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**Kernberg and
Modern Object
Relations Theory**

Psychology of the Self and the Treatment of Narcissism

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Kernberg and Modern Object Relations Theory

Kernberg's Criticism of Klein

Kernberg (1972, 1980) makes a number of critical comments about the work of Melanie Klein. He points out that Klein's technique, in which fantasies are collected from children aged 2 or 3, contains nothing to justify her assumptions about the fantasy life of the 1-year old. There is no evidence for assumed innate knowledge, for example of sexuality, genitals, or inborn oedipal strivings, or for the death instinct.

Kernberg maintains that higher levels of defenses are neglected by the Kleinians and that the distinction between the normal and the pathological in the infant is blurred. Klein's terminology, he explains, hopelessly confuses mechanisms, structures, and fantasies. For example, what is an "internal object"? Also, there is in Klein little distinction between diagnoses or in the treatment of various types of adult pathology.

Kernberg observes that the Kleinian emphasis on early object relations and projection leads in treatment to early deep magical

transference interpretations, assumed to be critical for the cure but which he fears actually may set off further regression. The Kleinians, he says, neglect the therapeutic alliance and blur the distinction between the transference and the transference neurosis. They violate the well-known rule of interpreting resistance before content and of working in from the surface.

Kernberg, in an argument that he will later (1974, 1974a) apply to Kohut, believes that there is no evidence that fantasies emerging in the transference repeat actual fantasies occurring in the first year of life. He objects to the Kleinian equation of introjection and identification, but he agrees with the Kleinians on the importance of early superego precursors. Still, the “mad language” of Kleinian analysts, quickly concentrating on breasts, milk, and so on, overemphasizes these confused concepts at the expense of everything else, says Kernberg, and leads to an intellectual indoctrination with the same interpretations being made over and over again. This criticism was already made by Balint (1968).

As a case example, Kernberg (1972) refers to a treatment reported by the Kleinian analyst Segal of a candidate-analysand who

started the first session “by saying that he was determined to be qualified in the minimum time and then spoke about his digestive troubles and, in another context, about cows.” The analyst interpreted “that I was the cow, like the mother who breast-fed him, and that he felt that he was going to empty me greedily, as fast as possible, of all my analysis-milk; this interpretation immediately brought out material about his guilt in relation to exhausting and exploiting his mother” (p. 87). Kernberg wonders to what extent this eager patient-candidate would accept such a deep interpretation as part of his wish to learn a new magical language, and to what extent such learning would feed into defenses of intellectualization and rationalization. His main point is that “the patient’s greediness might also reflect a narcissistic character structure, and the extent to which such character defenses might later interfere with the deepening of the transference should be clarified by exploring that defensive structure further, rather than by gratifying the patient’s eagerness with a direct interpretation of the possible ultimate source of the trait” (p. 87).

In further criticisms Kernberg states that stress on such concepts as “constitutional envy” and the “death instinct” represent a form of pseudo-biology. There is no clarity in the Kleinian notion of “positions”

about how they are related to or different from the classical “defenses.” These complaints, along with Gill’s (1982) comment that “despite statements to the contrary, the Kleinians do seem to make inappropriately deep transference interpretations which fail to make adequate contact with the current reality of the actual analytic situation” (p. 136) are rejected by Sandler and Sandler, and by Steiner (Bornstein 1984, pp. 391-392, p. 446). These authors point out that Kleinians differ considerably in their acceptance of Melanie Klein’s doctrines just as Freudians differ, and that many modern Kleinians—perhaps the majority—are sensitive and do not engage in premature deep interpretations.

Finally, Kernberg criticizes the Kleinian use of splitting, which is sometimes equated with repression and sometimes with a more primitive operation, and projective identification, which is a hybrid for the Kleinians of an internal psychic mechanism combined with an interpersonal attempt at control and communication.

Kernberg (1975, pp. 30-31) redefines projective identification as projection that has not succeeded entirely due to a weak ego, so that patients continue to experience their own aggression as well as fearing

it from the external object. Patients, therefore, fear the external object and must control or even attack and destroy it before it destroys them. Abend et al. (1983) point out that every author defines this term differently and it just leads to confusion.

Views of Modell

Many psychoanalysts feel that it is more realistic and practical in working with narcissistic and borderline patients to turn from the Kleinians to Modell's technique of allowing a transitional object transference to take place so that the development of the patient can resume; here we have a type of archaic transference (Gedo 1984). The notion of "transitional object" was first introduced by Winnicott and later referred to by Modell (1963, 1968). He defines a "transitional object phase" of the development of object love, during which there is a clinging dependent relationship to the external object, which is given magical powers to produce well-being and protection. For Modell, this stands between primary narcissism, where there is no recognition of the object as separate, and true object love, where there is the capacity to relate to the object as separate, human, and having needs of its own.

Modell emphasizes that treatment should provide a good-enough holding environment that leads to a transitional object transference, “a primitive form of object relationship in the transference,” which is “closer to schizophrenia than neuroses.” In this transference mere contact with the therapist is expected to passively cure and afford magical protection; the patient does not expect to do any actual work in the treatment. By emphasizing the transitional object transference, Modell argues that he is distinguishing among the classical type of psychoneuroses where other typical transferences appear, the narcissistic patient—who attempts to maintain an illusion of self-sufficiency in a closed system and thus does not form a transitional object transference, and the borderline patient who shows this “intense object hunger.” Such archaic transferences as described by Little (1981) and others are life-and-death types of transferences and therapist becomes an oxygen line to keep the patient alive.

This is a descriptive picture but is meta-psychologically confused. It blurs the distinction between borderline personality disorders and schizophrenia and it ignores the difference between the “object” and the “aggregate of object representations.” It does, however, call attention to the idea of healing as facilitated by the analytic setting

serving as a holding environment. Winnicott (1958) called attention to the gratification implicit in the constancy and reliability of the analyst's judgment, the analyst's capacity to perceive the patient's unique identity, and the constancy and reliability of the person of the analyst.

Throughout the discussion and cutting across all the theories, there is a dilemma in that there are two basic psychoanalytic models of treatment and cure. The first stresses a neutral-interpretive stance of the analyst; the second stresses more the nurturing-reconstructive experience within the analytic interaction. Thus Kernberg and many "traditional" psychoanalysts in the United States are clinicians of the first approach, while Balint, Winnicott, and Kohut stress the allowing of regression to traumatic developmental phases and the resumption of growth via the analytic relationship.

The dilemma to which we will repeatedly return in this book is whether the neutral-interpretive stance when it is predominant generates overwhelming resistances due to the arid interpersonal ambience. Or, does the nurturing-reconstructive experience when it is emphasized at the expense of neutrality and interpretation really

allow the patient to *experience* the beneficial aspects of the relationship without first analyzing the rigid stereotyped self and object images? Volkan

writes, "It is only when the therapist is differentiated from the archaic image that the patient's introjection of and identification with the therapist's function is seen as operating in the service of altering structures already formed and/or forming new ones" (p. 87).

Problems in Object Relations Theory

The basic assumption of object relations theory is stated by Shapiro (1978):

One can understand the relationships between people through an examination of the internal images they have of one another. In the healthiest people, these images correspond rather accurately to the reality of the other person and are continually reshaped and reworked as new information is perceived and integrated. In less psychologically healthy people, the images are stereotyped, rigid, and relatively unchanged by new information, (p. 1309)

Object relations theory is useful in understanding the puzzling

lack of influence of the benevolent therapist, that is to say, why a corrective emotional experience, if it does occur in psychotherapy, occurs slowly at times, often to the agonizing countertransference frustration of the well-intentioned therapist. However, object relations theory tends to lend itself to medieval scholastics and obsessional disputes about postulated theoretical details, but it has also shown value in organizing direct observations of the preoedipal mother-child unit (Mahler et al. 1975).

There are many debatable problems inherent in object relations theory. No methodology has been developed to verify those reconstructions of object relations theory—which have been derived from adult treatment—of the various phases of development as described by Kernberg (Abend et al. 1983). Nor has an approach been devised that enables us to correlate these reconstructions with the data of direct observation of the preoedipal mother-child unit *without* the injection of preconceived notions of the observer.

Authors disagree about “primitive internalized object relations.” Are these a source of motivation and the only or primary source or an additional explanation for behaviors insufficiently explained by drive

theories? Neither of these views make clear what causes these internalizations to affect behavior; the relationship between “drives” and “internalizations” is not clear. Gedo (1979) points out that the rejection of the death instinct by most analysts “leaves that body of clinical data classifiable under the rubric of repetition compulsion without motivational underpinnings. In my judgment, the conception of early object relations as an additional source of human motivation was one major tendency to fill this metapsychological void” (p. 366).

In addition, the problem of “internalization” is complex. Schafer (1968) defines internalization as all those processes by which a subject transforms real or imagined regulatory interactions with the environment into inner regulations and characteristics. Perception is not the same thing as internalization and the cognitive creation of object representations is not the same as internalization. Internalization is structural; perception and cognitive creation are experiential. The relationship between the structural and the experiential remains unclear in these theories, and the path from the experiential to the structural represents a big problem and already assumes a certain ego capacity. Thus the intrapsychic movement from perceptions to object representations to introjects as internal foreign

presences to psychic structure is characterized differently by different object relations theorists.

The authors in this group do not always distinguish between interpersonal relations, which Meissner (1978, 1980a) calls object relatedness, i.e., “real” observable interactions between people, and object relations, which are experiences of either party from within the interaction and their internal experiences of it.

Another confusion pertains to the relationship between “object representation” and “introject.” According to Volkan (1976), Kernberg and Jacobson avoid the term “introject” entirely, whereas Giovacchini regards it as identical to an “object representation.” Each author uses these terms differently.

Volkan offers a definition derived from his studies of the mourning process. He defines an introject as, “a special, already differentiated, object representation that strives for absorption into the self-representation in order to achieve identification” (p. 59). Introjects, in contrast to object representations, are “functional and may play a role in the formation and alteration of psychic structure”

(p. 59). I will discuss and clarify this matter. For Volkan, an introject is experienced as an inner presence because it is *between* being an object representation and not yet having been absorbed into the psychic ego structure. Therapy for him, as for Giovacchini, leans heavily on absorbing the introject of the analyst into the psychic structure in order to alter or reform the psychic structure by, for example, replacement or attenuation of early malevolent introjects.

The mechanisms of internalization are very often confused in the literature. *Identification* is the most mature, less directly dependent on the drives, most adaptively selective, least ambivalent, more a modeling process, and originally a modeling on the parents. It is an automatic, usually unconscious mental process whereby an individual becomes like another person in one or several aspects. It is part of the learning process but also a means of adaptation to a feared or lost object. Identification is growth promoting and leads to better adaptation—a critical clinical point.

The word *introjection* was used by Freud in two ways. Originally (1917) he used it in “Morning and Melancholia” to mean a lost object taken in and retained *as* part of the psychic structure. Later (Freud

1933) it represented taking in the parents' demands as if they were one's own in the formation of the superego. Here one does not simply copy the object selectively, as in identification; a more encompassing process occurs. Freud's original definitions assumed a solid repression barrier with a cohesive sense of self and a relatively well functioning ego. Thus it has the flavor of a higher level in Freud's usage.

Incorporation is a form or model of introjection or taking into the mind the attributes of another person that involves the fantasy of oral ingestion and swallowing. Identification accomplished by incorporation implies change by fantasied cannibalism; "I am devouring your book like a hungry wolf," as a patient told me once. Incorporation is a primitive kind of interpersonal relations fantasy. It is primary process ideation, a form of fantasied "object-relatedness." At one time it was thought that this fantasy accompanies all introjection, but this is not now believed to be correct.

Schafer (1968) offers a modern review of introjection, which he defines as a process through which object representations are constituted as introjects or are changed into them. An introject is an inner presence with which one feels in continuous or intermittent

dynamic relationship, says Schafer, and he lists certain characteristics of introjects which have great clinical value:

1. They may be conceived of as a person-like thing or creature.
2. They may be unconscious, preconscious, or conscious.
3. They may be experienced as exerting a pressure or influence on the subject's state or behavior independently of conscious efforts to control it.
4. They do not *copy* external objects since they are shaped by "fantasies, projections, symbolizations, misunderstandings, idealizations, depreciations, and selective biases originating in the subject's past history and present developmental phase and dynamic position" (p. 73).
5. Once formed, an introject diminishes the influence of the external object. This is a key point. An introject is formed due to severe ambivalence or more or less disappointment in an attempt to modify distressing relations with the external object.
6. Once formed, the introject alters a relationship with an external object in a way not correctable by further experiences with the external object since the influence of the external object is now diminished.

7. Introjection is an event, a change in psychic organization and in the psychic status of an object representation. Notice how this assumes an active role in the ego of the infant.

It is necessary to understand these descriptions of introjects and introjection in order to compare them with Kohut's notion of transmuting internalization that will be presented in Chapter 8. Introjection represents or expresses a regressive modification of the boundaries and the reality testing function of the ego. It perpetuates neediness and ambivalence, displacing it to the inside. In contrast to transmuting internalization, introjections are not growth promoting but represent a passive mode of mastery and are not adaptive per se.

Splitting is a term used differently by authors in object relations theory (Pruyser 1975). It generally represents a failure in the synthesizing function of the ego which Freud (1940) related to disavowal, but which has come to have many more preoedipal connotations. It is crucial to the turning away from reality in any condition, including dreams, perversions, neuroses, and psychoses, and it enables these processes to occur.

Projection is defined by the later object relations theorists as a

process in which object representations and self-representations charged with energy or influence (that is to say, made into introjects), are experienced as coming from outside the boundaries of the self, such as from the analyst, and ascribed to an independent object, creature, or thing (e.g., the influencing machine). It leads to a separation from the unacceptable in contrast to projective identification as defined above, which actively continues a relationship.

“Self” in Object Relations Theory

Kernberg (1982) proposes eliminating the concept of “self” as opposed to “object” because he argues that used in this way it is a psychosocial description. For Kernberg the self as a psychic structure originates from both libidinally and aggressively invested self-representations: “It is, in short, an ego function and structure that evolves gradually from the integration of its component self-representations into a supraordinate structure that incorporates other ego functions” (p. 905). Thus, an aggregate of such self-representations exists in the psyche, with various degrees of internal contradiction and disjointedness or integration from the autistic to the

realistic; the final set of self-representations is a function of how well integrated and developed these earlier representations have become. The same is true for object representations.

For any adaptively successful behavior there has to be a relatively well-organized, well-developed, and well-integrated set of self and object representations in the individual. Self and object representations are essentially subjective conceptualizations or experiential guide-posts that lead to behavior for many modern object relations theorists, whereas an introject is thought of as exerting an influence on a person's thoughts or behavior whether the person likes it or not; unfortunately in the literature this distinction is often blurred. Greenberg and Mitchell (1983) claim that Kernberg, although he follows Hartmann in defining the self as a representation, switches to "referring to the self as a structure" (p. 335).

Before Kernberg, Jacobson (1964) reached the high point of complexity in the use of the vicissitudes of self- and object-representations to move toward understanding narcissism. She gave the definition of healthy narcissism as the libidinal investment of the self, but then described self-esteem as a more complex phenomenon

(Teicholz 1978). Any factor disturbing self-esteem contributes to a disturbance of narcissism, such as split, unstable, or unrealistically worthless or grandiose self-representations, or:

if the perceptual faculties or the judgment capacity of the ego is faulty, if the ego ideal retains too much of the primitive idealizations of self and object, if the critical powers of the superego are too harsh and unmitigated by a mature ego and if the superego is unable to regulate the libidinal and aggressive investment of the self, if the aggressive or the libidinal drives are insufficiently neutralized or if they are inadequately fused. (Teicholz 1978, p. 848)

A review of Jacobson's position by Teicholz (1978) demonstrates the scholastic complexity of Jacobson's object relations theory. As Greenberg and Mitchell (1983) put it, "Hairs are split and resplit until the flow of Jacobson's argument almost disappears" (p. 306).

Kernberg's theory—which admittedly rests heavily on the work of Jacobson—is a theory of normal and pathological internal object relations. His argument concerns itself little with object relatedness or relationships; instead it focuses on the internalized derivatives of experienced object relatedness or relationships, which Kernberg

designates “internalized object relationships.” Meissner (1978) points out that the latter “seem to come much closer to what has been described in other contexts as ‘introjects’” (p. 587). Rather than a theory of object relatedness it is a theory of object representations, addressing itself to the vicissitudes and “metabolism”—yet see Kernberg’s objections to Klein’s pseudo-biology mentioned above—of such internalized object relationships, or internalized objects, or introjects, with little attention to the relationships with objects as such. Meissner (1978) continues, “Consequently, its risk lies in its reductionistic tendency to read the development of later and more differentiated pathology in terms of the primitive vicissitudes of object relatedness” (p. 588).

Kernberg’s Developmental Stages

Kernberg (1976) now postulates five stages of the development of internalized object relations. His first or “primary undifferentiated” stage resembles the phase of “normal autism” of Mahler. Object relations theory lends itself well to the organization of direct observations of the initial preoedipal mother-infant dyad, during which there are no self-or object-representations, or images, as they

are alternatively called by Kernberg. This stage lasts about a month or two and leads to the second stage, which corresponds to the symbiotic phase of Mahler between the age of 2 and 6 months, added to her first or “differentiation” sub phase of separation-individuation from 6 to 8 or 9 months of age.

In this stage, there are representations, but these are roughly undifferentiated self- and-object constellations separated only into good and bad, and consequently there is in this stage no differentiation between self and object. Kernberg here postulates a “primary undifferentiated ‘good’ self-object representation” or “constellation” associated with pleasurable experiences (“pure pleasure ego”) and invested with libido; and a “primary undifferentiated ‘bad’ self-object representation” associated with pain and frustration, and invested with aggression. Kernberg’s conception of “self-object-affect unit” should not be confused with Kohut’s “self-object,” which is an experience-near conception coming from an entirely different methodology and theory to be described in Section II.

The third stage, which follows the first rumblings of separation-individuation that occurred during the age of 6-9 months, begins when

the self- and object-representations have been differentiated *within* the two primary constellations (“good” and “bad”) that predominate in the second stage described above. It ends, as does the phase of separation-individuation of Mahler, somewhere in the third year of life, with the eventual integration of “good” and “bad” self-representations into an integrated self-concept and the integration of “good” and “bad” object-representations into “total” object-representations. The achievement of object constancy and the firm capacity to distinguish the inner from the outer world—stable ego boundaries—depends on this stage.

Kernberg (1976) postulates that “pathological fixation and/or regression to this stage of development of internalized object relations determines borderline personality organization” (p. 65). He explains that in this third stage, “the separation of libidinally invested and aggressively invested self- and object-representations becomes strengthened by active utilization of the mechanism of splitting, which is geared to protect the ideal, good relationship with the mother from ‘contamination’ by bad self-representations and bad representations of her” (p. 67). Normally this splitting decreases, but Kernberg continues with a statement meant to specifically delineate the

intrapsychic pathology that predominates in the borderline personality: “The main objective of the defensive constellation centering on splitting in the borderline personality organization is to keep separate the aggressively determined and the libidinally determined intrapsychic structures stemming from early object relations” (p. 67). Although by the end of the third stage in normal development there is a firm self-concept differentiated from object representations, within the self-concept there is still some splitting of good and bad self-representations. Similarly, within the object representations “at first only representing mother, and then also father, siblings, etc.” (pp. 66-67), good and bad object representations “coexist” by splitting which, however, is gradually diminishing.

The fourth stage, beginning in the latter part of the third year of life and lasting through the oedipal period “is characterized by the integration of libidinally invested and aggressively invested self-representations into the definite self-system, and of libidinally invested and aggressively invested object-images into ‘total’ object-representations” (p. 67). In this phase the ego and superego as intrapsychic structures are “consolidated.” The typical pathology in this stage is represented by the neuroses and the organization of

character pathology Kernberg calls “higher level,” where “pathogenic conflicts typically occur between the ego and a relatively well-integrated but excessively strict and punitive superego” (p. 67).

One variant of character pathology forming at this stage is the narcissistic personality, which is, according to Kernberg, an abnormal consolidation, characterized by the formation of a pathological “grandiose self,” embedded in a defensive organization “similar to that of the borderline personality organization” (p. 68), due to regression back to the third stage.

Thus, according to Kernberg, the coalescence of the “good” and “bad” self-representations into a definite, integrated, relatively realistic overall self-representation in the ego, and the coalescence of the “good” and “bad” object representations into definite, integrated, relatively realistic overall object representations in the ego, is the task of the fourth stage, and fails in the borderline patient. This failure may be due to congenital ego defect or excessive aggression fixing the patient in the third stage or causing regression back to it, and making the fourth stage, coalescence or integration, impossible. This coalescence is related to and based on Hartmann’s concept of

neutralization, freeing energy for ego functioning and the higher level exercise of repression, that is, setting up countercathexes; if it fails, the weakened ego must utilize splitting as its principal defense, setting in motion a downward spiral of further weakness and more splitting.

The fifth and final developmental stage, from age 5 to 7, is the resolution of the oedipal phase, the consolidation of the superego, a diminished sharp opposition between the ego and the superego leading to more internal harmony, and finally the formation and consolidation of “ego identity.” Notice that in normal development, according to Kernberg, splitting begins around the third month, peaks several months later, and gradually disappears at the end of the second year and beginning of the third year of life, after which there is the development of repression and higher level defenses (p. 69).

Kernberg on the Superego

In his conceptions of the superego and narcissism, Kernberg shifts from these more Kleinian concepts to a heavier reliance on the work of Jacobson. However, Jacobson avoided rigid stepwise descriptions and “considered parental interaction with the child of

crucial importance rather than those conflicts which go on between 'primitive introjects'" (Abend et al. 1983, p. 163).

The main components of the superego are built up during the second to fifth year, earlier than Freud thought according to Kernberg. They are integrated in the fourth to the sixth years and toned down and consolidated (depersonalized and abstracted) during the fifth through seventh years. The earliest superego structure is from "the internalization of fantastically hostile, highly unrealistic object-images reflecting 'expelled,' projected, and re-introjected 'bad' self-object representations" (p. 71). (Do not confuse this with Kohut's "self-object.") The stronger the pregenital frustration and constitutional aggression, the more predominant are these sadistic superego forerunners; the sadistic superego peaks at the beginning of the fourth stage of development.

There is also a second primitive superego structure—the condensed, magical, ideal, "all good" self- and object-representations which form the kernel of the ego-ideal through "primitive idealization."

In the fourth stage of development these two aspects of the precursors of the superego are “integrated,” leading to decreased defensive projection and permitting the internalization of more realistic demands and prohibitions of the parents during the oedipal period. Integration and internalization perform the function of “toning down” the superego from primitive and archaic to more modulated and reasonable functioning. In the fifth stage of development the toned-down superego becomes more integrated and harmonious with the ego, leading to consolidation of ego identity and the superego becomes more abstract and depersonified.

Thus in Kernberg’s theory two types of superego failure can occur. In the first type there is a failure in the integration of the sadistic precursors of the superego with the benign or primitively idealized precursors which interferes with the internalization of more realistic oedipal parental images and so perpetuates the primitive sadistic superego forerunners and fosters excessive reprojection, leading to paranoia.

In the second type, as in the borderline personality, there is a similar type of failure of integration of these precursors due to a

dangerous primitive idealization. External objects are seen as totally good in order to be sure they cannot be destroyed by projected bad objects. This phenomenon occurs too early and in too extreme a fashion due to the need to defend against so much aggression. Thus, again, idealization is seen as a defense against aggression. Furthermore, the internalization of primitively idealized early object-images creates impossible internalized demands, leading to an impasse in which “a catastrophic fusion” between these unrealistic ideal objects and the “external persecutors” or projected bad objects then forms. This leads to a sadistic superego nucleus which is perpetuated by reprojection and re-introjection. It leads to an interference with the toning down of the superego by the internalization of more realistic parental prohibitions, with the integration of the superego itself, and with the development of harmony between the superego and the ego. The latter causes interference with the formation of ego identity, leading to the lack of a consistent solid integrated self-concept, one of the important DSM-III characteristics of the borderline patient.

Other Clinical Points

Kernberg distinguishes between the psychotic patient who presents fusion experiences with the therapist and the borderline patient who largely maintains reality testing. He claims (1980) that his object relations theory is an integral part of ego psychology but offers a theory of affects and motivation which is quite different from psychoanalytic drive psychology and which (Greenberg and Mitchell 1983) changes “from chapter to chapter” (p. 331).

For Kernberg, constitutionally determined pleasurable and unpleasurable subjective states that first arise in the undifferentiated psychophysiological self are integrated and differentiated in the context of internalized “good” and “bad” object relations and are critical in the differentiation of instinctual drives into libido and aggression. All three systems in the structural theory of Freud (id, ego, superego) originate from internalized object relations, according to Kernberg.

In this theory there is no such thing as primary narcissism (or primary masochism), and the earliest libidinal investment is in the undifferentiated self-object representation. (This should not be confused with Kohut’s self-object!) Kernberg (1980) states that

“drives” are overall motivational systems that stem from the hierarchy of libidinal and aggressive constellations. We begin with “inborn affect dispositions” which are integrated as “good” and “bad” affect states into self- and object-relations and lead to “an overall hierarchical organization of drive systems, or libido and aggression in the broadest sense” (p. 108).

Kernberg (1980) separates a small group of what he calls schizoid borderlines who relate to the differentiation sub phase of separation-individuation and require holding. The remainder of borderline patients are to be treated by the interpretation of their projection of “all bad” and “all good” self- and object-representations onto the therapist. He disagrees with Masterson (1976), whom he insists simplistically ignores the Oedipus complex and its distortions in borderline patients. Kernberg points out that condensations of oedipal and pre-oedipal issues must always be taken into consideration.

Kernberg emphasizes that supportive and interpretive techniques in intensive psychotherapy tend to cancel each other out, because two kinds of psychotherapy simultaneously presented to the

patient activate splitting and projection. The basic assumption for the intensive psychotherapy of most borderline and narcissistic patients is that the interpretation of split off transference projections leads to better integration and the eventual development of normal transferences and more realistic object relations, which then allow the formal working through of the oedipal phase of development.

Kernberg hopes to combine the therapeutic effort to cognitively understand and make interpretations to these patients with a holding function or the “authentic concern” of the therapist. This authentic concern manifests itself by respecting the autonomy of the patient, surviving the patient’s aggression, and being available for empathy and support but not abandoning neutrality; Kernberg feels that a certain balance is needed in managing the archaic transferences which tend to develop in borderline patients.

In contrast to Kohut, Kernberg believes that the defenses characteristic of the narcissistic personality disorder are similar to those of the borderline personality disorder. There is the same predominance of splitting, denial, projective identification, primitive idealization, and a sense of omnipotence, based on the same intense

oral aggression as in borderline patients. However, the formation of the pathological grandiose self in the narcissistic personality by masking archaic aggression allows better superficial social and work functioning. Over a long period of time, says Kernberg (1975), we observe a lack of depth in such people that he calls “the emptiness behind the glitter” (p. 230). The basic divergence between the views of Kernberg and Kohut will be discussed in Chapter 11.

This grandiose self, for Kernberg (1976, 1980), is a defensive structure which is pathological and must be broken down, and represents the pathological fusion of the self-image with (a) the specialness in the reality of the child’s early experiences; (b) the idealized self-image—which represents a compensatory glorious self-image; and (c) the idealized object-image, which is also compensatory and involves the fantasy of having the ever-loving and ever-giving parent. These fuse to form a pathological grandiose self that functions to avoid dependency, and to protect against anticipated attacks from external objects which have been devalued. External objects are invested with high and dangerous powers due to projection and so the world seems as hateful and revengeful as the patient. The patient must devalue these dangerous others, including the real parents, a

devaluation which is then rationalized as disappointment in everybody.

Criticism of Kernberg

Heimann (1966) argues that Kernberg's notion of splitting represents a regressive ego function and not a typical or normal infantile position. Holzman (1976) attacks Kernberg's gratuitous assumptions and his complex terminology and assertions, which unnecessarily complicate his ideas and are unclear. He concludes that the person of Kernberg's theory does not think—that person lives by introjects.

Calef and Weinshel (1979) argue that Kernberg's fundamental assumptions have not been made clear. They ask what criteria justify his selective borrowing from the work of Melanie Klein. These authors question the source of his clinical data, which comes from all sorts of treatment carried out by Kernberg and others. They claim that his material is presented without discussion of the contamination or influence by the differing forms of psychotherapy or psychoanalysis from which the data emerged, nor does the material refer to the stage

of treatment (beginning, middle, or advanced) that may affect the material. Calef and Weinshel also criticize his difficult terminology; some of the terms Kernberg uses, they say, are defined and employed in an idiosyncratic sense. They question whether one single entity such as the borderline personality organization can be delineated in this precise systematization. They argue also that there are too many entities and pigeon holes resulting in “mental acrobatics.”

As do other authors (Abend et al. 1983), they challenge the assumption that the interpretation of predominant primitive defensive operations such as the projection of “all-bad” self- and object-representations onto the therapist will strengthen the ego in these extremely disturbed patients, and they raise the possibility that such patients will actually be in danger of regression from such interpretations. They believe that Kernberg continually shifts and modifies his assertions so that he can maintain the discreteness of his concept of borderline personality organization. They question how, with all this tendency towards projection and projective identification going on, the borderline patient can maintain reality testing inside or outside of the therapy situation. They conclude that object-relations theory is *not* reconcilable with Freud’s tripartite structural theory,

which they also insist is explicitly replaced by the object-relations theory of Kernberg. They warn us not to view the patient through “a prism of prefabricated ideas” based on what is believed to be contained within a given diagnostic label—a regressive “harkening back to a sort of Kraepelinian taxonomy” (p. 489).

Calef and Weinshel raise certain issues that have been repeatedly suggested in criticism of the psychology of the self although that system certainly is different than Kernberg’s approach. They suggest that as a curious social phenomenon we are now in “the midst of a flurry of such proposals” of revisions of psychoanalytic theory. They do not feel it is yet possible to submit a specific formula that encompasses all the elements of such revisions, but they warn that “more often than not, however, they have enjoyed only a transient significance and popularity” (p. 487). They worry about the retreat from the centrality of the Oedipus complex and the emphasis on the vicissitudes of sexuality to the role of aggression and pregenital factors in psychological life. They believe that there has not been sufficient attention to whether the material at hand represents a defensive regression or a “developmental *arrest* and/or defect” (p. 488).

Klein and Tribich (1981) state that Kernberg removes Freud's drive theory and introduces a new metapsychology of his own. The key to understanding Freud is the notion of the person driven by the need to release something from within. These authors argue that Kernberg confuses the object for attachment with Freud's object for discharge of the drives. They point out that splitting, for Freud, related to the mechanisms of denial and disavowal, which Freud used differently than Kernberg, and that Kernberg posits the need for human objects rather than drives as the basic human motivation. They feel that this view is closer to Bowlby's "attachment" than Kernberg admits and that it places psychopathology more in the area of interpersonal relations. They insist that Kernberg dodges and confuses the issue of the origin of aggression, and changes the meaning of libido and aggression from drives to affect states accumulating from environmental experiences (also see Goldberg 1985).

Klein and Tribich accuse Kernberg of misusing Hartmann's terms of fusion and neutralization and argue that his criticisms of other object relations theorists are defective. They conclude that Kernberg's attempt at rapprochement and harmonious resolution between the "contrasting and competing" Freudian instinct theory and object-

relations theory is “theoretically unwarranted” and leads only to “confusion, distortion and inconsistency” in which “Kernberg’s synthesis becomes Kernberg’s theory” (p. 27). Their view is supported by the detailed study of Greenberg and Mitchell (1983).

A general body of psychoanalytic knowledge of the narcissistic and borderline disorders, and a generally agreed-upon set of psychoanalytic metapsychological formulations of psychopathology does not exist. The psychology of the self does not represent some kind of singular heresy, as some authors have implied, nor does it constitute a “cult” or splinter group. The psychology of the self constitutes one of a number of current differing approaches to clinical phenomena, and provides some explanations of clinical material which hitherto seemed obscure or intransigent to traditional interpretations.

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