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Symposium on Self Psychology After Kohut

Some Distinguishing Features of Heinz Kohut's Self Psychology

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At this time in the evolution of the various psychoanalytic theories, we can make only some general comments regarding the direction that psychoanalytic self psychology may take in the future. We can, with greater certainty, however, predict the enduring importance of two of its basic concepts: 1) the significance of empathy as a mode of observation will endure; and 2) the developmental and clinical conception of the selfobject will remain central to self psychology for the foreseeable future. Selfobject experiences have been recognized as crucial in all aspects of mental life: in development, in the clinical situation, and in everyday life throughout the lifespan.

FOR KOHUT, PSYCHOANALYSIS CONSTITUTED THE ENTIRE FIELD OF SUBjective inner experience. He defined this field as what could be grasped or potentially grasped through empathy, that is, through vicarious introspection. By using the phrase potentially grasped, Kohut (1959) included in the field of psychoanalysis what was outside of awareness, repressed, or disavowed. It is the fitting together of method, (empathy), data, and theory that creates the total fabric of psychoanalytic self psychology. Its clinical and theoretical concepts cannot be lifted out of their original context without altering their meaning. Hence, to define any of its concepts independently of its original context might easily distort its intended meaning. Whatever self psychology as a psychoanalytic theory encompasses, it does so in its

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unique matrix, woven together with the threads of method, data, and theory. Individual concepts in isolation, "conflict" for instance, have different meanings in different theoretical contexts. What makes sense and is a necessary concept in one theoretical framework makes no sense and has no place in another context. This is what makes comparative psychoanalysis very difficult; only when explicit reference is made to the clinical data themselves can one learn how each theory deals with these data. In other words, we create "clinical facts" with the help of our theories.

Much changed within psychoanalysis during Freud's lifetime and has continued to change since then. The method of psychoanalytic data gathering, however, remains sacrosanct—no one has tampered with it By placing the method of empathy (vicarious introspection) as a listening perspective at the center of his observations, Kohut (1959, 1977) decisively altered the psychoanalytic investigative method. Placing empathy at the center of the listening perspective does not mean that other observational methods might not inevitably be activated. These, however, have to be subordinated to the method of empathy. This subordination means that all other modes of observation in the analytic situation (be they related to the emerging historical data, to the theories applied, or to the analyst's own reactions to the patient) are to be in the service of enhancing the empathic process. Kohut's work on narcissism and his subsequent formulation of a psychoanalytic psychology of the self are rooted in and were made possible only as a result of this methodologic change (Kohut, 1971, 1977). His observation of the various selfobject transferences are based on this methodologic advance.

The discovery of selfobject transferences and the developmentally crucial selfobject experiences led to the recognition that personality development and the development of psychopathology can no longer be conceived of as being motivated by sexual and aggressive drives. The archaic selfobject transferences revealed the primacy of certain developmental needs, which, when phase-appropriately met, were recognized to be the sine qua non for mental health (the proper "structuralization" of the psyche); and absence or unreliable availability of the caretaker's selfobject functions left a "deficit" in the structuralization of the psyche that may become the foundation for the various forms of psychopathology. These developmental needs were subsumed

under the global terms of mirroring, idealizing, and twinship needs (Kohut, 1971, 1977). These are, of course, still in need of further refinement, elaboration, and clinical extension throughout the life span, including the discovery of new configurations. The conception of these needs as primary led to the recognition of pathological sexuality (sexualization) and destructive aggression as secondary, appearing in intensified, isolated forms as "breakdown products of the self." From the empathic vantage point, these breakdown products reflect a loss of self-cohesion and spark efforts at self-healing. These self-healing efforts become intensified when they occur as a result of the disruption of the transference bond in the treatment situation.

These are the essential features of Kohut's core contributions. The rest is an elaboration of these basic formulations. Many of Kohut's contributions have not yet been recognized, elaborated, and satisfactorily documented clinically. Nor has anything significant in his contributions so far been clearly superseded, although the concept of the bipolar self has not been very popular among self psychologists; nor has the appealing characterology introduced by Kohut and Wolf (1978). In our view, some of the additional selfobject transference configurations, such as the "self-delineating selfobject" or the "adversary selfobject," have been only marginally justified. There have been a few relatively minor corrections, some linguistic, some clarifying of what was left implicit or ambiguously expressed by Kohut, who was still with one foot in the old and one foot—initially reluctantly—in the new conceptual frame. A lot of the "clean-up" operation has been very well done. It is not yet finished. The paradigm of self psychology has certainly become better articulated and is thus more compelling. Post-Kohut self psychology can be proud of its accomplishments thus far but cannot claim significant advances in new conceptualizations. Many of the details of the developmental and clinical theory have been refined; the curative process (Ornstein and Ornstein, 1985; Ornstein, A., 1992, 1994) is better understood, but by no means satisfactorily. For instance, the concepts of "transmuting internalization" and "optimal frustration" (Kohut, 1971) have been thoroughly examined and require reconceptualization. But there is no paradigm change in the offing as far as we can tell at present. This makes it impossible to foretell which of Kohut's original contributions might yet be superseded.

Our current assessment is that the most enduring part of Kohut's contributions resides in his articulation of the method of psychoanalytic data gathering (Kohut, 1959, 1971, 1977, 1984). It led him to discover the basic human developmental needs as these are expressed in the selfobject transferences. What he then elaborated as the structure of the self, its various components in health and illness, that is, his self psychology, will endure as long as it retains its heuristic potential. When this heuristic potential no longer exists and the theory fails to aid us in relation to emerging new clinical problems, new and better conceptualizations of the psyche will have to take its place. In other words, the method will endure longer than the theoretical formulations it has engendered. The latter will undoubtedly have a shorter half-life—without the end in sight as yet.

The question has to be asked, How does conflict fit into this theoretical frame of reference? With the abandonment of the dual-drive theory and its replacement with the theory of selfobject needs and motivations, the role and function of "pathogenic conflicts" (previously almost always synonymous with drive-defense conflict) has also been revised. The developmental theory of self psychology postulates that the infant, born into an empathic self-selfobject matrix, does not have conflict built into the psyche to begin with. Since there can never be a perfect caretaker empathy, however, conflicts will inevitably develop, secondary to the frustrations of the developmental needs for mirroring, idealization, and twinship experiences. In an inadequately structuralized self, conflicts cannot be resolved and thus become part of psychopathology. Conflicts are not a priori pathogenic; it is the underlying structural deficit that makes them unresolvable (Ornstein, P. H., 1991).

What remained unsatisfactory in classical conflict theory was the question of when an inevitable, normal conflict becomes pathogenic or pathological. Assumptions of a weak or weakened ego or the innate, constitutional strength of the drives were not fully satisfactory explanations. Self psychology answered this question by postulating a preexisting structural deficit as responsible for difficulties in conflict resolution. Selfobject transferences serve as guides in locating specific weaknesses in the organization of the self.

The question is repeatedly asked as to the place of "the" unconscious in self psychology. Since we no longer think of the unconscious

as a system but as a quality of experience, degrees of consciousness can best be recognized by following the process by which unconscious material is brought into awareness in the clinical situation in the form of transference and countertransference. What analysts can say about what is unconscious is "revealed" mainly through the patient's transferences and the analyst's countertransferences.

In a treatment conducted with the principles of self psychology (recognizing the central significance of the analyst's empathic immersion in the patient's subjective experiences that include the selfobject transferences), it is the cohesion of the self that will determine the degree to which a particular repressed or disavowed affect or thought may become conscious. Self-cohesion, in turn, depends on the structural changes that take place in the course of treatment—changes from a self that was prone to fragmentation or depletion to one that is capable of moderating and containing affects that, in the past, proved to be disruptive to the self. Insight is only one indication of an increase in the consolidation of the self; more important, changes in the structure of the self can be recognized in an increase in the ability to moderate affects and to tolerate tension and an increased resiliency in relation to inevitable injuries to self-esteem.

Central to the question of how we understand the process whereby unconscious material is brought into awareness is our view of the function of defense organizations in psychic life. In traditional psychoanalysis, unconscious defenses were expected to manifest themselves in the analysis as resistances to uncovering infantile drive wishes. In psychoanalytic self psychology, defense organizations and their behavioral correlates are viewed as performing the function of protecting a vulnerable self from further depletion or fragmentation. With this view of the function of defenses, the question we have to ask is, How do we interpret the unconscious defense elements that, on one hand, were established to protect a vulnerable self and, on the other, constitute the most powerful obstacles to change?

In our view, an important distinction has to be made between defenses and resistances: defenses are intrapsychic and mainly unconscious, whereas resistances emerge in the course of analysis. That resistances are codetermined by the analyst's verbal and nonverbal communications can best be seen at times when the analyst inadvertently (for example, by inattentiveness) repeats a genetic trauma. These are

times when, in response to the threat of retraumatization, patients either withdraw from the therapeutic engagement or respond with narcissistic rage. In either case, we witness a disruption of the existing transference bond. Though these can be painful experiences for both parties in the therapeutic dyad, they are the experiences that assure the inclusion of unconscious elements in the treatment process: disruptions in the transference bond "expose" the patient's vulnerabilities and their related unconscious defenses and make them available for interpretations.

Several aspects of potentially structure-building experiences are related to the interpretive responses to disruptions when these responses are offered empathically, that is, from within the patient's perspective. Disruptions reveal the analyst's transference significance to the patient as well as those specific countertransference attitudes which are responsible for the disruptions. These are the times when analysts have to engage in self-analysis so that they may come to terms with the unconscious roots of their countertransferences. Disruptions promote self-reflection in both participants and, with that, a better chance for preconscious material to enter consciousness. Repeated disruptions and their empathic interpretations promote insight and the recognition that disruptions are precipitated not only by the analyst's manner of response but by the way the patients' own characterological defenses color their experiences. Tracing the source of the disruption in the transference leads to the recognition of the genetic sources of the transference and how the patient's unconscious mental activity determined his or her symptomatic behavior (Ornstein, A., 1990).

In the wording of interpretations the analyst has an opportunity to convey acceptance and understanding of the reasons for the disruption. In this mode of communication, the unconscious elements in the transference and in the psychopathology of the patient appear to emerge relatively effortlessly. Kohut (1971) described the impact of interpretations offered in relation to disruptions in the transference thus: "The meaningful recall of relevant childhood memories of the ever-deepening understanding of the analogous transference experiences converge in giving assistance to the patient's ego [we would now say: self], and the formerly automatic reactions become gradually more aim-inhibited . . ." (p. 99).

The working-through process of unconscious defense organization, however, is more complex than could be stated in the foregoing summary. In the analysis of transferences that are mobilized in relation to developmental arrests, newly developing psychic structures enter the working-through process: the simultaneous presence of the old and the new creates a conflict that finds a temporary solution in a *transference symptom* (A. Ornstein, 1974, 1991).

The transference symptom is characteristic for the particular analyst–patient dyad. Experientially, this complex process can be recognized by the patient's dread to repeat old, habitual patterns, while new psychological structures offer the opportunity for a new beginning.

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