



**Psychoanalytic
Conceptualizations
of Narcissism
From Freud to
Kernberg and Kohut**

JAMES L. SACKSTEDER M.D.

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Editor's Note

By the time narcissistic personality disorder had been included as a diagnostic entity in DSM-III, the concept of narcissism already had a lengthy and important history in psychoanalysis. Used differently, narcissism can refer to an important line of development for every individual, a personality type, or a specific pathological personality disorder. Dr. Sacksteder's chapter begins this book with an analysis of the history of psychoanalytic conceptualizations of narcissism from Sigmund Freud to Heinz Kohut and Otto Kernberg. Along the way, he shows how such post-Freudian European analytic contributors as Klein, Fairbairn, and others contributed to the development of the concept of narcissism, foreshadowing the contrasting points of view espoused by Kernberg and Kohut in modern psychoanalytic conceptualizations of narcissism.

Introduction

Psychoanalytic investigators beginning with Freud have contributed to psychiatry the progressive delineation of specific types of character pathology and the formulation of recommendations with regard to their treatment predicated on the genetic, dynamic, and structural characteristics defining them. The ongoing nature of this work and its importance for clinical practice are highlighted by comparing DSM-III (American Psychiatric Association

1980) with DSM-II (American Psychiatric Association 1968). DSM-III includes several personality disorders not included in DSM-II, and at least some of these “new” personality disorders were originally “discovered” and systematically investigated by psychoanalytic investigators. The category of narcissistic personality disorder is unquestionably one of these. However, despite the inclusion of narcissistic personality disorder in DSM-III, largely because of consensus about the descriptive characteristics of individuals with this disorder, there nonetheless remains intense disagreement and controversy about the dynamic, genetic, and structural characteristics of these individuals, and thus about their treatment.

Many investigators have made important contributions to clarifying narcissistic personality disorder as a subtype of character pathology. But to an unusual extent, the controversies with regard to the nature and treatment of narcissistic disorders can be captured by comparing and contrasting the work of two contemporary psychoanalysts: Otto Kernberg and the late Heinz Kohut.

Kernberg’s highly original contributions to understanding the nature of normal and pathological narcissism are predicated on his unique synthesis and integration of contemporary ego psychology with aspects of various different object-relations theories, including most importantly those of Melanie Klein and W.R.D. Fairbairn.

Kohut, by contrast, after first attempting to integrate his findings into classical ego psychology theory, eventually repudiated ego psychology and founded a new “school” of psychoanalysis—self psychology. This new school, of course, was not created in a vacuum. It reflects aspects of ego psychological thought as well as the work of various object-relations theoreticians, including Sandor Ferenczi, Michael Balint, and W.R.D. Fairbairn. Fairbairn’s work seems an especially important precursor to and influence on self psychology. Anticipating Kohut, Fairbairn came to repudiate classical drive theory after first embracing it, replacing it with an object-relations theory of personality that placed the establishment and maintenance of ongoing good relationships with others at the center of his theory of motivation, development, structure formation, and therapy.

Both Kernberg and Kohut have written extensively about working analytically with adults with narcissistic pathology. One point of agreement between them is with regard to the general descriptive characteristics of individuals with narcissistic personality disorders, but that is basically all they agree about. They have very different points of view about 1) the nature of normal and pathological narcissism; 2) the nature of development from normal infantile narcissism to mature, healthy forms of narcissism; 3) the relationship between pathological narcissism and normal infantile forms of narcissism; 4) the nature, origin, and development of the intrapsychic structures associated with normal and pathological narcissism; 5) the nature

of the conflicts, varieties of anxiety, and defenses operative in the narcissistic personality disorders; 6) the relative contribution of intrapersonal and interpersonal factors in determining the nature of the anxieties, conflicts, defenses, and structures involved in normal and pathological narcissism; and 7) the treatment interventions required to achieve transformative, therapeutic change in individuals with narcissistic disorders.

It is my intent in this chapter to contribute to an understanding of how Kernberg and Kohut came to have their very different points of view by sketching out a brief history of the evolution of psychoanalytic thinking about the nature of normal and pathological narcissism. The current controversies can best be understood by placing them in a historical context, thereby clarifying the lines of development in psychoanalytic thinking about narcissism in different psychoanalytic schools. In this context, I will briefly review the work of Klein, Fairbairn, and members of the Hungarian school. I will attempt to underscore, in particular, the relationship of the views of Kernberg and Kohut to the views of those preceding and influencing them.

Contributions of Freud

Unquestionably, the first important psychoanalytic contributions with regard to normal and pathological narcissism were those made by Freud (1905, 1910, 1911, 1912-1913, 1914, 1916-1917). Unfortunately, all of these

contributions occurred before Freud wrote the series of articles that transformed psychoanalysis from an “id psychology” to “ego psychology.” Thus, they were written before he formulated his structural hypothesis of the mind as constituted by the id, the ego, and the superego, before he revised his theory of anxiety and outlined a developmental sequence of situations of anxiety, and before he had proposed aggression as a drive as important as the sexual drive in determining the course of development. It was not until the work of Hartmann and Jacobson that a more contemporary ego psychological approach to the study of narcissism was undertaken. Nevertheless, Freud’s work has been enduringly influential, and aspects of it remain clinically relevant to this day.

Freud’s contributions included

1. Introducing the term and the concept of narcissism to psychoanalysis and exploring its contribution to normal and pathological phenomena.
2. Establishing that narcissism has its own unique developmental line from infantile to mature forms that contributes importantly to intrapsychic structure formation.
3. Noting that narcissistic development can go awry with the consequence that specific forms of narcissistic psychopathology can develop.
4. Discovering that narcissism determines specific types of object

relations involving “narcissistic” object choice (as opposed to “anaclitic” object choice) that are important in both normal and pathological development.

5. Exploring the contributions that the developmental line of narcissism makes to one’s experience of oneself and of one’s feelings about oneself—especially its contributions to self-regard and self-esteem regulation.

In this brief review of Freud’s work, I can only touch on the phenomena that these contributions were based on.

Narcissism as a Determinant of Specific Forms of Psychopathology

As was typical of Freud, he discovered normal narcissism by first finding evidence for narcissism in pathological phenomena. Psychopathology that he felt was uniquely narcissistic included two types of sexual perversion and schizophrenia. It was his exploration of schizophrenic psychopathology that led Freud to hypothesize “primary narcissism” as a normal stage in psychosexual development but one to which there could be arrest and/or later regression which in turn led to serious psychopathology. This, in turn, led Freud to differentiate between “narcissistic neuroses” and “transference neuroses.”

Freud felt that an individual formed relationships with others and with the world by cathecting mental representations of others and the world with

libido. If that cathexis was withdrawn, others and the world quite literally were felt to cease to exist. Freud felt the primary pathological event in a schizophrenic break was the break with reality: “He [the schizophrenic] seems really to have withdrawn his libido from people and things in the external world, without replacing them by others in phantasy” (1914, p. 74). This explained for Freud the loss of interest in the world and in relating to others that had previously been very important to the schizophrenic person. Freud further postulated that the libido withdrawn from external reality was then shifted to the schizophrenic patient’s “ego” and his or her body. This explained for him the symptoms of megalomania and hypochondriasis that often accompany a schizophrenic break.

It was Freud’s belief that schizophrenic persons withdraw from object relationships in fantasy as well as in reality that led him to be so pessimistic about their ability to potentially profit from psychoanalysis. He felt these patients would be unable to form a transference to their therapist and without a transference there can be no psychoanalysis. Only much later was it demonstrated that schizophrenic patients do, in fact, develop potentially analyzable transferences, and thus, Freud’s distinction between the narcissistic neuroses and the transference neuroses on this basis was not valid. Unfortunately, before this became clear, Freud’s pessimism about the treatment of schizophrenia as a type of narcissistic disorder had been generalized by many therapists and influenced their judgment about the

treatability of all narcissistic disorders. This, in turn, retarded interest in and enthusiasm for engaging in research into the nature and function of narcissistic disorders and their treatment.

Narcissism as a Determinant of Normal and Pathological Relationships With Others

Freud initially arrived at his concept of a specifically narcissistic type of object choice through analysis of the genetic and dynamic determinants of one type of male homosexual object choice.

... future inverts, in the earliest years of their childhood, passed through a phase of very intense but short-lived fixation to a woman (usually their mother), . . . after leaving this behind, they identify themselves with a woman and take themselves as their sexual object. That is to say, they proceed from a narcissistic basis, and look for a young man who resembles themselves and whom they love as their mother loved them. (Freud 1905, p. 145)

They are plainly seeking themselves as a love-object, and are exhibiting a type of object-choice which must be termed narcissistic. In this observation we have the strongest of the reasons which have led us to adopt the hypothesis of narcissism. (Freud 1914, p. 88)

Note, however, that this is an example par excellence of *secondary* narcissism, not *primary* narcissism. The homosexual in this relationship is not being himself as he loves someone who stands for himself, but rather takes the role of his mother and loves his lover as his mother once loved him, i.e., the homosexual enacts with his lover an eroticized infantile object

relationship.

Freud's analysis of the determinants of this type of male homosexual object choice, as well as his investigations into the determinants of different types of autoerotic and heterosexual behavior, and into the nature of a mother's relationship to her children, led him to distinguish between two types of object choice operative in both normal and pathological development: an anaclitic, or attachment, type and a narcissistic type. Thus Freud felt that

A person may love:

1. according to the narcissistic type
 - a. what he himself is (i.e., himself),
 - b. what he himself was,
 - c. what he himself would like to be,
 - d. someone who was once part of himself.
2. according to the anaclitic (attachment) type:
 - a. the woman who feeds him,
 - b. the man who protects him,
and the succession of substitutes who take their place.
(1914, p. 90)

Freud's clarification of a narcissistic basis for object choice has been especially important and influential.

Narcissism as a Normal Developmental Line Contributing to Acquisition of New Intrapsychic Structure

As mentioned, Freud moved from discovering and understanding the role of narcissism in pathological development to an attempt to understand its role in normal development in a manner that paralleled his earlier discovery of normal infantile sexual development from the analysis of neurotic disorders. Freud's concept of primary narcissism as a normal developmental stage was a theoretical extension of his theory of infantile psychosexual development based largely on his understanding of the psychopathology of schizophrenia and narcissistic perversions. Specifically, in schizophrenia, Freud felt there was a complete rupture in relationship to others and a return to a previously undetected state of primary narcissism in which only the schizophrenic patient's ego was cathected with libido. Freud felt this stage reflected a regression to a normal developmental stage in psychosexual development that had previously been undetected.

The new theory of normal psychosexual development advanced by Freud in his article "On Narcissism" (1914) begins with an autoerotic stage preceding both primary narcissism and the establishment of object relations. Freud (1914) remarked: "we are bound to suppose that a unity comparable to

the ego cannot exist in the individual from the start; the ego has to be developed. The auto-erotic instincts, however, are there from the very first ...” (pp. 76-77).

The stage of primary narcissism follows the autoerotic stage and reflects the emergence of the ego and its cathexis by all of the individual’s libido. Implicit in the theory of an autoerotic stage and then a stage of primary narcissism is the idea that the infant has no relationship to external objects during these periods. Freud commented, though, that after the ego has been cathected by the libido, some libido is subsequently “given off to objects,” and thereby an individual comes to have relationships with others. At this point in his theorizing, Freud felt there was a finite amount of libido and that one either cathected one’s ego or an other, and anytime an object relation was given up or lost the libido invested in that relationship would revert to the ego. On the other hand, anytime one invested in an other, one necessarily invested less in one’s own ego.

Freud’s concept of primary narcissism, in which all libido is directed to the ego and no relationship with others exists, and his theory that, to the extent one invests in others, investment in the ego decreases are both aspects of Freud’s theories that have been repeatedly criticized. Many feel there is simply no convincing clinical evidence for these theoretical positions. Nonetheless, these ideas have remained powerfully influential for others. For

example, many feel these ideas contributed to Margaret Mahler's postulation of an initial autistic phase of development during which the newborn infant is unrelated to the world (Mahler et al. 1975). Only recently have infant researchers like Daniel Stern seriously challenged this view (1985).

Most investigators who have criticized the evidence Freud offered to support his hypothesis of primary narcissism feel that, in retrospect, he offered examples of secondary narcissism. The concept of secondary narcissism, especially as augmented by an object-relations perspective, has proved to be enduringly clinically useful. *Secondary narcissism*, as most analysts use the term, refers to a secondary doing to or for oneself what was initially done to or for one by others. One does this for oneself because the other cannot or will not. Thus, it is the enactment of an object relationship with oneself enacting the role of both self and object.

Intimately related to the concept of narcissism as a developmental line is the concept that development from infantile to mature forms of narcissism contributes to intrapsychic structure formation. This aspect of Freud's work is extremely important as it touches on the processes involved in the acquisition of intrapsychic structure. That is, Freud began to address the questions of why and how children internalize aspects of their interpersonal relationships with others and thereby form enduring intrapsychic structures with varying functions that lead ultimately to individuals being able to rely on

intrapsychic agencies to do what they initially required others to do for them. All of these issues are to this day controversial. Kernberg and Kohut are sharply divided in their own theories with regard to these issues, especially as they apply to individuals with narcissistic personality disorders.

Freud postulated that the developmental path from infantile to mature narcissism contributed importantly to the formation of the ego ideal as one important constituent of the superego:

This ideal ego is now the target of the self-love which was enjoyed in childhood by the actual ego. The subject's narcissism makes its appearance displaced onto this new ideal ego, which, like the infantile ego, finds itself possessed of every perfection that is of value. . . . [An individual] . . . is not willing to forego the narcissistic perfection of his childhood; and when, as he grows up, he is disturbed by the admonitions of others and by the awakening of his own critical judgment, so that he can no longer retain that perfection, he seeks to recover it in the new form of an ego ideal. What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal. (1914, p. 93-94)

As we shall see, the special relation of the ego ideal, its contents, and the nature of its functioning to vicissitudes in the developmental line of narcissism have subsequently been repeatedly affirmed and further explored by ego psychologists, including Kernberg and even Kohut before his break with ego psychology.

Concept That Narcissism Contributes Importantly to Self-esteem Regulation

Freud postulated three determinants of self-regard: 1) love for oneself, 2) being loved by others, and 3) success at achieving whatever ambitions and goals the ego ideal sets for oneself.

With regard to love for oneself, Freud (1914) noted “One part of self-regard is primary—the residue of infantile narcissism” (p. 100). With regard to being loved by others, Freud (1914) wrote: “As we have indicated, the aim and the satisfaction in a narcissistic object choice is to be loved being loved, having one’s love returned, and possessing the loved object, raises [self-esteem]” (p. 98-99). And, finally, Freud (1914) noted: “Everything a person possesses or achieves, every remnant of the primitive feeling of omnipotence which his experience has confirmed, helps to increase his self-regard” (p. 98).

Freud’s comments on the relationship of narcissism to self-esteem regulation are rather condensed and simply adumbrate the nature of their interconnectedness. It is this aspect of Freud’s theorizing about narcissism that has been most expanded since Freud’s time. For self psychologists, it has become absolutely central, as they hold that narcissistic object relations or, as they term them, self-selfobject relationships, have as their central function the establishment and maintenance of a cohesive sense of self associated with an ongoing sense of positive self-regard and self-esteem. Kohut’s later writings break completely with Freud about the structures and processes underlying self-esteem regulation, but his early writings clearly reflect

Freud's influence on his thinking. Kernberg, in contrast to Kohut, has remained closer to Freud, but his views about self-esteem regulation have been modified and expanded in light of post-Freudian clinical experience and theory contributed by other analytic schools.

Having completed my survey of Freud's contributions to the concept of narcissism, I will turn now to the contributions made by subsequent ego psychologists who have extended Freud's work, focusing on the work of Heinz Hartmann, Edith Jacobson, and Annie Reich.

Ego Psychological Contributions of Heinz Hartmann, Edith Jacobson, and Annie Reich

One problem ego psychologists had to address in the post-Freudian era was Freud's definition of narcissism as reflecting a libidinal attachment to the "ego." Again, it is important to remember that Freud wrote his most important papers on narcissism in his pre-ego psychology era. As Freud's editors noted in their introduction to his paper "On Narcissism" (1914),

the meaning which Freud attached to "das Ich" (almost invariably translated by the "ego" in this Edition) underwent a gradual modification. At first he used the term without any great precision, as we might speak of the self; but in his latest writings he gave it a very much more definite and narrow meaning. The present paper (On Narcissism) occupies a transitional point in this development, (p. 71)

As we shall see, Hartmann's and Jacobson's clarification of the distinctions

between the “ego,” the “self,” and “self-representations” were critical to furthering subsequent psychoanalytic explorations into the nature and function of normal and pathological narcissism.

I believe it was Heinz Hartmann who first argued for a redefinition of narcissism in terms of the concept of the “self.” He also spearheaded the effort to understand narcissism in terms of post-Freudian ego psychology:

Many analysts do not find it altogether easy to define the place which the concept of narcissism holds in present analytic theory. This, I think, is mainly due to the fact that this concept has not been explicitly redefined in terms of Freud’s later structural psychology....

The equivalence of narcissism and libidinal cathexes of the ego was and still is widely used in psychoanalytic literature, but in some passages Freud also refers to it as “cathexis of one’s own person, of the body, or of the self.” In analysis a clear distinction between the terms ego, self, and personality is not always made. But a differentiation of these concepts appears essential if we try to look consistently at the problems involved in the light of Freud’s structural psychology. But actually, in using the term narcissism, two different sets of opposites often seem to be fused into one. The one refers to the self (one’s own person) in contradistinction to the object, the second to the ego (as a psychic system) in contradistinction to other substructures of personality. However, the opposite of object cathexis is not ego cathexis but cathexis of one’s own person, that is self-cathexis; in speaking of self-cathexis we do not imply whether this cathexis is situated in the id, in the ego, or in the superego. This formulation takes into account that we actually do find “narcissism” in all three psychic systems; but in all of these cases there is opposition to (and reciprocity with) object cathexis. It therefore will be clarifying if we define narcissism as the libidinal cathexis not of the ego but of the self. (It might also be useful to apply the term self-representation as opposed to object representation.) Often, in speaking of ego libido, what we do mean is not

that this form of energy cathects the ego, but that it cathects one's own person rather than an object representation. Also in many cases where we are used to saying "libido has been withdrawn into the ego" or "object cathexis has been replaced by ego cathexis," what we actually should say is "withdrawal on the self" in the first, and either "by self-love" or "by a neutralized form of self-cathexis" in the second case. (Hartmann 1950, pp. 83-85)

Roy Schafer (1976) commented: "Hartmann legitimized the language of representations through his study of narcissism" (p. 77), and this "language of representations" has proved to be one of Hartmann's most important and enduring contributions to psychoanalysis. Subsequent investigations into the nature of narcissism were vastly facilitated by his clarification of the distinction between the "ego," the "self," and "self-representations." Kohut (1971), for example, referred to Hartmann's conceptual separation of the self from the ego as "a deceptively simple but pioneering and decisive advance in psychoanalytic metapsychology" (p. xiii). Hartmann also made pioneering contributions to exploring the processes involved in the gradual differentiation of the self from the object world. These investigations were extended by Edith Jacobson.

Jacobson systematically investigated "the normal developmental processes which build up the cathexes of the self and of the object world with libidinous, aggressive, and neutralized drive energy in the course of structural differentiation" (1954, p. 75). Jacobson began her extraordinarily wide-ranging article "The Self and the Object World" (1954) with an incisive

critique of Freud's concepts of primary narcissism and primary masochism:

We shall first concentrate on the meaning of Freud's concepts of primary narcissism and masochism the terms "narcissism" and "masochism" imply that in the primal state the drives are actually turned toward, i.e., aimed at discharge on, the self. To be sure the latter idea is the basis for Freud's conception of the death instinct I believe that these conceptions are quite puzzling and deserve more elucidation. . .

Regarding the more advanced psychic organization *after* structural differentiation and establishment of object representations have taken place, we know, at least practically, fairly well what we mean by the turning of libido or aggression toward the self. People with narcissistic or masochistic sexual or social behavior document clearly enough the tendency to withdraw object cathexis and to make their own person the object either of love, admiration and libidinous gratification or of hate, depreciation and destruction. But what precisely is the meaning of narcissism and masochism in the primitive psychic organization *prior* to the child's discovery of his own self and of the object world? [italics added] (pp. 77-78)

Jacobson postulated that this earliest developmental stage is characterized by a totally undifferentiated state out of which the id, ego, and superego, a sense of self and of others, and the two drives all slowly differentiate and consolidate. Her postulate that *the drives* differentiate out of what is initially an undifferentiated type of psychic energy is a significant alteration in classical theory, one that Kernberg has followed and extended.

To return to the concept of primary narcissism, Jacobson feels this term cannot be applied to this early developmental stage. In a sense, her argument

boils down to: Because there is no “self” at the start and because there are no differentiated drives at the start, one cannot speak of the initial state in terms of primary narcissism or primary masochism. One can speak of narcissism or masochism only after the drives have differentiated into the libidinal and the aggressive drives and only after some sense of self, differentiated from the object world, has been established. Only then can one speak sensibly of narcissism and masochism as reflecting self-directed love and hate. This is a line of theory development that Kernberg follows closely.

After advocating abandonment of the concepts of primary narcissism and primary masochism as defined by Freud, Jacobson turned her attention to the concept of secondary narcissism: “the development of secondary narcissism is a complex process closely linked up with the structural differentiation and the constitution of the system ego ” (1954, p. 84). However, “secondary narcissism and masochism are not identical with the libidinous and aggressive cathexis of the system ego; it is the mental representations of the self, constituted in the course of ego formation, which become endowed with libido and aggression and force themselves as objects of love and hate on the Id” (1954, p. 85).

Thus, the concept of the “self” was, for Jacobson, absolutely critical to understanding narcissism. This was, however, still a new, unfamiliar, and somewhat hazy concept for most analysts. Among Jacobson’s most important

contributions to psychoanalysis were her efforts to achieve a more precise definition of the concept of the self and to clarify the nature of its origin, genetic development, and contribution to normal and pathological phenomena.

With regard to the origin and genetic development of the sense of self, Jacobson (1954) wrote:

The concept of our self issues from two sources: first from a direct awareness of our inner experiences, of sensations, of emotional and of thought processes, and, second, from indirect self-perception and introspection; i.e., from the perception of our bodily and mental self as an object.

. . . the kernels of the early infantile self-images are the memory traces of pleasurable and unpleasurable sensations which under the influence of auto-erotic activities and of playful general body investigation become associated with body images.

Like the primitive object images, our concept of the self is at first not a firm unit . . . it is first fused and confused with the object images and is composed of a constantly changing series of self-images which reflect mainly the incessant fluctuations of the primitive mental state.

. . . with advancing psychosexual and ego development, with the maturation of physical abilities, of emotional and ideational processes and of reality testing, and with increasing capacity for perception, self-perception and introspection, the images become unified, organized, and integrated into more or less realistic concepts of the object world and of the self. (pp. 86-87)

The following is Jacobson's definition of a realistic concept of the "self":

By a realistic concept of the self we mean one that mirrors correctly the state and the characteristics, the potentialities and abilities, the assets and the limits of our bodily and mental ego: on the one hand, of our appearance, our anatomy and our physiology; on the other hand, of our conscious and preconscious feelings and thoughts, wishes, impulses and attitudes, of our physical and mental activities.

Whereas all of these single specific features will have corresponding psychic representations, a concept of their sum total, i.e., of the self as a differentiated but organized entity, will simultaneously develop, (p. 87)

Jacobson then proceeded to explore the interrelationships between the building up of self-representations and object representations and the development of ego functions and sublimations. She explored the advance from primitive preoedipal identifications to ego identifications and the development of the superego from its preoedipal precursors to its postoeidial consolidation. These discussions are wide ranging and touch on virtually every issue of importance in psychoanalytic theory. Especially significant in terms of conceptualizations with regard to narcissism are her discussions of development of the ego ideal and other aspects of superego formation, her thoughts on the processes and motivations underlying idealization and devaluation, shame, self-evaluation, self-esteem regulation, guilt, and the regulation of moods. There is virtually no aspect of the current controversy between Kernberg and Kohut that is not touched on in this wide-ranging article. As one might expect, given Kohut's repudiation of ego psychology, Kernberg's thinking is closer to Jacobson's than is Kohut's. However, it is also clear that Kohut was influenced by her ideas, especially in

his early writings before repudiating ego psychology.

This section concludes with a discussion of Annie Reich's contributions to psychoanalytic explorations of narcissism. Two of her articles in particular bear careful reading. These are "Narcissistic Object Choice in Women" (1953) and "Pathologic Forms of Self-esteem Regulation" (1960). In these two important and influential articles, Reich focuses on pathologic forms of self-esteem regulation found in patients with different types of narcissistic pathology. She focuses especially on the dynamic of compensatory narcissistic self-inflation and compensatory narcissistic restitution via identification with a partner's greatness. The partner in these circumstances, however, is important only insofar as he or she serves as an externalized representative of the patient's ego ideal and thus represents a form of narcissistic object choice and relationship. In these articles, Reich argued persuasively to broaden the range of pathology that was related to primarily narcissistic issues. Through vivid clinical vignettes of patients ranging from neurotic to borderline states, Reich sketched out various stable subtypes of narcissistic pathology. Reich linked the narcissistic pathology of her patients to excessively repeated preoedipal and early genital traumas at the hands of characterologically disturbed parents. Explicitly following Edith Jacobson's theoretical formulations, Reich outlined the developmental consequences of these traumas in terms of their pathological effects on her patients' ego, superego, and especially ego-ideal formation and functioning. Her accounts of

her therapeutic work with these individuals helped end the therapeutic nihilism previously often associated with narcissistic pathology by convincingly demonstrating the capacity of her patients to develop analyzable transferences.

A critical aspect of Reich's thinking was the central place of the fragility of her patients' sense of their "self" and the fragility of their ability to maintain self-esteem. In this context, Reich noted the way these patients manifested ongoing dependence on others perceived and experienced narcissistically, i.e., in terms of their ability to function as an externalized ego ideal for the maintenance of their sense of self, and of their self-esteem, and the ease with which the intrapsychic regulation of these functions was regressively lost and interpersonal regulation reinstated. Associated with this vulnerability were recurrent oscillations between primitive idealization and overvaluation of the self and/or of others, and corresponding reciprocal oscillations between intense self-contempt and self-devaluation and contempt and devaluation of others. Reich also discussed the specific types of anxiety, particularly annihilation anxiety, severe separation anxiety, and hypochondriacal anxiety; the vulnerability to depression; the shame propensity; and the propensity to states of intense self-consciousness to which these individuals were liable, as well as their tendencies to rage reactions and to regressive sexualized acting out, as secondary consequences of traumatic disruptions in relationships determining their sense of self and self-worth. The important implications of

Reich's work for the work of Kernberg and Kohut are obvious.

Kleinian Contributions to the Concept of Narcissism

The work of Melanie Klein and her followers is little known in the United States. Otto Kernberg has become Klein's principal interpreter in the United States. Her influence on his thinking has been profound. One of Kernberg's gifts has been a capacity to extract from the work of Klein and her followers what is clinically and theoretically valuable while remaining critical of aspects of Kleinian theory for which he finds no good clinical evidence. I will now briefly review those aspects of her work that have most influenced Kernberg's views of the genetic, dynamic, and structural features of both narcissistic and borderline personality disorders.

Hanna Segal (1973), one of Klein's most articulate proponents, divides Klein's contributions to psychoanalytic theory and technique into three phases. The first occurred from 1921 until 1932, during which time Klein laid down the foundations of child analysis. The second phase was from 1934 to 1940, during which time Klein formulated the concept of the depressive position and investigated manic defense mechanisms. The third phase was from 1946 to 1957, during which time Klein formulated the concept of the paranoid/schizoid position and explored the nature of the conflicts, anxieties, and object relations characterizing this stage of development.

During the first phase of her work, Klein (1923, 1926, 1928, 1929, 1930) developed the play technique of child analysis, discovering that play was the child's equivalent of free association and quickly coming to understand that a child can symbolically represent anxieties, conflicts, and defenses in the fantasies that underlie play.

She found abundant confirmatory evidence for Freud's theory of infantile sexuality and for the hypothesis that unresolved conflicts associated with different stages of psychosexual development determine different types of neurotic psychopathology. She quickly learned, though, that oedipal desires, conflicts, and anxieties occurred much earlier than Freud had hypothesized and that preoedipal developments, especially weaning and its consequences, played a central role in determining the form and intensity of oedipal conflict, especially the extent to which it was overlaid with aggression. Klein was one of the first analysts to investigate thoroughly the effects of aggression on development, coming to feel that conflicts over aggression had greater impact on development than conflicts over sexual desires, especially early in life.

Klein also learned from the play of her child patients that the superego was operative much earlier than described in classical theory and that it had both fantastically idealized and very primitively punitive characteristics. She found that the savage oral, anal, and urethral characteristics of her patients'

superegos were very important determinants of serious psychopathology.

Klein found that intense oedipal conflict often resulted in her patients regressing to forms of relationship with their parents, and with her in the transference relationship, that reinstated her patients' earlier relationship to their parents as part objects, split into all-good and all-bad characteristics. As part of this process, she also discovered the defense mechanisms that predated the establishment of repression as the primary mechanism of defense. These included, most importantly, introjection, projection, projective identification, denial, and splitting.

Klein discovered that anxiety generated in relationships with external objects led her child patients to introject aspects of their external objects in fantastically distorted forms, and, through this process, the child built up a complex world of internalized objects. These internal objects were experienced by the child as quite concrete and real and as having ongoing relationships with one another, with external objects, and with the child. Klein learned that there was a complex interplay between the child's conscious and unconscious fantasies and actual experiences and that only gradually did a child develop a realistic view of, and relation to, his or her internal and external objects. For children with serious psychopathology, this process goes horribly awry.

Klein felt some internal objects were depersonified and incorporated into ego and superego structure. Thus, she advanced a theory of intrapsychic structure formation predicated on the depersonification, synthesis, and integration of aspects of internalized object relationships. It was because of her theory of an internal object world and of intrapsychic structures derived from internalized object relations that she came to be referred to as an object-relations theorist.

Those aspects of Klein's early formulations found useful by Kernberg (1980) are 1) her observations on the primitive defense mechanisms predating repression, especially the operations of splitting, introjection, projection, and projective identification; 2) her description of the primitive fears and fantasies characterizing the life of troubled children and adults; 3) her focus on the condensation of oedipal with preoedipal conflicts and the overriding influence of aggression on libidinal conflicts for deeply troubled patients; 4) her formulation of primitive object relationships, especially the activation of need-gratifying, split, part-object relationships in the transference, all of which Kernberg sees as factors operative in individuals with narcissistic and borderline personality disorders.

The second phase of Klein's work involved investigation of manic-depressive psychosis and its implications for development (1935, 1937, 1940), a study that led her to de-emphasize and then abandon the

psychosexual theory of development and to substitute for it a theory of development in terms of “positions.”

Klein postulated that there are two developmental positions, the paranoid/schizoid and the depressive. The paranoid/ schizoid position is operative from birth to about 6 months of age. It is characterized by 1) need-gratifying, split, part-object relations; 2) annihilation anxiety; and 3) the use of the defense mechanisms of splitting, projection, introjection, denial, and projective identification.

Beginning around 6 months of age, the paranoid/schizoid position gradually shifts to the depressive position, which is characterized by 1) ambivalent, whole-object relations; 2) all situations of anxiety other than annihilation anxiety; and 3) the use of the defense mechanism of repression and other higher-level defenses, e.g., reaction formation, intellectualization, and isolation. The depressive position, however, never fully supersedes the paranoid/schizoid position. In the course of development, these two developmental positions are internalized and become dialectically related intrapsychic constellations operative throughout life. Thus, whenever an individual comes into conflict, he or she experiences that conflict in terms of the anxiety, defenses, and object-relation patterns that characterize either the paranoid/schizoid position or the depressive position.

Klein felt manic-depressive psychosis revived the conflicts and anxieties that characterized the depressive position. An individual who has achieved the depressive position in development has ambivalent whole-object relations with others whom he or she has come to love, value, and depend on. Actual or threatened separations from and/or loss of relatedness to these individuals are sources of sadness, grief, mourning, pining, anxiety, and conflict. Conflict in this position concerns the acceptability of expressions of anger and hate evoked when someone loved leaves, disappoints, frustrates, or deprives an individual. The primary anxiety is that anger and hate will become overwhelming and lead to total destruction of the loved object or the loving relationship. This motivates the individual to repress anger, hate, and all other aspects of relatedness to the loved object that would threaten the continuity of the relationship. In this context, individuals come to experience guilt and concern when their anger does, in fact, hurt someone they love, and these affects motivate them to undo the effects of aggression through acts of reparation.

If depressive-position conflicts become too intense, however, manic defenses are operationalized. These defenses are of particular importance in the understanding of narcissistic psychopathology. A manic relationship to objects is characterized by a triad of feelings: control, triumph, and contempt, which are directly related to and defensive against depressive feelings associated with valuing the object, depending on it, fearing its loss, and guilt.

Thus, when manic defenses are operationalized, dependency is denied or reversed, ambivalence is lost, and splitting is reinstated with the result that objects are again perceived as all good or all bad. When a good object becomes bad because frustrating, it is totally devalued, rage and contempt are justified, and one is entitled to attack and destroy them without feeling concern, sorrow, or guilt, because the good qualities are split off and denied. There is no grief associated with the loss of the now all-bad object and no concern about providing for oneself what the lost relationship once provided. Individuals experience themselves as omnipotently self-sufficient and/or as capable of effortlessly providing for themselves all that they need from others who are again experienced on a need-gratifying, split, part-object relationship basis. Kernberg has demonstrated how these features are operationalized in individuals with narcissistic personality disorders. He has also specified ways in which aspects of the paranoid/schizoid position are operationalized in individuals with narcissistic disorders. Exploration of these features characterized the final phase of Klein's contributions to psychoanalysis (Klein 1946, 1957).

In addition to clarifying the nature of the anxiety, the defenses, and the object relations operative in this developmental position, Klein also discovered the important role of envy in normal and pathological development. Klein carefully distinguished between envy and jealousy. Jealousy is operative in the Kleinian schema in the depressive position. It is

based on love and aims at the possession of the loved object and the removal of the rival; thus it pertains to triangular relationships and therefore to the time of development when whole objects are clearly recognized and differentiated from one another. Envy, on the other hand, was according to Klein an earlier emotion, one of the most primitive and fundamental. She felt it was first experienced in relation to part objects but subsequently persisted in whole-object relationships. Envy's aim is to be as good as a good object. If this is felt to be impossible, then envy's aim is to spoil the goodness of the good object in order to remove the painfully envious feelings. It is this spoiling aspect of envy that is so destructive to development as it results in a good object becoming bad precisely because it is good. This is in contrast to a good object becoming bad because it has become frustrating or depriving.

Klein felt envy was a direct manifestation of the death instinct. She felt that if early envy was intense it interfered with development from the paranoid/schizoid position, and especially with the process of splitting objects into good and bad part objects, as now good objects can become bad, and thus all objects can become bad and persecutory. If good objects cannot be preserved, introjected, and identified with, obviously all subsequent development is interfered with.

Aspects of Klein's work on the paranoid/schizoid position that Kernberg applies to the understanding of the genetic, dynamic, and structural features

of individuals with narcissistic character disorders include 1) the enormous conflict involved in valuing and depending on others; 2) dread of experiences of helplessness, needfulness, and of being vulnerable, especially with regard to dependency needs; 3) the experience of intense paranoid and persecutory anxiety, and the operationalization of splitting, projection, projective identification, and primitive idealization to cope with these anxieties; 4) the persistence of a style of relating to others on a need-gratifying, split, part-object relationship basis; and 5) the destructive role envy plays in the lives of these individuals.

A Kleinian whose work Kernberg found particularly helpful in developing his own views with regard to narcissistic psychopathology is Herbert Rosenfeld. In fact, Kernberg feels Rosenfeld developed “the first contemporary theory of pathological narcissism” (Kernberg 1984, p. 179) in a series of articles published between 1964 and 1978 in which Rosenfeld detailed the structural characteristics of narcissistic personalities and their transference developments in the course of psychoanalysis from a Kleinian perspective. Kernberg integrated many of Rosenfeld’s clinical observations, though not his metapsychological explanations of them, into his own work.

Contributions of the Hungarian School

In this section, I explore the contributions made by members of the

“Hungarian School of Psychoanalysis” to the concept of “deficit disorders” as originating in faulty parenting, relating their findings to self psychology. I believe theories originating in the Hungarian school were as important and influential for self psychologists as the work of Klein was for Kernberg. I will focus primarily on the work of Michael Balint because of the many ways his work appears to have anticipated, adumbrated, and contributed to self psychology, but I will relate his work to the preceding and parallel work of his fellow Hungarian analysts, Sandor Ferenczi, Imre Hermann, and Alice Balint.

It was no doubt Ferenczi who imparted to members of the Hungarian Psychoanalytic Society a special interest in investigating pathological parenting as the etiologically significant factor leading to the character problems found in treatment-resistant patients. Ferenczi was a therapeutic zealot to whom patients who had failed in analysis with others were frequently referred. Thus, he became the “analyst of last resort” for numerous patients.

Ferenczi often experimented with modifications of psychoanalytic technique in his efforts to help his deeply troubled patients (Ferenczi 1920, 1929a, 1931). A part of this work involved pioneering explorations of the countertransference contributions on the part of the analyst to treatment impasses. Ferenczi became convinced his patients reexperienced in their relationship to him early infantile traumas that were at the root of their

disorders and that he unwittingly played a part in his patients' retraumatization in the analytic relationship. Although well intentioned, some of Ferenczi's experiments were ill-advised and got him into trouble. He barely managed to avoid a break with Freud over them. Nonetheless, he anticipated many of the modifications in technique later advocated by self psychologists.

Another source of controversy and friction with Freud was Ferenczi's increasing conviction of the importance of trauma in the genesis of severe psychopathology (Ferenczi 1927, 1929b, 1933). He stressed, as Freud had not since abandoning his seduction theory of neurosis, that many individuals are in fact traumatized by bad parenting. Ferenczi came to feel that this was the primary etiological factor operative in treatment-resistant disorders, as opposed to conflict over sexual and aggressive drive expression. Hence he (1933) wrote of his

stress on the traumatic factors in the pathogenesis of the neuroses which had been unjustly neglected in recent years. Insufficiently deep exploration of the exogenous factor leads to the danger of resorting prematurely to explanations—often too facile explanations—in terms of “disposition” and “constitution.” (p. 156)

This is a point of view with which self psychologists would agree.

Another important influence on Balint was the work of Imre Hermann, an analyst with an extraordinarily wide range of interests. Unfortunately, most of his writings are unknown to the English-speaking world because they

have not been translated. Hermann's best-known article in English is probably "Clinging—Going-in-Search: A Contrasting Pair of Instincts and Their Relation to Sadism and Masochism," originally published in 1936. In this article, Hermann postulates a state of "dual-union" between mother and child as the first postnatal state from which a child subsequently separates and differentiates. "What we see in the infant's urge to cling to the mother's body is the instinctual feeling he has that only together with her is he whole. Child and mother are said to be fused, after birth, in a dual-unit" (Hermann 1936, p. 7). Hermann's notion of the "dual-union" enduringly influenced Balint's work and is clearly reflected in self psychology theory.

In the 1930s, Balint wrote a series of articles (1932, 1935, 1937) that anticipated, adumbrated, and contributed to many ideas later incorporated into self psychology. I am going to focus on Balint's concepts of "primary love," "the basic fault," and the "new beginning" phase of treatment with its important differentiation between "benign" as opposed to "malignant" regression.

Writing in the 1930s, Balint made the then-startling and revolutionary assertion that there was no such thing as primary narcissism: "The earliest phase of extra-uterine existence is not narcissistic: it is directed toward objects" (1937, p. 98). As he expressed it later: "The individual is born in a state of intense relatedness to his environment . . . self and environment are

harmoniously “mixed up” . . . they interpenetrate each other” (1968, p. 67). This archaic primitive object relationship was called by him “primary love.” It is a “mother-child unit” coexisting (ideally) in a harmonious interpenetrating mix-up. No one looking at the mother-infant pair can or even tries to say where, from the infant’s point of view, one ends and the other begins. Alice Balint, in 1939, made the point that what was true for the infant was also true for the mother, that is, the mother is receiver and giver to the same extent as her child. She experiences her child as part of herself in the same way that the child regards the mother as part of itself.

The infant’s developmental task is to gradually develop out of this harmonious interpenetrating mix-up. The detachment from the mother involves a dissolution of the primitive attachment and reconciliation with the fact that the mother is a separate being with her own interests. All later object relations can be traced back to this primary object relationship, and, from Balint’s point of view, the ultimate aim of human striving is to reestablish an all-embracing harmony with one’s environment.

Balint’s concept of primary love with its assertion of an object relation present from birth has had far-reaching ramifications, especially because, as early as 1935, Balint also explicitly separated the original object relation and the subsequent line of development of object relations from Freud’s theory of psychosexual drive development.

Balint felt some of the hypothesized phases in psychosexual development were only artifacts. As corollaries to this line of thought, Balint asserted that all narcissism was secondary, as were autoeroticism and hate. These phenomena were disintegration products, reactions to and/or adaptations to frustrations arising in the primary object relationship. This is a view, especially with regard to hate, with which Kohut would agree but Kernberg would disagree.

The implications of the concept of a progressive differentiation of an infant from a mother-infant unit for Mahler's work are obvious, but these are not the current focus. Instead, echoes of this concept in Kohut's theory of the differentiation of a cohesive self from an originally undifferentiated self-selfobject matrix will be discussed. Kohut seems to conceptualize an original interpenetrating mix-up between the child and the adults who constitute the child's self-selfobject developmental matrix.

Resemblances between Kohut's and Balint's work are even stronger when descriptions of the characteristics of the object relation in the state of primary love and of self-selfobject relationships are compared. The form of object relating and of intrapsychic organization in the state of primary love is subsumed by Balint under the heading of functioning at the level of the "basic fault," one of the three areas of the mind and the level operative at the beginning of mental life (Balint 1968). It is the intrapsychic correlate of the

interpersonal relationship called by him “primary object love.” The two other areas of the mind develop from the basic fault: the area of the oedipal complex develops out of this level as a more complex differentiation of the basic fault; the area of creation evolves as a simplification of the basic fault.

In addition to being the foundation for the two other areas of the mind, the basic fault is also the precursor of all later object relations, and as long as it is active, it determines the form of object relationship available and possible. At this level, all events belong exclusively to a two-person relationship. The nature of this relationship has unique, clear, definite, recognizable characteristics. Only one of the two partners can have needs and wishes. The other partner, though powerful, is important only insofar as he or she is gratifying or frustrating and is not to have needs and wishes of his or her own. Control over the other is expected to be absolute. Ongoing gratification is hard to recognize as it is associated only with a quiet, tranquil sense of well-being. Frustration, on the other hand, evokes stormy protest. If it is too intense or continues for too long, frustration can lead to anger, rage, paranoid fear of retaliation, despair and depression, or to flight into a hypochondriacal, autoerotic, narcissistic state.

Balint compared the relationship to a primary object with the relationship to air. One needs air to live and simply expects it to be there as needed. One expects to be able to breathe freely, unselfconsciously, and

heedlessly. One does not take into account the air's feelings about being breathed; one takes it for granted and expects to have unlimited use of it. An individual operating at the level of the basic fault has this same type of relationship to the people who constitute his interpersonal matrix. The nature of the dynamic force operating at this level is not that of a conflict; it is in the nature of an ongoing needfulness for an environmental provision to the individual of what he cannot yet provide for himself. The individual feels it is his due to receive what he needs automatically, without asking for it, and without any question of earning it, deserving it, or being grateful for it.

These same characteristics of object relatedness are echoed almost verbatim by Kohut and other self psychologists as characteristics of self-object relationships, especially early in development and as a characteristic of the ongoing object relatedness of primitively organized individuals with primary disorders of the self, and as characteristics of the transference in the treatment of individuals with a primary disorder of the self.

Striking parallels between Balint's work and subsequent theory by self psychologists are also to be noted in their respective views about the origin and nature of character pathology. For Balint, progressive healthy separation and differentiation from the state of primary love depends on good-enough active environmental adaptation to the infant's needs. If there is a failure in

the earliest mothering, one in which there is not adequate input of love (i.e., interest, affection, and enjoyment at the personal level) and/or one in which there are repeated instances of ill-timed, over- or understimulation of the child, then there is a traumatic disruption of the harmonious interpenetrating mix-up, and a developmental arrest occurs at the level of the basic fault. Sufficient lack of fit between the child and the people who constitute his or her environment results in a developmental arrest that leaves the child with a structural defect or deficit carried into adulthood, where it determines character and the characteristics of object relationships. An important theoretical point to note here is Balint's assertion that it is the conscious and unconscious character of the parents and their actual behavior that determines the issue here, and not, at least initially, vicissitudes and conflicts in the child's libidinal and aggressive drive development that are etiologically significant. The extent of distortion in development is directly proportional to the degree of failure of care. Again, this is a theoretical point of view with which Kohutian self psychologists appear to agree and which they incorporate in their description of "mirror-hungry," "ideal-hungry," "merger-hungry," and "contact-shunning" personalities.

Further parallels between Balint's work and the work of self psychologists are found in the similarity between the recommendations with regard to modifications in therapeutic technique for treatment of individuals with primary disorders of the self proposed by self psychologists and the

modifications in therapeutic technique first proposed by Balint in 1932 for treatment of individuals later defined as having basic-fault pathology. Balint spoke of the necessity for the analyst to create conditions within the analytic situation allowing the patient to regress to the level of object relating at which the developmental arrest occurred. He felt the patient had to become free to recover awareness of, and to express directly, long-repressed, archaic, but developmentally normal desires. Only if the patient could get back to the point of arrest was there any hope that “a new beginning” toward healthier maturation could begin. To achieve this, the analyst’s role in certain periods of the “new beginning” requires him to take on, in many respects, the characteristics of a primary substance or object and in this sense to be gratifying. That is, the therapist must be there, must be pliable, must not offer too much resistance, and must be indestructible. The therapist must allow the patient to exist with him or her in a sort of harmonious interpenetrating mix-up. All this means consent, participation, and involvement but not necessarily action, only understanding and tolerance.

It is in this context that Balint made his distinction between “benign” and “malignant” regression in analysis (1968). Benign regression is characterized by the patient’s need to feel that he or she is being recognized and responded to as an individual, that his or her existence, individuality, and inner life are recognized as unique and valuable. The patient does not wish for instinctual gratification. Malignant regression, on the other hand, is aimed

at gratification of instinctual cravings. These wishes are not to be gratified by the analyst.

The wishes associated with regression for the sake of recognition can in some senses be gratified, as they presuppose nothing more than an environment that accepts and consents to sustain and care for the patient. With benign regression the task is to help patients develop in the analytic situation the primitive relationship corresponding to their repetitive pattern and to maintain it in undisturbed peace until they can discover the possibility of new forms of object relatedness. Thus, to heal the fault, a new type of object relationship is offered that can repair, to the extent possible, the core defect originally due to a lack of active adaptation by the environment to meeting the child's normal developmental needs.

Balint noted that if all went well, development was taken up again at the point of diversion from its original course because of the trauma from the environment. The patient then is progressively able to recognize and accept newly refelt wishes and either realize or eventually renounce them. In a successful treatment, rigid ego structures, character traits and defense mechanisms, ossified behavior patterns, and ever-repeated forms of object relations become analyzable, understandable to patient and analyst, and finally adaptable to reality.

Balint's conceptualizations with regard to the etiology and pathogenesis of adult character pathology and many of his recommendations for conducting therapy with these individuals are echoed clearly and directly by self psychologists. For example, the central problem in the primary disorders of the self is conceptualized as faulty development in either the grandiose self or the idealized parent imago pole of the bipolar self. This faulty development is seen as primarily due to parental pathology in the capacity of the parents either to mirror or to offer themselves for idealization. The result is an adult with a primary disorder of the self who lives with a "deficit disorder" in which selfobjects continue to be required to provide functions for the individual that the individual cannot provide for himself or herself because of the absence of intrapsychic structure.

The task of the therapist is conceptualized as the provision of a milieu wherein the patient can regress and remobilize archaic but developmentally normal needs and find in the analyst the empathic selfobject missing in his or her infantile development. In the therapy of a patient at the level of the basic fault, as in the psychoanalytic treatment of an individual with a primary disorder of the self, repetition precedes recollection. Successful treatment depends on the analyst first providing appropriate gratification of the patient's need for empathic self-selfobject relatedness. Over time, with increasing clarification and interpretation of the nature of the self-selfobject relationship, its genetic determinants, and its characteristics and functions in

the present, and with repeated instances of transmuting internalization of the selfobject functioning of the analyst by the patient as a result of nontraumatic failures on the part of the analyst, healing of the structural defect (or fault) results as intrapsychic structure and functioning gradually replace self-selfobject relating. Thus, Kohut's formulations seem a rich and original extension of Balint's preliminary outline of the etiology, pathogenesis, and therapeutic modifications required for the treatment of individuals with primary "deficit," as opposed to "conflict," disorders.

Contributions of W.R.D. Fairbairn

W. Ronald D. Fairbairn was a British analyst who spent virtually his entire professional life working in relative isolation in Edinburgh, Scotland, exploring the nature and function of schizoid phenomena. Although he began his investigations as a classical drive theorist, his findings led him ultimately to call for abandonment of drive theory as he came to disagree with Freud's view that the primary motivational force in development was the pursuit of drive gratification. He felt, instead, that an individual's wish to establish and maintain ongoing good relationships with others was the primary motivational force in development. This, in turn, led him to advocate a revision of psychoanalytic theory replacing drive theory with an object-relations theory of development.

Fairbairn sketched out the influence of Freud and Klein on his thinking in his article “Steps in the Development of an Object-Relations Theory of the Personality” (1949). Fairbairn felt Freud’s “The Ego and the Id” (1923) outlined a theory of superego formation predicated on the internalization of a parent. The superego is “an endopsychic representative of parental figures internalized during childhood at the instance of an inner necessity for the control of the oedipus situation” (Fairbairn 1949, p. 153). Thus, it is an instance of an originally external object relationship being internalized and contributing to enduring intrapsychic structure formation. In “Group Psychology and the Analysis of the Ego” (Freud 1921), Fairbairn felt Freud explained the cohesion of the social group in terms of common loyalty to a leader conceived as functioning as an outer representative of the individual’s superego conceived as a father figure. Here we see external object relationships being determined by the projection of an internal object. Fairbairn felt that in these papers were the beginnings of a theory of the personality conceived in terms of the relationship between the ego and objects, both external and internal.

Fairbairn noted that Melanie Klein’s analytical researches led her to ascribe ever-increasing importance to the influence of internal objects in the development of the personality. Klein went beyond conceptualizing the superego as the sole internal object to envisage the presence of a multiplicity of internalized objects, good and bad, benign, idealized, and persecuting,

whole and part objects. She also expanded the role of introjection and projection in such a way as to represent mental life in terms of a constant interplay between the internalization of external objects and the projection of internalized objects. Thus, the form assumed by the personality comes to be largely explained in terms of object relationships.

Fairbairn (1949) wrote:

Klein's views seemed to me to represent an important advance in the development of psychoanalytic theory . . . however . . . she failed to push her views to their logical conclusion . . . if the introjection of objects and the perpetuation of such objects in the inner world are as important as her views imply . . . it seems to point inevitably to the conclusion that libido is not primarily pleasure-seeking but object-seeking. (pp. 154-155)

Fairbairn articulated a theory of the personality conceived in terms of object relations, in contrast to one conceived in terms of instincts and their vicissitudes (1941, 1944). Fairbairn retained the use of the word *libidinal* to describe the object-seeking tendency of the person. He felt the ultimate goal of libidinal striving was the establishment and maintenance of good ongoing object relationships, and not, as Freud and Klein had claimed, drive gratification. Fairbairn felt an “ego” was present from birth and that the object-seeking tendency of the person was a function of the ego, not the id. (Fairbairn's use of the term *ego* seems closest to, and better understood by substituting for it, the term *self*). Fairbairn did not feel there was an initial objectless phase. He felt all autoerotic and all narcissistic behaviors were

secondary, reflecting the enactment of an object relationship with an internalized object. Similarly, Fairbairn did not feel there was any evidence for the death instinct. He felt that aggression was a reaction to frustration or deprivation and did not reflect the activity of a drive. It was, like anxiety, an ego reaction to any interference with maintaining good ongoing relationships with others.

Because the aim of libidinal gratification is the establishment and maintenance of ongoing good relationships with others, Fairbairn felt that when pure pleasure seeking on the part of a child emerged, it was secondary and a sign of difficulties in maintaining ongoing good relationships with others, especially the parents, and did not, in other words, reflect primary drive activity. Fairbairn felt the earliest and original form of anxiety as experienced by the child was separation anxiety. Throughout life, this is the primary source of anxiety, both as directly experienced and expressed and as symbolically elaborated.

Fairbairn felt the theory of psychosexual development and of erotogenic zones should be abandoned. In place of the theory of infantile sexuality and psychosexual development, Fairbairn formulated a theory based on the nature of dependence on objects, outlining a developmental schema in terms of which an original state of infantile dependence passes through a transition stage, and ends in a stage of mature dependence.

Fairbairn's stage of infantile dependence corresponded to Freud's and Abraham's early and late oral stages. Fairbairn felt the only natural part object was the breast and that the early oral stage was characterized by part-object relatedness. The late oral stage for Fairbairn was characterized by ambivalent whole-object relatedness. Fairbairn accepted Klein's formulations with regard to the paranoid/schizoid and depressive positions as reflecting the earliest object relations situations and their associated characteristic anxiety situations and defenses. He also continued to relate schizophrenia and manic-depressive psychosis to fixation to these two stages.

Fairbairn acknowledged that in the stage of mature dependence, owing to the constitution of the human organism, the genital organs provided one path to the object, but this path paralleled a number of others. The genital channel was an important path, but by no means the exclusive channel governing mature adult object relations. Thus, he did not feel it was correct to describe the libidinal attitude of the adult as genital; he felt it was more properly described as reflecting mature dependence. In this context, Fairbairn understood the emergence of an oedipal conflict and of castration anxiety in the course of development as, in effect, a breakdown product, reflecting some problem in the relationship between the child and his or her parents. He did not feel that an oedipal conflict and castration anxiety would be present if the child's ongoing object relationships with both parents were satisfactory.

The final area of revision of psychoanalytic theory by Fairbairn was in the nature of endopsychic structure formation. Fairbairn abandoned thinking in terms of the id, the ego, and the superego, replacing these with a theory of dynamic structure based on internalized object relationships. The ego was the original structure, conceptualized as initially unitary and governed in its functioning by its need for establishing and maintaining ongoing good object relationships. Fairbairn felt that when difficulties were encountered in the relationship between the child and the mother, the child's wish to maintain an ongoing good relationship with the mother led him or her to progressively repress aspects of object relating that were disapproved of by the mother and that led her to become rejecting, depriving, frustrating, critical, attacking, disapproving, or abandoning. Thus, to quote Sutherland (1963): "The conflicts within the primary relationship of the infant and its mother lead to a splitting off or segregation within the original unitary ego of the intolerable aspects of the relationship. Such a split involves a division of the pristine ego into structures each of which contains a) a part of the ego, b) the object that characterizes the related relationships, and c) the affects of the latter" (p. 114). As we shall see, this tripartite unit of internalization became a central part of Kernberg's thinking but not Kohut's.

The repressed systems reflect both a repressed needs and desires system and a repressed primitive control system. These systems are constantly seeking an outlet in ordinary relationships and thus serve as

scanning apparatuses that seek potential objects in the outer world to participate in the enactment of the repressed object relationships. However, enactments of the repressed needs and desires system, either in fantasy or in actual behavior, are of course very evocative of the primitive control systems; that is, they are accompanied by varying degrees of anxiety and guilt because their aims continue to be felt by the individual as incompatible with the preservation of the ego-syntonic relationship with the needed person. Thus, each enactment is ordinarily followed by prompt re-repression in order to avoid the feared loss of the object relationship. Once re-repressed, these aspects of object relations, of course, again press, now unconsciously, for actualization. Thus, Fairbairn provided a model that attempted to describe “the functioning of the person in his social relationships and . . . provide at least the outline of a model for human interaction, particularly for conflict in social behavior” (Sutherland 1963, p. 118).

The relevance of Fairbairn’s work to that of Kernberg and Kohut seems obvious. Kohut’s theory, like Fairbairn’s, seems primarily an object-relations theory placing the establishment and maintenance of good ongoing relationships with others at the center of theories of human motivation and development. Kohut, like Fairbairn, feels 1) all aggression is secondary to frustration or deprivation; 2) primary pleasure seeking, like rage, reflects a reaction to a traumatic disruption in a vitally sustaining relationship and not the workings of a primary instinct; 3) oedipal conflict and the emergence of

castration anxiety are secondary breakdown phenomena, reflecting a traumatic disruption in the relation between a child and its parents in their roles as selfobjects; and 4) the central etiological factor operative in serious psychopathology is defective parenting.

Fairbairn felt serious schizoid pathology originated in a disturbed mother-infant relationship characterized by a situation in which the child is not really loved for himself as a person by his mother. The child also comes to realize that his own love for his mother is not really valued and accepted by her. This traumatic situation results in the child coming to regard his mother as a bad object insofar as she does not seem to love him and the child comes to regard outward expressions of his love as bad.

As we shall see, Kohut, like Fairbairn, postulates that it is the conscious and unconscious aspects of parental character and of their parenting that are the principal etiological agents in the genesis of the primary disorders of the self. Parental conflicts and deficiencies in mirroring and in accepting idealization traumatize the developing child, leading to the dynamic repression of various aspects of the child's self-selfobject relationships to his or her parents.

Kernberg, also, has found much of value in Fairbairn's work. He is critical of Fairbairn for his rejection of libido and aggression as drives.

Kernberg feels it is important to consider the role of pure pleasure seeking, along with the central role of establishing and maintaining good ongoing object relationships, in human motivation. Kernberg also feels Fairbairn seriously underrates the roles that aggression, hate, and envy play from the beginning of life in both normal and pathological development. He disagrees with Fairbairn that only bad objects are internalized and criticizes Fairbairn's developmental model for telescoping development into the first few months of life and for neglecting, relatively speaking, all subsequent phases of development. Similarly, Kernberg feels that Fairbairn ignored or neglected the lack of differentiation between the self-representations and object representations characterizing earliest development, out of which differentiated self-representations and object representations emerge. What Kernberg finds valuable, though, is Fairbairn's model of progressive endopsychic structuralization deriving from the internalization of object relationships and the importance of dynamically interrelated internalized object relationships in normal and pathological functioning.

Kernberg adopts Fairbairn's unit of internalization, consisting of a self-representation in relation to an object representation linked by the affect operative in the object relationship at the time of internalization. As we shall see, Kernberg retains the terms the id, the ego, and the superego but spells out a different timetable and process of development than originally proposed by Freud, relating the development of these structures to object

relationships internalized in the tripartite units first proposed by Fairbairn. Finally, Kernberg finds valuable Fairbairn's explorations of the conflicts over loving and being loved. Klein emphasized conflicts over aggression, Fairbairn over loving, in ways that Kernberg found usefully complementary. Kernberg (1980) spoke admiringly of Fairbairn as "the theoretically most profound, consistent, and provocative writer of the British 'middle group' " (p. 79).

Work of Otto Kernberg

Kernberg's theories with regard to normal and pathological narcissism can best be understood in the context of his more general theory of development. Kernberg (1976) has outlined an object-relations theory of development combining the drive theory of ego psychology with aspects of object-relations theories formulated by Klein and Fairbairn. His schema affirms the fundamental importance both of drive gratification and of establishing and maintaining good ongoing relations with others. Kernberg has outlined a five-stage theory of normal development and, following Freud, relates different types of psychopathology to fixation and arrest at and/or regression to each of these different stages of development. In this brief outline, I shall mention only those points of fixation felt to contribute to the development of narcissistic personality disorders.

Kernberg follows Mahler's theory of separation-individuation closely,

with regard to the timing and the processes involved in earliest development. In addition, he adopts as his “unit of internalization” the structural unit Fairbairn first described, consisting of a self-representation in relation to an object representation and bound to it by the affect operative in the relationship at the time of its internalization.

During stage one of development, the infant is slowly achieving a capacity to perceive, relate to, and internalize experiences with the world primarily as mediated by its experience of its mother. These experiences are alternately pleasurable and unpleasurable. Kernberg feels that the pleasurable, gratifying experiences of the infant in interactions with its mother are internalized first as a good self-object-affect intrapsychic constellation—though at this stage there is not yet differentiation between self and other.

Stage two of development begins with consolidation of the undifferentiated good self-object-affect representational unit. This, for Kernberg, becomes “the nucleus of the self-system of the ego and the basic organizer of integrative functions of the early ego” (Kernberg 1976, p. 60). Simultaneous with the consolidation of the undifferentiated good self-object-affect representational unit is the building up of a bad self-object-affect representation unit which integrates experiences of a frustrating, painful nature. These good and bad intrapsychic constellations are organized

separately under different affective circumstances and determine two separate constellations of “affective memory.” They are organized separately, initially, because they occur at different times and the infant’s ego cannot yet integrate them. Later, though, they are kept separate actively through splitting mechanisms.

Stage two ends when the infant achieves a stable capacity to differentiate self-representations from object representations in the core good self-object-affect representational unit. The capacity to do so in the bad self-object-affect representational unit lags, however, due to the anxiety associated with this differentiation.

During stages one and two, the affects associated with the internalization process are primitive, crude, global, and intense. Kernberg feels more differentiated affects and the specific drive dispositions of libido and aggression emerge only gradually subsequently in the course of development. The developmental series of good self-object-affect representational units become the intrapsychic structures invested with libido, whereas the developmental series of bad self-object-affect representational units become those invested with aggression. “From a clinical viewpoint, one might say that the evolving affect states and affect dispositions actualize, respectively, libidinal and aggressive drive derivatives” (Kernberg 1976, p. 64). This aspect of Kernberg’s theory represents a

significant change from Freud's theory of drive and affect development but it follows Edith Jacobson's work quite closely.

Stage three of development begins with the completion of the differentiation of the self-representations from the object representations within the core good self-object-affect representational unit and includes the later differentiation of self-representations from object representations within the core bad self-object-affect representational units. With the achievement of stable differentiation of self from others, ego boundaries are established and the child begins to build up an ever-widening number and type of self-representations and object representations. However, at this stage, good and bad self-representations and object representations coexist without being integrated, and, in fact, the separation of libidinally and aggressively invested self-representations and object representations becomes strengthened by active utilization of the mechanism of splitting, which is geared toward "protecting" the good self-representations and object representations from "contamination" by bad self-representations and object representations. This is the stage in which need-gratifying, split, part-object relationships predominate. Here, Kernberg is following Kleinian theory quite closely. There is not yet an integrated concept of self or others. Normally, splitting mechanisms gradually decrease but, under pathological circumstances, splitting may actually increase, as is the case for individuals with borderline and narcissistic personality disorders. Kernberg feels

narcissistic personality disorders are a subtype of borderline personality disorders. He feels these two disorders share the anxieties, defenses, and object relationships characteristic of stage three of development. What distinguishes narcissistic from borderline disorders for Kernberg are the structures created in stage four of development.

Stage four of development is characterized by the integration of libidinally and aggressively invested self-representations into an integrated self system and of libidinally and aggressively invested object representations into an integrated representation of others. Integrative processes decrease recourse to splitting mechanisms, and repression and other higher-level defense mechanisms become the primary defense mechanisms utilized by the ego. Repression results in establishing the dynamic repressed contents of the id, and, for Kernberg, the id as a psychic structure comes into existence only at this point. This is a significant revision of Freudian theory, but here Kernberg follows Fairbairn closely.

Similarly, Kernberg feels stage four marks the beginning of the integration of the superego as an independent intrapsychic structure:

The earliest superego structure derives from the internalization of the fantastically hostile, highly unrealistic object-images, reflecting "expelled," projected and reintegrated "bad" self-object representations. . . . [These structures are akin to Klein's primitive, sadistic superego and Fairbairn's anti-libidinal object.]

The second superego structure is derived from the ego's ideal self and ideal object representations. The condensation of . . . ideal self and ideal object representations constitutes the kernel of the ego ideal. The sadistically determined superego forerunners and the early ego ideal formation . . . are then integrated. Thus the superego has to repeat the process that is already started in the ego, namely, the integration of internalized object relations of libidinal and aggressive characteristics. (1976, p. 71)

Within the ego, an ego identity is established in stage four through processes first described by Erikson (1950). Kernberg feels individuals with narcissistic personality disorders form a specific and pathological structure during this stage of development, a pathological "grandiose self" combining aspects of the real self, the ideal self, and the ideal object. This pathological structure interferes with subsequent ego and superego development and promotes a regression to stage three object relationships, anxieties, and defenses. Thus, for Kernberg, narcissistic personality disorders combine characteristics of both stages three and four.

During stage five of development, the ego identity established in stage four is consolidated and reshaped. Both self-representations and object representations undergo continuous reshaping on the basis of a reciprocal interaction between real experiences with others and experiences with the internal world of objects. As a result of this process, one gains an increased capacity for realistic appreciation of self and others and reshapes one's internal representations of self and others on the basis of such realistic

appraisals.

Turning now to Kernberg's theories of normal and pathological narcissism (1975), following Hartmann and Jacobson, Kernberg defines normal narcissism as the libidinal investment of the self. This begins for Kernberg with the libidinal investment of the good self-object-affect representational unit that serves as the nucleus of ego development. Subsequently, the contradictory all-good and all-bad self-representations derived from libidinally and aggressively invested self-representations must be integrated and dynamically organized into a comprehensive self-system. A crucial factor for the development of normal narcissism is the predominance of libidinally invested self-representations over aggressively invested self-representations in the composite self-structure—the ego identity—that emerges from the integration of libidinally and aggressively invested self-representations. This allows consolidation of a realistic self-concept incorporating rather than dissociating the component self-representations.

It must be stressed, however, that Kernberg posits that “the libidinal investment of the self,” or healthy self-love, self-regard, and self-esteem, does not stem simply from an instinctual source of libidinal energy. Other contributions to “the libidinal investment of the self” include

1. *External factors*, including libidinal gratifications from external objects, gratification of ego goals and aspirations in social

effectiveness or success, and environmental sources of gratification of cultural, ethical, intellectual, and aesthetic aspirations.

2. *Instinctual and organic factors.* Good general health increases the libidinal investment of the self as does an ability to gratify one's instinctual needs in a personally and socially acceptable manner.
3. *Superego factors.* Living up to the demands, expectations, and standards of the ego ideal and living in ways that do not evoke the critical or punitive aspects of the superego increase self-esteem and self-regard.
4. *Ego factors.* In addition to superego-originated aspirations against which the actuality of the self is measured, there are also goals originating within the ego itself reflecting various stages of development. Thus, the ego, as well as the superego, exercises self-critical functions toward the self which contribute to self-esteem regulation.
5. *The internal object world.* A predominantly positive loving relationship between the self and the world of internal objects is another source of self-esteem. Good inner objects supply the self with love and confirmation of goodness and value that can be especially important when one meets with disappointments and frustrations in reality.

Thus, for Kernberg, positive regard for oneself, the healthy, mature, loving investment in oneself, has many sources, but is ultimately determined

by the nature of the relationships established between the self and external and internal objects, the id, the ego, and the superego. Difficulties in any or all of these relationships can lead to the development of pathological narcissism. Thus, the term *pathological narcissism* for Kernberg covers a wide variety of disorders. Least problematic are the narcissistic disturbances associated with the neuroses and with neurotic character pathology. To the extent that neurotic symptoms and character traits protect self-esteem, they have a narcissistic function that, when explored analytically, activates narcissistic frustrations and conflicts. One can then discover how the content of ego expectations and goals and superego expectations, goals, demands, and prohibitions have remained at infantile levels. Thus, these and only these disorders reflect for Kernberg fixation at or regression to infantile narcissistic goals characteristic of a normal, though excessively infantile, self-structure.

A more severe type of narcissistic disturbance, according to Kernberg, is that which characterizes the object relationships of homosexuals, as first described by Freud. Here, pathological identifications have led an individual to identify himself with a pathogenic, internalized object (for example, his mother), and to relate to others (both internal object representations and external objects) because they stand for an aspect of his (present or past, actual or idealized) self. Within this more pathological relationship between the self identified with an object and an object identified with the self, an object relationship nonetheless still exists both intrapsychically and in

external relationships.

It is only for individuals with narcissistic personality disorders that Kernberg feels relatedness to others is abandoned. Here, the relationship is no longer between self and object, but between a primitive, pathological, grandiose self and the temporary projection of that same grandiose self onto objects who are then idealized. The relationship is no longer of self to object, nor of object to self, but of self to self. It is here that a totally narcissistic relationship, defined as a relationship of the self to the self, replaces an object relationship. This, for Kernberg, is the most severe form of pathological narcissism.

The final type of narcissistic pathology described by Kernberg is characterized by the lack of an integrated self. These are patients who either present with a borderline personality organization or who are psychotic. What differentiates the former from the latter is a capacity to maintain reality testing and differentiation of self from other. What differentiates narcissistic from borderline personality disorders is the presence of a pathological self-structure, the grandiose self, in individuals with narcissistic personality disorders.

Let us examine now in greater detail Kernberg's understanding of narcissistic personality disorders as a specific subtype of narcissistic

character pathology (Kernberg 1970, 1974a, 1974b, 1975, 1984).

Descriptively, individuals with narcissistic personality disorders frequently have achieved social and vocational success and often present free of obvious symptoms. It is only as one gets to know these individuals better than one realizes that their emotional life is shallow and driven and that they are often restless and bored, feel empty and depressed, and derive little enjoyment from life. These patients have a characteristic disturbance in self-regard and self-esteem regulation, presenting an apparently contradictory picture of having an inflated concept of themselves while, simultaneously, showing an inordinate need for attention, interest, affection, love, praise, and admiration from others in order to maintain the self-concept. When these needs are not met, these apparently well-functioning individuals can become intensely anxious, angry, depressed, hypochondriacal, and/or paranoid.

Thus, beneath a facade of smooth, effective, and often charming social functioning, these individuals are revealed to be deeply distrustful, suspicious, anxious, and vulnerable people driven by a constant search for gratification of strivings for brilliance, wealth, power, and beauty. They relate to others on a need-gratifying, split, part-object relationship basis and are often only interested in others who gratify their narcissistic needs. Those who do are temporarily perceived as all good and are inordinately idealized. The narcissistic individual appears to value and depend on them. However, if this

other fails to meet their narcissistic needs, extreme rage and contempt emerge, with ruthless demandingness and scathingly deprecatory attacks. The ease of the shift from total idealization to total devaluation is an especially important characteristic of individuals with narcissistic personality disorder. Others, including idealized others, are not in fact loved and valued in their own right, but simply as sources of narcissistic supplies. Thus, individuals with narcissistic personality disorders have primarily exploitative relationships with others, feeling entitled to control, possess, and exploit others ruthlessly to obtain narcissistic supplies. These individuals have virtually no interest, affection, love, concern, or empathy for others and can end relationships when they cease to be gratifying without remorse, regret, or guilt. There is often a striking absence of depressive reaction, as individuals with narcissistic personality disorders are especially deficient in genuine feelings of sadness and mournful longing in response to separation and loss. Instead, they respond to loss with either anger, resentment, and wishes for revenge or indifference. In either case, the narcissistic individual ordinarily simply moves on to relate to a new need-gratifying object who is, in turn, subject to cycles of alternating idealization and devaluation.

Individuals with narcissistic personality disorders struggle, often unconsciously, with the conviction that they have basically nothing good and worthwhile to offer others. They deeply envy anyone whom they feel has something to offer to others, including to themselves, making it virtually

impossible for them to trust, value, depend on, or profit from relating to others.

Some patients with narcissistic personality disorders present with conscious feelings of insecurity and inferiority, rather than superiority, grandiosity, omnipotence, and entitlement. These feelings, however, usually alternate with grandiose and omnipotent fantasies. The presence of such extreme contradictions in self-concept is often the first clue of the severe psychopathology operative.

Dynamically, Kernberg feels individuals with narcissistic personality disorders resemble those with borderline personality disorders in struggling with a pathological condensation of genital and pregenital conflicts under the overriding influence of pregenital, and especially oral, aggression. They cope with these conflicts primarily by operationalizing splitting mechanisms as well as primitive forms of projection, projective identification, primitive and pathological idealization, omnipotent control, and narcissistic withdrawal and devaluation, i.e., the defense mechanisms Klein described as operative in the paranoid/schizoid position and the manic defense.

Analytic exploration of the haughty, grandiose, and controlling behavior of these individuals regularly demonstrates that this behavior is a defense against paranoid traits related to the projection of oral rage, which is central

to their psychopathology. Kernberg feels these individuals experience themselves as hungry and empty, “full of impotent anger at being frustrated and fearful of a world which seems as hateful and revengeful as the patient himself. This, the deepest level of the self-concept of narcissistic personalities, can be perceived only late in the course of their psychoanalytic therapy” (Kernberg 1970, pp. 57-58).

As previously mentioned, Kernberg (1974a) feels that individuals with narcissistic personality disorders have

an integrated, although highly pathological, grandiose self, which reflects a pathological condensation of some aspects of the real self (i.e., the “specialness” of the child that was reinforced by early experience), the ideal self (i.e., the fantasies and self-images of power, wealth, and beauty that compensated the small child for the experience of severe oral frustration, rage and envy), and the ideal object (i.e., the fantasy of an ever-giving, ever-loving, and accepting mother, in contrast to their experience in reality—replacement of the devaluated real parental object), (p. 256)

This structure is not present in individuals with borderline personality disorders. Its presence in individuals with narcissistic personality disorders helps to account for their ability to maintain apparently good social and vocational adaptation. Kernberg feels this pathological grandiose self-structure interferes with the consolidation of normal ego and superego structures, especially with the formation of the ego ideal, as well as with external and internal object relationships. For example, normal superego development is interfered with because the ideal self-representations and

object representations that ordinarily would contribute to ego-ideal formation are condensed instead into the pathological grandiose-self ego structure. This process interferes with integrating idealized aspects of the ego ideal with the primitive, punitive, punishing aspects of the superego. As a result, primitive, nonintegrated, sadistic superego forerunners persist and are easily projected onto others, thereby contributing to the paranoid persecutory trends seen in these individuals. Similarly, the development of an integrated ego identity is interfered with as the formation of the grandiose self can occur only if many aspects of the real self are dissociated and/or repressed. This is especially true with regard to dependency needs. The projection of these needs and of the oral sadism associated with them contributes further to the development of paranoid trends.

A key question in terms of the etiology of narcissistic personality disorder is, What leads to the genesis of the pathological grandiose self-structure? Put most basically—Does it emerge primarily as a result of conflict over drives, or is it secondary to environmental deprivations due to faulty parenting? According to Kernberg (1970), “It is hard to evaluate to what extent this development represents a constitutionally determined, strong, aggressive drive, a constitutionally determined lack of anxiety tolerance in regard to aggressive impulses, or severe frustration in their first years of life” (p. 58). But despite providing characteristics of parents and their parenting that might account for this pathological development, it seems clear in

Kernberg's writings that he favors conflict over drives to environmental explanations with regard to the origin of this type of character pathology. For example, he is particularly wary of narcissistic patients' complaints about their parents as the primary source of their difficulties:

What regularly emerges is that underlying the patient's consciously remembered or rediscovered "disappointments" of his parents, are devaluation of parental images and real parental figures that the patient carried out in the past in order to avoid underlying conflicts with them. The patient's disappointments in the analyst reveal . . . dramatically the total devaluation of the transference object for the slightest reason and, thus, the intense overwhelming nature of the aggression against the object. . . . The implications of "either you are as I want you or you cease to exist" is also the acting out of unconscious need for omnipotent control of the object and reflects defenses against aggression. (1974a, p. 263)

Thus, it remains for Kernberg

an open question to what extent inborn intensity of aggressive drive [or] the predominance of chronically cold, narcissistic, and at the same time overprotective maternal figures appears to be the main etiological element in the psychogenesis of this pathology. (1974b, p. 221)

In addition to describing the characteristics of individuals with analyzable narcissistic personality disorders, Kernberg has differentiated several subtypes of narcissistic personality disorders that he feels have a grave prognosis. These include narcissistic patients functioning on an overt borderline level, narcissistic patients with pervasive ego-syntonic antisocial and sadistic trends, and patients characterized by the syndrome of malignant

narcissism. Malignant narcissism occurs in

patients whose grandiosity and pathological self-idealization are reinforced by the sense of triumph over fear and pain through inflicting fear and pain on others, and also cases in which self-esteem is enhanced by the sadistic pleasure of aggression linked with sexual drive derivatives. Narcissistic personalities . . . who obtain a sense of superiority and triumph over life and death, as well as conscious pleasure by severe self-mutilation; and narcissistic patients with a combination of paranoia and explosive personality traits, whose impulsive behavior, rage attacks, and blaming are major channels for instinctual gratification, all may reflect the condensation of aggression in a pathological grandiose self and may find the treatment situation a welcome and stable outlet for aggression that militates against structured intrapsychic change. (Kernberg 1984, p. 195)

Kernberg feels these patients ordinarily present a contraindication for analysis. He recommends a supportive psychotherapeutic approach to their treatment.

Work of Heinz Kohut

Kohut began his investigations into the nature and function of narcissism as an ego psychologist. His early articles (1966, 1968, 1972) and first book (1971) delineate a theory of normal narcissistic development, of development of specific types of narcissistic psychopathology, and of a psychoanalytic approach to the treatment of these disorders in terms of drive theory and the structural hypothesis. His ideas differed markedly, however, from those of his fellow ego psychologist, Otto Kernberg, even during this

period.

Theory of Normal Development

Kohut felt an infant was born into a state of primary narcissism. Unlike Freud, Kohut (1966) defined primary narcissism as a state in which “the baby originally experiences the mother and her ministrations not as a you and its actions, but within a view of the world in which the I-you differentiation has not yet been established” (p. 245). Defining primary narcissism in these terms, beyond reflecting aspects of the work of Hartmann, Jacobson, and Mahler, also clearly reflects Hermann’s hypothesis that an individual differentiates out of what is originally a state of “dual-union” between a baby and its mother. It is also similar to Kernberg’s stage two of development.

In describing normal development from a state of primary narcissism, Kohut (1966) noted that “the balance of primary narcissism is disturbed by maturational pressures and painful psychic tensions which occur because the mother’s ministrations are of necessity imperfect and traumatic delays cannot be prevented” (p. 246). Kohut hypothesized that the baby dealt with these unavoidable disruptions by simultaneously building up two new systems of perfection: the narcissistic self (later termed by him the grandiose self) and the idealized parent imago, two normal narcissistic psychological constellations emerging from the state of primary narcissism with

independent lines of development. Within the narcissistic-self (grandiose-self) constellation, “everything pleasant, good, and perfect is considered as part of a rudimentary self, while everything unpleasant, bad, and imperfect is considered as ‘outside’ ” (Kohut 1966, p. 246). Within the idealized parent-*imago* constellation, by contrast, “the baby attempts to maintain the original perfection and omnipotence by imbuing the rudimentary you, the adult, with absolute power and perfection” (Kohut 1966, p. 246). In the subsequent course of development, if all went well, these two normal narcissistic structures were felt by Kohut to contribute to aspects of ego and superego structure and functioning.

Kohut felt idealization of the parent *imago* ultimately was transformed into idealization of the superego and ego ideal, while the developmental line of the narcissistic self (grandiose self) was felt to contribute to ego structure and functions. Kohut felt the grandiose fantasies generated by the grandiose self were the ultimate source of the ego’s ambitions and were inextricably linked to exhibitionism and therefore to an admiring, mirroring other, originally the mother. However, Kohut felt developmentally normal exhibitionism could become problematic because it was also linked to a vulnerability to the experience of shame. Kohut felt shame was evoked whenever the mirroring other failed to mirror appropriately. Kohut’s effort to understand the nature and function of shame in narcissistic disorders is an especially important aspect of his contribution to psychoanalytic theory.

Kernberg, by contrast, is virtually silent about this affect and its impact on development.

It is important to note at this point that Kohut and Kernberg disagree fundamentally about the nature of normal narcissistic development. Kernberg does not agree with Kohut's hypothesis of the grandiose self and the idealized parent imago as normal, secondary narcissistic structures emerging from the state of primary narcissism. For Kernberg, the grandiose self is always pathological, having no role or function in normal development.

During this first period of investigation, Kohut (1971) conceptualized the self as

a structure within the mind since a) it is cathected with instinctual energy, and b) it has continuity in time, i.e., it is enduring . . . the self, then, quite analogous to the representations of objects, is a content of the mental apparatus but it is not one of its constituents, i.e., not one of the agencies of the mind. (p. xv)

Here, Kohut is following Hartmann, Jacobson, and Kernberg closely. However, when he went on to postulate that the self, in its narcissistic dimension, developed in relation to "selfobjects," he introduced a totally new type of "object" to psychoanalysis. Kohut contrasted "selfobjects" with "true objects (in the psychoanalytic sense)." "True objects in the psychoanalytic sense" are objects "loved and hated by a psyche that has separated itself from the archaic objects, has acquired autonomous structures, has accepted the

independent motivations and responses of others, and has grasped the notion of mutuality” (Kohut 1971, p. 51). They are, in other words, people from whom the self has fully separated, differentiated, and individuated. Selfobjects, on the other hand, are “objects which are not experienced as separate and independent from the self” (Kohut 1971, p. 3). “The expected control over the narcissistically cathected subject and its function, for example, is closer to the concept which a grownup has of himself and of the control which he expects over his own body and mind than to the grownup’s experience of others and of his control over them” (Kohut 1971, p. 33).

This description of the nature of self-selfobject relating strikingly parallels Balint’s description of the nature of object relating at the level of the basic fault. Kohut, however, provided a metapsychological concept, i.e., the selfobject, that applies to the object of this type of relatedness and has specifically adapted it to his theory of normal and pathological narcissistic development.

Kohut hypothesized two types of selfobjects: idealized and mirroring, which are functionally related to the idealized parent-*imago* and to the grandiose-self narcissistic configurations, respectively. Kohut described selfobjects as archaic, prestructural objects whose ongoing presence and functions were necessary for the maintenance of an ongoing sense of self and healthy self-esteem because they perform functions for the self that the self

cannot yet perform for itself.

Kernberg does not recognize selfobjects as distinct from “true objects in the psychoanalytic sense,” feeling Kohut failed to recognize the aggression associated with relating to an object as if it were part of the self. For Kernberg, this type of relatedness is defensive, pathological, and not an aspect of normal object relationships.

Kohut felt that the formation of intrapsychic structure was linked with minor nontraumatic failures on the part of the selfobjects of childhood through a process of internalization and intrapsychic structure formation termed by him “transmuting internalization.” For Kohut, there was an intimate reciprocal relationship between “the formation of psychic structure and the withdrawal of object-instinctual and narcissistic cathexes from object imagos” (1971, p. 49). Kohut (1971) felt that

preceding the withdrawal of the cathexis from the object there is a breaking up of those aspects of the object imago that are being internalized . . . the withdrawal of narcissistic cathexes takes place in a fractionated way if the child can experience disappointments with one idealized aspect or quality of the object after another. . . . In addition to the just-mentioned breaking up of specific aspects of the object imago, there takes place . . . a depersonalizing of the introjected aspects of the image of the object, mainly in the form of a shift of emphasis from the total human context of a personality of the object to certain of its specific functions. The internal structure, in other words, now performs the functions which the object used to perform for the child—the well-functioning structure, however, has largely been divested of the personality features of the object, (pp. 49-50)

Thus Kohut differs in a fundamental way from Kernberg with regard to the processes involved in intrapsychic structure formation. Specifically, he eliminates or, at least, downplays the role of internal objects as precursors of eventually depersonified structures and functions and the role of an ongoing world of internalized object relationships as vitally influencing normal and pathological functioning.

Theory of Psychopathology

Kohut attributes narcissistic personality disorders to traumatic events occurring during the course of development of the grandiose-self and/or the idealized parent-*imago* narcissistic constellation. With regard to the developmental line of the grandiose self, Kohut (1966) noted:

If the grandiosity of the narcissistic self . . . has been insufficiently modified because traumatic onslaughts on the child's self-esteem have driven the grandiose fantasies into repression, then the adult ego will tend to vacillate between an irrational overestimation of the self and feelings of inferiority and will react with narcissistic mortification to the thwarting of its ambitions. (p. 252)

Similarly,

if the child experiences traumatic disappointment in the admired adult, then the idealized parent *imago*, too, is retained in its unaltered form, is not transformed into tension-regulating psychic structure, but remains an archaic, transitional object that is required for the maintenance of narcissistic homeostasis. (Kohut 1968, p. 87)

When this occurs, the child, and subsequently the adult, remains fixated on an external representative of an archaic idealized parent imago. Thus, in narcissistic personality disturbance,

the ego's anxiety relates primarily to its awareness of the vulnerability of the mature self; the dangers which it faces concern either the temporary fragmentation of the self, or the intrusions of either archaic forms of subject-bound grandiosity or of archaic narcissistically aggrandized self-objects into its realm. The principal source of discomfort is thus the result of the psyche's inability to regulate self-esteem and to maintain it at normal levels. (Kohut 1971, p. 20)

With regard to the etiology of these disorders, Kohut (1968) emphasized that "the essential genetic trauma is grounded in the parents' own narcissistic fixations . . . the parents' narcissistic needs contribute decisively to the child remaining enmeshed with the narcissistic web of the parents' personality" (p. 92).

Thus, Kohut felt narcissistic disorders were derivative of parental failures in their roles and functions as either mirroring selfobjects of their child's grandiose self and/or their roles as an idealized selfobject that could subsequently be internalized as an aspect of the child's idealized parent imago. This line of thinking emphasizing a primarily environmental (i.e., parental) etiology for narcissistic psychopathology places Kohut solidly in the tradition of Ferenczi, Balint, and Fairbairn. This is another point of disagreement between Kernberg and Kohut.

Theory of Therapy

In one of his most unique contributions, Kohut noted that when patients with narcissistic personality disorders came for psychoanalytic therapy, they spontaneously generated two types of pathognomonic narcissistic transferences: the mirroring and the idealizing transferences. These transferences correspond respectively to the therapeutic activation of the grandiose-self or the idealized parent-*imago* narcissistic constellations and to the mirroring and idealizing self-selfobject relationships associated with them. Kohut felt these pathognomonic narcissistic transferences established themselves spontaneously if the analyst did not interfere with their emergence. Thus, for example, he recommended that the analyst accept the admiration associated with an idealizing transference early on in the analysis to facilitate the establishment of an analyzable idealizing transference. Similarly, and despite the difficulties that it posed for the analyst, Kohut felt the analyst must accept the patient's need for empathic mirroring and provide it when the grandiose-self narcissistic constellation and mirroring selfobject needs were mobilized in the mirror transference.

The central task of the analyst of a patient with a narcissistic personality disorder, for Kohut, was the facilitation of the mobilization of these two transference paradigms and then the analysis of the dynamic and genetic determinants of these transferences as they became clear to the patient and

the analyst after incidents of minor, nontraumatic disruptions of the transference. Thus, the analyst had to be sensitive to disruptions of the transference revealed by the patient becoming anxious, angry, depressed, hypochondriacal, paranoid, or otherwise symptomatic. Then the analyst's task with the patient was to clarify the cause of the disruption and the nature of the effects of the disruption on the patient's sense of self and self-esteem, in the here-and-now context of the relationship to the analyst experienced as a selfobject. This was followed by reconstruction with the patient of how the disruption in the relationship to the analyst and its pathogenic effects in the present paralleled the patient's chronically traumatic experiences of his or her parents in their mirroring and/or idealized selfobject roles in childhood. Kohut (1968) commented:

As is the case in the idealizing transference . . . temporary disturbances of the (mirroring) transference equilibrium occupy in the analysis of narcissistic personalities a central position of strategic importance which corresponds to the place of the structural conflict in the ordinary transference neurosis; and their analysis tends to elicit the deepest insights and leads to the most solid accretions of psychic structure, (p. 99)

Kohut's postulation of specific pathognomonic narcissistic transferences derivative of a patient's conflicted self-selfobject relatedness with his or her parents, which are separate and distinct from transferences originating in a patient's conflicted sexual and aggressive relationships with his or her parents, is another point of major disagreement between Kernberg and

Kohut. Kernberg does not recognize the existence and validity of narcissistic transferences as described by Kohut, feeling that the patient's efforts to elicit mirroring responses to his or her grandiose self and to idealize the analyst are pathological, defensive maneuvers aimed at denying intense conflict over dependency needs and the rage and paranoid and persecutory object relationships and fears associated with the mobilization of these conflicted needs.

Kernberg's and Kohut's disagreement about the nature of the transferences operative in narcissistic personality disorders parallels their disagreement about the relationship of pathological narcissism to normal infantile narcissism. Kohut argues for a continuity between normal infantile narcissism and pathological narcissism. For him, pathological narcissism occurs when normal infantile narcissistic needs for mirroring and idealization are traumatically disrupted by parental failures in their selfobject functions vis-a-vis the child. This leads to dissociation (vertical split) or repression (horizontal split) of normal infantile narcissistic needs which, in turn, determine the type of narcissistic psychopathology that emerges. In analysis, the transferences mobilized reflect normal infantile needs, and, through analysis of their genetic and dynamic determinants, the dissociations and repressions can be eliminated and normal development can proceed from points of fixation and/or regression. Here, Kohut's theorizing strikingly parallels theories of the formation of psychopathology and its analytic

treatment advanced by Ferenczi, Balint, and Fairbairn.

Kernberg, by contrast, feels the form of pathological narcissism operative in individuals with narcissistic personality disorders and the transferences mobilized in analysis are distinct from normal infantile narcissism.

Emergence of Self Psychology

During the years between the publication of Kohut's first book and his second in 1977, Kohut's thinking underwent a revolutionary transformation. The publication of *The Restoration of the Self* (1977) led Kohut to establish a new school of psychoanalysis—self psychology—that advanced an entirely new metapsychological understanding of narcissism, one that paralleled a progressive pulling away from the metapsychology of ego psychology: “In the earlier contributions I presented my findings concerning the psychology of the self mainly in the language of classical drive theory” (Kohut 1977, p. xiii). This volume, however, represents “a move toward a clearly defined psychology of the self, [a psychology] that puts the self at the center, examines its genesis and development and its constituents, in health and in disease” (Kohut 1977, pp. xiv-xv). With this publication, Kohut redefined the self:

This structure is the basis of our sense of being an independent center of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in

space and a continuum in time. This cohesive and enduring psychic configuration, in connection with the correlated set of talents and skills that it attracts to itself or that develops in response to the demands of the ambitions and ideals of the nuclear self, forms the central sector of the personality, (pp. 177-178)

Kohut then outlined a theory of development of the self in terms of a “bipolar self” independent of any relation to the metapsychology of ego psychology. He continued to propose that the grandiose self and the idealized parent imago emerged out of the state of primary narcissism. These two independent but interrelated narcissistic configurations underwent subsequent development from infantile to mature forms. This development required the presence of empathically responsive selfobjects, the mirroring selfobject in relation to the grandiose-self pole of the bipolar self, and an admired and idealized selfobject in relation to the idealized parent-imago pole. Kohut felt these two narcissistic configurations and the self-selfobject relations determined by them were operative in everyone from birth to death. No longer did he hypothesize that the grandiose self contributed to ego contents and functioning or that the idealized parent imago contributed to superego contents and functioning.

In addition to discontinuing theorizing in terms of the structural model, Kohut (1977) also made it clear that he felt “the responses of the mirroring self-object and the idealizability of the omnipotent self-object must not be viewed within the context of the psychology of the drives” (p. 173). Thus, he

abandoned drive theory as well as the structural hypothesis as conceptual tools for understanding normal and pathological narcissism. As part of this process, Kohut formulated a radical reevaluation of the role of drives in normal and pathological functioning in general, no longer considering them primary phenomena. They became for him, instead, secondary phenomena, disintegration or breakdown products:

I believe that man's destructiveness as a psychological phenomena is secondary, that it arises originally as a result of the failure of the self-object environment to meet the child's need for optimal . . . empathic responses Destructive rage, in particular, is always motivated by an injury to the self. (Kohut 1977, p. 116)

Kohut differentiated between narcissistic rage and “nondestructive aggressiveness.” He (1977) felt the latter

has a developmental line of its own—it does not develop out of primitive destructiveness by educational influences, but develops under normal circumstances from primitive forms of nondestructive assertiveness to mature forms of assertiveness in which aggression is subordinated to the performance of tasks. Normal, primary, nondestructive aggression . . . subsides as soon as the goals that have been striven for are reached, (p. 121)

With regard to sexual behavior, Kohut (1977) wrote:

. . . the tenets I propose with regard to the experiences of aggression and rage also apply to the libidinal drives. The infantile sexual drive in isolation is not the primary psychological configuration . . . the primary psychological configuration (of which the drive is only a constituent) is the experience of the relation between the self and the empathic self-object . . . Drive manifestations in isolation establish themselves only after traumatic

and/or prolonged failures in empathy from the side of the self-object environment, (pp. 121-122)

In this context, Kohut felt that when intense oedipal conflict emerges, it is a secondary phenomenon, a breakdown product occurring only for children whose parental selfobjects are severely out of touch and unempathically responsive to the child's oedipal self. Kohut's abandonment of drive theory, of course, sharply differentiates him from Kernberg. However, his abandonment of drive theory and emphasis on an object-relations theory of the personality was anticipated by Fairbairn.

In subsequent publications, Kohut (1979, 1984; Kohut and Wolf 1978) extended and deepened his theorizing with regard to normal and pathological narcissistic development and of a psychoanalytic approach to the treatment of narcissistic disorders from a self psychology perspective. The only major change in his theory of normal and pathological narcissism came in his final book (1984). In this volume, he alters his previous theory of the "bipolar self":

We now conceive of the self as consisting of three major constituents (the pole of ambitions, the pole of ideals, and the intermediate area of talents and skills) . . . we subdivide . . . selfobject transferences into three groups: (1) those in which the damaged pole of ambitions attempts to elicit the confirming-approving responses of the selfobject (mirror transference); (2) those in which the damaged pole of ideals searches for a selfobject that will accept its idealization (idealizing transference); and (3) those in which the damaged intermediate area of talents and skills seeks a selfobject that will make itself available for the reassuring experience of essential likeness (twinship or alter ego transference).

... the present decision to posit three rather than two classes of selfobject transferences ... must be seen simply as the necessary outgrowth of our broadened clinical experience and our deepened understanding of the clinical phenomena that we observe, (pp. 192-193)

In this volume, Kohut sketched out an outline of the new developmental line of twinship or alter-ego needs. Kohut (1984) felt this involved important self-affirming and self-maintaining experiences in early childhood which result in the child's obtaining the sense of security that comes from feeling himself "to be a human among humans" (p. 200). Self-sustaining alter-ego or twinship experiences allow a feeling that one lives with others who are sufficiently like oneself to understand and be understood by oneself. This represents for Kohut (1984) "one of the major self-object needs of man" (p. 201).

In this final volume, Kohut continued to argue for

the psychological primacy of phenomena (affection and assertiveness) that are traditionally considered secondary (that is, that are considered sublimated drives) and of the secondary nature of phenomena (lust and destructiveness) that are traditionally considered primary (that is, that are considered unsublimated drives), (p. 12)

Thus, in the end, Kohut considered structural and functional deficiencies of the patient's self as the primary disorder in every type of psychopathology. Baker and Baker (1987) have recently provided a lucid and succinct overview of Kohut's thinking up to the point of his death.

Kohut was a true psychoanalytic revolutionary. Like Fairbairn before him, he advocated an abandonment of drive theory and of the structural hypothesis in favor of an object-relations theory, i.e., a self-selfobject relations theory, of the personality. The question now is whether Kernberg's criticisms of Kohut's theories are as valid as his criticisms of the shortcomings of Fairbairn's theories. It remains for analytic and empirical research to decide.

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