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Kohut's First Version of the Psychology of the Self

Psychology of the Self and the Treatment of Narcissism

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Kohut’s First Version of the Psychology of the Self

Heinz Kohut was born in Vienna in 1913 and educated there, receiving his medical degree at the University of Vienna in 1938. He often described how he rushed to the train station and tipped his cap to wave goodbye to Sigmund Freud—whom he did not know personally—on the day Freud was forced by the Nazis to leave Vienna (Goldberg 1982).

Since Kohut’s father was Jewish he, too, left Austria and eventually settled in 1940 at the University of Chicago; he joined the Chicago Institute for Psychoanalysis in 1953. His actual training was in neurology and his shift to psychoanalysis, he said, was a gradual one, bringing together his interests in neurology, literature, and the power of Freud’s ideas (Montgomery 1981). He studied at the Chicago Institute for Psychoanalysis and became a central figure in American psychoanalysis, teaching psychoanalytic theory at the Institute for 15 years. He served as president of the American Psychoanalytic Association in 1964-1965 and was vice president of the International Psychoanalytic Association from 1965 to 1973. Kohut’s publications on the “psychology of the self,” marked by his first book in 1971,

stirred up considerable hostility toward him. Montgomery (1981) quotes him as saying, “I was Mr. Psychoanalysis. In every room I entered there were smiles. Now everybody looks away. I’ve rocked the boat.”

Time magazine on December 1, 1980, stated that he was “becoming such a cult figure that disciples compare him with Freud” (p. 76). From personal experience with his colleagues I can attest to the enthusiasm Kohut sometimes raised in senior psychoanalysts. For example, I remember one highly respected Chicago Institute training analyst declaring in a lecture to the Northwestern University Department of Psychiatry that Kohut’s discoveries were the greatest advance in medicine since the discovery of penicillin.

Kohut had the reputation of being an excellent teacher. Physically diminutive, he was sometimes thought to have an ascetic charisma, but he claimed to enjoy the pleasures of life (Breu 1979). My impression of him in a brief interview and at the Chicago Conference on Self-psychology in 1978 (published by Goldberg 1980) was that he was brilliant, quite sure of himself, and an extraordinary extemporaneous speaker at the height of his profession. He was

remarkably forbearing, complaining more of "the distortions which my work appears to be suffering through the unwelcome influence of some self-appointed disciples" (Kohut 1978, p. 884). On the other hand, Kohut challenged the entire field of organized psychoanalysis and did not hesitate to apply his self-psychological concepts when explaining the resistance to his work, a process which must have caused some extremely painful interactions with his colleagues.

Kohut's Method

It is sensible to start with Kohut's method, which was presented in his 1959 paper, "Introspection, Empathy, and Psychoanalysis" (Kohut 1978). He writes, "Only a phenomenon that we can attempt to observe by introspection or by empathy with another's introspection may be called psychological. A phenomenon is 'somatic', 'behavioristic', or 'social' if our methods of observation do not predominantly include introspection and empathy" (pp. 208-209). Kohut leans heavily on the trained introspective skill which the analyst uses in the extension of introspection; he labels this extension of introspection vicarious introspection or empathy.

The often quoted example he gives is that of the unusually tall man: “Only when we think ourselves into his place, only when we, by vicarious introspection, begin to feel his unusual size as if it were our own and thus revive inner experiences in which we had been unusual or conspicuous, only then do we begin to appreciate the meaning that the unusual size may have for this person, and only then have we observed a psychological fact” (pp. 207-208). Thus, by empathy, we place ourselves into the shoes of the other person and by vicarious introspection we attempt to discover how that other person is feeling.

The emphasis on vicarious introspection differentiates Freud’s and Kohut’s psychoanalysis from Sullivan’s interpersonal theory. For Kohut, “the psychoanalytic meaning of the term interpersonal” connotes “an interpersonal experience open to introspective self-observation; it differs thus from the meaning of the terms interpersonal relationship, interaction, transaction, etc., which are used by social psychologists and others” (p. 217).

Furthermore, the limits of psychoanalysis are prescribed by the limits of potential introspection and empathy. For example, Kohut takes up the problem of free will and determinism. As early as 1959 in

the paper mentioned above, Kohut points out that the I-experience and a core of activities emanating from it cannot at present be divided into further components by the introspective method. Thus our sense of freedom of will is beyond the law of psychic determinism and cannot be resolved by the method of introspection. Kohut points out that Freud was not resolute on this issue, for in *The Ego and the Id* (Freud 1923) the latter states that psychoanalysis sets out to give the patient's ego freedom to choose one way or the other. Yet, Freud's earlier formulations were oriented toward absolute psychic determinism; there is little room in his earlier theoretical system for the freedom of the ego to decide. We will see in later chapters how Kohut's early mention of the I-experience became elaborated into his fundamental concept of the bipolar self.

TRANSFERENCE

Another important concept in this 1959 paper was Kohut's proclamation that in narcissistic and borderline patients:

> The analyst is not the screen for the projection of internal structure (transference) but the direct continuation of an early reality that was too distant, too rejecting, or too unreliable to be transformed into solid psychological

> structures . . . He is the old object with which the analysand tries to maintain contact, from which he tries to separate his own identity, or from which he attempts to derive a modicum of internal structure, (pp. 218-219)

Here Kohut makes one of his crucial distinctions between transference which involves infantile object libidinal strivings crossing the repression barrier and aimed at the analyst as if the analyst were a significant person in the patient's childhood, and strivings towards objects that, although emerging from the psychic depth, do not cross Freud's repression barrier and represent attempts to derive a modicum of internal structure. Because of this distinction the well-known narcissistic or self-object transferences of Kohut (mirror, idealizing, alter-ego) are not transferences in the original metapsychological sense of the word; especially in his earlier works Kohut refers to them as transference like phenomena, but this distinction is not always followed in the literature.

EMPATHY

In his 1966 paper, "Forms and Transformations of Narcissism," Kohut defines empathy as "the mode by which one gathers psychological data about other people and, when they say what they

think or feel, imagines their inner experience even though it is not open to direct observation” (reprinted in Kohut 1978, p. 450). He makes several additional points about empathy:

1. Empathy is an essential constituent of psychological observation and is crucial in providing the data for psychoanalytic therapy.

2. The capacity for empathy belongs to the innate equipment of the human psyche, but the original empathic mode of reality perception—the primary empathy of the infant with the mother—soon becomes layered over by nonempathic forms of cognition which become dominant in the adult.

3. The aim of the analyst is “exhaustive empathic comprehension” (p. 452), which requires the ability to use the analyst’s empathic capacity for prolonged periods. The attitude of evenly suspended attention, avoidance of note taking, curtailment of realistic interactions, and concentration on the purpose of achieving understanding rather than on the wish to cure and to help, are for the purpose of encouraging empathic comprehension “through the perception of experiential identities” (p. 452).

The most important obstacles interfering with the use of

empathy, especially for prolonged periods, are the narcissistic difficulties in the therapist and therefore “the loosening of narcissistic positions constitutes a specific task of the training analysis” (pp. 452-453). Kohut considered the highly developed capacity for empathic observation over a prolonged period to be critical to the analyst’s skill, based on a certain inborn talent, childhood experiences, and the analyst’s training analysis. Without this capacity for prolonged empathic observation or vicarious introspection it is impossible to properly practice psychoanalysis or intensive psychoanalytic psychotherapy.

The difficult subject of empathy has received extensive attention in the literature (Lichtenberg et al. 1984, 1984a). Basch (1983) reviews the subject and points out:

> Whether affective resonance is established fairly quickly or is delayed, empathic perception is never a matter of somehow getting a direct look at what goes on inside another mind; rather, it is a considered judgment that there is a correspondence between what we are feeling and what, in the case of the analytic situation, the analysand is experiencing, consciously or unconsciously, (p. 114)

Over a period of time the analyst develops an empathic

understanding of the patient which permits an extension of vicarious introspection that is testable and correctable. This vicarious introspection is neither projection nor identification; we respond affectively to the patient's verbal and nonverbal communications and in the process learn something about the patient. Therefore, empathy is a process of coming to know. Although it has tended to be used to ascribe to the empathizer the intention of being helpful, this is not necessarily true. The knowledge obtained by the process of empathy or vicarious introspection can be used for good or for evil. The therapist will employ empathic understanding in the service of making appropriate and well-timed interventions and interpretations.

Kohut's emphasis on empathy has led to a considerable controversy in the literature, fueled partly by a shift in the thinking of Kohut himself. This controversy is brought into its final form in Kohut's last book (1984), in which Kohut insists that the very experience of being empathically understood has an important (although relatively "ephemeral") curative function, leaving Kohut open to the charge that his theory resembles Alexander's "corrective emotional experience" and separating him from certain analytic purists who insist that only the interpretation itself cures the patient

in psychoanalysis. Already in 1977 Kohut writes, “It is not the interpretation that cures the patient” (p. 31), and with this, in his second book, he takes a decisive step away from traditional American psychoanalysis. We will take up this controversy in Chapter 10; however no author from the psychology of the self-group advocates the deliberate effort to provide some kind of “empathy” defined as loving or special sympathetic caring to the patient; the psychology of the self definitely does not offer the patient a love cure. It is a serious psychoanalytic therapeutic system.

“Narcissistic” Transferences

The 1966 paper on “Forms and Transformations of Narcissism” and the subsequent 1968 paper on “The Psychoanalytic Treatment of Narcissistic Personality Disorders” (Kohut 1978) surprised some of those in the psychoanalytic movement but did not lead to any great personal difficulty for Kohut. He retained Hartmann’s definition of narcissism strictly defined as the libidinal cathexis of the self, using self here as intrapsychic self-representations, essentially as substructures of the ego. This is more or less consistent with the mainstream psychoanalytic authors’ views described already.

The 1968 paper on "The Psychoanalytic Treatment of Narcissistic Personality Disorders" is an excellent place to begin a study of the psychology of the self, although it was later amended and modified by Kohut in a number of important ways. It is a clear description of what actually happens in the working through of Kohut's narcissistic transferences (later labeled self-object[1] transferences). The paper outlines much of the more detailed and more difficult material presented in Kohut's (1971) first book, *The Analysis of the Self.*

The child's original narcissistic bliss is disturbed by the unavoidable shortcomings of maternal care, and the child attempts to save this experience of bliss by assigning to it (a) a grandiose and exhibitionistic image (the narcissistic self); and (b) an idealized parent imago—an imagined, completely devoted, all-powerful parent. Under optimal developmental conditions the exhibitionism and grandiosity of the archaic grandiose self are gradually tamed and the whole structure becomes integrated into the adult personality and supplies our ego-syntonic ambitions and purposes; under similarly favorable circumstances the idealized parent imago becomes integrated into the adult personality as our guiding values and ideals. The crucial point is that if the child suffers severe narcissistic traumata (later described as

the failure of archaic self-objects), the grandiose self does not merge or integrate but “is retained in its unaltered form and strives for the fulfillment of its archaic aims” (p. 478). Similarly, if the child experiences traumatic phase-inappropriate disappointments in the admired caretaking adult, the idealized parent imago is also retained in its unaltered form, and the individual requires a continual search for an archaic transitional object to cling to for tension regulation and for maintenance of his or her self-esteem.

These loose and metapsychologically vague concepts in the 1968 paper are used to describe the idealizing and the mirroring transference. The idealizing transference is “the therapeutic revival of the early state in which the psyche saves a part of the lost experience of global narcissistic perfection by assigning it to an archaic (transitional) object, the idealized parent imago” (p. 479). The patient ascribes all bliss and power to the idealized analyst and feels empty and powerless when separated from the analyst. The analyst, or any idealized parent imago transference object, is not loved for its own attributes, but needed only to replace the functions of a segment of the mental apparatus not established in childhood, which Kohut labels a structural defect.

As a clinical example—and this entire theory is closely based on clinical experience—Kohut gives us the case of Mr. A., who complains of homosexual preoccupations as his reason for entering analysis. Kohut emphasizes Mr. A.'s need to be forever in search of approval from various men in authoritative positions. As long as Mr. A. felt approved of by various authorities, he experienced himself as whole, acceptable, and capable, and did good work; at the slightest signs of disapproval he became depressed and angry, then cold, haughty, and isolated.

This introduces us to an issue that remains controversial in assessment of the psychology of the self: there is a tendency to interpret patients' complaints of "perverse" sexual activities and fantasies in terms of primarily nonsexual narcissistic and structural deficit difficulties. Some authors are afraid that the self-psychologist offers the patient inexact interpretations couched in terms of these structural deficit difficulties which help to defend the patient against repressed incestuous and oedipal conflicts. The self-psychologist would probably answer that proper empathy or vicarious introspection would enable the therapist to determine whether the patient's primary disorder resided in defects in the self or in the

repressed oedipal problems in the presence of a cohesive self. But Kohut’s views changed, as will be discussed later.

Kohut emphasizes repeatedly that the idealizing transference must be allowed to develop undisturbed. Once it has been established, the patient feels powerful, good, and capable. Then, due to the various vicissitudes of the treatment, the patient is deprived of the idealized analyst, e.g., on vacations or meetings. As a result there is a disturbed self-esteem and the patient feels powerless and worthless, turning perhaps to “archaic idealizations”: vague, impersonal, trancelike religious feelings, hypercathexis of the grandiose self with emotional coldness, a tendency toward affectation in speech and behavior, shame propensity, and hypochondria. The alert therapist watches for this and, in an atmosphere of correct empathy for the patient’s feelings, repeatedly explains and interprets what has happened.

Kohut claims that if properly done, there will gradually emerge a host of meaningful memories concerning the dynamic prototypes of the present experience:

> The patient will recall lonely hours during his childhood in which he attempted to overcome a feeling of fragmentation,

> hypochondria, and deadness, which was due to the separation from the idealized parent. And he will remember, and gratefully understand, how he tried to substitute for the idealized parent imago and its functions by creating erotized replacements and through frantic hypercathexis of the grandiose self. (p. 488)

Examples mentioned by Kohut of frantic childhood activities that commonly emerge in clinical experience are the child's rubbing his face against a rough surface, looking at mother's photograph, or rummaging through her drawers and smelling her underwear. Memories of reassuring flying or superman fantasies experienced in that situation may emerge. In the adult patient, during similar separations from the self-object (see below) analyst, analogous activities occur, such as voyeurism, shoplifting, and reckless driving.

As this explanation is repeated with each "optimal frustration" and childhood memories are brought up (consistent with the classical method of psychoanalysis), the ego acquires increasing tolerance for the analyst's absences and occasional failures to be empathic. The patient's psychic organization acquires the capacity to perform some functions previously performed by the idealized object, leading, as we shall see, to Kohut's concept of transmuting internalization.

Analogous to the idealizing transference, Kohut describes the mirror transferences which in this early stage of the theory represent a therapeutic revival of the grandiose self. In the archaic form there is a merger through the extension of the grandiose self; an intermediate form occurs—later described as a separate type of transference (Kohut 1984)—in which the patient assumes that the analyst is just like the patient and is called the alter-ego or twinship transference. In the least archaic form of mirror transference the analyst is experienced as a separate person but who has significance only for the purpose of mirroring the patient's accomplishments. This latter "mirror transference in the narrow sense"

> is the reinstatement of the phase in which the gleam in the mother's eye, which mirrors the child's exhibitionistic display, and other forms of maternal participation in the child's narcissistic enjoyment confirm the child's self-esteem and by a gradually increasing selectivity of these responses begin to channel it into realistic directions, (p. 489)

Kohut gives several cases illustrating the great difficulty of getting through resistances in order to raise to the consciousness the patient's infantile fantasies of exhibitionistic grandeur. Not only are

they often accompanied by shame and hypochondria, but often they are very frightening because of the danger of "dedifferentiating intrusions of the grandiose self and the narcissistic-exhibitionistic libido into the ego" (p. 491).

A similar process occurs in the working through of these mirror transferences when, as a consequence of the disturbance of a mirror transference, psychological and behavioral difficulties and impulses develop; the example that Kohut here presents is also that of voyeurism on the weekend separation from the analyst. The purpose of the voyeurism, typical of a male patient in a public toilet, is to achieve a feeling of merger with the man at whom he gazes in the absence of the analyst. These kinds of disturbances of the mirror transferences are explained and interpreted in the proper empathic ambience as with the idealizing transferences. This leads to an integration of the grandiose self "with a realistic conception of the self and to the realization that life offers only limited possibilities for the gratification of the narcissistic-exhibitionistic wishes" (p. 492), so that an integration and formation of more reasonable ambitions is permitted.

ERRORS IN DEALING WITH NARCISSISTIC TRANSFERENCES

Even in this early paper we are specifically warned by Kohut not to actively encourage idealization in analytic psychotherapy but to allow it to occur spontaneously without interference. The two other major pitfalls often found with the narcissistic (self-object) transferences are the analyst's readiness to moralize about the patient's narcissism, and the tendency to theorize instead of interpreting and explaining with direct reference to the patient's specific experiences.

Kohut states that the tendency to moralize and to become the patient's leader and teacher are most likely to occur "when the psychopathology under scrutiny is not understood metapsychologically" (p. 496); the tendency then is to supplement interpretations with suggestive pressure, and the weight of the therapist's personality becomes of greater importance. Kohut introduces the concept of the well trained, calm craftsman in contrast to the charismatically gifted individual who performs great feats of therapeutic heroism, and he seeks to provide an understanding of narcissistic personalities that will enable the therapist to take a

craftsman-like approach. This also requires some understanding of the reactions of the analyst to idealizing and mirror transferences. The idealizing transference tends to be rejected because it stimulates the therapist's own repressed grandiosity and the mirror transferences lead to boredom and even intolerance of a situation in which the therapist is reduced to the role of a mirror for the patient's infantile narcissism.

Somewhat analogous to Anna O., the patient of Breuer and Freud (1893) who discovered the "chimney sweeping" method of free association, Miss F. is quoted at the end of Kohut's 1978 paper as the first patient who made him aware of her never-ending demand for mirroring. She wanted him only to summarize or repeat what she had already said, but whenever he went beyond this and offered an interpretation, the patient furiously accused him in a tense, high-pitched voice, of undermining her. No interpretations based on an oedipal level made any difference whatsoever and ultimately the high-pitched tone of her voice, which expressed in the tone of a very young child such utter conviction of being right, led Kohut to recognize that he was being used for mirroring purposes in the patient's effort to replace missing psychic structure.

Here he introduces another of the most controversial aspects of the psychology of the self, *"reluctant compliance with the childhood wish"* (reprinted in Kohut 1978, p. 507), which he feels might in some instances have to be provided temporarily only to form the beginning of an ultimate working through process of the grandiose self. The offering of the mirroring that the patient missed from the mother is a corrective emotional experience. However, Kohut is *not* advocating it as a curative factor but only as at times unavoidable in setting the stage for the ultimate working through and interpretation of the mirror transferences by traditional means.

The First Definitive Psychology of the Self

The publication of *The Analysis of the Self* (1971) marked the first major divergence of the psychology of the self from traditional psychoanalytic theory. In the first place, it offers a new definition of the self as a comparatively low-level, comparatively experience-near, psychoanalytic abstraction, which is not an agency of the mind but is a psychic structure that can exist within each of the agencies of the mind. Kohut goes beyond the traditional structural theory (id, ego, and superego). He sees the definition of self as existing in a sort of side-by-

side state within the mind but not as a traditional agency of the mental apparatus. This definition of the self changes as Kohut's theories develop and remains a highly controversial and difficult aspect of the psychology of the self; Kohut's notion of the self as it originates is an experience-near psychoanalytic abstraction. It is based on our observations through the method of empathy or vicarious introspection of the patient's sense of cohesion or disintegration (fragmentation) of the sense of self at any given time. This is the "psychology of the self in the narrow sense," an extension of the metapsychology of Freud. It eventually foundered on Kohut's metapsychological effort to extract a narcissistic form of libido which follows its own separate line of development.

In a good holding environment, minor failures in the mother's or the therapist's empathy are unavoidable, and lead the baby or the patient to absorb gradually and silently that which the mother or therapist used to do for the baby or patient. This process forms structures of drive regulation and drive channeling which contribute to the fabric of the self, and constitutes Kohut's notion of transmuting internalization. It is a (micro)internalization in contrast to introjection, in which, due to inappropriate disappointment, there is massive

incorporation and the object is set up within the psyche so that a relationship between the self and the object, as introject, continues. Optimal psychic structure is not formed by introjection, and it usually only perpetuates an unsatisfactory relationship and removes dependency on the external object.

The concept of self-object was introduced by Kohut to help distinguish between object relations and object love. The small child has object relations but not object love. The child relates to others as self-objects, in which the object is experienced as part of the self and having no life of its own. There are two kinds of self-objects: those who respond to, confirm, and mirror the child's sense of greatness and perfection, and those to whom the child can look up and with whom the child can merge. Self-objects of the second category provide an image of calmness and omnipotence which can be borrowed to provide narcissistic equilibrium.

The self-object is an object predominantly used either in the service of the self or experienced as part of the self. It is important to distinguish (Kohut 1971, pp. 50-51) among the narcissistically experienced archaic self-object; psychological structures built up by

“gradual decathexis of the narcissistically experienced archaic object” which continue to perform “drive-regulating, integrating, and adaptive functions” previously performed by the external object; and “true objects (in the psychoanalytic sense) which are cathected with object-instinctual investments, i.e., objects loved and hated by a psyche that has separated itself from the archaic objects” (p. 51).

Kohut’s concepts are exciting and important because they appear in the archaic “transferences” of many patients, and they help us to understand certain aspects of behavior in psychotherapy that ordinarily will cause irritation and rejection on the part of the therapist. If one understands a clinging dependent transference in terms of the patient’s phase of narcissistic object relations, or if one understands the rage of a patient upon separating from the therapist as representative of the total inability of the patient to conceive of the needs of the therapist or to tolerate any lack of control over the therapist, then a more appropriate empathic response and interpretation can be presented to the patient.

Kohut presents his concept of the vertical and the horizontal split. In this unfortunate use of geometry Kohut relates the vertical

split to what Freud (in a different context) thought of as disavowal. The vertically split-off sector or the disavowed part of the personality is manifested in narcissistic personality disorders by openly displayed infantile grandiosity which alternates with the patient's usual personality. Indeed, the patient may show most of the time a low self-esteem, shame propensity, and hypochondria. Psychotherapy begins by dealing with the vertical split because it is usually possible to help the patient get examples of the vertically split-off sector from conscious everyday thinking and behavior. This terminates the openly displayed infantile grandiosity and increases the pressure from the repressed material hidden by the horizontal split.

The low self-esteem, shame propensity, and hypochondria represent a reaction formation to what is hidden by the horizontal split, which seems analogous to the repression barrier. Under the horizontal split are repressed unfulfilled, archaic narcissistic demands, representing the emerging true self of the child which should have been acknowledged by the gleam in the mother's eye. By blocking the disavowed expression of infantile narcissism, the pressure of this archaic narcissistic demand is increased and the archaic grandiosity begins to appear.

Clinical Material and Comments

The following vignette provides an idea of the difference in approach to patient material between the psychology of the self and traditional intensive psychotherapy or psychoanalysis. A patient who had been in intensive psychotherapy for two years dreamed, “Mother was there and I impulsively wanted to fuck her; in the next scene she dies.” This patient, who had a severe narcissistic personality disorder, had just received a wounding report from a superior in his corporation. He has a very sharp-tongued wife and a sharp-tongued mother. His associations led to “fucking” as a means of control, and the sense of how gratified he is in extramarital relations: “these women call me incredible as a lover, but my wife never acts that way. She just says, ‘O.K., if you want to’.” The purpose of “fucking” then, for this patient, has no primary sexual value. It is to be admired and called wonderful and incredible by these women who substitute for the mother that he needs—the women with whom he sleeps are mirroring self-objects whose assignment is to praise his sexual performance. If his mother will not call him wonderful, she, his wife, and the boss should drop dead!

Compare this with the traditional oedipal interpretation of this material. Notice how it deemphasizes the hidden incestuous wishes and how an incestuous dream with manifest oedipal content is reinterpreted as hiding the desperate need to restore narcissistic equilibrium by a mirroring self-object and the need to express narcissistic rage.

I wish to make a number of clinical comments to help bring Kohut's early theories into the experience-near data on which they are based. The observer watching the patient with a grandiose self thinks that the patient is arrogant, and the observer watching the patient with an idealizing transference is shocked to see that the patient believes the therapist knows everything and can always be relied upon for advice and strength. Formerly, the therapist was supposed to correct the reality testing in each of these situations, but Kohut insists that the "self-object transferences" must be allowed to develop without interference. The therapist, on the basis of empathy or vicarious introspection, must decide whether the developing transference is object-related or narcissistic, and this will help with the decision regarding the interpretation of the transference. For example, if there is an object-related idealizing transference that is

hiding oedipal hostility, it must be interpreted. If there is an emerging mirror transference in a patient who has primarily narcissistic personality problems, a statement such as “we look alike” is left alone by the therapist rather than being corrected, for such a correction is experienced as a “straight arm,” a narcissistic wound, that keeps the patient from developing the required self-object transference. The patient will abandon it later when it is no longer necessary. The “correction” causes the patient to withdraw, become arrogant, and fosters a retreat to the grandiose self in splendid isolation.

A mood of acceptance must be offered to these self-object transferences rather than confronting the patient with “reality.” It is sometimes difficult to distinguish between an idealizing and a merger transference; when the patient idealizes the therapist, the patient also wants to merge with the therapist. In a merger type of mirror transference, the patient treats the analyst as if the analyst were part of the patient, but in an idealizing transference, the patient first imparts all kinds of wisdom and power to the therapist. Again, Kohut argues that this idealization should be accepted and not corrected, as it will drop away by itself when it is no longer needed by the patient.

Narcissistic injury and consequent narcissistic rage are inevitable in the working through of these transferences. Narcissistic injury occurs when the environment does not react in an expected way; it may occur due to empathic lapses on the part of the therapist or apart from the therapy when the patient has done good work and received no reward. Raging even at minor narcissistic injuries should not be met with condescension and rage by the therapist, but rather by an attempt to explain what has happened, which often must be repeated. The explanation gradually makes more and more sense to the patient, who, it is hoped, adopts the therapist's rational way of looking at things. Taking on the therapist's way of looking at things, with a more benign view of patients toward themselves, is part of transmuting internalization. For example, the patient's self-hatred and rage if something is created without the expected acclaim, can eventually be replaced by the feeling that it is possible to do the best one can to get admiration even though the results are limited.

Self-psychologists feel that this approach causes the therapist to participate more, producing a more human quality and ambience to the treatment. It is very important to always add that deliberate attempts to provide mirroring or encourage idealization are never

advocated by Kohut or his followers, and simply represent a narcissistic countertransference acting out on the part of the therapist. The self-object transferences are mobilized by tolerating them and not straight-arming the patient or impatiently correcting them when they appear, or interfering with them by making premature interpretations to display one's own brilliance.

The idealizing transference can "telescope" from archaic to more mature forms and it is sometimes hard to determine the pathognomonic period of trauma. What is perhaps more important are the clinically experienced aspects in an idealizing transference of a swing from disappointment to the grandiose self in the course of the treatment. This is manifested by coldness to the formerly idealized analyst, a tendency to primitivization of thought and speech—from stilted speech to the gross use of neologisms—attitudes of superiority, an increased tendency to self-consciousness and shame, and hypochondriacal preoccupations; patients become withdrawn and silent.

In the first phase of therapy, if the self-object transferences are not hampered, we may see certain characteristic anxiety dreams due

to a resistance to regression and the consequent remobilization of these transferences. Kohut (1971, p. 87) tells us to look for dreams of falling if a mirror transference is coming, and dreams of climbing high majestic mountains if an idealizing transference is coming. After the transferences have formed, when the idealizing transference is disturbed there tends to be more despondency, and when the mirror transference is disturbed there is a greater tendency towards rage. These clues may help to decide what kind of transference is predominant at a given time. Once the self-object transferences have formed, the process of transmuting internalization, which had been traumatically interrupted in childhood, is now ready to be resumed in the treatment.

Developmentally the fabric of the ego is formed by numerous micro-experiences that help tell the person what to do or not to do in any given situation. All of us have such a library of experiences to call upon. Interpersonal competence has to do with this internal library. In terms of tension reduction and narcissistic equilibrium, a reasonable empathic ambience between the mother and the child will enable the child, when realizing that the mother is not perfect, to learn in little ways to do things for itself which were once done by the mother. This

is the notion of transmuting internalization, in which the fabric of the ego is built slowly by the child taking into itself the mirroring function and the object for idealization in the formation of internalized goals and values.

A similar process occurs in successful psychoanalysis, according to Kohut (1977), who explains that once the self-object transferences have formed:

> Little by little, as a result of innumerable processes of micro-internalization, the anxiety-assuaging, delay-tolerating, and other realistic aspects of the analyst's image become part of the analysand's psychological equipment, *pari passu* with the "micro"-frustration of the analysand's need for the analyst's permanent presence and perfect functioning in this respect. In brief: through the process of transmuting internalization, new psychological structure is built, (p. 32)

For Kohut, cure is best described in terms of changes in psychological "microstructures" (p. 31), and in the psychoanalysis of any patient the essential structural transformations occur as a consequence of these gradual internalizations (p. 30).

Details of Clinical Work Utilizing Self Psychology

The middle portion of Kohut's first book is rather difficult. In a full-scale analysis Kohut hopes to see the genetic sequence of childhood unfold in the shifts in the self-object transferences. If there had been in childhood first an attempted idealization, then a failure in it, and then a falling-back upon the grandiose self, one may see the development in the treatment of, first, a brief idealizing transference as an intermediate step backward in regression and then a more stable mirror transference. One should not interfere with the development of these transferences so they can evolve naturally and give a clue to the childhood of the patient.

The entire nosology of Kohut is based on the empathically observed cohesion of the self when the patient is in treatment. Those with narcissistic personality disorders, when disappointed in the mirror and idealizing transferences, may form a rapid hypercathexis of an archaic grandiose self-image defended by hostility, coldness, arrogance, and silence or even go further into hypochondriasis, but the situation is reversible in a relatively short period of time and under the influence of explanation from the therapist. The borderline patient and the psychotic patient develop an irreversible fragmentation when they are disappointed in the self-object therapist and therefore,

according to Kohut, are not amenable to the method of psychoanalysis. They do not form any kind of stable narcissistic transference but soon fragment irreversibly. This leads to a gloomy prognosis for borderline and psychotic patients by the method of intensive psychotherapy or psychoanalysis, and also generates a warning to eschew such methods with schizoid patients who have developed protection against further narcissistic wounding by withdrawal from human relationships; Kohut warns us not to be a "bull in a china shop" with these individuals. Brandschaft and Stolorow (Lichtenberg et al. 1984a) have revised this gloomy prognosis for borderline patients within the framework of self-psychology which they claim (p. 344) Kohut told them is compatible with his view. I will discuss this in detail in Chapter 13.

A validation of the correct interpretation of a shift from the idealizing transference to the grandiose self occurs when there emerges a group of memories about similar situations in childhood. As an example, take the patient who on weekends must watch pornographic movies in order to combat the sense of deadness and loss of the therapist with the excitement stirred up by the movies. (In Kohut's case the patient went to the men's room and in fantasy merged with another man's imagined powerful alive penis.)

Explanations of this to the patient, validated by memories from childhood in which the patient attempted to deal with narcissistic disappointments by voyeuristic excitement, will gradually permit internalization of the reasonable, stable, calm, and soothing attitude of the therapist so that, for example, the patient can sublimate and become a photographer who takes many pictures on the weekend. This is validated clinically many times where, under severe stress or narcissistic blows, the patient regresses back to the more archaic magical voyeuristic activities.

A gifted ego can often realize the archaic expectations of the grandiose self and achieve amazing successes at least in the early part of life. But characteristically such successes are never enough; and there is an endless demand for performance so that middle-aged depression in "successful" people is a typical result. Their lives become a treadmill where success brings no release; there is always a wish for acclaim, success, and endless satisfaction. Such people are driven by a split-off grandiose self with its bizarre demands, and psychotherapy from the standpoint of the psychology of the self offers much to understand what has happened.

More subtle clinical examples of a hidden archaic grandiose self include the patient who is ashamed to ask directions in a strange city because the patient cannot tolerate not knowing everything, or the student patient who will not say a word in class because the student is afraid that the comments will not be reacted to with excitement and awe. Similarly, lying, bragging, and name dropping often appear as an attempt to live up to the expectations from the grandiose self, and are often incorrectly handled in psychotherapy by lectures and correction of "reality testing."

The dangerous mobilization of infantile fantasies of exhibitionistic grandeur is a common clinical situation. The anxiety is not that of castration but of what Kohut (1971, p. 152) has called "dedifferentiating intrusion of narcissistic structures and their energies into the ego." The symptoms of such impending intrusions are vague and may involve:

1. A "fear of the loss of the reality self" (p. 153) through an ecstatic merger with the idealized parent imago, or in "quasi-religious regressions" with God and the universe.

2. A fear of the loss of contact with reality due to breakout of

intense unrealistic grandiosity or megalomania.

3. Shame and self-consciousness due to the conscious intrusion of exhibitionistic wishes.

4. Hypochondriasis, which for Kohut represents the expression of fragmentation of the self through the use of the body as a place for the attribution of the discomfort that the patient is feeling, an elaboration by the ego of “the intrusion of archaic images of the fragmented body-self” (p. 152).

It is possible to differentiate the anxiety over the explosion of narcissistic structures into the conscious, from oedipal castration anxiety. In castration anxiety the clinical material contains a hint of the oedipal triangle, more details and elaborations, and usually the concept of an adversary as a dangerous person.

Another danger is that of acting out of the grandiose self. This occurs when it threatens to be hypercathected in treatment, and may place the patient in dangerous situations. It must be closely monitored by the therapist and blocked by interpretation.

The mirror and idealizing transferences of Kohut represent regressions to normal developmental positions. This is in contrast to

the Kleinian descriptions of the appearance of projective identification —which parallels the idealizing transference—and introjective identification, which parallels the mirror transference. Projective and introjective identification appearing in the psychotherapy of adult patients are pathological and imply a higher cognitive infantile capacity for self and object differentiation in Klein's theories. They are not experienced primarily by vicarious introspection or empathy although some authors have insisted that they are clinically similar to Kohut's self-object transferences.

Even in the early work of Kohut the ambience indicated is a greater participation by the therapist, especially in dealing with the responses to separation and in staying closer to the patient's experiences in the present rather than in producing interpretations of the past. The therapist is well advised to stay experience-near rather than attempting to unearth remote material. In fact, interpretations of the past may be experienced by the patient as a frustrating wound, because the patient cannot do much about the past. (Narcissistic patients are extremely sensitive about what they cannot control.) The whole ambience of the treatment is more benign say the self-psychologists, and fosters the further development of a self-object

transference. Traditional psychoanalysts claim that there is nothing new in this advice.

This ambience is in contrast to the usual relationship that narcissistic (and borderline) patients experience with people, in which their grandiosity usually produces angry rejection and their idealization often produces irritation. In general, exhortation, suggestion, and sermonizing are reduced in the relationship and more effort is made to produce explanations about what happened and why the patients behave and feel as they do.

Certain rewards accrue to the therapist who is working with these difficult patients, patients that characteristically mobilize negative countertransference. These rewards are the enjoyment of progress in a difficult therapeutic task and the intellectual pleasure of comprehending how it is being achieved. The therapist must be able to do a lot of benign explaining to the patient, and sometimes a great effort is required to accept the narcissistic rage and narcissistic transferences. At the same time the therapist must guard against over-empathy characterized by saccharine interpretations and an inability to retreat from the temporary merger with the patient in the

therapeutic hour. Kohut's basic notion is that interpretation should be like reading an electrocardiogram: the readings are observed and reported objectively. One always addresses the explanations or interpretations to the adult ego of the patient.

EARLY CRITICISM

These complex metapsychological formulations led to many criticisms of Kohut's early work. Authors like Giovacchini (1977) argued that Kohut's basic concepts are merely a rewording of Freud's terminology, using geometry. He attacks especially the "horizontal split," which is analogous to repression, described by Kohut to occur before the oedipal period. How can there be "repression" of a psychic imago in an immature preoedipal psyche? The term splitting is usually used for this, which would make the horizontal and vertical splits both splitting. Yet, Kohut is implying two different mechanisms.

The alteration of Freud's metapsychology by postulating two kinds of libido, narcissistic and sexual, undergoing separate lines of development, is sometimes called Kohut's "double axis theory." This has caused much confusion and argument (Loewald 1973), reviewed

in Chapter 19.

Does the infant have sufficient self and object cognitive discrimination to form an idealized parent imago, which some argue would require an awareness of the parent and the external world? A similar problem exists with the notion of the grandiose self. Further objections attack Kohut’s theory as being simplistic at this point, because there cannot be represented clinically a fixation at a normal stage of development since trauma at any stage leaves scars and leads to pathological formations and distortions in all the following stages. Thus, the appearance of the grandiose self in the adult cannot simply be an unaltered version of the childhood formation. Many other detailed criticisms were offered by Lichtenberg (1973) and by Loewald (1973).

Kohut increasingly recognized these objections, as we shall see in the next two chapters, and moved farther and farther away from traditional Freudian metapsychology as he developed the “psychology of the self in the broader sense.”

Notes

[1] In his earlier work it was written “self-object,” but later the hyphen was omitted for a more explicit denotation of how archaic objects are experienced.

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