

HYMAN L. MUSLIN, M.D.

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BEYOND THE PLEASURE PRINCIPLE,  
CONTRIBUTIONS TO PSYCHOANALYSIS

BEYOND FREUD

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**HYMAN L. MUSLIN, M.D.**

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# HEINZ KOHUT: BEYOND THE PLEASURE PRINCIPLE, CONTRIBUTIONS TO PSYCHOANALYSIS

**HYMAN L. MUSLIN, M.D.**

Heinz Kohut, the founder of the psychology of the self, died on October 8, 1981. He had come a long way in developing a theory of the mind which, starting with a relatively modest addition to the psychoanalytic structural model of the mind, evolved into a totally unique approach to the problems of modern humanity. Kohut, like Freud was a conquistador in many areas of people's reactions to their surrounds. In some areas, his contributions were well worked out, for example in his systematized work on the crucial developmental issues that lead to either a cohesive self or a self vulnerable to fragmentation. Kohut's contributions to psychopathology have also been neatly systematized. Perhaps his views on the theory of cure in analysis, including his systematization of the transferences and their role in analytic cure, represent the most compelling of his contributions.

Kohut's insistence on prolonged empathic immersion into the *experience* of the patient—away from external behaviors and preformed theories including theories of self psychology—is perhaps, of all his contributions the central one. Other aspects of the theory and practise of the psychology of the self are in need of

further elaboration and research. It remains a truism, however, that Kohut's discoveries and formulations have been a major force in liberating the field of psychoanalysis from the shackles of insistence on attention to the vicissitudes of the drives and their defenses, especially the insistence on the oedipal complex as the inevitable pathogenic force for human beings.

Heinz Kohut came to the University of Chicago from Vienna as a neurologist after World War II. He then began his training in psychiatry and psychoanalysis, although he had been analyzed in Vienna with August Aichorn. Shortly after his graduation from the Chicago Institute for Psychoanalysis, he joined the staff at the institute and began his lifelong career in teaching and research in psychoanalysis. He also continued his affiliation with the University of Chicago as a professor of psychiatry and lectured there regularly. Kohut's active participation in the local and national psychoanalytic community culminated in his election to the presidency of the American Psychoanalytic Association in 1966.

Prior to his first formal paper on narcissistic issues, Kohut wrote on a broad range of psychoanalytic topics, including empathy and introspection (1959) and psychological reactions to music. In 1966, with the paper "Forms and Transformation of Narcissism," Kohut began his total involvement with the understanding of the self, its development, anatomy, and psychopathology, and the treatment of the disorders of the self. From 1966 to 1977, Kohut focused on the self as a structure within the ego—the self that can be recognized within the

classical psychoanalytic structural model. He delineated special psychopathological disorders of the self, as differentiated from the so-called structural neuroses in which the etiologic variables deal with drives and their conflicts—the transference neuroses commonly based on the inadequate resolution of the oedipal complex. Kohut emphasized that the self and its charge of energy, narcissism, should be recognized without bias as an important entity, separate from the other aspects of the intrapsychic world. Thus, although object relationships are important, narcissistic interests are of special value in the psyche and, in fact, narcissism has its own line of development. The next stage in Kohut's thinking was to delineate the treatment issues of the disorders of the self, particularly the special transferences he discovered in people suffering with treatable self disorders.

In his 1977 work, *The Restoration of the Self*, Kohut delineated the self as the “center of the psychological universe” and the maintenance of its cohesion as the essential ingredient of mental health. What Kohut terms “Tragic Man”—the individual preoccupied with gaining succor for his or her depleted self—here replaces “Guilty Man”—the individual preoccupied with the avoidance of oedipal guilt—as the central problem in Western civilization. The search for esteem, from early life through death, through the medium of the self-selfobject dyad, replaces anxiety as the central feature of humankind. Adequate esteem leads to a life of joy, not a life based on the taming of drives. In fact, as Kohut teaches, drives and their vicissitudes emerge as a central feature of the individual only when the self breaks

down and these drives are recognized as disintegration products.

Kohut's contributions to psychoanalysis were in the area of the self and its vicissitudes, what he referred to as "...the phenomena that lie within the area 'beyond the pleasure principle' " (Kohut in Ornstein, 1978 p. 752). Starting from his initial investigations pertaining to the empathic investigation of the self (Kohut, 1959), Kohut staked out his arena of concentration as being centered on what he called "Tragic Man", the conceptualization of the individual as blocked in his attempt to achieve self-realization. This version of man is at great distance from Freud's version of the individual in conflict over his or her pleasure-seeking drives, the so-called Guilty Man (Kohut, 1971).

Kohut's investigations into the inner mental life of human beings ultimately encompassed a theory of the developing self. This became his model of the mind, a theory of psychopathology, a new approach to the therapies of self disorders and neuroses, and a new version of the essence of the outcome of psychoanalytic therapies. Although Kohut's contributions extended into every facet of psychology and offer new explanations for the distresses of the modern individual, Kohut repeatedly emphasized that he placed the psychology of the self in the mainstream of psychoanalysis and that he wished to maintain "the continuity of psychoanalysis" (Kohut 1977, p. 172). He certainly added a new emphasis, however, by insisting that "...psychoanalysis is a psychology of complex mental states which with the aid of the perservering introspective—empathic immersion



of the observer into the inner mental life of man, gathers its data in order to explain them” (Kohut 1977, p. 302). For Kohut, then, it is not transference and resistance but empathy that defines the essence of psychoanalysis. Scientific empathy, as the indispensable tool of the investigator of the inner mental life of humanity at once defines the field of observations and allows for an adaptation of theories and explanations in accordance with the data obtained by empathic cognition.

Although an appreciation of Kohut’s contributions to depth psychology must encompass his theories of the development of the self and his views on the pathologies of the self and the psychoanalytic treatment of these disorders, it is also important to recognize in Kohut’s work his conviction that the psychology of the self had important relevance to fields outside of mental illness and health. As Kohut remarked in his exchange of letters with Erich Heller (Heller & Kohut, 1978):

Whatever their limitations and shortcomings, I know not only that the psychology of the self explains more meaningfully certain areas of man’s psychological experiences in mental illness and health than previous scientific approaches but also that its formulations can be more relevantly applied outside the field of normal and abnormal psychology. The explanations of the psychology of the self are in particular able to encompass the significance of man’s scientific, religious, philosophical and artistic activities [p. 449-450].

It is my intention in this essay to offer a view of Kohut’s notions of the developing self, the pathogenesis of self disorders and the treatment of the

developing self, emphases of self psychology. Readers must answer for themselves the question asked by some critics of self psychology: Can an approach be called “psychoanalytic” if it does not subscribe to the primacy of the drives and especially the Oedipus complex in neurogenesis? Can self psychology be regarded as offering a psychoanalytic view if it considers the outcome of psychoanalysis as essentially an impetus to the development of a stunted self rather than—as classical psychoanalysis would say—the resolution of transferences centered on the oedipal conflicts of incest and parricide?

If one accepts the Kohutian definition of psychoanalysis as a depth psychology whose areas are limited only by the limitations of empathic cognitions, self psychology is in the mainstream of psychoanalysis. On the other hand, if psychoanalysis is to be considered as a conflict psychology of drives versus the restraining and taming forces, self psychology is not an addition to the theory of psychoanalysis. Its views would then constitute a new school of psychology. The goals of self-psychology analyses are reached when patients are enabled to seek out and invest appropriate self objects for the sustenance of their now cohesive selves. This statement of the end point of an analysis conducted to rehabilitate the self focuses immediately on the significant differences between self psychology and classical psychoanalysis. Classical psychoanalysis is concerned with the resolution of conflicts that are purported to be the instigators of the symptoms of neurotic distress. Other end points of a classical analysis are reached when the consciousness of ego is expanded through insight, when the patient’s drives are

tamed, and when the Oedipus complex is resolved, with its attendant features of castration anxiety and excess guilt diminished. Finally, the patient at the end of a classical analysis is understood to have moved from dependency to autonomy and from narcissism to object love. Thus, classical analysis holds that an analysis is complete when the symptoms of the pathogenic conflicts are ameliorated, especially the castration anxiety and the hypertrophied guilt, and when the pathogenic complexes have become conscious, especially the persisting conflicts centering on the Oedipus complex, which has been reenacted and become the central focus of the transference drama. The analyst and the patient, in their constant preoccupation with the manifestations of the archaic oedipal phenomena, work on bringing to consciousness the buried pathogenic fears (Freud 1917a).

Self psychology holds that an analysis is complete when the self, formerly underdeveloped through fixations on archaic self-selfobject relationships, is provided with a therapeutic atmosphere in order to complete its development. The patient will be cured when his or her self is cohesive, when he or she has achieved sufficient structure from the development-enhancing psychoanalysis to reveal the activities emanating from a firm self. As Kohut (1977) stated: "Within the framework of the psychology of the self, we define mental health not only as freedom from the neurotic symptoms and inhibitions that interfere with the functions of a mental apparatus involved in loving and working, but also as the capacity of a firm self to avail itself of the talents and skills at an individual's

disposal, enabling him to love and work successfully” (p. 284).

Thus, from the outset, the classical position concerns itself with the fate of the drives—their conflicts, their resolutions through recreation in the transference and their subsequent working through, especially of oedipal conflicts and oedipal transferences. Self psychology is concerned with the integrity of the self. If the self is healthy, drives are not experienced as isolated phenomena and no pathological conflicts involving drives would then ensue. The analyst, in this view, is occupied with rehabilitating a self that has become fixated for its sustenance on archaic measures that are unsuccessful. The result is an enfeebled self, unable to engage in life with vigor in a goal-directed fashion. The analysis in this view is also concerned with the establishment of transferences and interpretation, but they are directed at promoting the development of the self. In self-psychology analysis, the essence of the cure lies in the establishment and resolution (“re-solution”) of selfobject transferences, each of which replicates an archaic selfobject relationship that has resulted in a fixation of developmental strivings. The modal psychoanalytic regression reactivates the pathogenic selfobject transference at the point where the self object functions required for development of the self were deficient. As will be discussed later in detail, the patient’s stunted self now resumes development of the particular functions that were inadequately internalized through the failures of the selfobjects in the surround. The transferences that are established reflect the analysand’s fixations on the point in psychological time when development ceased, ushering in, for the patient, the

never-ending search to resurrect that particular selfobject from whom the patient tries again and again to obtain the necessary mirroring or power merging and make it into his or her own. Once the pathognomonic transferences are established, the mirroring or other selfobject functions are initiated. The patient begins to resume the development of the missing or defective self functions through transmuting internalizations. The process of internalization is set in motion through the optimal frustration of analysis which ultimately intensifies the imagos of the analyst's selfobject functions to the point of causing a permanent addition of selfobject functioning to adhere to the patient's self, thus, for example, eventuating in a movement from admiration of the mirroring selfobject to self-admiration.

We now turn to the significant aspect of the development of the self and the development and maintenance of the self-selfobject relationships, which self psychology holds are at the core of psychological life.

### **THE DEVELOPMENT OF THE SELF**

In Kohut's (1977) view, the self is the center of the psychological universe, by which he meant that people can only be understood in terms of their experiences—their inner mental life—not their behavior (Kohut, 1959). It follows from this that any genuine investigation of man must be through the medium of empathy—vicarious introspection—which therefore defines and restricts the

observational field of psychological understanding. Kohut's last statement about empathy was that it is to be understood as the capacity to think oneself into the inner life of another person (personal communication, 1981).

As we will see in more detail, for Kohut (1979):

The self is the core of our personality. It has various constituents which we acquire in the interplay with those persons in our earliest childhood environment whom we experience as selfobjects. A firm self, resulting from optimal interactions between the child and his selfobjects is made up of the three major constituents: (1) one pole from which emanates the basic strivings for power and success; (2) another pole that harbors the basic idealized goals; and (3) an intermediate area of basic talents and skills that are activated by the tension arc that establishes itself between ambitions and ideals [p. 11].

Moreover, the self experience has a line of development as separate from the experience of single body parts and single functions. As Kohut (1974) comments: "The child's self experience arises separately, increasing in importance as it develops next to and more and more above his experience of body parts and single functions. And finally, the child reaches a stage in which the progressively tamed experience of single parts and functions has become related to the total experience of a cohesive self—the parts in other words do not build up the self, they become built into it" (p. 749).

The complete self is a supraordinate structure, which functions not only as the receiver of impressions derived from the environment but as the center of

action. It is experienced as continuous in space and time, as a cohesive entity. The so-called bipolar self can be further identified in terms of its major constituents: the poles of ideals and ambitions and the intermediate area of talents and skills. These poles of the self come into their final form through interaction with the significant persons in infancy and childhood who serve as the instigators of these self functions.

The development of the pole of ambitions is initiated as a result of special activities of the parent, who functions as an admirer, approver, or echoer of the unfolding self and thus offers to the child an experience of unquestioning confirmation of the child's worth. From the point of view of the child, this parent is experienced as an entity over whom the child has total control—much as one controls various parts of one's body—thus the designation “selfobject,” or in this case, the “mirroring selfobject.” These early relationships are experienced as fusions or mergers—or, psychologically speaking, immersions—into the body and mind of the caretaking selfobject. Establishing the archaic selfselfobject mirroring dyad is crucial for psychological life. For structure-building to take place, however, the self-aggrandizing mirror functions must be *interiorized* or *internalized*—actually added to the contents of the self—so that self-esteem, an intrapsychic function, replaces selfobject mirroring, an interpersonal activity. In Kohut's view, internalization of selfobject mirroring functions takes place along the lines first articulated by Freud (1917b) in *Mourning and Melancholia*, in which the mourner's unique reaction to loss—internalization of significant aspects of the

departed person—is seen as a ubiquitous reaction to separation.

At about the same time in an infant's development as the establishment of the mirroring self/selfobject, the second major influence on self development occurs—the establishment of the idealizing parental imago selfobject. Whereas the mirroring selfobjects respond to and confirm the infant's grandiosity, the idealized parent imago are figures whom the child looks up to and merges with as an imago of calmness, soothing, perfection and thus a source of strength. One other early selfselfobject experience is ordinarily present in the child's ontogeny. This is the experience of what Kohut (1977) called the alter ego—a twinship merger in which the child experiences the parental self as essentially the same as the child's own. This essential sameness is instrumental in enhancing the child's skills and unfolding the child's talents.

The next phase of the child's development is significant in the formation of the cohesive self. This is the internalization of the self objects' functions of initiating and promoting esteem, so that what was a feature of the self-selfobject relationship now becomes a set of self functions. Kohut describes the interiorization of these functions as occurring in two steps: (1) optimal frustration and (2) transmuting internalization. Optimal frustration refers to the unavoidable disappointments in child rearing, so that the child does not obtain the instant feedback that he or she may be demanding. These unavoidable delays, absences, and misappreciations are not protracted or in any way traumatic—thus they are



*optimal* frustrations. They promote the internalization of the mirroring or other selfobject functions, so that the mirroring selfobject's approval is attached, so to say, to the child's self as a permanent source of nurturance (Kohut, 1971). Over time, the sequence of optimal frustrations leading to transmuting internalization creates a cohesive self. This structure is bipolar in its psychological shape, the archaic grandiosity transformed into the pole of ambition, and the internalized archaic idealizations transformed into the pole of ideals. In this early self, which can now be labeled the nuclear self, the pole of ambitions strives to live up to the pole of ideals through the talents and skills of the self. In fact, in the adult, the cohesion of the self is maintained through the tension arc created by the pole of ambitions striving to live up to the ideals through the exertions of the talents and skills in what Kohut (1977) called a program of action: "With the term tension arc, ...I am referring to the abiding flow of actual psychological activity that establishes itself between the two poles of the self; i.e., a person's basic pursuits towards which he is driven by his ambitions and led by his ideals" (p. 180).

The bipolar self now experienced by the child as continuous in time and discrete in space maintains its cohesiveness—its resistance to breakup (fragmentation)—through two sources of self cement. One is the pool of endogenous stores of self support derived from the internalized functions of selfobjects to maintain self-esteem. The other is the continuing need for selfobjects throughout life.

Kohut found that self-selfobject relationships form the essence of psychological life from birth to death. The nature of this relationship, however, changes over time and in functioning. The earliest self-selfobject contacts, as previously noted, are actually merging types of relationships. They instill in the child, after optimal frustration, the supplies of esteem. From the archaic selfobject relationships, there is a developmental line of self-selfobject encounters to what is called the mature selfobject relationships. These offer an experience of empathic resonance—the admiration of a colleague through which the adult self can experience a revival of the memory traces of the archaic self object’s mirroring or calming and soothing, and in this manner restore disequilibrium due to a temporary flagging of one’s esteem. Throughout the individual’s development, the self requires selfobject refueling to maintain its integrity. At times, these selfobject encounters will approach the approving, admiring, calming, merging interactions of the archaic self-selfobject fusions.

Thus, in the so-called anal stage of development, the child’s need for the mirroring responses of the selfobject parent are necessary for the child’s toilet-training accomplishments to be given value. In the oedipal phase of development, the child’s selfobject requirement of the parents are that they respond to his or her increased assertiveness in the sexual and other spheres with admiration and pride at the vigor and creativeness displayed. The selfobject encounters in these early stages of development, although not of the earlier, archaic types, still continue to provide supportive experiences that will be interiorized and serve to

enhance the achievement of the youngster in his or her development. The adolescent's need for the mirroring selfobject parent to give credence to his or her creative activities is well known, as is the intensity of the adolescent's need for intimate contact with an idealized selfobject. In both these instances, internalization of selfobject functioning is again affected. In later life, necessary refueling of one's worth is provided through mature self object encounters and the phenomenon of empathic resonance. In the senium for example, mirroring of one's achievements, of one's courage in the face of death is necessary.

In sum, the self is maintained in a cohesive manner through the strength of its constituents, the firm sense of assertiveness, the intact sense of one's values serving as a compass through life, and the ability to exert one's skills and talents in the pursuit of one's programs of actions, from writing a speech to caring for the disabled. Selves differ considerably in the relative weakness or strengths of their constituents. There are selves that are firm or enfeebled, resistant to fragmentation (cohesive) or highly vulnerable to losses of worth and thus prone to fragmentation. Charismatic selves are firm in the pole of assertiveness, whereas messianic selves are extremely leadership oriented. Some selves are mirror hungry, while others are chronically searching for a leader (Kohut & Wolf, 1978).

## **PATHOLOGY OF SELF OR SELF-DISORDERS**

The position of self psychology with regard to psychopathology is that all

forms of psychopathology are ultimately derived from defects in the overall structure of the self or from distortions of the self. Both of these are due to disturbances of self-selfobject relationships in childhood. Self psychology further asserts, in contrast to classical analysis, that conflicts in the object-instinctual realm—the realm of object love and object hate, in particular the set of conflicts called the Oedipus complex—are not the cause of psychopathology, but its results.

As we previously have seen, in adult life as well as in childhood, the cohesiveness or harmony or fragmentation of the self—whether it is enfeebled, distorted, or firm—is a result of the success or failure of the archaic self-selfobject relationships. A failure in the self-selfobject relationships in childhood or adult life leads to the painful experience of fragmentation. Fragmentation, in the view of self psychology, is the central pathologic experience of breakdown of the self. It is ushered in by a massive loss of self-esteem, followed immediately by the advent of the global anxiety referred to as “disintegration anxiety.” Directly after the advent of disintegration anxiety, the self is experienced as losing its cohesiveness, with the usual experience of splitting or fragmentation of the self functions and self perception, including reality testing, memory, and orientation in space and time. There is also loss of the intact experience of self observing; the various experiences of the different organs previously coalesced together in the intact experience of the total bodyself are now experienced as separate and become focuses for enhanced attention and even preoccupation (hypochondria). In

addition, the patient is in the throes of a separation reaction, with its attendant features of loss of vigor, esteem, and meaning in life. Finally, a failure in a self-selfobject encounter will commonly lead to a unique rage reaction. This so-called narcissistic rage reaction represents the reaction to the loss of control of the selfobject. The individual will vent destructiveness on anyone in the immediate surround (Kohut, 1971).

A self-selfobject failure in childhood has different consequences from a self-selfobject failure in adult life. In adult life, the cohesive self has continuing mature selfobject encounters, which are of value in maintaining continuing support to the self through empathic resonance—that is, by supplying mirroring or firmness to add to the cohesiveness of the self. A failed self object encounter in an adult with a cohesive self will ordinarily lead to a transitory fragmentation, with hypochondria, loss of esteem, temporary interference in mentation, and so forth.

In childhood, a failed self-selfobject relationship is of a different order. A massive or chronic failure during the phases of childhood when the self is unfolding may result in a fragmentation that will eventually be resolved—that is, the self will reconstitute itself and the fragmentation will subside—but the self will now have permanent alterations. The overall experience of the self will be that of a self chronically low in energy, a self depleted of vigor without evidence of the experience of joy. This self will react strongly to criticism and failures by becoming more withdrawn or, at times, caught up in the explosion of a narcissistic

rage reaction. Depending on the specific type of selfobject failures, the resultant self distortion may be that of a self weakened in the pole of assertiveness, in the pole of ideals, or in the area of talents and skills. These defects will of course lead to the absence of formulated programs of action in life, for example, of educational, athletic, or musical pursuits.

The overall result of such self-selfobject failures may be a self that experiences life as empty and that is constantly in the throes of loneliness. Despite this loneliness and a desire for human encounters, this self may be quite resistant to such encounters and may maintain a conscious attitude of haughtiness and isolation. At times, this self may attempt to gain support for self-esteem through a variety of activities designed to lessen the chronic emptiness such as compulsive homo- or heterosexuality, addiction to compounds to provide calming experiences, or compulsive episodes of stealing.

At other times, selfobject failures in childhood eventuate in what appears to be a syndrome of neurosis. These reactions occur when, after a failed self object encounter in a particular phase of childhood, the child becomes preoccupied with the drive or developmental task specific to the phase, ultimately leading to a *fixation* on that drive or developmental task and leaving the child permanently preoccupied with the fears of that phase in life, which were never allayed. Thus, an oedipal fixation or an anal fixation represents a failed self-selfobject relationship in the corresponding developmental era of childhood. The secondary elaborations

of the breakdown of the self during those times in childhood when developmental tasks need to be mastered involve an exaggerated focus on the drive currently of concern and defenses elaborated in an attempt to ameliorate or repress the exaggerated drive fragments. When the cohesive self breaks down or becomes fragmented, in response to a self-selfobject rupture, it may take one of several pathways. The fragmented self may maintain a state of *chronic fragmentation* (protracted fragmentation disorders, borderline personalities); the fragmented self may repair itself without evidence of the previous state of breakdown (episodic fragmentation); the fragmented self may reequilibrate itself with newly developed defenses against selfobject bonds (narcissistic personality disorders); or the fragmented self may focus on the drives that are salient in the current developmental phase or have been activated as a manifestation of a regressive reaction (neurotic syndromes) and may secondarily develop defenses against the egress of the specifically elaborated drives (Kohut, 1971, 1977).

## **EPISODIC FRAGMENTATION DISORDERS**

Reactions to a breakdown in self-selfobject bonds are, of course, ubiquitous, since self-selfobject bonds and failures are ubiquitous. As has been described, selfobject involvements range from archaic self-selfobject ties that continue over time to so-called mature selfobject encounters. In adults, the need to enter into an archaic self-selfobject bond is limited to instances in which the self is subjected to psychological trauma requiring a temporary merging relationship. These are, of

course, instances in which the self is suddenly devoid of narcissistic supplies and is in need of the experience of the fusion with a mirroring selfobject or a revered leader. Archaic self-selfobject bonds always serve to invest the self with the experience of worth, of strength, of calming and soothing. In childhood, these experiences give the self the requisite strength of cohesion; in adulthood, when entered into temporarily in reaction to the stress of dissolution, they effect a repair to a fragmenting self. Mature selfobject encounters are entered into when the self is in need of a temporary enhancement of esteem, that is, in a situation of esteem-deficiency such as is the innumerable states of self-doubt individuals experience. In the mature selfobject encounter, the self's experience of the self object is in actuality not that of an object fused with one's self and under one's control; rather the self has a reactivation of the early self-selfobject mergers and experiences a state of esteem enhancement, thus effecting a repair of the self's cohesion. Seen in this way, much of adult interactional life consists of mature self object encounters with others who function temporarily to repair a flagging self-esteem or symbolic encounters with music or literature in which the self is uplifted or invigorated.

Thus, episodic fragmentations or near fragmentations or simple instances of loss of esteem or threatened loss of worth are part of one's modal reactions to a complex world of victories, near misses, and failures. In a more or less cohesive self, the repair in most instances will be effected by entering into a mature self-selfobject encounter. In those instances where the demands for cohesion are



intense, the previously cohesive self will fragment, albeit temporarily and seek out an archaic self-selfobject encounter in which a merger will be effected. For example, in the case of a person who has just been informed that his or her longstanding state of weakness is due to a malignancy in the colon, the psychological reactions are frequently the self experience of fragmentation. This distress, one hopes, will be followed by the self-selfobject merger effected with a trusted caretaker or relative. In such situations, if empathic caretakers recognize the manifestations of the fragmentation and respond appropriately with a dose of mirroring or allow themselves to become the target for idealization, the fragmentation experience will be short-lived.

*Self-fragmentation Resulting in Neurotic Syndromes.* In the view of self psychology, drives come into focus when the self is fragmenting—thus the statement that drives are disintegration products of a fragmenting self (Kohut, 1977). In this light, consider the self of the oedipal-phase child and the selfobject needs of his or her emerging phase-specific assertiveness, including the child's sexual assertiveness of a homoerotic and heteroerotic nature (with hostility toward the parent of the opposite sex). If the selfobject supports are missing or inadequate and the child experiences the parents' withdrawal or rejection during this important phase in development, the self depletion will result in a fragmented self. Thus, in some instances, the result will be not an eruption of undirected narcissistic rage, but an egress of animus unleashed when a selfobject has failed in its functions—a preoccupation with the drives derailed from the now-fragmented

self. In the ordinary functions of the self, the drives are a vital part of the self, seeking and maintaining contact with the world, including the world of selfobjects. In a fragmented self, the drives are now in a free state and clearly visible since they are not bound up with the functions of the cohesive self.

The unleashed phase-specific drives of the oedipal child whose self is now in a fragmented condition will eventuate in repetitive experiences of anxiety, centering on tissue destruction—the so-called castration anxiety, with its attendant features of anxiety dreams of mutilation—and the buildup of irrational guilt. If, however, the child in the oedipal phase becomes the recipient of helpful selfobject supports, he or she will emerge from this normal phase of development with heteroerotic and homoerotic strivings and a minimum of guilt and castration anxiety.

Thus, in contradistinction to classical psychoanalysis, self psychology does not regard the oedipal phase as “the pivotal point regarding the fate of the self that it is with regard to the formation of the psychic apparatus” (Kohut 1977, p. 240). The so-called neurotic syndromes, which in classical psychoanalysis emerge from the predetermined unfolding of the drives coming into intense conflict with ego defenses and superego, are conceptualized in self psychology as only one of the possible outcomes of a self in fragmentation. Self psychology holds that if the self is intact, there will be no preoccupation with the drives in an isolated fashion. Thus, from the viewpoint of the self psychologist, although an oedipal phase of

development is ubiquitous, if there is an adequate set of selfobjects, the child emerges with a firming up of assertiveness, now more adequately controlled, and a firming up of the gender experience. Conversely, if there has been a selfobject failure to the modal egress of assertiveness in an oedipal youngster, the derailed (unattached) instinctual drives will emerge as naked lust and hostility.

*The Narcissistic Personality and Behavior Disorders.* When self-selfobject failures during the phase of the early development of the self are protracted, they result in a variety of self disorders. These are the narcissistic personality disorders and their acting-out varieties, the narcissistic behavior disorders. They ordinarily result from the failure of the functioning of the mirroring selfobject and the inability of the idealized parent to compensate for the primary selfobject failure (Kohut 1977). The cohesiveness of the resultant total self is defective, and both poles of the self are inadequately filled. This self is vulnerable to fragmentation, especially in relation to further losses of esteem from its milieu. The self experience is commonly a reflection of the diminutive poles of assertiveness and ideals—that is, emptiness and/or loneliness. However, the needs of the self for mirroring or leadership are commonly defended against by attitudes of haughtiness and superciliousness, reflecting anxiety about allowing any further self object encounters to transpire. Another common experience in persons with these disorders is to become immersed in transitory relationships in which an archaic self-selfobject dyad is formed and then rejected, ordinarily out of a mixture of anticipated psychic pain and disappointment because the relationship

cannot offer them the longed-for childhood gratification. Fragmentation states commonly lead to intense loss of esteem—the so-called empty depression, without prominent guilt.

Other common features of the fragmentation states are the experience of disintegration anxiety—an anxiety state marked by panicky feelings, dissociations, and end-of-the world sensations—followed by mentalational dysfunctioning (memory loss, reality-testing deficits, loss of synthesizing, and derailing of associations), and hypochondriasis. Hypochondriasis in fragmentation states reflects the state of the “unglued” self. Although the ordinary experience of a single organ or anatomical part is minimal in a cohesive self, when the self is fragmentating, a particular organ percept in the self that is now functionally split off from the rest of the self may suddenly be experienced in a highly charged fashion. A patient in the middle of a fragmentation reaction may complain of unusual body feelings and localize it to an awareness that her or his face, nose, or abdomen is now experienced quite differently. It may seem too large or too prominent. These experiences reflect the body percepts becoming split off and, for the first time, prominent in the patient’s awareness. Patients with narcissistic personality disorders at times exhibit behavior that expresses their reactions to insult or their needs for claiming and soothing or mirroring. These narcissistic behavior disorders encompass the behavior of the compulsive homosexual, the addict, and delinquents who steal as a symbolic expression of the self need for a gift from the selfobject. Those addicts who experience the compound and the

effects of the compound as an aid to calming and soothing are clearly demonstrating and gratifying archaic self needs, as are those homosexuals who feel mirrored in frantically sought out episodes of fellatio. Patients who suffer with narcissistic personality disorders do not experience protracted fragmentation states. Their fragmentation is transitory, and they ordinarily seek relief in complaining of their experience of isolation and inability to form and maintain human relationships.

In sum, patients with these self disorders have had failures in their self-object relationships early in life. In effect, their self development is fixated, and thus they continue—albeit, unconsciously—to effect repeated archaic self-object bonds. This is to no avail, however, since they will shortly reject these relationships. The failure of adequate internalization of the self in these patients leads to their vulnerability to fragmentation states. This is resolved in these patients by the self's capacity to erect firm defenses against the egress of its desires for empathic understanding and gratification.

### **PROTRACTED FRAGMENTATION STATES**

Patients with borderline disorders and psychoses of all kinds, demonstrate not only a heightened vulnerability to self fragmentation but a protracted quality to their fragmentation. When a so-called borderline patient develops a fragmentation state, which is followed by reality-testing loss (psychosis),

derailing, and other symptoms of an acute psychotic decompensation, these pathological states may persist for a long time. Moreover, these patients do not have an adequate capacity to form a therapeutic self-selfobject dyad based on an alliance of effort to appreciate their inner mental life. These patients commonly experience an absence of as-if transference phenomena. They commonly develop a transference psychosis, insisting that the therapist feels this or that and now wishes to cause the patient harm. To repeat, chronic, protracted fragmentation disorders represent the end point of a massive failure in the selfobjects in these people's lives. Due to the failed selfobject functioning, these people cannot form alliances to investigate themselves because they do not have adequately developed functions of self observation (Kohut, 1977).

In summary, the central teaching of Kohut on the psychopathological syndromes is that all forms of psychopathology are due to disturbances of self-selfobject relationships, which result in structural defects in the self and render that self vulnerable to fragmentation and its vicissitudes. Whereas Freud's model of the mind—the model of structural theory—led to erupting instinctual derivatives coming into conflict with the superego and ego and leading to new defenses (neurotic symptoms), Kohut teaches that one must empathize with a self that is fragmented due to a current deficit of cohesiveness brought about by loss of esteem from whatever source. The model of classical psychoanalysis holds that psychopathological syndromes begins with a psyche in conflict and therefore in a state of anxiety. Should this conflict become protracted, the initial signal anxiety

will intensify to massive anxiety and there will be a neurotic breakdown. Directly after this event, the psyche develops new symptoms and the offending drive is rerepressed, the psyche becoming once again calm (Freud, 1926). The Kohutian model, in contrast, focuses on the self in fragmentation as the initial manifestation of psychic disequilibrium, which may lead to an episodic fragmentation; a chronic fragmentation; the syndrome of repression of the self's needs, defended by attitudes of haughtiness and superciliousness; or the neurosis that represents the psyche focused on the drives, which are disintegration products of the fragmenting self.

Classical psychoanalysis holds that the Oedipus complex and its resolution or lack of same are the central instigators of neurosis and character disorders. Kohut's view, as has been described, is that if the parents function as supporters of their children's assertiveness, there will be no castration anxiety over "malignant" drives. The oedipal phase will end without castration anxiety or guilt if the parents function as adequate caretakers.

## **HOW DOES SELF PSYCHOLOGY ANALYSIS CURE?**

Self-psychology analysis cures by acquisition of structure in the patient's self. Since a major tenet of self psychology, (one could say "finding" rather than "tenet") is that psychopathology most often reflects deficits in the self, the major thrust of the curative process is to be of aid in reinitiating the development of the

self that has been fixated and retarded in its growth. As we have discussed, deficits in the self are seen as outcome products of a failed self-selfobject relationship of childhood, amounting to a deficit in the self structure (self function) that was inadequately internalized. The cure in self-psychology analysis is to develop—that is, to acquire, additional structures within the self. In classical psychoanalysis, in contrast, the cure is to ultimately resolve the fixation of the oedipal complex through the medium of the unfolding of the transference neurosis (Freud, 1917a). In the work of classical analysis, the material of the sessions is focused on the myriad manifestations of the oedipal fixations directed to, for, and against the analyst. The result of the interpretative work is to make the patient aware—and thus free the patient—of the fixations emanating from the oedipal drama. The result will be the acquisition of an expanded conflict-free sphere, the expanding of consciousness (“Where id was ego shall be”) and the reduction of castration anxiety and the symptoms (new defenses) evoked by anxiety (Freud, 1926).

Self-psychology analysis, like all psychoanalyses, involves the elaboration of transference phenomena in the analytic work focused on the selfobject transferences and the previously thwarted developmental needs of the self. Patients who are analyzable (those who, while possessing deficits in their selves, have the capacity to form and develop stable alliances with their therapists) will have a spontaneous unfolding of their strivings for structure in the form of a specific self-selfobject transference. These transferences, which reflect the stalled development of the self in relating to a selfobject, encompass the specific functions



that have not been internalized in the self of the analysand. They represent the stalled developmental needs of the self for confirming, admiration, and echoing (mirror transference) or the self's needs for firm ideals, calming, and guidance (idealized parent imago transference). The spontaneously unfolding transferences represent needs for the development of structure—not, as in classical analysis, the reliving (in fantasy) of the ancient oedipal strivings that requires explication. The end point of self-psychology analysis is the internalization of the analyst and his or her functions. These become metabolized into self structures that perform the now internalized functions of mirroring and other functions of the selfobject prior to internalizing.

The analysis can be said to begin with the establishment of the basic self-selfobject transference in which the patient's self is sustained (Kohut, 1968). In the course of the analysis, the basic selfobject transference is disrupted time and again by optimal failures of the analyst, akin to the optimal frustrations of the archaic self-selfobject relationships of childhood. After suitable awareness and interpretations of the analysand's retreat and regression (with manifestation of the reinstitution of archaic selfobject relationships), the basic selfobject transference will be reestablished. However, the optimal frustration sets into motion the transmuting internalization of the imago of the selfobject analyst and his or her mirroring or idealized parent function, thus leading to the acquisition of self structure. The process of analysis can never proceed without experiences that the analysand perceives as empathic failures. In this category of events one can

place unavoidable interruptions (weekends and vacations) and the analyst's incorrect interpretations. These frustrations, if nontraumatic, will lead to interiorizations of the analyst's essential or basic positively enhancing selfobject functions, especially if the analyst, after grasping the analysand's distress or retreat into archaic preanalytic object-related behaviors, attempts to focus on the experienced rebuff. This latter process, involving empathic understanding of the analysand's experience, amounts to a transference interpretation in which the analyst demonstrates that the patient's self is held in high regard in the analytic relationship, in sharp contrast to relationships with the unempathic archaic selfobjects of the patient's past. The optimal frustrations that the patient experiences extend to the analyst's interpretations, since these, too, are not mirroring actions but are only words. The analyst cannot perform mirroring actions as he or she interprets, an action that serves only to clarify and illuminate.

To summarize, in the normal flow of the analysis, the curative process is a matter of the analysand's previously stunted self acquiring selfobject functions through internalization of the analyst's selfobject functions. This comes about, as does any building of self structure, through a hiatus in the relationship (optimal failure), which serves to energize the imago of the selfobject analyst and his or her functions. These then become absorbed into the self as the self's mirroring or other functions. Another way of understanding the structure building that comes out of analysis is to remember that analysis implies regression, so that the analyst and analysand are locked into a regressive transference. In an archaic selfobject

relationship such as is found in childhood, the archaic selfobject is the source of regard. In the analytic transferences, the patient enters into a reactivation of the previously thwarted needs for structure so as to infuse the self with esteem and vigor. The analysand's experience of the analyst, the new selfobject, is as if the patient is once again in contact with a giver of the gifts of worth and value to the self (Kohut, 1977).

## **THE COURSE OF ANALYSIS**

An overview of the course of a self-psychology analysis approximates the process found in a classical psychoanalysis. There are two phases of treatment to be considered.

1. *The Defense Transference.* This is, of course, the unconscious position of adjustment the analysand takes in reexperiencing the analyst as a parent figure. The conforming experience of the analysand, in the service of maintaining the archaic self-selfobject ties, serves secondarily as resistance to the new selfobject bond in analysis. Its major purpose is to protect the analysand from the possibility of recurring disappointment at the hands of unempathic selfobjects. Thus, the genuine needs of the analysand are repudiated so as to avoid psychic pain.

The defense transference, in the view of classical analysis, is effective in maintaining the repressed instinctual derivatives of oedipal previously buried yearnings for self-structure—for example, the wish to experience self worth

through the confirmatory, admiring attitudes and actions of the mirroring selfobject—the analyst is called on to express his or her understanding of what the analysand is experiencing. In this manner, the analysand's transference strivings are "accepted" by the analyst, indicating that the analyst is mindful that a period of time, sometimes a long period, must elapse to allow the transference to unfold without challenge. Premature challenges to these transference strivings may be taken by the analysand as rejections of these very strivings, thus repeating the actual childhood milieu in which these self needs went underground, resulting in a deficient self. Some patients require more or less protracted periods of understanding. In any case, the analyst must be mindful that to understand these selfobject strivings without interpretation is at times of crucial importance in the curative process of a self-psychology analysis. Understanding, which is not simply acceptance, emphasizes that the outcome of a self-psychology analysis is the eventual growth of the patient's self through internalization of the analyst's selfobject ministrations.

The next phase of the analysis centers on the explaining or interpreting function of the analyst. The analytic work done in this phase of treatment deals with interpretations of the repressed strivings that ultimately will bring the patient into investing the analyst with attributes of one or other of the parental roles. If the interpretations are successful, the transference neurosis will now emerge. In a self-psychology analysis, however, the defense transference is in the service of maintaining out of the patient's awareness, the strivings of the self for

mirroring and/or the firm ideals, leadership, or calming of the idealized parent. The analytic work done in this phase is directed at providing an environment that the analysand experiences as safe and where the analyst, if necessary, can interpret the defense of haughtiness or isolation against the emergence of the feared wishes for selfobject support.

2. *The Basic Selfobject Transference*. Kohut (1978) stated: “The discovery of the selfobject transferences forms the basis of my whole work concerning narcissism and the self” (p. 20). This dyad of patient and analyst reactivates the self needs of the analysand that had remained, as a result of faulty interactions in early life, disavowed or in a state of repression. Once the analysand enters an idealizing or mirror transference, the self achieves a state of cohesiveness. The analyst’s activity in this phase consists of two sets of attitudes and behaviors, *understanding* and *explaining* (Kohut, 1977).

Once the patient begins to establish the analyst as the selfobject to whom he or she can reveal the previously buried yearnings for self-structure—for example, the wish to experience self worth through the confirmatory, admiring attitudes and actions of the mirroring self-object—the analyst is called on to express his or her understanding of what the analysand is experiencing. In this manner, the analysand’s transference strivings are “accepted” by the analyst, indicating that the analyst is mindful that a period of time, sometimes a long period, must elapse to allow the transference to unfold without challenge. Premature challenges to

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The next phase of the analysis centers on the explaining or interpreting unavoidable interruption of the steady state of the basic selfobject transference. As the analysis proceeds, with the analysand now revealing his or her specific self needs in the selfobject transference that has spontaneously unfolded, an equilibrium is reached, a cohesive self state. This equilibrium, of course, is dependent on the presence of the selfobject, in the same manner in which infants experience equilibrium in the presence of their selfobjects. Only after internalization of the necessary mirroring and other functions performed by the selfobject is the self complete. These functions, as already described, become interiorized in the self directly after a failure of the selfobject to either empathically appreciate or respond to a self need—the notion of optimal frustration. Similarly, the analysand immersed in a selfobject transference onto the analyst experiences absences or unavoidable empathic failures by the analyst

as if he or she once again has not been responded to. The patient is once again with the archaic selfobjects of the past, whose failures were not optimal but fixating because they were too protracted, too intense—in short, traumatic failures. The analyst's task here is to help the analysand recognize his or her experience in temporarily identifying the analyst with the childhood disappointments. Thus, the explaining (the interpretations) of the analyst in a self psychology analysis is necessary to reveal what might be called the transference distortions that have interfered with the structure building in analysis.

Explaining or interpreting is necessary to illuminate not just the dynamics of the transference interactions but also its genetic roots. As the analyst explains (interprets) to the patient the dynamic and genetic explanations of the patient's thwarted needs and the reconstruction of the failed self-selfobject dyads in childhood, the analyst is offering to the patient an appreciation of the patient's past. This will be of service to the patient's empathic grasp of himself or herself and will be of help both in the subsequent working-through phase of the analysis and later when the analysis is terminated. Moreover, when the analyst is explaining, he or she is becoming more objective with the patient, in a sense, replacing the experience of merger with the experience of resonance. This reflects progress in the development of the self, from reliance on merger to the use of the empathic closeness of the analyst selfobject.

After the transference distortion is made clear, the analysand is enabled to

experience the unavoidable interruptions, empathic misunderstandings, and other mistakes of the analyst as frustration—but optimal frustration. This experience results in the phenomena of internalization of function, the so-called transmuting internalization. As has been previously explained, transmuting internalization refers to the intrapsychic process in which the functions such as mirroring that were previously performed by an outside agency (the selfobject) are now experienced as imbricated or intertwined in one's self. The imago of the self object's functions after an empathic failure takes on greater intensity. These functions now exert their specific action in response to a specific intrapsychic signal—loss of self-esteem. These signals of need, which formerly were communicated to the selfobject or were responded to by the selfobject without overt communication, now evoke the intrapsychic functioning, so that the self is now in a cohesive state without the minute-to-minute presence of a selfobject that was formerly required. When the entire self is filled out, so that the poles of ideals and ambitions and functioning skills and talents are operational, a nuclear self exists that can initiate what Kohut (1977) called “programs of action” (p. 180).

Finally, the termination stage of a self-psychology analysis is arrived at when the patient experiences sufficient cohesiveness of his or her self as that the patient and analyst believe that further analysis will not result in further additions to the patient's self structures and that further insights will not be beneficial. At the termination stage, the patient's self will, ideally, be sufficiently strengthened to have a greatly enhanced resistance to fragmentation as well as an overall decrease



in the experience of the self as lacking assertiveness or firm ideals. Thus, whether the analysis focuses on the patient's *primary* self trauma and its subsequent imbalances or on the patient's *compensatory* attempts to gain self balance, the outcome of the analysis is that the patient has now developed a cohesive self that can now seek out and invest in mature selfobjects for the necessary support in times of need (Kohut, 1977). In sum, in Kohut's view, the aim of a psychoanalytic cure is to firmly establish the patient's capacity to form mature, empathically directed, self-selfobject bonds so that mature self-selfobject encounters take the place of the bondage that had previously enslaved the self to the archaic selfobjects.

## APPLICATIONS OF SELF PSYCHOLOGY

Kohut hoped that self psychology would have applications in the field of history and social sciences and that the psychology of the self could contribute wider meanings than the views of classical psychoanalysis in literature and the arts. The central contribution of self psychology to an understanding of humanity, its history, arts, and place in the universe comes from the acceptance of the empathic outlook in life. As Kohut (1973) stated: "...it (the empathic outlook) constitutes the very matrix of man's psychological survival" (p. 360). Kohut's (1975) description of empathy was summarized in three propositions:

- (1) Empathy, the recognition of the self in the other, is an indispensable tool of observation, without which vast areas of human life, including

man's behavior in the social field, remain unintelligible. (2) Empathy, the expansion of the self to include the other, constitutes a powerful psychological bond between individuals which—more perhaps than even love, the expression and sublimation of the sexual drive—counteracts man's destructiveness against his fellows. And (3) empathy, the accepting, confirming and understanding human echo evoked by the self is a psychological nutriment without which human life as we know and cherish it could not be sustained" [p. 361].

Thus, Kohut believed that the contribution of self psychology to the understanding of people through scientific empathy added to the values and ideals of humanity, indeed, served to support the very survival of humankind. Kohut (1971, 1973, 1977) stressed over and over again that the central problem of humanity in the Western world is the child who is understimulated, not responded to, and lacking leaders, who becomes the empty, isolated adult, still in search of approval or a target for idealization—in short, Kohut's Tragic Man. Kohut pointed to a major change in the structure of families from Freud's time, when children had closer ties to their families and the environment was experienced as close and even sexually overstimulating, leading to the type of conflict and psychopathology that Freud described. In the families of today, in Kohut's (1977) view, under stimulation is rampant, leading to attempts at "erotic stimulation in order to relieve loneliness, in order to fill an emotional void" (p. 271). Thus, Kohut as social critic, as humanist, striving to appreciate (i.e., diagnose) the essential difficulties in humanity's quest for survival in the modern era, discerned that our greatest need is to be in an environment in which we can be singled out, appreciated, uplifted by invigorating leaders, and not be lost as a

note in the underground. In short, we need not to be relegated to the state of anomie.

## LITERATURE AND THE PSYCHOLOGY OF THE SELF

Kohut often pointed out that the great modern artists were the first to respond to the shifting problems of the modern individual. Thus, in the works of Ezra Pound, Eugene O'Neill, and Franz Kafka in the literary field, the emphasis on the breakup of the self and the striving to restore the self of fragmentation documented and even anticipated the dominant psychological problem of this era. In Kohut's view, Kafka's K is the everyman of our time, as he tries to get close to the great ones in power (*The Castle*) or dies a death without meaning (*The Trial*) or, as Gregor Samsa in *The Metamorphosis*, lives like a cockroach without being responded to by his family. Kohut often quoted three lines from O'Neill's play, *The Great God Brown* as an example of man's longing to restore his self: "Man is born broken. He lives by mending. The grace of God is glue" (see Kohut, 1977, p. 287).

The findings of self psychology are of great value to the student of applied psychoanalysis in literature. Kohut's emphasis on the empathic immersion into the self experience of the other is especially important in the appreciation of the great figures in literature. One cannot begin to assess the tragic downfall of the Ajax of Sophocles without immersing oneself in the self of the great military hero who has become a ludicrous spectacle after destroying sheep whom he thought

were his enemies', Menelaus and Agamemnon. Consider the self of the aging monarch, Shakespeare's King Lear, whose prized daughter has refused his request for self-sustenance as he is about to pass on the baton of command and retire. Lear's experience of outrage must be experienced through empathic immersion into his particular self needs. And again, to gain a heightened regard for the issues with which Hamlet struggles, one must be able to read empathically into the self of the prince recently separated from his dead father, confronted with his newly married mother, and denied his ascension to the throne of Denmark. Once readers have been enabled to sink empathically into the literary figures presented by the author, they are able to appreciate the self state of the protagonists.

Another set of ideas from self psychology of great service in literary appreciation, is notion of the self-selfobject bond and its disruptions, which may lead to the experience of fragmentation and its vicissitudes, including disintegration anxiety, depletion of self-esteem, hypochondriasis, narcissistic rage, and loss of mental functions such as reality-testing, synthesizing, and memory. Armed with this methodological approach of empathy and the notions of self psychology, the reader can approach each of Shakespeare's tragedies, for example, and illuminate the concerns, and failures of each of the protagonists and the reparative selfobject functions that each is seeking. Thus, Hamlet can be seen as responding to the losses he incurred with the reactions stemming from a depleted self and the interaction congruent with that self state. Lear, as previously stated, has had to suffer the loss of his major selfobject, Cordelia, and reveals his

tragic fragmentation in the tempest. Othello is understood from the outset, in the view of self psychology, as experiencing concern over the attractiveness of his black self to his young, Causasian wife, and thus is vulnerable to Iago's sadistic innuendoes over her loyalty. Macbeth can be recognized as a man who has lost his selfobject, without whom he falters, and is compelled to seek surrogate selfobjects, the witches. They too fail him in giving self-support, and he dies. Thus, the findings and views of self psychology added a needed dimension to the appreciation of literature that parallel its contribution to the study of the individual in the clinical encounter.

*Self Psychology and Music.* Kohut expressed the conviction that the great artists, including the great modern composers, reflected in their art the great psychological problem of our era—the situation emanating from the endangered self (Kohut, 1977). One gains a unique contribution to the appreciations of music from the application of self psychology. The experience of music in its function as a selfobject are part of almost everyone's life. We may recall the uniquely calming, soothing experiences of listening to music. For some, these experiences are provided by the *Missa Solemnis* of Beethoven or the Mass in B Minor of Bach. For others or at different times, it is a modern popular singer or instrumentalist or a popular musician of an earlier era. Music, in those who respond to it, can be felt as an invigorating experience that may cause a quickening of the self and lead to programs of action. It is, of course, common to seek out music in which one finds an essential likeness—"music to match one's mood," as the expression goes—a

twinship type of phenomenon. When one needs company to share one's inner mental life, one seeks a particular type or form of music, and one may seek a certain type of music or performer to merge with in order to shore up a flagging or enfeebled self.

Music can be said to perform selfobject functions as a result of its being linked with memories of archaic selfobjects of childhood and their self-sustaining qualities. The sounds of an admiring mirroring selfobject are experienced in musical expressions by the individual self as recapturing the memories of that blissful union. Similarly, in those to whom music and the state of their selves coexist, music can be experienced as a phenomenon akin to a twinship merger. In its ability to calm or evoke action, music performs functions similar to those of the idealized parent imago. The experience of becoming immersed in robust musical expression is also part of the feeling of being with a leader. Along the same lines, the experience of listening to music that is spontaneously creative, such as improvised jazz, or music that is systematically creative, such as the compositions of Arnold Schoenberg or Alban Berg, may allow the listener to identify with the musicians' or the composer's assertiveness and thus enhance the listener's self state.

At times, the musical message or tenderness or vigor may be direct, without complex orchestration, or it may have complex counterpoint or harmony. It may be experienced as too direct in its impact—too simplistic—or as totally

acceptable. Thus, Tchaikovsky's Sixth Symphony may be experienced as maudlin, not subtle or beautiful. Some listeners, who lack resistance to direct communications of gentleness, may appreciate without restraint the operas of Puccini, whereas others with resistance to direct mirroring messages find it prosaic. Thus, music may serve a variety of self-object functions in these who can respond to it.

## **THE SELF IN HISTORY**

Kohut (1974b) believed that "History and psychoanalysis should be the most important sciences of the future. They are important because humanity has reached a point in which populations will sooner or later have to become stabilized....If humans are to survive in a way that has any similarity to what we have prized up till now as being the essence of human life, the narcissistic motivations, I believe, must come into the ascendancy" (p. 775). Kohut believed that the insights of self psychology would be helpful to historians in understanding the formation, maintenance, and disruptive processes of groups.

Kohut described the notion of the group self as analogous to the individual's self. Thus, a nuclear group self would include the central ambitions and the ideals that characterize the group in its ordinary operations. To appreciate a group in operation, one would study the economic and social circumstances that influenced its formation and the specific psychological conditions that evoke fragmentation

or cohesion, including the need for a particular type of leadership. Kohut observed that groups are held together not only by their shared ego ideal as Freud (1921) maintained, but also by a shared group self—that is, by shared assertiveness (Kohut, 1972). The group's integrity may be disturbed by destruction of the group values or damage to the group outlets for maintaining its prestige—for example, by an economic depression or military losses. Such imbalances in the group's esteem—similar to an individual's loss of self esteem—may lead to fragmentation of the group. The ensuing manifestation of narcissistic rage (acute or chronic) may involve the entire group in acts of vengeance against outside forces who are structured as oppressors (Kohut, 1972).

An important source for maintaining the integrity of any particular group is the leader needed or chosen by the group in various situations, especially in situations of impending fragmentation. Kohut identified two types of leaders. In the first type, the messianic leader or personality, there has been a fusion between the self and the pole of ideals, so that messianic leaders experience themselves as being in possession of total rectitude. These personalities set themselves up as the perfect leader, a god, worthy of reverence. Such a leader was Adolf Hitler, who effected repair to the German group self in its experience of ineptitude after World War I. The second type, the charismatic leader, has become one with his or her pole of assertiveness and thus experiences and exudes certitude and omnipotence. Winston Churchill was such a charismatic leader, needed by the British people during the crisis of confidence of World War II and abandoned when the need for



an omnipotent selfobject was at its end (Kohut, 1976). Thus, the messianic or charismatic leader, who steps in to effect repair to the group self experiencing a common defect in assertiveness or sharing a common need for an idealized leader, is then experienced as the selfobject of the group self.

## SUMMARY

The centerpiece of Kohut's work is the self and the self-selfobject dyad in the study of historical characters and literature as well as in the study of the developing person and the distressed patient petitioning for relief of his or her loneliness. Kohut never lost sight of his central finding, his anagnorisis that it is the *experiences* of man—the self—that is crucial to appreciate, not the drives nor the conflicts of man. From his seminal paper on empathy and introspection (Kohut, 1959) to his final works on the curative processes in psychoanalysis, Kohut taught that man must be understood through empathy, the royal road to the appreciation of the inner life. Kohut's works on the development of the self, on the archaic and mature self-selfobject dyads, on the theory of psychopathology and on the theories of cure in psychoanalysis are significant contributions to psychoanalysis and in my view will continue to exert an impact on the field of psychoanalysis. Will Kohut's views and findings be amalgamated into the mainstream of psychoanalytic theory and practice? This is a question for the future generations of psychoanalysts and one that Kohut would have welcomed, as he stated: "A worshipful attitude toward established explanatory systems—

toward the polished accuracy of their definitions and the flawless consistency of their theories—becomes confining in the history of science—as do, indeed, man’s analogous commitments in all of human history. Ideals are guides, not gods. If they become gods, they stifle man’s playful creativeness; they impede the activities of the sector of the human spirit that points most meaningfully into the future” (1977, p. 312).

And further: “My deepest wish, however, is that my work—in amplification or emendation, in acceptance and even in rejection—will contribute to motivate the rising generation of psychoanalysts to pursue the path opened by the pioneers of yesterday, a path that will lead us further into the immense territory of that aspect of reality that can be investigated through scientifically disciplined introspection and empathy” (p. 312).

In this I have a sense of certitude: Heinz Kohut as theoretician, as practitioner, as humanist and as a man will never be forgotten.

## REFERENCES

Freud, S. (1917a). Introductory lectures on psychoanalysis. *Standard Edition*, 16, 243-496.

Freud, S. (1917b). Mourning and melancholia. *Standard Edition*, 14, 237-259.

Freud, S. (1921). Group psychology and the analysis of the ego. *Standard Edition*,

18, 65-144.

- Freud, S. (1926). Inhibitions, symptoms and anxiety. *Standard Edition*, 20, 75-174.
- Heller, E., & Kohut, H. (1978). Psychoanalysis and literature. *Critical Inquiry*, 1, 449-450.
- Kohut, H. (1959). Introspection, empathy and psychoanalysis. *Journal of the American Psychoanalytic Association*, 7, 459-483.
- Kohut, H. (1966). Forms and transformations of narcissism. *Journal of the American Psychoanalytic Association*, 14, 243-273.
- Kohut, H. (1968). The psychoanalytic treatment of narcissistic personality disorders: Outline of a systematic approach. *The Psychoanalytic Study of the Child*, 28, 86-114.
- Kohut, H. (1971). *Analysis of the self*. New York: International Universities Press.
- Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *The Psychoanalytic Study of the Child*, 27, 360-400.
- Kohut, H. (1974a). Remarks about the formation of the self. In P. Ornstein (Ed.), *The search for the self* (pp. 737-771). New York: International Universities Press, 1978.
- Kohut, H. (1974b). The self in history. In P. Ornstein (Ed.), *The search for the self* (pp. 771-783). New York: International Universities Press, 1978.
- Kohut, H. (1976). Creativeness, charisma and group psychology. In J. E. Gedo & G. H. Pollock (Eds.), *Freud: The fusion of science and humanism* (pp. 379-

425). *Psychological Issues*, 9, (2/3, Monograph 34/35).

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Kohut, H. (1979, June). "Four basic definitions of self psychology." Paper presented to the Workshop on Self Psychology. Chicago, IL.

Kohut, H., & Levarie, S. (1950). On the enjoyment of listening to music. *Psychoanalytic Quarterly*, 19, 64-87.

Kohut, H., & Wolf, E. (1978). The disorders of the self and their treatment. *International Journal of Psychoanalysis*, 59, 413-425.

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