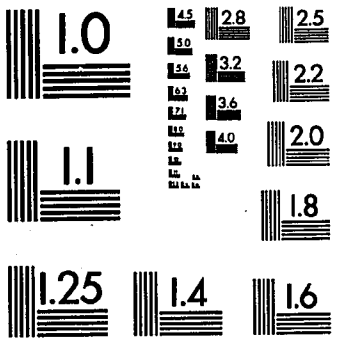

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THE EFFECT OF KOHUT'S APPROACH ON PSYCHOANALYTIC TREATMENT OF NARCISSISTIC PATIENTS

City University of New York PH.D. 1985

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THE EFFECT OF KOHUT'S APPROACH ON PSYCHOANALYTIC TREATMENT OF NARCISSISTIC PATIENTS

by

Peter Kaufmann

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

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ABSTRACT

THE EFFECT OF KOHUT'S APPROACH ON PSYCHOANALYTIC TREATMENT OF NARCISSISTIC PATIENTS

by

Peter Kaufmann

Advisor: Professor Steven Ellman

This thesis considers the effect on psychoanalytic treatment with narcissistic patients of practicing Kohut's related ideas about etiology and technique.

From reviewing Kohut's ideas about development and treatment, the conclusion is drawn that he maintains an environmentalist perspective. He argues that narcissistic disorders are caused by parental empathic failures committed during childhood and that the mind functions in a reactive way to these environmental deficiencies. Consistent with his etiological views, Kohut advocates that the analyst only interpret the regressed patient's established transference state when the patient experiences a break in empathy. In Kohut's view, these interpretations mitigate the impact of experiencing a repetition of childhood environmental insufficiency and facilitate transference resolution. With supposed transference resolution, the patient repairs psychic structure and makes adaptive gains.

Kohut's ideas are compared with the views of three of his critics--Kernberg, Rothstein and Ellman--who maintain interactive perspectives about etiology derived from classical psychoanalytic theory. These

critics raise questions about Kohut's interpretation of his treatment results. They maintain that Kohut's approach does not lead to transference resolution, but produces a supportive, psychotherapeutic outcome or transference cure. In support of Rothstein's and Ellman's arguments, it is outlined how perceived break in empathy interpretations could facilitate the type of Kohutian result which they posit.

Developing Ellman's hypothesis that Kohut's approach leads to a transference cure, five ways are presented in which Kohutian treatment may involve transference cure processes. It is argued that the patient's tie to the external and then introjected analyst bolsters the patient's self-esteem and enhances his external functioning by offering reparative narcissistic gratifications, reinforcing his adaptive behavior and sanctioning previously prohibited activities. It is suggested too, that the patient's identifications with the analyst's perceived attributes and viewpoint may contribute to his making adaptive gains. The successful Kohutian cases of Mr. I and Mr. M are reviewed to illustrate these transference cure processes. In the theoretical and clinical discussions, questions are raised about the vulnerability of Kohutian results to post-termination environmental setbacks.

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TABLE OF CONTENTS

Page

Acknowledgements. vi

Introduction. 1

CHAPTER I: Kohut's Theoretical Views About the Etiology and Nature of Narcissistic Disorders 5

CHAPTER II: Kohut's Technical Recommendations for Conducting Psychoanalytic Treatment with Narcissistic Patients. 21

CHAPTER III: A Comparison Between Kohut's Views About Understanding and Approaching Narcissistic Patients and the Views of Three Critics 50

CHAPTER IV: Kohutian Treatment as Transference Cure. 92

Review of the Literature 93

Kohutian Analysis as Transference Cure 104

The Case of Mr. I. 110

The Case of Mr. M. 142

CHAPTER V: Conclusion. 175

Bibliography. 181

Introduction

Since Freud first conceptualized about the applicability of psychoanalysis as a therapeutic technique, psychoanalytic writers and clinicians have been interested in expanding the range of psychoanalytic treatment to include more disturbed patients. In a seminal paper, Stone (1954) summarized this trend, terming it "the widening scope" of psychoanalytic treatment. Stone both reviewed the historical basis for psychoanalytic conservatism about the application of psychoanalytic treatment and presented his own findings to suggest that the range of psychoanalytic treatment could be expanded.

Over approximately the last twenty years, Heinz Kohut has both contributed to this effort to expand the range of psychoanalytic treatment and decisively influenced debate about how this effort should be conducted. He has espoused a new way of understanding and treating a broad range of patients whom he terms are suffering from narcissistic personality and behavior disorders. This thesis will consider the effect on psychoanalytic treatment with narcissistic patients of practicing Kohut's related ideas about etiology and technique.

Traditional psychoanalytic conservatism about the applicability of psychoanalytic technique dates in part from Freud's writing. As Stone summarizes, Freud believed that psychoanalytic treatment should be reserved for transference neurotics and equivalent character disorders. This belief derived from two of Freud's views. First, Freud observed that these patients possessed a sufficiently "normal"

ego to enable them to ally with the analyst in the therapeutic task of subduing uncontrolled drive derivatives and including them in a new synthesis of the ego (Freud, 1937c). Secondly, Freud contended that these patients were capable of forming transference states. In the treatment situation, they regressed to fixation points at which they retained their libidinal investment in objects, usually the passionately-loved and hated objects of the oedipal phase. These transference states in turn provided the important material for analysis because "it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest. For when all is said and done, it is impossible to destroy anyone in absentia or in effigie" (Freud, 1912a, p. 108).

Freud distinguished these patients from more disturbed patients, termed as narcissistic neurotics, whom he indicated were untreatable by analytic means. This group of patients included individuals whom Kohut now designates as having narcissistic disorders. In writing about narcissistic neurotics, Freud maintained that these patients were too invested in themselves to invest in the analyst and form sustained transference states, the essential material for analysis. In treatment, they seemed to erect an "impenetrable wall" between themselves and the analyst, showing little interest in the analyst and not elaborating libidinal fantasies about him. Freud explained this clinical finding by assuming that these patients had regressed to the earliest narcissistic phases of development, developmental

periods during which these individuals had not yet invested in objects. As a result of this regression, these patients had decathected object representations and had reverted to investing their available libido in the self (Freud, 1916-17). In Freud's view, they had ceased to relate to objects or to engage in object love because of this regressive, libidinal redistribution. Freud also questioned whether these more disturbed patients had the necessary "reliable ego" to enable them to ally with the analyst in performing analytic work (Freud, 1937c).

Kohut found, though, that a group of these more disturbed patients were quite related to him and reacted intensely to perceived alterations in his behavior. He designated these patients as manifesting narcissistic disorders. In contrast to Freud, Kohut maintained that these patients did indeed form intense transference states which reflected the stage of archaic object relations to which they had regressed. He thought that Freud had confused object love with object relations in positing that narcissistic patients do not relate to objects because they may not show interest in the analyst as a separate, independent person or express libidinal wishes towards him. Kohut wrote, "the antithesis to narcissism is not the object relation, but object love" (Kohut, 1966b, p. 245). In addition, he noted that these patients had evolved the capacities for establishing rapport with others and for observing themselves which enabled them to ally with the analyst in undertaking the analytic task (Kohut, 1971, p. 207). He asserted then, that the analyst need not provide any deliberate transference gratifications, nor resort to any active

interventions to conduct effective treatment. The analyst must merely accept the patient's archaic experiences and interpret them at the appropriate time. In Kohut's view, one could essentially perform a psychoanalysis without parameters in approaching these patients.

CHAPTER I

Kohut's Theoretical Views About the Etiology and Nature of Narcissistic Disorders

As much as Kohut's writing can be seen as being part of a trend within the classical analytic tradition of expanding the range of psychoanalytic therapy, Kohut presented an evolving theoretical perspective for understanding narcissistic patients which first altered and then opposed classical analytic ideas about character development. His theoretical work can be seen as having gone through two stages, though Kohut was not rigorous in discarding and translating concepts as his thinking evolved. Elements of both stages of his thinking thus remain as aspects of what could be seen as a current Kohutian position. Below, I will summarize how his thinking developed.

The first stage of Kohut's thinking can be termed as Kohut's Psychology of the Self in the narrow sense. He presented this position in a series of papers, "Forms and Transformations of Narcissism" (Kohut, 1966b), "The Psychoanalytic Treatment of Narcissistic Disorders" (Kohut, 1968), "Thoughts on Narcissism and Narcissistic Rage" (Kohut, 1972b) and in his first major book, The Analysis of the Self (Kohut, 1971). Kohut's work during this period represents a modification of classical analytic theory.

Following in the classical analytic tradition, Kohut retains the structural concepts of psychoanalytic ego psychology. He designates the term self as being equivalent to the term self-representation and

sees self-representations as being constituents of the mental apparatus. He understands character development as being a process in which structure-building occurs, involving the ego and the super-ego.

Within his developmental thinking, though, he alters classical analytic notions about sexual and aggressive drives. He does not see aggression as reflecting a primary drive. Rather, he maintains that it represents a reactive phenomenon, only emerging in response to perceived narcissistic injuries (Kohut, 1972b). While he retains libido as an instinctual drive, he advocates a significant change in libido theory by positing the existence of two independent lines of libidinal development, each with its own variants of sexual energy. One developmental line involves psychosexual development as it has been extensively discussed within traditional analytic theory. This line is important to understand in approaching neurotic patients. It unfolds from the stages of autoeroticism via narcissism through object love. The individual relates to others as independent objects who are loved in terms of how they gratify and frustrate libidinally derived wishes. The other developmental line--the line of narcissistic development--is significant in understanding narcissistic patients and those patients who are more disturbed. This line also unfolds from stages of autoeroticism, but rather than going via narcissism to object love, goes to <u>higher forms</u> of narcissism. Within this line of development, the individual relates to others as self-objects. He may view them as being part of his self or as being separate from his self, but they are only important to him in terms of their provision of regulatory

functions which enable the individual to stabilize his self-esteem and his sense of self-cohesion (i.e., his sense of continuous, integrated, self-directed functioning).

This general line of narcissistic development involves two subordinate lines. In the unfolding of one line, the grandiose self, the child expresses his grandiose-exhibitionistic fantasies and seeks confirmation and admiration from mirroring self-objects. In the unfolding of the second developmental line, the idealized parent imago, the child idealizes parental figures and seeks to feel at one with these figures, i.e., to feel merged with them and/or affirmed by them.

According to Kohut, the successful unfolding of these two developmental lines depends upon the provision of empathic parenting. In his view, empathic parenting facilitates the development of the drive-controlling and drive-channeling structures of the ego and the idealization of the super-ego. It also enables the individual to evolve the ego attributes of wisdom, creativity and empathy and indirectly enhances his capacities for object love.

The second stage of Kohut's thinking can be termed as Kohut's Psychology of the Self in the broad sense. This position is reflected in Kohut's later works, The Restoration of the Self (Kohut, 1977), "The Disorders of the Self and Their Treatment: An Outline" (Kohut and Wolf, 1978), and his posthumously published book, How Does Analysis Cure? (Kohut, 1984). Though Kohut maintains in The Restoration of the Self that this position is intended to complement classical analytic ideas, the logic of this viewpoint indicates that it represents an

alternative to classical analytic ideas about structure and motivation. This perspective was implicit in his previous work and represents his stronger theoretical position.

In considering the issue of intrapsychic structure, Kohut proposes that the term self refers not merely to the individual's self-representations, but also to a superordinate bipolar structure which pertains to the entire personality. This structure consists of the two poles of realistic ambitions and cherished ideals and a sector of talents and skills which mediates between these poles and enables the individual to pursue his goals.

Kohut indicates that development can be best understood in terms of whether or not it enables the individual to successfully construct and integrate these components of the self. In Kohut's view, the components of the self are built and interrelated as a result of the unfolding of three developmental lines which involve the interactions between the individual and his childhood self-objects--the grandiose self and the idealized parent imago described in earlier works and the alter-ego or twinship line which Kohut separates from the development of the grandiose self and delineates as a separate developmental line in his last work (Kohut, 1984). Here, Kohut posits that the unfolding of the twinship or alter-ego developmental line accounts for the individual's formation of the mediating structures of talents and skills.

Essentially then, Kohut takes the two developmental lines which he previously had postulated as representing lines of narcissistic

development and makes them the superordinate configurations which emcompass all aspects of development. As in the previous stage of his thinking, Kohut emphasizes that the successful unfolding of these developmental lines depends upon the provision of empathic parenting.

In his later schema though, Kohut defines both sexuality and aggression as being reactive phenomenon. He maintains that affectionate and assertive wishes represent the individual's basic strivings which he attempts to gratify as he relates to his self-objects. In Kohut's view, conflictual sexual and aggressive wishes only emerge in fantasy and behavior as reactive phenomenon when perceived failures in empathy by self-objects precipitate fragmentations in the individual's self-experience. The individual then becomes focused on a degraded component of the previously integrated experiential configuration, using the sexual and/or aggressive material to enhance self-feeling and stave off further self-disintegration. Here, Kohut challenges classical analytic ideas about drive as a basic motivational concept. Instead, he implies an alternative viewpoint about motivation, suggesting that individuals basically seek to maintain self-esteem and a sense of self-cohesion.

Kohut's ideas about the etiology of narcissistic disorders follow from his theoretical assumptions about motivation, structure and developmental process. His views about etiology in turn determine how he approaches narcissistic patients in treatment. Thus, to understand his treatment approach, it is important to review his ideas about etiology.

Essentially, Kohut argues that the chronic empathic failures committed by childhood self-objects cause narcissistic disorders. In his view, these environmental insufficiencies precipitate developmental arrests or virtual stoppages in the successful unfolding of the individual's three normal developmental lines. Here, Kohut emphasizes that the ongoing childhood ambiance has a more important impact than particular traumatic events in causing developmental interference. He maintains that narcissistic individuals' relationships with unempathic or unavailable self-objects prevent them from completing their normal developmental progression so they can transform normal, archaic fantasy and need into psychic structure. Instead of being helped to perform this transformation, they are prompted to defend against their developmental needs and related fantasies so that they develop what Kohut sees as structural defects. Kohut believes that these individuals' difficulties with maintaining self-esteem and a sense of self-cohesion, reflect their environmentally determined structural deficiencies.

To understand Kohut's views about etiology, it is useful to contrast his ideas about optimum development with his views about the arrested development of narcissistic patients. In considering this contrast, we will review Kohut's ideas concerning the two developmental lines about which he has written most extensively--the grandiose self and the idealized parent imago.

The developmental line of the grandiose self involves the child's expression of his grandiose-exhibitionistic fantasies and his seeking

confirming and admiring responses from mirroring self-objects, usually maternal objects. In Kohut's view, this line is particularly important between the ages of approximately two to four years when the child forms his nuclear ambitions. The child's core fantasy is: "Look at me, I am perfect and you are part of my perfection (and then) you confirm my perfection." Ideally, the parent acts like a "mirror," providing the child with "a gleam in the eye" in response to the child's self-display and self-expression. The parent's response enables the child to feel that he and his actions are worthwhile and esteemable. By providing a "selectivity" of responses, i.e., recognizing the child's realistic assets and achievements and acknowledging the child's performance of age-appropriate tasks and skills as the child matures, the parent helps the child to accept his realistic limitations and to transform his archaic grandiose-exhibitionistic fantasies into basic ambitions. The quality of parental responsiveness is essential in facilitating this process. Appropriate responsiveness enables the child to go through a process of optimal disillusionment with himself and to channel his energies into realistic, but authentic forms of self-expression. The child then can pursue these realistic ambitions and value his realistic assets and accomplishments.

In contrast, Kohut believes that narcissistic individuals typically experienced chronic failures by maternal objects to provide appropriate mirroring responses. Kohut maintains that these empathic failures frequently reflected the severe personality disorders of the mothers involved. He observes that because of their own significant

narcissistic problems, these mothers tended to respond to the child in terms of their own feeling states and wishes, rather than in terms of the child's needs. They thus subjected him to "a traumatic alteration of faulty empathy, over-empathy and lack of empathy" (Kohut, 1971, pp. 65-66) which prevented developmental progression. They also tended to use their child extractively so that these mothers validated and reinforced the aspects of the child which fulfilled them, but not those aspects which failed to be gratifying. The characteristics of the child which they did not confirm typically involved the child's authentic strivings to function autonomously from the mother.

Kohut indicates that the mirroring object's disordered empathy could have precipitated one or more defensive reactions by the narcissistic individual. These reactions are reflected in the individual's character organization.

The mirroring object's empathic failures typically prompted the narcissistic individual to create what Kohut terms as a horizontal split in the self. Using processes akin to negation and repression, the individual excluded his grandiose-exhibitionistic fantasies and needs for mirroring from awareness out of fear of encountering a repetition of maternal indifference or rebuff which would leave him feeling ashamed and/or enraged. Kohut maintains that the individual thus failed to transform his infantile grandiose-exhibitionistic fantasies into realistic aims. The individual then lacks realistic ambitions which he can utilize to motivate himself, and the realistic appreciation of his assets and accomplishments which he can employ to

gain pleasure and a sense of being worthwhile from his activities. In Kohut's view, the individual's usual, conscious experience reflects these structural deficits. He feels poorly about himself, senses that he lacks initiative and direction and feels easily injured by slights, rebuffs, etc. His typically depressed, narcissistically vulnerable state of mind alternates sometimes with what can be termed as a hypomanic state in which the individual becomes aware of his unmodified, grandiose-exhibitionistic fantasies and feels exhilarated, but over-stimulated by them.

Kohut indicates that many narcissistic individuals, who were used extractively by their mothers, also created what he terms as a vertical split in their conscious experience. Using processes which Kohut compares to isolation and disavowal, these individuals created and maintain a separation in their conscious experience between aspects of themselves which mother confirmed and aspects which she did not validate. These unconfirmed aspects are associated with these individual's authentic grandiose-exhibitionistic fantasies and needs for mirroring which are kept out of awareness beneath a horizontal split in the central sector of the self. When the individual experiences and expresses those aspects of himself which mother confirmed, he is typically arrogant, entitled and perverse. Manifesting these tendencies both helps him to maintain self-esteem and preserves his enmeshment with his mother which provides security, but denies his authentic strivings to function independently.

Kohut suggests that many narcissistic individuals also responded to maternal empathic failures by undergoing what Kohut sees as a fragmentation in their self-experience so that they became focused upon a sexualized and/or aggressivized disintegration product in order to bolster self-esteem and prevent further self-disintegration. These fantasies frequently have what Kohut sees as sadistic content. Kohut argues that the fantasy represents a distorted version of a desired, but denied self-self-object relation which the individual uses as a defensive structure to cover up and compensate for the structural defects left by environmental failure. The individual consciously entertains the fantasy and tends to think about it, or to enact it compulsively, like an addiction. Kohut has found that these fantasies are frequently associated with aspects of the self which mother confirmed as maternal figures may have indirectly reinforced them and even tolerated their enactment as long as the individual maintained his merger with the mother (Kohut, 1979).

Kohut indicates that the narcissistic patients who maintain vertical as well as horizontal splits in the self, and who utilize perverse fantasy in a compensatory fashion, tend to employ their fantasies and those aspects of self which mother validated in order to bolster their defensive efforts to preserve the horizontal split. Frequently, the individual has to express and work through these tendencies in treatment before he can mobilize his authentic, archaic fantasies and self-object needs in the transference.

The developmental line of the idealized parental imago involves the child's idealization of parental figures and his wishes to merge with them and feel affirmed by them. The child's core fantasy is, "You are perfect and I am perfect as long as I am at one with you." These fantasies and needs undergo a developmental line which parallels the unfolding of the individual's grandiose-exhibitionistic fantasies and needs for mirroring during early childhood. Kohut argues that this developmental line becomes particularly important for the child's structure formation when the child is between the ages of four and seven. Kohut believes the child gradually relinquishes his idealization of the parent and forms cherished ideals during this period.

In optimum development, parents permit the child's idealization of them, enjoy the child's experience of merger with them in their attributed state of omnipotence and omniscience, and reveal their shortcomings in a gradual way which is appropriate to the child's developmental stage. Expectable imperfections in the availability and responsiveness of idealized figures as well as the inevitable process of disillusionment with them are experienced by the child as a type of object loss. The child compensates for the loss by enacting processes of transmuting internalization through which he takes on lost parental attributes and builds his own ideals. As Kohut presents it, the process of transmuting internalization involves three steps: 1) the child withdraws his investment from his image of the idealized figure as an external object who possesses particular idealized attributes and performs specific idealized functions, 2) the child

introjects the lost image of the idealized object, making it part of the self, 3) the child depersonalizes this introjected image so that he transforms it into an internal structure of abstract functions (Kohut, 1971, pp. 49-50). As the individual completes these internalization processes, he becomes capable of performing the functions for himself which he previously felt that the idealized object carried out for him.

In contrast, Kohut maintains that narcissistic individuals characteristically experienced parental empathic failures which prevented these normal processes from occurring. These environmental insufficiencies may have involved the physical or psychological unavailability of the idealized parent, his inability to accept the child's idealization and/or the child's needs for merger or affirmation, his disappointing behavior which subjected the child to an experience of sudden and/or total disillusionment and/or the other parent's interference with the relationship between the child and the idealized parent, especially at the crucial developmental juncture for structuralization. In most of the cases which Kohut presents, the narcissistic individuals are men who experienced difficulties in their efforts to idealize their fathers.

Kohut indicates that environmental deficiency caused narcissistic individuals to defend against experiencing and expressing their idealizing fantasies and needs for merger and affirmation out of fear of experiencing renewed disappointment which would leave them feeling enraged and depressed. In the cases which Kohut discusses, these needs and fantasies are usually maintained beneath what he sees as a

horizontal split. Kohut maintains that environmental insufficiency interfered with the normative process of internalizing idealized parental attributes and functions so that the narcissistic individual is left with structural defects which effect his ideals. These defects may be reflected in his inability to limit and guide his actions and/or his inability to affirm his experience and behavior. At times, he may seek out idealized others to perform these functions for him, only to become easily mortified when he experiences these self-objects as failing to do so.

Kohut observes that many of his patients turned from their deficient relationships with their disturbed mothers to their relationship with their idealized fathers in an intensified attempt to gain support and affirmation. When environmental failure effected this relationship as well, however, these individuals created a vertical split between aspects of self which mother confirmed and aspects of self which are associated with the desired relationship with the idealized father (Kohut, 1979). Though these individuals keep their idealizing fantasies and needs for merger and affirmation out of awareness beneath a horizontal split, they may activate these tendencies during treatment as they relinquish their enmeshment with their mothers and seek to establish an authentic self.

Some narcissistic individuals also underwent what Kohut sees as a fragmentation of their self-experience in response to the environmental failures which effected this developmental line. As a result, these individuals came to utilize sexualized and/or aggressivized

disintegration products as defensive structures to enhance self-esteem and forestall further self-disintegration. These fantasies or enactments frequently involve masochistic or passive homosexual content.

Having reviewed Kohut's ideas about the causation of narcissistic disorders, I want to highlight his environmentalist notions about etioloty as these contrast with classical analytic ideas and those views adopted by some of Kohut's critics which will be presented in subsequent chapters. Kohut essentially argues that narcissistic disorders are caused by a single, etiological factor, faulty parental empathy. According to his perspective, actual environmental insufficiency has a direct, unmediated impact in determining narcissistic psychopathology. In stressing the effect of actual parental behavior, Kohut reverses a tendency in classical analytic thinking of emphasizing how the individual elaborates upon, and possibly distorts parental behavior in terms of his conscious and unconscious fantasies.

In suggesting that environmental deficiency causes developmental arrest and its psychopathological consequences of fragmentation, intrapsychic conflict and resulting structural deficit, Kohut also implies that individual's psychological processes are primarily reactive. Here, he differs from classical analytic views and those of related theorists who see these processes as being interactive, involving not only external events but also the internal factors which effect how the individual interprets these events and actively processes his understanding. While classical analytic writers and the critics of Kohut whom we will consider later agree that environmental

factors influence the individual's resolution of intrapsychic conflict, they see such conflict as being inevitably precipitated by the clash between the demands of wish and the restraints imposed by reality and internal prohibition, even in empathic environmental settings.

Kohut defines narcissistic patients diagnostically in a way which is consistent with his developmental and etiological views. He diagnoses them according to their transference potential as psychoanalytic treatment unfolds. In his view, they are distinguished by their ability to form, maintain and resolve mirror, alter-ego and/or idealizing self-object transference states which reflect their previously unmet developmental needs and their resulting structural deficits. Kohut differentiates these patients from what he sees as more disturbed schizoid, paranoid, borderline and psychotic patients according to two important criteria. First, narcissistic patients can establish and sustain a self-object transference state if they are offered an empathically-responsive object. Secondly, they can tolerate the frustration of their reactivated infantile needs during the process of working through the transference without experiencing protracted states of self-fragmentation or self-depletion (Kohut and Wolf, 1978, pp. 415-416). Narcissistic patients may experience temporary, fragmented or depleted states in response to perceived empathic failures by the analyst after the relevant self-object transference state is mobilized. Their experiencing of these states, however, can be quickly reversed by appropriate interventions by the analyst.

Once the narcissistic patient has established a self-object

transference state, Kohut believes that the individual has an opportunity to undo the structural damage caused by childhood environmental deficiency and to restore the self to functional capacity. In the next chapter, I will review Kohut's ideas about how this reparative process takes place during treatment and how the analyst should facilitate it.

CHAPTER II

Kohut's Technical Recommendations for Conducting Psychoanalytic Treatment with Narcissistic Patients

In this chapter, I will review Kohut's technical recommendations for conducting psychoanalytic treatment with narcissistic patients. I will particularly focus on what he sees as the analyst's main tasks during each general phase of treatment and what interventions he believes the analyst should utilize to accomplish these tasks. As we will see, Kohut's technical recommendations are consistent with his developmental notions, particularly his views about how the analyst should approach mobilized, self-object transference states.

According to Kohut's overall model of treatment, the analyst operates as an empathic facilitator of the narcissistic patient's reparative structure-building and renewed developmental progression. The analyst essentially enables the patient to form and work through self-object transference states which reflect the environmental insufficiencies of childhood.

During the initial stage of treatment, the analyst's task is to assist the patient in forming a self-object transference state. Kohut follows Freud in outlining the analyst's proper attitude toward the patient during the introductory stage of treatment. Quoting Freud, Kohut maintains that the analyst establishes rapport with the patient and enables the transference to unfold by taking a serious interest in the patient and clearing away the initial resistances which develop

(Kohut, 1971, p. 88).

In Kohut's view, the analyst displays this interest by assuming an empathic-introspective stance. He listens to the patient's associations with an attitude of vicarious introspection, striving to think and feel his way into the inner experience of the patient so that he can see the patient's experience from the patient's perspective. The analyst then provides reflective clarifications of the patient's experience at appropriate junctures which are informed by the analyst's particular manner of listening.

When necessary, the analyst also helps the patient to overcome his resistances to engaging in treatment and to forming a regressed transference state. Kohut distinguishes between two general types of resistance, "nonspecific" and "specific" resistances. Nonspecific resistances may stem either from the patient's narcissistic vulnerability or from his fears about undergoing the effects of regression. So for example, the patient may resist because engaging in treatment represents a narcissistic injury as it may challenge his fantasies of independence, or his fantasies of omniscience and omnipotence. Or, the patient may resist because he fears the consequences of regressing to a more archaic state. For example, those patients who are defending against forming an idealizing transference state may fear that they will lose their identity if they idealize the analyst and merge with him. Other patients who are defending against forming a mirror transference state may be afraid of a number of possibilities. They may fear experiencing the shame and frightening

elation which can accompany the awareness of unmodified, grandiose-exhibitionistic fantasies. They may fear experiencing hypochondriachal preoccupations which can result from an awareness of grandiose-exhibitionistic fantasies which involve particular body parts. Or, they may fear that they will become isolated and lose all objects as they become preoccupied with their own fantasies.

Whatever the motive for the nonspecific resistance, Kohut terms this type of resistance as being nonspecific because it does not reflect a fear that specific childhood traumas will be repeated in the transference if the patient engages in treatment and allows himself to form a regressed transference state. In Kohut's view, specific resistances are distinguished by the fact that they are motivated by these particular fears. For example, patients may fear that they will be disappointed by the analyst if they idealize him, just as their mother or father once disappointed them during childhood. Or, they may be afraid that the analyst will rebuff their needs for mirroring if they express their grandiose-exhibitionistic fantasies in the transference, much as their parents previously rejected these needs. In writing about narcissistic patients, Kohut tends to emphasize the role of nonspecific resistances during the initial stage of treatment.

Whether the resistance reflects nonspecific or specific factors, the analyst's functioning remains the same. He clarifies the narcissistic injuries or fears which prompt the patient's resistance and he stays with the patient as the patient works through the resistance and deepens his involvement in the treatment.

A minority of narcissistic patients merely manifest horizontal splits in the self, preventing themselves from becoming aware of their previously thwarted developmental needs through processes akin to repression and negation postulated by classical analytic theorists. For some of these patients, the empathic availability of the analyst is sufficient to enable them to overcome the effects of the horizontal split so that they can express their unmet needs in the transference. The analyst must simply assume his empathic-introspective and allow the transference to unfold. For other patients, the analyst assists the patient in forming a self-object transference by clarifying the narcissistic injuries and/or the specific or nonspecific fears which motivate resistance.

A majority of narcissistic patients, though, manifest both horizontal and vertical splits in the self. They not only prevent themselves from becoming aware of their authentic, previously frustrated developmental needs and related fantasies beneath a horizontal split in what might be considered as a central sector of the self. They also focus on expressing conscious grandiose-exhibitionistic fantasies, enacting attitudes of entitlement and superiority and/or pursuing perverse aims which they maintain in a split-off sector of the self. They keep their consciousness of these fantasies, attitudes and aims separated from their awareness of their more realistic, socially-acceptable aims and attitudes through processes of isolation and disavowal.

As was indicated in the previous chapter, the patient's expression

of his split-off fantasies, attitudes and aims typically reflects his prolonged enmeshment with an extractive mirroring self-object. While the patient's expression of this material protects him from undergoing an anxiety-provoking separation from the self-object and bolsters his self-esteem, it also serves as a further defense against becoming aware of his authentic developmental needs. He relies on these secure, familiar pursuits instead of undertaking the risk of mobilizing his self-object needs in the transference once again and facing the possibility of experiencing a repetition of previous disappointment or rebuff. Kohut advocates that the analyst should help the patient to overcome this defense by helping the patient to undo the vertical split. Once the split is undone, the patient can exert control over his reliance on his previously split-off tendencies so that he has the opportunity to express his authentic developmental needs in the transference.

To enable the patient to "heal" the vertical split, Kohut recommends that the analyst first point out the split to the patient. He makes the patient aware that he entertains "opposing personality attitudes with different goal structures, different pleasure aims, different moral and aesthetic values" (Kohut, 1971, p. 183) at different times. Once the patient is conscious of these contradictory aspects of himself, the analyst may have to clarify the feelings of shame or estrangement which prevent the patient from accepting that his formally split-off grandiose fantasies, sense of entitlement and superiority and/or perverse aims truly represent a part of himself.

As he accepts these trends, he does not have to automatically depend upon them to maintain self-esteem. He then has the chance to work through the horizontal split in the central sector of the self and mobilize his needs for idealization, mirroring or an alter-ego relationship.

At this point, the analyst may simply have to assist the patient in overcoming this split by being empathic and available and/or by clarifying nonspecific or specific motives for resistance, much as he would with those patients who merely manifest horizontal splits in the self. Yet working through the horizontal split can also pose special technical difficulties in dealing with patients who maintain vertical as well as horizontal splits in the self.

Some patients may continually revert to relying on their previously split-off tendencies to maintain self-esteem. This may occur whenever they feel that the analyst has not been understanding of their emerging developmental needs or whenever they experience specific or nonspecific fears about entering into a self-object transference state. Here, the Kohutian analyst points out the defensive maneuver and clarifies the perceived failure in understanding and/or the patient's particular fear which prompted the patient to use this defense. The patient then can use this awareness to work through his defensive reaction and to resume the process of coming to express his authentic needs for mirroring, twinship or idealization.

As some patients relinquish their automatic dependence upon their previously split-off tendencies and begin to mobilize their developmental

needs in the transference, they may also deidealize the parental self-object with whom they have been enmeshed and begin to separate from him/her. This process may evoke considerable anxiety as the patient fears that his self will disintegrate if he gives up his previous relationship with the self-object. Here, Kohut suggests that the analyst should help the patient overcome the growth-inhibiting effects of the anxiety by clarifying what the patient fears and why this fear is being evoked now. As the patient works through this fear with the analyst's support, he can proceed with the process of becoming aware of his authentic needs.

Once the patient has worked through the horizontal split and securely established a mirror, alter-ego or idealizing transference state, he has progressed into the middle phases of treatment. The analyst's tasks then shift to helping the patient to sustain and resolve the transference. By helping the patient to maintain this state, the analyst provides the analysand with a new opportunity to express his unmet developmental needs and to resume progress along a previously interrupted developmental line. By aiding the patient in the process of resolving the transference, the analyst enables the patient to transform his remobilized infantile fantasies and needs into reliable psychic structures.

When the patient is in a self-object transference state, he assigns regulatory functions to the analyst which reflect the type of transference state he has formed, whether it be an idealizing, mirror or alter-ego transference state. Kohut emphasizes that it is

important for the analyst to accept this revival of the patient's archaic needs without offering an interpretation, however much the patient seems to distort the analyst and the analyst's behavior. In Kohut's view, the patient's experiencing and expression of these fantasies and wishes gives him an invaluable opportunity for renewed developmental progression and should be fostered. Kohut thus advocates that the analyst should desist from providing any direct interpretations of his self-object role as such comments might interfere with the full establishment and elaboration of the self-object transference. Kohut emphasizes too that the analyst should try to counter whatever resistance-provoking embarrassment the patient may feel about his infantile needs and fantasies by conveying to the patient that it is necessary and appropriate for the patient to be considering and expressing his infantile wishes and fantasies as these phenomena reflect a significant developmental period which he needs to revive in the transference.

By accepting instead of interpreting the patient's transference wishes, the analyst gives the patient the opportunity to perceive the analyst as being a gratifying figure, the needed self-object who is performing his assigned regulatory functions. When the self-object transference state is undisturbed, the patient feels as if his infantile needs are being met and he enjoys a corresponding enhancement in his self-esteem and sense of self-cohesion. The narcissistic analysand though, is quite sensitive to whether or not the analyst seems to be performing his appointed role. A perceived failure on

the analyst's part to provide his assigned functions typically evokes a strong response from the patient. These events represent perceived breaks in empathy.

The analysand may experience any aspect of the analyst's behavior as representing a break in empathy, especially if it symbolizes a repetition of the empathic failures commited by childhood self-objects. As Kohut summarizes, small signs of coolness from the therapist, the analyst's failure to achieve an immediate and complete understanding of the patient, minor irregularities in the appointment schedule, weekend separations and vacations and slight tardiness by the analyst all can come to represent breaks in empathy to the regressed analysand (Kohut, 1971, p. 91). The patient typically responds to these perceived breaks in empathy with any of a number of defensive reactions, ceasing temporarily to express his developmental needs in the transference.

Kohut maintains that it is crucial for the analyst to interpret the perceived break in empathy as soon as he judges that the patient has experienced such an event. In his view, empathically delivered, prompt perceived break in empathy interpretations help the patient to gradually resolve his self-object transference state and make developmental progress. In making these interpretations, the analyst prototypically clarifies what has occurred to upset the analysand and suggests what the event has meant to the patient. He may relate the patient's current experience in the transference to the patient's childhood traumas.

According to Kohut, these interpretations facilitate the process

of transference resolution in two important ways. First, they restore the temporarily disrupted transference state, enabling the patient to resume expressing his infantile needs and fantasies in the transference. This effect helps the patient to fully elaborate his fantasies and needs. As we will see, the process of elaboration enables patients who are in a mirror transference state to transform their grandiose-exhibitionistic fantasies into realistic ambitions.

In Kohut's view, the analyst restores the disrupted transference state through the use of perceived break in empathy interpretations in the following way. By clarifying what experience disturbed the transference, the analyst shows his appreciation for the analysand's feelings and provides an explanation for the upset. Though he may have frustrated the patient, he demonstrates that he is sensitive to the impact he exerted on the analysand. From Kohut's perspective the analyst's provision of his "empathic resonance" partially gratifies the patient's revived infantile need for empathic responsiveness from an idealized, alter-ego or mirroring figure (Kohut, 1984). By providing the patient with this partially gratifying response, the analyst relieves him of a temporary aversive state and strengthens the "empathic bond" between the patient and the therapist. The patient feels once again that he can trust the analyst with his infantile needs and related fantasies. In offering an interpretation of these perceived breaks in empathy, the analyst may suggest to the patient the childhood antecedents of his current experience and/or prompt the patient to recall related experiences from childhood when parental

self-objects did not provide him with desired availability or relatedness. As the analyst helps the patient to reconstruct how he perceives that his transference experience repeats childhood disappointments, the patient can see that the analyst is not, in fact, the disappointing parent of childhood. The patient then can use this awareness to exert greater control over what had been automatic tendencies to withdraw from disillusioning idealized, alter-ego or mirroring self-objects and abandon them. Using this awareness, he restores his investment in the analyst as an esteemable self-object and resumes expressing his developmental needs in the transference. He also can utilize his insight into the childhood basis for his current narcissistic vulnerability to temper his reactions to narcissistic injuries which occur outside of the analytic situation.

Secondly, perceived break in empathy interpretations promote the patient's internalization of stabilizing functions which he attributes to the analyst. Kohut argues that these interventions transform the experienced repetition of a traumatic childhood frustration into a mere optimal frustration for the patient, a partial gratification of the individual's infantile need. In Kohut's view, these experiences become nontraumatic object losses for the patient. Kohut maintains that the analysand naturally tries to compensate for this object loss by internalizing functions assigned to the analyst in the transference, just as the child compensates for the comparable loss of the parent's stabilizing functions during childhood. Kohut argues that these internalizations enable the patient to repair his structural deficits.

As we shall see, Kohut believes that this process is particularly important in the resolution of idealizing transference states.

Perceived break in empathy interpretations constitute the Kohutian analyst's central intervention during the middle phase of treatment. In Kohut's view, these interventions facilitate the patient's resolution of his self-object transference. We will consider how Kohut believes that the resolution process takes place with the mirror and idealizing transference states, the two types of transference states about which Kohut has written most extensively. In doing so, we will focus particularly on the role which Kohut maintains that preceived break in empathy interpretations play.

In the idealizing transference states, the analysand experiences the analyst as being an omnipotent and omniscient figure. The patient feels that he is supported and enhanced as long as he perceives that he is merged with the idealized figure. Kohut describes:

> In the undisturbed transference, the narcissistic patient feels whole, safe, powerful, good, attractive, active so long as his self-experience includes the idealized analyst who he feels that he controls and possesses with a self-evident certainty which is akin to the adult's experience of his control over his mind and body.
>
> (Kohut, 1971, p. 90)

By being available and empathizing with the analysand's experience, the analyst gives the patient the opportunity to idealize him and feel united with him in his aggrandized state. This experience compensates for the patient's structural deficits, stabilizing his self-esteem and sense of self-cohesion and enhancing his functioning.

As was indicated earlier, however, the idealizing analysand is quite sensitive to any event which represents the loss of the idealized object, whether it be a separation from the analyst or the analyst's intermittent failure to achieve a correct empathic understanding of the patient. This experience of loss disrupts the patient's newly-attained narcissistic equilibrium, lowering his self-esteem and threatening his sense of self-cohesion. It prompts shifts in the patient's state of mind and resulting changes in the transference.

Idealizing analysands can become depressed and/or enraged in response to a perceived break in empathy by the idealized analyst. They may become despondent, experiencing a significant loss in self-esteem which is reflected in their functioning. They feel that they are empty, worthless, powerless and/or incapable of constructive action when they perceive that the idealized object is not available to them or has not provided the necessary response. Idealizing patients may also react with variations of narcissistic rage to perceived empathic failures by the idealized analyst. They feel that they have lost unquestioning control over an object whose availability and responsiveness is deemed as being essential for their stability, if not survival. They experience helpless rage in response to this deprivation. Kohut compares these responses of rage and depression to the reactions of organically brain damaged adults who suddenly feel that they have lost assumed, absolute control over their own mind and body (Kohut, 1971, p. 90). According to Kohut's later formulations about narcissistic rage, these angry feelings represent disintegration

products, elements of the patient's larger self-configuration which has fragmented in response to perceived breaks in empathy. Through this process of fragmentation, the patient's previous assertiveness is transformed into more destructive forms of aggression.

When perceived breaks in empathy precipitate states of self-fragmentation, the patient's formally cohesive mind-body-self disintegrates into its constituent parts which include sexual elements as well as aggressive ones. The patient experiences the object as being fragmented as well, reduced to being a hated or desired part of a formally integrated conception. Some patients may attempt to elevate self-esteem and enhance self-cohesion through sexual fantasy or behavior. They try to form a sexualized version of the disrupted relationship with the idealized object. So, for example, a patient may engage in masochistic behavior, seeking a sexualized merger with an idealized object, a sexual fragment of the self merging with a sexual fragment of the idealized object.

Idealizing patients may also undergo characteristic regression in response to experienced empathic failures by the analyst. They may regress to states of merger with a more archaic, idealized figure, experiencing vague, almost trance-like religious feelings, or feelings of hypomanic excitement. They may regress to archaic states of grandiosity, becoming cold, affected and haughty, impervious to the analyst in their new condition of self-sufficiency. They express the grandiose-exhibitionistic fantasies and attempt to grandiose feats which are common amongst patients who are in mirroring transference

states. Some patients may regress even further, to states of early fragmentation in which they experience undefined feelings of tension and hypochondriachal preoccupations with particular body parts.

Kohut recommends that the analyst interpret when the idealizing analysand manifests any of the above reactions which indicate that he has experienced a break in empathy. In making these interpretations, the analyst should identify what occurred and how the experience represented the loss of the idealized object or the loss of his stabilizing functions. Kohut emphasizes that the analyst should show an appreciation for the analysand's current feelings as well as elucidating the meaning of the perceived break in empathy. As was indicated earlier, these interpretations help to restore the idealizing transference state by demonstrating to the patient that the analyst is the trustworthy provider of empathic understanding who is different from the unempathic parents of childhood. The analysand then can proceed with the elaboration of his idealizing fantasies and needs for merger in the transference so that he has the opportunity to fully work through this transference state.

In Kohut's view, these interpretations also promote the patient's transmuting internalization of idealized functions which he has attributed to the analyst. As was indicated previously, these interventions foster these internalizations by mitigating the traumatic impact of the felt repetition of childhood trauma, rendering these experiences nontraumatic object losses or experiences of optimal disillusionment. The analysand then compensates for these experiences

of loss by internalizing images of the lost idealized analyst so that he gradually becomes able to perform functions for himself which he had previously assigned to the analyst. In Kohut's view, this process is comparable to the one which takes place during optimal development as the child becomes gradually disillusioned with idealized figures. Kohut theorizes that the patient utilizes these internalizations to repair the structural defects which had effected his ideals. The individual then is able to curb, guide and affirm his own behavior instead of needing the direction and approval which he previously sought from idealized self-objects. As he compensates for these experiences of object loss and repairs his structural deficiencies, the patient gradually sees that the analyst is a separate individual who does not possess all the idealized qualities which the patient has attributed to him. Through this gradual process of optimal disillusionment, the patient comes to see the analyst in more realistic terms. Though he no longer views the analyst as an archaic, idealized object, the patient continues to see the analyst as "a mature self-object," someone who is differentiated from the patient, but who offers the patient support through the provision of his understanding and empathic resonance.

In mirror transference states, the analysand experiences himself as being perfect and powerful and wishes to receive confirmation for his grandiose-exhibitionistic fantasies from the mirroring object. Kohut observes that mirror transference states can take less and more differentiated forms, with more regressed patients typically

progressing from a less differentiated to a more differentiated form in the process of working through the transference state.

In its least differentiated form, the analysand experiences the analyst as being an extension of his grandiose fantasies. Kohut refers to this state as merger through an extension of the grandiose self. The patient experiences the analyst as being merged with him and refers to the analyst only as he has become a carrier of the patient's grandiose-exhibitionistic fantasies, and the tension states and defenses which they elicit. The patient expects to exert absolute domination over the analyst, as he would over his own mind and body. In the more differentiated form of the mirror transference, the analysand experiences the analyst as being a separate person, but one who is only significant to the patient in terms of how he participates in the patient's grandiose-exhibitionistic fantasies and confirms their value. The analysand wants the analyst to be a validating echo, reflecting the patient's glory. Kohut refers to this state as the mirror transference state in the narrow sense of the term. (Before his latest book, How Does Analysis Cure? (Kohut, 1984), Kohut referred to twinship or alter-ego transference states as variants of the mirror transference. In this work however, he argues that twinship transference states should have the status of a separate developmental line. Thus, I will not discuss them here as a variant of the mirror transference, though Kohut and his followers do so in their pre-1984 work as we shall see in Chapter IV, when I discuss the case of Mr. M.)

In all forms of the mirror transference, the analyst serves as

what Kohut aptly terms as a "therapeutic buffer." The analyst helps the patient to modulate the experience of becoming aware of his grandiose fantasies. Through his empathic availability, the analyst offers the analysand a hope that he can express his grandiose-exhibitionistic fantasies without experiencing the searing shame, excessive elation, or frightening isolation which can accompany the awareness of unmodified grandiose fantasies. As an empathic participant in the therapeutic process, the analyst also gives the analysand the opportunity to express these fantasies without fearing that he will encounter the indifference or rebuffs which he experienced in relating to childhood self-objects. The patient hopes that the analyst will understand his need to transform the therapist into either a carrier of grandiose-exhibitionistic fantasies and/or an approving echo of these fantasies. In the undisturbed mirror transference, the analysand is like an exhibitionistic child who feels he can exert unquestioning control over an adoring mother, or count on her approval.

Patients who are in mirror-transference states also are sensitive to separations from the analyst and/or to failures on the part of the analyst to communicate an immediate understanding of the patient's experience. These analysands respond to the experienced loss of the therapeutic buffer in ways which are similar to the reactions of idealizing analysands to perceived breaks in empathy. These experiences disrupt the patient's fragile narcissistic equilibrium, prompting alterations in state of mind and changes in the transference state he manifests.

These patients may respond to perceived breaks in empathy by withdrawing from the analyst. They may become ashamed and isolate themselves, or they may assume an independent stance, disdainfully denying any need for confirmation. Patients may also experience fragmentation of the assertive mind-body-self and of the integrated conception of the mirroring object in reaction to these perceived empathic failures. The patient then may manifest various forms of narcissistic rage, with destructive aggression emerging as a transformed disintegration product of the fragmented self. Again, the patient becomes enraged because he feels he has lost absolute control over an object whose availability and empathic responsiveness are seen as determining the patient's state of narcissistic equilibrium. Some patients may attempt to utilize fragments of the self, such as a sexualized body part, to elevate self-esteem and to enhance self-cohesion. So for example, male patients may engage in exploitive Don Juan behavior, exerting control over faceless women who are merely supposed to confirm these patients' phallic prowess. In addition, some patients may regress to earlier states of idealization or grandiosity, which can be reflected in behavior changes mentioned during the discussion of the idealizing transferences.

Kohut advocates that the analyst should interpret when he perceives that the analysand manifests any of the above responses, indicating that he has experienced a break in empathy. The analyst identifies what occurred in the transference and what the experience meant to the patient. Interpretations which are attuned to the

patient's emotional state may elicit the patient's memory of comparable experiences in childhood. Informed by these memories, the analyst and analysand can reconstruct the traumatic pattern of events which precipitated the patient's original defensiveness towards his developmental needs. In Kohut's view, these interpretations help transform these perceived breaks in empathy into experiences of optimal frustration which may promote the patient's internalization of the analyst's mirroring functions.

From Kohut's perspective though, these interpretations exert their crucial impact by helping to restore the previously disrupted transference state. As Kohut suggests, they reassure the patient that the analyst is a trustworthy provider of empathic resonance who is different from the unempathic parents to childhood. The patient then feels he can resume expressing his grandiose-exhibitionistic fantasies and needs for mirroring without having to fear indifference or rebuff from the analyst. These interpretations thus help to keep the patient's grandiose-exhibitionistic fantasies and wishes for mirroring mobilized in the transference without gratifying the patient's infantile needs. Kohut contends that patients naturally transform their infantile fantasies and wishes into realistic, aim-inhibited structures when they are able to consider these fantasies and wishes in an analytic atmosphere of acceptance, while realizing that they cannot attain their grandiose fantasies, or compel the analyst to behave like the wished for mirroring mother of childhood. In Kohut's view, the patient then undergoes a process of growth-promoting disillusionment. As he

acknowledges that the infantile claims of the grandiose self are unrealistic, the patient withdraws his investment from his archaic self-image and "creates new structures which transform and elaborate the infantile fantasies and wishes along aim-inhibited and realistic lines" (Kohut, 1971, p. 199). This process is analogous to the one which Kohut believes takes place during optimum development when the child accepts his limitations with parental support and transforms his infantile fantasies into authentic, but realistic basic ambitions.

Sometimes, an analysand may be resistant to relinquishing an infantile grandiose-exhibitionistic fantasy, despite considerable insight. He may be aware of the fantasy, but be reluctant to accept its unreality and to translate the fantasy into realistic action. Kohut advocates that the analyst assist the patient in undergoing the necessary process of disillusionment by pointing out the inevitable, but disappointing contrast between the infinite possibilities of fantasied achievement and the possibilities for realistic success.

Kohut believes that the patient forms, repairs and/or consolidates his realistic ambitions through this working through process. Having these structures, the individual can pursue realistic action more successfully and appreciate his assets and achievements. As the patient rehabilitates these structures, he no longer needs the buffering presence of the analyst as a mirroring self-object so he can relinquish the therapist in this role. Yet the patient retains the analyst as a mature self-object who provides support, just as the analysand does who has focused on resolving an idealized transference state

(Kohut, 1984).

Kohut suggests that narcissistic analysands may work through one or more self-object transference states during the middle phase of treatment which can reflect any of their three arrested developmental lines. Once the patient feels that his external functioning has improved and that he no longer suffers from significant fluctuations in his self-esteem and his sense of self-cohesion, he typically requests to terminate.

Kohut cautions that the analyst should evaluate the patient's readiness to leave treatment before he supports the patient's request. The analyst must differentiate between a valid wish to terminate therapy and the patient's acting out of a renewed resistance. In Kohut's view, the analyst has to judge whether the patient has in fact restored the self to a reliably functional state so that the individual can maintain self-esteem and a sense of self-cohesion independently of the analyst, but with the support provided by extra-analytic mature self-objects (Kohut, 1984).

Kohut argues that the patient can have achieved this restoration of the self in one of two ways. Thus, if the analyst assesses that the patient has followed either of these two courses, he can comfortably support the patient's request to terminate.

First, the patient may have established and thoroughly worked through self-object transference states which include the developmental line in which he sustained the most serious, and thus the most structurally damaging environmentally induced traumas. Kohut suggests

that this developmental line frequently involves the individual's relationship with his mirroring self-object which caused what Kohut terms as primary defects in the structural pole of the individual's nuclear ambitions (Kohut, 1977). Kohut implies that once the most serious structural damage is healed, the individual will not be vulnerable to experiencing significant losses in self-esteem and sense of self-cohesion because environmental setbacks will no longer resonate with the patient's most damaging experiences of trauma. Kohut indicates that this repaired sector of the self can then be integrated as part of the patient's restored, bipolar self. The individual can rely on this superordinate structure to pursue creative-productive activity through which he maintains self-esteem and a sense of self-cohesion (Kohut, 1977, 1984).

Secondly, the patient may have partially worked through his most serious developmental traumas, but shifted to working through transference states involving developmental lines in which he sustained less structural damage. Kohut indicates that this process typically involves the patient partially working through his most severe traumatic experiences with the mirroring self-object, and then shifting to working through his less seriously effected developmental line, involving his relationship with an alter-ego or idealized figure. In Kohut's view, this shift parallels an oft-attempted childhood move in which the individual turned from his traumatizing relationship with a mirroring self-object to his relationship with an idealized self-object in an effort to gain narcissistic sustenance. As the individual

resolves his alter-ego or idealized transference state in treatment, he rehabilitates the corresponding sectors of the self--his talents and skills, or ideals.

In Kohut's view, the patient's rehabilitation of these structures enables him to compensate for his incompletely repaired, most severe structural defects. Kohut argues that these repaired structures guide the formation of a reorganized self. The individual integrates these repaired structures with related elements from the other sectors of the self to create a nuclear program of action upon which he can depend to maintain self-esteem and a sense of self-cohesion. As the individual carries out this process of reintegration, he also reinforces his defenses against reexperiencing traumas related to his most significant structural deficiencies. Kohut refers to this process as one in which the defective aspects of the self merely "fall away" from the new self-configuration. He differentiates this process from repression, but he does not specify what exactly occurs (Kohut, 1977). In the illustrative case of Mr. M (Kohut, 1977) which I will discuss in Chapter IV, Kohut maintains that the patient utilized his repaired ideals of becoming a writer to guide the reorganization of a functional self which included related elements of his talents and skills and basic ambitions and excluded his earlier traumatic experiences involving mirroring self-objects.

Kohut notes that patients like Mr. M may show signs of resisting reactivating their most significant traumas as they raise the issue of termination. Kohut argues that the analyst should respect the

patient's wish to terminate treatment at this juncture, rather than confronting the patient about how the wish may represent a resistance. He maintains that the patient has restored the self to a functional state which is less vulnerable to the effects of the patient's most serious structural defects. He also warns that activating these traumatic states could permanently jeopardize the cohesion of the patient's sense of self, without accomplishing any reparative structure-building (Kohut, 1977).

According to Kohut then, the analyst should support the patient's wish to terminate if he judges that the middle course of treatment has led either to the repair of the patient's most serious structural defects, or the rehabilitation of his compensatory structures. In his last work, Kohut suggests that many, if not most, successfully terminated analyses of narcissistic patients may involve the repair of compensatory structures (Kohut, 1984).

Once the analyst ascertains that the patient has proceeded into a valid termination phase, he must help the patient undergo what can be a trying period. During this phase, the analysand confronts the emotional task of giving up the analyst as an external self-object. Kohut observes that this task frequently precipitates a regression in which the patient's previous structure formation seems to be undone. Previous improvement in the patient's functioning appears to have only resulted from the external support provided by the analyst, or from unreliable identifications with the analyst. The patient's functioning may temporarily deteriorate during this phase as he seems

to lose the capacity to carry out previously internalized functions. He then may expect the analyst to perform these stabilizing functions once again. Kohut refers to this phenomenon as the temporary reconcretization of the patient's relation to the self-object. The patient may also undertake new efforts to internalize the analyst's functions as if he lacks necessary internal structure. Appreciating that the anticipation of final separation has caused this temporary regression, the analyst clarifies that the patient is reacting to the upcoming termination which represents the final loss of the analyst. These clarifications help the patient gain insight into what is precipitating his regressive behavior. He can then use this awareness to exert control over his reactions. These interventions assist the patient in overcoming his regressive response and resuming his reliance on the structures he has previously formed in therapy. In Kohut's view, the patient is then ready to function on his own with the support provided by extra-analytic, mature self-objects.

It is important to highlight Kohut's recommendations about the interpretation of securely established self-object transference states as they will differ sharply with the views of Kohut's critics which will be presented in the next chapter. First, Kohut advocates that the analyst only interpret in the transference when he judges that a perceived break in empathy has occurred. As was discussed previously, Kohut believes that these interpretations mitigate the effect of perceived environmental insufficiency and facilitate transference resolution. His advocacy of this approach is consistent with his view

that experienced environmental deficiency interrupts developmental progression, whether it occurs during childhood or treatment. He also suggests that direct interpretation of the transference at other times would be experienced by the patient as a break in empathy, interfering with the full establishment and elaboration of the transference state which Kohut deems as being essential for its resolution. Regarding these states as reflecting the reemergence of basic self-object needs, Kohut especially warns against interpreting them as representing defensive efforts to stave off experiencing a conflictual, sexualized or aggressivized transference state. He sees such thinking as reflecting old-fashioned Freudian views that narcissistic transference states represent regressions from oedipally derived transference states involving object love and hate.

Secondly, Kohut opposes the classical analytic view that the sexual and/or aggressive wishes which narcissistic analysands may express once the stabilizing self-object transference is established, represent primary phenomenon, derivatives of instinctual drives which constitute the biological bedrock of the psyche. Rather, he regards these wishes as compensatory responses to perceived breaks in empathy, usually committed by the analyst. According to his later views, these wishes represent disintegration products, fragments of the self which has broken up in response to perceived breaks in empathy. Viewing these wishes as reactive phenomenon, he advocates that the analyst should interpret the environmental event, the perceived empathic failure, which Kohut believes precipitated the fragmentation of the self and

caused these wishes to emerge. He disagrees with the classical analytic view then, that these wishes should be interpreted as drive derivatives which reflect the individual's intrapsychic conflicts. In emphasizing the importance of the environmental precipitant, Kohut minimizes the significance of the particular content that the patient is expressing.

Kohut does maintain that narcissistic analysands may entertain sexual and competitive wishes toward the analyst at the end of a successful treatment which do not represent reactions to perceived breaks in empathy. Kohut observes that analysands may enter into a brief oedipal phase after they have worked through their self-object transferences and accomplished restorative structure-building. Kohut explains this development by maintaining that these analysands are free to express sexual and competitive constituents of the self once they have repaired their structural defects.

Kohut contends that this oedipal phase represents a new experience for the patient rather than a repetition of an infantile prototype. In his view, the treatment has facilitated the patient's developmental progression so that he could attain the oedipal level for the first time. Kohut maintains that the analysand's early developmental arrest prevented him from experiencing a triangular relationship with his parents during the oedipal period in which he entertained affectionate-sexual and assertive-competitive wishes towards both parents. Kohut supports this contention with two observations. First, he notes that the analysand becomes preoccupied with the analyst and his fantasized family members without becoming aware of affectively charged memories

concerning oedipal conflicts in childhood. Secondly, Kohut observes that narcissistic analysands respond with joy to this new experience, a joy which accompanies a developmental accomplishment. He maintains that the patients experience only some anxiety in the process of entertaining these sexual and aggressive wishes, indicating that the patients do not find them particularly conflictual. From Kohut's perspective, this finding is consistent with his belief that all intrapsychic conflict, including oedipal conflict, stems from environmental insufficiency. Feeling adequately responded to in the transference, the patient can express these wishes as relatively nonconflictual, assertive and affectionate intents. Kohut suggests then, that this transference development requires no interpretation (Kohut, 1977).

CHAPTER III

A Comparison Between Kohut's Views About Understanding and Approaching Narcissistic Patients and the Views of Three Critics

In this chapter, I will compare Kohut's views about understanding and approaching the transference states which narcissistic patients typically form in psychoanalytic treatment with the views of three of his critics, Kernberg (1975, 1984), Rothstein (1979b, 1980a, c, 1983, 1985) and Ellman (in press).* These writers retain classical analytic assumptions about etiology, emphasizing the role of instinctual drive, conscious and unconscious fantasy elaboration of experience and intrapsychic conflict in determining narcissistic pathology. Believing that Kohut's self-object transference states serve significant defensive as well as adaptive functions, all three critics advocate that these transference states should be interpreted so that significant material can be mobilized in the treatment.

In contrasting Kohut's ideas with those of his critics, I will delineate the differing ways that Kohut and his critics explain the therapeutic action which occurs in the Kohutian treatment of narcissistic patients. As we will see, Kohut and his critics disagree about whether the mirror and idealizing transference states actually

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*Ellman's paper, "The management of the idealizing transference: A critical consideration of Kohut's views," has been accepted for publication in The International Journal of Psychoanalytic Psychotherapy.

become "resolved" through the use of Kohut's technique and whether the adaptive changes that narcissistic patients make in response to this treatment reflect transference resolution or a type of transference cure or supportive result. In the process of presenting these contrasting positions, I will argue that Kohut's distinctive approach to transference interpretation of only interpreting when perceived breaks in empathy occur contributes significantly to the typical process and outcome of Kohutian analyses with narcissistic patients.

Kernberg and Rothstein agree with Kohut that narcissistic patients typically form transference states in psychoanalytic treatment which have the phenomenological characteristics which Kohut designates as reflecting mirror and idealizing transference states. They do not believe though, that these transference states merely reflect the emergence of basic needs for empathic responsiveness, stemming from an environmentally determined arrest in the unfolding of two normal developmental lines. They do concur with Kohut that environmental failure has a significant impact on the character formation of narcissistic patients. Yet, they maintain that environmental events contribute to the individual's undergoing a pathological developmental course, rather than simply inducing him to experience a stoppage in normal development. In their view, these environmental failures help determine the individual's maladaptive resolution of intrapsychic conflict and his related deviations in structure formation.

Kernberg and Rothstein agree that mirror and idealizing transference states reflect the individual's particular attempts at

conflict resolution and the individual's related structural aberrations. Both writers stress that these transference states serve important defensive functions for narcissistic patients. Kernberg emphasizes how these transference states defend the patient against experiencing object-related conflicts related to primitive aggression. Rothstein stresses how they protect the analysand from reexperiencing traumatic childhood disappointments and the anxieties which these experiences intensified.

Below, I will detail Kernberg's and Rothstein's respective ideas about what these transference states represent and how they should be approached technically. In contrast to Kohut, both Kernberg and Rothstein caution that not all narcissistic patients are analyzable, or that not all patients who form mirror and idealizing transference states can be analyzed. They advocate then, that analysis as a technical procedure should be reserved for those patients whom they deem are analyzable. As Kohut concerns himself with recommendations for conducting psychoanalysis with narcissistic patients, I will review Kernberg's and Rothstein's technical views about treating analyzable narcissistic patients in order to provide a basis of comparison with Kohut's ideas.

Noted as a critic of Kohut's views about approaching narcissistic disorders, Kernberg sharply disagrees with Kohut that these patients can be understood in terms of normal narcissism, or the development of normal processes of self-esteem regulation. Instead, he maintains that these patients develop pathological means of maintaining

self-esteem through the use of what he regards as their pathological grandiose self-representation. Kernberg argues that Kohut's mirror and idealizing transference states reflect the narcissistic analysand's manifestation of this pathological grandiose self-representation in the treatment situation.

Kernberg theorizes that the analysand originally created this pathological grandiose self-representation in order to avoid experiencing intrapsychic conflicts related to aggressive wishes, particularly feelings of envy. The analysand then utilizes this self-image in his relationship with the analyst to serve a similar function, to protect the patient from experiencing intrapsychic conflicts involving these aggressive wishes.

Kernberg maintains that narcissistic patients form this pathological grandiose self-image in defensive response to what he sees as "a pathologically augmented development of oral aggression" (Kernberg, 1975, p. 234). While he hypothesizes that this development may derive, in part, from a constitutionally determined strong aggressive drive propensity and/or a lack of anxiety tolerance in dealing with aggressive impulses, he emphasizes that these individuals typically experienced severe frustrations during early childhood. He has found that these patients typically were treated "with a degree of callousness, indifference and nonverbal, spiteful aggression" by their mothers or mother surrogates which elicited intense feelings of hatred and envy (Kernberg, 1975, p. 235). In addition, these patients frequently were regarded as being "special" because of their particular

attributes and/or their significant positions in their families. They then had the experience of being envied for their attributes, as well as of being exploited by parental figures to bolster their parents' self-esteem. Kernberg reasons that these experiences increased these individuals' aggressive feelings towards others and exacerbated their fear of others' mistreatment of them. He suggests too though, that the experiences of being admired for their special attributes created the prototype for these individuals of being able to compensate for frustration and mistreatment through achievement and gaining admiration. They learned also, that they could defend against receiving expected aggression from others by spitefully devaluing those who seem to be less well endowed.

Though he believes that narcissistic individuals have achieved stable, self-object differentiation, and preserve capacities for reality-testing, Kernberg maintains that "this intolerable reality in the interpersonal realm" (Kernberg, 1975, p. 231) compelled these individuals to want to deny their separateness and independence and their resulting dependency upon others. Fearing frustration, exploitation and mistreatment by care-giving figures, as well as their own hatred and envy toward these objects, these narcissistic individuals underwent a regressive refusion of real self-images with components of the primitive ego-ideal so that threatening separateness and dependency could be denied. Kernberg maintains that these individuals created a grandiose self-image by condensing self-representations derived from being treated as a "special" child with

ideal self and object representations formed to deny and undo real experiences of being frustrated and mistreated by parental figures. Through condensing ideal object images with real and ideal self-images, these individuals came to feel that they had the ideal object within themselves so that they were better than this figure. Then, they could deny any need to depend upon securing love from even this perfect object (Kernberg, 1975, p. 231). In consolidating this self-image, these individuals devalued and destroyed object representations so that they could further avoid any need to depend upon external objects and their internalized representations. In addition, they also dissociated all "bad" self-representations, or those self-images that are not compatible with the grandiose self, so that it could remain unsullied and admirable. Kernberg suggests that these patients particularly split-off the image of themselves as a hungry, enraged and envious child. They tend to project these unacceptable self-images onto external objects which they then devalue.

Once they are in psychoanalytic treatment, Kernberg believes that narcissistic patients employ this pathological grandiose self-representation to form transference states which represent rigid resistances against recognizing their dependency on the analyst as an independent individual. If the narcissistic analysand acknowledged such dependency, he would experience the narcissistic rage and envy which he felt towards frustrating, exploitive caretakers in childhood, as well as fears of being frustrated and mistreated as he was in childhood and experiencing retaliation for his aggression. In addition,

he would feel "a desperate longing for a loving relationship not destroyed by aggression" (Kernberg, 1975, p. 274). Such a realization would leave him feeling guilty about his previous aggression towards care-giving objects and despairing about his perceived incapacity to have such a loving relationship.

To avoid having these experiences, the analysand creates narcissistic transference states in which components belonging to the grandiose self are alternately attributed to himself, or to the analyst, and the other member of the relationship is seen as representing a remnant of his real self-image. In contrast to Kohut, Kernberg does not believe that the analysand has regressed to an archaic stage at which he cannot perceive the analyst as a separate, independent individual. Rather, in Kernberg's view, the patient is engaged in a defensive attempt to deny his perception of the analyst as an autonomous individual.

When the analysand is in what Kohut terms as a mirror transference state, Kernberg maintains that the patient sees himself as being his grandiose self-image and attributes the remaining components of his real self-image to the analyst. The patient fantasizes that he and the analyst are merged in magical union. Kernberg emphasizes that the analysand in this type of transference state typically, devalues the analyst and the analtyic process and engages in efforts to spoil the effectiveness of treatment. He also tries to exert total control over the analyst and the analysis. In Kernberg's view, these tendencies reflect defensive maneuvers which are intended to relegate the analyst

to an insignificant "satellite" role so that he cannot possibly offer anything valuable to the self-aggrandized patient. So relegated, the analyst cannot be envied, feared or longed for.

In what Kohut regards as idealizing transference states, Kernberg believes that the analysand projects characteristics of the grandiose self-image onto the analyst and seeks to be unified with the aggrandized analyst so that he can incorporate these attributed, invaluable qualities. Frequently these idealizations occur early in treatment. They protect the patient from devaluing the analyst as a defense against envy. They also obscure the patient's refusal to acknowledge the analyst as an independent figure which also serves as a defense against split-off aggression and longing.

Like Kohut, Kernberg's recommendations for approaching mirror and idealizing transference states are consistent with his views about what these transference states represent. He agrees with Kohut that the analyst should help the patient to achieve a full awareness of the activated grandiose self in a neutral analytic situation. Yet, he does not agree that the analyst should wait to interpret until the patient has experienced a so-called perceived break in empathy. Rather, Kernberg advocates that the analyst should systematically interpret the patient's defensive use of his grandiose self-representation in order to help the patient become aware of his dissociated aggression. Kernberg recommends that the analyst should interpret both idealizing and mirror transference phenomena as representing efforts by the patient "to devalue and depreciate the analyst as an independent

object" in order to protect himself from experiencing "underlying oral rage and envy and his related fear of retaliation by the analyst" (Kernberg, 1975, p. 286).

While suggesting that the analyst should focus on interpreting the patient's latent negative transference, Kernberg recommends too, that the analyst should clarify that the patient wants to avoid experiencing his aggression because of positive transference feelings. The analyst then interprets that the patient fears that his aggression will destroy the analyst as a "potentially loving and giving object" (Kernberg, 1975, p. 286). The analyst also clarifies that the patient fears that his aggression will destroy the possibility of being helped by a loving object and will obliterate the patient's own capacity to give and receive love. In addition, Kernberg believes that the analyst should confront the patient's tendency to dissociate and depreciate those ego functions and the realistic aspects of the self-concept which can provide the basis for the formation of a therapeutic alliance.

Kernberg believes that Kohut's perceived break in empathy interpretations are misguided. According to Kernberg, the narcissistic patients disappointment with the analyst which the individual associates with supposed remembered or rediscovered childhood disappointments really represent the patient's tendency to devalue the transference object, especially when he fails to conform to the patient's expectations. In Kernberg's view, the patient utilizes this depreciation of the analyst so that he doesn't have to experience the envy and/or longing he would feel if he valued the analyst as an

independent individual. Kernberg maintains then, that Kohut mistakens a defensive reaction for the reevocation of a genuine childhood disappointment. According to Kernberg, memories of these events only emerge later in treatment after the patient has worked through his initial resistances and is engaged in meaningful self-exploration (Kernberg, 1975, p. 287).

Kernberg maintains that the systematic interpretation of mirror and idealizing transference phenomena as resistances to the activation of the negative transference enables the narcissistic analysand to work through these resistances and experience his rage, envy and related fears of retaliation in the transference. In Kernberg's view, these experiences can begin an analytic process in which the analysand experiences conflictual positive and negative transference wishes stemming from a number of developmental levels including the oedipal period. As a result of undergoing this process, the analysand recovers his capacities for real dependency as the basis for normal object relations (Kernberg, 1975, pp. 303-305).

While Kernberg emphasizes that narcissistic transferences serve primarily to defend the analysand against experiencing intrapsychic conflicts related to primitive aggression, Rothstein stresses that these transference states serve to maintain illusions of perfection which protect the analysand from having two related sets of aversive experiences. In Rothstein's view, these transference states function to preserve the analysand's belief in his own perfection and/or in the perfection of the analyst. Preserving these illusions enables the

narcissistic patient to avoid mourning the inevitable loss of his own perfection and his traumatic disappointments with his parents. Maintaining these illusions also protects the narcissistic patient from experiencing what feels like life-threatening dangers stemming from preoedipal, oedipal and postoedipal trauma and related intrapsychic conflicts.

Like Kohut, Rothstein begins his understanding of development with the individual's original experiences of perfection during the symbiotic stage. And like Kohut, Rothstein believes that all individuals attempt to retain these initial blissful or pleasurable experiences and their postindividuated analogues by creating narcissistic fantasies or fantasies of being perfect which they invest in self and object representations. Rothstein disagrees with Kohut though, that it is necessary to establish a new theoretical paradigm, the psychology of the self, in order to explain how these fantasies are transformed into reliable means of self-esteem regulation. He maintains rather, that the "evolutionary" structural perspective of classical psychoanalysis can be retained and satisfactorily employed to offer such an explanation. From this evolutionary perspective, he explores how these fantasies of perfection are integrated into the character organization in the course of ego, ego-ideal and super-ego development.

Rothstein theorizes that "typical" narcissistic patients have experienced traumas at any of a number of developmental stages which contribute to pathological structure formation. In Rothstein's view,

these traumas result from an interaction between biological factors, including the intensity and nature of drive-derived wishes and the individual's developing ego capacities, and environmental factors, involving the quality of parental availability and relatedness (Rothstein, 1983, p. 90). Like Kohut, Rothstein recognizes that parental insufficiency has an important influence, with the child's disappointments involving either a general failure in parental relatedness or availability, or a specific parental failure to provide what the individual needed at a phase-appropriate time (Rothstein, 1980a, pp. 54-56).

In contrast to Kohut, Rothstein argues that environmental failure does not simply prevent normal structuralization, but leads to "aberrations in structuralization" (Rothstein, 1980a, p. 111). He disagrees with Kernberg as well, maintaining that Kernberg misconceptualizes these deviant structuralizations by positing "a fused intrastructure" which supposedly underlies the psychopathology of all narcissistic patients (Rothstein, 1980a, p. 38). In Rothstein's view, typical narcissistic analysands experienced preoedipal, oedipal and/or postoedipal disappointments with parental figures which caused particular deviations in super-ego and ego-ideal formation. He generalizes that "their super-ego and ego-ideals are characterized by a penchant for regressive dedifferentiation and externalization in response to conflict and by intrasystemic conflict between poorly integrated, often contradictory, object representations (introjects)" (Rothstein, 1980a, p. 111).

Rothstein indicates how he believes that the narcissistic analysand formed these threatening, contradictory introjects. Rothstein suggests that the individual's disappointments whith maternal and paternal figures lead him to create potentially punitive introjects. The individual constructed an internal representation of a threatening parental figure by integrating his image of the actual disappointing parent with his image of the parent distorted by the individual's projected aggression. During an important juncture for super-ego structuralization, the oedipal stage, the contradictory nature of parental attitudes toward the child as well as the contradictory nature of the child's own wishes caused the individual to create contradictory maternal and paternal introjects which he could not integrate. He retains them as a source of intrasystemic as well as intersystemic conflict.

Rothstein also explains why and how the narcissistic analysand enacts this process of dedifferentiation at times of conflict. During development, the individual's disappointments in parental figures interfered with his efforts to delegate fantasies of omnipotence and omniscience to his image of loving and beloved parents and to identify with such figures. At subsequent points when he experiences intrapsychic conflict, the individual tends to undergo a regression. He reverts to a stage of archaic grandiosity in which he reinvests these narcissistic qualities in his self-representation. In addition, he regresses to oedipal or preoedipal stages of super-ego integration so that he feels beset by introjects which are "personified, menacing and sadistic" (Rothstein, 1983, p. 68).

As a consequence of these structural deviations, typical narcissistic analysands engage in a regressive pursuit of perfection which reflects an effort to live up to regressively reactivated primitive grandiose self-image (Rothstein, 1980a, p. 82). This pursuit represents an effort to undo and prevent the repetition of formative trauma as well as an attempt to stave off anticipated attack by these punitive introjects. In pursuing perfection, these patients are attempting to achieve security or to render themselves invulnerable to the repetition of anticipated trauma.

Rothstein derives his views about the developmental origin of typical narcissistic disorders predominantly from his work with male narcissistic analysands. He had found that their narcissistic disorders originated during the rapprochement phase of the separation-individuation process documented by Mahler (Mahler et al., 1975).

Following Mahler, Rothstein maintains that the rapprochement phase is a time of normative narcissistic injury and resulting rage as the child must confront his own limits and those of his parents in the process of acknowledging his separateness and independence from his parents and his paradoxical need for them. Rothstein maintains that the interaction between constitutionally determined factors--the drive intensity and ego endowments of the narcissist--and the disordered empathy of his mother exacerbates the degree of this trauma. Drawing from the research of Weil (Weil, 1970), Rothstein hypothesizes that narcissists may tend to have "hyperactive" basic cores. Thus, they may experience all frustrations more keenly and feel more reactive

rage in response to them. So, merely for this reason, the frustrations inherent in the separation-individuation process may have been more traumatic for them. But whatever the biological basis for the trauma, Rothstein emphasizes that maternal failure had the decisive impact. Rothstein observes that these mothers tended to deal extractively with their child, wanting him to compensate them for their own sense of narcissistic want. They treated him as being special and sought to gratify him as long as he remained enmeshed with them, providing what they needed. They became enraged, depressed or disinterested whenever he didn't fulfill them. When the child asserted his independence and separateness, he frustrated his mother, prompting her to become enraged, depressed or disinterested. She may have manifested her feelings by directly punishing the child, or by withdrawing from him and making herself unavailable.

Mother's special treatment of the child during the prerapprochement stages of development was excessively gratifying for him. Losing this "intoxicating fusion experience," then, was particularly painful and frustrating for the child, making the separation-individuation process one that evoked considerable rage and regressive longing. The mother's reaction to the child's efforts at individuation only intensified the child's rage and separation anxiety. It also exacerbated his fear of his mother's retaliation for his anger towards her. He was left feeling that his efforts at individuation would destroy his mother, provoke her revenge and lead to his demise as well. Efforts at individuation then became equivalent to "self-destructive acts of

murder" (Rothstein, 1980a, pp. 57-58).

With his fear of mutual destruction, the future narcissist could not successfully resolve his rapprochement crisis and achieve an unconflicted sense of his separateness and individuality. He was unable to develop integrated self and object representations and to internalize an image of the good mother which could provide him with a sense of security even as he pursued his independence and became enraged at her for sometimes frustrating him. Instead, he created split self and object representations and internalized a maternal introject which punishes efforts at individuation. He formed a split between his image of himself as being special and thus entitled to continuous gratifications provided by a satisfied, doting mother, and his representation of himself as being helpless, anxious and enraged in reaction to an unavailable, enraged maternal object whom he could not control (Rothstein, 1980a, pp. 78-79). These representations are kept apart through efforts at disavowal. Though the narcissist subsequently feels guilty about the oral-sadistic wishes which he expresses through this entitled stance, he primarily uses his sense of entitlement to defend against experiencing the painful affects he felt in reaction to his mother's uncontrollable lack of availability. To ensure the internal presence of the maternal object in forming the preoedipal super-ego, the individual also introjected an image of the mother based upon his experience with her. Subsequently, he experiences this introject as rewarding compliance and punishing efforts at individuation. Whenever he takes a step to individuate,

he fears attack by the introject. Also, at times when he feels that his sense of entitlement is frustrated, he feels separate from his mother and enraged at her. These frustrations represent experiences of enraging self-object differentiation. The individual then wishes "to chew up" the frustrator (Rothstein, 1980a, p. 97). He also fears that the maternal introject will retaliate for his being separate and for his rage at his mother. At these moments he experiences what Rothstein terms as "catastrophic feelings of annihilation" (Reich, 1960), fearing that his survival and the survival of his mother are in jeopardy.

In Rothstein's view, the unresolved rapprochement crisis not only represents the origin of the typical narcissistic disorder, but also contributes significantly to determining how the individual will experience subsequent developmental phases. So, like Kohut and Kernberg, Rothstein posits a preoedipal basis for the typical narcissistic disorder. But in contrast to these writers, he emphasizes that oedipal and postoedipal factors can have an important if not decisive effect on the etiology of these disorders.

He has found that his typical male narcissistic patients have experienced a confusing and intense oedipal situation which left them with a sense of positive oedipal victory and negative oedipal disappointment. These individuals experienced their mothers as being seductive towards them and overvaluing of their attributes while also denigrating their fathers. This overvaluation of them depended in great part upon their willingness to attempt to undo the humiliation their mothers felt because of their father's perceived failure. These

moments of overvaluation were intermixed with times when mother was seen as being sexually involved with other adult men. Depreciated by their wives, these fathers may have been actual failures who also employed physical means of punishing their child, indicating their envy of their preferred child's position and relatively unblemished future. In some cases, the father died during the son's oedipal period.

As a consequence of the interaction between his own oedipal wishes and his parents' behavior, the oedipal child formed contradictory introjects. One involves a maternal object representation which extractively encourages triumph over the father and threatens the boy with devaluation and destruction if he fails her. The boy fears that she will treat him the way she treated the father if the boy fails her. Another maternal introject prohibits sexual gratification. The boy also created a paternal introject of a jealous and enraged father who wants to retaliate against the boy for the boy's triumph. He threatens to enforce submission and castration. Thus, the narcissist feels that he will be castrated and destroyed whether he achieves a positive oedipal victory or suffers a positive oedipal defeat.

Without an admirable paternal representation with which to identify, the boy remains invested in grandiose views of himself as an entitled, grandiose positive oedipal victor. He pursues activities which promise to confirm his sense of positive oedipal victory, earn approval from the maternal introject and prevent her attack. Success at these activities also help him defend against reexperiencing traumatic moments of positive oedipal defeat when he may have been confronted

with his mother's sexual involvement with other, older men. At these moments, the usually favored son felt betrayed by his mother and humiliated by his relative physical inadequacy to satisfy her sexually. Fearing punishment by the paternal introject for his pursuit of oedipal victory, the narcissist projects the threatening object representation onto external male figures and counterphobically does battle with them. In provoking them, he seeks punishment and expiration for oedipal guilt as his own super-ego lacks enforcing power. And, while he is consciously bent on scoring sexual and professional victories against other men and countering their provoked retaliation, he also longs for an admirable, triumphant father who will undo his sense of negative oedipal disappointment and liberate him from his mother. He wants to identify with this figure and gain enforcing power for the super-ego. These negative oedipal yearnings are associated with homosexual wishes which are strongly repressed.

Subsequent to the oedipal stage, traumatic disappointments with parental figures may have occurred which interfered with ongoing ego-ideal and super-ego structuralization and thus contributed to the genesis of a narcissistic disorder. Super-ego development was traumatically interrupted so that the individual subsequently manifests a marked vulnerability to experiencing regressive dedifferentiation and externalization of the super-ego and ego-ideal in the face of conflict. Rothstein notes that these postoedipal disappointments were frequently related to specific significant events such as death, divorce, enforced separations, major moves, professional failings,

etc. Rothstein (1980a, pp. 65-66) criticizes Kohut for downplaying the significance of such traumatic events at whatever developmental stage they may occur. He observes that they can represent significant object losses in themselves which have specific dynamic and structural import that should be explored.

Believing that the typical narcissistic disorder is complexly determined, Rothstein maintains that mirror and idealizing transference states have multiple meanings, reflecting the individual's experience at different developmental levels. As was discussed earlier, Rothstein stresses that these transference states primarily serve a defensive function. Rothstein indicates that typical narcissistic analysands characteristically form both mirror and idealizing transference states in the course of analytic treatment.

In mirror transference states, the narcissistic analysand seeks confirmation from the analyst that he is perfect. For Rothstein's typical male narcissist, this may mean feeling affirmed as an entitled, phallic conquerer who always receives his gratifications and achieves his triumphs. As long as he maintains this sense of himself, and feels confirmed as such in the transference, he avoids experiencing the life-threatening separation and castration anxieties which derive from his traumatic rapprochement experiences and unresolved oedipal situation. He feels protected from experiencing the humiliation, rage and separation anxiety which he once felt in relation to the unavailable mother of the rapprochement phase. He also feels safe from attack by the preoedipal and oedipal maternal introject. He and

his mother remain enmeshed, they are both gratified and they remain safe. Mirror transference trends can also represent efforts to gain approval for phallic, competitive strivings from a male figure. Receiving this approval reduces the castration anxiety which the analysand experiences in relation to the introject of the angry, defeated father. In some cases, the patient's manifest preoedipal focus can be a regressive response to intense castration anxiety.

In idealizing transference states, the narcissistic analysand seeks to see the analyst as being perfect. For Rothstein's typical male narcissist, these transference trends signify attempts to gain compensation for failures in maternal relatedness as well as efforts to undo negative oedipal and/or postoedipal disappointments with the father. The patient seeks an admirable, triumphant father whom he can love and be loved by and with whom he can identify. If he has such a father, he will not have to remember his disappointment with his father and reexperience the painful affects associated with this disappointment. This transference trend also protects the analysand from experiencing intense castration anxiety in relation to the introject of the enraged, vanquished oedipal father.

In contrast to Kohut and Kernberg, Rothstein does not specify a particular interpretive strategy such as interpreting perceived breaks in empathy or confronting the patient about his dissociated aggression which should govern the analyst's approach to mirror and idealizing transference states. He does present recommendations for approaching these transference states at each stage of treatment. They

particularly apply to male analysands who manifest prominent oedipal dynamics. As was true with Kohut's and Kernberg's views, Rothstein's recommendations are consistent with his understanding of these transference states.

Rothstein agrees with Kohut's view that the analyst's task during the beginning phases of treatment with the narcissistic analysand is to facilitate the unfolding of the narcissistic transference. In Rothstein's view, the analyst should tolerate and even enjoy the analysand's defensive efforts to pursue fantasies that he and his objects are perfect. Rothstein recommends that the analyst focus on understanding the patient's current experience, concentrating particularly upon clarifying the patient's experience of narcissistic injuries and the patient's efforts to undo these injuries so that he restores a sense of perfection to himself and his objects. Rothstein also advocates that the analyst should allow the analysand to fantasize about receiving transference gratification associated with his pursuits of perfection without offering the patient transference interpretations. Rothstein suggests that the analyst should help the patient to put these fantasies into words so that they become part of the shared communication between analyst and analysand (Rothstein, 1985).

With these tasks in mind, Rothstein maintains that Kohut has proposed useful ideas for handling the introductory and early mid-phases of treatment. Rothstein agrees with Kohut that it is important for the analyst to be sensitive to the patient's narcissistic vulnerability and to avoid acting out countertransference trends evoked by the analysand.

Rothstein especially warns against acting like a moralistic judge who condemns and/or limits the analysand's self-involvement and frequently antisocial action tendencies (Rothstein, 1979b). He has found that male analysands frequently begin treatment by idealizing the analyst. In Rothstein's view, this tendency typically reflects the patient's externalization of super-ego functions onto the analyst in his attempt to make the analyst into a policeman who will condemn and punish the analysand for minor crimes. Rothstein maintains that this externalization reflects the analysand's wishes to expiate oedipal guilt and gain an admirable father who will set limits for him. Rothstein recommends that the analyst should protect his neutral position by clarifying the analysand's wish to make him into a judge and policeman, carefully desisting from setting limits for the patient and emphasizing the patient's right to choose his own course of action. In Rothstein's view, the analyst's maintenance of his neutral position helps the patient to take responsibility for enforcing his own super-ego functions and facilitates the patient's eventual mourning of his original disappointment with his father.

Rothstein agrees with Kohut that the analyst's adoption of an interested, accepting and nonjudgmental stance during the introductory phases of treatment facilitates the analysand's reparative internalization of the analyst as a good object. Rothstein disagrees with Kohut however that these internalizations represent the significant therapeutic action which should take place in the psychoanalysis of narcissistic patients. Rather, Rothstein maintains that these

structuralizations and the other effects of the analyst's introductory phase stance set the stage for the significant therapeutic action of the treatment, the analysis of the patient's narcissistic defenses.

With the internalization of the analyst as a good object, the patient feels loved and affirmed by the presence of a benevolent introject. Thus, when events occur which represent narcissistic injuries, the individual does not have to automatically implement defense by trying to undo the injury and prevent attack by the punitive introject. Feeling affirmed by the good introject, he can "maintain the integrity of the self-representation in the face of the angry introject" (Rothstein, 1983, p. 152), and consider what the experience of feeling assailed is like and how it derived from his childhood experiences. He also can make a more modulated response to narcissistic injury so that he gives himself the opportunity to experience his association between current injuries and the latent narcissistic injuries and frustrated wishes of childhood (Rothstein, 1983, p. 152). In Rothstein's view then, this internalization enables the analysand to consider the material which needs to be understood in analyzing the patient's defensive pursuit of perfection for himself and his objects.

Rothstein maintains that the analyst's efforts to understand the patient in an accepting and nonjudgmental way also help to establish a therapeutic alliance between analyst and analysand. They reinforce his capacities for introspection and reflection. They also create "a holding environment" (Modell, 1976) in the treatment situation, a

trusting ambience in which the analysand feels that the analyst is with him and will help him undergo the stressful and sometimes painful process of character analysis.

With the structuralization of the analyst as a good introject, and the establishment of a therapeutic alliance, the analysand is ready to enter into the middle phases of the analysis during which he can engage in analyzing the genetic basis for his character organization. According to Rothstein, the analyst's major task during this phase of treatment is to analyze the defensive function of the patient's narcissistic investments. In a characteristic interpretation, the analyst both clarifies the patient's inability to accept imperfection in himself and others and suggests the preoedipal, oedipal and/or postoedipal disappointments and anxieties which motivate the patient's refusal to accept the reality of limits. Rather than merely accepting the patient's idealization then, the analyst suggests that the patient idealizes him in order to compensate for oedipal and postoedipal disappointments with his father and to reduce castration anxiety. And, instead of limiting his role to being a mirroring figure, the analyst indicates that the patient wants to be viewed as being perfect by the analyst so that he can undo his disappointments with his rapprochement mother and oedipal father and decrease the separation and castration anxieties which these traumatic disappointments intensified.

Rothstein maintains that the analyst's collaboration with the analysand in analyzing the patient's narcissistic defenses facilitates

a stressful mourning process during the middle phase of treatment.. At first, this work mobilizes the patient's archaic introjects and the patient may feel beset by what Rothstein terms as catastrophic feelings of annihilation. With the support offered by the presence of the benevolent introject though, the patient can use the insight provided by this analysis of his defenses to temporarily relinquish his defensive maneuvers and recovers painful memories associated with his childhood disappointments and anxieties. In the holding environment which he has created with the analyst, the patient slowly assimilates his childhood traumas by remembering events and reexperiencing the painful affects which were associated with them. Rothstein stresses that it is important for the analyst to help the patient reexperience and share these painful affects as narcissistic analysands may try to defend against recovering the feelings which are related to childhood traumas. As the patient integrates these traumas, he confronts his own limitations and vulnerabilities and the way his parents actually behaved. He then forces the task of accepting these realities and that they cannot be undone. Rothstein observes that this work can evoke considerable depression as well as anxiety in the analysand which can prompt him to resort to alternative defensive maneuvers. With the consistent interpretation of these defenses though, the analysand gradually develops an increased capacity to experience and bear depression and anxiety and to consider the mental contents which stimulate these affects.

Rothstein argues that this mourning process brings about

significant characterological changes so that the patient becomes more like a neurotic. Instead of feeling overwhelmed by catastrophic feelings of annihilation, the patient can differentiate and experience depression, anxiety and guilt as signal affects. Rather than maintaining his past experiences as repressed, archaically elaborated mentation, he can represent this material as conscious, secondary process ideation. These changes help the analysand to proceed with processes of intersystemic and intrasystemic conflict resolution involving preoedipal, oedipal and postoedipal factors. Overall, Rothstein characterizes the middle phase analyses of many narcissistic patients as being a two-fold process of mourning and more adaptive conflict resolution in which both kinds of processes take place in an "alternating and complementary fashion" (Rothstein, 1980a, p. 114).

Once these processes have been adequately worked through, the patient enters into the termination phase of treatment. In Rothstein's view, the termination phases of successfully conducted treatments with narcissistic analysands are not that different from the concluding phase of treatment with neurotic patients. He stresses though, that the analyst should continue to help the analysand to integrate insights about the defensive function of his extensive narcissistic investments so that the patient furthers the working through of his narcissistic defenses. Rothstein emphasizes also that the analyst should help the patient to relinquish his identification with the idealized analyst by interpreting the defensive functions which this identification serves. In Rothstein's view, this work facilitates a

mourning process in which the patient individuates from the analyst and attains greater autonomy.

Rothstein suggests that successful analysis of narcissistic patients lead to significant structural changes and related adaptational gains. In a particularly important structural change, the individual deinvests in his punitive introjects. No longer compelled to pursue perfection in order to stave off attack by these introjects, he can enjoy a more realistic existence in which frustrations and competitive defeats by admirable rivals are seen as inevitable aspects of life rather than as life-threatening insults.

Kernberg and Rothstein present a model for the therapeutic action of psychoanalytic treatment with narcissistic patients which are similar. They both maintain that transference resolution and related therapeutic gains are achieved by interpreting what they see as the defensive function of the patient's transference state. They indicate that systematic interpretation of the defensive function of the transference enables the patient to mobilize previously warded off, conflictual material in the treatment. Then, the patient's efforts at defense and compensation are transformed into his remembering traumatic childhood disappointment and his reexperiencing related intrapsychic conflict. The patient subsequently derives adaptive gains from working through this material.

Kernberg and Rothstein present critiques of Kohut's approach to mirror and idealizing transference states which follow from their understanding of narcissistic patients and their technical

recommendations for treating them. Along with related criticisms presented by Ellman, these critiques suggest explanations for the therapeutic action of Kohutian treatments which differ from Kohut's view.

Kernberg maintains that Kohut's perceived empathy interpretative approach both neglects interpretation of the negative transference and interferes with its full emergence. Kernberg notes that Kohut's approach does not address the patient's resistances to expressing his primitive aggressive wishes towards the therapist. As a result, these resistances are not worked through and the patient does not fully elaborate his envy and rage in the transference.

When the narcissistic analysand does become enraged at the therapist in response to perceived narcissistic injury, Kernberg believes that the patient is utilizing his reactive rage to devalue and disqualify the analyst in an effort to defend against his dissociated aggression and hunger. These moments then become opportunities for the analyst to interpret the patient's defensive operations. In Kernberg's view, Kohut's perceived break in empathy interpreations reinforce the patient's defenses instead of taking advantage of this opportunity to analyze the patient's defensive structure. By quickly relating the patient's anger back to his disappointments and frustrations with childhood objects, the Kohutian analyst suggests to the patient that he is not really angry at the therapist. This suggestion can diffuse the patient's immediate rage at the therapist and encourage idealization. And, by indicating that the patient's rage then and now is an expectable reaction to injurious

empathic failure, the analyst provides the patient with a rationalization for his defensive reactions instead of encouraging him to analyze their complex origin and his active participation in generating them (Kernberg, 1984, p. 186).

Kernberg believes that Kohut is mistaken in rejecting drive theory and maintaining that aggressive and sexual wishes represent reactive phenomenon. According to Kernberg, Kohut's reactive view of aggression obscures for the patient that he derives pleasure from "excited, lustful and joyful" cruelty and sadism. Kernberg also maintains that Kohut's reactive view at sexual material fails to help the patient better understand his conflictual sexual wishes which Kernberg sees as stemming from the unfolding of psychosexual development. In Kernberg's view, these wishes reflect the patient's conflicts over the satisfaction of drive derivatives rather than merely the "frustration of the patient's grandiosity or idealization of the analyst" (Kernberg, 1984, p. 186).

Because Kohut's approach does not involve the analysis of what he views as the defensive function of the grandiose self-representation, Kernberg believes that Kohutian technique fails to resolve the patient's characterological defensive stance and mobilize the patient's dissociated aggression and hunger in the transference. Kernberg maintains that Kohut's treatment approach has an inadvertent, reeducative effect on the narcissistic analysand, fostering his more adaptive use of his grandiosity without improving his object relations. Kernberg agrees with Kohut's assessment that one characteristically

sees a shift from more primitive to more adaptive levels of the mirror transference as an outcome of Kohutian treatment. Kernberg indicates then that the analysand may learn how to curb the expression of his grandiosity so that it is within more normal limits. He also may come to accept that others are separate from him and that he cannot absolutely control them. Yet he still perceives himself and pursues action according to the dictates of his defensively utilized grandiose self-representation and he still regards others in terms of how they reflect and confirm his grandiose fantasies.

Like Kernberg, Rothstein objects to the theoretical strategy implicit in the perceived break in empathy approach which diminishes the importance of infantile sexuality and regards aggression as a mere reactive phenomenon without biological, instinctual roots. In his view, Kohut's approach neglects the interpretation of significant material related to infantile sexuality including derivatives of the oedipus complex, castration anxiety and penis envy. Aggreeing with Kernberg, Rothstein maintains that Kohut's approach fails to clarify for the patient that he derives sadistic pleasure from hurting the ambivalently invested object. Rothstein also points out that Kohut neglects to consider how narcissistic patients characteristically turn rage against imperfect and thus offensive aspects of themselves. Rothstein suggests that Kohut's view of sexual and aggressive material as reactive phenomenon leads to inexact interpretations which can inadvertently support resistances. He specifically criticizes Kohut's perceived break in empathy interpretations for possibly fostering the

illusion that rage can be avoided if the appropriately responsive object is found.

While Rothstein maintains that Kohut's approach to the introductory and early mid-phases of treatment can set the stage for character analysis, Rothstein suggests that the effects of Kohutian treatment are limited by Kohut's failure to interpret what Rothstein sees as the defensive function of the patient's narcissistic investments during the middle and termination phases of treatment. As was indicated earlier, Rothstein does believe that practicing Kohut's recommendations for handling the introductory and early mid-phases of treatment facilitates the patient's internalization of the analyst as a good object. Rothstein indicates though, that when this introjection is not succeeded by the analysis of the patient's defensive pursuit of perfection, the patient simply utilizes his tie to the introject to reinforce defenses against reexperiencing traumatic childhood memories. This reinforcement of defense aid adaptation, but interferes with the attainment of the analytic goal of helping the patient to reexperience the traumatic past and work through its effects. Rothstein writes,

> An object representation of a warm, smiling empathic, gratifying "mother-analyst" is internalized into "self-as-place" where it functions to mitigate, by reinforcing repression and splitting defenses, the reexperiencing of painful childhood memories. The earliest of these memories are probably preverbal and visual and consist of images of murderous, envious parental responses to some of the child's efforts to elicit phase appropriate parental responsiveness. The object

> representation of the analyst as introject in "self-as-place" soothes the subject's self-representation and facilitates the subject's adaptive development.
>
> (Rothstein, 1980c, p. 445)

In Rothstein's view, this is a supportive psychotherapeutic result which he distinguishes sharply from an analytic outcome. Like Kernberg then, Rothstein argues that Kohut's approach leads the narcissistic patient to maintain his character structure, but to improve his adaptation.

Ellman derives his related critique of Kohut's perceived break in empathy approach from his reanalysis of a female patient who had previously undergone what was considered to be a successful eight-year analysis with a Kohutian analyst. Through his analysis of the idealizing transference state which she formed in treatment, Ellman found that the preceding Kohutian treatment had led the patient to internalize an idealized image of the analyst as a benevolent caretaking object. She utilized her tie to this figure to encourage her adaptive functioning in her career and to reinforce her dissociation of conflictual psychosexual fantasy. When she experienced environmental setbacks which left her feeling uncared for, she felt as if a promise to be looked after had been betrayed. Her attachment to this internalized object then was weakened. She felt less motivation to understand and modulate her responses to narcissistic injury as she had learned how to do in her previous treatment. Feeling less protected by the internalized object, she felt more vulnerable to perceived threats emanating from the environment and from her psychosexual fantasies which were no longer so successfully dissociated.

She reentered treatment then to reestablish an idealized relationship with a therapist so that her tie with the internalized object could be strengthened and her sense of security could be enhanced.

From his work with this patient and similar patients, as well as his theoretical reading of Kohut, Ellman concludes that Kohut's approach to idealizing transference states of only interpreting perceived breaks in empathy has positive therapeutic results which are incomplete from an analytic standpoint. He proposes that it leads to a transference cure and that it may represent the prototype of such therapeutic results. Ellman outlines three ways in which he believes that Kohut's approach helps the patient to avoid aversive states.

First, it teaches the patient how to interpret and temper his reactions to environmental situations which threaten his self-esteem. It instructs the patient to view his reaction as an understandable response to the perceived repetition of an environmental insufficiency during childhood. Secondly, the analyst's relieving interventions gratify the patient's wishes for an idealized figure who protects and cares for the patient and encourages his adaptive functioning. It also promotes the patient's internalization of an idealized image of the analyst as a protective figure who cares for the patient. The patient then feels protected and watched over by this figure as long as he performs according to the fantasized wishes of this internalized object and perceives that he is justly rewarded. Thirdly, the patient's internalized image of the analyst reinforces his defenses against integrating conflictual aspects of self which are not consistent with

the values attributed to the idealized object and which could thus jeopardize the gains he derives from his tie to the object. In the case of Ellman's patient and other narcissistic patients, the internalized image of the idealized analyst may serve to reinforce the patient's dissociation of conflictual psychosexual fantasy, particularly involving oedipal strivings. The patient's tie to the external and internalized analyst helps the patient to maintain self-esteem more effectively and aids functioning in work related areas, particularly fostering creativity.

Like Kernberg and Rothstein, Ellman disagrees with Kohut's view that psychosexual fantasy represents a reactive phenomenon, emerging only when a narcissistic injury precipitates a fragmentation of the self. In his view, psychosexual fantasy represents an endogenously generated basic motivator of personality functioning, reflecting the individual's drive activity and active construction of his representational world based upon his bodily experience. In his view then, developmental interference not only involves reactions to environmental deficiency, but also endogenously produced fantasy.

From his perspective, Kohut's perceived break in empathy approach not only fails to interpret psychosexual fantasy as a significant motivational force, but reinforces the individual's tendency to keep conflictual fantasies dissociated by preserving the individual's gratifying tie with the analyst. Though the individual then may feel less anxious about conflictual sexual wishes, he will be unable to integrate genital sexuality as an enjoyable aspect of his object

relations. As occurred with Ellman's patient, he may regard genital sexuality in regressed, split-off terms as "a dirty sadistic enterprise" which cannot be pursued with those to whom he looks for affection and support.

Ellman categorizes Kohut's idealizing self-object transference as being a type of positive transference state identified by classical analytic theorists. Assuming this categorization, he notes that the results of Kohutian treatments represent a paradox. According to classical analytic theory of technique, one could expect to see psychosexual regression, the addictive repetition of a transference state and/or the use of the transference as a resistance if one failed to interpret the patient's erotic, positive transference. In Kohutian treatments, the analyst does not interpret the patient's sexual wishes toward the analyst. So one could expect to see a psychosexual regression. But instead, the patient seems to attain a higher developmental stage, showing signs of maintaining more differentiated, aim-inhibited object relations and improved adaptive functioning.

Ellman attempts to resolve this paradox by proposing that one does see a psychosexual regression in Kohutian treatments, but that the patient's regressed tie to the benevolent analyst bolsters ego functioning. Thus, the patient seeks to gratify preoedipal wishes in the transference, but displays capacities for improved impulse control, better object relations and sustained creative effort, etc., which make it appear as if he has achieved a more advanced developmental level.

As occurred with his patient, Ellman believes that Kohutian transference cures are vulnerable to the effects of environmental insufficiencies or setbacks which weaken the patient's tie to the internalized idealized object. If and when such events befall the patient, he not only may feel more endangered by environmental threats, but he feels beset by reactivated psychosexual fantasy which he is not prepared to interpret and integrate. From Ellman's viewpoint, Kohut's approach is crucially limited according to analytic criteria because it leaves the patient without the capacity to analyze endogenously generated, psychosexual fantasy.

Ellman advocates a technical approach to idealizing transference states in which the analyst gradually interprets the meaning of the transference once the transference state is firmly established and the patient has developed a therapeutic alliance with the analyst. In part, the analyst clarifies the defensive function of the idealzing transference, helping the patient to express previously dissociated psychosexual fantasy in the transference. Overall, the analyst joins with the patient in reconstructing how the idealizing transference state derives from an interaction between the individual's endogenously determined psychosexual wishes and his need for idealized and mirroring figures to enhance his self-esteem and the cohesion of his sense of self. In the case which he briefly presents, Ellman and the patient discovered how the idealizing transference reflected a condensation of her defensively derived wishes for a cultivated, nonsexual father who would be interested in her work, and her wishes

for an accepting mother to compensate her for her actual experience with "an intrusive, demanding, hard-to-please mother." Like Kernberg and Rothstein, Ellman maintains that the idealizing transference state serves defensive functions as the analyst should make interpretive efforts to help the patient overcome his use of this defense and mobilize significant conflictual material in the treatment. And like Rothstein, Ellman indicates that the idealizing transference should be analyzed so that the patient realizes the actual nature of his relationship with the unempathic parent and the effect that this relationship has had upon him.

Ellman appears to agree with Rothstein, but to disagree with Kernberg about the timing of this analytic exploration. Kernberg advocates a confrontational approach, as he recommends actively interpreting the patient's defenses against experiencing his dissociated aggression from the time that the narcissistic transference state is established. Ellman and Rothstein advocate a more gradual approach, suggesting that the analyst only undertake analytic inquiry into the deeper meaning of the transference state after the patient has formed a therapeutic alliance and indicates his readiness for this exploration. Both writers caution that premature inquiry and interpretation with these narcissistically vulnerable analysands can provoke narcissistic rage and fears of murderous retaliation as well as states of self-fragmentation. Ellman criticizes Kernberg for seeming to recommend such premature analytic exploration which can negatively effect the patient in the ways described above. In Ellman's view,

Kernberg's confrontational approach can prevent the patient from developing trust in the analyst and in analytic procedures, a trust which forms the basis for a therapeutic alliance. In addition, it can precipitate the emergence of fragmentary transference states so that Kernberg ends up analyzing what he has evoked, rather than what naturally emerges from the patient. Thus, Kernberg's approach can interfere with the development of continuous transference states, the essential material for analytic work.

Kernberg, Rothstein and Ellman maintain that Kohut's approach leads to a supportive result or transference cure. They suggest that the analyst is still seen as an archaic self-object, thus challenging Kohut's implication that the transference has been resolved and the analyst is no longer distorted by the patient in terms of his regressive transference needs. In the following chapter I will support and develop Ellman's argument that Kohutian treatments represent a transference cure.

Now, I want to elaborate upon Ellman's point that Kohut's approach to transference interpretations of interpreting perceived breaks in empathy leads to the type of results which both Ellman and Rothstein maintain are achieved in Kohutian cases. This approach is a distinctive aspect of Kohut's position as many of his other recommendations might be agreed upon and practiced by empathic analysts of various theoretical persuasions. It is also the aspect of his viewpoint that applies to transference interpretation which is generally seen as the crucial mutative factor in psychoanalytic

treatment.

Logically, it can be seen that perceived break in empathy interpretations could function to preserve the patient's view of the analyst as a good object who possesses idealized or mirroring qualities. They also could gratify the patient's transference fantasies, thus reinforcing the patient's view of the analyst as the good object.

In the undisturbed self-object transference state, the analyst is regarded as an idealized or mirroring object by the patient. At frequent moments throughout the treatment though, the analyst may be seen as committing a break in empathy, repeating empathic failures attributed by the patient to his parents. These moments of perceived empathic failure put the patient into an aversive state. He reacts with rage or depression and he may undergo a regression in the transference as well as a deterioration in his functioning. The patient feels at those moments as if the analyst is like the unempathic parent of childhood.

Following Kohut's rules for interpretation, the analyst consistently intervenes at these moments to remedy the patient's aversive state and place him back on his progressing developmental line. The content of these interpretations consistently communicate to the patient that he is responding in an understandable way to environmental insufficiency. In interpreting the patient's response to supposed environmental insufficiency, the Kohutian analyst may acknowledge his frustration of the patient's need in the present, but tends to quickly associate the patient's feelings with his reactions to his parents of

childhood. The timing, the content of the interpretation as well as the manner of proceeding with it, all suggest to the patient that the analyst is not like the unempathic parent. Instead of frustrating, criticizing, punishing and/or overstimulating the individual without awareness of his impact, the analyst appreciates the analysand's sensitivity and takes responsibility for his effect on the patient. This intervention then could counter the patient's tendency to devalue the analyst for being like the unempathic parent. It also could restore and maintain him in the patient's mind as someone who will meet the patient's self-object needs. In some cases, these interventions may be perceived as gratifying transference wishes. As Ellman inferred with his patient, they can define the analyst as a reliable rescuer who will intervene to care for the patient and protect him from aversive states, meeting a particular projection on the patient's part.

By preserving the analyst as an idealized or mirroring object and possibly gratifying the patient's transference fantasies, these interpretations would maintain the analyst as an object whom the patient might wish to incorporate in order to compensate himself for the real deprivations which he suffered in childhood. This may be particularly true in response to fear of object loss secondary to aggression felt toward the object. Incorporating the analyst provides the patient with a means of keeping the analyst with him at all times, both as an expression of object hunger and the fear of object loss. As Ellman and Rothstein suggest, the analyst then becomes constituted as a benevolent introject. Both writers point out the defensive

function of the patient's tie to the introject. Both writers also suggest that the patient carries out a long-denied, developmental process of normal structuralization when he establishes the analyst as this introject. Rothstein indicates that the patient sets up the analyst as a loving super-ego introject whose internal presence generally enhances ego functioning. In Ellman's view, the patient establishes the analyst as a personified precursor of an ego-ideal whose felt presence provides the patient with a sense of security.

Through restoring and confirming the analyst as a gratifying self-object then, perceived break in empathy interpretations could contribute to preserving the patient's external tie to this object. They also could maintain the analyst as an object whom the patient might wish to internalize in order to create a comparable tie with a benevolent introject and complete previously thwarted processes of normal structuralization. With the type of patient who is helped by Kohutian technique, perceived break in empathy interpretations may well operate in this way.

CHAPTER IV

Kohutian Treatment as Transference Cure

As I discussed in the previous chapter, Ellman argues that Kohutian treatments of narcissistic patients lead to adaptive gains through a process of transference cure. In developing Ellman's argument, I maintain that applying the concept of transference cure to Kohutian treatment best explains the processes of change and the gains achieved through this treatment approach. This conceptualization can effectively encompass the different ways in which the patient's tie to the analyst enables the patient to maintain self-esteem and enhance his external functioning.

In this chapter, I intend to explore how the process and outcome of Kohutian treatment can be understood as reflecting a transference cure. I will review some of what has been previously written about the concept of transference cure by psychoanalytic writers which can be utilized in understanding the results of Kohut's approach. Drawing from this literature, as well as from Ellman's and Rothstein's work, I will delineate the ways in which Kohut's treatment approach leads to what can be seen as a transference cure. I also will support and illustrate this hypothesis by considering two cases presented by Kohut and his followers which are supposed to reflect the successful employment of Kohut's technique in the treatment of narcissistic patients.

Review of the Literature

We will begin with a review of some of the relevant literature on the concept of transference cure. In his paper, "Introjection and Transference" (Ferenczi, 1909), Ferenczi refers to neurotics as individuals who attempt to treat and cure themselves through the formation of transferences. By creating transferences onto the therapist, patients displace their repressed complexes somewhat further from their true infantile origin and discharge the pent-up affected tension associated with these complexes. In Ferenczi's view, this opportunity for bolstering defense and allowing for abreaction can lead to symptomatic improvement, but represents a resistance against fulfilling the analytic goal of enabling the patient to gaze "at his own naked mental physiogamy" (Ferenczi, 1909, p. 57). The analyst then becomes a "cover person" for important objects of the past, an available object onto whom the neurotic can displace his repressed impulses in taking flight from his conflictual wishes toward infantile objects.

In his paper, "On Beginning Treatment" (Freud, 1913b), Freud echoes Ferenczi's contention that the very formation of transferences in treatment can improve the patient's condition. He regards this result as treatment by suggestion and contends that the beneficial outcome lasts only as long as the transference is preserved. He writes,

> Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while--only for as long as it itself lasts. In this case the treatment is a treatment by suggestion and not a psychoanalysis at all
>
> (Freud, 1913b, p. 143)

Like Ferenczi, Freud sees that patients can achieve symptomatic improvement through receiving compensatory or substitutive gratifications in their transference relationship with the analyst which also serve the function of resistance. Having received the satisfaction, the patient may seek a premature termination as he no longer experiences the distress which impelled him to engage in the analysis in the first place. Or, in cases where the analyst exerts himself to make everything as pleasant as possible for the patient, the patient may regard the treatment as a refuge where he can take flight from the trials of life, rather than as a place where he can be strengthened to face life's rigors through sometimes painful analytic work. Regarding these transference gratifications as promoting resistances to the analytic goal of making conscious repressed material, Freud counsels that, "Analytic treatment should be carried through, as far as possible, under privation--in a state of abstinence" (Freud, 1919a, p. 162). Though he acknowledges that the rule of abstinence should be modified according to "the nature of the case and the patient's individuality," he recommends that,

> As far as his relations with the physician are concerned, the patient must be left with unfulfilled wishes in abundance. It is expedient to deny him precisely those satisfactions which he desires most intensely and expresses most importunately.
>
> (Freud, 1919a, p. 164)

As the patient's most pressing wishes are frustrated in the transference, the patient can be enlisted in the process of analyzing their infantile origin. Gratifying these wishes might make the patient feel better at the moment, but would foreclose the opportunity to

reveal the childhood bases of these wishes and produce therapeutic results which are both significant and lasting.

Writing in his encyclopedic work, The Psychoanalytic Theory of Neurosis (Fenichel, 1945a), Fenichel agrees with Freud and Ferenczi that the patient can derive symptomatic improvements from his transference relationship with the therapist. Like Freud and Ferenczi, Fenichel maintains that these improvements represent a resistance to analytic work as the patient seeks to gain the immediate satisfaction of his transference wishes and loses interest in recognizing the true connection between his present transference emotions and his childhood experiences. Fenichel notes that these transference improvements frequently represent "flights into health" (Fenichel, 1945a, p. 560). But while Ferenczi and Freud indicate that these improvements are derived from patients receiving compensatory libidinal satisfactions in the transference, Fenichel lays a different stress which is implicit in Freud's likening transference cures to the effect of suggestion. Fenichel emphasizes that the patient sees the analyst as representing a super-ego figure from the patient's childhood who promises to reward or punish the patient according to the suitability of the patient's behavior. The patient then relinquishes his symptoms and the satisfactions gained from them in order to avert punishment or gain rewards from the powerful analyst. Fenichel writes,

> Transference improvements of the threatening type work in the same way as castration threats which originally caused the child to repress certain impulses; now the belief in new castration threats

> causes the patient to repress the symptoms which are derivatives of the original repressed impulses. The reassuring type of transference improvement works because the patient, giving up his neurosis 'for the doctor's sake,' hopes to get sexual satisfactions through the doctor's appreciation and love; mostly he needs this appreciation and love simultaneously for his security and self-esteem.
>
> (Fenichel, 1945a, p. 559)

In Fenichel's view, patients who derive these transference improvements have regressed to a dependent state of "passive-receptive mastery" in which their gaining of sexual satisfaction is not differentiated from their receiving the gratification of their narcissistic needs. They give up the pursuit of sexual satisfaction and attempts at achieving active mastery of their difficulties in exchange for receiving "love, protection and participation from the omnipotent doctor and avoiding the revenge which might come from disobeying him" (Fenichel, 1945a, p. 562).

In addition, the patient's "feeling relation" toward the analyst may have a direct impact on the patient's intrapsychic conflicts, leading to their more adaptive resolution. The patient may experience the analyst as being a punitive, a forgiving or a reassuring presence, altering the dynamic relationship between super-ego stricture, ego defense and id impulse. In response to an analyst seen as a threatening figure, the patient may become more inclined to defend against his impulses, perhaps implementing adaptive, instinctual renunciations. In reaction to an analyst viewed as a forgiving or reassuring figure, the patient could tend to give his impulses freer

expression without experiencing as much anxiety or guilt.

Agreeing with Freud, Fenichel warns that these transference improvements are not trustworthy. Any change in the patient's feelings toward the analyst or any external event which prompts the patient to modify his feelings towards his therapist can endanger a result which is based upon the patient's wish to comply with the omnipotent doctor, or the patient's reactions to a particular way of seeing the therapist. Disillusionment with the analyst and/or negative transference feelings toward the analyst can undermine the patient's desire to depend on the analyst. A shift in the patient's transference feelings toward the analyst can alter the adaptive resolution of intrapsychic conflict which the patient has achieved in response to a fixed way of regarding the analyst. Recognizing the vulnerability of these transference improvements, Fenichel agrees with Freud that the transference should be analyzed rather than utilized for immediate adaptive gain so that enduring therapeutic results can be achieved. Through the analysis of the transference, the patient gradually recognizes the infantile origin of his pathogenic conflicts and achieves more adaptive conflict resolution so that "a majority of instinctual energies can be reintegrated into personality and discharged, while minority are warded off by less pathogenic means" (Fenichel, 1945a, p 569).

In his work, The Technique and Practice of Psychoanalysis (Greenson, 1967), Greenson reiterates the view of the previously mentioned authors that transference cures may result when the therapist

is seen by the patient as being a real or fantasized figure from the past who gratifies infantile wishes. He notes, too, that patients can derive adaptive gains through their identification with the libidinally cathected analyst while they are in a positive transference state. In Greenson's view, these identifications derive from the patient's oral introjection object hunger, first identified by Ferenczi, which may involve wishes to be loved by the analyst, to become like him and/or to become one with him. Echoing Freud and Fenichel, Greenson cautions though, that these transference improvements or cures are "fleeting and last only as long as the idealized transference to the therapist is untouched" (Greenson, 1967, p. 35).

In a clarifying article, "Transference Cure and Flight into Health" (Oremland, 1972), Oremland both differentiates the concept of transference cure from the concept of flight into health and distinguishes between different types of transference cure. In his view, flights into health result from the patient's wish to flee from dealing with his disturbance, while transference cures reflect wishes that the patient entertains in relation to the therapist. For Oremland, flights into health and transference cures represent two distinctive types of resistance to analytic work, reflecting differing motivations.

In distinguishing between types of transference cures, Oremland delineates three varieties. In the first variety, termed "flight from the therapist," the patient achieves adaptive gains by redoubling defensive efforts in an attempt to avoid feared dependency on the therapist and/or expected criticism from him. This process can occur

during the first sessions of a psychotherapy and account for a sudden regaining of health and a precipitous discontinuation of treatment. In the second type, termed "health through identification," the patient gains attributes with which he may make often, sustaining, adaptive changes by identifying with an idealized view of the therapist. The patient identifies with the therapist out of fear of object loss, often relating to emerging hostility or competitiveness which the patient feels toward the analyst. By making and maintaining this identification, the patient protects himself from experiencing these feelings and risking the loss of the analyst, but also prevents himself from fully relating to the therapist. And, instead of working through his aggressive feelings in relation to the therapist and achieving greater individuation, the patient becomes a better adapted, "carbon copy" of his view of the therapist. Improvements derived from this dynamic tend to occur during the beginning stages of the treatment.

In the third type of "classical transference cure," the patient improves in order to please and/or placate the therapist. This type resembles the transference improvements described by Fenichel and referred to by Freud in his description of cure by suggestion. The patient unconsciously feels that improvement is necessary for him to receive acceptance and love from the idealized therapist. The patient repeats earlier renunciations of instinctual pleasure "in order to maintain a loving and protected relationship with a specific object or object in the past in the classical sense" (Oremland, 1972, p. 69). The patient also makes modifications in the structure of the super-ego

and ego-ideal through the internalization of an idealized image of the analyst. Oremland writes, "super-ego and ideal modifications are made in terms of unconscious pleasing and appeasing, as well as being protected by an object which is related to" (Oremland, 1972, p. 72). Oremland implies here that the patient becomes more able to feel loved and protected as he lives up to altered internalized standards which he has modified through his tie with the internalized analyst. Improvements related to these changes usually take place as therapeutic work progresses past the initial stages.

Oremland maintains that adaptive gains derived from a classical transference cure have the most chance of enduring as they are based upon significant, structural changes. Still, like Freud, Fenichel and Greenson, Oremland cautions that even these improvements are vulnerable to the effect of later stresses as they are dependent upon "unresolved, poorly worked through fantasies" about the therapist which can be easily undone by changing circumstances (Oremland, 1972, p. 74).

In his paper, "Transference Cure and Narcissism" (Dysart, 1977), Dysart draws on Oremland's work, to demonstrate how therapeutic gains achieved in the treatment of narcissistic patients can be understood as reflecting the effect of transference cure. Dysart first attempts to lessen the pejorative connotation of the term "transference cure", noting that it has been associated since Freud's writing on the subject with an "undesirable, abortive and superficial attempt at therapy" (Dysart, 1977, p. 17). Acknowledging Freud's recommendation that the

analyst's first aim in treatment is "to attach the patient to the person of the doctor," Dysart emphasizes that it is necessary in the treatment of narcissistically injured and vulnerable patients to step outside the constraints of analytic neutrality and offer the patient a "reparative gift" in treatment. Dysart writes,

> In this situation, patients so weakened by fear and isolation are allowed an opportunity to utilize their motivation to seek a soothing whole by receiving gratification from the analyst's attitude which is experienced by the patient as the longed-for love of the parent.
>
> (Dysart, 1977, p. 18)

Having received this gift of gratification, the narcissistically mortified patient can undertake the therapeutic endeavor, though the way has been prepared to enact a transference cure.

Utilizing Oremland's concepts, Dysart presents the case of a narcissistic woman who gained a reduction in her presenting symptoms of headaches, increased depression and drug dependence through her use of the transference. In his estimation she derived little insight from the therapy and she did not use whatever increased self-awareness she achieved to enhance her functioning. Dysart maintains that this symptomatic improvement reflected a combination of the patient's primitive attempts to identify with the therapist and her efforts to gain love and acceptance from the idealized therapist through relinquishing her symptoms. Her symptomatic stabilization then involved elements of Oremland's "health through identification" and elements of "classical transference cure." Her attempts to imitate the idealized therapist not only reflected her wishes to incorporate his power, but

also indicated her fear of losing the therapist because of her competitiveness and hostility towards him. In support of this conclusion, Dysart observes that the patient's desire to identify with the therapist was intertwined with her continued expressions of anger and threats of leaving therapy.

Applying Eisnitz's and Reich's ideas about narcissistic patients (Eisnitz, 1969; Reich, 1953), Dysart argues that the process of transference cure identified in this case typifies the characteristic dynamics in the relationships of narcissistic individuals. The patient entered treatment at a point when her grandiose view of herself had been shattered by her inability to master an abusive and unfaithful lover. She then attempted to regain her narcissistic equilibrium through several related processes. She first attributed her lost omnipotence to the therapist. She then identified with her image of him and acted to please him. At points when she realized that her imitation of the therapist, in fact, did not give her power over her lover though, she felt disillusioned with the therapist, became enraged with him and threatened to abandon the treatment. She also became depressed. In Dysart's view, this patient was a typical narcissistic individual who had not achieved stable differentiation between herself and others and had maintained yearnings for "longed-for omnipotence." When she felt mortified by even a slight narcissistic injury, her self-representation became weakened by an influx of aggression which hurt her ability to carry out necessary ego functions. Like narcissistic patients in general, she then loved, elevated and imitated her therapist as an ego

ideal figure in an effort to compensate herself for the effects of narcissistic injury. And like typical narcissistic patients, she was quite sensitive to disappointments with this ego-ideal figure. When she experienced these disappointments in the transference, she felt that she hated the therapist and that she wanted to destroy or abandon him. In this case, the patient also turned her aggression towards herself because of her previous identification with the therapist, leading to the development of depressive symptoms.

Dysart maintains that health via identification represents "the very core" of narcissistic relationships. In his view, it parallels the process in which the ego-ideal object is loved, aggrandized and imitated by the mortified narcissist. He recognizes though, that the gains derived from this imitation can be easily undone if the patient's hostility or competitiveness cause him to become disillusioned with the therapist and to relinquish his tie with this object. Narcissistic patients in particular tend to devalue and abandon objects in response to even slight frustrations and disappointments. Noting that identifications through imitation produce little structural alterations and that these identifications are quite vulnerable to the effects of even mild disappointment, Dysart concludes that health through identification leads to superficial, transient changes with narcissistic patients. He agrees with Oremland, however, that patients who experience classical transference cures have an opportunity to enjoy more substantial, enduring improvements because of the structural modifications they make. The repetition of earlier renunciations

involves a rearrangement of the ego beyond that achieved through a passing imitation, and the introjection of the idealized analyst leads to modifications of the super-ego and ego-ideal.

Kohutian Analysis as Transference Cure

As Ellman argues, the results of Kohutian treatment can be understood as representing a transference cure. These results reflect processes to which the previously mentioned authors have referred. For purposes of explication, I have divided the possible transference cures effects of Kohutian treatment with narcissistic patients into five aspects about which I will elaborate below. One or more aspects may be more or less pertinent in particular cases.

First, the narcissistic patient's transference relationship with the analyst, his self-object tie to the analyst as a mirroring or idealized object, compensates the patient for formative narcissistic injuries. It has a reparative effect, providing the patient with previously denied narcissistic gratifications. As Ellman maintains, these narcissistic gratifications also represent the satisfaction of regressed libidinal derivatives and can enhance ego functioning. These narcissistic satisfactions are the equivalent of the substitutive libidinal gratifications to which Ferenczi and Freud refer when they write about the ptient's spontaneous efforts to cure themselves by forming transferences. As such, these satisfactions can also serve as a significant source of resistance. As Rothstein posits, the patient seeks and enjoys these narcissistic gains instead of remembering traumatic childhood disappointments with his parents and himself and

reexperiencing preoedipal and oedipal anxieties which are related to these events. And as Ellman suggests, the patient's reception of these narcissistic satisfactions can motivate him to want to maintain the dissociation of conflictual sexual and aggressive fantasies so as to not lose these stabilizing gratifications.

Secondly, the narcissistic patient acts in accordance with the fantasized wishes or values of the idealized and/or mirroring analyst in order to gain the analyst's acceptance, affirmation, admiration and/or approval, etc. As Fenichel, Oremland, Dysart and Ellman all indicate, the patient views the idealized and/or mirroring analyst as an ego-ideal figure whom the patient acts to please in order to gain narcissistic supplies and a sense of security. In idealizing transference states, the analyst is viewed as possessing admirable values and the patient tries to live up to these values in order to please the analyst and gain his affirmation. In mirror transference states, the analyst is seen as reflecting or approving of the patient's ambitions and the patient attempts to realize them in order to win the analyst's admiration and approval. The patient's striving to please the analyst in either type of transference state bolsters the patient's ego functioning. The patient, for example, may enhance his ability to carry out analytic and synthetic functions so that he is better able to solve work-related problems. Or, he may reinforce his defenses against enjoying previously permitted instinctual satisfactions or experiencing conflictual sexual or aggressive fantasies so that he can behave in a more considerate, if inhibited, way in his intimate relationships.

Thirdly, the patient's view of the analyst as a benevolent, super-ego figure can have a direct impact on the patient's intrapsychic conflicts, altering their resolution. As Fenichel suggests, the analyst can be experienced as a reassuring or forgiving force, someone who sanctions the patient's pursuit of anxiety-provoking or guilt-associated gratifications. Feeling less anxious or less guilt-ridden about a previously prohibited relationship or career-related activity, the patient may be more able to pursue the relationship or activity and make adaptive gains.

Fourth, the narcissistic patient internalizes an image of the idealized and/or mirroring analyst, creating an introject of the good analyst. The patient introjects this image of the analyst in order to keep the analyst's gratifying presence with him always and to prevent object loss which the patient fears may occur when the patient feels rage towards the therapist. After the patient has established the analyst as an introject, he experiences the internalized object as providing what the external object offered. The analysand feels that introject provides previously denied narcissistic gratifications, offers rewards for the pursuit of valued behavior and grants forgiveness and reassurance as the individual pursues behavior which is associated with the gratification of conflictual wishes. As Ellman and Rothstein suggest, the patient's tie to the introject can support his resistances to analytic treatment in the same way that the patient's tie to the analyst as an external object may perform this function. The patient's tie to the introject may prevent the remembering of traumatic childhood

disappointments and the experiencing of dissociated sexually or aggressively derived fantasy.

As Ellman posits, the patient establishes the introject as a personified precursor of a depersonified ego-ideal structure. He experiences this presence as offering narcissistic supplies, guidance and protection from internal and external dangers. The patient feels as if the loving, guiding and protective analyst is always with him. This feeling provides him with an ongoing sense of security and support as he ventures into the world. The patient also believes that the introject will look after him as long as he strives to live up to the values which he attributes to the internalized object.

Finally, the patient identifies with esteemed characteristics attributed to the idealized or mirroring analyst so that he becomes like the analyst in these particular ways. These identifications take the form of imitations which Oremland says occurs in the processes of "health through identification." They result from wishes to be like the analyst and to appropriate what are seen as his desirable characteristics. As Oremland and Dysart suggest, they also represent a defense against envy and competitive wishes.

These identifications can extend to the analyst's formulations about the patient's experience. Along with the patient's efforts to gain the analyst's approval by complying with his views, these identifications can contribute to making the patient into a disciple of the analyst's theoretical framework, rather than into someone who is capable of self-analytic work. The patient then comes to regard the

analyst's ideas as providing the complete explanation of his experience, rather than maintaining an open-minded analytic attitude about the multiple meanings and functions of his experiences and its deeper, unconscious significance. Merely accepting and complying with Kohutian formulations can bolster capacities for intellectualization and rationalization which relieve anxiety. But these processes also can preclude further self-exploration.

Through adopting the Kohutian analyst's theoretical framework, the patient also accepts and applies a perspective which, I think, oversimplifies the complex causes of his experience and behiavor and minimizes his contribution to determining what he perceives, feels, thinks and does. In conforming with a Kohutian perspective, the patient comes to see his experience and behavior as resulting from the provision or absence of a needed self-object's availability or appropriate response. As Kernberg, Ellman and Rothstein all correctly suggest, the individual's experience and behavior do not merely reflect the environment's ability to meet basic self-object needs. Rather, they reflect how the individual interprets events and responds to his environment in terms of his intrapsychic conflicts. These conflicts, in turn, involve sexual and aggressive derivatives as well as narcissistic needs and stem from internal as well as external factors. In maintaining Kohut's environmentalist assumptions, a patient will not recognize the nature of his intrapsychic conflicts and their complex, interactive derivation. In adopting Kohut's reactive viewpoint, he will not fully appreciate his role in determining how

he interprets his environment and responds to it.

As a number of the previously mentioned writers have suggested, the adaptive and defensive gains which Kohutian patients derive from the transference cure effects of their treatment may be vulnerable to events which weaken the patient's tie to the introjected, good analyst. Significant environmental stresses or setbacks can cause the patient to become disillusioned with the analyst, leaving him feeling that "a promise to be cared for has been broken" (Ellman, in press). This may be a particular danger with narcissistic patients who display a penchant for becoming enraged at others and disillusioned with them in response to even mild disappointments or frustrations. Subsequent to termination, the Kohutian analyst also is not available to offer the perceived break in empathy interpretations which might mitigate the effects of the individual's disappointment. As Ellman discovered with his patient, this disillusionment can have a far-reaching effect. The patient no longer feels that the benevolent analyst is "there," providing narcissistic supplies, offering rewards for the pursuit of adaptive behavior and granting forgiveness and reassurance as the individual seeks to gratify conflictual wishes. With this loss, the individual also no longer feels supported and secure as he proceeds with his activities. His experiencing of intrapsychic conflict is heightened at the same time that his motivation to cope with the external world is decreased. When he undergoes this destabilization, he is not equipped with the awareness of re-evoked unconscious fantasy and intensified intrapsychic conflict which could enable him to adapt

optimally to the effects of these environmental setbacks. He then may undergo a resurgence of symptoms, typically involving increased difficulties in maintaining self-esteem and a significant loss of his functional capabilities.

Having outlined the ways in which the results of Kohutian treatment can be understood as representing a transference cure, I will review two cases presented by Kohut and his followers and demonstrate how they exemplify these processes. They are the cases of Mr. I and Mr. M, the first two cases detailed and discussed in the Kohutian casebook, The Psychology of the Self (Goldberg, 1978). The cases were treated by analysts who were in supervision with Kohut. They are presented as examples of the successful application of Kohut's ideas about understanding and treating narcissistic patients. Kohut himself refers to the cases in his two major works, discussing them particularly in terms of his views about the difference between narcissistic personality and behavior disorders and his ideas about the different ways in which treatment of a narcissistic disorder can be successfully terminated (Kohut, 1971, 1977).

The Case of Mr. I

I will begin with the case of Mr. I, a chemical engineer, who was 25 years old when he began a four year, four-time-a-week analysis with a male therapist who regularly consulted with Kohut about the patient. When Mr. I entered analysis, he complained that he was unable to perform well in his new job as an industrial engineer as he could not read or sit sufficiently to complete his projects at work and could not do any

work at home. He felt compelled to date continually and was "always on the move" from one woman to another. His one lasting relationship of six months had ended just before he began his new job as his girlfriend had broken it off because he was unable to commit himself to her and agree to marry. He felt that he had never lived up to his potential as a good high school and college student and that he now was more interested in his sexual exploits than in achieving anything else.

Mr. I was the oldest of four children in what he described as being a tightly knit family. He had a sister who was two years younger and two brothers who had followed her into the family. In the initial diagnostic interview, the analyst saw evidence of Mr. I's "blatant competitiveness" with an accomplished father who, Mr. I complained, was too preoccupied with his own interests and accomplishments to be a "father to his children." Mr. I also indicated that he had incestuous feelings towards his mother whom he saw as being seductive and towards his sister whom he adored. Reviewing Mr. I's feelings about his family as well as the patient's significant fears about sustaining physical injury, the analyst judged that Mr. I's oedipal anxieties were "all pervasive" in the first interview. He concurred with the referring analyst's diagnosis that Mr. I represented a neurotic character disorder with phallic-narcissistic and obsessive-compulsive features. The analyst expected to see the unfolding of a classical transference neurosis once treatment began.

Instead, the analyst saw the gradual emergence of a self-object transference during the first six months of treatment which had

idealizing and mirroring aspects. During this period, Mr. I also came to believe that the analyst disapproved of his sexual activities, setting the stage for his altering this behavior.

Mr. I began treatment by recounting all the details of his daily life, focusing particularly on recounting the facts about his nightly sexual endeavors with a growing number of women. The analyst characterizes these activities as being frantic, often bizarre sexual adventures which were sadistic in that Mr. I could be cruelly demanding or abandoning of the women he dated. The analyst describes Mr. I's recounting of a particular weekend's exploits during the beginning stages of treatment. Reviewing this material provides a sense of Mr. I's behavior and of his attitude towards it at this stage of the treatment. It also offers an example of the analyst's interventions and of Mr. I's reaction to them. The analyst writes,

> Relatively early in the analysis, the patient played out, one weekend, the whole gamut of his usual sadistic and somewhat bizarre sexual exploits and reported them in great detail. Several girls were involved in all of this. He could be cruelly demanding of each one: showing up unannounced to stay over, and, on the way home suddenly deciding to spend the rest of the night with another. 'If you treat them badly, they'll do everything you want them to do.' With one of them, they urinated upon each other and wallowed in the warmth of it. He enjoyed that. He added, 'The whole thing wasn't even sexual this time; it helped me relax, and I went to sleep.' The analyst said that the patient seemed more frantic than usual this past weekend, and it sounded as if he had to engage in all of what he described under some pressure, even though he did not want to do it. Mr. I agreed and said that whenever he had an erection, he had to do something with it. Perhaps later on he would have no erection and could not have

> intercourse. He had such constant 'performance anxiety' that he had to test his abilities with each erection, practically. He was struggling with either being a lecherous, playboy type or searching for a decent relationship. At this point, neither was satisfying.
>
> In response to the remark that he seemed so keyed-up and could not calm down, he said that was true, but sometimes he started on such activities when he was bored or could not be alone. The analyst's pointing to his being keyed-up reminded him of the fact that he had been thinking a lot about his sexually stimulating 'seductive mother' these last few weeks.
>
> The next day he was much calmer and expressed the hope that some night he might just be able to stay home, put his feet up on a chair, and read. He then added: 'You commented yesterday that perhaps I had been so keyed-up for so long that I found it hard to slow down and relax. I must say that of all the comments anybody ever made to me yet, all have been what I have thought of myself, too, before, but this was different.' He kept thinking about it and wondered if he could give up these frantic activities. He decided that he could not do it yet.
>
> (Goldberg, 1978, pp. 22-23)

From this account, we see that Mr. I seemed to revel in the power he could exert over the women. Still, he regarded his activities mostly as representing an effort to regulate himself either by calming himself down when he felt "too keyed-up," or by stimulating himself when he felt bored or alone. The analyst's observation suggested that he regarded Mr. I's behavior as being symptomatic and that he thought that Mr. I did not want to perform it, but did so as a result of the internal tension which he felt. Mr. I was impressed by the analyst's interpretation, not only because of its possibly unique attention to his internal tention state, but also because of his incipient

idealizing transference. Mr. I seemed to interpret the analyst's comment as representing a suggestion about how he should behave. Trying to comply with this suggestion, he calmed himself down in the next session. He also considered giving up his sexual activities and becoming a relatively relaxed person who could read at home and conceivably complete his work.

Initially, Mr. I had hoped that the analyst would be someone who would "applaud the Don Juan" in him, admiring him for his exploits. He explained, "I needed somebody who was an all-around he-man because he would give me credit for this. Someone who would think it was great, wild and would really appreciate it" (Goldberg, 1978, p. 20). But in response to the analyst's lack of praise and to the analyst's suggestive interventions like the one presented above, Mr. I came to feel that the analyst either disapproved of him, or was remaining indifferent to his exploits (Goldberg, 1978, p. 23).

Mr. I's sensitivity to the analyst's availability and responses to him steadily increased during this time and he became more aware and accepting of his dependent attachment to the idealized and mirroring analyst. Following his first separation from the analyst over the Christmas vacation, Mr. I realized that the treatment had had a calming effect on him. He analyzed a dream which he felt indicated his feelings about the separation. It also suggested to him that he felt like a needy little boy in his relationship with the analyst (Goldberg, 1978, pp. 24-25). Soon after, he acknowledged that he felt "addicted" to the analysis. At this point, the analyst began to relate Mr. I's

resumption of his nightly sexual activities and Mr. I's sexual dreams and fantasies to the patient's experiences of frustration or overstimulation in the transference. It seemed to the analyst that he had become the regulator of Mr. I's tension states. And, as Mr. I worked through some "nonspecific" fears about whether he and the analyst were strong enough to deal with the erupting emotions which had been stimulated in Mr. I by the treatment, the analyst noticed that Mr. I manifested "a stronger trend of needing and having found a perfect, most respected, prominent analyst with superior powers of understanding, who would appreciate and admire him and find him exciting and pleasurable to work with" (Goldberg, 1978, p. 27). Despite his sometimes defensive devaluation of the analyst and the analysis, Mr. I admitted that he saw the analyst and the analysis as being quite powerful, powerful enough to enable him not to miss any time from work because of sickness over the winter. As a reflection of his idealizing transference state, he imagined that the analyst was like an El Greco "Madonna" or like a squatting Buddha.

Regarding the analyst as a powerful, idealized and mirroring figure, Mr. I gradually relinquished his frantic dating as well as other sexual pleasures. He also settled down in a relationship with one woman. In the context of feeling that the analyst was perfectly in tune with him, the patient first discussed that he was about to "give up the women." He acknowledged that he wanted to be admired by the analyst for the changes he was reporting (Goldberg, 1978, p. 28). He resumed "a flurry" of dating activity, though without much of what

the analyst considered to be his overt sadism, immediately before the analyst's first summer vacation. Mr. I interpreted this behavior as representing an attempt to satisfy his need for comforting, his need to have something to look forward to, as he anticipated his separation from the analyst. When he had the "I need a date" feeling during the vacation however, he was able not to "give in to it." And during the vacation, he recontacted Ms. T, a former girlfriend whom he had briefly dated at the beginning of treatment. He carried on an ongoing relationship with her throughout the treatment which paralleled his involvement with the analyst. He first afforded her the understanding and nonsexual "Madonna" treatment which the analyst saw as reflecting Mr. I's imitation of him (Goldberg, 1978, p. 34). After the recommencement of his relationship with Ms. T, Mr. I did not engage in his dating activities again.

Upon returning from vacation, Mr. I reported that he had burned his nude picture collection over the break. He also attributed his decrease in masturbation, his decrease of sitting on the toilet for long periods of time as he defecated, and the decrease in his compulsion to date to his hitting it off well with the analyst after the separation. He saw the analysis as being a "safe anchor" and admired the analyst for being a stable person who seemed in total control of his emotions. Mr. I indicated that he wanted to earn the analyst's applause and that he wanted the analyst to be as excited and stimulated by him as he felt by the analyst and the treatment. Mr. I expressed the wish that the analyst would indicate what represented applause-

deserving behavior, implying that he wanted to know what would make him more like the analyst (Goldberg, 1978, p. 35). When the analyst frustrated these wishes by not providing applause or directives, Mr. I acted out his rage in treatment and at work. But he retained his symptomatic gains, despite whatever disillusionment he felt.

Mr. I's sexual renunciations and his beginning a nonsexual, idealized relationship with one woman reflected a number of the transference cure processes described previously. In part, these changes reflected the narcissistic gratifications which Mr. I derived from his regular, reliable sharing with the esteemable analyst. Feeling that the calming analyst was with him, the patient felt less like he had to enact his Don Juan activities with various women in order to regulate his internal states of tension. But more important, these changes represented Mr. I's efforts to be like and to earn the approval of the stable, self-controlled analyst. The analyst himself attributes these symptomatic gains to Mr. I's massive "identification" with him which he feels Mr. I enacted to decrease his anxiety, to control his tension relief by acting out and to increase his impulse control.

Mr. I's reaction to the announcement of the analyst's first summer vacation provided Mr. I and the analyst with an opportunity to understand Mr. I's supposedly sadistic, Don Juan behavior better. Their admittedly incomplete analysis of the behavior though raises questions about whether it could be properly understood as being sadistic--as reflecting a wish to derive pleasure by inflicting pain

on these women. As he anticipated the analyst's departure, Mr. I began to ignore women at work whom he had dated, though he acknowledged that this behavior hurt them. The analyst interpreted Mr. I's hurting the women at work by ignoring them as representing Mr. I's taking out on the women the anger he felt towards the analyst for "turning the tables" on Mr. I and revealing to the patient the fact that he was unable to control the analyst's comings and goings. Following this line of interpretation, Mr. I revealed a childhood fantasy about possessing two girls and keeping them hidden and locked away in a hotel. He would be Superman and one of the girls would be Superwomen. Mr. I explained, "they would be mine, always there and helpful" (Goldberg, 1978, p. 30). In interpreting the fantasy, the analyst stressed that Mr. I could enforce this togetherness, just as he wished to exert comparable power over the analyst. When the analyst later suggested that the patient's behavior towards his dates reflected his need to have everything under his control, Mr. I concurred and elaborated on the interpretation. He explained that he felt that his necessary control slipped away from him when he had more than a few dates with a girl and she began to expect something from him. He then tried to find a new situation with another girl which would enable him to reestablish control. During the last session before the vacation, Mr. I related a fantasy in which he was locked in with Ms. T on the moon. The patient agreed with the analyst's interpretation that the fantasy expressed Mr. I's wish to have Ms. T totally under his control so that he would not have to share her with anyone else. Mr. I also elaborated about his parallel

feelings towards the analyst in the transference. He explained, "Yes, then I could keep you here; that part of you that is involved with me, I wouldn't have to share with your family" (Goldberg, 1978, p. 33).

Certainly, Mr. I's behavior may have reflected an underlying wish to hurt women, perhaps in revenge against the mother whom he saw as being unfaithful to him with his father and younger siblings. Yet, what emerges more clearly from the above material, is that Mr. I wanted a woman to be totally devoted to him only, but he feared that he was inadequate to provide her with what might secure her devotion. Kohut makes a similar point when he designates Mr. I as being an example of a narcissistic behavior disorder. He maintains that Mr. I's behavior can be best understood as an anxious effort to compel the self-object's mirroring response to him in order to maintain self-esteem (Kohut, 1977, p. 194).

Subsequent to Mr. I's making symptomatic improvements described earlier, the analyst observed that Mr. I developed a more clearly delineated idealizing transference in relation to the analyst and to Ms. T. The analyst noted that Mr. I only felt "strong, powerful and important" when his attachment to the idealized analyst was undisturbed. Mr. I's dependency on the analyst and on Ms. T also intensified at this time so that he likened himself to a mere "splat" who was attached to the sturdy wall of these powerful figures. He felt that his sense of well-being and survival depended totally on how these idealized figures related to him. He explained,

> ...when you throw hot rubber against the wall it hardens and is like an octopus with suckers on it, clinging to the wall. Then nothing matters, only the clinging like a splat. It can't tolerate any rumbling of the wall. Any disconnection is like a threat to the survival of the splat. That's how I am with T and with you.
>
> (Goldberg, 1978, p. 42)

When Mr. I felt that his tie with these figures was disturbed by perceived breaks in empathy such as separations and mild rebuffs, it was as if he were experiencing traumatic "rumblings of the wall" which jeopardized his very existence.

As the analyst interpreted these perceived breaks in empathy, Mr. I felt that "the cracks in the wall" were "repaired," restoring the idealized transference state. By working through his experiences of disappointment, Mr. I gradually became able to temper his reactions. He was able to perceive that he was relating to Ms. T and the analyst as if they were simply need-satisfying objects. He felt guilty about what he saw as his selfish use of these people. Reflecting on his revengeful reactions to the analyst's absence for some scientific meetings, he confessed, "I seem to care about you only as you affect me--because my life is dependent upon you. I need you without a blemish but it is such selfish stuff not to give a damn about you" (Goldberg, 1978, p. 44). Though always embarrassed about his degree of dependency on the analyst and on Ms. T, Mr. I now became disillusioned with the splat system as a reliable means of maintaining self-esteem. He considered getting rid of his dependency on "the wall" and becoming his own man in the future, though he was not sure that he was prepared

for that step yet. In addition, he continued to make what he and the analyst regarded as improvements in his functioning. He felt calm enough to read journals, books and novels on evenings and weekends. He also observed that his relationship with Ms. T, through his internal struggles "of inner distancing and then a comfortable returning to her" was becoming consolidated as he developed a more dependable and less self-centered love for her (Goldberg, 1978, p. 51).

As the analyst implies, the changes that Mr. I made during this period reflected his working through of the parallel idealizing transference states which he maintained in relation to the analyst and Ms. T. This working through was facilitated by the analyst making perceived breaking and empathy interpretations. Yet, these changes can also be seen as indicating Mr. I's continuing efforts to live up to the values of self-restraint and consideration which he attributed to the idealized analyst. Mr. I suggested how important the analyst's values had become to him as he reflected upon how the nature of his dependency on the analyst had changed during his two years in treatment. Mr. I noted that he had modified his dependency on the analyst over this period, shifting from utilizing the analyst as "a pressure valve" who provided him with an opportunity for regular release, to someone who had replaced his family in providing him with "a foundation" which granted him new stability in his day-to-day living (Goldberg, 1978, p. 48).

Mr. I may have been implying here that the analyst had offered him a "foundation" by representing a set of guiding values which he could

use to replace those exemplified by his sexually seductive mother and exhibitionistic father. Mr. I indicated how much his newfound stability reflected his compliance with the values of self-restraint and consideration which he attributed to the analyst in the attitude which he now took towards the way he had been at the beginning of the analysis. The way he was then seemed "alien" to him now. He condemned the "burning feelings that were worse than loneliness and hunger," and the behavior of grabbing girls which these feelings prompted, because these phenomena compromised his pride and dignity. He degraded the feelings which were associated with his being crude with his dates for being simply "base." So, rather than respecting his Don Juan behavior and the feelings which triggered and accompanied his activities as being a part of himself which merited understanding, he valued how dissociated he now felt from the way he had been and he condemned it. His new stability reflected then, that he was now more moralistic rather than more self-analytic.

In reflecting on the changing nature of his dependency on the analyst, Mr. I repeated the analyst's formulation that his dreams of having intercourse with his sister and of having homosexual relationship with the analyst represented Mr. I's ways of "achieving repair" and of preventing further regression whenever he felt that he was without the idealized analyst or Ms. T. From this point on in the treatment, Mr. I accepted and applied the analyst's ideas to explain his disturbing sexual fantasies and behavior. He understood these phenomena as being mere reactions which compensated him for the unavailability or

perceived empathic failure of his self-object. These interpretations were, in part, correct in that Mr. I produced these fantasies as compensatory responses to the felt loss of the self-object's stabilizing functions. But Mr. I utilized these formulations as adequate and complete explanations for these phenomena, failing to explore much further into what they meant. Thus he failed to see what the self-object's particular behavior or unavailability meant to him, or why and how the particular fantasies he produced offered him reparative compensation. He thus used the analyst's ideas as rationalizations and intellectualizations which reduced anxiety, but which did not prompt him to want to look further at himself.

With the continuing improvement in Mr. I's functioning, both the patient and the analyst began to regard Mr. I's expressed wishes to become independent as not only representing self-protective responses to the narcissistic injuries which he sustained while being dependent, but as being a realistic reflection of his previous achievements and present capacities. After Mr. I underwent a brief regression in response to the threat of a job-related, premature termination, Mr. I asserted his desires to become independent more emphatically. He seriously considered marrying Ms. T and threatened to quit analysis. In response, the analyst shifted his interpretive stance. Instead of simply interpreting the patient's assertions as being defensive avoidances of the transference, the analyst regarded them as representing the way that Mr. I had chosen to work through the transference and gain his internal separation and independence from

the idealized analyst.

With this interpretive shift, the analyst began a gradual development in which he first recognized and then tacitly and actively supported the patient's pursuit of independence. The patient came to experience the analyst as being a reassuring and forgiving presence (Fenichel, 1945a) who sanctioned the patient's efforts to function independently of his external tie to the analyst and who affirmed the patient's ability to behave in a healthy and mature manner. The patient responded to the analyst's support by striving to achieve what he and the analyst regarded as healthy, independent functioning, despite his conflictual feelings about relinquishing his dependency on the analyst and asserting himself.

As the analyst increasingly recognized Mr. I's wishes to become independent, Mr. I proceeded with efforts to become independent and successful, but became conflicted about what these strivings would mean in his relation with the analyst. During a Christmas break from the analysis, Mr. I tentatively proposed to Ms. T and became engaged to her. He also was able to discover "deep feelings" of love and concern for his father and be supportive of his father when the older man found out he had a potentially fatal malignancy. But as he accomplished these successes away from the analyst, Mr. I missed the analyst and became afraid that the analyst would never come back. Later, he became concerned that he was gaining strength by taking it away from the analyst. When he devalued the analyst in order to feel his own power, he became anxious that the analyst would not be able to "take

it." As Mr. I continued to achieve success, he analyzed why he needed to diminish his accomplishments. He explained,

> It is because of my fear of losing your approval, or the unity we talked about, or being a splat on the wall. If I am too aggressive, too much of a leader, it would cut me off from the supply of empathy which I need. I obtain it better if I am at the bottom of the pack rather than on top.
>
> (Goldberg, 1978, p. 64)

When the analyst reminded Mr. I about his fear that he was gaining strength at the analyst's expense, Mr. I recalled a related incident involving his father. Mr. I remembered how his father had felt lost and had quickly wanted to leave Mr. I's college gratuation festivities, explaining to Mr. I that "he had had enough celebration." Mr. I reflected, "I always had a funny feeling about my father that if I was too aggressive or forceful, he would not be the center of attention" (Goldberg, 1978, p. 65). Here, Mr. I implicitly related his fear about the analyst to his experiences with a father whom he saw as being competitive with him for narcissistic supplies.

Before the analyst took his third summer vacation of the analysis, Mr. I and his fiancee went on a trip to visit both their families in order to finalize their marriage plans. Mr. I felt that he was able to accomplish "new heights in my sexual relationship with T" during this trip. He also observed that he was able to get along well with his family, to tolerate his mother's "wet blanket" response to his presentation of his marriage plans and to appreciate his father's "positive" response to his plans. Mr. I noted though that he had

homosexual longings and fantasies about the analyst and dreams of failure as he anticipated returning to the analyst. He interpreted this material as reflecting the fact that he missed the analyst and that he wanted to undo his sense of success. When Mr. I realized that he was in conflict about becoming reinvolved in the analysis, he produced a revealing dream which suggested his feelings about the analyst whom he associated with his father in transference. Mr. I reported,

> The old man said he would break my back, and I stood up to him. I'd take him on any time, beat him up. He told me that he didn't think I could. I told him to put his arm out and I crushed it. Better not mess around with me, I'll beat you up and he let up.
>
> (Goldberg, 1978, p. 66)

Thinking about his father's illness and his own recent success, Mr. I interpreted that the dream meant that, "I am strong now, on my own, you can't push me around" (Goldberg, 1978, p. 66). Initially, Mr. I was hesitant about discussing his marriage plans with the analyst, fearing the analyst might be disappointed with them and debunk them. But as he overcame his resistance, Mr. I proceeded to examine the plans in what the analyst saw as being a "strong, self-assertive manner."

From what he reports about this period of the treatment, the analyst did not intervene much, except, for example, to remind the patient about his fears concerning the analyst. By not deserting or criticizing Mr. I, or retaliating against him in other ways for his efforts to become successful and independent though, the analyst communicated that he supported Mr. I's strivings and accomplishments. Evidently, Mr. I became less and less anxious about these strivings

so that he could finally reveal the aggressive feelings in the dream about his father which were associated with his fear of gaining strength at the analyst's expense and his efforts to undo his successes. Feeling less anxious about these aggressive feelings, Mr. I could then perceive and identify himself as being someone who was strong and capable of being on his own.

Yet the analyst never specifically linked Mr. I's feelings towards his father with his feelings towards the analyst, nor clarified the grandiose, aggressive wishes which were associated with Mr. I's fears that the analyst could not take his debunking, or that his gaining strength would be at the analyst's expense. Rather than simply fearing that he would lose "his supply of empathy" from the analyst if he became too aggressive, Mr. I conceivably associated his assertiveness with anxiety-provoking, murderous and/or castrative wishes towards the analyst/father which were related to the manifest content of crushing his father's arm. Here and throughout the treatment, the analyst did not clarify the patient's conflictual aggressive wishes, nor systematically interpret the patient's fears about his aggressive wishes so that Mr. I could develop a sustained negative transference. These technical shortcomings were probably related to the analyst's Kohutian view that the patient's aggression was either a reaction to narcissistic injury or an example of his adaptive assertiveness. In valuing the satisfactions that he derived from his tie to the idealized analyst, Mr. I did not want to risk losing the analyst and the analyst's love by expressing his aggression. But, Mr. I was not merely concerned

about alienating the analyst and possibly provoking the analyst's withdrawal of narcissistic supplies, or about the therapist making a narcissistically wounding, retaliatory response. Mr. I also was concerned about killing the analyst with his rage as an expression of feared, displaced death wishes towards his father. Early in the treatment, for example, the patient consciously inhibited his expression of his fury toward the analyst because he was certain "that the analyst could not stand his rage, just as his father would keel over and have a heart attack if he expressed how he felt" about the childhood humiliations that his father had inflicted upon him (Goldberg, 1978, p. 36). Mr. I was conscious of wishing his father dead as he remembered how his father used to toss him so he would hit the ceiling in front of the rest of the family. But, instead of working through his conflicts about his aggressive wishes, Mr. I reinforced tendencies towards reaction formation in relation to the analyst so that he largely strove to become, and to remain the analyst's "good son." So, for example, during the termination phase of treatment, Mr. I became elated by a pep talk he received from a senior partner in his firm. To him, the talk implied that "father and son should work together," collaborating cooperatively as he felt he and the analyst had done during the treatment.

Following his third summer separation from the analyst, Mr. I experienced the repetition of a significant childhood narcissistic injury in the transference which could have shaken his confidence in his readiness to function independently of the analyst. Mr. I realized that another engineer whom he knew fairly well had begun treatment with

the analyst. This realization enraged him and he exclaimed, "I'm pissed off, not moving over on this couch for another goddamn sibling, don't need another brother in this outfit" (Goldberg, 1978, p. 68). In analyzing a related dream over the next several sessions, Mr. I and the analyst reconstructed how Mr. I had felt when his siblings were born. They interpreted that he had felt quite deflated as he was forced to move over and had lost being the center of his mother's attention. Instead of focusing on his rage towards the siblings and parents, though, Mr. I quickly applied his new insights about his childhood to reduce his feelings of discomfort with peers. And, rather than being concerned about his persisting dependency wishes towards the analyst which were reflected in this episode, Mr. I asserted that he was "ready to move away" from the anchor that the analysis represented. He indicated that he no longer felt insecure so that his relationship with the analyst took on "a new quality" (Goldberg, 1978, p. 71). He implied here that he was preparing to leave treatment. The analyst tacitly supported Mr. I's denial of his dependency wishes and his claims about being ready to end the analysis by accepting Mr. I's statements without question or interpretation.

Resolved to function independently of his analytic "anchor" and tacitly supported by the analyst in this resolve, Mr. I initiated the termination phase of the treatment. In part, this decision did reflect some practical considerations as the patient planned to make a job-related move out of the city shortly after the fourth year of treatment was scheduled to end. But, I think, too, it reflected the patient's

supported intent to function on his own.

As he approached termination, Mr. I shifted into a mirror transference state which assumed "center stage," or became the patient's predominant transference state, during the termination phase itself. When he was in this state, Mr. I presented himself and his products (i.e., his diaries, fantasies and dreams) for affirmation and approval from the analyst so that each session became like "a little show, a little production" in his mind. He didn't want the analyst to enter as part of the production, except as an appreciative audience (Goldberg, 1978, p. 77). In general, he became quite sensitive to the analyst's interventions, and was easily overstimulated by them. This was particularly true when the analyst made interpretations and reconstructions which exceeded the patient's wishes for reflection and acceptance.

The analyst understood the patient's shift in transference state as being a natural outgrowth of Mr. I's successful resolution of the idealizing transference. Having worked through the later developmental traumas mostly involving his father, which were reflecting in his idealizing transference state, Mr. I was now prepared to deal with the earlier developmental trauma involving his mother by forming a mirror transference state. The analyst implied that it made sense for the patient to resolve the traumas related to both developmental lines before he completed treatment. But, the near coincidence of Mr. I's decision to terminate and his shift to a mirror transference state can be understood too, in terms of Mr. I's reparative efforts to undo the

traumas of the past which were highlighted by his reaction to the advent of a sibling figure in his analyst's practice. Rather than being passively displaced by his sibling and cast out on his own, he was now going to actively initiate and pursue the process of becoming independent. He was going to leave instead of being left. And, instead of feeling rejected and rejectable as he had when his parents had shifted their attention to his younger siblings, he was going to be affirmed by the analyst in all of his capacities and accomplishments as he prepared for his departure. He would leave, remaining as the analyst's special child. As he prepared for termination, Mr. I recalled a fantasy which was related to this wish. He remembered that he had wanted the analyst to regard him as "some special member of your family" (Goldberg, 1978, p. 72).

Mr. I's tendency to feel overstimulated by the analyst's interventions during the final stages of treatment was not thoroughly analyzed and understood. It was seen by the analyst and Mr. I as being a response to the fragmenting effect of termination as well as a reaction to the very process of being understood. Rather, the analyst tried to accommodate somewhat to Mr. I's overstimulated state by attempting to find the "proper dosage and timing for his interventions" as well as by focusing on the effects of his overstimulating comments. Certainly, Mr. I may have been more sensitive to the analyst's comments because of what termination meant to him. The process of being understood could have evoked competitive and homosexual wishes which he found overstimulating. In addition though, the analyst's

interpretations and reconstructions may have been overstimulating for Mr. I because they enraged the patient in exceeding his transference wishes. They could have suggested to Mr. I that he was not perfect as he presented himself, but that he had more to know about and more to do at the very point in the treatment that he simply wanted to be affirmed as he prepared to depart.

The termination phase was a stressful time for Mr. I during which he experienced the recurrence of the symptoms and periods of regression in the transference. As was mentioned above, he experienced difficulties with tension regulation as he felt easily overstimulated by the analyst's interventions and by the exhilarating and frightening prospect of being on his own. He was preoccupied with somatic concerns related to the flare-up of GI problems which he shared with his father. Throughout the treatment, he had experienced hypochondriacal symptoms involving headaches, nausea and/or diarrhea, particularly at times of separation from the analyst. These outbreaks were understood as being repetitions of Mr. I's means of getting attention from his parents and grandparents when he was a sickly child. During termination, Mr. I also made a pass at a co-worker, an incident for which he severely rebuked himself because he thought it represented a reversion to his previous Don Juan behavior, a reflection of a "malignant yearning and greed" (Goldberg, 1978, p. 102). At times, he also had merger fantasies with the analyst which compromised his capacities for reality testing. So, he thought, for example, that the analyst was following him and that the analyst had a bottle of Mylanta on his desk and shared his GI

problems. Mr. I explained, "some kind of confusion or blending of the boundaries between you and me like a concern that you and I are connected in some bizarre fashion, not clear who is influencing whom, you might have intestinal problems like me" (Golberg, 1978, p. 88).

Kohut regards these phenomena as representing typical material which can emerge during the termination phase of a Kohutian analysis with narcissistic patients as the patient anticipates the permanent loss of the self-object analyst. In response to the stress of termination, the patient reconcretizes previously internalized functions, wanting the analyst to perform them again rather than being willing to regulate himself. The patient develops symptoms then, as a reflection of his temporary relinquishment of his capacity to carry out stabilizing functions. Seeing the analyst again as being a provider of these functions, the patient also makes renewed efforts to incorporate images of the idealized or mirroring analyst in anticipation of the final object loss which will come with termination. As he works through his feelings about the ending of treatment, though, the patient characteristically shifts back to relying on the internalizations of the analyst that he made earlier in the treatment. Mr. I made dramatic efforts to internalize images of the analyst's power during the termination phase. These internalizations first occurred in sexualized terms of orally incorporating the analyst's "instrument" which the patient associated with the analyst's penis, and of taking the analyst in through the anus (Goldberg, 1978, pp. 99, 89). These internalizations then appeared in more desexualized terms as Mr. I

depicted himself appropriating the analyst's pants (Goldberg, 1978, p. 105). While Mr. I was enacting these efforts of internalization, he experienced the previously described "blurring of the boundaries" which compromised his capacity for reality testing. By the end of treatment, Mr. I was less symptomatic and was less concerned about internalizing the analyst. These developments could indicate, as Kohut suggests, that Mr. I had shifted back to depending upon his previously developed internalizations and the functions they enabled him to carry out.

The termination phase of Mr. I's treatment can also be understood in terms of Mr. I's efforts to ensure that he would leave treatment with the gains he derived from his transference cure. He had a pronounced reaction to termination, reflecting his anxiety and rage about separating from the analyst. When he contemplated the question of when to terminate, Mr. I revealed some of his fears about ending treatment. He explained, "Likely connections between termination and what's going on deep in my mind, fear of death, death of my father, the death of my omnipotence that would protect me" (Goldberg, 1978, p. 78). As he suggested here, Mr. I feared that termination would mean the death of the father/analyst and the death of his own illusion of omnipotence, leaving him unprotected against internal and external dangers. Mr. I may have feared the death of the analyst not only because he anticipated losing his tie to the external analyst, but also because he fantasized losing his tie to the internal analyst or analyst as introject. Thus, as he approached termination, Mr. I fantasized about falling apart and becoming a "mere hollow shell" if the analyst were to pull his penis

out of Mr. I, ending Mr. I's passive homosexual tie to the internalized analyst who was represented as a phallic introject. Mr. I may have feared the loss of the analyst as introject because of the rage he felt about his final separation from the analyst which was not analyzed during the termination phase. Rather, Mr. I acted out his rage. As Mr. I insightfully interpreted, his making a pass at a co-worker reflected his anger "triggered by termination" which he could not fully experience and express towards the analyst and thus turned toward himself. His somatic symptoms, as well as the feelings of nausea which accompanied his sexualized efforts at internalization also expressed and reflected Mr. I's rage.

Fearing the endangering loss of the analyst as an external and internal presence, Mr. I then made efforts to incorporate the analyst to ensure that the analyst would be preserved as a supportive introject. The internalization processes which Mr. I enacted during the termination phase can be seen, in part, as representing attempts to accomplish this aim. In reflecting on the analyst's value as a therapist, Mr. I linked his renunciations of his infantile pleasures to his tie with the analyst and explained his intent to maintain his tie to the analyst as an internalized presence. Mr. I reflected,

> --ommipotence, grandiosity, thousands of girls with no real relationship to them, narcissistically having the center stage, conducting--....It's difficult to give up all these infantile things....One reason you are a good analyst; you have always consistently maintained your confidence in me. Your confidence in my potential for health...I'll take this unit, you and me, put it in a capsule, and bury it deep inside me--it will always be there and give me self-

confidence and consistency.

(Goldberg, 1978, pp. 86-87)

In order to justify the analyst's confidence in his capacity for health and to earn the analyst's affirmation, Mr. I had relinquished his infantile pleasures. Now, he wanted to guarantee his tie to the analyst constituted as a supportive introject so that he could continue his "healthy" behavior and maintain the self-confidence which sustained these changes.

During the termination phase, the analyst shifted from merely offering tacit support for Mr. I's efforts to function on his own in a healthy manner, to providing active support for Mr. I's attainment of these goals. The analyst provided the support by recognizing Mr. I's newly acquired strengths and Mr. I's development of additional psychic functions. So, for instance, the analyst complimented Mr. I on his ability to keep himself calm during what had seemed like a dead and monotonous vacation (Goldberg, 1978, p. 82). When Mr. I intellectualized about whether treatment reduces the "basic fault in one's personality" or simply involved "secondary growth," the analyst acknowledged Mr. I's ability to find the answer from his own experience (Goldberg, 1978, p. 94). And when Mr. I was concerned about a co-worker's sudden death, the analyst focused on Mr. I's new ability to keep his emotions concentrated on the dead colleague instead of being preoccupied with himself and how the event had affected him as he would have been in the past (Goldberg, 1978, p. 99). By providing Mr. I with this recognition, the analyst probably reinforced Mr. I's image of the

analyst as someone who maintained confidence in Mr. I's capacity for health. The analyst's support also bolstered Mr. I's resolve to function independently despite his persistent dependency needs and his rage about the final separation. For example, Mr. I reported a dream in which he depicted himself both as a deformed, epileptic kid who needed a hug to prevent seizures, and as the adult who hugged the boy and adopted him. The analyst acknowledged that Mr. I was both the one who needed the hug and the one who gave it. Mr. I agreed that "it was meaningful to see both as me," thus gaining confidence in his ability to provide himself with affection and comfort and hopefully meeting his own dependency needs (Goldberg, 1978, p. 93).

As Mr. I left treatment, he departed with the gains he had derived from its earlier stages. His improvement in impulse control remained and he was capable of having a "two-way relationship with a woman" whom he felt was devoted to him. As he assessed, he was able to acquire more in his relationship with Ms. T than he had in his previous relationships, and he was more able to be considerate of her needs and to give more in return. Mr. I astutely summarized how the process took place, suggesting that it involved aspects of transference cure about which I will elaborate below.

> It isn't mostly insight but ego capacities, different functioning. The underlying force was the stability of the relationship. Once it had gotten me stabilized then I was able to develop a stable relationship with others--with myself too. Now, I can leave with more stability and transfer my tie to others.
>
> (Goldberg, 1978, p. 101)

Mr. I derived greater stability from his external and internalized relationship with the analyst in ways that fit the paradigm of transference cure presented earlier. On an unconscious level, Mr. I achieved health through submission to a new father and to the values he seemed to espouse. His tie to the external and introjected analyst gratified passive homosexual wishes and bolstered mostly defensive ego functions, leading to improved object relations and better impulse control. Below, I will expand about the ways in which the changes which Mr. I achieved through treatment reflected processes of transference cure.

First of all, Mr. I's relationship with the analyst provided compensatory narcissistic gratification, offering reparation for the narcissistic injuries which Mr. I felt were inflicted by his parents. Rather than being overstimulating and self-preoccupied as Mr. I's parents had seemed, the analyst was experienced as being reliably interested in the patient, calming Mr. I with his attentiveness and attempts at understanding. Instead of being like the mother who offered attention when Mr. I was sickly and dependent, or like a father who was competitively rebuffing, the analyst was seen as someone who conveyed confidence in Mr. I's strength and capacities to function in a healthy manner on his own. With the analyst's tacit and active support, the patient also made efforts to undo a major trauma of his childhood in which he had felt displaced and rejected when his younger siblings had been born. Instead of being left by his parents, he actively left the parental analyst. Instead of feeling removed from "center stage," he was affirmed in his strengths as a "special member" of the analyst's

family during the time of his departure. And, rather than being like Mr. I's seductive mother, or exhibitionist father, the analyst was seen as someone who functioned in an admirably self-controlled and self-contained way. He thus offered the patient an ideal model for such "healthy" functioning.

Through deriving these satisfactions, the patient gained an increase in self-esteem as well as an enhancement in his defensive capacities. First, he felt less defective and unsupported. Through his tie with the gratifying analyst, he was better able to defend against experiencing current events as repetitions of childhood traumas. Thus, fortified, Mr. I was less vulnerable to suffering severe losses of self-esteem and to becoming fragmented in his functioning in response to events which he had previously associated with childhood trauma. Also, Mr. I reinforced his tendencies towards reaction formation so as not to lose the analyst and the stabilizing gratification the analyst afforded. Mr. I then felt less anxious about murderous and castrative withes which he maintained towards his father.

Secondly, the patient reinforced defenses against sexual impulses and developed a "healthy" relationship with a devoted woman in order to be like the idealized analyst and to earn his approval. Mr. I renounced his infantile sexual pleasures, probably through a combination of suppression and repression. He thus felt less impelled to satisfy these wishes. In adopting the analyst's view of his sexuality, Mr. I also gained rationalizations and intellectualizations which he could

use to feel less anxious and ashamed about his homosexual and incestuous wishes. He experienced his wishes then not so much as being his products, as being a part of him, but as being reactions to the absence of an object, or to the lack of desired responses from the object. Seeing the analyst as being a considerate family man with children of his own, Mr. I felt encouraged to develop a "two-way" relationship with Ms. T. Feeling less deficient and more capable of handling his disappointment reactions, Mr. I was better able to establish such a relationship with her. He then felt he had a woman who was dedicated to him only, and that he had earned the analyst's approbation in the process. This accomplishment also enhanced Mr. I's self-esteem.

Thirdly, in establishing the analyst as a supportive introject, Mr. I internalized him as a personified precursor of an ego ideal. As this introjected presence, the analyst also offered Mr. I an increased sense of security, promising that Mr. I would be protected and looked after as long as he strove to function in a "healthy" way, on his own.

Viewing this therapeutic result as reflecting a transference cure, one can question how vulnerable these results can be to the effect of subsequent external events. One wonders what would occur if Ms. T became less devoted to Mr. I, perhaps turning her attention to children which he and Ms. T had together. Or, what would happen if Mr. I encountered a competitively rebuffing or disinterested and self-preoccupied male superior in his work? Not only might Mr. I have to contend with reactivated aggressive wishes related to the repetition of childhood trauma, but he might feel that "the promise to be looked

after" by the analyst had been broken. He could feel that he was not being justly rewarded for his efforts to function in a considerate, restrained way. This realization in turn could prompt his disillusionment with the introjected analyst and with the values which Mr. I attributed to him. This disillusionment would weaken the patient's tie to the introject. As a result, the patient would be less well defended against reexperiencing childhood disappointments which were related to the current trauma. He also would lessen his defenses against experiencing and expressing sexual wishes which he had erected to be like and to gain approval from the idealized analyst. In addition, he would decrease his defenses against experiencing aggressive wishes which he had reinforced to preserve the analyst and the gratifications which the analyst provided. Not equipped with well-developed self-analytic abilities, Mr. I would not be able to understand the internally generated material which was being activated. Instead then of adapting optimally to the effects of these setbacks, he might revert to his previous Don Juan behavior and/or develop psychosomatic symptoms.

Whether these or other environmental setbacks might influence Mr. I in the ways hypothesized above remains as an empirical question. Systematic following studies need to be done to assess the actual vulnerability of Kohutian results to the effects of post-termination external events.

The Case of Mr. M

We will now turn to the case of Mr. M. Mr. M was a 30 year old man when he entered treatment with a female analyst who was in regular supervision with Kohut. Mr. M started analysis subsequent to his wife leaving him after six years of marriage. She had claimed that he was sadistic when he was sexually aroused. Though he thought that this love-making simply involved play fights, he worried that she left him because of it. He wanted to understand his motives for having sexual fantasies which involved a form of playful torture, such as having one or the other partner tied down. He indicated to the analyst that he wanted to know if he was "sick" sexually and whether his sexual fantasies were affecting his sexual relationships with women. He also was dissatisfied with his work as a writer for a local TV station. The work was reliable and represented the sort of lucrative, prestigious position of which he thought his parents approved. Yet he felt that it greatly limited him. The job represented an "empty shell--a front, which earned him recognition but no sense of fulfillment." He hoped the treatment would help him overcome a block in his ability as a creative writer and thus enable him to leave the job and become a free-lance writer. He planned to become emotionally as well as financially independent by attaining this goal. At the moment, he had difficulty sustaining energy when he wrote, or developing regular writing habits. He felt only half alive as a consequence of his apathy and lack of initiative.

Mr. M's history was marked by a number of significant events. He

was adopted at the age of 3 months and grew up as the middle child amongst three adopted children who were approximately two years apart in age. His adoptive mother was unable to have children because of a severe heart condition. Mr. M always remembered her as being sickly. His parents were European immigrants who espoused the values of church and family. Mr. M's father, an articulate toolmaker, was a disappointment to the patient because he had not provided the family with leadership. Mr. M regarded him as a "soft-skinned," passive man who seemed effeminate. When Mr. M was eleven, his adoptive mother died. Though his father married two years later, "for the sake of the children," Mr. M could not regard his father's new wife as his mother. Instead, he felt that his father's remarriage had meant the loss of his father as well. His father then had become dedicated to his new wife and her family and had made no subsequent reference to Mr. M's deceased, adoptive mother.

During the early phases of treatment, Mr. M and the analyst identified and worked through Mr. M's resistances to forming a self-object transference. In the process, they gained greater understanding of the sadistic fantasies which concerned Mr. M upon his entering analysis.

Mr. M's resistance to forming a self-object transference state reflected his fears of repeating the specific childhood traumas which he felt had been inflicted upon him by his parents. As he and the analyst gradually understood, Mr. M felt that he would be controlled and emotionally exploited if he became attached to the analyst. These

experiences then would repeat humiliations which Mr. M felt he had suffered with his parents.

Mr. M's concerns progressively emerged during the first year of treatment. During his first couch hour, Mr. M admitted that he was concerned about the analyst's visible physical defect. He said it would be an imposition on him, preventing him from being angry at her, even in his thoughts. It represented a symbol of weakness, like his mother's chronic illness, which meant they would have to protect her, just as he had had to protect his mother from his "ordinary rowdiness and exuberance" (Goldberg, 1978, p. 129). He recalled that his father had repeatedly cautioned the children that they had to be quiet as their mother was quite ill and could die. Early in the treatment Mr. M became aware of fearing the analyst's reaction to him. Remembering how responsible he had felt for his mother's changing moods, he worried that his initial fears about the analyst's reaction to him meant that he would become "enslaved" to the analyst as he had felt restricted by his mother's sick presence. He would feel then that he could not express himself freely without being concerned about whether or not he had pleased the analyst. In analyzing a dream about a middle-aged woman redoing an apartment, Mr. M agreed with the analyst's interpretation that he feared that she would "redo" him while he sat passively by. Concerned that the analyst might disregard his feelings, he explained, "you may be cold and not mother me the way I want you to" (Goldberg, 1978, p. 132). Mr. M agreed that he also depicted the analyst as a "dowdy, no-no character" in the dream in order not to feel intruded

upon by her possibly sexually stimulating presentation.

Subsequent to his first lengthy separation from the analyst, Mr. M began to complain that the weekends were oppressive to him. Reading Victorian novels over the weekend, he felt "consumed by fantasies of violence." He became more irritable in response to the analyst's delay in starting sessions, to the ending of sessions and the interruptions of weekends and holidays. Despite his best intentions, he felt he was becoming enslaved to the analyst. He was disturbed by his sense that the analyst's control over him had increased while he did not feel that he had any power over her. He explained his feeling, "I am on a conveyor belt--I'm not moving, I am being moved" (Goldberg, 1978, p. 133).

He continued to be concerned that the analyst would disregard his feelings so that what was on his mind would not concern her. Reflecting on the image of his childhood in which a naked 12 year old boy posed arrogantly while a man took pictures of him, Mr. M wondered whether he had been adopted to gratify some possibly sexual needs on his father's part. He felt that his father had emotionally exploited him.

Mr. M and the analyst then constructed how Mr. M's sadistic sexual fantasies and practices were intended to master and prevent the repetition of his childhood experiences of feeling controlled and emotionally exploited. By inflicting humiliations on others, Mr. M turned these passively endured himiliations into active attempts at mastery which also discharged pent-up tensions generated by the painful affect of humiliation. Mr. M fantasized about inflicting such

humiliation on the analyst, wishing to push her down as he walked into the office behind her and deriving pleasure from seeing her "helplessly sprawled on the floor" (Goldberg, 1978, p. 137). Mr. M and the analyst understood that such fantasies also enabled Mr. M to assume a protective, haughty stance and provided him with comfort whenever he feared that he would be exploited and thus humiliated by those who had become important to him.

As Mr. M expressed his fears and fantasies and collaborated with the analyst in identifying their genetic roots, the analyst noted that Mr. M gradually formed a twinship transference. Mr. M indicated this development in several ways. He wondered whether the analyst's experiences in the transference were like his experiences. He fantasized that when people of different sexes talked to each other, their sexes changed so that they could enjoy greater harmony and improve their understanding. In addition, he reported a dream about Siamese twins which depicted the nature of his current tie to the analyst, "It was a side view of Siamese twins, they were tied together. There was a sense too, as if my shadow was along. The girl was leading, the other was behind, very harmonious..." (Goldberg, 1978, p. 138).

Though the analyst noted that the patient derived "a relative sense of calm and harmony" from this twinship tie, Mr. M continued to be concerned that the analyst would disregard his feelings and would use her power over him to exploit him. Mr. M and the analyst explored the childhood basis for Mr. M's persistent fears. They understood that he had felt emotionally exploited by his parents because he was dealt

with in terms of what he could provide for them rather than in terms of who he was and what he wanted. Mr. M wondered whether his adoption had made him insecure and had led him to want to please his parents more. The analyst summarized Mr. M's thoughts about how he regarded his adoptive parents differently in terms of his efforts to please them. The analyst writes,

> There was a difference between his mother and his father in this respect. His mother was genuinely responsive to him and appreciative of him, but her illness put a barrier between her and the rest of the family. He regretted how hazy his memory had become over the years in relation to his mother. What stood out in his mind was his concern over her health and how he always wanted to do something for her. It was hard for him to think that he may have felt she let him down by being ill and by her early death. In contrast, he felt his anger and disappointment in his father acutely. At the time, the father remarried and failed to 'reassemble' the family, Mr. M became fully aware of his father's inability to recognize the feelings that important events such as his mother's death and his father's remarriage had for him and for his siblings. For example, the mother's name was not mentioned after she died, and the children were not taken to visit her grave. Nor was there any discussion regarding the father's remarriage, and how the children felt about their new mother.
>
> (Goldberg, 1978, p. 140)

Subsequently, Mr. M became concerned that the analyst might merely be seduced by his performances, by his efforts to be "charming" and "clever," rather than appreciate him for his realistic assets. He felt that he had initiated the pattern of performing to please with his parents and that he had repeated it with his wife. Now, he did not want to simply reenact it with the analyst. Though the analyst felt that

her empathic ability to differentiate between Mr. M's attempts to gain acknowledgement for his performances and his wishes to be recognized for himself were "severely tested" during this period, she noted that the self-object transference was securely established at this time. I would conjecture that through his testing of the analyst, Mr. M became reassured that the analyst would mirror him for his "realistic assets," rather than for efforts to please her. Thus, he felt that he could be mirrored for all his tendencies, including his wishes to be exuberant and rowdy. And, he did not feel that he had to restrict his assertive, noncompliant side in order to gain approval as he had felt with his parents. So, for example, he felt tempted to brag to the analyst about a speech he had given, a wish he might not have allowed himself to entertain in relationship to his parents. And, in analyzing a transference dream which Mr. M reported at this time, Mr. M and the analyst interpreted that the patient felt more like an active participant in analysis and less like he was being powerlessly controlled by the analyst. They agreed too, that Mr. M trusted the analyst more now. In trusting her more, Mr. M implied that he trusted her to accept his active side, the side which enabled him to feel more like an active participant in the analytic process. With the secure establishment of this type of mirror transference tie, Mr. M was ready to make the adaptive gains which took place during the middle phase of treatment.

Before considering the adaptive changes which Mr. M made during the middle phase of treatment, I want to review two aspects of the way

that the introductory phase of treatment was handled by the analyst, one which was not characteristically Kohutian, and the other which was.

In her interpretive work on what could be considered Mr. M's resistances to forming a self-object transference, the analyst focused upon Mr. M's fears about repeating specific childhood traumas if he became attached to the analyst. As the analyst and Mr. M constructed, the patient feared that he might be controlled and emotionally exploited by her in the same ways that he felt that his parents had exerted power over him. He also feared that his true thoughts and feelings would be disregarded by her, just as he thought they had been disregarded by his parents. These transference experiences then, would repeat humiliations which Mr. M felt he had suffered in childhood. In focusing upon the patient's specific transference fears, the analyst adopted what could be viewed as a relatively non-Kohutian tact. In writing about patient's resistances to forming a self-object transference state during the introductory phase of treatment, Kohut stresses patient's "nonspecific" resistances. These can stem from the narcissistic injuries which patients experience about simply being in analysis and from their fears about experiencing the effects of regression in the transference. The analyst in this case though focused on Mr. M's specific transference fears. Her approach conformed more to the classical analytic approach to resistance. This focus reflected this analyst's classical analytic orientation in conducting Kohutian treatment which was also indicated by the timing of some of her transference interpretations. I will elaborate on this point later when I discuss Mr. M's development of at

least an aspect of a self-analytic attitude.

Though the analyst's approach to resistance interpretation did not reflect Kohut's emphasis, her understanding of Mr. M's sadistic fantasies derived from Kohut's framework. As she and Mr. M understood this phenomenon, Mr. M's sadistic fantasies represented sexualized efforts to turn passively endured humiliations into actively inflicted experiences so he could master the original traumas. By inflicting humiliations on others in fantasy and in action, Mr. M also recreated a sense of omnipotence and arrogance which gave him comfort and made him feel protected whenever he feared that significant others might humiliate him. As accurate as these formulations may have been, they failed to consider how Mr. M derived a sense of humiliation from this particular resolution of his intrapsychic conflicts over aggression. One can surmise that this resolution was significantly influenced by Mr. M's particular series of childhood experiences. Through this resolution, Mr. M ended up adopting a stance of masochistic submission to his parents which he felt was humiliating. His sadistic fantasies may in part have reflected wishes to undo his sense of humiliation by inflicting humiliation upon others.

Mr. M experienced a number of childhood events which could have intensified his aggressive feelings and his inhibitions about expressing these feelings. Mr. M's early adoption, his adoptive mother's unavailability, the restriction placed upon his permissible activity by his mother's prolonged illness, her death and his father's remarriage, all represented disappointments which could have enraged

Mr. M. Yet, as he himself conjectured, the adoption could have left him feeling "insecure" so that he felt that he had to please his parents. Expressing his aggression might have meant that he would lose his parents or their love, as he had lost his original mother. To prevent these occurrences then, he reinforced his tendencies towards reaction formation and made efforts to please his parents in order to earn their love and to secure a place for himself in their family. Adopted to compensate his parents for the effects of his mother's illness, Mr. M had a basis for feeling responsible for his mother's welfare. He remembered being concerned about her health and always wanting to do something for her. His father's frequent warnings that the children shouldn't be aggressive because their mother was sick and might die, could have reinforced whatever fears Mr. M had already evolved that his aggression towards his mother could kill her. One wonders whether Mr. M harbored fantasies that his aggressive wishes towards his mother contributed to her death. In all, Mr. M's reaction to his mother's condition reinforced tendencies towards reaction formation and making reparative gestures. It also contributed to his inhibiting his assertiveness. Thus, he made efforts to be pleasing and compliant and had difficulty in even thinking that his adoptive mother had let him down by being ill and dying. Yet, he also felt that his self-denying restriction of his active strivings was a humiliation. This was particularly true after his father failed to reward his obedience by remarrying and by becoming devoted to a new wife and family. By projecting his aggression onto his parents, he saw them as humiliating

him by requiring his efforts to defend against his aggression and to be pleasing. They became controlling exploiters in his mind. His sadistic fantasies then served the function of undoing his sense of humiliation by enabling him to humiliate others. In addition, they represented symptomatic expressions of his festering rage over his many childhood disappointments which he could never directly express.

As Mr. M came to regard the analyst as someone who would not require humiliating compliance, but who would mirror his assertive self-expression, Mr. M became less concerned with his fears about being exploited and controlled and his related sadistic fantasies. Simply, he probably felt much less enraged and thus less in conflict about expressing his rage. Still, his underlying conflicts over the expression of aggression remained unexplored. One wonders how well Mr. M would be able to adapt if subsequent external circumstances reactivated these conflicts and Mr. M was not equipped with an awareness of them and how they affected him.

During the middle phase of treatment, Mr. M associated the analyst with other maternal figures, principally his aunt, whom he felt had accepted him for what he was, rather than what he could provide for them. Like the aunt, the analyst was always emotionally available for him, but was content to remain in the background without intruding upon him with demands of her own. The patient also compared the analyst to a "coach" whose presence prevented him from disintegrating, but who would remain sufficiently distant so that he could feel who he was and what he wanted for himself. He contrasted her with his parents who

seemed to need him too much to allow his self-realization. Mr. M depicted the analyst as being a coach-like figure in several dreams, suggesting that he had quietly established her as an introject who would mirror him for who he was and what he wanted.

With his supportive tie to the external and internalized mirroring analyst, Mr. M carried out extraanalytic activities which enabled him to achieve a supposed improvement in his object relations and to partially realize his ambition of becoming a writer. Kohut refers to such activities as being examples of action thoughts, action patterns initiated by the patient which must be further modified and perfected in order to provide the individual with a reliable means of maintaining his narcissistic equilibrium. Kohut advocates that the analyst clarify the meanings of functions of these nonverbal message-carriers, but that the analyst only expect them to be relinquished by the patient as the patient discovers other activities which provide more genuine means of self-realization (Kohut, 1977, pp. 36-37). Referring to the transitional nature of these activities, the analyst characterizes them as being "way-stations." The adaptive changes which Mr. M made through these activities can be understood as resulting from processes of transference cure.

One area of action though involved Mr. M's object relations. Subsequent to his divorce, he had what the analyst characterized as intense, sexually active relationships with a number of women in which he was not invested in a partner. The analyst felt then that Mr. M was using these objects to act out wishes he entertained towards her. She

interpreted his behavior as reflecting wishes to control and possess the analyst in the manner in which he possessed these women. She also clarified that these relationships functioned as "way-stations" or transitional steps in Mr. M's efforts to internalize the analyst's mirroring functions.

Then, Mr. M developed a friendship with a fourteen year old boy which the analyst regarded as being a turning point in Mr. M's object relations. The boy was the son of a good friend and the youngest of two brothers. Mr. M admired the young boy for his self-confident, independent attitude which did not seem to grow out of rebelliousness. Mr. M contrasted the boy's strivings to be autonomous with his own efforts to comply with his parents' expectations. The adolescent was openly admiring of Mr. M in return, and the patient enjoyed his importance to the boy. They attended rock concerts and ballgames together. The analyst described that the patient was initially upset by the importance that this relationship had for him, but was relieved that his "love for the boy was devoid of sensual or erotic affects." Mr. M explained his feelings, "I love John, but I don't want to make love to him; I would rather do that with my girlfriends" (Goldberg, 1978, p. 147). The meaning of his relationship was underlined by an incident which occurred when Mr. M accompanied John to a ballgame. Mr. M saw his girlfriend at the game but was reluctant to greet her because he did not want to deprive the boy of "my complete attention." When he did greet the woman and John did not become jealous, Mr. M felt elated, like something very significant had happened to him.

In analyzing Mr. M's reaction to this incident and the overall meaning of this friendship, the analyst and Mr. M determined that this relationship represented Mr. M's attempt to "give himself another chance." In their view, it reflected Mr. M's attempt to make restitution for the narcissistic injuries he had sustained when his father remarried after his mother's death. At that time, Mr. M had looked to his father, but had felt that his father had turned away from him in preference for his new wife and her family. Mr. M had felt quite disappointed in his father and quite jealous of his father's attachment to the new wife. Through his relationship with John, Mr. M undid these traumas. Becoming John's adoptive father, Mr. M was an admiring, responsive figure who encouraged the boy's attainment of emotional independence, just the way he wished his father had dealt with him. And in identifying with John's nonjealous response and independent manner, Mr. M developed the qualities of autonomy and sensitivity coupled with the lack of narcissistic vulnerability which he wished his father had nurtured in him.

During his friendship with John, Mr. M developed his first enduring relationship with a woman. The analyst regarded this friendship as representing a turning point in Mr. M's object relations because it reflected Mr. M's new ability to pursue a form of object love which was "less and less burdened by an archaic eroticization" (Goldberg, 1978, p. 162).

The analyst may be correct that Mr. M's friendship with John reflected his increased capacity to pursue a loving relationship which

was not adversely affected by his infantile erotic wishes. This development, I think, indicated Mr. M's improved ability to defend against his homosexual wishes, though, rather than the possibility that Mr. M no longer entertained these wishes.

While Mr. M may not have acted out his homosexual wishes towards John, he did experience them in the relationship. In reviewing the case, Kohut denies that this friendship had sexual significance for Mr. M. According to Kohut, the friendship simply served the function of enabling Mr. M to achieve greater independence from his idealized father by assisting him in the process of internalizing functions which he attributed to the idealized parent imago. Yet Mr. M's initial distress about the importance that this friendship had for him suggests some conflict about its sexual significance. His statement, "I love John, but I don't want to make love to him, I would rather make love to my girlfriend," suggested that he was enacting several defensive processes. Here, he was denying his homosexual wishes and using his awareness of heterosexual wishes to further fend off awareness of his homosexual desires. His enactment of these processes I think, reflected an enhancement of defense in comparison to his state during earlier points in the analysis. At the beginning of the treatment, Mr. M had reported that he had frequent sexual dreams about young boys and had occasionally felt that older men were attracted to him (Goldberg, 1978, p. 136). Perhaps Mr. M was able to implement more effective defenses against his homosexual wishes during his friendship with John because he felt less enraged at women through his tie to the mirroring female

analyst and therefore was able to have more satisfying heterosexual relationships.

Because of the Kohutian bent of the treatment, Mr. M's defenses against his homosexual wishes were not analyzed, but were inadvertently reinforced. Thus, Mr. M did not work through conflicts over his homosexual wishes and understand these wishes more fully. Because these conflicts were not analyzed, they could represent a pathogenic factor. These conflicts could be reevoked at times when Mr. M might feel abandoned or imposed upon by a desired woman, or left out of a triangular arrangement involving a desired but forbidden woman and a needed man. Without awareness of these conflicts, Mr. M could act them out in a way which would adversely affect his relationship with women as well as with men.

One may also question whether Mr. M developed an enduring capacity for less archaically eroticized object love towards women as a result of the treatment. There was not sufficient data presented in the case or reviewed by Kohut to thoroughly assess this issue. As was mentioned previously, Mr. M was less concerned with his sadistic fantasies towards women and his fears of being controlled and restricted by them after the introductory phase of treatment. He did form an enduring relationship with a woman during his friendship with John. And, he was married two years after termination when the analyst had a chance encounter with him. The analyst maintained that Mr. M did develop this capacity and suggests that it accounted for his ability to form enduring heterosexual relationships. She attributes this development to the

nonspecific changes identified by Kohut (Kohut, 1971, p. 298), which can accompany transformations of archaic narcissism. She writes,

> The patient's increased capacity for object love, that was less and less burdened with archaic eroticization appeared to be related to the fact he became secure in his own acceptability and could therefore 'self-confidently and effectively offer his love (i.e., extend his object-libidinal cathexis) without undue fear of rejection or humiliation,'....In this case...of exploitation.
>
> (Goldberg, 1978, p. 162)

If the analyst's assessment is correct, I would argue that Mr. M's self-object tie to the mirroring analyst had a reparative effect so that Mr. M felt more acceptable in all of his strivings, not simply with those which he associated with pleasing his parents. Having this tie, Mr. M felt less restricted and exploited by women so he was less enraged at them. Thus, he no longer needed his sadistic fantasies to express his rage and to undo his sense of powerlessness vis-a-vis, women. Instead, he counted on women to mirror his active strivings.

One wonders whether the women with whom he had enduring relationships were chosen according to the model provided by the analyst. If so, then what would occur if they deviated from their appointed role, and became sickly and unavailable like the adoptive mother, or took initiatives which imposed demands on Mr. M, or wanted to be in the limelight themselves instead of mirroring him? Would Mr. M then resort to sadistic fantasies and related actions once again in order to feel powerful and to take revenge on the controlling, exploitive mother? As was suggested earlier, the failure to adequately analyze Mr. M's sadistic fantasies in terms of his underlying conflicts over aggression

could have left him vulnerable to the effect of environmental setbacks which represented the repetition of his childhood traumas.

The other area of action though involved Mr. M's efforts to realize his creative ambitions to become a musician and a writer. His difficulties in achieving both ambitions seemed related to Mr. M as the experience he had while playing an instrument was similar to the experience he had while attempting to write.

While practicing his music, Mr. M would feel overstimulated and he would become unable to play. Instead of creating the rhythm he intended, he would stop, feeling exhausted. Mr. M's experience of overstimulation derived from his feelings of excitement as he imagined himself performing in front of a large audience. He was afraid that he would be unable to experience the rhythm of the music as the rhythm gave him the means of controlling and channeling his exhibitionistic excitement and communicating with his audience.

In relating a revealing dream which had transference significance, Mr. M indicated his anxiety about his exhibitionistic wishes. He reported the dream at a time during his second year of treatment when the analyst observed that Mr. M was in a mirror transference state in a narrow sense. He also seemed pleased with the progress of the treatment. Mr. M reported,

> It was a surrealistic scene, a piazza of a sort, there were several children around. I moved on as if to get to my instrument, but it turned out to be a column against which I had to push rhythmically. You were on the balcony with another woman. You wore a black dress, the other a colorful gown. You

> were telling the other woman how I could do this rhythm exercise. When I knew you were looking, I fell apart--I woke up and I literally began losing parts of me, they were falling off, like my arms. I had the feeling of embarrassment for not having done the rhythm exercise.
>
> (Goldberg, 1978, p. 154).

The analyst writes that her first impression was that the dream was "a highly erotic transference dream and that the patient became anxious because of his sexual excitement and that he suffered the consequence of this in the form of severe castration anxiety with his body parts falling off" (Goldberg, 1978, p. 155). In interpreting the dream with Mr. M though, the analyst did not emphasize the intrapsychic conflicts over sexual wishes which she first thought might underlie the manifest content of the dream. Rather, in following Mr. M's associations, the patient and the analyst constructed that the dream expressed Mr. M's anxiety about being watched and approved of. Mr. M realized that he became scared when he recognized that the analyst was watching him. At that time, "the importance of being watched was greater than the performance." They also understood that both women in the dream represented the analyst. The woman in basic black symbolized the analyst's nonintrusive, calming presence which Mr. M still required, and the woman in the colorful dress represented the analyst's actual personality which Mr. M could now perceive and tolerate to an increased extent. The analyst thought, too, that Mr. M's ability to depict the piazza in colorful terms which he found pleasant, indicated his increasing capacity to contain his exhibitionistic excitement.

At the time when Mr. M was achieving more success as a writer, he

bought a new instrument, but decided not to play music anymore. The analyst supported the decision by interpreting that playing music had performed a particular function for Mr. M which he no longer required, so he could now give it up. It had served the purpose of testing his ability to freely abandon himself to the rhythm without feeling overstimulated. Now that he could genuinely express himself through his writing, he could relinquish his music. She suggested then that the music playing had represented a "way-station" in Mr. M's efforts to transform his archaic grandiose-exhibitionistic fantasies into a successful form of creative expression.

In reviewing the case, Kohut explains the understanding of Mr. M which lay behind the analyst's interpretation (Kohut, 1977, pp. 38-39). From Kohut's perspective, Mr. M's decision reflected two developments. First, Mr. M was relinquishing his attempt to gratify his exhibitionism through the direct sensual appeal of music and was moving to a more aim-inhibited attempt to bind his exhibitionistic excitement in the form of writing. Music had been a "way-station" in Mr. M's developmental move from a less aim-inhibited to a more aim-inhibited form of creative self-expression. Secondly, Mr. M was more talented as a writer than as a musician. But before he could devote himself to writing, he had to strengthen his ideals of becoming a professional writer by working through the trauma he had experienced in his relationship with his articulate father. In Kohut's view, Mr. M's friendship with John had enabled the patient to accomplish this working through.

Kohut may certainly be correct that Mr. M was less talented as a

musician so that he saw more of an opportunity to realize his exhibitionistic fantasies by becoming a writer. He also may have felt less enraged at his father and more ready to emulate his father's abilities after he accomplished restitution for his early adolescent trauma through his friendship with John. Yet, I think that the analyst's immediate interpretation of Mr. M's anxiety dream suggests other reasons for Mr. M's relinquishment of his music playing and his turning to writing as an alternative. As Kohut indicates, music playing was a more directly sensual means of expressing Mr. M's exhibitionistic wishes. And as the analyst suggests, Mr. M wanted the mother/analyst in the dream not only to admire his ability "to do the rhythm" (to display his phallic prowess), but also to be seduced into having intercourse with him. Mr. M becomes castrated at the point when his exhibitionistic and sexual wishes could be realized, when the analyst/mother was watching and admiring his performance of the rhythm exercise. Feeling such intense castration anxiety about the wishes which music playing represented, Mr. M could have been inhibited in his ability to play an instrument which in turn could have affected his competence as a musician. Recognizing that he wasn't that good, Mr. M may have then decided to stop his music playing. Writing at this point also may have seemed like a safer (or less directly sensual) means of gratifying his exhibitionistic and oedipal wishes.

Mr. M's intrapsychic conflicts over these and other wishes, however, also accounted for the writer's block of which Mr. M complained at the beginning of treatment. Though he was unaware of the process,

Mr. M utilized the analyst's support to alter the way in which he resolved these conflicts, so that he was able to achieve greater success as a writer.

Mr. M stated his ambition of becoming a free-lance creative writer at the beginning of the analysis. During the introductory phase of treatment though, he reported that he could not safely immerse himself in his writing. His ideas occurred to him initially in visual form, in visual images. When he attempted to translate these images into words, he would feel overexcited, become dizzy and lightheaded with a sense that he was "spinning off into orbit." His state of overexcitement was related to his grandiose-exhibitionistic fantasies which he experienced while writing. When he was in this state, he never felt able to translate his visual images into words which captured what he perceived. Feeling overexcited, he could not sustain his work without taking frequent breaks. And when the feeling of overexcitement subsided, he would have to stop writing all together as he felt drained of energy.

During the early phases of treatment, Mr. M had written commentaries about the analysis. After making several efforts to displace his feelings about the treatment onto fictional characters, Mr. M was able to write an expressive short story in which he took distance from his affects without exaggerating or underplaying the characters. After describing the story to the analyst, and explaining how he had developed his ideas, Mr. M expressed his wish that the analyst should praise him for his creation. Rather than gratifying the wish, the analyst

interpreted it in terms of Mr. M's childhood experiences. She indicated that the wish reflected Mr. M's frustrated childhood need to have his assets acknowledged by his parents, instead of being used by them to increase their self-esteem. She went on to suggest that Mr. M now needed to feel that his writing abilities were affirmed so that he could experience them as being real. Though he initially felt disappointed and angry about this frustration of his expressed wish, Mr. M later realized that what mattered most was that he had recognized the significance that gaining praise had for him and that he could verbalize his wish for it. He generalized that analysis worked "not by the analyst's praising, soothing or comforting him; but by his acceptance of his wishes after these had been recognized and accepted by her" (Goldberg, 1978, p. 151). So, while Mr. M did not expect the analyst to gratify his wishes for praise, he saw the analyst as someone who would recognize and accept his wishes which in turn would enable him to become accepting of them. The analyst then could be expected to accept the wishes which Mr. M expressed in his efforts to become a writer, even if she would not directly satisfy these wishes.

Subsequent to this incident, Mr. M followed through on a long entertained idea of forming a writer's school. Regarding the analyst as "a good audience" for his explanations, Mr. M described the content of the lectures he was delivering to his students. He intended to teach his students "how to break down one's ideas into manageable portions" and how to "increase their receptivity to word imagery" (Goldberg, 1978, p. 152). Basing his teaching on his own writing technique, he wanted

to instruct the students about how to use visual and tactile imagery in presenting their ideas, and how to divide their ideas into manageable parts. Though he initially experienced some "hypomanic states" as he considered his ideas for the writing school, he was able to sustain "a steady flow of energy" as his work on the school progressed. While the school remained a hobby, which he pursued independently of his job, it came to provide him with a great deal of satisfaction. He felt a pleasant sense of elation about it which was not overstimulating or disorganizing. As Mr. M practiced his technique with his students, he increased his own capacity to contain and channel the excitement he felt as he was considering his images. He could express his feelings in his writing without becoming overstimulated as he transformed his images into words. The analyst viewed Mr. M's activities with the writing school as being based upon the identification with her, one that she thought would be "too crude" to endure. Still, in her view, Mr. M's writing school involvement represented another "way-station," like his efforts to play music. From her perspective, these activities helped him in his ongoing striving to curb and constructively channel his grandiose-exhibitionistic fantasies so that he could develop an authentic and effective means of creative expression.

With his success and pleasure in the writing school, Mr. M contemplated termination. The seven month period between the time that Mr. M expressed his wish to terminate and the time the treatment ended is presented by the analyst as being uneventful. This is especially true in comparison to Mr. I's termination process. Mr. M expressed

some anxiety and sadness about leaving the analyst, but did not experience a resurgence of symptoms. Prior to termination, Mr. M gave up his job at the TV station and began to travel in order to get material for free-lance writing. He reported that his articles sold well and he felt that he made a successful beginning as a free-lance writer. When the analyst met Mr. M two years after termination, Mr. M was writing evaluations about color and texture schemes and their use by architects. While he was using his writing skills more extensively than he had at his TV station job, he had not realized his additional ambition of becoming a creative writer. He had hoped previously, to end up writing historical novels.

Kohut regards Mr. M's development of his capacities to be a writer as representing the significant achievement of the analysis. Having this ability provided Mr. M with the reliable means of maintaining self-esteem. That may be true, but how does one explain Mr. M's overcoming his writer's block so that he could partially achieve his ambition of becoming a writer?

The analyst attributes this gain to Mr. M's transformation of his archaic narcissism into a mature form with the help of the acceptance which she provided in the mirror transference. Initially, he felt overstimulated by his visual images because he associated them with infantile exhibitionistic fantasies which he found to be too exciting for him. Experiencing these fantasies exhausted him and did not provide him with the steady source of energy which he needed to sustain his work. With the support provided by the analyst's accepting presence

though, Mr. M was able to engage in the "way-station" activities of playing musical instruments and founding a writing school. In her view, Mr. M's pursuit of these activities enabled him to gradually tame and constructively channel his originally overstimulating grandiose-exhibitionistic fantasies so that he could write authentic pieces effectively. The analyst maintains that Mr. M bolstered the drive-controlling and drive-channeling structures of the ego through participating in these activities. With the addition of these structures, he could give himself over to his fantasies without fearing overstimulation.

In reconceptualizing the case, Kohut expands on his supervisee's ideas. He argues that Mr. M's rehabilitation of his ideals as a professional writer through his friendship with John and his activities in the writing school established the pole of ideals as a compensatory organizer for a functional self. Mr. M then was able to create a new synthesis of the self. He integrated the repaired pole of his ideals to become a professional writer, which satisfied his wishes to merge with his idealized father, with his genuine talents and skills in the verbal domain and his ambitions to exhibit himself to his mother (Kohut, 1977, p. 40).

Certainly Mr. M's mirror transference tie to the analyst fostered his partial overcoming of his writer's block. Mr. M made efforts to contain and constructively channel his exhibitionistic wishes in order to win her praise when he wrote his successful short story. He pursued his endeavors with the writing school and his efforts to become a

free-lance writer with the sense that the analyst recognized and accepted the ambitions which were implicit in his activities. By teaching the students and identifying with them in their writing efforts, Mr. M further enhanced his own writing abilities. The analyst's accepting presence probably also bolstered Mr. M's problem-solving efforts so that he was able, for example, to devise a "manageable" program to prevent himself from becoming overstimulated while he wrote. He would first be receptive to the tactile and visual images which conveyed his ideas and then he would deal with his ideas and the related images one at a time.

As he explained, Mr. M regarded the analyst as a type of "coach" who accepted his authentic, active strivings, in contrast to his parents whom he experienced as restricting them. In her role as the accepting coach, the analyst probably became a "forgiving and reassuring" figure for Mr. M who enabled him to become less conflicted about the unconscious wishes which he gratified by becoming a free-lance writer.

One cannot be sure about the nature of these wishes because the treatment primarily dealt with Mr. M's conscious desires. One can surmise more about the content of the wishes though from the dream which Mr. M reported about his music playing and from Mr. M's explicitly stated ambitions. As Kohut suggests, Mr. M viewed his writing as an attempt to exhibit himself to his mother and to be admired by her for his prowess. Regarding his mother as a sickly woman who could be killed by his assertiveness, Mr. M could have felt quite guilty about this wish. One could also interpret that Mr. M's piazza dream not only reflected a conflictual wish to be praised for his prowess by his

mother, but also a wish to seduce his mother into doing the rhythm with him and his instrument. Writing may have reflected a less directly sensual and, thus a slightly less conflictual means of expressing his wish to seduce and have intercourse with his mother. Still, writing did express an oedipal wish to have the forbidden and fragile mother, a wish whose fulfillment would insure the immediate punishment of castration, as occurred in Mr. M's dream. In addition, becoming a writer probably represented a wish to triumph over the father. Kohut emphasizes that becoming a writer satisfied Mr. M's wish to merge with his father. Though he was highly articulate, Mr. M's father remained a toolmaker. In becoming a professional writer, Mr. M was going to use his father's medium to make a living, something that his father never did. Mr. M then was going to employ his father's tool to surpass his father. Certainly, this wish would be conflictual, especially as it might be associated with feelings of murderous rage towards a disappointing but desired father. Also, Mr. M wanted to become a free-lance writer by leaving a job which he felt that his parents would have wanted for him. He would then pursue a career in which he would have no permanent boss. He would then feel emotionally independent. This ambition reflected wishes to rebel against his parents by giving up the sort of position which he felt they wanted for him and by rejecting the stance of dependent compliance which he thought they wanted him to maintain. Such rebellious wishes would also be highly conflicted as Mr. M probably associated them with feelings of rage towards parents whom he saw as being disappointing, but as being too

fragile to withstand his anger.

With an analyst whom he saw as accepting his efforts to become a writer, Mr. M gradually became less anxious and guilt-ridden about the various wishes which he was gratifying through his writing activities, though he remained unaware of this process. Writing became less of an overexciting, prohibited activity which provoked anxiety and guilt. Feeling less tense and overstimulated, Mr. M could then sustain his work and translate his visual and tactile images into words more effectively. Still, he was not able to realize his ambitions of becoming a creative writer and writing historical novels. Perhaps he lacked the talent. But, one wonders too, what he would have been able to achieve if he had worked through some of his intrapsychic conflicts which were related to his writing.

As with the improvements in Mr. M's object relations, one may question how vulnerable his increased writing capabilities would be to the effect of environmental setbacks which might elicit these intrapsychic conflicts over the satisfaction of wishes which he gratified through his writing. So, for example, one wonders what would happen if Mr. M experienced failure with several of his works, encountered publishers who required that he conform to their specifications, or had to engage in competition with other male writers, particularly older ones. If these, or other events occurred which reactivated intrapsychic conflicts related to his writing, Mr. M would not be equipped with an awareness of his reevoked conflicts to be able to analyze himself and perhaps adapt optimally. He might experience

a recurrence of his writer's block or other symptomatic difficulties with his writing.

Overall, as I have argued, the results of this treatment can be seen as reflecting a transference cure. Mr. M's tie to the external and introjected mirroring analyst enabled him to improve the quality of his object relations and to partially attain his career ambitions of becoming a writer. Mr. M came to view the analyst as someone who recognized and accepted him for whatever he wished and for whatever he wanted to do, rather than for what he could do for her. Mr. M viewed her as being "the woman in the black dress" who had no potentially intrusive characteristics of her own and who would accept Mr. M from the background. Thus, he did not feel obliged to please her, but felt that she accepted him in what he considered to be his authentic, assertive strivings. In particular, his tie to her gratified phallic-exhibitionistic wishes to display himself to an accepting, maternal figure.

The analyst's recognition and acceptance of these strivings had a reparative effect, undoing the impact that Mr. M's interaction with his parents had had upon him. Her recognition and acceptance of what he considered to be his authentic, assertive strivings enabled him to feel less enraged at women. He thus became less afraid of being controlled and exploited by them and less preoccupied with related sadistic fantasies involving women. He was then able to establish enduring, heterosexual relationships, perhaps because he could be more loving towards women as long as he felt that they did not intrude upon him or

restrict his activities. With his greater success and satisfaction in his heterosexual relationships, he could reinforce his defenses against his homosexual wishes. Mr. M's identification with what he saw as the analyst's nonsexual, empathic attitude probably further enhanced his ability to engage in aim-inhibited forms of object love. Perceiving that the analyst accepted his ambitions to become a writer, Mr. M felt encouraged as he engaged in his "way-station" or preparatory activities of writing commentaries about the analysis, devising a manageable program for going about his writing and forming a writing school. More importantly, her unconscious function as a reassuring and forgiving figure enabled Mr. M to feel less conflicted about the exhibitionistic, rebellious and oedipal wishes which he gratified by becoming a free-lance writer. Though he was unaware of how he became less conflicted, he was partially able to achieve his ambition of becoming a free-lance, creative writer.

As has been previously suggested, external events which represented the repetition of Mr. M's traumatic childhood situation could reactivate his pathogenic conflicts related to his aggressive wishes towards women, his homosexual wishes, and the exhibitionistic, rebellious and oedipal wishes which he gratified through his writing. External setbacks could also prompt Mr. M's disillusionment with the introjected analyst, leaving him feeling that it was not "all right" to pursue his assertive strivings. This experience of disillusionment could in turn weaken his tie to the introject so that he would feel less forgiven and reassured about his pursuit of his ambitions and he

would be less well-defended against experiencing stressful events as being repetitions of traumatic childhood disappointments. The effects of this disillusionment could interact with the impact of having his pathogenic conflicts reactivated to cause an exacerbation of symptoms. I have suggested that Mr. M might be particularly susceptible to undergoing this decompensation process because he did not analyze his intrapsychic conflicts and develop an awareness of them in the course of achieving more adaptive conflict resolutions. As in the case of Mr. I though, the vulnerability of Mr. M's gains to the effects of post-termination environmental setbacks remains to be tested.

While I have maintained that this case result represents a transference cure which is comparable to the outcome achieved in the case of Mr. I, I also think that this case includes an aspect of an analytic outcome which contrasts with the case of Mr. I. While Mr. I did not develop self-analytic ability, Mr. M did evolve at least a part of what might be considered a self-analytic attitude. He came to see that analysis did not involve a process in which his transference wishes were gratified by the analyst, but one in which he accepted his own wishes after they had been acknowledged and accepted by her. Mr. M indicated this realization when he responded to the analyst's interpretation of his wish to be praised forhis short story by summarizing that analysis worked "not by the analyst's praising, soothing or comforting him, but by his own acceptance of his wishes after these had been recognized and accepted by her" (Goldberg, 1978, p. 151). Mr. M developed this awareness, I think, because the analyst

did not simply use perceived break in empathy interpretations once the mirror transference was established. The analyst also employed direct interpretation of transference wishes as she did in the above-mentioned example. Her use of this approach to transference interpretation communicated to Mr. M that the purpose of treatment was not to satisfy wishes, but to understand them. Her behavior then, provided him with a model of how to go about understanding himself, though his understanding was restricted to the exhibitionistic wishes of which he was aware. Along with her approach to the interpretation of resistance, the analyst's approach to transference interpretation gave this Kohutian treatment a classical analytic cast.

CHAPTER V

Conclusion

This thesis has considered the effects on psychoanalytic treatment with narcissistic patients of adhering to Kohut's views about the etiology of narcissistic disorders and the appropriate way of conducting treatment with them. In concluding, I want to highlight what I have suggested represents the limitation of Kohut's environmental bias, and his related view that the mind simply functions in a reactive way.

As I presented in Chapter I, Kohut maintains that narcissistic disorders are determined by environmental factors, principally by defects in parental (maternal) empathy. As critics such as Rothstein (1980c) and Stein (1979) note, Kohut emphasizes the traumatic impact on the developing child of the parent's actual behavior. Rothstein observes that Kohut's stress contributes to redressing a possible imbalance within psychoanalytic theorizing after Freud's abandonment of the seduction theory of emphasizing "infantile fantasy and its primary process elaboration at the expense of the child's actual experience" (Rothstein, 1980c, p. 426). Yet, I believe that Kohut has gone too far in the other direction by minimizing the role that the child's interpretation of his experience plays in determining the impact of the environment. As Rothstein and Stein suggest, individuals actively elaborate upon parental behavior at the times it occurs and in retrospect according to the conscious and unconscious fantasies which they maintain. Thus, different individuals may react differently to

the same parental behavior because of their quite unique interpretation of events.

Like Kernberg, Rothstein and Ellman, I think that the child gives meaning to parental behavior not only in terms of his narcissistic needs, but also in terms of the interaction amongst his developing sexual and aggressive wishes, his ego functions and capacities, and his internal strictures and standards. Internal, quantitative factors make a difference in how the individual responds to events. As Kernberg emphasisizes, for example, quantitative factors such as the intensity of the individual's wishes and his greater or lesser capacity for anxiety tolerance influence how the individual interprets parental behavior and reacts to his perception of it. Or, as Rothstein hypothesizes, individuals may be prone to react to frustrations as traumatic events because of their hyperactive basic "cores."

I agree with Kohut that children have narcissistic needs. Yet, like the three critics I discussed previously, I disagree with Kohut's position that narcissistic needs are paramount and that sexual and aggressive wishes only emerge as reactive, disintegration products when these needs are not met by the environment. Rather, I think it may be more useful to postulate, as other writers have mantained, that there is an interaction between the child's pursuit of sexual and aggressive satisfaction and narcissistic gratification (Ellman, in press, Schwartz, 1978, Loewald, 1973). As Loewald maintains, issues of wish satisfaction and narcissistic issues are "blended" and "intermingled" in the course of development. And as Ellman puts it, there is a

continual "interplay" between a child's wishes for particular types of sexual and aggressive gratification and his need for idealized or mirroring objects to enhance the cohesion of his sense of self. Here, I am suggesting that sexual and aggressive wishes be retained as basic motives. This can be true even if one does not accept drive theory. Drawing on the work of cognitive developmental theorists, for example, Ellman notes that children evolve sexual fantasies based upon their affectively charged, bodily experiences. Ellman writes,

> Leaving aside psychoanalytic observations and assumptions, if one simply looks at cognitive studies in infants and children, one sees an organism actively constructing a representational world. If one considers psychosexual or simply bodily-oriented fantasies (that is, the child constructing fantasies about its own body, or using its own body as a way or model of constructing fantasies or ideas about its own world), I do not think that these fantasies would occur only in reaction to the environment.
>
> (Ellman, in press, p. 14)

Assuming that sexual and aggressive wishes represent basic motives, I agree with Ellman and Rothstein that narcissistic disorders involve not only the individual's reactions to traumatic disappointments, but also his becoming fixated on particular sexually derived wishes. And in agreeing with Kernberg, I think you typically see an intensification of conflictual aggressive wishes as well.

Kohut suggests that developmental experiences are represented and retained by the individual much as they occurred, without the individual transforming them. All three critics of Kohut indicate that the individual actively organizes and reorganizes experiences as he

develops. Ellman, for example, provides a reconstruction of how such processes take place in explaining the derivation of his parent's idealizing transference state. In his view, this transference state reflected a condensation of preoedipally and oedipally derived images which in turn involved an interaction between the patient's conflicts over gratifying anal and oedipal derivatives and her efforts to gain affirmation and a sense of security from her parents.

As I presented in Chaper II, Kohut believes that narcissistic patients form transference states in psychoanalytic treatment which reflect the pathogenic effects of childhood environmental deficiency. To briefly review, Kohut maintains that narcissistic patients characteristically form self-object transference states which reflect the reemergence of the individual's basic, if archaic, developmental needs and related fantasies which childhood environmental failure prevented from being adaptively transformed. In his view, the revived developmental lines spontaneously unfold and naturally resolve themselves with the facilitation provided by the analyst's interpretation of perceived breaks in empathy. According to Kohut, these interpretations mitigate the patient's experience of suffering a repetition of childhood environmental insufficiency in the transference. They supposedly transform these traumatic repetitions into experiences of optimal frustration or nontraumatic object loss, restoring the individual to his previously progressing developmental line and fostering processes of transmuting internalization.

Kohut's interpretive emphasis on the interpersonal events which

stimulate transference reactions is a useful corrective for analysts who focus exclusively on the content of what the patient is saying as an expression of his internal conflicts, and not on what events may have stimulated him to express it. Yet, Kohut's exclusive use of perceived break in empathy interpretations as his type of transference interpretation leads analysts too much in the other direction so that they ignore the content of what the patient is expressing. Instead, they rely on experience-distant developmental theory to explain its production. The Kohutian analyst assumes that the patient's transference reaction represents a response to the unavailability or perceived failed responsiveness of the self-object. He goes no further in helping the patient to explore the possibly multiple, quite personal meanings that an event had for him. He also relegates the content of what the patient is expressing to a secondary, reactive position and does not explore it. There is no opportunity to test whether or not the content is meaningful. I believe that the content can be revealing, not only suggesting what an event meant to a patient, but also how he has chosen to respond to these meanings.

As a result of the Kohutian analyst's focus on the supposed empathic failure and his neglect of the patient's content, the patient does not learn to respect and analyze the content of his mind so that he comes to know how it is elicited and what it means for him. For example, it is a testable hypothesis for each patient about whether he only entertains sexualized or aggressivized contents after experiencing an environmental insufficiency. As an alternative hypothesis, one

could posit that patients express certain wishes in the transference because they in part want these pleasures and think these wishes can be gratified. There were occasions in the analyses of Mr. I and Mr. M when these patients expressed conflicted sexual wishes in the transference because the patients had felt gratified and not let down in the transference and probably felt that their wishes could be satisfied (see Goldberg, 1978, pp. 39-41, pp. 154-155).

And as Ellman, Rothstein and Kernberg all suggest, the process of character analysis can be a primarily internal one in which the individual generates what Kohut might see as regressive contents because of the organization of his own mind rather than because of his reactions to the therapist. There are times, even with an interactive perspective, that the appropriate focus should be mostly on the internal workings of the patient's mind.

Overall, then, I think that an appropriate psychoanalytic perspective for conducting treatment with narcissistic patients should be an interactive one, taking into account both actual events and the complexly derived, potentially multiple meanings which individuals ascribe to them. Kohut's environmentalist emphasis may correct what for some classical analysts has been an excessive stress on the effect of internal factors in determining psychopathology and psychoanalytic process. But Kohut does not adequately consider the continual interplay between outer and inner, reactive and internally generated, in the course of development and treatment.

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