# **Richard Chessick**

# Kohut's Second Version of the Psychology of the Self

Psychology of the Self and the Treatment of Narcissism

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### Kohut's Second Version of the Psychology of the Self

Quinn (1980) quotes Kohut: "I've led two totally different, perhaps unbridgeable lives." Kohut's mother was a practicing Roman Catholic. His father, though an agnostic, was of Jewish descent; therefore, under Nazi racial laws, Kohut was in danger. Although he was passionately involved with German and Austrian culture he had to leave Vienna a year after Freud; the departure of Freud from Vienna symbolized for him the loss of "everything that I had lived for." Kohut is quoted as stating that this disruption of his life alerted him to the problems of the fragmented self and how the self tries to effect a cure, but he has repeatedly reported (Goldberg 1980) that the drift of the psychology of the self from traditional Freudian psychoanalysis has been a slow process based on the gradual accretion of clinical material.

Breu (1979) reports that Kohut's father was in the Austrian army five of the first six years of Kohut's life; he is quoted as saying, "I was deprived of a young, vigorous father . . . he was replaced by an old man, a grandfather, and that was not the same. So my male teachers had a tremendous role in my formation" (p. 63). Such a person would insist that what really counts in the formation of the child's self is not what parents do but what they really are. So Kohut concludes (Breu 1979), "We need maternal and paternal responsiveness to know we are in the world. We need it from our first breath to our last" (p. 63).

#### **The Bipolar Self**

Kohut's books, *The Restoration of the Self* (1977) and *How Does Analysis Cure*? (1984) contain his final views or what is generally called "the psychology of the self in the broader sense." We have come a long way from the essay, "Forms and Transformations of Narcissism" in 1966, and we have left classical metapsychology altogether in now stressing the two "poles" of the supraordinate concept: bipolar self.

These two poles are *self-esteem*, derived from the grandiose self and its strivings for exhibitionistic ambitious acclaim and mirroring, and *guiding ideals* and the pursuit of them, derived from internalization of the idealized parent imago. In psychotherapy one pole may be strengthened to compensate for defects in the other, a process known as functional rehabilitation of the self. Defensive structures (such as common fantasies of sadistically enforced control and acclaim) may develop to mask defects, and more hopeful compensatory structures (such as the more constructive pursuits of goals and accomplishments) may make up for weakness at one pole by strengthening the other. Thus, curative process for Kohut is now thought of *either* as filling a defect in the self by transmuting internalizations in the transference, *or* as strengthening the compensatory structures by making them functionally reliable, realistic, and autonomous, which would not constitute a cure in classical psychoanalysis. So Slap and Levine (1978) state, "Although Kohut refers to it as psychoanalysis, his therapeutic method depends on suggestion and learning, but not insight, conflict resolution, or making the unconscious conscious" (p. 507).

Another clinical example of a defensive structure would be a pseudovitality, in which the patient attempts to counteract by frantic mental or physical activity an inner feeling of deadness, the depleted empty self, through self-stimulation. Elsewhere (Lichtenberg and Kaplan 1983, p. 138) Kohut mentions gross identifications or gross macro-internalizations as defensive structures.

Kohut, as we have seen, contrasts "Guilty Man" of Freud's psychoanalysis with "Tragic Man" of the narcissistic personality disorder. Tragic Man has failed to realize nuclear ambitions and ideals, and middle age becomes the crucial test; at this point, life for Tragic Man becomes meaningless. Kohut speaks of an action-promoting "tension arc" or "gradient" between the two poles of the self (in the narrow sense theory he leans to geometry, in the broader sense theory he leans to physics), in which there is an "intermediate area" consisting of the executive functions and skills needed to realize the patterns of both poles. Therapy, by firming the sense of self, helps the patient to make the "right choices." These consist of harnessing the patient's talents in the service of realistic long-term goals and relinquishing fantasies of sadistically enforced acclaim. These choices obviously must be in harmony with the person's true abilities, opportunities, and goals. They have occurred when the patient begins to experience a sense of joy in life based on meaningful creative effort, no matter how small that effort may be.

Thus we have a nuclear self which emerges in the second year of life and consists of pole one, self-esteem (ambition, exhibitionism, stemming from the grandiose self), connected by an intermediate area of executive functions and skills—a tension arc or gradient which forms an action-promoting condition —with pole two, guiding ideals (pursuit of these values after fusion with the idealized parent imago and containing a voyeuristic aspect). Eroticized exhibitionism sometimes represents a breakdown of the ambitions pole and eroticized voyeurism of the ideals pole.

A defect in the psychological structure of the self can manifest itself by certain reparative activities. These can be either defensive structures, which mask the defect (pseudo-vitality, pseudo-drama, and sadistic fantasies of power to counteract a sense of deadness), or compensatory structures, which make up for weakness at one pole of the self by strengthening the other pole. Treatment then can either fill the defect through the self-object transferences and transmuting internalizations, offering the patient a third chance in life, or provide what Kohut calls "functional rehabilitation," a strengthening of compensatory structures in order to make them functionally reliable and autonomous. The successful utilization of skills and talents in the service of well-established ambitions and ideals creates a sense of contentment: the self is experienced as whole and complete. In contrast, an inability to use one's skills and talents in the service of ambitions and ideals results in the opposite phenomenon and the self is experienced as empty and worthless.

The self-object transferences are seen as a form of belated maturation and development, with therapeutic stress on the completion through transmuting internalizations of the structure of the self, or on a strengthening of compensatory structures. The self-object environment becomes critical in structure building for the self. Destructive aggression or narcissistic rage are not drives but consequences of self-pathology. Assertiveness is a healthy precursor of aggression and part of the healthy bipolar self, so that in one pole there is assertiveness and ambition, and in the other, inner values and goals with a capacity to regulate inner tensions.

As the child grows, subsequent mirroring or turning to the idealized parent imago may offer the strengthening of secondary or compensatory

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structures in the self, whereas excellent early mirroring and satisfactory idealization lead to a healthy primary structure of the nuclear self. Joyful creative activity is deeply rooted in the structure of the nuclear self, which in turn is based on wholesome empathic maternal responses to the child's needs. This includes responding to the child's mounting anxiety and rage by limiting them to a signal, so that the child experiences the mother's adequate and appropriate soothing before there is a disintegration of the primitive sense of self.

#### The Status of Drives" in Self Psychology

In this new theory narcissism is usually not thought of as a defense against the Oedipus complex. Indeed, there is a brief oedipal phase at the termination of treatment accompanied by a warm glow of joy and which arises *de novo* due to functional improvement of the self; it is not a remobilized Oedipus complex left over from infancy. For Kohut, the oedipal phase helps to firm the self and represents a positive aspect, a phaseappropriate opportunity, and requires an empathic self-object environment. In the normal situation it does not lead to an Oedipus complex. In this theory, only if there is an enfeebled or fragmented self is there a pathological fixation on oedipal strivings so that, in the transference neuroses, an abnormal Oedipus complex is revived. The ubiquitous Oedipus complex conceived by Freud is not universally present. For Kohut interpretation of material in disorders of the self primarily as oedipal would be experienced as unempathic and represents an intolerance of the patient's forward movement when the patient attempts self-assertion.

In contrast to the traditional idea of psychoanalytic cure which represents conflict solution through the cognitive expansion of the conscious mind, Kohut's view emphasizes the attainment of cohesiveness of the self and restitution of the self through empathic closeness of responsive self-objects. The capacity for achievement and enjoyment of life becomes important evidence that such a cure has taken place. In his last book Kohut (1984) emphasizes also the capacity to develop for one's self an empathic self-object matrix to sustain one throughout life. Self-esteem becomes a function of a cohesive and well-functioning self with emphasis on self-soothing capacities and a built-in capacity for internal tension regulation that enables self-esteem to remain relatively stable.

A subtle shift in the meaning of transmuting internalization took place between 1971 and 1977. In 1971, the microstructures were thought to have been built into the fabric of the ego but now transmuting internalization is thought of as developing structure and functions within the bipolar self.

Sexual "drives" are considered to be disintegration products which may secondarily be employed to soothe or stimulate a narcissistically injured or damaged self. Gross maternal failures in empathy are seen as leading to direct damage in the structure of the self, in contrast to the complex formulations by object-relations theorists. This led to the severe criticism that self-psychology, rather than moving toward more intense depth psychology, was moving toward the shallows of existentialism which, like the psychology of the self, tends to abrogate the importance of unconscious drives and conflicts. Remember that "acceptance of the idea of drives which set the activity of the psychic apparatus in motion . . . has become the litmus test for the 'orthodox' psychoanalyst" (Greenberg and Mitchell 1983, p. 304).

The psychology of the self in the broader sense represents a highly controversial theoretical system quite different than classical psychoanalysis. The student will have to do a great deal of self-scrutiny and return to patients in order to decide whether this represents a useful and valid contribution. It represents an important psychological and philosophical system with ramifications for philosophy and politics as well as for the practice of psychoanalysis and intensive psychotherapy.

#### The Psychology of the Self in the Broader Sense

The psychotherapist working with narcissistic and borderline disorders must have a thorough grasp of the process of working through, in which minor disappointments in the narcissistic transferences, followed by characteristic reactions in the patient, must be explained calmly to the patient. Without this conceptual understanding, the temptation occurs to launch all kinds of extra-therapeutic activities toward the patient. Some of these temptations are based on countertransference hostility, others on reaction formations to this hostility. The principle, however, remains that the therapist's temptation to step outside the role of the calm, benign craftsman is based on a misunderstanding of what is happening in the therapy and what is motivated by countertransference. There is no end to the rationalizations which the unanalyzed psychotherapist may present to justify the exploitation of and retaliation toward the patient.

In order to protect themselves against rejection and further narcissistic wounding, patients with an insufficient ego ideal tend to withdraw into grandiosity, which bothers and irritates people and produces further rejection leading to further withdrawal. In addition, such patients are much harsher on themselves because they can fall back only on the harsh critical superego, for internalization of the love of the idealized parent imago has not occurred.

Typically, narcissistic peace and clinical improvement can be established with concomitant better functioning when the idealizing transference occurs, but such transferences may also lead to a fear of loss of ego boundaries and fusion if the wish to merge with the idealized parent

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imago is quite strong. A negative therapeutic reaction results. The patient must resist the threatened merging for fear of becoming more like the therapist than is tolerable for maintaining ego boundaries.

A gifted individual can actually realize some of the boundless expectations of the grandiose self but whatever successes might be achieved are never enough, and the patient is plagued by an endless demand for superb performance. For example, we see the middle-age depression so common in successful people who have been on a treadmill and achieved money and power, yet whose success brings no relief. Such patients always need continuing acclaim and more success; they have the talent to realize many of their wishes but they never get satisfaction since they are driven by a split-off grandiose self with its bizarre demands. "Lying" and name-dropping in such patients can be understood as an attempt to live up to the expectations of the grandiose self and thus must be removed from the therapist's tacit moral condemnation. As Basch (Stepanksy and Goldberg 1984) explains, "An intellectual, superficial accommodation to the reality of his relative lack of power and significance, and his less than central position is made by the child while, as far as the self is concerned, the earlier sense of narcissistic urgency holds sway" (p. 28). The reader should turn back here to Reich's (1960) case described in Chapter 3 and compare her traditional psychoanalytic explanation of the pathology with this approach. Then, for a detailed self-psychological explanation of an analogous case of a writer, "Mr.

M.," see Kohut (1977).

#### DEVELOPMENT OF THE BIPOLAR SELF

For narcissistic patients therefore, the handling of their characteristic transferences becomes the essence of the treatment. These narcissistic "transferences" do not involve the investment of the therapist with object libido, as in the oedipal neuroses, although they do involve a crossing of the repression barrier of the mobilized grandiose self and idealized parent imago. It is therefore vital to have a clear and precise understanding of Kohut's final notion of the development and vicissitudes of these structures.

For children of 8 months to 3 years of age, Kohut postulates a normal, intermediate phase of powerful narcissistic cathexis of "the grandiose self" (a grandiose exhibitionistic image of the self) and the idealized parent imago (the image of an omnipotent self-object with whom fusion is desired). These psychic formations are gradually internalized and integrated within the psychic structure. The grandiosity, as a result of appropriate minor disappointments, is consolidated at around 2 to 4 years of age (Kohut 1977, p. 178); it forms the nuclear ambitions pole of the self, driving the individual forward. It derives most from the relationship with the mother, and in the narrow theory is thought of as forming a part of the ego. In the broader theory, the "self" and ego are separated and thus the internalized grandiose

self is thought to form the nuclear ambitions pole of the self.

At 4 to 6 years of age (Kohut 1977, p. 178) at the height of the oedipal phase, the idealized parent imago, which derives from both parents, is also internalized and integrated. In the narrow theory it was thought of as an infusion of both the superego and the ego with the love and admiration originally aimed at the idealized parent imago, which then serves as a vital internal source of self-esteem and the basis of the ego-ideal aspect of the superego. This ego-ideal forms a system toward which the person aspires; thus the individual is driven from below by nuclear ambitions, and pulled from above by the ego-ideal. In the psychology of the self in the broader sense, the consolidation of the idealized parent imago forms the other pole of the self, the nuclear ideals pole. This notion of the bipolar self is the crucial concept of the psychology of the self.

Later, Kohut (1984) adds a third "separate line of self-object development" (p. 198) involving important twinship (alter-ego) experiences from about 4 to 10 years of age (known in drive-psychology as early latency [p. 194]), for example, the little girl kneading dough in the kitchen next to grandmother or the little boy "shaving" or "working" next to daddy with daddy's tools. This self-object need corresponds to and confirms the intermediate area of skills and talents which, with the ambitions and ideals poles, forms the nuclear self.

When these three major consolidations have to some extent occurred, a vigorous cohesive sense of self is formed, and the person is ready to continue by resolving the oedipal phase. In drive-psychology terms, the superego can form, and moral anxiety (from within) replaces castration anxiety. The repression barrier is established and eventually consolidated in latency and adolescence, and anxiety becomes confined to function as signal anxiety (essentially Kernberg's "fifth stage"). But for Kohut, even after adolescence still further transformations of narcissism occur, resulting eventually in mature wisdom, a sense of humor, an acceptance of the transience of life, empathy, and creativity. These transformations involve an increased firming of the sense of self, making mature love possible.

In the narrow sense theory, the idealized parent imago, when internalized, performs in the pre-oedipal ego and superego a drive-curbing function. In the oedipal superego it forms an idealized superego, which now leads the person. The infantile grandiose self forms the nuclear ambitions, and crude infantile exhibitionism is channeled and transformed into socially meaningful activities and accomplishments. Thus, narcissism, when properly transformed, is both normal and absolutely vital to mature human personality functioning; it is no longer a pejorative term.

In the "psychology of the self in the broader sense," these internalizations as explained form into a cohesive bipolar self, and a

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complementary role in development beyond that described by Freud is given to the oedipal phase. Here the response of the parents to the child's libidinal and aggressive and exhibitionistic strivings—their pride and mirroring confirmation of its development—permits these internalizations to occur and integrate smoothly. In Freud's theory, for example, it is the boy's fear of castration by the father that causes him to identify with the aggressor and internalize the values of the father. For Kohut, it is *also* the father's pride in the boy's emerging assertiveness as it shows itself in the boy's oedipal strivings and imitative efforts, that softens the boy's disappointment about not possessing the mother and enables a firm internalization of the idealized parent imago as a nuclear pole of the self.

If, for example, the father or mother withdraw from the child as a response to their horror of the child's oedipal strivings, this internalization cannot occur, and the child remains fixed in development on finding some individual to which the child attaches the idealized parent imago. The child's internal self-esteem in this case remains very low, and its self-esteem and sense of self require continual and unending bolstering from the external object which has been invested with the idealized parent imago. When such bolstering is not forthcoming, profound disappointment, narcissistic rage, and even a sense of impending fragmentation of the self occur. Thus we have what self-psychologists call a complementary theory, in which new explanatory concepts and the structural theory of Freud are employed in order to make

sense of the common but puzzling aspects of the narcissistic personality.

The sense of continuity of the self emanates not only from the contents of the constituents of the nuclear self and from the activities they establish, but from the relationship of these constituents. This relationship provides "an action-promoting condition" or "tension gradient" between the two poles of the self, a person's ambitions and ideals, "even in the absence of any specific activity" (Kohut 1977, p. 180). Kohut emphasizes ceaselessly "the pervasive influence of the personalities of the parents and of the atmosphere in which the child grew up" to "account for the specific characteristics of the nuclear self and for its firmness, weakness, or vulnerability" (Kohut 1977, pp. 186-187). The basic difference between "the psychology of the self in the narrow sense of the term" and "the psychology of the self in the broader sense of the term" is that in the former the self is a content of the mental apparatus, whereas in the latter, the self occupies "a central position" (Kohut 1977, p. 207).

#### THE BIPOLAR SELF IN PSYCHOPATHOLOGY AND MENTAL HEALTH

Kohut stresses two key consequences of the lack of integration of the grandiose self and idealized parent imago. First, adult functioning and personality are impoverished because the self is deprived of energy that is still invested in archaic structures. Second, adult activity is hampered by the breakthrough and intrusion of archaic structures with their archaic claims. These nonintegrated structures are either repressed (Kohut's "horizontal split") or disavowed (Kohut's "vertical split"), and they quickly show themselves in the psychotherapy situation of both narcissistic and borderline patients.

Patients want us to respond as if we belong one hundred percent to them; a benign view of this desire, rather than an angry retort or harsh criticism, detoxifies patients' attitudes toward themselves and prevents a withdrawal into arrogant grandiosity. Outside success for such patients gives only transient good feelings but does not add to the idealization of the superego, for these patients are arrested developmentally on finding an idealized parent imago outside of themselves—a stage where they still need continuing outside sources of approval. Narcissistic injury produces great rage, which also appears if the transference self-object does not live up to the idealization. Thus narcissistic and borderline patients present a psychic apparatus ready to ignite at any time, and with their poor ego ideal they cannot neutralize the explosions and disintegrations when they occur.

Kernberg (1976) warns that in working with borderline patients "the therapist tends to experience, rather soon in the treatment, intensive emotional reactions having more to do with the patient's premature, intense and chaotic transference and with the therapist's capacity to withstand psychological stress and anxiety, than with any specific problem of the therapist's past" (p. 179). In fact, intense and premature emotional reactions on the part of the therapist indicate for Kernberg the presence of severe regression in the patient.

The repressed or split-off grandiose self with its bizarre demands may drive the patient relentlessly and, as previously mentioned, even force him into "lying," bragging, and name-dropping in order to live up to expectations of the grandiose self. Certain types of dangerous acting-out may also occur as part of the effort to feel alive and to establish a conviction of omnipotence and grandiosity; one female patient of mine often rides a motorcycle at high speed down the highway when visibility has been obscured by fog. In working with such patients the therapist must deal with responses to separation and disappointment and stay near current experiences and strivings for omnipotence and grandiosity. Benign acceptance, conceptual explanation, and education of the patient have a major role in the psychotherapy of narcissistic and borderline patients.

The vicissitudes of the transferences and the appearance of the rage provide the opportunity for the calm, nonanxious therapist, working as a careful craftsman, to help the patient understand and transform the archaic narcissism so that the aggression can be employed for realistic ambitions, goals, and ideals. The signs of successful resumption of the developmental

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process and appropriate transformations of narcissism can be found in two major areas of the patient's life. First, an increase and expansion of object love will take place, due primarily to an increased firming of the sense of self. Patients become more secure in their own identity and acceptability; they become more able to offer love. The second area is in greater drive control and drive channeling and a better idealized superego, as well as more realistic ambitions and the change of crude infantile exhibitionism into socially meaningful activities. We hope to end up with a sense of empathy, creativity, humor, and perhaps ultimately, wisdom.

From the point of view of the "psychology of the self in the broader sense," the self is critical to achieving joy in life and making the right choices that are in harmony with our abilities, opportunities, and goals. We establish an empathic matrix with others if we have a cohesive self. But a functioning self may be established by achieving success in the development of compensatory structures, such as compensating for weakness in "the area of exhibitionism and ambitions by the self-esteem provided by the pursuit of ideals" (Kohut 1977, p. 1). A functioning self is defined as "a psychological sector in which ambitions, skills, and ideals form an unbroken continuum that permits joyful creative activity" (p. 63). Activity which maintains self-esteem may even take on the character of an "addiction" since it is so powerful and rewarding in the joy it brings. "Addiction"—used here by Kohut "half-jokingly and half-seriously" (Goldberg 1980, p. 497)—refers to the "reverberating beneficial cycle" (Kohut 1977, p. 135) which becomes established:

The strengthened self becomes the organizing center of the skills and talents of the personality and thus improves the exercise of these functions; the successful exercise of skills and talents, moreover, in turn increases the cohesion, and thus the vigor, of the self. (1977, p. 135)

But we are warned (Kohut 1984, p. 161) that under such "addiction" to one's form of mental health lies a fear of the return of former insecurities and imbalances if this activity is given up or relaxed.

It is important to keep in mind that Kohut (pp. 179-180) suggests the sense of self-continuity emanates from the content of the constituents of the nuclear self, the activities established "as a result of their pressure and guidance," and the relationship among the constituents of the self, which produce an action-promoting condition. Continuous striving, or activities based on these creative tensions, are central in maintaining a sense of continuity and joyful living, in spite of the vicissitudes of life. As Freud (Schur 1972) wrote on his eightieth birthday, "Life at my age is not easy, but spring is beautiful and so is love" (p. 480).

#### **Problems in Definition of the Bipolar Self**

Kohut repeatedly the physicianly vocation stresses of the psychotherapist or analyst, not the model of the surgeon or the computer. This is because traditional neurotics were overstimulated as children, but patients with self-pathology need less distance, and, if this is not provided, one sees the appearance of narcissistic rage. This rage, says Kohut, is an empathy problem and not, as the Kleinians say, due to inborn infantile aggression and subsequent fear and guilt. When analysts focus on conflicts regarding drives, they tend to become either educational (such as by urging self-control) or unnecessarily pessimistic about the continuing narcissistic rage.

A continuing problem is Kohut's (1977) admission:

We cannot, by introspection and empathy, penetrate to the self per se; only its introspectively or empathically perceived psychological manifestations are open to us. Demands for an exact definition of the nature of the self disregard the fact that "the self' is not a concept of an abstract science, but a generalization derived from empirical data. (p. 311)

Yet at times the self is used existentially, as if it were a choosing agent, which Kohut and his followers excuse as a method of shorthand or figure of speech (Kohut and Wolf 1978, pp. 415-416). This ambiguity in the use of the concept of the self appears in the developing thought of both Kant and Kohut (Chessick 1980a).

According to Kant (1781), we experience the mind through our "inner

sense" or "empirical apperception," our consciousness of the flux of inner appearances of the state of the self. There is no permanent or abiding "self" in this, as both Hume and Kant agree. Thus the phenomenal self, the self studied in psychology, is known to us empirically as a succession of mental states in time, for time is the *a priori* form of our inner sense, says Kant (1781) in the *Critique of Pure Reason.* 

This is distinguished from the noumenal or transcendental self, the self which knows, the self enduring and as it "really" is. Thus, for Kant, we can think about reality "out there" and about the "real" knowing self, but we cannot ever directly know either of them or make direct statements to describe them.

Both Kant and Freud assume that there is a reality "outside" of or "behind" the world of appearance and that there is a part of the mind behind the phenomenal self. For Freud, a concept analogous to Kant's noumenal self, which cannot be directly known but yet profoundly influences our experienced sense of self, was, in the topographic theory, the system unconscious. In the structural theory it becomes the id (and portions of the ego and superego). Freud (1940a) writes, "The core of our being, then, is formed by the obscure *id*, which has no direct communication with the external world and is accessible even to our own knowledge only through the medium of another agency" (p. 197).

The crucial argument of Kant's fundamental "transcendental deduction of the pure concepts of the understanding" rests on the premise of the transcendental unity of self-consciousness, the sense of "I am I," the cohesive sense of a single continuous self. This continuing core of self-consciousness is clearly required to distinguish one's self-boundaries and self-experiences from experiences coming from the external world. Kant points out that Hume erred fundamentally in overlooking the inextricable interdependence of selfawareness and awareness of perceptual objects. Conversely, Kant argues that, if the subjective unity of the consciousness begins to shatter for various reasons, the individual becomes confused about the distinction between one's self and self-experiences and experiences of the external world. Thus, even for Kant, fragmentation of the sense of self implies a diffusion of ego boundaries and a loss of reality testing.

When Kant is most consistent in his doctrine of noumenal self and phenomenal self, he would define these as follows: the phenomenal self consists solely of the empirically experienced self-states of classical psychology as revealed by introspective investigation of inner states or experiences; the noumenal self is a non-empirical "limiting concept" that reason leads us to from a study of our phenomenal self. The noumenal self, as a limiting concept, is experience-near, in the sense that it is directly suggested to reason by our experience; it is a regulative concept in Kant's terms, useful to reason in describing and classifying our phenomenal self-experiences. Because it is only such a purely rational concept, nothing more can be said about it (Ewing 1967). When Kant uses the concept of noumenal self this way, he speaks of it as the noumenal self in the negative sense. This is the only nonempirical (Kant would call it transcendental) notion of self that is justifiably arrived at by the action of reason on our empirical data in its efforts to develop unifying and explanatory concepts.

In the rest of Kant's philosophy, he ignores his own arguments and uses the concept of noumenal self in quite a different sense. This unresolved contradiction in Kant's philosophy is lucidly discussed by Scruton (1982, Chapter 5). In his moral philosophy, noumenal self is employed as an independent agent, and a good deal is postulated about it. This shift is usually described as a movement on Kant's part—an incautious movement—from the noumenal self in the negative sense to the noumenal self in the positive sense. It is a shift from a notion of noumenal self suggested to reason from immediate empirical experience to a far more complex and experiencedistant concept of noumenal self, a shift not justifiable by Kant's own philosophy in the *Critique of Pure Reason*.

This noumenal self to which Kant and others refer is used in a positive sense to justify matters of faith and approaches what Kohut (1978, pp. 659-660) refers to as an axiomatic self. When we use the notion of self in this manner, we have thus moved from the realm of science. This is the meaning of Kohut's (1977, p. 311) statement that the self "in its essence" cannot be defined; such a definition would postulate an "axiomatic" self, which Kohut rightly considers to be unscientific and abrogates the importance of the unconscious (see Ornstein's discussion in Kohut [1978], pp. 95-96).

For Kant, as Smith (1962) points out, the self is the sole source of all unity. But Broad (1978) concludes that "Kant's account of the nature of the human self and of its knowledge of itself is extremely complicated, and it is doubtful whether a single consistent doctrine can be extracted from his various utterances" (p. 234).

Kohut (1978) explains that the fundamental advance of psychoanalytic fact-finding is to take the further step into a new methodology by which the therapist vicariously introspects with the patient and experiences the inner self and the world around the patient in a manner congruent to that of the patient. This yields important data about the state of the patient at any given time which cannot be obtained by any other approach. Kohut's early notion of the sense of self is not "axiomatic" but comes from empathic identification with the patient's sense of self at any given time. It is in truly understanding by vicarious introspection how the patient's sense of self coheres and fragments that we gain an explanation of why and how the patient perceives the inner and outer world and behaves accordingly. This is more experience-near than Freud's metapsychology, because additional apparatuses or structures are not postulated as homunculi within the head of the individual determining the outcome of behavior. For Kohut the patient's perception and behavior are directly attributable to the patient's sense of self at any given time. His approach avoids what Freud (1937, p. 225) called "the Witch Metapsychology" to a considerable extent, but understanding then depends fundamentally on the capacity of the therapist to empathize with the patient's inner state.

Yet Kohut at times, like Kant, slips into the concept of self in the positive sense, as when he speaks of it as empty and depleted or as "yearning" for mirroring or merger. The self in these situations is used as an "as if" concept and the anthropomorphic language has been criticized. In *The Analysis of the Self* Kohut (1971, p. 130) mentions that the cohesive experience of the self in time is the same as the experience of the self as a continuum, which seems to be the same as Kant's notion of inner states. Yet, in the same paragraph Kohut also mentions the "breadth and depth" of cohesiveness of the self, but without definition.

#### **Fragmentation and Cohesion of the Self**

The concept of the fragmentation of the self is never made satisfactorily clear (Schwartz 1978). It seems to be equated with psychotic-like

phenomena, at which time reality contact even with the therapist is in danger of being lost. It is characterized as a regressive phenomenon, predominantly autoerotic, a state of fragmented self-nuclei, in contrast to the state of the cohesive self which Kohut (1971) describes as "the growth of the selfexperience as a physical and mental unit which has cohesiveness in space and continuity in time" (p. 118). Here Kohut seems to disagree with Kant's contention that time is the sole form of our inner sense. Kohut speaks also of space, having in mind Jacobson's (1964) discussion of the "development of object and self-constancy" (p. 55).

Kohut's (1971) original notion of the cohesiveness of the self has to do with a "firm cathexis with narcissistic libido" (p. 119), leading to a subjective feeling of well-being and an improvement of the functioning of the ego. In later writings this metapsychological explanation is omitted; signs of fragmentation of the self have to do with a subjective feeling of self-state anxiety and objective and subjective signs of deteriorating ego function. As Kohut (1971) explains, this is accompanied by frantic activities of various kinds in the work and sexual areas, especially in an effort to "counteract the subjectively painful feeling of self-fragmentation by a variety of forced actions, ranging from physical stimulation and athletic activities to excessive work in . . . profession and business" (p. 119). Thus fragmentation of the self that Kohut in his early work calls "the dissolution of the narcissistic unity of the self" (pp. 120-121) is manifested by certain characteristic subjective sensations such as hypochondria and frantic activities in order to stem the tide of regression.

Kohut (1971) sees a regression from the cohesiveness of the self to its fragmentation as parallel to a regression "from narcissism to autoerotism" (p. 253). A clinical description of this is based on the self as "an organizing center of the ego's activities" (pp. 296-298). When the self fragments, the personality which has not participated in the regression attempts to deal with the central fragmentation, but "the experience of the fragmented body-mind-self and self-object cannot be psychologically elaborated" (p. 30).

In *The Restoration of the Self* (1977) the self as a supraordinate concept in its bipolar nature becomes our clinical focus primarily when self-cohesion is not firm. Metapsychological energic concepts are omitted, and the self is now seen as occupying "the central position" within the personality. Thus, fragmentation of the self is defined by the experiences which it produces. In this later book the self is finally a "supra-ordinated configuration whose significance transcends that of the sum of its parts" (p. 97).

So Kohut first presents the self in the negative sense as an experiencenear abstraction from psychoanalytic experience. As his work evolves, he focuses more and more on the self, finally placing the self in a central and transcendent position. This emphasis on the self resembles Kant's noumenal self used in the positive sense to explain free will—a center of our being from which all initiative springs and where all experiences end—which Kohut (1978, pp. 659-660) rejects.

#### Is the Bipolar Self Complementary to Freud's Metapsychology?

When Kohut moves to the supraordinate bipolar self and its constituents, he introduces a new concept. The self is no longer a depth-psychological concept that can be metapsychologically defined using classical terminology, and the self is no longer thought of as either within the mental apparatus or even as a fourth "agency" of the mind. "The area of the self and its vicissitudes," as Kohut (1978, p. 753) calls it, is essentially a separate science from Freud's psychoanalysis, just as the study of the phenomenal world in the *Critique of Pure Reason* is a separate discipline from the study of the noumenal world in the *Critique of Pare Reason*. Kohut (1978) himself labels this "the science of the self" (p. 752n), and the implication is inevitable that he has attempted to found a new science.

Freud would not have accepted Kohut's theory of the psychology of the self in the broader sense as "complementary" but rather as a different although related theory which uses an alternative explanation of the treatment procedure from that of Freud's metapsychology in psychoanalysis. The new explanation is based by Kohut (1977) on the Zeigarnik effect (1927) (discussed below in Chapter 11), for which Kohut postulates some kind of inner motivation of undeveloped structures to resume their development when given the opportunity; the energy behind this motivation has nothing to do with Freud's instinctual drives, and the origin of it is not explained. I assume it is a sort of biological growth force. The basis of therapy in the psychology of the self postulates that proper development of "self-object transferences," or transference-like structures in the treatment, make it possible for this force to take over and thus for development of the self to resume via transmuting internalization; this is fundamentally different from the resolution of conflicts via interpretation of a transference neurosis.

This represents a different scientific paradigm. It is better for the progress of human knowledge to face this situation directly; otherwise, students of the subject will become hopelessly confused in attempting to somehow reconcile the early and the late Kohut, or to reconcile Freud's psychoanalysis and the "psychology of the self in the broader sense." Like Kant's noumenal self used in the positive sense, Kohut's self in the broader sense becomes crucial to joy in life and the making of right choices; there is no room for such an independent or supraordinate postulated entity in the *Critique of Pure Reason* or in the "psychology of the self in the narrow sense." As Kohut (1978) himself recognizes, this supraordinate self is beyond the laws of psychic determinism and outside the limits of traditional psychoanalysis. Just as Kant's ethical philosophy is developed for the moral

use of placing faith on a firm foundation, so Kohut's "psychology of the self in the broader sense" addresses itself to the moral purpose of alleviating the tragedy of modern humans suffocating in an increasingly inhuman environment they themselves continue to create.

#### COMPARISON OF DRIVE PSYCHOLOGY AND SELF PSYCHOLOGY

Many of these concepts are discussed at great length by a variety of authors in the two published proceedings of conferences on the psychology of the self (Goldberg 1980, Lichtenberg and Kaplan 1983). In psychoanalysis the status accorded to new ideas is a very personal decision reached after much study and often with much discomfort, writes Goldberg (1980) in his introduction to *Advances in Self Psychology*. Kohut himself repeatedly asks us for prolonged immersion in the psychology of the self and for much patience in making up our minds.

The basic objection of self-psychologists to the traditional ego psychology school is in its Freudian notion that development proceeds to "independence." Kohut sees a fundamental value difference here; he insisted more and more as he reached the end of his life that the presence of an empathic self-object matrix is a crucial requirement throughout life for a cohesive sense of self; the self always requires a milieu of empathically responding self-objects in order to function effectively. The unrolling of its nuclear aims is critical and the attainment of "independence" from selfobjects at any point of life represents serious pathology—often paranoia or "Hitlerian pseudo-productivity."

We have here a collision of the views of Kohut and Kernberg. Kernberg stresses the primacy of hostility and the Kleinian defenses and values the move from merger to autonomy via the analysis of the Oedipus complex. Kohut is interested in the sequence of self-self-object relations occurring throughout life and considers this interest to be based on a different moral system. Whenever a sustaining self-object matrix is absent, creativeproductive activities cease, ego functions deteriorate, and fragmentation threatens. How many cases of so-called pseudo-dementia in lonely elderly people could be explained in this fashion?

This implies a new definition of mental health. At least one sector must be established in which ambitions, skills, talents, and idealized goals form an unbroken continuum. Since the content of these differs from person to person, health is different for each different individual and the functional preponderance of ambitions, skills and talents, and idealized goals, differs with respect to the choice of the key constituents and the degree of dominance of each constituent, leading to behavioral differences that determine mental health for each individual. For Kohut, a mentally healthy person lives out the design of the nuclear self. This leads to socially beneficial results and the continual creation of an empathic self-object matrix; health is not merely adaptation. A person must mobilize adequate individual skills and talents in order to realize nuclear goals and must also find after protracted search a matrix of freely chosen empathic self-objects.

This is greatly emphasized by Kohut in contrast to Freud's independent "love and work" or Hartmann's "adaptation" and is elaborated in Kohut's (1984) final book, *How Does Analysis Cure?* A section of this book is devoted to replies to numerous criticisms of the *Restoration of the Self.* Kohut suggests (pp. 61-63) that self-psychology has been accepted by those who are more directly in touch with modern man's primary need of an empathic self-object matrix. He feels that a wall of secondary, prideful disavowal protects those who reject self-psychology from the narcissistic blow that a self cannot exist successfully outside of such a matrix.

He moves away from traditional psychoanalytic "conflict" explanations of all the clinical phenomena of psychiatry and diminishes the central and traditional importance of interpretation alone (the "pure gold" of psychoanalysis) as a curative factor in psychoanalysis. I will discuss this in detail in the next chapter. Kohut (1984, p. 78, p. 153) anticipates that he will be accused of advocating a form of Alexander's "corrective emotional
experience" because he presses the crucial role of empathy or vicarious introspection again and again. The traditional notions of defense and resistance are also reinterpreted by Kohut in these terms. The therapist experiences through vicarious introspection or empathy that which the patient is experiencing rather than empirically experiencing the patient's feelings through observing the workings of a "mental apparatus."

Kohut's (1982) posthumous paper, "Introspection, Empathy, and the Semi-Circle of Mental Health," reviews his assertions about empathy and again emphasizes Kohut's proposal for a whole new value system upon which to base the understanding of the individual. By contrasting the parricide of Oedipus with the story he says is told by Homer $\frac{1}{2}$  of how Odysseus protected his infant son, Kohut attempts to demonstrate that it is the primacy of parental support for the succeeding generation which is normal. Intergenerational strife and mutual wishes to kill and destroy are abnormal. He writes, "It is only when the self of the parent is not a normal, healthy self, cohesive, vigorous and harmonious, that it will react with competitiveness and seductiveness rather than with pride and affection when the child, at the age of 5, is making an exhilarating move toward a heretofore not achieved degree of assertiveness, generosity, and affection" (p. 404). Only in response to such a flawed parental self that cannot resonate with the child's experience does the self of the child disintegrate, and do the by-products of hostility and lust constituting the Oedipus complex make their appearance. This represents a basic challenge to Freud's emphasis on the Oedipus complex as the normal central source of conflict in every child's development and at the core of all psychoneuroses.

Kohut differentiates between an oedipal *stage*, referring to the normal state of experiences at that age, and the Oedipus *complex*, referring to the pathological distortion of the normal stage (Lichtenberg and Kaplan 1983, p. 211). In a much quoted passage Kohut continues:

I first emphasize again that self-psychology does not consider drives or conflicts as pathological. Nor does it consider even intense experiences of anxiety or guilt as pathological or pathogenic per se. Three cheers for drives! Three cheers for conflicts! They are the stuff of life, part and parcel of the experiential quintessence of the healthy self. (p. 388)

Kohut protests (p. 397) that he is still a drive psychologist in the sense that self-psychology is only offering a complementarity of perspective but not attempting to replace drive psychology. However Greenberg and Mitchell (1983) claim that "Kohut uses complementarity to obscure the necessity for choice" (p. 363). Kohut (Lichtenberg and Kaplan 1983) continues:

We must modify our perspective on the role of drive-related conflicts in such disorders to accommodate the realization that underlying self-object failures lead to the disintegration of the oedipal-stage self and thereby account for the expression of sexuality and aggression that typifies the Oedipus complex, (p. 399)

He claims only that there are no built-in primary conflicts in the psyche

from birth, but he concedes that traumatic disruptions lead to defects or deficits in structure building, which, in turn, lead to secondary conflicts that can be studied by the usual methods of psychoanalysis as a drive psychology, provided one wishes to use that vantage point at that time. Kohut insists (Goldberg 1980) that "the reasons for my assertion that drives, psychologically conceived, occur secondary to the break-up of the self are empirical.... It fits the data of observation while the theory of drive primacy does not" (p. 489). Kohut (Goldberg 1980) concludes that:

An outlook that puts the drives in the center of the personality will use a model in which the quality of drive processing becomes the yardstick with which to measure therapeutic success; an outlook that puts the self in the center of the personality will use a model in which the degree of fulfillment of the basic program of the self (the nuclear self) becomes this yardstick, (p. 509)

## Notes

1 This story is not found in Homer but is from *Fabulae* (Graves 1955), a collection of mythological legends from the works of Greek tragedians since lost. *Fabulae*, usually wrongly attributed to the Latin scholar Hyginus, was produced by an unknown author in the second century A.D.

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