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Criticism

Psychology of the Self and the Treatment of Narcissism

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In this chapter I present 18 categories of debate about the psychology of the self. The reader may use these categories as indicators and guides for evaluating the psychology of the self and for studying the psychiatric literature critical of the subject.

NOSOLOGY

The definition of narcissism remains controversial, both as applied to the individual and as applied to the culture as a whole. Freud expanded this concept in at least four ways (Satow 1983); since Freud, the term has been applied in many ways to both individuals and groups. Freudians, Kleinians, ego psychologists, object relations theorists, and self-psychologists all present different theoretical systems for understanding narcissistic phenomena. The confusion is compounded by the use of “schizoid” diagnostically “by adherents of relational models (Fairbairn, Guntrip), who are interested in articulating their break with drive theory” (Greenberg and Mitchell 1983, p. 385), for patients labelled “narcissistic” by North American authors.

No agreement exists on the differentiation of narcissistic personalities from borderline personalities, or on the choice of treatment. Many of Kernberg's patients who are narcissistic but characterized as functioning on a borderline level would not be considered narcissistic personality disorders by Kohut. For self-psychologists, the term "borderline" seems to apply mainly to patients who show an irreversible fragmentation of the self in a trial of psychotherapy; most other authors use the DSM-III diagnostic signs and symptoms which overlap with other DSM-III personality disorders.

Stein (1979) complains that Kohut's (1977, Kohut and Wolf 1978) categories of disorders of the self actually "swallow up" the various neurotic disorders as these have been previously described in the literature. He continues, "[Kohut's] categorization is not much help in establishing useful criteria for those who could benefit from 'traditional' [his term] psychoanalysis, as against a presumably far greater number who require the application of his method" (p. 676). More generally London (1985) places the weakness of self-psychology in the "reductionism of its theories" (p. 105).

THE DEFICIENCY THEORY OF ETIOLOGY

Stein (1979) states that the simple principle which holds disorders of the self to be the result of lack of parental empathy is too easy a solution for the extraordinarily complex problems of the etiology of psychopathology: “Blaming one’s parents, whether they deserve it or not, is simple and satisfying; it reflects, at best, only part of the truth of the origins of human character” (p. 677). More technically, Rothstein (1980) claims that Kohut reduced the genesis of narcissistic personality disorders to a “unifactorial disappointment in the mirroring self-object” (p. 451). He considers this to be a “reductionistic construction.”

Several authors, such as Schafer (1985), point out that in Kohut’s system the patient is seen mainly as a victim of the failures of early self-objects. This “seems to discourage adequate scrutiny of the analysand’s unconscious, highly ambivalent, powerful, active, and early part in experiencing and even arranging a life of inhibition, suffering, and mistreatment” (p. 292). Silverman (1985) suggests that countertransference factors may cause Kohut’s followers to accept “their patients’ projective attribution of total responsibility for their

neurotic disturbances to parental abuse and failure” (p. 181). However, a case he presents could easily be described as having formed a self-object transference, if one follows Kohut.

Treurniet (1983) argues that what self-psychologists call “deficit” is actually a “reversible phenomenon originating in insufficient help to overcome conflicts experienced by the preoedipal child” (p. 77). He believes therefore that self-psychology “corrodes some of the most central explanatory concepts of psychoanalysis—conflict, transference, and resistance” (p. 98). Basch (Stepansky and Goldberg 1984), on the other hand, claims that Kohut’s etiological approach began with Ferenczi and follows the psychoanalytic tradition, centering on the facilitating interplay between the infant and its environment.

PROGNOSIS

Kohut’s self-psychology views the narcissistic personality disorder in a relatively benign fashion as representing developmental arrest. Kernberg (1972-1982a) views the narcissistic personality disorder as severely pathological, and the treatment of it as difficult,

characterized by periods of explosion and great discomfort for both the patient and the therapist. On the whole there is an often criticized tendency for self-psychologists to present the treatment of narcissistic personalities and (among some followers of Kohut) borderline personalities in a more hopeful way than is found in the presentations of such patients in psychoanalytic literature. Kohut, as discussed, was not optimistic about the psychoanalytic treatment of borderline patients. More studies of the application of self-psychology to the treatment of borderline patients will help resolve this question of prognosis and lead to better understanding of the conflicting diagnostic approaches, theories, and therapeutic recommendations.

THE SELF AS A SUPRAORDINATE CONCEPT

Schwartz (1973) reviewed a panel on technique and prognosis in the treatment of narcissistic personality disorders held at the 1972 fall meeting of the American Psychoanalytic Association. During the meeting, Spruiell argued that the supraordinate concept of “self” has been allowed to encroach on the structural model concepts of the ego and its functions. He (1974) suggests that originally “the ego *was* the self” (p. 277). Later, as it became defined more abstractly in terms of

its functions, the ego came to mean more “but at the same time less—to those to whom it no longer represented the self” (p. 277). Spruiell suggests that there is a correlation between those psychoanalysts who emphasize the importance of preoedipal conflicts over the traditional Oedipus complex in psychopathology and those who have relegated the ego to a lesser position and attempted to emphasize the overriding importance of the self.

Pari passu with this according to Slap and Levine (1978), Kohut “minimizes the importance of the contents of the patient’s fantasies and downgrades the significance of intrapsychic conflict” (p. 504). He emphasizes structural deficits over conflicts and defenses. Kohut’s (1977) claim that one need not deal with all aspects of the personality once the maintenance of the self is assured strikes Stein (1979) as a reversal of Freud’s (1937) approach in “Analysis Terminable and Interminable.” Freud warns us not to leave drives and conflicts alone: “The warning that we should let sleeping dogs lie, which we have so often heard in connection with our efforts to explore the psychical underworld, is particularly inapposite when applied to the conditions of mental life” (p. 231).

Rangell (1981a) sees no need for Kohut's paradigm since "The self has always been incorporated into structural theory" (p. 685). A panel on the relationship between the theory of the ego and the concept of the self is reviewed by Richards (1982, pp. 718-720) and he concludes (1982a) that use of the self as a "superordinate [sic] concept in psychoanalytic theory" is unwise: "[George] Klein, Gedo, and Kohut all offer the self as a kind of conceptual tranquilizer for the philosophical, theoretical, and clinical dualities that are inherent in psychoanalytic work" (p. 956).

This problem is compounded by various conflicting definitions of the self and Kohut's (1977) earlier statement that the self "in its essence" cannot be defined. Kohut himself shifted from an early (1971, p. xv) concept of the self as existing side by side with but not as one of the mental agencies (id, ego, superego), to his later concept of the bipolar self as a supraordinate organizing principle, a "supraordinated configuration whose significance transcends that of the sum of its parts" (1977, p. 97). This issue of whether the self should be viewed as supraordinate or as a content of the mental apparatus remains one of the strongest areas of disagreement among psychoanalysts (Meyers 1981).

DIFFICULTIES WITH TERMINOLOGY

Giovacchini (1977, 1978) questions Kohut's use of terms such as horizontal splitting rather than repression, vertical splitting rather than dissociation, and transmuting internalization: "The novel combination of an adjective and a noun does not mean that we have a new and creative idea" (1978, p. 619). Similarly, the term "fragmentation" has come under considerable question by, for example, Rothstein (1980), who considers it a "jump toward abstraction embodied in the concept of 'fragmentation'" (p. 436) and by Kernberg (1982a) who questions the whole notion of "disintegration" products of the "'fragmentation' of a feeble self" (p. 375). London (1985) claims that fragmentation of the self is "simply another term for structural regression" (p. 97).

Ticho (1982) reports that "a considerable part of Heinz Kohut's theory of the psychology of the self is not as new as many seem to think" (p. 849); although the definitions of the self vary considerably among schools such as those of Adler, Jung, Horney, and Sullivan, concepts of the self played a central role in their theories. Indeed, Stepansky (1983) believes there is a close relationship between the

work of Adler and Kohut, especially in their position as dissenters from the prevailing psychoanalytic tradition. Imber (1984) tries to delineate what she calls “some very striking similarities” as well as “some important differences” between the ideas of Sullivan and Kohut. Arguments for and against the similarities of Kohut’s self-psychology to theories of his earlier psychoanalytic predecessors rest on the assessment of the terminology used by Kohut’s predecessors. Self-psychologists complain that this similarity is only superficial and that careful study of Kohut’s use of the concept of self clearly differentiates him from his predecessors.

THE DOUBLE-AXIS THEORY

Kohut’s (1971) early concept of separate lines of development for libido and narcissism, often referred to as the “double-axis theory,” quickly came under attack. Kernberg (1974, 1974a, 1975) repeatedly questions this theory. Hanly and Masson (1976) argue that it is untenable. Goldberg (1976) answers their attack by stating that when one says “narcissism is not a separate line of development,” one is really saying, “I choose not to look at narcissism as a separate line of development” (p. 69). Lichtenberg (1978) regards the matter as

unsettled and states that a fully assembled line of development for narcissism has not yet been delineated even in the self-psychological literature.

INFANT CAPACITIES

Many authors such as Giovacchini (1982) argue that Melanie Klein, Kohut, and even Freud assume certain capacities in the infant that have not been demonstrated to exist; examples are the clear recognition of external objects and the capacity for introjection. These arguments often group Kohut's concept of the virtual self with Klein's complicated assumptions about the knowledge and fantasy life of the infantile ego. The "virtual" self of Kohut (1977, p. 101) is described in terms of increase or decrease in tension, not in terms of specific fantasies and perceptions, in contrast to Klein.

On the other hand, Kohut's theory is open to the question of whether the infant has sufficient self- and object-cognitive discrimination to form an idealized parent imago. Critics argue that the infant would need to be somewhat cognitively aware of the parent and the external world; a similar problem exists regarding Kohut's

notion of the grandiose self.

THE GRANDIOSE SELF

An even more important controversy revolves around whether the grandiose self is a normal developmental formation found in all children or whether it represents a pathological formation. Kern-berg, influenced by the work of Klein, regards the grandiose self as a pathological structure. He attempts to describe the differential qualities of normal infantile narcissism and pathological narcissism, with special emphasis on the difference between the grandiosity of normal small children and the grandiosity expressed in pathologically narcissistic adult patients (1974a, p. 219). Kohut (1984) has answered this argument and Gedo (1977), although he offers an orientation different from both Kohut and Kernberg, disagrees with Kernberg's view that the grandiosity primarily defends against rage and aggression.

THE ZEIGARNIK PHENOMENON

This postulate of self-psychology (Kohut 1977) assumes that an inner motivation prompts undeveloped structures to resume their

development when given the opportunity; the energy behind this motivation has nothing to do with Freud's concept of instinctual drives, and the origin of it is not explained. It rests on the Zeigarnik (1927) effect which, in Kohut's interpretation, refers to the finding that the interruption of any task leads to tension and to the tendency to resume that task at the earliest opportunity, relieving the tension. Self-psychologists utilize the phenomenon to explain why self-object transferences develop. They are believed to result from the Zeigarnik effect-based need to complete unfinished developmental tasks. It is necessary to appeal to such a concept if one eliminates the notion of drives as motivational in the formation of self-object transferences; this leaves self-psychology open to criticism from academic psychologists and metapsychologists. Slap and Levine (1978) write:

We see no reason why the person would somehow sense a need for the structure he or she never had (and which is, in any case, a theoretical construct). Instead it is more economical to assume that a person that repetitively seeks objects similar to lost infantile objects is doing just that, for some combination of drive-gratifying and defensive reasons, (p. 509)

An important clinical derivative of this debate appears in the

choice of interpretations of patient material and transference phenomena. The therapist must decide whether the data, even when manifestly sexual in nature, should be interpreted as representing issues concerning the formation of and defenses against self-object transferences or object-instinctual transferences.

AGGRESSION

The conceptualization of aggression is one of the most controversial aspects of self-psychology. Kohut regards it as a disintegration product of normal assertiveness secondary to phase-inappropriate disappointment in self-objects, and suggests that assertiveness may enter yet another line of development with transformations of its own. For early Kernberg, Melanie Klein, and traditional psychoanalysts, aggression arises from a primary drive of some kind. There are substantial differences between the later views of Kernberg and traditional psychoanalysts as to the genesis of aggression (Goldberg 1985). For later Kernberg (1982) it is intertwined with the earliest projected and then introjectively internalized object relations. In the later theories of Freud aggression is a manifestation of the death instinct, and Melanie Klein accepts this

view.

It is difficult, considering the extreme primitive aggression that has been unleashed all over the world in the twentieth century, not to view aggression as a primary drive. It is also difficult (Tuttman 1978) to agree with self-psychologists, who view aggression as a disintegration product, a manifestation of reactions to defective maternal empathy. Thus, Rothstein (1980) writes that self-psychology de-emphasizes a wellspring of basic rage that is part of every human being. It “de-emphasizes the instinctual biological underpinnings of the aggressive drive” (p. 432) as described by Freud. For Freud we are creatures beset by lustful and aggressive drives, confined by the superego and the demands of reality, attempting reluctantly to tame the drives and reach a compromise that would preserve as much drive satisfaction as possible. This leads to a basically pessimistic view of humanity not found in Kohut (Chessick 1984c).

Gedo (1979) reminds us that the rejection of the death instinct by most analysts leaves the important phenomena of the repetition compulsion without motivational explanation. Those traditional analysts who disagree with Kohut’s description of aggression as a

breakdown product of normal assertiveness will have to either embrace the death instinct as an explanatory concept, move on to various object relations theories, or develop conceptualizations of their own.

The question of whether there are primary drives, or whether all “drives” are disintegration products due to the failure of the self-object matrix of the child, offers a clearer choice of solutions than the various conflicting theories of aggression. The study of the disintegration of normal assertiveness into aggression secondary to self-object failure has experimental potential, and preliminary work has appeared (Lichtenberg, Bornstein, and Silver 1984a). The complete denial of any drives in the Freudian sense by self-psychologists is one of the major differences in these two approaches.

IDEALIZATION

The idealizing transference or idealization, especially when it arises in narcissistic or borderline personality disorders, is believed by Kernberg (1974, 1974a, 1975a) to represent a defense against oral rage, envy, and paranoid fears related to the projection of sadistic

trends that would appear in the treatment as intense envy and devaluation of the therapist. For Kernberg, such a transference needs to be interpreted so that the underlying sadism may emerge and be worked through in the treatment. For Kohut, the idealizing transference is an important and desirable development in the treatment of narcissistic personalities and should be allowed to appear undisturbed. It represents not a defense, but an attempt to take up once more the task of building the structure of the self, motivated by the Zeigarnik phenomenon. This “reluctant compliance” with the idealizing transference is a point of criticism of self-psychology, since, if Kernberg is right, the effect would be collusion (Langs 1981) to hide the appearance of intense rage. This issue is not merely theoretical since every therapist is forced to choose between these approaches when deciding whether and how to interpret an idealizing transference.

TRANSMUTING INTERNALIZATION

Gedo (1980, 1984) complains about Kohut’s concept of transmuting internalization. He argues that it is essentially undefined, and that there is no evidence that it represents the curative process in

the psychoanalysis of narcissistic disorders. Patton and Sullivan (1980) presented a detailed description of Kohut's concept of transmuting internalization and, although they regard it as a "difficult" concept, they attempt to place it in psychoanalytic perspective. A related, unresolved issue arises from an examination of the similarities and differences in the traditional concepts of introjection, incorporation, and identification on the one hand, and transmuting internalization on the other. Much of the confusion in the literature arises from ignoring the crucial differences in orientation between Kohut's self-psychology and traditional psychoanalysis. Transmuting internalization describes the building of the bipolar self, whereas the other concepts—introjection, incorporation, identification—assume the traditional drive theory and are related to the building of the ego and the superego.

We can watch the results attributed to transmuting internalization develop with patients if we are willing (at least temporarily) to accept the orientation of Kohut and think of the material as related to the vicissitudes of the state of the patient's self, a state we "observe" by vicarious introspection. The issue of whether transmuting internalization is a basic curative element in

psychoanalytic treatment is related to the argument about whether there is a separate developmental line for narcissism. It rests on whether the therapist is willing to view the clinical data from Kohut's orientation.

DREAM INTERPRETATION

A number of authors, such as Schafer (1985) and Stein (1979), insist that Kohut's so-called self-state dreams are interpreted on the basis of manifest content and therefore, Stein writes, "Kohut's view of dream interpretation is widely at variance with that established by Freud in 1900 and elaborated by analysts since then" (pp. 673-674). Stein believes that Kohut indulges in "anagogic interpretation" (Stein 1984), reviving a pre-Freudian view of dreaming. The example Stein (1979) gives is Kohut's (1977) analysis of the daydream of Mr. X. (pp. 203-211). To this argument Goldberg (1976) has already replied, "It should be unnecessary to explain that many dreams in our literature are presented for brevity's sake without all the associations; without thus condemning the writer for laxity" (p. 69).

Kohut (Lichtenberg and Kaplan 1983) denies that self-state

dreams are interpreted from their manifest contents and points out that associations to such dreams, although they must be carefully noted, lead nowhere. This constitutes a clinical clue that we are dealing with a self-state dream! The argument over dream interpretation arises from the question of whether any clinical phenomena can be understood without reference to drives, defenses, and conflicts. To a traditional psychoanalyst who has been properly trained to investigate all clinical phenomena for the existence of drives, defenses, and conflicts, the notion of a self-state dream surely would appear to be a reversion to pre-Freudian mysticism.

THE OEDIPAL PHASE AND THE OEDIPUS COMPLEX

Self-psychology challenges the central postulate of Freud's psychoanalysis which maintains that the Oedipus complex is at the core of all adult psychoneuroses. Kohut (1977, 1984) accepts the existence of an oedipal phase in development, but he claims that in the normal situation it does not lead to an Oedipus complex. Only if the oedipal phase occurs in the presence of an enfeebled or fragmented self, or is responded to with phase inappropriate manifestations on the part of the parenting self-objects, will there be the appearance of

disintegration products from the normal oedipal phase (the lust and aggression that manifests itself as the Oedipus complex).

Wallerstein (1981) takes the position that although Kohut may be correct in his assertion that pathology of the oedipal phase is not as ubiquitous and basic to human psychic functioning as many have thought, “This to me in no way diminishes the basic nature and the ubiquity of the oedipal *conflict* as central to the vicissitudes of normal human development” (p. 388). A more typical view is Waldron’s (1983) question as to whether Kohut’s approach, which Waldron conceives of as “avoiding a full analysis of the elements of oedipal conflicts as they manifest themselves in the current life of the patient” (p. 628), can be claimed to lead to better therapeutic results. Waldron is skeptical of such a claim and argues that it has not been substantiated and that “it would appear to be at variance with accumulated clinical experience” (pp. 628-629).

The assumption that Kohut’s approach avoids oedipal issues appears repeatedly in the literature. Glenn (1984) writes, “When an interpretation implicitly or explicitly excludes the sexual, the analyst encourages an incomplete and inexact analysis” (p. 320); he speaks

here of material that has manifest sexual content. Rangell states (Richards 1984) that “the oedipal phase and castration anxiety are most often defended against and avoided in new theories. Etiologic foci are fixed conveniently on either side of the oedipal conflicts, avoiding them from above and from below” (p. 590). A similar complaint has less frequently been made by traditional psychoanalysts about Kernberg’s work and about the contentions of other object relations theorists.

The interpretation of patient material regarding sexual activities and fantasies in terms of primarily nonsexual or narcissistic and structural deficit difficulties raises one of the most important disagreements between self-psychologists and traditional analysts. It is hard to imagine how such a central disagreement could ever be resolved, and the literature is replete with criticism of this nature, pertaining especially to published case material of self-psychologists.

Here is where Grünbaum’s (1983, 1984) criticism of Freud’s “tally” argument is well demonstrated, because both sides invoke this kind of argument to “prove” their claims. However, in the area of severe pathology, such as narcissistic and borderline personality

disorders, the disagreement could arise out of the nature of the clinical data in itself, rather than from a shortcoming in psychoanalytic scientific method. In these cases, where the distinction between self and object is at a vanishing point, regardless of what theoretical conceptions are employed, other considerations besides the Oedipus complex become paramount. Furthermore, as Loewald (1980) points out, “as we become more aware of and better acquainted with these forms of mental functioning, we have also come to recognize that problems in the classical neuroses, which had been seen mainly in the light of psychosexual conflicts rooted in the oedipal phase, are often importantly codetermined by disruptive, distorting and inhibiting influences occurring during earlier phases” (p. 377).

CASE MATERIAL

In Chapter 13, I described criticisms of Kohut’s (1979) “two analyses of Mr. Z.” Two other paradigmatic cases of self-psychology have been singled out for criticism. Stein (1979) challenged the case of Mr. M. presented by Kohut (1977), questioning Kohut’s understanding of the dynamics of the case, his conception of the etiology of the patient’s difficulties, and his actual psychoanalytic treatment

procedure. Stein, like a number of other authors, remains unconvinced by the self-psychological explanations, interpretations, and techniques that are employed in the case.

Just as the case of Mr. M. is central to Kohut's (1977) presentation of the "psychology of the self in the broader sense," the case of Miss F. is central to Kohut's (1971) presentation of the "psychology of the self in the narrow sense." Kernberg (1974a) suggests that Kohut's interpretation of this case implicitly blamed "the patient's mother for having caused the patient's anger" and functions as "protecting the patient from full examination of the complex origins of her own rage" (p. 232). For Kernberg, Kohut's interpretation was inexact and supported the patient's defenses. Gedo (1984), working from his own point of view, also disagreed with Kohut's characterization of Miss F.—who responded with fury whenever his interventions went beyond whatever the analysand could have stated—as a patient that showed an aspect of a mirror transference requiring "echoing." As in the case of Mr. Z., self-psychologists reply that case presentations are meant to be illustrations rather than "proofs" of points of view and are thus open to varying interpretations. Grünbaum (1983, 1984) would ask: What *are* proofs of points of view in psychoanalysis? Edelson (1984)

answers that it *is* possible to obtain scientific proof in this field, provided that hypotheses are posed and clinically tested with proper regard for methodology.

AMBIENCE

Self-psychologists claim that the ambience of their treatment is more benevolent and to some extent different and perhaps even more curative than in the traditional practice of psychoanalysis (Wolf 1976). This is primarily a function of their increased emphasis on the empathic understanding of the patient at any given time and a recognition of the importance of responses to the patient based on empathic understanding. Traditional psychoanalysts find this claim difficult to accept, since they maintain it contains an underlying implication that they are not as empathic with their patients as self-psychologists. This is a mistake in understanding the claim of the self-psychologists involved, because it is a matter of emphasis and conviction regarding the importance of remaining closely attuned by vicarious introspection to the self-state of the patient at any given time. Therapists profoundly influenced by self-psychology have kept their sensitivity to the reactions of their patients more in the

foreground of their concentration; it is the common observation of this change in a therapist brought about by prolonged immersion in self-psychology that lends credence to the claim of self-psychologists that they provide a more curative milieu. Traditional psychoanalysts reply that the issue here is one of countertransference and a properly analyzed analyst, and requires no new theoretical orientation.

CORRECTIVE EXPERIENCE OR PSYCHOANALYSIS?

The statement that Kohut's form of psychoanalysis is not psychoanalysis runs through the critical literature on self-psychology. This is a variant of the more general question of whether nurturing psychotherapies can be considered part of psychoanalysis or whether psychoanalysis should be restricted to cure solely through the interpretation of the transference neurosis. Kernberg (1974a) says Kohut's techniques "have re-educative elements in them which foster a more adaptive use of the patient's grandiosity" (p. 238). Friedman (1978) considers the controversy between Kohut and Kernberg as a reenactment of a long-standing debate about the importance of interpretation; he feels that interpretation has become increasingly central to psychoanalysis due to competition from many other

psychotherapies which threaten the distinct identity of psychoanalysis.

Giovacchini (1978) writes, “This distillation of Kohut’s technical orientation causes me to wonder what relevance any of his ideas have to analysis and how they differ from any supportive manipulation” (p. 619). Slap and Levine (1978) claim that Kohut’s “therapeutic method depends on suggestion and learning, but not insight, conflict resolution, or making the unconscious conscious” (p. 507). If this is true, it is hard to see how Kohut’s self-psychology could be included under psychoanalysis.

Rothstein (1980) writes, “Kohut’s work has evolved to the point where he is advocating a reparative object relationship to transmute a developmental interference” (p. 447). He regards the “psychology of the self in the broader sense” as a “radical departure” from Kohut’s earlier work, and he points out that Kohut’s (1971) first book was entitled *Analysis (of the Self)* and Kohut’s (1977) second book was entitled *Restoration (of the Self)*. Rothstein continues, “It seems reasonable to conclude that if an analyst chooses to see himself primarily as a reparative object, a supportive psychotherapy has been

conducted” (p. 448).

Basch (1981) would disagree with this formulation. As stated before, he judges a treatment to be a psychoanalysis if the pathology is

being brought into the transference to the analyst, interpreted so as to enhance the patient’s understanding of himself and worked through to the point where the formerly malfunctioning structures have been restored or the defective structures strengthened to such an extent that the patient is capable of leading a productive life. (p. 345)

Based on this criterion Basch feels that Kohut’s contribution “is in complete harmony with classical Freudian analysis” (p. 345).

Treurniet (Lichtenberg and Kaplan 1983) considers self-psychology in the broader sense “a grave and serious loss” to psychoanalysis, “especially from the viewpoint of technique” (p. 194). He is worried about the impression that the self-psychologist “rescues” the patient from an unempathic traditional analyst and he feels that the “psychology of the self in the broader sense,” “is threatening to rob psychoanalysis of some of its most valuable technical conceptual tools, the dynamic and economic points of view” (p. 194).

Richards (1984) questions the emphasis on empathy in self-psychology. Although it is an important and implicit premise of successful clinical work, it does not constitute the clinical work: “The theoretical and technical primacy accorded empathy by self-psychology can serve at best to sensitize us to a single precondition for the successful application of a technique still properly rooted in classical conflict theory” (p. 600).

SELF-PSYCHOLOGY AND FREUD’S PSYCHOANALYSIS

The views of Kohut and Kernberg are irreconcilable and there are areas in which no substantive agreement can be found (Ornstein 1974). According to Greene (1984), self-psychology is “best considered a psychology separate and distinct from psychoanalysis” (p. 52) because the concepts of self-psychology differ significantly from those of psychoanalysis and conflict with psychoanalysis on many important theoretical issues. For Friedman (1980) Kohut’s theory “is actually a different *kind* of theory from Freud’s” (p. 409). I (1980a) have suggested that although the “psychology of the self in the narrow sense” is compatible with Freud’s theories, the “psychology of the self in the broader sense” is not, and is based on a somewhat

different, more holistic, and less Freudian notion of the self than the narrow sense theory. The employment of the concept of self in the narrow and broader sense theories is different and not entirely consistent between the theories.

Rothstein (1980a) maintains that Kohut moved from an original attempt to work within ego psychology to creating a new paradigm. After a brief review of Kuhn's (1962) theory about the evolution of scientific paradigms, Rothstein addresses the narcissistic investment in psychoanalytic paradigms and their creators in general, which he thinks contributes to "irrational polemical aspects of paradigm competition" (p. 394). The question of whether Kohut has offered a new paradigm or a complementary theory remains partly semantic, since Kuhn himself has regretted his use of the term because it is unfortunately vague. He attempted to replace it with terms such as "exemplars" and "models" (Kuhn 1977). I have maintained that Freud would probably accept the "psychology of the self in the narrow sense" as a complementary theory but would reject the "psychology of the self in the broader sense" as indeed representing a different paradigm—but Freud did not design his psychoanalysis for the treatment of narcissistic and borderline personality disorders.

Kohut's distinction between Guilty Man and Tragic Man has brought him close to some existentialist concepts, but there is a fundamental difference between self-psychology and existential psychoanalysis; the former retains the unconscious as a central concept. Still, Kohut's emphasis on lack of maternal empathy has been accused of reductionism in a fashion similar to existential psychoanalysis, and has avoided the complexities of postulated intrapsychic phenomena such as those of Klein and Kernberg. Kohut is not in the tradition of existential or continental psychiatry or psychoanalysis, because his work emphasizes the self of the patient as "observed" by vicarious introspection, rather than concentrating on the self as a consciously choosing agent, on the phenomenology of self-awareness, or on the decentering of the self.

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