

*THE SELF AND THERAPY*

Contemporary  
Psychoanalytic  
Theory:

The Self  
as Developmental

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# **Contemporary Psychoanalytic Theory:**

## **The Self as Developmental**

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## Contemporary Psychoanalytic Theory: The Self as Developmental

Psychoanalytic theories of the self are developmental theories that trace the emergence of self from some sort of primordial, undifferentiated state, the understanding of which varies among theorists. For a long time, analysis avoided discussion of self because the term carried metaphysical, unscientific connotations. That has changed, and one of the most active of contemporary analytic schools is *self psychology*, which focuses on self rather than on drives or mental structures. A persistent difficulty in analytic *metapsychology* (theoretical formulations) is in providing a “container,” an integrator for drives, instincts, dynamics, and structures so that the psychoanalytic self doesn’t wind up, like Hume’s, a nonself, a bundle of stuff without a cord to tie it together. In tracing the analytic understanding of the self, we will trace the history of analysis, albeit in microcosm.

As we have seen, Freud doesn’t use the word *self*, but rather talks about the ego, often confusing the various meanings of ego so we cannot be sure whether he is talking about the psychosomatic self, the person, or an agency of the mind. For all the terminological and more than terminological confusions in Freud’s writings about self, he did leave psychoanalysis with a sometimes explicit and sometimes implicit notion of self that is complex and multifaceted. For him the self is not primordial—“an organization as complex as the ego cannot exist from the beginning”—but only develops in the course of maturation. The English analyst Edward Glover (1956) spoke of *ego nuclei* (bits of self experience) that coalesce in the course of development, forming the ego. Although Freud didn’t put it that way, his notion isn’t very different from Glover’s. Glover’s “islands of ego [self] experience” correspond to Freud’s autoerotic stage of development in which there are affective experiences of pain and pleasure in body parts not yet experienced as integrated into a whole. Although Freud sees the self as developing out of these sensations, he has another notion of the emergence of the self in which the ego develops out of the id in the area of the id’s contact with external reality. Here self is equated with the structural ego, not with the person as a whole. There is some confusion here, but the two conceptions are complementary, not in conflict. Self develops out of isolated sensations experienced as mine, albeit before there is a me, and self develops out of the encounter with the external world in which the desire for instinctual (biological) drive discharge and gratification is modified to take into account the constraints of

reality. So self first arises from encounter with nonself and the resistance of that nonself (the environment or the world). In short, frustration creates the self. Now Freud has two complementary notions of self-development corresponding to the two meanings of ego: one a maturational one in which there is a progression from autoeroticism (love of isolated body parts and their sensations) to narcissism (love of self) as self coalesces out of these isolated experiences of sensation, and the other in which self arises out of contact with the environment. One is a preprogrammed biological sequence; the other is object relational. I just mentioned narcissism (self-love), and, as we shall see, you can't discuss psychoanalytic theories of the self without discussing psychoanalytic theories of narcissism. The psychoanalytic self is an affective self. It cannot be understood apart from the feeling of that self for itself.

In addition to these developmental notions of self, Freud stressed the origin of self-experience in bodily experience ("the ego is first and foremost a bodily ego"); the building of self through the internalization of others ("the ego is the precipitate of abandoned ego cathexes"); the depth and extent of unconscious determinants of self; and the need for integration of split, repressed, and projected aspects of self into a coherent whole—a task never to be completed.

The early Freud and the early analysts espoused what has been called an "id psychology" that emphasizes repressed drives, desires, wishes, and instincts pressing for discharge and the precarious hold we have on our sexuality and aggression. It is a view of self and of human nature as biologically, not rationally, determined. The late Freud and his successors put more emphasis on the ego, that frail rationalist who tries to mediate between biological pressures, internalized prohibitions, and reality and whose frailty is often exacerbated by the internal saboteur of maladaptive unconscious defenses, maneuvers, and mechanisms that, whatever their original intentions, come to be hindrances rather than helps in getting a modicum of satisfaction out of life. The study of the (structural) ego and its defenses became what is known as *ego psychology*, while the study of the building of an internal world of representations through identification and introjection became what is called the *object relations* school of psychoanalysis. In this chapter, we are going to look at what these ego psychologists and object relations theorists have to say about the self. The psychoanalytic literature is voluminous, and many have contributed theoretical insights and clinical understanding to the psychoanalytic tradition, but we are going to focus on a few main actors: Heinz Hartmann, Edith Jacobson, Margaret Mahler, and Erik Erikson among the ego psychologists and Melanie Klein, Ronald Fairbairn, and Donald Winnicott among the object relations theorists. Otto Kernberg is heir to

both ego psychology and object relations theory. We are also going to look at an important recent development in psychoanalysis, the self-psychology of Heinz Kohut, and at the infant observational theorist Daniel Stem.

I return to Freud before leaving him. His self is a construct, the components of which are identification with those we love and bodily sensations. Self is not primordial, but rather is an integration of my sensations and experiences. It is ongoing and developmental.

## HEINZ HARTMANN

Heinz Hartmann, whose background was as a biologist, is usually regarded as the father of ego psychology. Hartmann's structural ego is not as weak as Freud's. It has inborn *apparatuses of primary autonomy* that, in healthy development are "conflict free." These autonomous ego apparatuses make possible perception, thinking, judging, memory, language, and intellectual development. They are maturational potentialities that are inborn and that in health at least, are not caught up in the dynamic conflicts of Freudian man. That only occurs in severe psychopathology. This is an ego that is not totally derived from id. In fact, Hartmann reformulates Freud's developmental sequence, making the first stage the *undifferentiated matrix*. Both ego and id differentiate out of the primal undifferentiated matrix, and id is no longer primordial. Thus, Hartmann harkens back to Hegel and Jung in seeing development as differentiation and integration. Hartmann still has the problem of supplying the ego with energy. He does this with his concept of *neutralization* of drive energy; that is, in normal development, some of the biological energy that serves for the fulfillment of biological needs is neutralized and made available to the ego to do its work. Hartmann doesn't quite say how that happens, and the concept of neutralization remains fuzzy and metaphysical, in the pejorative sense of that word. Be that as it may, Hartmann's structural ego is not nearly as frail as Freud's; it is not derivative from the id, does not attain its energy from it, and has its own autonomous apparatuses that enable it to do the work of *adaptation*, of "fitting into the environment," in such a way that its needs are met with a minimum of conflict.

Hartmann (1958, 1964) developed the notion of self nascent in Freud and clarified some of the confusion caused by Freud's lack of a consistent terminology. Hartmann did this by distinguishing between *self*, *self-representation*, and *ego*. For Hartmann, *self* is one's—yours or mine—bodily and mental existence. It is what I see in the mirror and my stream of consciousness insofar as I identify it as mine; I recognize you as a

self because I see your body and dialogue with your mind. The self is something that exists in the world and is public, or at least potentially so. Not so my *self-representation*. It is neither my body nor my mind; rather, it is my mental representation of them. My self-representation is a construct around which I organize experience. It is related to but not identical with the empirical psychological notion of a self-concept, which is operationalized as various forms of self-description: adjective checklist, Q sort, and the like. The self-concept is conscious or preconscious, while Hartmann's self-representation can be dynamically unconscious (i.e., unavailable to consciousness because of psychological defense). For example, one's goodness or badness may be unavailable to consciousness because awareness of them would be too threatening. So Hartmann's self-representations may be conscious, preconscious, or dynamically unconscious. There may be more than one self-representation, and these competing self-representations are not necessarily consistent. Hartmann's *ego* is Freud's system ego, that is, the ego as an agency of the mind, but with important differences: being stronger and more autonomous.

The environment and the organism's adaptation to it are stressed much more by Hartmann than by Freud. In Hartmann's view, the neonate comes into the world equipped to "fit into" the "average expectable environment." In spite of the forbidding terminology, the average expectable environment is Mother, an ordinary, "good enough" mother, and Hartmann, the ego psychologist, becomes something of an object relations theorist in stressing the interactive nature of ego development.

Hartmann's clarification of self, self-representation, and ego is salutary, and subsequent psychoanalytic literature is indebted to him. Furthermore, his notion of the self-representation is original and has borne fruit. It is, however, not unproblematic. Psychoanalytic theory will go on to build an entire (internal) *representational* world. But where do these representations live? In my head? In my mind? (Note the inevitability of spatial metaphors in discussing the self.) What is their mode of being? Clearly, they are cognitive structures of a sort: cognitive structures that serve to organize experience and are, in that way, like Kantian categories or Piaget's conceptual schemata that both shape and are shaped by experience. This is a notion that has great intuitive appeal. I have a not necessarily conscious notion, idea, or representation of me that I can potentially make conscious and articulate, and this notion, idea, or representation is constitutive of my experience. It influences how I act, how I respond to others, and how I relate to myself.

I like the notion of self-representation as a constituent gestalt, as a cognitive structure that both

assimilates and accommodates (shapes experience and is shaped by it), but I am not quite sure how self-representations subsist. As an explanatory hypothesis or a theoretical construct, mental representations, including selfrepresentations, are heuristically powerful; they account for much data about the experience of self, but Hartmann (and I) want to say that the self-representation is more than, or different from, a theoretical construct and to say that, in some sense, they exist somewhere in consciousness (or is it unconsciousness?). It appears that the ontological status of self-representations is just as vexing as the ontological status of the self.

One way to demonstrate the “existence” of self-representations is to demonstrate their effect on behavior, affect, and thought, and that is exactly what much of the ego psychological clinical literature attempts to do. Having seen, and indeed seeing on an almost daily basis, the power of unconscious representations to disable my patients and the emergence of these unconscious representations into consciousness during treatment, I would have to hold that self-representations subsist somewhere, however obscure their neurological or mentalistic housing and mode of storage. The self-representation is a concept that makes sense out of clinical data and human behavior in general.

## **EDITH JACOBSON**

Edith Jacobson (1964) built affectivity into Hartmann’s theory of the selfrepresentation. She modified and made more precise Hartmann’s formulations, defining self as the whole person of the individual, including body, psychic organization, and their respective parts, while defining self-representations as the conscious, preconscious, and dynamically unconscious endopsychic representations of the physical and mental self in the system ego. They are never purely cognitive but always have an affective quality.

According to Jacobson, in the initial stage of human development there is a *primal psychophysiological self* that is the undifferentiated psychosomatic matrix from which psyche and soma, mind and body, self-representations and object representations, as well as the libidinal and aggressive drives, differentiate. Prior to this differentiation, there are no self-representations (or object representations), and the basic drives are fused. Jacobson is a dual-drive theorist, holding that libido and aggression are innately programmed manifestations of biological energy. Once self-representations arise, they are always cathected by one of the two basic drives. Cathexis, as you will recall, is James Strachey’s translation of Freud’s *Besetzung*, which literally means “occupation.” In Freud’s model, psychic energy flows out from the self and grasps hold of



objects in the environment. They become emotionally invested. Jacobson reformulates Freud's picture of cathetic action. In her version, it isn't objects that are cathected, but rather self-representations and object representations. This cathexis may be by libido or by aggression, so that the self-representations are always, to some degree or another, loved or hated. The self as experienced has now become the self-representations. These representations are multiple and are contents of the system ego, may be conscious or unconscious, and are affectively colored (i.e., loved or hated). The multiplicity of self-representations opens up potential for conflict between self-representations, particularly between conscious representations and unconscious representations. This puts a new light on or is a different way of conceptualizing Freud's splitting of the ego (self) for the purposes of defense.

Jacobson also modified Freud's notion of narcissism. Freud had described the normal developmental process in which there is a progression from autoeroticism (love of isolated body parts), to narcissism (love of self), to object love (love of others). The infant first derives pleasure from body parts, experienced as isolates, not as parts of a self; these sense experiences are later integrated into a self, or ego, that is experienced as tenuous and unclearly demarcated from the nonself (the world), and this ego is loved; and finally a portion of this primeval self-love, or primary narcissism, overflows and is projected out as object love. Thus, our instinctual energy is first invested in our own body parts, then invested in ourselves before the distinction between self and others has been established, and finally flows outward to invest (cathect) objects. *Narcissistic libido* becomes *object libido*.

Disappointment in object love can lead to withdrawal of interest (libido) from the world and reinvestment of that libido in the self. Freud denoted this phenomenon secondary narcissism. Freud postulated that normal self-esteem results from the reservoir of self-love that remains from the stage of primary narcissism and that continues to exist alongside object love.

Jacobson critiques the notion of primary narcissism, and indeed Freud's whole concept of narcissism, as confused. Since she sees the initial stage of human development as an undifferentiated psychosomatic matrix, the *primal psychophysiological self*, in which neither self- and object representations nor the libidinal and aggressive drives are yet differentiated, Jacobson does not believe it makes sense to speak of narcissism, or self-love, at this stage. Therefore, she defines narcissism as the *libidinal cathexis* of the self-representation. Analogously, object love is seen as the libidinal cathexis of an object representation. In severe

psychopathology, there is a regressive fusion of self- and object representations and reality testing is lost, since the patient isn't sure where he or she ends and the object world begins. Jacobson's primal psychophysiological self corresponds to Freud's state of autoeroticism but evolves into a representational world of self- and object representations rather than into a stage of primary narcissism.

The salient aspect of Jacobson's conceptualization of self is the notion that, experientially, self is the self-representation in all its complexity and affectivity. Being a (biological) drive theorist, Jacobson believes that affectivity quality comes from the cathexis of the self-representation by libido, which is the source of narcissism, or by aggression, the source of self-hatred. Jacobson's theory has the merits of clarity and of focus on the affectivity of the self but leaves unanswered the question of how and why the self-representations are cathected with libido and aggression. Is relative strength of these drives constitutional or a result of experience? For all of its clarity, Jacobson's formulation is too schematic.

Hartmann's background was biological, so it is not surprising that he focused on the adaptation of the organism to the environment and on the constitutional givens that make that adaptation possible in his account of the self. Jacobson was a clinician who specialized in severe psychopathology, particularly psychotic depression, so it is not surprising that she focused on two determinants (in her view) of psychotic depression: the regressive fusion of self- and object representations, so that reality is lost, and the cathexis of the self-representation by aggression. This account is her version of Freud's "the shadow of the object fell on the ego" (1915/1957, p. 249). For Jacobson, it isn't the shadow, but the loss of distinction, of differentiation from the hated object, that brings about depression. Our next psychoanalytic theorist of self, Margaret Mahler, spent her life treating childhood psychosis. Like Jacobson, she believes that psychosis involves a fusion of self- and object representations, but she sees both development and psychopathology differently.

## **MARGARET MAHLER**

Mahler (1968; Mahler, Pine, & Bergman, 1975), basing her conceptualization on clinical experience with children, describes a developmental sequence of *autism*, *symbiosis*, and *separation-individuation*. This is her way of describing the establishment of a sense of autonomous identity—of selfhood—a description that parallels Freud's and Jacobson's but has a different slant. In Mahler's view, the infant starts life without a sense of self or of objects: there is just need and its gratification. This is the autistic stage. The world of the

neonate, is, in William James's words, "a blooming, buzzing confusion." Out of this primordial state of sensation without a sensor, of archaic perception without a perceiver, comes a nascent sense of being and a dim sense of others, primarily Mother, who attend that being. At this stage, there is a nascent stage of separateness, but it doesn't last because it is too frightening, too overwhelming. Ineluctably, frustration and overwhelming feelings of helplessness lead to hallucinatory union with the mother, and the stage of symbiosis is reached. Mahler's autistic stage is parallel to Freud's stage of autoerotism, Hartmann's undifferentiated matrix, and Jacobson's primal psychophysiological self. Mahler's stage of symbiosis is her unique contribution, although the notion of infantile hallucinatory wish fulfillment goes back to Freud.

According to Mahler, the child acquires a sense of selfhood—of enduring identity as a person apart from Mother—by going through a complex developmental process that she calls separation-individuation, which is characterized by four substages: *differentiation*, *practicing*, *rapprochement*, and finally separation-individuation proper. Her stages are both behavioral and endopsychic. Thus, the development of locomotion and speech enhance the process of separation leading to differentiation: "I am different from Mother." This is both enacted and reflected in a change in the internal representation of self. Differentiation is tested and affirmed through practicing, the toddler's exploration of the world; *rapprochement* is the developmentally vital opportunity to regress in the face of pain and frustration and to reunite with mother both interpersonally and intrapsychically. Sufficiently gratifying *rapprochement* experiences build ego strength, so the child can finally "hatch" and become a separate person with a sense of identity, including gender identity, a firm sense of being male or female. In the final substage of separation-individuation proper, I become not only separate from Mother, I become me; i.e., I individuate. By age 4, the child achieves personhood, the sense of being a unique individual with boundaries and characteristics. Both behaviorally and intrapsychically, a self has emerged. Mahler is interested in the genesis of that self but doesn't have much to say about the self that emerges. Mahler has given us a whole new notion of self. Self is no longer something that develops from ego nuclei, or by differentiation from the id; *par contra*, it develops by differentiating itself from a symbiotic union with Mother. The self is that which comes into being with separation; union is primordial. *Symbiosis* is a term Mahler took from biology, where it means beneficial, mutual dependence of organisms. She sees psychopathology, at least in its more severe forms, as either resulting from failure to successfully negotiate the process of separation-individuation or as regression to preindividualization. Such psychopathology is the loss of the self. Mahler's notion is reminiscent of Jung's fears of being swallowed up by

the collective unconscious, but here it is the “urge to merge” that results in delinquency of self. Defenses against this urge to merge can lead to defensive isolation, which in itself is highly pathological.

## **OTTO KERNBERG**

Otto Kernberg (1975), who is medical director of Cornell University’s Payne Whitney Psychiatric Clinic and one of the most prominent current psychoanalytic theorists, uses Jacobson’s concept of self- and object representations to delineate four stages of object relations development. Kernberg derives from both the ego psychology and the object relations traditions, object relations here referring to internal objects. Kernberg, like Hartmann and Jacobson, starts with an “objectless,” undifferentiated matrix. In his second stage, self- and object representations exist but are not yet differentiated; instead there are endopsychic structures that he calls *self-objects*, which are conscious, preconscious, and unconscious mental representations of the predifferentiated self. Instead of having a self-representation, the infant in this stage has a representation in which self and object are amalgamated. The self-object representations are always affectively colored—loved or hated. Memory traces of gratification result in positive (libidinally cathected) selfobject representations, while memory traces of frustrating experiences result in negative (aggressively cathected) self-object representations that do not differentiate between the I and the not-I, between self and world. In normal development, gratifying experiences predominate in early infancy.

Fixation, failure to further develop and mature, at either of these first two stages, results in psychosis. Without a distinction between self and world, sanity is not possible. In Kernberg’s third developmental stage, the positive and negative self-object representations are differentiated, resulting in four endopsychic structures: a positive (libidinally cathected) self-representation, a negative (aggressively cathected) self-representation, a positive (libidinally cathected) object representation, and a negative (aggressively cathected) object representation. Self and object are now differentiated, but self- and object representations reflecting gratifying and frustrating experiences are not yet integrated. Thus the object (usually Mother) who both gratifies and frustrates is experienced as two separate objects, the “good mother” and the “bad mother.” Similarly, there is a “good self” and a “bad self” that are not experienced as the same self. Fixation at this stage, or regression to it, results in *borderline personality disorder*. Borderline personalities have severe difficulties in interpersonal relationships, chaotic emotional lives, and poor impulse control and are prone to acting out. Kernberg’s clinical work has been largely with borderlines, and his theory of the development of self reflects

that experience.

Kernberg's fourth stage involves the integration of good and bad self- and object representations. Successful completion of this process results in a stable self-representation and in *object constancy*. With the achievement of object constancy, frustrations are tolerable because there are stable representations (internal objects) of loving, albeit humanly flawed, caretakers and a stable representation of self. The attainment of object constancy indicates that there is a libidinal cathexis of the constant mental representation of the object, regardless of the state of need. In less forbidding language, I am now able to love people even when they are frustrating me. Similarly, there is a predominantly libidinal cathexis of a selfrepresentation, resulting in a firm sense of identity.

In normal development, psychic structuralization resulting in the establishment of the ego and the id as separate psychic systems emerging from the undifferentiated matrix of earliest infancy proceeds concomitantly with the establishment of differentiated, affectively complex self- and object representations. Self- and object representations (the internal objects) are components of the system ego. In emotional health, these images integrate the gratifying and frustrating aspects of experience and are differentiated from each other.

Kernberg distinguishes between healthy and pathological narcissism. He conceptualizes *healthy narcissism* as the predominantly libidinal investment of the self-representation that cannot occur before successful completion of his fourth stage of object relations development. Those who have not done so suffer either borderline or narcissistic personality disorder. In *pathological narcissism* there is a pathological self-structure he called the *grandiose self*. The grandiose self is a pathological condensation (fusion) of ideal-self, real-self, and ideal-object representations. Another way of saying this is to say that the grandiose self is a confusion and amalgamation of who I would like to be, who I think I am, and who I would like you to be. It is not a stage in normal development. Narcissistic personalities typically relate to others not as separate people, but as an extension of themselves. They do not really experience others as other, but rather as projections of their grandiose selves. Hence, what appears to be object relations are really relations of self to self.

Characteristic defenses of narcissistic personalities include primitive idealization of self and object, projective identification of parts of self onto objects in order to control them, splitting self- and object

representations into all-good and all-bad, and devaluation of objects. In one way or another, these defenses distort the object to meet the needs of the narcissistic. These mechanisms are thus in the service of omnipotent control. True dependence on another human being, experienced as separate and autonomous, would entail the risk of intolerable emotions of rage and envy toward the person depended upon. Thus, what appears to be dependent relating in the narcissistic personalities is, in reality, another manifestation of their need for omnipotent control. Such a pseudodependency cannot possibly meet the real dependency needs that are part and parcel of the human condition, and a vicious cycle of need and failure to meet it is set up. Kernberg's distinction between normal and pathological narcissism is important. Without self-love, we sicken and die, but the wrong kind of self-love is equally detrimental. Rabbi Hillel, the sage of antiquity, summed it up well: "If I am not for myself, who will be for me? If I am only for myself, what am I? If not now, when?"

## **ERIK ERIKSON**

Erik Erikson is another psychoanalytic theorist whose work is relevant to the understanding of the self. Usually considered an ego psychologist, Erikson is a half-Jewish Dane with a confused family history who started out as an artist and became a member of the bohemian avant garde who were attracted to Freud's Vienna and to psychoanalysis. He was analyzed by Freud's daughter, Anna, with whom he also ran an experimental school; became an analyst; and eventually wound up a Harvard professor without having set foot in a university. Always sensitive to the *sturm und drang* of adolescence, he became a counterculture hero in the 1960s. Both his focus on "identity diffusion" and on the need for a developmental "moratorium" before assuming a fixed adult role seemed relevant.

Erikson (1968) speaks of identity and the sense of identity rather than of the self. Identity is not self, but a vital component of self. We ask children, "What do you want to *be*?" as if they didn't exist before assuming a culturally defined and sanctioned role. Self seems to encompass or to be defined by the answer to two questions: "What am I?" and "Who am I?" Identity seems to be concerned primarily with the answer to the latter. Erikson's central notion is that identity comes from *identification*. So to speak, we are or, better, we become an integrated composite of our identifications with people: parents, siblings, peers, public personages, historical and fictional figures, causes, movements, and ideals. So for Erikson there is an almost infinite number of possibilities for identification, a plenitude of material out of which to build an identity. Obviously some sort of selection occurs. The possibilities are narrowed in several ways: one's historical,

economic, and cultural situation is limited. As much as I might admire, idealize, and seek to emulate a Comanche warrior, an identity as an Indian brave is not possible for me. Here it becomes clear that for Erikson, identity is both an intrapsychic construct and a social-political-economic-cultural role, or set of roles. Furthermore, my possibilities for identification are limited by my genetic endowment, by my early object relations, and by my family constellation. I can only become what my culture and what my historical situation allows, even if I am an extraordinary individual who creates a new identity. Erikson is interested in creative individuals who forge new identities and thereby create new possibilities for identification. He has written studies of Luther, Gandhi, Freud, James, Hitler, and Maxim Gorky illustrative of the process of identity formation in cases in which a new identity comes into being. Erikson emphasizes the dialectical interplay of personality and culture in the formation of an identity. Once an individual creates a new identity, it becomes available for identification by the next and succeeding generations. A new identity can be constructive (e.g., psychoanalyst) or demonic (e.g., storm trooper).

Erikson (1950/1963) has an epigenetic developmental scheme in which each stage is folded into the succeeding stage. No developmental battles are won once and for all; on the contrary, the process of identity formation is lifelong and provides creative opportunities as well as the potential for disastrous regression over the life span. Although adolescence is the stage for identity formation *par excellence*—a period of detachment from family, of search for idealizable models, or heroes, to serve as raw material in the creation of self through selective identification—the process of identity formation is inherent in every life stage. Erikson's stages are discrete periods of challenge during which the self changes for better or for worse. Consolidation occurs during the intervals between crises. In this formation, self only becomes self through realization in the world, and that which is realized is the outcome of an interaction between culture and personality. Identity may be integrated or diffused. *Identity diffusion*, sometimes called *identity confusion*, is a form of self pathology in which there is no centeredness, nor any superordinate identity that unifies the identity fragments formed through identification. In its more severe form, identity confusion is pathognomic of borderline personality disorder.

Erikson's epigenetic stages are dichotomous: the first of each pair of developmental possibilities is dominant in the healthy self, but the second possibility is to some extent inevitably realized and expressed, and the minor key is no less needed than the major. This lends a richness and complexity to the evolving self. Erikson's stages are basic trust versus basic mistrust, autonomy versus shame, initiative versus guilt, industry

versus inferiority, identity versus identity confusion, intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair. They characterize the oral-sensory, muscular-anal, locomotive-genital, latency, puberty and adolescence, young adulthood, adulthood, and late maturity life stages, respectively. Although basic trust predominates in health, we would be in trouble without the capacity for mistrust. *Mutatis mutandis*, the same is true for each succeeding stage. Failure to successfully complete an earlier stage handicaps the developing self in facing each succeeding stage.

The self is more than an identity, more intrapsychic than sociological, yet Erikson's conception of identity evolving over a series of life stages with their unique potentialities for maturation, identification, and objective realization, eventuating in affirmation of the "one and only life that has been possible" (i.e., an affirmation of one's self in the final stage of ego integrity) (Erikson, 1968, p. 139) is a new and significant way of understanding self. Erikson, the refugee, the wanderer, and the poly-careerist, has much in common with William James, who also saw self as complex and as evolving. Although Erikson's view is uniquely his, it clearly owes something to both Freud ("The ego is a precipitate of abandoned object cathexis") and to the American sociologists Meade and Cooley ("The self is the generalized other"). Erikson's theory, however, in common with social psychological theories in general, doesn't adequately address the nature and origins of the self, that core that does the identifying and that must, in some sense, exist antecedently to the choosing of objects with which to identify, be that choosing conscious or unconscious. Erikson does not really see this problem, nor does he address it; however, he was the first to see that the self develops throughout life, and we are in his debt for pioneering the study of adult development.

## **MELANIE KLEIN**

Ego psychology is generally identified with American psychoanalysis. Although some started as Europeans, Hartmann, Jacobson, Mahler, Kernberg, and Erikson all did the bulk of their work here and have had their greatest impact here. You can't get through an American social work school or a clinical psychology program without studying ego psychology. Clinically, it is highly useful in understanding the vicissitudes of separation and individualization, and most contemporary clinicians focus more on separation than on castration (which is, after all, separation from one's genitals) anxiety. Object relations, on the other hand, have been predominantly an English phenomenon. Melanie Klein, who is generally considered the founder of object relations theory, emigrated from the Continent to England after being analyzed by Freud's disciple,



Karl Abraham, and remained influential in the British Psychoanalytic Society throughout a long and bitter rivalry with Anna Freud. Abraham had anticipated Freud's proto object-relational constructs adumbrated in *Mourning and Melancholia*, where the internalization of the lost object plays such a key role. Abraham undoubtedly influenced Klein, who like Erikson was an intellectual without a higher education who was attracted to analysis in its early, wide-open days. There was a Mr. Klein somewhere, but he doesn't seem to have played much of a role in her life. Klein worked mostly with children, whom she analyzed exactly as one would analyze an adult, in contrast to her rival, Anna Freud, who pioneered play therapy in the analysis of children. Klein's theories developed out of her clinical work with children and are less in danger of adultomorphic distortions of infantile experience, or projecting adult pathological states understood as developmental arrests onto infants, than developmental theories derived from clinical work with adults—at least, one would think that should be the case.

Klein is not a facile or clear writer, and she is difficult to follow. Her collected papers (1975a, 1975b) are best supplemented by her disciple Hanna Segal's (1973) lucid summary of Klein's theoretical and clinical work. Melanie Klein and her followers are virtually the only analysts who subscribe to Freud's death instinct. It is her starting point. We come into the world with a death instinct within us, where it would drive us toward Nirvana, the quietus of the inorganic—toward death—if it were not externalized, that is, moved from inside to outside. There are two ways this can be done: the death instinct can become aggression and attack external objects, an option not readily available to the neonate, or it can be projected, or projected in fantasy, onto the environment so that it is experienced as external instead of internal, so that which would kill me if it remained inside me is now able to kill me from its position in the environment. At least that's the way it would be experienced according to Klein. A dubious gain, yet Klein thinks that this projection of the death instinct is a universal developmental phenomenon. Once the death instinct is projected outside, the environment becomes persecutory. The death instinct, no longer recognized as mine, now hovers over me and characterizes my objects. They become persecutors, and I am in the *paranoid-schizoid position*. The Kleinian *positions* are developmental stages other than the psycho-sexual ones described by Freud or the stages in the development of libido also described by Freud. Klein originally called the stage following the projection of Thanatos the paranoid position, but modified its denotation when Ronald Fairbairn pointed out that the response to persecution is defensive withdrawal, hence the paranoid-schizoid position. So far, it sounds like Klein is an instinct theorist, which she really isn't. Once Thanatos has been projected, it plays no further role

in her developmental theory, which becomes an object-relational one.

Projected Thanatos adheres in objects, particularly in Mother, the first object, and those objects are now dangerous persecutors, “bad objects.” To control them, these bad objects are now (re-)introjected, and the persecutors are now, once more, within, but no longer as highly dangerous as the preprojected death instinct; now they are merely internal bad objects. These internal bad objects can be (re-)projected onto the environment; alternately, the “goodness” within may be projected outward to protect it from the inner badness. The world of the Kleinian paranoid-schizoid position is a Ping-Pong game with good and bad objects flying across the net, where they change from internal objects to gratifiers and persecutors. Reintrojection propels them back across the net again. Herein lies a problem (as if there were no others) with Kleinian theory. At this stage of development, there is no net, no boundary, because the developmental task of separation from symbiotic union with the environment, chiefly Mother, which Klein does not discuss, has not been completed. If the ego psychologists are right about development of the self, this is indeed a strange Ping-Pong game; not only is there no net, but both players are on the same side of the table. Be that as it may, this is Klein’s vision of early life.

You may well imagine that the paranoid-schizoid position is not a comfortable one, and it is, in fact, pervaded by anxiety of psychotic proportions, which engenders all sorts of defensive maneuvers. It is a stage characterized by *rage* (why not if the world is persecutory?), *envy* (since my goodness is projected out, I must envy it), and *part objects*. Part objects are objects like Mother and Father, who are regarded as breasts (only) and penises (only), respectively. Objects are reduced to part objects, in part, to make them manageable, but they also exist because integration into whole objects has not yet taken place. Now my internal bad objects, which were created by my internalizing the objects “spoiled” by my original projection of the death instinct, are reprojected onto that part object, Mother’s breast, which becomes the “bad breast.” Similarly, my good internal objects are projected to protect them from my internal badness onto Mother’s breast, creating a second part object, the “good breast.” But I envy the good breast, so I must “spoil” it—destroy it with my envy, greed, and rage—turning it into a bad breast. The splitting of the breast into the good breast and the bad breast is reinforced by the ineluctable frustration of the infant’s needs. No mother is always there. Interpersonally, the good breast feeds, while the bad breast refuses to gratify. Although Klein realizes that environmental provocation makes matters worse, she doesn’t much pursue the role of the environment.

If Freud is notorious for his concept of penis envy, Klein is equally notorious for her concept of *breast envy*. From her pictures, it appears that she was more than amply endowed, and I don't know how much, if any, that amplitude influenced her belief that infants envied Mother's breast. Her whole theory is a theory about the child's aggressiveness toward the mother, and she sees normal biological functions such as feeding and excretion as acts of aggression. I want to bite, piss on, shit on the good breast because I envy it. In real life, Klein had exceptionally awful relations with her own children, and I don't know what impact, if any, this had on her theorizing.

Klein puts so much emphasis on aggression against the good breast and defenses against it that it led me to wonder if the origin of the laws of *Kashrut* (the Jewish dietary laws enjoining, among other things, not eating milk and meat together) lies in a reaction-formation against the desire to bite the (good) breast that provides the milk. Separating the eating of milk and meat would make such aggression against the breast impossible.

If things weren't bad enough in the paranoid-schizoid position, they are about to get worse. At some point in development, I (the infant) realize two things: first, that the good breast and the bad breast are one, and second, that I have created the bad breast by aggressing against the good breast out of envy and hatred. These realizations move me into the *depressive position*, at about age 2. I defend against this realization by using the psychological defense of *splitting* to keep good and bad (part) objects separate. When Kernberg and the other ego psychologists talk about the achievement of *object constancy*, when good and bad self- and object representations coalesce into one complex self- or object representation, they are talking about the same phenomenon that Klein denotes the depressive position. The depressive position is the developmental stage in which good and bad internal and external objects become just objects, with all of the ambiguity of reality, and in which part objects become whole objects.

The depressive position is depressing because I feel guilty about spoiling the good breast, and the way I deal with my guilt is by making *reparation* for my aggression. The notion of reparation is central to Kleinian theory and practice. What happens to my innate envy that has been causing all this difficulty? I overcome it with *gratitude*, another key Kleinian notion. Instead of envying, I feel grateful for the good breast and its successors, and I more or less spend the rest of my life working through the depressive position. Klein goes no further in her developmental scheme. The task of working through the depressive position is the task of

integration and of owning that which is being projected.

One response to the depressive position and its guilt-induced pain is to institute a *manic defense*. The notion of mania and its derivatives as a defense against underlying depression is a Kleinian contribution. Klein puts great emphasis on early fantasy, moving the Oedipus complex back into the first 6 months of life. She claims to have found support for her entire schema in the fantasies of her child patients.

There is a phenomenon known as *postschizophrenic depression*, which sometimes results in suicide. It is usually understood as a neurochemical phenomenon: the overabundance of certain neurotransmitters, such as dopamine, during a psychotic episode leads to their depletion, a phenomenon that may be exacerbated by the neuroleptic (drug) treatment of the psychosis. Depletion of dopamine, by either mechanism, brings on depression. Postschizophrenic depression has also been understood as a consequence of the realization that one has a chronic and seriously disabling condition. Kleinian developmental theory offers an alternate explanation. The drugs used to treat schizophrenia may bring about a chemically induced integration that precipitates the patient from the paranoid-schizoid world of psychosis into the depressive position, in which aggression is owned and guilt becomes overwhelming; this occurs without adequate preparation. The suddenness of the change of position works against its being worked through. I guess we could call this theory of the etiology of postschizophrenic depression “Melanie Klein and the catecholamines.”

Is Klein’s theory a fantastic fairy tale that, far more than Freud’s placing sexual fantasies within the mind of the child, makes children monstrous? Thinkers as diverse as Augustine and Freud have emphasized the innateness of aggression, but nobody but Klein has developed this aspect of the self to this extent. In a way, you can see her theory as the psychoanalytic version of the doctrine of original sin, with the death instinct and its derivatives playing the role of original sin. Perhaps, and I certainly find Klein less than persuasive. Yet history is one long record of bloody and barbaric aggression and man’s inhumanity to man seems to know no bounds, so we cannot rule out Klein’s understanding of the death instinct and its vicissitudes. Further, the defenses of splitting, projection, and introjection are prominent in both psychopathology and health.

What about the self in Kleinian theory? Perhaps that’s the most bizarre feature of the whole thing. There is no self. There are only instincts and their projection to create objects. Presumably the self is built up out of the internalized reintegrated objects, and this is part of the working through of the depressive position.

However, Klein herself doesn't discuss this. The Kleinian notions of reparation and gratitude do have relevance for self theory. The Kleinian (non)self is fragmented by its biological givens, and the only way it can be reintegrated, both its goodness and badness made once more part of self, is through reparation for damage unwittingly caused by projection. Gratitude reduces the need to attack and to project, which facilitates the integration of internalized objects into a self. Klein's developmental theory makes very clear the need for some sort of notion of the self, if human life is not to be seen as merely a chaotic confusion of projection and reintrojection of impulses, drives, and objects.

### **RONALD FAIRBAIRN**

Ronald Fairbairn, who suggested the label paranoid-schizoid position, was a Kleinian who went his own way. A Scot who practiced in Edinburgh and who had a phobia about urinating in public that restricted his travel, he was isolated physically and intellectually from the mainstream of British analytic thought. Not surprisingly, his clinical interest was in schizoid phenomena (a schizoid being one who phobically isolates and avoids intimacy). He alone among psychoanalytic thinkers believes that the self, which he calls the ego, is primordially integral. Only later, and for defensive reasons, is it "split" into a *central ego*, a *libidinal ego*, and an *antilibidinal ego*. The central ego is the relatively rational residual of the originally integral ego, the libidinal ego is the loving part of that ego, and the antilibidinal ego is the self-critical part of that ego. The similarity to Freud's structural model is obvious, the central ego being Freud's ego, the libidinal ego being the id, and the antilibidinal ego being the superego, but it is an importantly different notion because Fairbairn's self has its own energy, and is not a mental apparatus. It is actually a self that splits into these aspects for defensive reasons. Fairbairn objected to the dichotomizing of structure and energy in Freudian theory, where the drives are energetic and the ego without power. Hence Fairbairn's ego, or self, does have power and need not borrow it through such dubious theoretical constructs as neutralization. The Fairbairnian self in its three aspects relates to three objects: the neutral object, the exciting object, and the rejecting object, respectively. The primordially integral self is only split in this way because the environment is not sufficiently, or consistently, supportive. This is the exact opposite of Klein's vision; it isn't badness but goodness that is primordial for Fairbairn. The task of Fairbairn's psychotherapy is the healing of the splitting of the self, which to some extent will occur in any environment since parents are never perfect, and a return to its primordial integrity.

## D. W. WINNICOTT

Donald Winnicott is not a systematic thinker. In some ways more of a poet than a scientist, his insights into the self are diffused throughout his deceptively simple papers. A pediatrician who later became a psychiatrist and psychoanalyst, he never ceased practicing pediatrics. From the beginning, he was concerned with mothers and babies and their interaction. The Winnicottian self emerges from that interaction. Influenced, as were all object relations theorists, by Klein, he maintained his independence from her. Winnicott's thinking about self encompasses a developmental scheme, a notion of self pathology, and an object-relational notion of self. Developmentally, Winnicott postulates three stages of ego development: *integration*, *personalization*, and *object relating*. Though he explicitly disavows that he is using *ego* to mean the self and says he is using the term in a structural sense as opposed to *id*, it is clear that Winnicott's ego stages are self precursors. To steal a phrase from the title of one of Winnicott's books, ego development comes about through the interaction of *The Maturational Processes and the Facilitating Environment* (1965). Winnicott's notions of ego and self are object-relational; they come into being only in the presence of and through interaction with others. As he says, "There is no such thing as a baby," meaning that there are no babies unrelated to mothers. Thus, self is defined in relation to others from the outset or, to be more precise, before the inception of self. That is, the precursors of self are already related to others. The first stage of ego development is integration. Integration is the process by which the paradoxically undifferentiated and unintegrated infant begins to differentiate from the experience of merger, which Mahler calls symbiosis, into separateness. It is the beginning of the separation of me from not-me. This me is fragmented, consisting of isolated me experiences, which, following differentiation, begin to cohere or integrate into an I. During integration, and indeed during all of Winnicott's developmental stages, the experience of continuity and "going-on-being" is vital to the establishment of a healthy self. Going-on-being is threatened by *impingement*, traumatic disruptions that fragment self-experience. Impingement is the precursor and prototype of narcissistic injury. Adequate (good enough) maternal care minimizes impingement and establishes going-on-being. Self-cohesion comes from continuity of care.

Winnicott's notion of "good enough" parenting is reassuring to anxious parents intent on being perfect. He says, speaking about parents and therapists, that since frustration is necessary for development, "We succeed by failing." I remember that when everything seems amiss in my practice.

Personalization is the achievement of psychosomatic collusion, of living in the body rather than in fantasy. What Winnicott calls the *holding environment*— initially literal holding, later symbolic holding, provided by maternal handling— enables the infant to feel whole rather than a collection of parts. Winnicott's account is strikingly similar to Kohut's notion (see below) that to move from the stage of the fragmented self to the stage of the nuclear self is dependent on the experience of being treated as an integral self, cohesive in space and continuous in time, by loving caretakers. I gain a sense of being one self that continues to be that self, and that can initiate action, by being treated as a unit that endures and acts rather than as a collection of distress signals. The establishment of psychosomatic collusion, the sense of being one with my body, is vital for mental health; failure to succeed to do so leaves one prone to experiences of depersonalization. In this stage, the body comes to be experienced as a "limiting membrane," as a boundary, further establishing the distinction between me and not-me. The move from integration to personalization is a move from *I* to *I am*, to some sort of affirmation, or preverbal recognition, of personal existence.

In the third stage of ego development, object relating, complex processes, starting with the experience of fantasized omnipotence and progressing through the destruction of the fantasy objects created by that fantasized omnipotence, primarily Mother and her replacement with a real mother, lead the infant into the depressive position. In Winnicott's version, this is a developmental stage in which separateness is consolidated and ambivalence accepted. Winnicott's depressive stage is much less depressing than Klein's. Rather than guilt, he focuses on what he calls the acquisition of the "capacity for concern." It is the stage in which the capacity for empathy and healthy interpersonal relating is acquired.

The child's experience is now "I am alone," but "there are others I can relate to and make part of me" (as internal objects), so that being alone is tolerable, even enjoyable. In one of his most beautiful papers, "The Capacity to Be Alone" (1958), Winnicott tells us that the acquisition of the capacity to be alone, which is an achievement and not a native endowment, is a paradox. It arises out of the experience of being alone with another, another who is not impinging. If we are fortunate enough to have spent sufficient time as toddlers "alone" with Mother, Father, Grandfather, or Grandmother while Mother, Father, Grandfather, or Grandmother "let us be," we internalized that loving caretaker and acquired the capacity to be alone, because now when we are alone, we are not alone because whoever spent that time with us is now a part of us. The Winnicottian capacity to be alone has nothing to do with schizoid defensive isolation; it is its opposite, and is a prerequisite to mental health and to creativity.

In the process of ego development, the id comes into being as the source of id experiences come to be felt as internal rather than as external, as part of me rather than as part of the environment. Paradoxically, I cannot internalize Mother until I separate from her, experience omnipotence over her, destroy her as a fantasy object, reconstitute her as a real object, make restitution or reparation for my aggression against her, and experience her as one person who both gratifies and frustrates. In the process, I too become one person. In the course of ego development, the infant and the toddler goes from the not-I (fragmentation and merger) to I, to I am, to I am alone but related, and so comes into being. This self is the product of an interaction between biological maturation and the human environment, facilitative or otherwise.

The achievement of identity through separation is facilitated by the use of *transitional objects*. Linus's blanket in the comic strip "Peanuts" is the quintessential transitional object. Fantasy turns the inanimate, a teddy bear or a blanket, into a substitute for Mother, and permits me to separate from her. It isn't the teddy bear, per se, but the teddy bear suffused with meaning, meaning that I contribute through an act of creativity, that constitutes the transitional object. In Winnicott's view, all of human culture is a transitional phenomenon derivative from that blanket or stuffed animal. Winnicott emphasizes playfulness, and the creation of transitional objects is play; so is therapy, and so is creativity. Therapy provides a *transitional space*, in which transitional objects can be created as the patient struggles to proceed with his or her development.

Winnicott turns Descartes on his head, saying, "*I see that I am seen, therefore I know that I am*" and "*When I look, I am seen, so I exist.*" This is a thoroughly object-relational notion of self. Self is not a lonely cogitator; on the contrary, self is established by refraction through another. Being held and being seen are the basis for ontological security, the experience of selfhood and of identity.

This brings us to a final Winnicottian concept, that of the *true self* and the *false self*. The true self is the self with all of its feelings, drives, and id-derived instincts striving for expression. The true self is messy, egocentric, unsocialized, and filled with hate and envy and destructiveness, but it is also the repository of love, gratitude, and creativity, as well as the repository of yearning and the desire to be loved. The true self is not the id, but includes id as owned, as personalized. It is *it* become *I* without being deinstinctualized. If the true self is unduly threatened by a nonfacilitating environment, particularly one that cannot accept its aggression (its need to destroy the fantasized object), it goes into hiding deep within the recesses of being to be replaced (as far as social reality is concerned), by a false self, a compliant, "people-pleasing" self that looks



for approval at all cost. The false-self organization often leads to outward success, especially in intellectual pursuits, but at the cost of vitality and feelings of aliveness and genuineness. The experience is of hollowness, an absence of deep satisfaction. However, the true self has not been destroyed; it is merely in hiding. The true self contains within it, and protects, all that is felt to be threatened by destruction. It is consistent with this notion of the need to protect that which is valued from harm that Winnicott defines God as “the repository of the good aspects of the self, which we need to project outward to protect them from our inner badness.” Successful therapeutic intervention surfaces the true self, establishing experiences of wholeness, aliveness, genuineness, and worth.

In summary, Winnicott sees the self as coming into being during the process of ego development, through interaction with loving caretakers who treat the child as a self and reflect back their experience of the child’s selfhood. So important is the environment that some forms of psychopathology, the personality disorders, are seen by Winnicott to be “environmental deficiency diseases.” In health, the true self is secure enough to express itself freely; in disease, the false self predominates striving to keep the true self safe.

## **KOHUT AND SELF PSYCHOLOGY**

Heinz Kohut, founder of the psychoanalytic school called self psychology, was not primarily a theorist; he was a clinician. His theory of self arose from his work with a group of patients he called narcissistic personality disorders, and out of his observation of how they related to him as extensions of themselves. These narcissistic patients were not psychotic but were more ill than and “felt” different from neurotic patients. His theory is an inference from clinical data, particularly data derived from transference phenomena.

Kohut (1970, 1977) defines the self as a unit, both cohesive in space and enduring in time, that is a center of initiative and a recipient of impressions. It can be regarded either as a mental structure superordinate to the agencies of the mind (id, ego, and superego) or as a subordinate content of those agencies. Although Kohut believed these conceptions were complementary rather than mutually exclusive, he emphasized the self as a central or superordinate principle in his later writings. Kohut borrowed the notion of complementarity from physics, where electromagnetic phenomena are understood as both waves and particles, and saw the same complementarity as pertaining to the self as an overarching, central psychological

construct and as a representation in the agencies of the structural model. Some phenomena are best understood as waves (superordinate self) and some as particles (subordinate self.)

The self as superordinate is, so to speak, the organized and organizing center of human experience, which is itself experienced as cohesive and enduring. How does this sense of an I (self) that coheres in space and endures in time develop? According to Kohut, the infant develops a primitive (fragmented) sense of self very early. That is, each body part, each sensation, and each mental content is experienced as belonging to a self, to a me, as mine; however, there is no synthesis of these experiences as yet. There are selves, but no unitary self. Nor are there clear boundaries between self and world. Kohut designates this stage as the stage of the *fragmented self*, it is the developmental stage at which psychotic persons are fixated or to which they regress. Kohut also observed regressive, temporary fragmentation in his narcissistic patients when they became highly anxious. His reasoning went from clinical data to metapsychology. He also cites such evidence as hypochondriasis, in which the integrity of the self fails and isolated body parts become the focus of self-experience, as evidence for the existence of a stage of fragmentation in self-development. Although there are important differences, Kohut's stage of the fragmented self corresponds to Freud's stage of autoerotism; it is another way of understanding the stage of human development that precedes the integration of the infant's experienced world.

According to Kohut, at the next stage of development an *archaic nuclear bipolar self* arises from the infant's experience of being related to as a self rather than as a collection of parts and sensations. This self is cohesive and enduring, but it is not yet securely established. Hence, it is prone to regressive fragmentation, to "going to pieces" or "falling apart." It is nuclear in the sense of having a center, or nucleus, and it is archaic in the sense of being a primitive precursor of the mature self.

The development of the nuclear self from the fragmented self brings to mind the story of the man who goes to the doctor and says, "Doctor, my feet hurt, I have a dreadful headache, my throat is sore, my bowels are about to burst, and to tell the truth, I myself don't feel so well either." The "I myself" is the nuclear self, while the aching feet, head, throat, and bowels are the fragmented self.

The archaic nuclear self is bipolar in that it contains two structures, the *grandiose self* and the *idealized parental imago*, the internal representation of the idealized parent as part of self. In this stage, there is a

differentiated self, which is experienced as omnipotent, but there are no truly differentiated objects. The omnipotence comes from the grandiose self and the undifferentiation from fusion with the idealized and internalized parents. Objects are still experienced as extensions of the self, as what Kohut calls *self-objects*. Self-objects are representations in the same sense as self-representations and object representations, except in this case the representation is that of a fused, undifferentiated amalgamation of self and object. The child's grandiose self attempts to exercise omnipotent control over his self-objects, and indeed is an inference from such behavior.

Kohut's notion of the self-object is confused. Sometimes he uses the term as Kernberg does, to denote the internal representation of nondifferentiation, as I defined it above, but more often he seems to use self-object to mean persons, the people who provide what he calls self-object functions, that is, who meet my needs, particularly my needs for self-esteem regulation, modulation of anxiety, soothing, and self-cohesion. It is as if they were extensions of me or were totally under my omnipotent control. In self-object relating, I either treat you as part of me, so of course you will (should) be perfectly under my control, or I merge with you and participate in the omnipotence I endow you with through *idealization*.

Idealization is an important Kohutian concept; he regards the need for idealization as both stage-specific and an enduring need throughout life. Kohut arrived at his concept of the bipolar archaic nuclear self by examining the transferences of his narcissistic patients to him. They either treated him as an extension of themselves whose function was to perfectly mirror them, to reflect back their glory, which he called the *mirror transference*, or they merged with him conceived of as an all-perfect, all-powerful ideal object. This way of relating he called the *idealizing transference*. Thus, the bipolarity of the nuclear self is an inference from the behavior of adult patients.

What Kohut calls *psychic structure* is built through the process of *transmuting internalization*, the piecemeal, grain-at-a-time internalization of not objects, but the functions performed by (self-)objects, through "optimal" or nontraumatic failure of the self-object to perform its functions. The notion is that if my needs are perfectly met, then I have no reason to acquire the means of meeting them through internalization, nor would I have any sense of separateness. If, on the other hand, my needs are so poorly met that it is traumatic, I have little to internalize and am too anxious to do so. In either case, that which was originally outside fails to get inside and become part of me, and a self-deficit results. Concretely this means that I am unable to do certain

things, such as soothe myself, maintain my self-esteem, or experience myself as cohesive, that is, as a healthy mature self. If I fail to acquire the capacity, through transmuting internalization, to provide myself with a sense of cohesion, continuity, and stable self-esteem, I must look to the outside and find people to provide them. So when Kohut is talking about structure, he is really talking about capacity, the ability to do certain things, experience certain things, and carry out certain tasks, particularly those tasks having to do with the self.

Transmuting internalization sounds like a fine notion, but is it “word magic”? What is actually denoted, and how do those “grains” get inside?

Kohut puts great emphasis on “mirroring,” the age-appropriate approving reflection of infantile grandiosity by self-objects, otherwise known as parents. Jacques Lacan (1977), who believes that the ego (self) is a defensive illusion, has another notion of mirroring. In his version, the child looks in the mirror, real or metaphorical, and sees a being far more bounded, whole, cohesive, and in control than he “knows” himself to be, and feels alienated because his “real” self is there in the mirror outside of himself. In this tragic vision, there is no internalization, and self, instead of being within, is always the “other.”

The internalization of psychic structure is codeterminous with the formation of the archaic nuclear, bipolar self. As Kohut puts it, “The rudiments of the nuclear self are laid down by simultaneously or consecutively occurring processes of selective inclusion and exclusion of psychic structure” (1977, p. 183), so it would appear that the archaic nuclear self with its bipolar structure comes from both inside and outside, is maturational in the sense of being a development out of the stage of the fragmented self, and yet is also the product of internalization, the transmuting internalization of psychic structure, and the internalization of the idealized parent. Or perhaps this is not quite so, and the idealization is an idealization of a parent primordially experienced as part of self. That is, the self-object structure comes first and differentiation later, rather than the amalgamation resulting from the internalization process. Kohut is not clear about this. The grandiosity that is a manifestation of the grandiose self, however, seems to be maturational and inborn. That is, it doesn’t seem to depend on environment, but universally comes into being at a certain stage of development. Here Kohut may be creating additional difficulties by turning process into substance; the grandiosity certainly is there, but one wonders if anything is gained by attributing that grandiosity to a structure, the grandiose self.

Just as Melanie Klein's developmental theory ends with the achievement of the depressive position, in a sense Kohut's developmental theory doesn't go much beyond his description of the archaic nuclear, bipolar self. However, he does have some things to say about the mature self, which he conceives of as a development out of the archaic nuclear self and which continues to be bipolar. In maturity, the grandiose self develops into realistic ambitions, while the idealized parental imago, now depersonalized, develops into ideals and values. Maturation of self is a process of depersonalization in the sense that attributes and functional capacities that were acquired from others take on an autonomy and become integrated into us in such a way that they are no longer identified with those from whom they were acquired. This is important to a healthy sense of selfhood. I need to feel I can soothe myself, maintain my self-esteem, modulate my anxiety, and maintain my sense of ongoingness, initiative, and boundaries even in the face of great stress. If I cannot do these things, I am subject to regression to the stage of the fragmented self. Such a regression is in essence a loss of self, and its threat leads to panic terror.

Not surprisingly in a theorist so obsessed with narcissism, Kohut's theory is a narcissistic one. In his view, I don't internalize the people I love and who love me, as in Freud's view and to some extent in Klein's; on the contrary, I acquire what I can from them, and in a sense use and discard them when they no longer are necessary to me. The fact that others once did things for me, before I was able to internalize the things they did as psychic structure, as the capacity to do them, is now irrelevant.

According to Kohut, I do not lose or outgrow my need for self-objects (here meaning persons who relate to me in a certain way) in maturity. However, the mode of my self-object relating does change and take on mature forms. Exactly how is rather murky. In Freud's view, narcissistic libido becomes object libido; not so in Kohut's. For him, object libido and narcissistic libido have their own *developmental lines*; that is, each continues throughout life, with infantile narcissism developing into mature narcissism, characterized by realistic ambitions, enduring ideals, and secure self-esteem.

There are serious problems with Kohut's developmental theory of self in that it concretizes process and turns it into substance, so that the self becomes thinglike. This is particularly true of the archaic nuclear, bipolar self that plays such a large role in his theorizing. Kohut tells us that he developed this theory by observing the two types of narcissistic or self-object transferences. The clinical data are irrefutable, but it is a long way from such interpersonal behavior to a bipolar structure in the system ego, or a bipolar structure as a

superordinate construct. As long as Kohut is talking about ways of relating, about manifestations of grandiosity, about narcissistic needs, he is on firm ground, but when he tries to convert these into a metapsychology, he becomes less than clear and, to some extent, less than convincing. His problems are compounded by the confusion and ambiguity in his use of *self-object*, sometimes as a representation and sometimes as a person. This fuzziness in Kohutian self theory mars it. However, Kohut himself wouldn't be much bothered by this. He wrote, "All theorizing is tentative, provisional, and has an aspect of playfulness about it" (1977, p. 237).

My reservations notwithstanding, Kohut's theory is interesting. Implicit in it is the notion that the self arises both from the inside and from the outside. The grandiose self seems to be preprogrammed to emerge organically from fragments of self-experience, while the idealized parental imago is an identification with and internalization of idealized parents. Both the grandiosity and the idealization are related to and reactive from the sense of infantile helplessness. The delusional, but phase-appropriate normal, believes that I am omnipotent and that those who love me are omnipotent provide the security for emotional growth to proceed.

Kohut's theory introduces a new dimension to the understanding of the self: cohesion and its opposite, fragmentation. The self can be more or less cohesive and more or less subject to regressive fragmentation. Although Kohut recognizes self as a self-representation in the id, ego, and superego, his emphasis is on the sense of selfhood, the lived experience of wholeness, and the human interactions leading to that experience, as well as on the vicissitudes that result in the malformation of the self. Although Kohut does not style himself an object relations theorist, his theory is clearly object-relational. As with Winnicott, "I see and feel that I am seen and felt," therefore, "I know that I am," and further, "I see and feel that I am seen and felt as a whole person who is continuous in time, bounded in space, and is capable of initiating actions." And because I see that I am seen and held as if I were a self so conceived, I come to experience myself as that kind of self.

The Kohutian self always has a self-object aspect, as well as an individual aspect. I am always a part as well as apart. But Kohut's being a part means making you part of me, or me part of you, not relating as a separate person to you as a separate person, although in healthy maturity I also do that.

For Kohut, pathological narcissism is the regression-fixation to the stage of the archaic nuclear, bipolar self. It is characterized by the presence of a cohesive, but insecure self, which is threatened by regressive

fragmentation; grandiosity of less than psychotic proportions that manifests itself in the form of arrogance, isolation, and unrealistic goals; feelings of entitlement; the need for omnipotent control; poor differentiation of self and object; and deficits in the self-regulating capacities of the self. Furthermore, affect tolerance, the ability to experience and stay with feelings, is poor. The tenuousness in the cohesion of the self makes narcissistically regressed individuals subject to massive anxiety that is, in reality, fear of annihilation. The fragmentation of the self is annihilation of the psychic self. Those suffering from narcissistic personality disorders are also subject to “empty” depression, reflecting the emptiness of the self, the paucity of psychic structure and good internal objects.

Kohut emphasizes the normality of our narcissistic needs and the deleterious consequences of repression or disavowal of those needs. For him, a healthy narcissism is a vital component of mental health, and it is at least as important as object relating or the ability to achieve instinctual gratification. Kohut is highly critical of what he calls the “maturity morality” implicit in much of psychoanalysis, which he views as unaccepting of the narcissistic needs of the self. He is equally critical of the denial of the legitimacy of our need for self-affirmation by the Judeo-Christian religious tradition that condemns “self-centeredness.” He sees many factors working to deny or disapprove of the fulfillment of narcissistic needs and believes, as with any repression, it will fail and the repressed will pop out sideways. If narcissistic needs are not met in healthy ways, they will certainly be met in unhealthy ways, including the expression of *narcissistic rage*, the response to narcissistic injury, with its unquenchable desire for revenge, and the idealization of demonic leaders such as Hitler and the Reverend Jim Jones.

Kohut states that early analytic patients, the patients of Freud and his associates, were what he calls *guilty man*. They were primarily suffering from conflict between desire and conscience. They were caught between the pressures of the id and the prohibitions of the superego. The central issue in their treatment was making their desire and their guilt conscious, so they could find a way to live with them. The contemporary patient, in contrast, is what Kohut calls *tragic man*. Tragic man is not suffering from internal conflict; rather, he is suffering from narcissistic injury, from lack of a cohesive self, from lack of fulfillment and inability to feel whole, integral, or securely there. Kohut quotes with approval Eugene O’Neill’s lines in *The Great God Brown*, “Man is bom broken. He lives by mending. The grace of God is glue” (Kohut, 1977, p. 287).

## DANIEL STERN

Daniel Stern, who was a student and associate of Mahler's, differs importantly from other psychoanalytic developmental theorists in denying the existence of an autistic, fused, merged, symbiotic stage out of which separateness, autonomy, and self emerge. On the contrary, he maintains that the template for the organization of experience into self-experience and non-self-experience is innate, and that it is meaningful to talk about self-experiences occurring in the infant from the age of 2 months on. For Stern, selfhood is an epigenetic development of four types of self-experience: *emergent*, *core*, *subjective*, and *verbal*, which are successive in time, distinct and discrete, yet coexistent from about the age of 4, when the verbal self is established, to the end of life. Thus, there are four selves: the emergent self, the core self, the subjective self, and the verbal self, each contributing its harmonies and disharmonies to the symphonic structure of the adult self in which the components retain their uniqueness, yet blend into a unitary experience.

Stern based his theory largely upon the infant-observational and empirically experimental research of the past two decades, taking note of psychoanalytic clinical notions, the validity of which he does not deny, yet insisting that they are adultomorphic, retrospective projections onto the infant. What Stern does validate in the psychoanalytic notions of the self is their emphasis on the reality, indeed the saliency, of inwardness and of subjective experience, in contradistinction to the outwardness and the behavioristic bias of most empirical psychological work. Stern certainly believes in an unconscious, but he doesn't much deal with it.

For Stern, the self is experiential. Explicitly, he defines it as the sense of agency, the sense of physical cohesion, the sense of continuity, the sense of affectivity, the sense of a subjective self that can achieve intersubjectivity with another, the sense of creating organization, and the sense of transmitting meaning. Definitions are prescriptive as well as descriptive, and Stern opts for a self or series of selves that are sensate, vaguely inchoate or sharply experienced sensations and organizations of sensations. These selves are essentially preconscious most of the time, although for the most part they can emerge into consciousness without difficulty. It is not clear how or how much the Sternian selves are dynamically unconscious. Perhaps figure and ground is a better metaphor than conscious and unconscious: Stern's selves most commonly serve as ground, albeit an active and organizing ground, but they can indeed become figure in some situations.

Let us look at Stern's selves in a bit more detail. They correspond to discontinuities—quantum leaps in



development. The sense of the *emergent self* comes into being during the first 2 months of life. It is a “sense of organization in the process of formation” (Stern, 1985, p. 38). Stern emphasizes the experience of the process more than he does the product. This process is an ongoing organization of bodily concerns resulting in experiential cohesion of the body, its actions, and inner feeling states. These will form the core self that is now emerging. The emergent self is both the process and the product of forming relations between isolated events. It is the giving of cohesion. In adult life, the emergent self is the basis of creativity and potential for ongoing development.

In the next stage, that of the *core self*, there is a consolidation of that which has emerged from the emerging self. The core self is characterized by experiences of *self-agency* (I can do things), *self-cohesion* (I have boundaries; I am a physical whole), *self-affectivity* (I have patterned inner qualities of feeling that are the same across experiences), and *self-history* (I endure, go-on-being, because there are regularities in the flow of my experience, in the stream of my consciousness). These four self-experiences of the core self are preconceptual. They are “senses of,” not concepts, cognitive knowledge, or self-awareness. They are not reflexive or reflective. The core self is a self without self-consciousness. In normal development, it is consolidated at about 8 months.

Stern’s inclusion of affectivity as one of the most salient aspects of selfexperience has important implications for the experience of the continuity of the self. Stern maintains that affect is the most constant experience we have, in the sense that affects remain more the same across time than any other experience. That is, my experiences of anger, sadness, joy, and pain are essentially the same in infancy, in childhood, in adolescence, in young adulthood, in maturity, and in old age. Therefore, my experience of affect very importantly determines and is constitutive of my experience of going-on-being. There is a clinical implication in this as well, in that putting the patient in contact with his or her feelings, his or her affects, in addition to whatever else it may do, should increase his or her sense of self-cohesion and self-continuity.

The *subjective self* develops from 8 to 15 months. Essentially, it is the discovery that there are inner subjective experiences—thoughts and feelings—that are mine alone. Simultaneously, or slightly later, the infant “discovers” that others also have minds (i.e., thoughts and feelings that are potentially the same as his or hers). This opens up the possibility of *intersubjectivity*. I can share (or not share) or connect (or not connect) with other creatures who are subjects like me, who have an inner world of sensations, feelings, and thoughts.

For Stern, self and objects are coemergent, not from a symbiosis, but from genetically and temporally prior, less organized, inwardly experienced experiences of self and others. There is a prior primitiveness of self and others (primitive in the sense of less organized and less self-aware), but no prior confusion or merger. In the state of the subjective self, the subjectivity of the other is also established, and multitudinous possibilities for relatedness come into being. It is only now that merger or symbiosis becomes possible, but only as a union of that which was initially experienced as distinct. The distinctness of self and other, self and world, are preprogrammed, as is the development of the four selves. Of course, Mahler maintains that autism precedes symbiosis, but her notion is rather different than Stern's.

However, development does not take place in a vacuum; it takes place in a social matrix, and there is a dialectical relationship between the emergent selves of the infant and the responses of the adult caretakers. As the child changes, the response he or she elicits changes, which in turn elicits further changes in the child. Here Stern's notion is similar to those of Winnicott and Kohut, but the balance is more on innateness and response to it than on environmental provision (being treated as a self) creating a self. The emphasis is different, but all these thinkers see both innate and environmental input as necessary for the formation of the self.

During the second year of life, the *verbal self* comes into being. Now the self can be represented as a narrative: the story one tells to oneself about who and what one is. The narrative self is reminiscent of Freud's notion of the secondary revision of dreams, the process by which the dreamer gives the dream more cohesion and a better narrative line than it actually has. In a sense, the verbal self is a secondary revision of the dream that is one's life. The verbal self opens up new possibilities for interpersonal experience, but language also increases the possibilities for deception and concealment. The verbal self cannot adequately represent the other selves. It creates a world of concepts and abstractions that carry with them the danger of alienation from the vividness, uniqueness, and vitality of the preverbal experience characteristic of the emergent, core, and subjective selves. Thus, the four selves are equally necessary; the temporally later does not supplant the temporally earlier; rather, they provide different self-experiences. The four selves endure and mutually enrich each other across the life span. In the full flower of the Sternian self, it is simultaneously the experience of coming into being, the experience of being, the experience of interiority of self and others, and the experience of having and creating a history verbally, a narrative.

There are two main disagreements between Stern and the other psychoanalytic theorists that we have surveyed. Stern does not believe in an autistic stage or an emergence from symbiosis, although he does agree that some sort of merger experience does occur between mother and infant subsequent to the experience of separateness. From an evolutionary perspective it makes sense that both the template for discrimination between self and non-self *and* the potential for and drive to bond are inborn. Both have survival value. They are the *anlage* of the *twin poles of separateness and relatedness* of the self. From the evidence of dreams, art, ritual, myth, literature, and human behavior as manifest in activities as diverse as love, politics, and transference phenomena, it is clear that merger experiences are an indelible part of the human psyche. The psychoanalytic dispute is over how they should be understood and interpreted. However, the difference between Stern and the other theorists is not as great as it seems. It is about timing and sequence more than anything else. From the evidence of infant research, it is highly likely that Stern is basically right when he maintains that separateness is innate and primordial and that the autistic (autoerotic) stage as previously understood does not exist *and* that bonding, subjectively experienced as merger, is just as primordial. Whatever the balance of these tendencies at birth and in the earliest months of life, completion of the developmental task of separation-individuation is prerequisite to the formation of a healthy and mature self.

The second disagreement between Stern and the other theorists concerns “splitting” and the existence of good and bad self- and object representations. Stern does not believe that infants so simplify their worlds and he brings experimental evidence to bear in support of his view. Rather, he believes that the infant has a more average experience of less than perfect gratification that is reflected in an averaged representation. Inferences from infant observation and experiment to infantile subjective (and probably unconscious) experience are, to say the least, fallible, just as are reconstructions of the infant’s inner world from the evidences of adult behavior, psychopathological or otherwise. So we cannot be sure of the nature of the infant’s representational world. However, all of human history, collective and individual, is a record of the belief in gods and devils, or in God and the Devil, in all good and all bad. Our entire lives we struggle to transcend this invidious oversimplification and distortion of ourselves and our objects (the historical and clinical evidence is here irrefutable) and to perceive and react to the world and ourselves in a way commensurate with the subtlety and complexity of reality. Does this mean that we start with unintegrated good and bad object representations? Or do we split already “averaged” representations for defensive purposes? One can’t be sure at the present state of knowledge. Self- and object representations are cognitive

structures and as such, are theoretical constructs that can't be observed; however, their manifestations can and the evidence, experimental and clinical, is that we both split and integrate.