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**Kohut's Clinical
Case Presentations**

Psychology of the Self and the Treatment of Narcissism

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Kohut's Clinical Case Presentations

Kohut presented many case vignettes, which critics complained were too short and lacked the necessary clinical evidence to support Kohut's hypotheses. Perhaps to counter these criticisms, Kohut wrote one of his most important papers, "The Two Analyses of Mr. Z." (1979), which rapidly became a paradigmatic case for the study of self-psychology and generated a mixed response in the literature.

Critics argued that the extensive case history of Mr. Z. provided insufficient evidence for Kohut's hypotheses since the case material could be interpreted in a variety of ways. For example, Edelson (1984) claimed that Kohut showed no understanding of "what is required to make convincing the argument that evidence he presents is related probatively to his hypothesis" (p. 61). To answer his critics Kohut wrote, "Case histories—not to speak of the brief case vignettes that I often use in my writings—can never be more than illustrative; they are a special means of communication within the professional community intended to clarify scientific information from a clinical researcher to his colleagues. Even if the professional colleagues can grasp the meaning of the message, it is still up to them to make use of it in their

own work” (1984, p. 89).

With this debate in mind, let us turn primarily to the case of Mr. Z. First I shall summarize the case and then turn to the comments of Ferguson (1981) and Ornstein (1981), and others.

Summary of the Case of Mr. Z.

Mr. Z. first consulted Kohut when Mr. Z. was a graduate student in his mid-twenties. He is described as handsome and muscular with a pale, sensitive face, “the face of a dreamer and thinker.” He lived with his widowed mother in comfortable financial circumstances because father, a successful business executive, died four years earlier, leaving a considerable fortune. Mr. Z. was an only child.

His vague complaints involved mild somatic symptoms such as extrasystoles, sweaty palms, fullness in the stomach, and either constipation or diarrhea. He felt socially isolated and was unable to form relationships with girls; his grades were good but he felt he was functioning below his capacities. He was lonely and had only one friend, unmarried, who also had trouble in his relations with women. A few months before the patient consulted Kohut, this friend became

attached to a woman and lost interest in seeing Mr. Z.

Masturbatory fantasies, in which he performed menial tasks submissively in the service of a domineering woman, were masochistic. Yet he insisted that he had an excellent relationship with his mother as far back as he could remember. When he was three and one-half, Mr. Z.'s father became seriously ill and was hospitalized for several months; during this time father fell in love with a nurse who took care of him. He did not return home but went instead to live with the nurse for about one and one-half years, rarely visiting the family. There was no divorce, and when the patient was five father returned home.

The opening transference was narcissistic, marked by an attempt to control the psychoanalytic situation and a demand to be admired and catered to by a dotting mother. This was construed by Kohut as the wish for an oedipal victory but such interpretations were responded to by explosive rage.

An important turning point in the first analysis occurred when Kohut casually prefaced an interpretation by mentioning, "Of course it

hurts when one is not given what one assumes to be one's due." The significance of this was not understood at the time by Kohut, who thought that the case was moving toward the central area of the patient's psychopathology: his Oedipus complex and castration anxiety.

Kohut interpreted the narcissism as protection against the painful awareness of the returned father, a powerful rival who possessed his mother sexually, and against a castration anxiety to which an awareness of his competitive and hostile impulses toward his father would have exposed him. Thus the axis of the case was a regression to pregenital drive aims out of fear of taking a competitive stance against the father. The masochism was explained as a sexualization of his guilt about the preoedipal possession of his mother and about his unconscious oedipal rivalry, using fairly standard traditional psychodynamic interpretations.

The patient revealed that at the age of 11 he was involved in a homosexual relationship with a 30-year-old teacher, the assistant director of his summer camp. The relationship was marked mostly by mutual caressing and lasted about two years. The relationship was a

happy one for Mr. Z., who idealized his friend. It was destroyed by the appearance of pubertal changes of Mr. Z.'s body, at which time gross sexuality entered into the picture. Puberty just increased his sense of social isolation and tied him more to his mother; there were no heterosexual experiences.

The first analysis showed some apparently good results: the masochistic fantasies gradually disappeared and the patient moved from his mother's house to an apartment of his own. He began to date and had several sexually active relationships with girls of his age; during the last year of his analysis he seemed to have found a serious relationship with a woman and was considering marriage. All this occurred *pari passu* with Kohut's firm rejection of Mr. Z.'s narcissistic expectations and his insistence that they were resistances against deeper fears connected with masculine assertiveness and competition with men.

An important dream appeared about half a year before termination: *"He was in a house, at the inner side of a door which was a crack open. Outside was the father, loaded with gift-wrapped packages, wanting to enter. The patient was intensely frightened and attempted to*

close the door in order to keep the father out" (p. 8). Kohut felt that this dream confirmed the ambivalent attitude toward the father and the basic interpretation of the patient's psychopathology involving his hostility toward the returning father, the castration fear of the strong adult man, and the tendency to retreat from competitiveness and male assertiveness "either to the old preoedipal attachment to his mother or to a defensively taken submissive and passive homosexual attitude toward the father" (p. 9).

In retrospect, Kohut felt that something was not quite right about the termination phase of the first analysis because it seemed emotionally shallow and unexciting compared to the earlier part of the analysis when the patient talked glowingly about the idealization of the preoedipal mother and his admiration for the counselor. But the analysis ended with a "warm handshake" and there was little contact with Mr. Z. for about four and one-half years, at which time he contacted Kohut and mentioned that he was in trouble again.

On the first visit of the second analysis he reported that, although he was living alone and doing reasonably well in his profession, he did not enjoy his work. In a *non sequitur*, he quickly and somewhat

defensively added that his sexual masochism had not returned. Kohut felt that his masochistic propensities had simply shifted to his work and to his life in general. Indeed the patient had to call them up sexually during intercourse with girlfriends, using the fantasies (not explained how) as “an antidote to premature ejaculation” and to enhance the sexual experience. After breaking up with his most recent girlfriend, he had become alarmed about his increasing sense of social isolation and an internal pressure to go back to masturbation with masochistic fantasies. This was akin to a former addict threatened by the temptation to succumb again to an addiction.

After Mr. Z. moved away from his mother during the first analysis five years before, she developed a set of circumscribed paranoid delusions and Kohut at first thought that her disintegration dragged Mr. Z. back to his former illness, but this turned out to be incorrect.

The second analysis began while Kohut was writing “Forms and Transformations of Narcissism” (1966) and ended while he was deeply immersed in writing *The Analysis of the Self* (1971). The second analysis coincided with the time that he was beginning to test the hypotheses of self-psychology. When Mr. Z. felt better soon after

beginning the second analysis, Kohut understood this to represent the beginning of an idealizing transference similar to the time when he had turned from his mother to the assistant camp director.

This idealizing transference lasted only a short time and was replaced by a merger type of transference similar to that which had appeared at the beginning of the first analysis. However this time it was not seen by Kohut as defensive in the traditional interpretation but rather a reopening of a childhood situation. Kohut did not take a “stand against it” which in turn “rid the analysis of a burdensome iatrogenic artifact—his unproductive rage reactions against me and the ensuing clashes with me” (p. 12). Kohut describes giving up his therapeutic ambitions to get the patient to grow up and attempting instead to study the patient’s early experiences involving his enmeshment with the pathological personality of the mother.

The true image of the mother emerged and filled many hours of the second analysis of Mr. Z. Many examples of her bizarre use of him as a self-object are presented; she was not interested in him but only in certain aspects of his body such as his feces and bowel functions and later his skin, subjecting him to sadistic intrusions to which he had to

submit without protest. It became clear from these descriptions of her behavior that she had been able to temporarily cover her psychosis by a rigidly maintained control over her son, and when he left home she eventually came apart.

Kohut argues that this material did not appear in the first analysis because his attention was on interpreting regression from the Oedipus complex rather than on the personality of the mother. So the improvement from the first analysis was a transference cure in which the patient complied with the convictions of Kohut, the traditional analyst, by presenting him with oedipal issues. Outside the analytic office, Mr. Z. met the analyst's expectations by suppressing his symptoms and changing his behavior to fit the appearance of normality as defined by the analyst's maturity morality, the move from narcissism to object love.

In the second analysis however, the awareness of the mother's psychopathology and understanding of its pathogenic influence on Mr. Z. was extremely emotional and dramatic, stirring up even disintegration anxiety. This was in sharp contrast to the emotionally shallow termination phase of the first analysis. As the depressed

aspects of the patient's self, hopelessly caught in an archaic enmeshment within the psychic organization of the mother, were gradually worked through, a new assertive and vital set of interests arose, quite different than the submissive relinquishment of Mr. Z.'s independence to the maternal figure.

A new interpretation of the homosexual involvement was now presented; it represented not a regression to the phallic mother, but rather a yearning for the figure of a strong fatherly man, perhaps the admired older brother Mr. Z. never had. At the crucial moment in the treatment, it became clear that a powerful, positive, unrecognized relationship had formed to his self-object father. This was frightening, because it required the separation from the archaic self connected with the self-object mother, a self that Mr. Z. had always considered his only one. There was possible in the analysis the reactivation "of a hitherto unknown independent nuclear self (crystalized around an up-to-now unrecognized relationship to his self-object father)" (p. 19).

The analysis took an entirely different turn than the first analysis, moving away from hopeless rivalry with the father to a feeling of pride in him; oedipal material and conflicts did not lie hiding underneath,

says Kohut. The analyst-father was experienced as strong and masculine, an image of masculine strength with which to merge temporarily as a means of firming the structure of the self. The termination was marked by a spontaneous return to the dream quoted above from the termination of the first analysis which, according to new, surprising associations, explains Kohut, took on a different meaning. In contrast to the previous explanation that it involved the ambivalence of the child toward the oedipal rival,¹ this dream is now explained as the father's sudden return, exposing the patient to the massive potential satisfaction of a central psychological need. This endangered the patient with a traumatic state in being offered, with overwhelming suddenness, all the psychological gifts (the packages) for which he had secretly yearned. Kohut writes, "This dream deals in its essence with the psycho-economic imbalance of major proportions to which the boy's psyche was exposed by the deeply wished-for return of his father, not with homosexuality, especially not with an oedipally based reactive passive homosexuality" (p. 23).

Kohut explains that the most significant psychological achievement of Mr. Z. in analysis was "breaking the deep merger ties with his mother" (p. 25). All three constituents of his self were

decisively changed during the analysis. The patient married, had a daughter, and was able to lead a reasonably satisfying and joyful life.

Comments on the Case of Mr. Z.

According to Ferguson (1981), it was not until ten years after the termination of Mr. Z.'s second analysis that the case was published by Kohut, who had to be "sure of the permanence of the beneficial effect it had on Mr. Z.'s life" (p. 141). Ferguson maintains that Kohut's new theoretical views offer greater conceptual clarity and increased explanatory power with greater therapeutic efficacy. In the case of Mr. Z., it also shows that psychoanalytic theory need not be circular; there is observable evidence independent of any given theoretical orientation which can provide evidence either for or against the theory. This case offers an unusual instance of progressive change in psychoanalysis, according to Ferguson. Although any therapist's scientific thinking is contaminated by theoretical preconceptions or personal biases, the fact that psychoanalysts are aware of this allows progressive successive paradigm choices. Observations in psychoanalysis are not determined by the theoretical orientation of the analyst, but certain observations relevant to evaluating a

psychoanalytic hypothesis or interpretation can be independent of the theory in question. Ferguson's view, therefore, is essentially in agreement with Kohut's depiction of the two analyses of Mr. Z. as representing progressive and desirable important theory change in psychoanalysis.

Ornstein (1981) agrees, and claims that Kohut established a new paradigm based on the self-object concept (p. 357). For Ornstein, this represents a decisive theoretical advance with many important consequences. He again points out that Kohut, by permitting the full unfolding of the mirror transference rather than seeing it as a defense against the remobilization of the Oedipus complex, allowed the discovery and mobilization of the profound depression and hopelessness that the mother's attitude evoked in Mr. Z. This permitted the working through of the archaic merger with the mother, and permitted successful analytic resolution of Mr. Z.'s massive adaptive compliance and his childhood masochistic masturbation fantasies. When worked through, the fantasies permitted the unfolding of the idealizing transference through the repressed yearnings for the strong and powerful father.

It became possible for Mr. Z. to set in motion “the long-ago traumatically derailed developmental sequence involving the idealized father” (p. 370). Interpreting the dream near termination as involving an oedipal rivalry shut off the resumption of this developmental step in the transference in the first analysis. The new interpretation was not that he wanted to close the door and keep his father out in order to retain the oedipal mother for himself, but he wished to open the door gradually in order to receive father’s gifts one package at a time, “so that he would assimilate their contents and make them his own through the developmentally occurring transmuting internalizations” (p. 371). Thus, the acquisition of idealized male strength through transmuting internalizations, Ornstein says, “was the central event of the second phase of the second analysis” (p. 372).

Ornstein concludes that a comprehensive understanding of the mother’s psychopathology and its impact on Mr. Z. became possible when the mode of listening shifted to empathy or vicarious introspection, in which the self-psychology point of view focuses the analyst’s attention and perception on how it feels to be the subject rather than the target of the patient’s needs and demands (Schwaber 1979, Chessick 1985c). He adds that even if the traditional analyst had

been able to perceive the mother's psychopathology and its impact on Mr. Z., the single-axis theory along which archaic narcissism tends to be seen as defensive would seriously limit the results of the analysis. Ornstein hails this case as a demonstration that the psychology of the self-approach led to more accurate genetic reconstructions, a better grasp of the nature of the psychopathology of Mr. Z., and more profound therapeutic results.

In 1979, the same year Kohut's paper was published, a letter to the editor from the psychoanalyst Ostow (1979) appeared in a subsequent issue of the same journal. Ostow argued that Kohut's report shows merely that the first analysis was not conducted with proper classical technique, while the second procedure corrected some of its defects. Ostow claims that in the first analysis Kohut missed the contrast between the idyllic relation the patient described with his mother and the hostility exhibited in the transference. According to Ostow, the transference suggests repressed hostility to the mother, an interpretation which is confirmed by the masochistic masturbation fantasy of enslavement to a woman. This deeply repressed hostility was so strong, and generated so much anxiety and resistance, that it indicated the dominant need was to maintain the

attachment to the mother at all costs.

When this material was not properly treated, the patient tried to please the analyst as he had also pleased his mother, by offering appropriate analytic material; “the analyst did not recognize this maneuver for what it was” (p. 531). Thus Kohut erred in his interpretation that the patient’s preoccupation with pregenital material was defensive against oedipal and castration anxiety. Ostow calls this “imposing well-known formulations onto clinical data that really did not call for them” (p. 531). Missing the hidden hostility to the mother, imposing an interpretation which was not called for by the data, and finally suppressing material brought up by the patient simply because it does not accord with what the analyst expects or desires (as happened at the end of the first analysis) represents poor psychoanalytic technique. Therefore, the second analysis which worked through the pathological relationship with the mother only represents a correction of the omissions and defects of the first.

Goldberg’s (1980a) response to Ostow points out that the problem of variant interpretations of case material leads to unproductive debate, and argues that the essential purpose of the case

presentation was to illustrate the usefulness of self-psychology in enabling Kohut to conduct a more successful analysis. Like Ornstein (1981), he stresses that self-psychology also offers by far the best explanation of the overall psychopathology of Mr. Z.

Could a traditional psychoanalyst like Ostow have performed the first analysis correctly using the traditional theoretical stance? Rangell (1981) would say yes, and he writes, “The ‘two analyses of Mr. Z.’ reported by Kohut should have comprised one total classical analysis” (p. 133). A study of the psychoanalytic literature seems to indicate that traditional analysts basically view the second analysis of Mr. Z. as a corrective to the first, which need not have taken place had the first analysis been carried out properly. Notice that all authors agree that there needs to be no change in the analytic technique in the actual management of the transferences between these two analyses. The big difference as summed up by Kohut (Meyers 1981) is that self-psychology considers as primary the psychological contents that had formerly been considered as secondary and defensive. Kohut claims that this leads to a subtle change in the analytic atmosphere, making it conform to the requirements of the narcissistically damaged patient.

Wallerstein (1981) attempts to bridge the gap between traditional analysis and self-psychology by suggesting that, in the flow and flux of clinical material, “we deal constantly, and in turn with both the oedipal where there is a coherent self and the preoedipal where there may not yet be, with defensive regressions and with developmental arrests, with defense transferences and defensive resistances, and with re-creations of earlier traumatic and traumatized psychic states” (p. 386). In a symposium on the bipolar self, the sharpest area of disagreement (Meyers 1981) questioned whether the self should be viewed as a supraordinate concept or as a content of the mental apparatus. This is a critical division and what is behind it is the question of whether the self-psychological approach requires a whole new metapsychology with the supraordinate self holistically developed. Wallerstein does not think so.

FURTHER CRITICISM OF KOHUT’S CASE REPORT

The common criticism of Kohut as supplying a corrective emotional experience (Stein 1979) is countered by the incisive arguments of Basch (1981). But the lingering complaint about the effort to give a corrective emotional experience through Kohut’s

increasing emphasis on the power of empathy in the curative process has not disappeared from the critiques of self-psychology. Wallerstein (1981) does not think that a new metapsychology is necessary and claims that what we are dealing with is the well-known principle of over-determination and, in Waelder's (1930) terms, multiple function. Thus, all aspects of the analytic material involving conflict as well as deficit problems are appropriate in the overall understanding of the picture. It becomes a matter of tact and timing as well as clinical judgment as to when and with what emphasis interpretations and explanations should be given.

Another line of criticism of the case of Mr. Z. is illustrated by Mitchell (1981), who claims that Kohut's point of view has shifted to an interpersonal theory in which his formulations are couched in terms of narcissism and his clinical discussions reflect the relations between the child and parental figures. The report of Mr. Z. shows strikingly "the absence of the parents as real people in the first analysis," whereas in the second analysis "the patient is seen within a network of relationships" (pp. 320-321).

A similar view is presented by Kainer (1984), who argues that the

shift from the traditional analytic attitude of evenly hovering attention to Kohut's vicarious introspection moves from conflict centered on one's internal instinctual environment to "conflict around satisfying or regulating one's 'external', i.e., empathic, object-related environment" (p. 110). Kainer's argument is based on Kohut's emphasis on the vertical split in the case of Mr. Z. (disavowal) in which Mr. Z. shifts between his arrogance (based on his mother's overvaluation of him as long as he remains merged with her) on the one hand, and his low self-esteem, depression, masochism, and defensive idealization of his mother on the other. Emphasis moves from the unconscious and the id and toward a study of disavowal rather than repression. Simultaneously, the etiological emphasis shifts from the intrapsychic to the interpersonal.

A more extreme complaint is entered by Robbins (1982), who concludes that self-psychology is not linked with the body of psychoanalytic metapsychology: "The disjunction is so significant that one must almost choose between a self-psychologist and a more traditionally rooted psychoanalyst" (p. 459). Robbins argues that Kohut's case of Mr. Z. indicates that his conceptualization of Mr. Z.'s pathology is at variance with his own theory of developmental arrest.

He attempts to reinterpret the data and Kohut's diagrams of the vertical and horizontal splits in the paper as better supporting a formulation of the narcissistic personality disturbance proposed by Robbins. This goes back to the constant difficulty inherent in interpreting and reinterpreting reported analytic case material.

The issue of the two analyses of Mr. Z. as constituting one analysis is broached again by Wallerstein (Lichtenberg and Kaplan 1983) in a discussion similar to his earlier paper. Wallerstein takes Rangell's (1981) claim quoted above in a constructive fashion but Ornstein (Lichtenberg and Kaplan 1983) finds this quotation "an inexplicable claim." He writes, "How the conception of the mobilization and working through of the self-object transferences can be both Kohut's significant addition to classical analysis (Wallerstein) and simultaneously be considered an integral part of a total classical analysis (Rangell) is beyond my comprehension" (p. 380).

Kohut's Reply to Critics

Kohut (Lichtenberg and Kaplan 1983, pp. 408-415) reiterates the discussion of Mr. Z. to support his claim that he was guided by a

different theory during the second analysis, and that this different theory allowed him to see Mr. Z.'s personality disorder from a vantage point that was closer to the psychological truth. The clearest example of this is in the interpretation of Mr. Z.'s dream of his father's return, which occurred near the end of the first analysis and was spontaneously remembered by the patient and reanalyzed from a new point of view during a similar time in the second analysis.

Kohut does not like to view this shift in theory as the creation of a new paradigm and here he agrees with Ferguson's (1981) paper. The importance of the theory change that took place between the two analyses of Mr. Z. is best described as a change which carried greater explanatory power and scope. This is different than the well-known paradigm shifts described by Kuhn (1962). Kohut concludes, "In the first analysis my attention had been focused almost exclusively on the scrutiny of psychological macrostructures (i.e., on Mr. Z.'s conflicts), whereas in the second analysis the theory changes that had taken place during the interval between the analyses guided me toward the examination of microstructures (i.e., to the condition of Mr. Z.'s self)" (p. 415).

Kohut (1984) returns to the case of Mr. Z., emphasizing the change in the atmosphere that prevailed in the two analyses. He divides the comments of others on the case into two classes: the comments of an inimical group of colleagues who claim that the first analysis was conducted poorly or that Kohut was the victim of countertransference, and the comments of a friendly group of colleagues who are essentially made uncomfortable by the suggestion that self-psychologists have somehow a greater humaneness in their approach to patients, as allegedly demonstrated by comparing the two analyses of Mr. Z. Kohut rejects the poor technique criticism, the countertransference criticism, and the “propaganda” criticism.

Kohut believes that his technique in the first analysis was traditional and acceptable although he admits that perhaps some intuitively gifted analysts may have approached Mr. Z. more in the method of the second analysis. He claims that traditional analysts would not have recognized the correct interpretation of the self-state dream that arose in both analyses, and would have been more inclined to analyze the dream as Kohut did in the first analysis. A shift to the theory of the psychology of the self was first necessary. A shift from a focus on faulty psychic functioning to a focus on the faulty structures

responsible for the faulty functioning was required before a shift in listening and interpretive technique was possible that enabled the eventual understanding of the patient's psychopathological merger with the mother.

Kohut admits to a certain irritability with Mr. Z. in the first analysis. He suggests that his irritability was based on his dim recognition that he was coming forward with a decisive shift in emphasis for the theory and practice of psychoanalysis. He writes:

Can I really blame myself for not having overcome a countertransference to Mr. Z.? Or should I not rather affirm that the countertransference involved was directed at having to make a scientific step that, as I dimly realized, would arouse strong controversy among my colleagues and require the mobilization of all my intellectual and emotional resources for the rest of my life? (p. 89)

He adds that the clinical picture of Mr. Z.'s first analysis was consistent with what the traditional orientation would lead an analyst to expect from a neurosis in which the Oedipus complex forms the center of the illness, and that many other analysts would have reacted with the same firmness that characterized Kohut's stance toward Mr. Z. in the later phases of the first analysis.

He concludes the discussion of the case of Mr. Z. by insisting that self-psychology results in an attitude and an atmosphere in the treatment that differs from the treatment situation that tends to prevail as long as the analyst sees narcissism as part of a defensive structure, and drive manifestations—especially the patient’s rage—as primary rather than reactive phenomena to empathic failures. The most important lesson to be learned from the two analyses of Mr. Z. is how the analyst’s apprehension of the self-object transferences affects the handling of clinical material through expanded empathy.

APPLICATION TO PSYCHOTHERAPY

The psychotherapist who is looking for case vignettes from Kohut that show how to practice *psychotherapy* will be disappointed. We sometimes forget that Kohut’s writing is that of an experienced psychoanalyst and written for psychoanalysts. The case of Mr. Z. is intended as the presentation of two psychoanalyses; because of this, however, Basch (1981) points out that it can be used as a paradigmatic case to distinguish between psychoanalysis and psychotherapy in general, as well as to delineate psychotherapy derived from psychoanalytic insights. One is doing psychoanalysis if:

The patient's cure or improvement depends primarily on his pathology 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)

From Basch's point of view, it is not necessary to add any parameters in the psychoanalytic treatment of narcissistic personality disorders, although surely some would argue that Kohut's "reluctant compliance" is a parameter. The old-fashioned intuitive attempt to get the patient to "grow up" through the use of pressure, persuasion, or other extra-analytic maneuvers—a hint of which is shown in the first analysis of Mr. Z.—is no longer necessary.

For Basch, Kohut's clinical discovery of the self-object transferences allows us to conduct psychoanalytic treatment in the same fashion as the analysis of psychoneurotic patients: fostering the patient's associations, avoiding premature closure, depending on the unconscious to provide the material, proper and appropriate interpretations, and engaging the patient in the working through process until insight is demonstrably achieved. Attempts to mirror the

narcissistic patient or offer oneself as a potential ideal are no more psychoanalytic than attempting to seduce a hysterical patient. This is consistent with Kohut's contention that the psychology of the self is firmly rooted in traditional psychoanalysis and is not meant to be a rival or competing paradigm. Kohut aphoristically explains (Meyers 1981) that classic analysis discovered the despair of the child in the depth of the adult, "while self-psychology discovered the despair of the adult in the depth of the child" (p. 158), mourning a not-to-be lived, unfulfilled future consequent to a damaged nuclear self.

Notes

- ¹ Kohut felt it necessary to put a quotation from Virgil in this description, which parallels Freud's use of a quotation from Virgil that opens *The Interpretation of Dreams*. Kohut's quotation, "*Timeo Danaos et dona ferentes*" (*Aeneid*, Book II, 1. 49) means, "I fear the Greeks even though they bring gifts."

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