time as contradicting the central task of psychoanalysis: working through the transference via authentic engagement versus Alexander’s role-playing.3

Over the course of many years, Kohut had come to idealize Freud and the entire psychoanalytic endeavor. His fervor only grew as he proceeded through psychoanalytic training. In his words, “I was deeply committed to the teaching of classical psychoanalysis and to the technical prescriptions correlated with the established theoretical tenets” (Kohut, 1984, p. 87). He became active in psychoanalytic politics and rose to the presidency of the American Psychoanalytic Association in 1964. During this period, he dedicated considerable time and effort to cultivating close, supportive relationships with leading psychoanalytic figures, especially Anna Freud, Heinz Hartmann, and Kurt Eissler. It was very important to Kohut to remain in good standing within the orthodox establishment of psychoanalysis (Strozier, 2001).

Kohut’s (1959) paper “Introspection, Empathy, and Psychoanalysis” introduced a focus on empathy that remained central to the end of his life. He defined empathy as vicarious introspection, the capacity to sense into another’s experience via sensing into one’s own subjective experience. He stated that introspection and empathy are the central constituents of every psychological observation and, therefore, the central means of gaining information about the patient in psychoanalysis. Thus, empathy is the central way of knowing a patient in psychoanalysis. By his last talk in 1981, Kohut greatly expanded the scope of empathy by stating that a genuinely empathic therapist could facilitate healing. Even in this early paper, Kohut (1959) bravely suggested that “clinging dependence in adults” should not be considered a regression to a normal oral phase of development but rather to childhood pathology that may be related to “specific instances of [parental] rejection” (p. 475).

Kohut published a number of important papers on narcissism in the 1960s, including “Forms and Transformations in Narcissism” (Kohut, 1966) which generally received positive reviews. In 1971, Kohut’s The Analysis of the Self was published. In this book, he laid out a new psychoanalytic approach that broke with the tradition of classical analysis even as his ideas were obscured by the metapsychological language of classical psychoanalysis. At this point, he was trying to stay within the fold. It was only much later that Kohut acknowledged the difficulty of admitting, even to himself, that he was seeing the psychological world and the clinical exchange differently (Kohut, 1984).

In The Analysis of the Self, Kohut (1971) described important discoveries during his treatment of Ms. F:

After a prolonged period of ignorance and misunderstanding on my part during which I was often not only struggling with boredom and inattentiveness but was also inclined to argue with the patient about the correctness of my interpretations and to suspect the presence of stubborn hidden resistances, I came to the crucial recognition that the patient demanded a specific response to her communications and that she completely rejected any other. … As I gradually came to realize, the patient assigned to me a specific role within the framework of a very young child. [pp. 285–287, italics added]

In these interactions, Kohut began to appreciate Ms. F’s need to share her emotions and have him resonate with her experience as a very young child. By presenting this case with its implicit call for analytic sensitivity to a patient’s particular developmental context, Kohut both challenged and transformed the existing classical paradigm.

3In the 1984 book, How Does Analysis Cure, Kohut (1884) describes his views on how the new relationship with the analyst is curative. Further, in response to an imagined critic that accuses Kohut of believing in the curative effect of “corrective emotional experience,” he states, “I could only reply: So be it” (p. 78).
After publication of his next book, *The Restoration of the Self* (1977), Kohut’s break with the tenets of classical psychoanalysis was complete and he fully embraced the challenge of explaining his own ideas about human development, psychopathology and a new clinical approach. Further, by this time he had created a groundswell of interest from analysts and therapists all around the globe through his redefinition of narcissism, as well as his courageous call for a warmer and more humane analytic responsiveness. Even during these exciting times, as Kohut’s prestige was growing, many former friends and colleagues within mainstream psychoanalysis vigorously attacked his ideas. Paul Ornstein (personal conversation, 1997) tells the story of Kohut attending the winter meetings at the American Psychoanalytic Association and having old friends turn their back on him.

It is striking that Kohut made no reference to Bowlby’s work in any of his books. According to Mollon (2003) Kohut considered Bowlby’s attachment theory to be a version of a social or behavioral psychology that was quite different from his psychoanalytic focus on internal experience. Specifically, Kohut proposed that a sustained observational focus on the patient’s experience through empathic immersion would lead to a rich understanding of a patient’s complex mental processes and their developmental origins. Kohut saw Bowlby’s attachment theory as emphasizing an observational focus from an external vantage point. In general, he was skeptical of using findings from developmental research in psychoanalytic theorizing (Joseph Lichtenberg, personal conversation, 1991). Kohut viewed his discoveries and the subsequent development of self psychology as growing solely out of insights gained from his clinical and supervisory work.

**John Bowlby, 1907–1990**

Bowlby came to his radical reformulation of psychoanalytic concepts quite differently from Kohut. Bowlby respected Freud’s work and thought he was on to all the right questions, but, in contrast to Kohut, he never idealized Freud. Further, Bowlby included findings from many other fields with his clinical experience to create a bold new approach to understand basic issues such as the nature of infants’ ties to their mothers, separation anxiety, and loss.

Bowlby was born in 1907 to upper-class English parents, the fourth child of seven. According to Robert Karen (1994), he did not have happy relations with either of his parents. His mother was described as tough, self-centered, and oblivious to her children’s emotional needs. His father was rarely present and when he was, he seemed to enjoy bullying his young children. Much of Bowlby’s early childhood care was given over to nannies. At age eight, he was sent to live at a boarding school and he was unhappy and lonely. In Bowlby’s early childhood, we can surmise that he suffered from maternal inattention as he was essentially raised by a series of nannies. According to Karen (1994), although Bowlby never spoke about it, “almost everything he wrote in later years about the needs of young children could be seen as indictment of the type of upbringing to which he’d been subjected and to the culture that had fostered it” (p. 31).

Before entering medical school in 1929, Bowlby had a formative experience at an alternative progressive school for troubled boys. Here, he learned first-hand the deleterious impact of early parent–child relationships on these young boys. He was particularly impressed with two children: one child who followed him everywhere he went (we might now consider this child as exhibiting a resistant/ambivalent attachment strategy) and a second child who seemed impervious to any need for others (we might now consider this child as exhibiting an avoidant attachment strategy). These children had either been separated from their parents or had lost a parent at an early age.
Soon after entering medical school, at age of 22, he was accepted provisionally at the British Psychoanalytic Institute and began his analysis with Joan Reviere, a disciple of Melanie Klein. By all accounts, the seven years of analytic work were difficult and Bowlby felt he did not get much out of the experience. From the beginning, Bowlby challenged cherished psychoanalytic tenets. As quoted by Karen (1994), Reviere complained to Bowlby that he was “trying to think everything out from scratch” (p. 33). He qualified for membership in British Psychoanalytic Society in 1937.

During 1936, after completing a fellowship in child psychiatry, Bowlby worked in the London Child Guidance Clinic with children and their families alongside social work colleagues and educational psychologists. This experience was pivotal for him, as it focused on the effects of parent–child relationships on development. This approach contrasted with that of his psychoanalytic supervisor, Melanie Klein. Bowlby found Klein disinterested in, if not dismissive of, the child’s actual relationship with parents. Instead the child’s fantasy life captured Klein’s singular attention, which Bowlby found disturbing. As Bowlby later admitted, the beginning of the war probably saved him from a likely confrontation with Klein (autobiographical discussion given at the University of Virginia, 1980).

In the late 1930s, spurred by his experience at the alternative school and the Child Guidance Clinic, Bowlby began to do research on delinquent children focusing on the effects of early loss and prolonged separations from mothers. The work was finally published just before the war ended (Bowlby, 1944). During the Second World War, Bowlby became a member of the Officers Selection Board that proved to be very successful in screening for competent leadership. This work brought him into contact with a group of social scientists and psychiatric colleagues that would have a major impact on his career (van Dijken, 1998). One of these colleagues encouraged him to apply to the position of director of the Children’s Department at the Tavistock Clinic. Soon after being appointed director, he hired the husband and wife team of Joyce and James Robertson to examine the effects of long separations from mother. The Robertson’s decided to document children’s distress through film, the most famous being *A Two-Year-Old Goes to the Hospital*. This film evokes a dramatic response from the viewing audience, as the girl’s suffering is palpable in a way that no academic article is able to convey.

Another wartime colleague, the psychiatrist Ronald Hargreaves, invited Bowlby to become a consultant for the World Health Organization and produce a report on the effects of maternal care and mental health. This commission allowed Bowlby to review the literature in depth and an opportunity to meet leading figures such as Rene Spitz, Jean Piaget, Eric Erickson, and William Goldfarb—whose work with institutional children had a profound influence on his thinking (van Dijken, 1998). During the publication of *Maternal Care and Mental Health* (Bowlby, 1951), he came across the ethological literature.

Bowlby realized that the nature of the tie to the mother was best understood in the context of instinctive behaviors that are observed in all mammals and in some species of birds. These behaviors and their related emotional bonds had been conserved in all these species due to their obvious survival functions. In the early 1950s, he became familiar with Harry Harlow’s work, which further confirmed the finding that the bond between infants and their mothers is fundamentally emotional and not based on an infant’s need to be fed.

In the decade of the 1950s Bowlby deepened his exploration of ethology and developmental psychology. He became very interested in systems thinking, particularly cybernetic control sys-

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4For a summary, see Harlow (1974).

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tems, as a model to explain how attachment could be regulated through a goal-corrected feedback system that monitored proximity-seeking behaviors. Bowlby was ready to present his revolutionary new ideas to his psychoanalytic colleagues. His first paper was read at the British Psychoanalytic Society on June 19, 1957, and was published one year later with the title, “The nature of the child’s tie to his mother” (Bowlby, 1958). Two other seminal papers followed, “Separation anxiety” (Bowlby, 1960b), and “Grief and mourning in infancy and early childhood” (Bowlby, 1960a). These papers contained the main ideas that would be developed later in his trilogy, *Attachment* (Bowlby, 1969/1982), *Separation* (Bowlby, 1973), and *Attachment and Loss* (Bowlby, 1980).

After presenting and publishing these papers Bowlby found himself at odds with Anna Freud and Melanie Klein, the two main luminaries and ideological foes within the British Psychoanalytic Society. Although Bowlby and Anna Freud were on cordial terms and linked in their concern for children, tensions began to emerge. Bowlby’s frontal attack on Freud’s drive theory and mechanistic tension reduction views of motivation where too much for Anna Freud. As chief guardian of her father’s legacy, she reacted strongly against ideas that were outside accepted dogma. In this role, Anna Freud orchestrated dismissive responses to Bowlby’s 1960 paper on childhood grief in the *Psychoanalytic Study of the Child* (1960a). Three responses, by Anna Freud (1960), Max Schur (1960), and Rene Spitz (1960), essentially condemned Bowlby’s work.

During this same period, followers of Melanie Klein vigorously attacked Bowlby in Society meetings, as he argued against the Kleinian belief that real life events had little impact on children’s fantasy world and their innate aggressive/destructive impulses. In Klein’s developmental model, infants create an early psychic split between good mother/bad mother representations in order to preserve the tie to their mothers. An example of how entrenched the view that fantasy, rather than real life, events are at the root of psychopathology was in evidence when Bowlby presented the aforementioned film, *A Two-Year-Old Goes to the Hospital*, at the British Psychoanalytic Society documenting how a typically developing and delightful 2-year-old could experience grief and mourning with the same intensity as adults upon a 10-day separation from her mother (only very short visits were permitted at that time). Upon viewing the film, Wilfred Bion claimed that the little girl’s misery was evidence of her envy of her mother’s pregnancy, rather than a response to being separated from her mother (Holmes, 1995). Eventually, Bowlby discontinued attending Society meetings. As described by Karen (1994): “Unread, uncited, and unseen, [Bowlby] became the nonperson of psychoanalysis and was lost to his peers for the better part of three decades” (p. 115).

However painful these extremely critical responses to his ground-breaking ideas must have been to Bowlby, he carried on. In the early 1950s, Bowlby advertised for a research assistant and Mary Ainsworth, a Canadian-born developmental psychologist, was hired. This began one of the most remarkable and productive partnerships in the history of psychoanalysis and developmental psychology that continued unabated until Bowlby’s death in 1990 at age 83. From their collaboration, attachment research flourished around the world.

Bowlby does not reference Kohut in his early papers or in his three-volume set of books on loss and attachment. In his (1988) book, *A Secure Base*, Bowlby links his ideas with Kohut’s and makes generally supportive comments as if to indicate that they are on the same wavelength. Bowlby (1988) writes:

If we return to the strange detached behavior a young child shows after being away for a time with strange people in a strange place, what is so peculiar about it is, of course, the absence of attachment behavior in circumstances we would expect to see it. … In the emotionally attached children described earlier and also, I believe, in adults who have developed the kind of personality that Winnicott de-
scribes as ‘false self’ and Kohut (1977) ‘narcissistic,’ the information being blocked is of a very special type. … What are being excluded in these pathological conditions are the signals, arising from both inside and outside the person, that would activate their attachment behavior and that would enable them to love and to experience being loved. [pp. 34–35]

In the next phase of the study of attachment, the focus became the study of individual differences in 1-year-old infants’ behavioral responses to separations from and reunions with attachment figures in an unfamiliar laboratory setting (Ainsworth, Blehar, Waters, and Wall, 1978). This experiment came to be known as the *strange situation* and has been replicated around the world (van IJzendoorn and Sagi, 1999; Rothbaum, Weisz, Pott, Miyake, and Morelli, 2000). In the experiment, an infant’s responses to the separation from and reunion with the mother were categorized as secure, insecure-avoidant, or insecure-resistant/ambivalent. In the Baltimore sample, Ainsworth conducted home studies with each mother–infant dyad for up to 72 hours. In reviewing the data from the children exhibiting a secure pattern of attachment, a strong correlation was made between an infant categorized as secure in the experimental setting and a finding of sensitive and responsive mothering in the home study. In contrast, in the insecure-avoidant infants in the laboratory, Ainsworth found that the mothers rejected or ignored the infant’s attachment overtures (crying, calling, or clinging) in the home studies. In the insecure-ambivalent/resistant infants, the home study showed that the mothers were unpredictable, discouraging of autonomy, and insensitive to infant communications (Ainsworth et al., 1978). Twenty years later, an additional attachment category was discovered: the disoriented-disorganized attachment (Main and Solomon, 1986). In contrast to the three organized categories (secure, avoidant and resistant/ambivalent) which exhibit a coherent strategy to cope with different patterns of parenting, the disorganized strategy exhibits, through aberrant behavior, a breakdown in attachment strategies.

**THE RELATIONSHIP BETWEEN ATTACHMENT AND SELFOBJECT FUNCTIONS**

Kohut’s interest in problems with narcissism grew into a focus on the self and the recognition of the importance of affirming and soothing responsiveness by parents as essential and necessary ingredients of a strong sense of self. He called these selfobject needs that, when adequately met, vitalize and strengthen the self. In contrast to Bowlby’s focus on behavioral, emotional, and cognitive components of the attachment system, Kohut’s view of infants’ needs and parental responsiveness has a broader sweep to it. In Kohut’s final statement of his ideas about self psychology in *How Does Analysis Cure* (1984), he links all forms of psychopathology to defects or weaknesses in the self which he related to failures of the self-selfobject relationships in childhood. As is well known, based on clinical work, Kohut proposed three selfobject functions or experiences that spontaneously become activated in the transference: idealizing, mirroring and twinship (Kohut, 1971, 1977).5

5The selfobject concept has been given different connotations in the self psychology literature (see Lichtenberg, Lachman, and Fosshage, 1992, *Self and Motivational Systems*, for an excellent discussion of this issue). Aside from its different shades of meaning, one of the problems with the concept of a selfobject is that it does a poor job of communicating what is meant to people who are not familiar with psychoanalytic jargon. The word *object* has its origin in drive theory. In drive theory, an *object* refers to the aim of a drive, a leftover from Freud’s tension-reduction model of the mind. For the uninitiated, the use of the word *object* is jarring as when we use *object relations* to refer to interpersonal relations that become internalized, or when we speak of an internalized function of self as a selfobject.
Selfobject functions are crucial to the development of self-regulating capacities and, as such, promote self-integration (self-cohesion in Kohut’s terms). Attachment patterns are also based on a powerful emotional bond. As soon as we focus on how this emotional bond promotes self-regulation in the young child, we can create a bridge between attachment theory and Kohut’s concept of selfobjects.

Parental figures have the main responsibility for helping their relatively helpless infants achieve self-regulation, beginning with regulation of physiologic needs to the regulation of affects and impulses and to self-esteem later in development (Lichtenberg, 1989; Shore, 1994, 2003; Sroufe, 1996). The enormous importance that primary caregivers have in helping young children achieve self-regulating capacities is a particularly salient issue for our species. Humans have the most prolonged development and delayed maturation of any known mammal (Gould, 1977; Bjorklund and Rosenberg, 2005; Gibbons, 2008). In evolutionary terms, our species is an extreme example of an *altricial* (developmentally immature) animal. We do not mean to imply that infants are not equipped with innate capacities to relate to others and to engage in intersubjective exchanges. Infant research has shown remarkable capacities of infants to engage in social interactions (Trevarthen, 1979, 1980; Stern, 1985, 2004, 2006). But the ability to engage in social interactions is closely related to, but not the same as, the ability to regulate sleep, arousal levels, affects, and impulses, which are the bases for developing a coherent sense of self. Overall, we find Kohut’s and Bowlby’s views as entirely congruent regarding the central importance of parent responsiveness to the developing child’s needs.

**The Idealizing Selfobject and Attachment**

Kohut thought that children need to idealize parental figures as being strong, capable of soothing, and able to provide protection. In *The Analysis of the Self*, Kohut (1971) describes a case (Mr. A) of an idealizing transference. The patient’s childhood experience is depicted in the following terms:

> Over and over again, throughout his childhood, the patient … had felt traumatically disappointed in the power and efficacy of his father just as he had (re-)established him as a figure of protective strength and efficiency. … After an adventuresome flight via South America, the family had come to the United States when the patient was nine years old, and the father, who had been a prosperous businessman in Europe, was unable to repeat his earlier success in this country. [pp. 58–59]

In Kohut’s view, the loss of a once-idealized father was a key factor in the development of Mr. A’s problems and was directly related to his profound vulnerability regulating his self-esteem. As described by Kohut (1971), as long as Mr. A felt supported and guided by his superiors, he could sustain a sense of himself as “whole, acceptable, and capable” (p. 58). Without a close connection with an approving, strong authority figure, Mr. A would feel drained and depressed, and lose his sense of creativity and efficacy.

The idealized selfobject fits very well with Bowlby’s definition of an attachment figure. Bowlby once defined an attachment figure as someone who is perceived as being stronger and wiser than self. In Bowlby’s terms, the outcome of a secure attachment to a parent (a self-selfobject relationship with an idealized parent, in Kohut’s term) is the development of an in-

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6 Obviously, the case of Mr. A closely resonates with Kohut’s experience with his own father.
ternal working model of a self that is lovable and deserving of care and a sense of an other as being a strong and trustworthy caregiver.

The Mirroring Selfobject and Intersubjective Abilities

According to Kohut, without adequate mirroring from selfobjects the growing child is left depleted with a propensity for self-fragmentation. The mirroring selfobject experience is not about protection, but about the need to be recognized, validated, and admired by parental figures during childhood.

From an evolutionary perspective, the ability to mirror others probably has a very ancient origin. Very social species have the ability to recognize other members of their social group (Pfennig and Scherman, 1995). Social recognition in complex societies that primates inhabit became further transformed into the ability to recognize or read the intentions and emotions of conspecifics (members of the same species). The great apes, in particular, have developed the ability to anticipate how members of their group might behave in any given situation. To make predictions of this sort requires the ability to recognize each individual’s social status and special characteristics—such as how collaborative he or she may be or may not be.

In our species, the most socially complex mammal of all, the ability to communicate and cooperate with others took a quantum leap forward (Cortina and Liotti, in press). Humans can do something more than read emotional cues and make sense of goal-directed and purposeful activity. We can understand that others have minds like our own and we imagine how the minds of others might work (Trevarthen and Hubley, 1978; Tomasello, 1999; Hobson, 2004; Stern, 2006). That is, we can put ourselves in the minds of others, what is often referred to as Theory of Mind (Premack, 1978; Baron-Cohen, 1995; Astington, 1998; Wellman, Cross, and Watson, 2001), mentalizing functions (Bateman and Fonagy, 2004; Fonagy and Target, 2008; Alan, Fonagy, and Bateman, 2009), or advanced intersubjective abilities.

One way to think about the mirroring selfobject function is to conceptualize it as an advanced intersubjective ability that allows humans to validate and recognize the unique characteristics of others (Cortina and Liotti, in press). This capacity goes hand-in-hand with the ability to see others from their perspective and empathize, validate and affirm them. Our species is perhaps unique in these capacities.7

Mothers’ ability to read their babies’ communications from their perspective is correlated with maternal sensitivity and a secure attachment (Ainsworth et al., 1978). Ainsworth was very clear on this point. The scale she developed to measures mothers’ sensitive responsiveness toward their babies at home captures this ability well (Ainsworth, 1969). The scale is scored from 1 to 9, with 9 being assigned to highly sensitive mothers and 1 to least-sensitive mothers. Here is how Ainsworth described high sensitivity:

The mother is exquisitely attuned to baby’s signals, and responds to them promptly and appropriately. She is able to see things from the baby’s point of view. Her perceptions of his signals and communications are not distorted by her own needs and defenses. She “reads” baby’s signals and communication

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7This statement has an important caveat. Recent work by Michael Tomasello and his collaborators at the Max Plank Institute in Leipzig, Germany, have shown that chimpanzees can understand the perspective of others in competitive situations, but not in cooperative interactions that involve helping others (Call and Tomasello, 2003; Warneken, Chen, and Tomasello, 2006; Moll and Tomasello, 2007).
skillfully, and knows what they mean, even subtle, minimal, and understated cues. ... She has well-rounded interactions with baby, so the transition is smoothly completed and both she and baby feel satisfied. Finally she makes her signals temporarily contingent upon baby’s signals, [p. 5, italics added]

In contrast, a highly insensitive mother (score of 1) “seems geared almost exclusively to her own wishes, moods, and activity” (p. 7). Clearly, Ainsworth (1969) thought that the ability to have well-rounded interactions that are mutually satisfying is predicated on the ability to read the baby’s signals and see things from the baby’s point of view. These intersubjective abilities are what Kohut gave such importance: parents’ ability to adequately recognize and validate (mirror) the needs of their children and to be able to empathize with them as a crucial element in healthy development.

Twinship Selfobject Functions and Affiliative Motives

Twinship, the third selfobject that Kohut (1984) identified, relates to the powerful experience of sharing in our common humanity. As conceptualized, twinship involves relationships based on mutuality and alikeness. Kohut (1984) wrote:

The mere presence of people in the child’s surroundings—their voices and body odors, the emotions they express, the noises they produce as they engage in human activities, the specific aroma of the foods they prepare and eat—creates a security in the child, a sense of belonging and participating, that cannot be explained in terms of a mirroring response or a merger with ideals. Instead, these feelings derive from confirmation of the feeling that one is a human being among other human beings. To be sure, the specific features of these early impressions vary ... but they all point to something that human beings have in common: an overall alikeness in the capacity for good and evil, in emotionality, gesture, and voice. These aspects of our basic alikeness are signposts of the human world that we need without knowing we need them so long as they are available to us. [p. 200]

Thus, as we conclude, twinship is not related to the attachment system—that involves parent–child relationships that are, by their very nature, asymmetrical. As mentioned previously, we view the need for a connection with a strong and protective caregiver (idealizing selfobject) as directly related to the attachment system. Additionally, we see the need for admiration and validation from caregivers (mirroring selfobjects) as having an important but indirect relation to the attachment system, playing an essential role in the establishment of a secure attachment. In contrast, twinship implies a high degree of bidirectional influence and an ability to recognize others as equals. Twinship also accounts for the vitalizing human experience of working together with others toward a common purpose.

In terms of a multimotivational model, we think that twinship is a manifestation of the affiliative system. In Lichtenberg’s (1989) earlier version of motivational systems theory, he did not develop the affiliative system as fully as the others, and he put attachment and affiliation in a same broad category involving relatedness. In his newer version (personal communication, October 2009), the affiliative system is conceptualized as a separate motivational system which is consistent with our own view. This perspective helps establish a close link between the affiliative motivational system and Kohut’s concept of twinship.

Developmentally, we see evidence showing that attachment and caregiving bonds between family members and affiliative bonds toward peers and friends have quite different dynamics and
functions, even though there are mutual influences during the course of development (Sroufe, 
Egeland, and Carlson, 1999; Sroufe, Egeland, Carlson, and Collins, 2005). Several neuro-
scientists that have studied emotion and affiliative behaviors believe that attachment/separa-
tion-distress and affiliative motives are mediated at the level of the brain through different 
neurobiological systems (Panksepp, 1998; Depue and Morrone-Strupinsky, 2005; Porges, 2005).

Kohut’s concept of twinship can be productively understood within this framework. Advanced 
altruistic/cooperative abilities observed in humans as early as the second year of life (Warneken et 
al., 2006; Warneken and Tomasello, 2006) are accompanied by social/cognitive skills that allow 
humans a greater degree of mutuality and reciprocity and a greater ability to understand the per-
spective of others in comparison with other apes (Hobson, 2004; Tomasello, 2007). These advances 
in intersubjective sharing and social understanding permit us to see others as being alike 
and sharing a common humanity (Cortina and Liotti, in press).

Let us summarize what we have said so far: We believe that Kohut’s concept of an idealizing 
selfobject experience can be seen from an attachment perspective to include a representation of 
self as worthy of care and love and a representation of others (attachment figures) as being strong-
ger and wiser than self. Kohut’s mirroring selfobject concept can be productively linked with 
current developments in psychoanalysis, developmental psychology, and philosophy that go by 
several names: theory of mind, mentalizing functions, perspictival abilities, or advanced inter-
subjective abilities. We think a common denominator to all these views of the human mind is that 
they are premised on the ability to see others as having intentions, emotions, and states of mind 
that are different from, yet similar to, our own. This ability to read into the minds of others, to 
imagine oneself into their psychological and emotional space, is what Kohut had in mind when he 
talked about the transformative power of the selfobject mirroring function. It is also the same ca-
pacity that Ainsworth had in mind when she described mothers that were highly sensitive and re-
sponsive to their infants’ signals and communications. Finally, we have linked Kohut’s twinship 
selfobject concept with affiliative motivations directed toward kin and nonkin members of our 
species that are viewed as equals. From our perspective, affiliative ties are not primarily about se-
curity, although being identified with group members provides an important source of security. 
Rather, we view affiliative ties primarily related to the ability to identify with our fellow human 
beings and to affirm our solidarity with others. In the next section of the article, we briefly exam-
ine some clinical implications of these views.

SOME CLINICAL IMPLICATIONS OF UNDERSTANDING 
THE RELATIONSHIP BETWEEN SELFOBJECT NEEDS 
AND ATTACHMENT WITH TRAUMATIZED PATIENTS

One of the few areas where there is near consensus in an otherwise factious psychodynamic field 
is that perhaps the most important ingredient for change is the ability to establish, within the thera-
peutic relationship, a sense of safety from which patients can explore the many issues that bring 
them into therapy. This idea has been expressed in many ways, starting with Freud’s (1912) unob-
jectionable positive transference, Winnicott’s (1969) holding environment, Sandler’s (1960) 
background of safety, and Lichtenberg’s (2005) ambience of safety. Often, one of the unstated 
goals in therapy is to gain our patients’ trust so that they feel safe to expose their problems and vul-
nerabilities. There is a group of patients, however, in which the mere idea of making themselves
vulnerable to another human being, even in the protected space of a therapeutic relationship, is a
terrifying prospect. Not surprisingly, many of these patients have suffered severe attachment inju-
ries, including outright physical or sexual maltreatment to a parent that might be intermittently
psychotic or persistently neglectful. More subtle injuries often involve the transmission of unre-
solved loss from one generation to the next.

The discovery of disorganized attachment has been enormously helpful in understanding this
fright: The parent to whom the infant is instinctively drawn for support and comfort, is at the same
time perceived as a source of danger (Main and Hesse, 1986). Young children who are caught in
this irresolvable dilemma and who later in life suffer further trauma are prone to episodes of
self-fragmentation (Liotti, 1992, 1999, 2000, 2004; Liotti and Monticelli, 2008; Carlson, Yates,
and Sroufe, 2009). We suggest that this finding coordinates well with many of Kohut’s views con-

When the attachment trauma is cued in therapy, there may be an automatic activation of
multiple and fragmentary scripts (or internal working models to use Bowlby’s terms) of trau-
matic events. Liotti (1995), for instance, speaks of the activation of the “drama triangle” (p.
353) in which victim, persecutor, and rescuer scripts take place in rapid succession within a
treatment. These reenactments can be enormously confusing and baffling for patient and ther-
pist alike and become very difficult to contain. This therapeutic dilemma is familiar to most
therapists. In clinical interactions, if hyper-arousal of the attachment system blocks the develop-
ment of a base of security from which to explore, what can be done? Most therapists proceed
cautiously, knowing that they may inadvertently step on an emotional mine field that may disor-
ganize their patient.

We present two complementary avenues of approach to address this clinical challenge. One of
us (Carr, 1999, 2006a, b, 2008), has focused on the effect of trauma and childhood abuse on a
child’s subsequent development of capacities to regulate and integrate affective experience. These
individuals have been hurt by the very persons who are supposed to provide loving protection and
are left on their own, without support or guidance, to cope with highly distressing emotions all the
while trying to make sense of what just happened. After all, it is not only the trauma, itself, that is
damaging, but the accompanying lack of recognition of and responsiveness to the child’s affective
experience that exacts such a psychic toll. Without reliable, attuned responsiveness to the child’s
affects, especially in response to traumatic events, basic affective capacities become significantly
interrupted leaving the child prone to dissociate or disavow affective reactions (Carr, 1999;
Socarides and Stolorow, 1984/1985). When affects cannot be integrated into a coherent narrative
regarding self-experience, they become the source of a lifelong vulnerability to traumatic states
because they threaten both the individual’s psychological stability and his or her connection with
vitally needed ties (Stolorow and Atwood, 1992). In these instances, emotional experience, in and
of itself, becomes traumatizing.

To address this challenge, Kohut (1984) recommended long periods of understanding before
explaining (interpreting) in working with traumatized patients. In the understanding phase, the an-
alyst communicates that he has grasped what the patient feels from the patient’s point of view. One
of Kohut’s greatest contributions was in articulating how the simple process of empathically put-
ing a patient’s feelings into words can mobilize a developmental trajectory long held dormant.
Empathic responsiveness provides the patient, perhaps for the first time, the experience of having
one’s feelings understood. Kohut (1984) cautioned that for some severely traumatized patients,
only silent listening can be tolerated for a period of time.
The therapist’s appreciation of how a patient’s sense of needing him or her to function as a mirroring selfobject, an idealizing selfobject or an attachment figure, can also activate a fear response helps us walk the tightrope of finding ways of being responsive while being mindful of the potential for activating a fear response. Over time, patient and analyst can construct a safe way of being together as the patient comes to experience the analyst as trustworthy and always open to appreciating the patient’s reactions. Further, we agree with Lyons-Ruth (1999) that repeated experiences of the therapist’s careful attention to the patient’s responses in moment-to-moment interactions is, itself, a healing experience at the procedural level and can lead to the development of new ways of being together (new intersubjective capacities).

A second avenue of working therapeutically with traumatized patients has been developed by Liotti, Cortina, and Farina (2008). They note that early activation of the attachment system (idealizing selfobject) may backfire in patients with borderline or dissociative disorders, because they have not begun to work through the trauma and develop a base of trust with the therapist. In these moments, the mobilization of the attachment system in Bowlby’s terms—an idealizing selfobject transference in Kohut’s terms—may produce fragmentation and a collapse of perspective-taking abilities that are necessary for exploration. In these patients, a clinical approach that mobilizes twinship experiences (a cooperative/affiliative motivational system) by appealing to our common humanity and to our patients’ willingness to cooperate around goals that can be jointly developed can be very effective. This appeal may be experienced as much less frightening or shaming since it is nurtured within a spirit of mutuality and equality and builds on patients’ strengths. By nurturing the prosocial affiliative/cooperative motive, we can help patients work on goals that they identify as important and help them develop ways to self-sooth without having to resort to dissociative fragmentation or self-injuring behaviours to temporarily numb their pain (Liotti et al., 2008).

In ending, we note that both of these clinical approaches place central importance on the therapist’s sensitivity to the patient’s subjective experience in moment-to-moment clinical interactions. Also, both see the patient’s development of improved capacities for self-soothing and affect-regulation as central goals of the therapeutic work.

CONCLUSION

Kohut and Bowlby, writing and speaking in different voices, explicitly disagreed with the classical view of pathogenesis and the centrality of the resolution of the Oedipal complex as the key element in psychoanalytic cure. Instead, they focused on failure of parental responsiveness in to pivotal developmental needs in their understanding of psychopathology. For Bowlby, the focus was on the caregiver’s availability and responsiveness to a child’s attachment needs; Kohut focused on the child’s needs for mirroring, idealizing, and twinship. Regarding psychoanalytic cure, both pointed to the development of new capacities for closeness with others as the outcome of successful treatment.

Both men were adamantly opposed to a moralizing attitude toward a patient’s anxious, panicked, or aversive response whenever a patient perceived a real or imagined separation or rupture in the relation to the therapist or loved ones. These kinds of responses were all too often interpreted as signs of excessive dependence or emotional immaturity (classical theory), or as evidence that a patient was stuck on the process of separation-individuation (Mahler, Piner, and Bergman, 1975). At best, these types of interpretations stated the obvious without offering either an empathic perspective or support to help patients move forward.
Bowlby believed that an anxious or terrified response to separations were often markers of a history of unresponsive or emotionally unavailable parental care or a history of loss or trauma. The role of the therapist was to affirm the legitimacy of the patient’s needs and explore the nature of these parental failures or losses. This position mirrored Kohut’s view that signs of self-fragmentation during the course of therapy (often accompanied by panicked or aversive responses) could often be traced to ruptures in the therapeutic relationship related to selfobject needs that had become mobilized. The nature of these disruptions needed to be explored from the patient’s perspective and traced in terms of their developmental origins. Both men recommended a warm, empathic response to the patient’s understandable upset in light of unresponsiveness or loss of a needed relationship, however temporary it may be.

We have tried to show how Bowlby’s attachment theory and Kohut’s self psychology complement each other in powerful ways. Bowlby’s central clinical proposition is that the analyst’s role is analogous to that of an attachment figure that provides a secure base for her child to explore the world. Kohut emphasized the mobilization of an innate developmental process that had become derailed in the new relationship with the analyst. Through sustained empathic understanding, exploration, and the working through process, a healthy developmental trajectory could be restored. Central to both their clinical approaches was the therapist’s capacity to provide reliable, attuned responsiveness and an ability to see the world through a patient’s eyes. They both saw the goal of psychoanalytic treatment as involving the development of a capacity to give and receive support, to recognize the perspective of others while honoring one’s own, and to join with others in a spirit of shared humanity.

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