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A RE-EVALUATION OF NARCISSISM

DISSERTATION

Presented in Partial Fulfillment of the Requirements for
the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

by

Victoria Mattis Krueger, B.A., M.A.

* * * * * *

The Ohio State University

1976

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INTRODUCTION

This paper aims at three goals: first, to clarify Heinz "Kohut's theory on narcissism (presented in The Analysis of the Self); second, to synthesize with that theory concepts which extend the theory into areas of human functioning which are not dealt with by the theory as it is currently formulated; third, to provide a new way of describing certain commonly seen clinical phenomena.

Narcissism is an important area of human functioning which has not to date received the attention it deserves. Kohut begins the process of focusing attention on this dimension but his presentation of the theory is so intimately linked, both linguistically and metapsychologically, with psychoanalytic theory, that unless a reader is extremely well-versed in such jargon and premises about processes. Kohut's presentation will be mystifying if not incomprehensible. Since the theory is a useful one, but has an extremely limited audience in its current form, it is justifiable to attempt a linguistic and conceptual clarification which would potentially make it understandable and usable by a much larger audience of those concerned with understanding (and altering) human behavior. This is the goal of the clarification.

Second, there are concepts which when laced together, clarify and extend the initial theory, to form a more complete or adequate lens through which human behavior can be viewed. Some of these
concepts come from outside the usual psychoanalytic view of man. Some potentially come from within that system but were admitted by Kohut to be omitted from his theory due to lack of his elaboration of them at this time. These concepts are integrated or synthesized to create a more extensive theory. This theory does not purport to be an all-encompassing, comprehensive theory. Nor is the claim made that the various concepts are all original, they clearly are not. Only one concept, anger as narcissistic defense, is clearly and entirely original. However, a number of other concepts are partially original, or are modified, or are applied in new ways. The major claim for originality is that this particular integration of concepts is unique. This interwoven network of concepts has as its purpose, the extension of the concept of narcissism as suggested by Kohut. This is the second goal.

The combination of Kohut's concepts and the one's presented in this paper, is offered as a new way to describe certain commonly seen clinical phenomena. As such, the overarching purpose of this paper, is to provide a description of narcissism, which is useful in the understanding of and treatment of those clinical phenomena.

The first chapter deals with the history of the concept 'narcissism' and with a number of concepts which are related to it, such as self, self-esteem, superego, ego-ideal, and others. This history chapter is divided into six sections: 1) a psychoanalytic history; 2) psychoanalytic-developmental contributions; 3) neo-Freudian contributions; 4) deviant psychoanalytic contributions; 5) self-theorist contributions; and 6) a brief section on the common or vernacular usage of the term narcissism. The psychoanalytic
history is the dominant point of view, since narcissism, as a technical, clinical concept, is predominantly a psychoanalytic concept.

The second chapter is a presentation of Kohut's theory of narcissism, elaborated, 'translated', and explained in understandable language. An effort was made to clearly demarcate Kohut's concepts from those of this author. Kohut's theory is described from within the psychoanalytic stance, due to that effort, but is described in more understandable language than he uses. This means that Chapter Two is a 'translation' of Kohut's theory into more understandable language but still maintains the integrity of the psychoanalytic concepts. This is done because of the need for clarification of Kohut's concepts. At the end of Chapter Two, there is a brief evaluation of his theory made from within the psychoanalytic tradition, and one made from the author's viewpoint.

Chapter Three contains descriptions of the concepts proposed by this author. They include 1) a definition of self; 2) a definition of narcissism; 3) the addition of the variable, reality helplessness and inadequacy of the child, as influencing the development of narcissism; 4) a description of the role of effectiveness; 5) a description of the concept of ownership; 6) a new way to describe identity, based on the definition of self presented in this paper; and 7) a new theory of aggression is given, with anger being described as a narcissistic defense. These are the major theoretical constructs presented in Chapter Three. A comparison of Kohut's and Krueger's constructs is made, as well as a brief critique of some of the constructs of this paper.
Chapter Four describes some of the implications and clinical uses of the concepts presented in Chapters Two and Three. Chapter Five is a summary and overview of the paper.
CHAPTER I

I. HISTORY OF THE TERM NARCISSISM

There are two histories of the term narcissism; one is the written, theoretical history, which is predominately psychoanalytic, and a second, which is the prevailing or popular usage history of the term. While the second leans on or borrows certain features of the first, they are not synonymous frequently referring to entirely different psychological phenomena. To draw an over simplified picture of the differences, the following are two patterns of clinical symptomatology: (1) the person who is described as arrogant, self-centered, exhibitionistic, who must always have 'centerstage', who must have applause; (2) the person who is described as schizoid or schizophrenic, and flattened affect, has poor reality testing, has delusions of grandeur, is isolated and isolates himself from others and therefore is alienated from people. Most clinicians would agree that these are two different, and at points antithetical, diagnostic categories, yet the term narcissism has been applied to both. The first description represents the common usage version of what narcissism means, while the second represents the psychoanalytic version (at least one of them) of what narcissism means. These two histories will be described but there are several problems in doing so. First, since the common usage and common clinical usage conveyed in a verbal tradition, there is no writing concerning the common usage and common
clinical usage, therefore, my 'history of it is sparse, inferential, speculative and undocumented, except as 'word-of-mouth lord' documents it. Nonetheless, it is a crucial reality regarding how the term narcissism is understood. A second difficulty in writing the history regards the psychoanalytic portion of the history. One of the goals for this paper is to bring some of the insights of psychoanalytic theory to bear on the topic of narcissism and notions of the self without making the paper so full of 'jargon' as to be incomprehensible or uninteresting to those outside of the analytic tradition. Yet in order to do justice to the psychoanalytic portion of the history, using psychoanalytic terms and focusing on metapsychological issues of the psychoanalytic system is unavoidable. Clarity and brevity were striven for, but the history is undeniably psychoanalytic.

The earliest record of the use of the term narcissism is in the Greek myth of Narcissus. As with most such myths there are varying versions but the core of all the versions is that Narcissus was an exceedingly handsome youth, much pursued by many nymphs, who cruelly spurned all advances. One day a maiden, who had in vain endeavored to attract him, prayed that he might some time feel what it was like to love and not have the affection returned. An avenging goddess granted the prayer and lured Narcissus to an especially clear pool. There stooping to drink, he saw his own image in the water and fell in love with it. (Most versions have him think it is a water spirit; some that he knows it is his own features.) Everytime he tried to kiss it, or touch it, or hold it, it fled, only to return to fascinate and haunt him. He was so enamoured of the vision that he was consumed by it (some versions have him pining away and dying; some have him in despair.
plunging into the pool to be with his beloved.) Even his shade, as it passed the Stygian River, leaned over the boat to catch a last look at itself in the waters.

There are many small touches in the myth which could be drawn upon for parallels or insights into 'narcissism' but the basic notion of the myth is of an arrogant and exhibitionistic person, totally in love with himself and unable to love others. It is obvious, given the antiquity of the myth and its popularity that the emotional and interpersonal 'reality' which it describes is a common and familiar pattern of behavior, sufficiently common for a myth regarding it to be formed. The common usage history of narcissism is influenced by, or created by, this description of narcissism.

Freud's exploration of narcissism, on the other hand, starting with "On Narcissism" (1914) has as its avowed purpose, his desire to understand and explain the 'megalomania' or 'delusions of grandeur' and the withdrawal from both people and 'reality' which are seen in schizophrenia. It is important to keep this context in mind, for while the delusions of grandeur are obviously 'narcissistic' in the common usage sense, the isolation and autism and lack of reality of schizophrenia are quite different from the popular image of the 'limelighter'. It also connotes a considerably more pathological meaning than does the popular use of the term. This is one of the issues causing a falling out between Freud and Jung, because Jung would not accept the hypothesis that detachment of the libido from objects and then withdrawal into the self, could cause the loss of reality in psychosis. This severely pathological connotation is relevant because part of Kohut's departure from Freud rests on a more benign view, but still partakes at times of this
narcissism and psychosis are closely linked. This paper will carry it even further away from such associations and connotations and in the direction of the common usage, but is by no means synonymous with it either. This will be elaborated later in the paper.

To understand the history of narcissism as a psychoanalytic concept, several issues need to be kept in focus. First, Freud was not only trying to explain delusions of grandeur, he was more importantly trying to build a consistent, coherent 'system' or theory which would account for all types of behavior. However, the system with which he worked, kept changing! While this is desirable in theory building, Freud had a habit or not clearly noting changes and hence there are frequently contradictions between his early and his later writings. There are very few places where this changing is more visible than in regard to the concept of narcissism. Hartmann says,

A third example (of concepts which gradually change in usage and therefore need clear redefinition) is narcissism. Here, too, several reformations occurred; the fact that Freud has not quite consistently synchronized the concept of 'narcissism' with the level of his later insights and theories has, in this case, led to quite some uncertainties and contradictions in psychoanalytic thinking and literature. In his paper 'On Narcissism' (1914) ...Freud says that 'while autoerotism is primordial, the ego has to develop, does not exist from the start, and therefore something must be added to autoerotism-some new operation of the mind - in order that narcissism may come into being'. A few years later (1916-17, p. 360) he stated that 'narcissism is the universal original condition out of which object love develops later', while even then 'the greatest volume of libido may yet remain within the ego'. (Hartmann 1950, pp. 125-126)

By this time, ego, even if undifferentiated, was posited as being present at birth. The issue - which comes first, cathexis of self (ego) or cathexis of objects (other people)? - is what is being
discussed, and in Freud's writings there are two distinctly different views. The narcissism theory is predicated on premises from his earlier view but he changes the premises without openly changing his narcissism theory. Freud, characteristically, changes his premise in a footnote, as if to indicate that what he said was obvious and did not need any further discussion. "It is, however, not explicitly stated that this correction also implied a detachment from the often used formulation that narcissism is to be defined as the libidinal cathexis of the ego (as system)" (Hartman, 1956, p. 287). The details of what is being wrestled with are not as important here as the fact that Freud's theory of narcissism is contradictory and confusing. Hartmann (1950) summarizes saying "...we are confronted with the many-faceted and still puzzling problem of narcissism. Many analysts do not find it altogether easy to define the place which the concept of narcissism holds in present analytic theory. This I think is due mainly to the fact that this concept has not been explicitly redefined in terms of Freud's later structural psychology." (p. 126)

Second, Freud (1923) also admits the theory is undeveloped saying, "The disturbances to which the original narcissism of the child is exposed, the reactions with which he seeks to protect himself from them, the paths into which he is thereby forced - these are all themes which...still await exploration." (p. 49) Very little of such explicit exploration occurred until quite recently, touched off by Kohut.

These factors have been pointed to because in most people's eyes, there is a "Freudian theory of narcissism". This is not really the case. There is a skeleton of a theory with sometimes contradictory or unclear premises and processes. In addition, later theoreticians
in the analytic tradition have added to or altered Freud's basic
descriptions. Supporting this last claim, Lichtenstein (1964) says
"...there have been numerous attempts to redefine it, make it handier
by eliminating some of its original, Freudian connotations, and replace
some of its uses with new, more specific terms." (p. 44) Because 'the
Freudian theory' is an amalgam of multiple people's contributions and
the later theoreticians have been combined and thus this section is
entitled, the history of the psychoanalytic theory of narcissism.
The Psychoanalytic History of the Term Narcissism

The format for the history section is predominantly one tracing
the development of concepts rather than a chronological history of
contributors. To do justice to the psychoanalytic theories regarding
narcissism, several additional terms and metapsychological principles
need to be included. First, the so-called 'hydrolic model' of energy
is assumed and has a bearing on narcissism because that premise says
there is a fixed amount of energy (libido) which will be available for
all tasks combined. Applying the hydraulic principle to narcissism, to
'cathect oneself', i.e. to love oneself, invest energy in oneself,
necessarily means there will be less energy (libido) available with
which to 'cathect objects', i.e. love other people. While there are
many who question this metapsychological principle of hydraulics, some
still hold to it. Whether one views 'love of oneself' as necessarily
and inversely related to 'loving other' is a crucial metapsychological
decision which shapes any theory of narcissism. It would be fair to
say that even up to the present time, the vast majority of people
described as psychoanalytic hold this hydraulic model assumption. It is
also reasonably accurate to say that most non-psychoanalytic thinkers
do not hold this assumption.

A second major metapsychological issue is the difference between what the author terms a 'multiple channels of development' theory structure versus a 'tree' theory structure. In a 'tree' theory there is a main trunk or stem from which all other aspects are branches. Freud's is a tree theory with the psychosexual stages of development as the trunk with all other aspects of human behavior as branches, e.g. interpersonal relations, work, sexual behavior, motivation. A 'multiple channels of development' theory would be Piaget's where motoric skill, cognitive skills, social skills, all are assumed to have separate lines of development, each of which influences the other, e.g. an extremely slow motoric development may effect social skills, but no one line of development is said to be the sole 'cause' for any or all of the other aspects. The differences between these two types of theories bear directly on narcissism in two ways. One, the 'tree' theory of Freud's necessitates that narcissism be described in terms of sexual (libido) investment (cathexis) of either the self or others, whereas a multi-channels theory has no such specific and necessary commitment to describing it in sexual or libido terms. This difference between the tree and multi-channel structure will be the foundation of some of the differences between the traditional psychoanalytic theory and those of Kohut and of this paper. Second, certain squabbles and specific uses of the term narcissism in the analytic history only make sense if one understands that all behavior have to be explained in terms of libidinal cathexes and deployment.

A third metapsychological issue is in regard to Freud's structural theory. Freud's early theorizing is not predominantly 'structural'
but the later theorizing becomes increasingly so. By 'structural' the following is meant. The later writings of Freud posit that as events, processes occur, they 'build up structures' within the person. The ego and superego are examples of structures. The basic argument, for calling them structures rather than processes is the enormous stability over time of certain behaviors. This stability is 'explained' by positing structures. One reason the structural aspect of Freudian theory is important is that there are important areas where there are no structures or where they are cloudy, confusing structures which are integral to the concept of narcissism. To draw an analogy, it is like trying to build a building (a theory) without certain key building blocks. Certain structures which are necessary for a theory of narcissism do not exist in Freudian theory.

The biggest single example of such a problem is that there is no theory or structure of the 'self' in Freudian theory. The term 'ego' which literally means 'I', Freud uses primarily in the technical sense or structural sense, as a subsystem of the self along with the id and the superego. However, he sometimes uses 'ego' to mean the self. These shifts in usage are not always clear. As Hartmann (1956) points out "I mentioned that Freud, as did others, sometimes used the term ego in more than one sense and not always in which it was best defined. Occasionally...the term ego became interchangeable with 'one's own person' or with 'the self'. ...this usage rather tends to obscure the fact that in the study of the problems I have in mind here (particularly narcissism) two quite different sets or propositions were involved, one referring to the functions and cathexes of the ego as a system (in contradistinction to the cathexes of different parts
of the personality), the other to the opposition of the cathexes of one's own person to that of other persons (objects)." (p. 287) This distinction between the 'self' meaning ego and the ego-as-part-of-the-personality meaning is clearly pointing at two different entities or structures. Yet the term narcissism, as Freud uses it, was used at various times to refer to both. This difference translated into clinical terms is the difference between valuing one's ability to, say, act appropriately socially and valuing oneself above all other people. Two very different notions of narcissism.

A reader might at this point say, 'yes, but valuing one's skills - such as walking and moving about, is not at all what we mean by narcissism. However Freud was wrestling with schizophrenia and people' regressive, out of touch with reality behaviors. Set in this context, the withdrawal from people and certain ego functions, like walking properly, can be seen as narcissism. However this is a very different meaning of narcissism than most people use. It should be underscored here, that Freud uses the term narcissism both ways, leading to further confusion, hence the claim, there is no clear single theory of narcissism in Freud.

Definition of Narcissism - Primary and Secondary

With the preceding as groundwork, attention is now turned to some basic concepts in 'Freud's theory of narcissism' and their alteration by several significant people. To begin, one of the basic tenents in Freud is the distinction made between 'primary' and 'secondary' narcissism. Primary narcissism is seen as the newborn and very young infant's autoerotism. Freud (1914) "Originally, at the very beginning of mental life, the ego's instincts are directly to itself and it is, to
some extent, capable of deriving satisfaction from them on itself. This condition is known as narcissism and this potentiality for satisfaction is termed auto-erotic.” (p. 77) “The libido of the self-preservation instincts was now described as narcissistic libido...it was recognized that a high degree of this self-love constituted the primary and normal state of things.” (p. 133, 1915). “It (the libido) has indeed an object, but that object is the subject’s own body. It is only later that the instinct comes...to exchange this object for the analogous one of the body of another.” (p. 72-73, 1914) In human developmental terms, it is the stage in an infant’s development before there begins to be an awareness that self and other are two separate entities. This period is usually described by developmentalists as lasting from birth to approximately three months, when the most rudimentary awareness of separateness is observed. Jacobson (1964) refers to this saying, “The maturation of the perceptual-conscious system, the core of the ego, paves the way for the emergence of the infant from the 'normal autistic' phase of the first weeks of life - Freud’s 'primary narcissism', and Spitz's 'objectless' stage - toward the symbiotic phase, a twilight stage of still primary narcissism.” (p. 219) Thus primary narcissism is used to refer to the stage(s) of early infancy when the infant is unaware of, and hence unconcerned for, others and is concerned only for itself. For the infant the self is all there is. Freud (1917) draws an analogy saying “in the sleeper the primal state of the libido-distribution is again reproduced total narcissism, in which libido and ego-interests dwell together, still united and indistinguishable, in the self-sufficient ego.” (p. 417)

'Secondary narcissism' occurs at a later stage of human
development when object cathexes have already been established. Freud (1914) says, "... (mechanic symptoms) ... doubtless come into being at the expense of the object-libido. The libido withdrawn from the outer world has been directed on to the ego, giving rise to a state which we call narcissism. ... the narcissism which arises when libidinal cathexes are called in away from external objects must be conceived of as a secondary form superimposed upon a primary one that is obscured by manifold influences." (pp. 32-33) The key here is that focus is withdrawn from others, meaning it has been given at some time previously and now is withdrawn - which is not the case with primary narcissism where it is never given out to others.

These two concepts, primary and secondary narcissism, sound clear and are taken by many people to be a clear and basic part of Freud's theory. They are not clear, however, and the following will proceed to show the difficulties with them and with the clarifications which have been aimed at settling the difficulties.

One problem which exists regarding the concept of primary narcissism rests on the issue of whether the ego or the id is the source of libido. In 1914 Freud states that at the beginning of life all libido is in the ego (here he probably means 'self' ego, since in 1914 he claimed that the system-ego was not present at birth). By 1923 he has changed his theory and states that all libido originates in the id. Rapaport says (1967) "The ego which in 1914 was assumed to be the original reservoir of all libido yielded this place to the id in 1933. But the corresponding change in the theory of narcissism has not been made, although this theory rested on the primary narcissism
of the ego as the reservoir of all libido and the conception of the ego ideal as the means by which, via secondary narcissism, the original narcissistic perfection is recaptured."

(p. 287) This problem is of concern to narcissism theory since other features of the narcissism theory also rests on the notion of "libidinal cathexes of the ego" as a system, i.e. he builds many parts of his theory as if he were using the term ego to mean the ego system when in fact he means either the self or the id.

It was due to this confusion which led Hartmann to suggest, (1950) "It therefore will be clarifying if we define narcissism as the libidinal cathexis not of the ego but of the self. It might also be useful to apply the term self-representations as opposed to object representations." (p. 127) This clarification by Hartmann was almost universally accepted by the theoreticians who followed. Jacobson, (1964), another significant contributor to the theory, says, for example, "The term 'self' which was introduced by Hartmann will, in agreement with him, be employed as referring to the whole person..." (p. 6).

While this clarification is a definite help, it raises problems of its own. One such difficulty is the notion of 'self' is introduced by Hartmann and yet there is no such concept in Freud's theory. Hartmann also gives no definition of the 'self'. Up to the present there has been no concerted attempt in the psychoanalytic camp to develop a concept of 'self'. Rapaport supports this view claiming (1967) "And the concept (of self) is murky: Hartmann equates the self with the person and speaks of the narcissism of the id and the superego as well as of the ego. The term 'person' so far has no conceptual status in psychoanalysis, and the narcissism of the id and superego - which I find
clinically meaningful - remains theoretically an enigma." (p. 688).

Thus 'primary narcissism' rests on a concept which does not exist in psychoanalytic theory. A most shaky foundation.

This is only one, perhaps the most severe, difficulty of the concept of primary narcissism, but it should be noted that there are sufficient other difficulties with the concept that throughout the psychoanalytic history there have been numerous suggestions (Hartmann, Kris, Loewenstein, Jacobson, Balint, Federn, Rosenfeld, Rapaport, Mahler, among others) to abandon the term with various substitutions suggested. Jacobson presents a clear position when she says (1964)

"...in my previous paper on the Self and the Object World (1954a, p. 83) I suggested that we also dispense with the concept of primary narcissism. At the present time, however, it seems to me that it is still a very useful term for the earliest infantile period, preceding the development of the self and object images, the stage during which the infant is as yet unaware of anything but his own experiences of tension and relief, of frustration and gratification. But we must keep in mind that this term bears no reference to energic and structural differentiation and the corresponding establishment and cathexia of the self and object representations." (p. 15) This position does not reject 'primary narcissism' but significantly alters its meaning.

Turning next to the concept of secondary narcissism, Freud uses it in two quite different ways. On the one hand he is attempting to account for megalomanic symptoms and the hypocondriacal pre-occupations of schizophrenics. It is in this context that he describes (1923) that delusions of grandeur "doubtless come into being at the expense of the object-libido. The libido withdrawn from the outer world
has been directed on to the ego, giving rise to a state which we call narcissism." (p. 32) It is from this context that the term narcissism takes on its most pathological meanings, such meanings are utilized up to the present by people like Kohut and Kernberg when they talk of the risk of psychotic regressions occurring during analysis of narcissistic disorders. On the other hand, Freud uses the notion of narcissism to help explain the establishment of such structures as the 'superego' and the 'ego ideal', which are two 'healthy' and necessary components of the personality. For example, referring to the origins of the ego ideal, Freud (1914) says "That which he projects ahead of him as his ideal is merely his substitute for the lost narcissism of his childhood - the time when he was his own ideal." (p. 51) The process of ego ideal formation is described as follows: the child, giving up some of his primary narcissism, invests his parents with his omnipotence; then by an internalization or identification these omnipotent parents are reinstated inside the person. This process is the process alleged to be responsible for the constitution of the ego-ideal and to be partially responsible for the constitution, and enforcing power, of the superego. The pattern, helps build the ego stronger. In this process libido is said to accrue to the ego by means of identification. Freud (1923) says, "Part of this libido is sent out by the id onto the erotic object-cathexes, whereupon the ego now growing strong, attempts to obtain possession of this object-libido and force itself upon the id as a love-object. The narcissism of the ego is thus seen to be secondary, acquired by the withdrawal of the libido from the objects." (p. 65) Does libido accruing to the ego mean the ego is strengthened by such withdrawal from objects? It would seem so. Also,
the process of sublimation, (wherein sexual libido is 'neutralized' i.e. stripped of its specifically sexual components, and is thereby available to the individual to be used in the world to accomplish many 'good' things, is described as proceeding as follows: sexual object libido is withdrawn into the ego via identification, is thereby neutralized and hence at the disposal of the ego for whatever tasks the ego wishes to accomplish. Thus, the process of sublimation (an extremely important and highly valued process in psychoanalysis) is in part dependent on the 'withdrawal of libido from objects and focusing it in the ego' - the same process earlier asserted to cause psychosis. Thus, there is a conflict: narcissism is supposed to be pathological, bad and causes psychoses, and simultaneously it strengthens the ego, helps constitute the superego, is important to the crucial process of sublimation, and is responsible for the creation of the ego-ideal. Hardly results one would call pathological.

There is a second difficulty with the concept of secondary narcissism which is due to the confusion of several different meanings of the term ego which was mentioned earlier. Freud has at least two uses of the term ego, system-ego and self-ego. Hartmann's addition clarifies the difference between these two uses. Jacobson introduced a third, self-representations. According to Jacobson (1964) self representations are "...the unconscious, preconscious and conscious endopsychic representations of the bodily and mental self in the system ego." (p. 18) Put in the simplest of terms 'self representations' are a person's images of himself, including unconscious, pre-conscious, and conscious images, as opposed to the 'objective, third-person verifiable' self. With the addition of self-representation, there are three, quite
Different meanings of the term 'ego' are possible when one says regarding secondary narcissism, libido is withdrawn into the 'ego.' If ego means the self, as opposed to others, then narcissism means self-centeredness. But if this is what is meant, then there is no way to differentiate, as Freud wishes to do, between "sexual overestimation of the self, as we find it, e.g. in megalomania, and other forms of self-cathexis." (Hartmann, 1953 p. 192) If ego means the system ego, then narcissism means regression, delusions of grandeur, but it does not mean self-centeredness, something Freud does seem to want it to mean. If ego means self-representations, then narcissism can mean things like being very proud about being a good piano player (if such be a representation held about the self). These are three quite different meanings of narcissism. It should be added here that each one of these meanings leads to different sets of difficulties when it comes to fitting any of them into the rest of Freud's theory. Rapaport (1967) after wrestling with these difficulties, metaphorically throws up his hands and says,

Secondary narcissism is withdrawal of the object cathexis in one fashion or another. My point is that this withdrawal cannot be in the fashion that is described in The Ego and the Id and still result in secondary narcissism. What is cathected in secondary narcissism, I do not know, but the cathexis has to be withdrawn not into something which is part of the ego." (p. 688)

Summary

To summarize briefly, these two problems, 1) that there is no definition or structure called the 'self' in Freudian theory and, 2) confusions regarding the term 'ego' should be sufficient to convince most readers that the two basic tenents of Freud's theory of narcissism, namely the concepts of primary and secondary narcissism, are not as
simple and clear as they were thought to be by most people. Rapaport
summarises the psychoanalytic theory on narcissism saying "The fact
remains that Freud's original conception does account for definite
clinical phenomena, that the theoretical underpinning of his concept no
longer holds (he himself eliminated some of its foundation without
indicating how the theoretical explanation of his ego-ideal conception
should change correspondingly), and finally that Hartmann's and
Jacobson's narcissism conceptions, as much as seem to be clarifying in
some respects, do not as yet fill the gap in the theory..." (p. 689)
The preceding descriptions in this section demonstrate that Freud did
not provide an adequate and consistent theory of narcissism, even when
the generally accepted portion of his theory is being examined care-
fully. However, Freud's theory, with the additions specifically of
Hartmann, Jacobson, and Rapaport, does point at and attempt to wrestle
with certain issues which anyone dealing with the concept of narcissism
must deal, issues like 'what is the self which is loved' and 'is love
of self antithetical to love of others?'

Function of 'Narcissism' in Psychoanalytic Theory

Turning now from the concepts of primary and secondary narcissism
next will be a brief summary of some of the functions which narcissism
plays in Freudian theory. This entails touching on several other
concepts which are crucial to the understanding of narcissism theory.
These concepts include the 'ego-ideal', the 'superego', 'the self',
'identity', and 'self-esteem'. These will next be discussed in
order.
The Ego-Ideal

The ego-ideal could be described in non-technical terms as 'the person I would like to be', the self without the flaw. One has, and with all the perfections which one currently lacks. Each individual has slightly different content which makes up his own ideal. It is, under ideal circumstances, that ideal that leads us and guides us towards greater growth and health. This concept of the ego-ideal has a dual relationship to narcissism. First, Freud describes the ego-ideal as originating in early narcissistic strivings when in On Narcissism (1914) he says, "That which he projects ahead of him as his ideal is merely his substitute for the lost narcissism of his childhood, the time when he was his own ideal." (p. 51) The process by which this ego-ideal is created was described before, but is of great enough importance to be repeated here. The child, forced to give up some of his primary narcissism, invests his parenting figures with his omnipotence. Then by identification with them and internalizing many aspects of them, regains the omnipotence, this time in the form of the ego-ideal. Freud (1914) says, "This ideal ego is now the target of the self-love which was enjoyed in childhood by the actual ego." (p.74) Jacobson (1954) adds, "The core of the ego ideal is composed of idealized images of the parents blended with archaic aggrandized image of the self." (p. 243) Thus, according to Freud, the ego-ideal is born out of the marriage of narcissism and the idealized parental figures via the process described above. Jacobson (1964) supports this description saying "In fact, parental demands and prohibitions probably can become internalized only by joining forces with the child's own narcissistic, ambitious strivings to which, however, they give an entirely new
direction." (pp. 95-96) This concept of the ego-ideal has been nearly universally accepted within analytic circles and frequently by other clinicians also. However, frequently the early portion of the process, regarding its birth in narcissistic strivings, is simply not focused upon. However, it plays a central role for Kohut, when describing the etiology of healthy and pathological narcissism.

The second connection between narcissism and the ego-ideal is not explicitly spelled out in the following terms by Freud, but is clearly implied. The ego-ideal is constantly being compared with the real ego in an attempt to gain narcissistic gratifications (Freud 1923, p. 52) If, in this comparison, they are close, then one feels good about the self. However, he rather clearly implies that if the comparison between one's ego ideal and one's actual self results in too great a discrepancy, then self-esteem is lowered, and there is a wounding of one's narcissism. The greater the discrepancy between the ego-ideal and the actual self, the greater the likelihood for lowered self-esteem. This aspect of Freud's theory has nearly universal acceptance in clinical circles, even by those 'self' theorists who reject virtually all else from the Freudian theory. Wylie (1968) in a review article about 'self' theories, following a description of the ego-ideal, writes, "This sort of reasoning was introduced...by Freud. The general principle now seems to have been accepted by all personality theorists as applying to all persons." (p. 750) It is fair to say that this concept of the ego-ideal is the clearest, most widely accepted, and most fully explicated portion of Freudian theory which has a bearing on narcissism. It also, contains many seeds which were undeveloped by Freud but which are the basis of much of Kohut's theory and a good
The Superego

The next concept which is related to narcissism is the concept of the 'superego'. Freud himself focused primarily on id issues with some emphasis on the ego. The ego-analysts developed the theories of the ego. No one, to date, has focused on, let alone developed, a theory of the superego, describing how it comes into being, how it works, how to enhance or reduce it. Rapaport (1967) says, "Ever since the introduction of the structural theory of Freud, theoretical interest has centered on ego psychology and neglected the exploration of the superego... Unfortunately, there is only scattered mention in the literature of the unclarities of the superego concept, and to my knowledge no study exists, which spells them out in a concentrated form." (p. 686-87) His article "A Theoretical Analysis of the Superego Concept" spells out the difficulties and offers pointers in some directions for solutions, but admittedly fails to add appreciably to the theory. It may be a bit surprising, especially to those outside the analytic camp, to hear that the theory of the superego is not well-developed, since every beginning course and textbook on psychoanalytic theory starts of saying 'In the beginning there was the id, the ego, and the superego' and goes on from there. None the less the fact remains that the theory surrounding the superego is dreadfully lacking.

With such statements as the preface, attention is now turned to the concept of the superego, and its relationship to narcissism. One kind of relationship can be described simply by saying it shares the same relationships to narcissism as does the ego-ideal, i.e. 1) its origin lies, at least partially, in the effort to restore narcissistic
perfection, 2) via identifications and internalizations, incorporation and introjection of parental figures, and 3) that the effects of it on the rest of the personality are significant and even crucial in the maintenance of self-esteem. How, then, one asks, does it differ from the ego-ideal? The traditional answers given are 1) superego identifications occur during the oedipal period, (are due primarily to castration fear) and are specifically related to identifications with the father, whereas the ego-ideal identifications are said to be pre-oedipal; 2) it is supposed to be constituted of 'abandoned objects' and to not change much after its formation in early childhood, while the ego-ideal is constituted of both abandoned and current objects and can change as a person grows; 3) it is said to have the power to enforce its demands while the ego-ideal is simply a model to aim at, a signpost pointing the way but having no enforcing power. There are problems with these answers, however, and they will be taken in order, beginning with the period of formation, i.e. oedipal versus pre-oedipal identifications. Freud distinctly says two different things; 1) that the "superego is the heir of the oedipus complex (1923, pp. 47-48); and 2) that behind the ego ideal (supposedly preoedipal)...there lies hidden the first and most important identification of all, the identification with the oedipal father" (1923, p. 39) Thus the distinction between oedipal and pre-oedipal identifications is blurred. Regarding the second way of distinguishing between the ego-ideal and the superego, i.e. abandoned versus current objects, again Freud says two distinctly different things: 1) that the superego is a substitute for abandoned objects; and 2) that has the capacity to make "simultaneous...identifications, i.e. alteration in character...before the object has been
given up." (1923, p. 37) Thus this answer also is not adequate. Regarding the third distinction between the ego-ideal and the superego, i.e., the enforcing power of the superego, the only explanation for the superego's enforcing power is that it is due to the guilt of the oedipal conflict and the concomitant castration fear. This argument rests on the first answer which has been shown to be contradictory. Second, Melanie Klein's theories and work have made the preoedipal contributions to the superego obvious. It raises the question, 'Is fear of castration really more powerful as a 'reinforcer' than feared loss of love resulting in risk to survival, which are included in the pre-oedipal identifications? While this is not a definitive argument, it raises doubts concerning the source of and alleged differential in 'enforcing power'. The result of these objections is that the claim of distinction between the two systems, ego ideal and superego, rests on the above differences which are indiscernible. Thus, after long arguments of similar and more extensive nature, Rapaport (1967) concludes "...thus, we are in need of a distinction between the identifications which form the ego and those which form the superego. ...and we find no answer to the question whether it is the same identifications which do all of this, and if so, how; or if different one, then how do they differ." (p. 692-693) Later, Rapaport adds (1967) "...the general theory of the superego depends on a general theory of introjection and identification which at this point is non-existent". (p. 703)

The following description of the relationship between narcissism and the superego should be evaluated carefully since it rests on two concepts which are theoretically unclear. Part of the superego's relationship to narcissism is that the superego is said to be
instrumental in maintaining self-esteem. Some of the individual's self-esteem stems from narcissistic self-love. That same narcissism demands that the individual be perfect, omnipotent. Any events which demonstrate non-perfection or non-omnipotence, are frustrating to the individual, wound the image of narcissistic perfection, and thus threaten the individual's self-esteem. The superego can act as a stabilizer of self-esteem. It is alleged to do so via the following process. The superego 'rewards' the individual for maintaining harmony between the individual's behavior and his moral code. Sometimes acts which one's narcissism demands are in conflict with one's moral code. Under these circumstances, if one acts in accordance with the superego dictates, then there is the risk of loss of self-esteem due to not meeting the narcissistic demands. However, the 'rewards' of the superego, the feeling one is 'a good person', helps raise self-esteem, thus counteracting or helping to stabilize self-esteem. It does so by acting as a buffer between experiences of failure, and the individual's narcissism. Such experiences can, if unbuffered, send self-esteem plummeting. For example, a starlet can say "I'd probably have gotten the leading role if I'd slept with the director, but I just could not bring myself to do that" and feel good about herself because she pleased her superego even though her grandiosity was thwarted in not getting the leading role. Thus, the superego is alleged to act as an endopsychic regulator of mood level and self-esteem and to act as a buffer against blows to one's narcissism.

The superego can influence self-esteem and narcissism negatively. Part of the superego's function is to be 'self-critical.' It is frequently the case that the critical superego's response is not,
subjectively, experienced by the individual as remaining limited to the disapproval of specific impulses or actions but instead 'spreads' and is experienced as morally condemning the total self. When this occurs the superego causes fluctuations in self-esteem and inflicts narcissistic wounds. This tendency to 'spread' beyond a specific act or impulse has been attributed by Jacobson and others to a "pathological archaic superego structure." Mahler and Jacobson whom did the bulk of their clinical work with children, both describe the etiology of this as coming from either the early childhood where the child is not yet capable of discrimination between his acts and himself. Alternatively, it can be attributed to parents who themselves fuse the two issues, being and doing, when punishing or inhibiting a child's behavior. In this context, the claim is made that if such a 'pathological archaic superego structure' exists, that it will be so punitive and/or spread wo widely, that it will not function as an incentive for the ego to ward off and sublimate forbidden strivings. This occurs because no matter what the ego does, the superego will not give praise or reward or comfort. Bibring (1953) adds, that faced with such a hopeless position, the result is chronic and sometimes severe depression.

These descriptions of the superego and the 'pathological archaic superego' are quite important to Kohut's theory of narcissism. Thus, the additions which Jacobson and Mahler make to the concept of the superego are relevant to and important in the history of the concept narcissism.

The Self

It was noted earlier that 1) there is no concept of the self per se in Freud's writings and 2) the additions of Hartmann and Jacobson either have theoretical difficulties or are relatively undefined. To
this is added yet another difficulty with the self concept in the
Freudian theory, a difficulty which many theories of the self have.
The difficulty is this: the self, subjectively, has as one of its
properties the capacity to observe itself. Yet the ego is something
which functions; it does not observe itself. In fact, it is alleged
that one of the main reasons for exchanging the topographic system in
favor of the structural system was because some of the most important
things about the ego, are not conscious, i.e. the functions themselves.
Thus Rapaport says, (1967) "The self will have to be so defined in the
psychological apparatus that it is observable by an ego function which
is at the same time defined as a subsidiary organization within the
self. The self cannot be simply redefined. Only a revolutionary new
invention could meet the requirement that it is capable of observing
itself." (p. 689) This author makes the claim that these problems of
defining the self in the Freudian system are due to the structural
description of 'entities' (as opposed to a process description) and
to certain philosophical confusions regarding language (Russell's
levels of language). Later in this paper a definition of self will be
given which solves the difficulty Rapaport describes.

Despite these difficulties a brief history of the self concept
in psychoanalytic literature will be given. As was noted earlier,
Hartmann suggested using the term self instead of ego, but never
defined what he meant by self. Jacobson (1964) offers the following
definition: "a concept of the sum of psychic representation will
develop, i.e. an awareness of the self as a differentiated but
organized entity which is separate and distinct from one's environment,
and entity which has continuity and direction. This awareness will
find emotional expression in the experience of personal identity."

(p. 22) Self-representations are internalized images of the self, both conscious and unconscious, which are held by the individual in question. While Jacobson's definition of the self is helpful in some regards, there are several problems with it. First, Rapaport argues that if we accept this definition, then when Freud says the libido is withdrawn to the ego, now 'ego' means the sum of self-representations, it would mean that it is these representations which are cathected. That formulation is unacceptable to Freudian theory. While my own bias is that with some additional features added to Jacobson's description it is indeed accurate and descriptive to say that self-representations are cathected, it still remains the case that this notion does not fit the Freudian model of libido cathexis. A second, and perhaps more telling argument against Jacobson's definition, is that, in this definition, the self is equated with the simple sum of self-representations, where as the 'self' is 'something more than' the simple sum of representations or images. It is like defining 'cake' by saying it is the sum of the ingredients, e.g. flour, water, sugar. If you set all these ingredients out on the counter, you do NOT have a cake. To continue the metaphor, just as it is difficult to explain what it is that happens when all these ingredients are mixed together and baked that creates the cake, so also it is difficult to explain just how all the representations get integrated into a cohesive unit which is qualitatively different from the sum of ingredients themselves. This difficulty is, a particularly thorny problem for anyone dealing with the concept of the self. A third difficulty arising out of Jacobson's definition is that either all aspects of the self
(self-representations) are equal to each other, or they are not. Very few people will agree that they are all equal. But if some are more important than others then it is a matter of value judgements as to which aspects of the self are the most important and hence deserve focused attention. For example, Freud obviously views unconscious self-representations of being more important than conscious ones. The neo-Freudian such as Adler, Sullivan, Horney, Fromm and Rank see conscious self-representations as the central and most important factor. Freud, Rapaport, and others, have accused the above theorists of denying the existence of the unconscious. In like fashion such theorists have argued that the Freudian system does not pay sufficient attention to the role consciousness plays. This kind of squabble is relevant to the concept of the self, since the 'self' optimally should include both conscious and unconscious aspects as well as organizing them in a hierarchy. The only theoritician who is even marginally within the psychoanalytic camp to attempt such integration of various aspects, and hence develop a theory of the self, is Erikson, who's concept of identity is, a concept which, if not exactly synonymous with the 'self', is very similar.

Erikson's theory (1950) (1956) includes the notion that to begin with there is a loose ego organization holding together the various representations or identifications. According to Erikson, in the course of development, the synthetic functions of the ego jell all these identifications, or representations, which we make with father, mother, grandmother are turned into a unity. Just how this happens is not entirely clear but we all experience similar syntheses all the time. For example, when one reads books by various authors, initially one
may keep straight who said what and who originated the idea. But very soon one cannot keep each of their thoughts and principles separate very long. They are synthesised into a unity, which one calls 'mine' and which is different from any single source used. Similarly, all the various identifications jell into identity, or the self.

Erikson also was able to demonstrate that in puberty and adolescence there is among other processes, a process of reviving and reviewing, some consciously and some unconsciously, the identifications which were made in the periods when they were prevalent, with the attendant jelling into a unified identity or self. This process in adolescence has as one of its goals, social adaptation, i.e. the individual attempts to throw out the representations and identifications, such as 'I am a baby', which are unhelpful or harmful to his taking his place in the adult world. Thus, Erikson blends 1) the unconscious identifications from Freudian theory; 2) the notion of synthesis from the ego-analytic psychology; and 3) social adaptation from the neo-Freudians and from social psychology. By doing this he avoids the 'simple sum' (cake) problems of Jacobson's definition of self. Thus Erikson's description of 'identity' can be seen as a definition of self. It might be added that Erikson's work with the concept of identity is the only attempt to define that concept from a psycho-analytic perspective.

There remains a ubiquitous problem regarding identity or self. However one defines it, it reflects a complex and high-level integration of behavior which is difficult to pin down when it works normally, but which produces dramatic pathological effects when impaired. Thus, we almost always are in a position of inferring what
'healthy' functioning is, from the results of pathology. While this is a common practice, it always leaves a vague suspicion about the accuracy of one's inferences and in addition focuses attention on what goes wrong and not on what goes right.

Self-Esteem

Next will be an examination of the concept of self-esteem in the psychoanalytic tradition. Once again to begin with Freud, it can fairly be said that Freud has no theory of self-esteem. He does say (1923) "...self regard has an intimate connection with narcissistic libido." (p. 55) But he never spells out the nature of that relationship or develop the theory of self-regard, except to say (1923) that self regard sources include 1) residue of childhood narcissism, 2) fulfillment of the ego-ideal, and 3) gratification from object libido (p. 58). He also uses the term in describing depression when he says "...the melancholic displays...an extraordinary fall in his self-esteem, an impoverishment of his ego on a grand scale." (1917, p. 161)

Self-esteem is, in psychoanalytic terminology, an ego function not an id function. To make this point clear, compare 1) the description of 'primary narcissism' wherein the infant derives autoerotic pleasure from itself, where stress is laid on the satisfaction experience in one's own person and there is no real notion of 'self' as separate from the rest of the external world; with 2) the notion of self-esteem which by definition requires both a self which is discriminable from the rest of the external world and some conception of the dimension of esteem and its corollary of 'more and less'. In looking at this comparison it should be clear that 1) one can be 'happy', 'have pleasure', (id) even before there is an awareness without self-esteem,
of self as separate, or of 'esteem' and 2) that the awareness of self as separate and the process of evaluation which self-esteem implies, require the ego functions of discrimination, comparison, evaluation. If one looks at the notion of self-esteem in this fashion, I think it becomes clearer why Freud did not pay particular attention to self-esteem. He was concerned primarily for id, not ego, functioning, and he was primarily concerned with intrapsychic, not interpersonal, issues.

There is a second relevant issue regarding self-esteem. To the extent that one can infer a theory of self-esteem from Freud's work, one would infer a theory which explains self-esteem as being predominantly, if not totally, the result of intersystemic conflicts between the ego and the superego, i.e. the ego's capacity to meet the superego's imperatives. The major reason for claiming this is that Freud viewed all conflict as being inter-systemic, not intrasystemic. It was the ego-analysts and the neo-analysts who developed both the concept of the ego and the notion of intra-systemic conflict, for example, conflict between different aspects of the ego.

The preceding portion of this chapter has described the traditional 'pure' psychoanalytic theorizing regarding narcissism, and the related concepts of ego-ideal, superego, self, identity, and self-esteem. There are, in addition, several groups of theoreticians who are decidedly to be grouped under the general heading of 'psychoanalytic', but who contribute concepts and descriptions different enough from Freudian psychoanalytic descriptions, to be separated from the preceding contributions. These groups are 1) psychoanalytic developmental contributions; 2) neo-Freudians; and 3) two 'mavericks', Bibring and Federn, who offer radically different views on narcissism.
Federn frequently is classified as 'ego-analytic', but Bibring is not, else that classification title might be used. These three groups of contributors will be described, in order.

PSYCHOANALYTIC DEVELOPMENTAL CONTRIBUTIONS

There is somewhat different direction of theorizing which is relevant to narcissism and is especially relevant to Kohut's theory. This cluster of theoreticians contributed developmental descriptions and hypotheses which relate to the etiology of pathological adult narcissism. Kohut bases much of his etiology on these contributions.

This portion is prefaced with a homage and an explanation.

Virtually all modern developmental theories are influenced by Piaget. However, he is not included here. His descriptions are omitted for the following reason. Jacobson and Mahler, the two who will be focused on, describe many of the same phenomena Piaget described, but do so from within the psychoanalytic tradition. Hence they use the psychoanalytic language and concepts, which are in turn used by Kohut. Thus, to avoid too much translating back and forth between language systems, their descriptions were selected. This does not alter the fact that many of these concepts could be stated in the language of Piaget, nor that his influence can be seen in virtually all modern developmental theory.

Mahler (1968) describes formulating "the hypothesis that children pass through a normal autistic, a symbiotic, and a separation-individuation phase of development." (p. 165) The autistic phase, what Freud calls primary narcissism, Spitz calls the 'objectless' stage, Piaget calls "egocentric", occurs from 1-3 months of life. By three months, the child begins to perceive, however dimly, the non-I.
(Spitz, 1957) The process of growing awareness is described as a di
sensory impression (or Gestalt impression) of the symbiotic object,
the person who brings relief from tension. This non-I thing or person
is still experienced by the infant as being part of a unit with him.
The mother and child are 'fused together', are 'merged' into one unit.
This is the stage of symbiosis, where an other is dimly perceived but
experienced as being part of the self. At this stage the loss of the
symbiotic person amounts to the loss of an integral part of the self
and thus constitutes a threat of self-annihilation. This phase of
symbiosis lasts approximately from 3-6 months, although there is
actually no exact cutoff point. For as Jacobson (1954) says, "...for
some years the child still feels himself to be only an extension of
the mother and participates in her imagined omnipotence or, the
reverse, regards mother as a part of his own omnipotent self." (p. 241)

In normal circumstances,

In this symbiotic phase, not only does the helpless infant
need the mother and feed on her, but the mother also needs and
emotionally even feeds on the child. However, it has been
shown, Olden (1953, 1951) that a mother's empathic under-
standing of her child suffers when she actually steps down to
his infantile level, or the reverse, when she expects the
child to act or react on her own leve. In either case the
mother is unable to distinguish the child's need from her
own and to subordinate her own. (pp. 56-57)

In this set of pathology-creating circumstances, the mother is not
able to adequately form the healthy symbiosis. Since it is the
empathy of this symbiotic phase which creates the emotional stance or
expectation called 'basic trust' by Erikson, then pathology will
likely develop which will later be expressed in the form of not trusting
other human beings to care about oneself, or know what to do if they
do care.
There is a second danger of the symbiotic phase, and that is the pathological prolonging of such symbiosis. This leads into a discussion of the next developmental phase, that of separation-individuation. This phase takes place over a period of approximately two years, from 6-30 months. This phase of separation and individuation is extensively described by Jacobson (1964) who says,

The normal separation-individuation process takes place within the setting of the child's developmental readiness for, and pleasure in, independent (separate) functioning. The concept of separation in this sense, means differentiation of the self from the symbiotic object as an intrapsychic process...During the course of the normal separation-individuation process, the predominance of pleasure in separate functioning, in an atmosphere in which the mother is emotionally available, enables the child to overcome that measure of separation anxiety that makes its appearance at that point of the separation-individuation phase at which a differentiated object representation, separate from the self, gradually enters conscious awareness. Small amounts of separation anxiety are probably evoked with each new step of separate functioning, and may be a necessary requirement for progressive personality development.

The separation-individuation process implies two distinct, albeit interdependent, kinds of development. One line is the toddler's rapidly progressing individuation, which is brought about by the evolution and expansion of the anonymous ego functions. These center around the child's developing self-concept. The parallel line of development is the child's growing awareness of his functioning independently of, and separately from, the hitherto symbiotically-fused external part of his ego-theme mother. This line centers, perhaps, more around the child's developing object representations. (pp. 220-221)

There are several significant factors in the above formulation. First, in the description of two distinct 'kinds of development', the development of 'self' and the development of 'object relations'. These two are seen as related to each other but are seen as multiple channels of development, rather than one line 'causing' the other. Instead, both are seen by Jacobson as being shaped by the same developmental phase.
Second important factor: the mother in the separation-individuation phase optimally needs to be both 'available' to her child for support, reassurance, comfort, and at the same time accept and support the child's independence from her. This double task requires from the mother great empathy for the child's needs at any given moment, i.e. neither overprotecting and overgratifying, nor excessively demanding separateness and independence. Two pathological parental patterns are described. First, the well-known parasitic, infantalizing mother, who for her own reasons, needs to continue her overprotection beyond the stage when it is needed, thus threatening the child with engulfment. This parent may make active moves to prevent the child from becoming a 'self'.

The second pathological pattern has two variations: 1) the mother, who sees the child as a narcissistic extension of herself, and cannot endure seeing the gradual loss of part of herself, defends herself by abruptly becoming unconcerned for the child; 2) the mother is from the beginning unconcerned for, or unable to respond to, the needs of the child. The mother's lack of concern heightens the child's separation anxiety and reinforces the fear that if one becomes independent one will lose all nurturance. Both of these patterns may delay the child in establishing firm boundaries between self and others. Thus difficulties regarding both 'self' and 'object relations' is likely to ensue.

A successful attempt to indefinitely prolong symbiosis prevents the child from forming a stable sense of self and is posited by Mahler, Jacobson, and others, to be a primary factor in causing childhood psychoses, and frequently is thought to be a significant factor in
psychoses which show up later. They speculate that much of self-stimulating and auto-aggressive behavior seen in psychotics in an attempt to define body boundaries as the first basic step in defining the 'self' as separate from others.

A pattern of intensely close symbiosis followed by abrupt abandoning has the following result. The child at the separation-individuation stage still needs to 'borrow the mothers ego' some of the time. The individual cannot spring full grown from the head of Zeus. He may be able to dress himself long before he can tie his own shoes. Thus, if there is a total abandonment, the child will feel quite incompetent at being an adequate, separate self. He knows, accurately, that he is incompetent by himself and that he cannot stand alone. Hence, later he will yearn for the halcyon days when he was supported by and loved by an other and will feel incomplete unless he is merged with someone.

All three pathological patterns, 1) neglect and deprivation; 2) overprotection, overgratification, pathological prolongation of symbiosis; 3) the abrupt switch from symbiotic gratification to neglect and abandonment; all can cause the child to be 'fixated', the symbiotic, and still highly narcissistic, stage. This will result in two things: 1) there will be no clear and coherent sense of the self which is experienced as adequate to the task of meeting the requirements of the world; and 2) there will be no clear and distinct view of others as others, rather others will be seen fuzzily as part of the self. Jacobson (1964) adds,
The insufficient distinction between self and object during the beginning constitution of an ego-ideal, or rather of its precursors, explains why in its deep, unconscious core we may detect fusions of early infantile images of both the love object and the self, and why at bottom the superego and the ego ideal harbor the grandiose wishes of the preoedipal child as well as his belief in parental omnipotence. (p. 95)

The next developmental stage is labelled as establishing 'object constancy' (Hartmann, 1952). This occurs from approximately 30 months to four years of age and occurs following relatively clear distinctions being made between self and other. "By object constancy we mean that the maternal image has become intrapsychically available to the child in the same way as the actual mother had been libidinally available - for sustenance, comfort, and love." (Hartmann, 1952, p. 222) This notion is virtually identical with that of 'object representation'. The idea is that the child's internal image of mother becomes constant, i.e. it is there even when the actual mother is not.

Hartmann (1952) adds, "Both the development of ego functions and the constitution of constant objects represents a moving away from what Freud calls primary narcissism and are closely interrelated." (p. 255)

There is another important process occurring at this stage. The various images of mother need to be 'blended'. The child tends to form 'all-good' or 'all-bad' images. Initially the image is based on an immediately preceding or present event, i.e. if mother just gave a cookie, she's all good; if she just spanked the child, she's seen as all bad. In healthy development, the mother begins to be seen as both 'good' (giving, supporting, loving) and 'bad' (frustrating, demanding, punishing). If, for example, the pattern of abrupt emotional abandonment occurs, this tends to reinforce the all-good and all-bad images.

One outcome of this is the child's inclination to view others initially
as all-good and all-powerful, followed by the fear that they will be 'suddenly disappointing' and become 'all-bad', which inevitably comes about since any failure, even a minor one, is seen as evidence for all-bad. If a person is not all-good, and there is no 'blended' concept, then a flaw means he is all-bad.

A second outcome regards the 'self'. The child, first is fused with, and later 'identifies' with, the parental figures and images. This process of identification is part of the formation of the 'self'. Thus, if the concept of the 'other' is not unified into a blend of 'good and bad', the image of the self tends to remain as 'all-good' and 'all-bad' images. Again, the one unified image of the self is 'split' into two images which are unintegrated. This split is reinforced, especially by the sudden abandonment pattern. The child has absolutely no capacity to understand the actual reason why mother is suddenly unconcerned about him. It is hypothesized that he assumes it is because suddenly he somehow is 'bad', unacceptable, since virtually nothing he can do, gains the mother's approval, whereas before anything he did gained her approval. He must therefore, see himself as all-good or all-bad, and no unified and acceptable concept of the self is formed, one side or the other must be denied, repressed, or split-off.

Jacobson also posits that in the healthy course of things, the prevalence of good over bad images of the self is the basis for self-esteem. Thus, a great actual or fantasized lack of acceptance from the mother at this stage when a cohesive view of the self is being formed, usually leads to vulnerability of self-esteem.
The last developmental phase to be mentioned is adolescence. Jacobson, A. Freud, Deutsch, Erikson, and others have all pointed to the intensification of narcissistic issues in adolescence. It is a repetition of, and a further development of, the separation-individuation issue. Most theoreticians do not consider the tasks of individuation, superego development, and ego-ideal development, to be completed until adolescence is completed. Here too, as before, parental attitudes play a significant role. If parents effectively resist the adolescent's efforts to loosen his bonds with his family, then he either remains passive and dependent, or may violently rebel against the parents, but in either case be unable to emotionally leave the parents having to repeatedly find idealized parent surrogates on whom to lean.

In an alternative pattern where early experiences of abandonment and severe disappointment predominate, and the child's self-esteem is already shaky, the first disappointing attempts to find new love objects in adolescence may result in severe depressions and sometimes even psychotic breaks. In most pathological cases, these patterns,

...will interfere not only with final establishment of a mature ego-ideal, of stable ego goals, and of autonomous ego and superego functions, but also with the adults further development of sound selective personal and group relations and identifications. Such persons will be unable to accept and share for any length of time, the ethical, social and cultural standards and attitudes of the groups in which they live. They may boast that they like to live as outsiders, whereas actually they feel that they 'do not belong' and are in continuous search for identity. (Jacobson, 1964, p. 205)

Erikson also focuses on the post-adolescent shift towards independent evaluation. This stance has two components of relevance. First, the Freudian theory focuses almost exclusively on early childhood development. Jacobson discusses the adolescent negotiations and
renegotiations of certain issues which occur in adolescence, but Erikson's works attempt to deal in the same kind of systematic, cohesive and comprehensive theory building as does Freud. His focus on developmental processes beyond infancy, especially regarding the formation of identity, formation of the sense of self, is a contribution. Second, he focuses on the issue of 'independent evaluation'. The capacity for independent evaluation of one of the hallmarks of healthy narcissism as it is used in this paper.

Summary

The psychoanalytically oriented developmental descriptions of Jacobson, Mahler, and Erikson, which pertain to narcissism were described. Primary focus was on the effects of parental patterns of responses to the child during 1) the symbiotic phase; 2) the separation-individuation phase; 3) the phase of object constancy formation; and 4) adolescence. These concepts and descriptions are used by Kohut as the basis for his etiological contributions in the realm of narcissism.

THE NEO-FREUDIANS

The neo-Freudians who will be mentioned here are Sullivan, Horney, Adler, and Rank. All of them put considerable emphasis on the role of consciousness and consciously held self-images in determining human behavior. This focus on the role of consciousness differs from the traditional Freudian emphasis on the role of the unconscious. Adler put such great emphasis on the role of consciousness, that Freud criticized him for denying the existence of the unconscious. The ego-ideal in particular is seen by the neo-Freudians as being a consciously held image of the self. For example, Rank (1932) says a person can
"...develop his standards beyond identification of the superego morality to an ideal formation which consciously guides and rules this creative will in terms of personality." (p. 212) This neo-Freudian focus on consciousness can be seen as complementing the Freudian emphasis on the unconscious.

A second major contribution of the neo-Freudians collectively, is their stress on the social or interpersonal origins of self-concept and self-esteem. It should be noted that the neo-Freudians do not use the term narcissism much. Their term self-esteem is similar and will be used here in place of narcissism.

Sullivan believes that the child's awareness of other people is virtually omnipresent and that parental feelings are conveyed non-verbally to the child. He suggests that the mother's displeasure or pleasure communicates itself to the child by an innate process of empathizing, thus creating anxiety or euphoria in the child. The state of anxiety created thereby, is an interpersonal phenomenon that occurs when an individual fears being rejected or demeaned by others. The individual quickly attempts to guard against negative evaluations and their internal counterpart, loss of self-esteem. Thus, self-evaluation is developed via the 'reinforcement' in the form of positive and negative evaluations, and the attendant euphoria or anxiety, of the self by others. Thus, if we find someone with low self-esteem we should assume that derogation by significant others has occurred in his previous life history. Horney (1942) (1945) also focuses on interpersonal processes and on anxiety as basic motivators. She is much more specific, however, in two regards. She lists conditions which produce anxiety, such as domination, indifference, lack of respect, lack of
warmth, and many others, indicating the list could be almost endless. The common denominator for her is a disturbance in the relationship between parent and child, generally associated with parental egocentricity (or narcissism). Thus, both Horney and Sullivan emphasize the role of social interactions in the creation of self-esteem.

Adler, of all these theorists, places the greatest direct emphasis on the concept of self-esteem. He stresses the role of actual weaknesses and infirmities in producing low self-esteem, coining the term 'organ inferiority'. He proposes that feelings of inferiority are an inevitable occurrence of the childhood experience of every individual, where comparisons between relative strength, size, force children to conclude they are weak and inadequate. Here the role of social interaction enters since it depends on whether the parents accept, support and encourage the child, as to whether the feelings of inferiority motivate the child into striving for competence, greater size, or whether the child simply resigns himself to his fate as inferior.

Adler's major contributions which are relevant to this paper are 1) his focus on the notion of comparison between self and other, and 2) his focus on the reality weakness, inferiority of the small child. This author shares his concern for 1) the importance to self-evaluation of comparison between oneself and others; and 2) that these comparisons make the child feel inferior.

Another of the contributions of the neo-Freudians is the notion of defining one's self-esteem against attack or threat of attack. Sullivan posits that the individual learns to ward off threats to his self-esteem. Defensive maneuvers suggested as functioning in this fashion include minimizing or distorting demeaning actions by others,
totally suppressing such demeaning actions, discounting or rejecting the 'right' of others to judge the self, emotionally relying on a history of successes as a buffer against current threat. He points to the importance which these procedures, used to minimize demeaning events, have in defending self-esteem. Horney goes so far as to claim that the ego-ideal is created to defend self-esteem. According to her this idealized image of the self is designed to protect against feelings of inadequacy. Her ego-ideal has its origins in reaction to such negative feelings, whereas the tradition ego-ideal has its origins in identifications, predominantly positive identifications. She does admit, however, that this ideal sometimes comes to be a problem in and of itself, when the individual cannot achieve its unrealistically lofty ideals. So, one of her requirements for a healthy ego-ideal is that its level of aspiration be reasonably within reach. A second requirement is that it be sufficiently flexible to change when conditions change, such as in age, or illness. Even if one does not accept Horney's description of the ego-ideal's etiology, she makes a major contribution in viewing the ego-ideal as sometimes operating as a defense against loss of self-esteem, since it does, at least on occasion, operate in that fashion. Thus the neo-Freudians, especially Sullivan and Horney, contribute the concept that there are processes, behaviors, and stances, which an individual uses to defend his self-esteem when it is threatened.

Summary

The neo-Freudians place great emphasis on the role of consciousness and conscious self-images, in determining behavior. This focus on conscious factors complements the Freudian focus on unconscious factors.
Second, they emphasize the social or interpersonal origins of self-esteem, describing parental views of and responses to the child as being a major etiological factor in determining self-esteem. Self-esteem is of considerable concern to all the neo-Freudians (who do not frequently use the term narcissism). In particular, however, Adler focused on the notion of reality comparisons between the self and others as the basis for 'organ inferiority', which in turn is the basis for threats to self-esteem. Horney and Sullivan proposed the concept that the individual develops defenses against threats to self-esteem.

The theorists just described frequently leave specific details and concepts vague, which is a disadvantage in the context of theory building where specificity of concept, terms, and processes is desirable. It also makes difficult a fair and equitable summarizing of their contributions. Those contributions described here were selected because they contributed to the topic under discussion, narcissism.

BIBRING AND FEDERN

Bibring and Federn are two theoreticians who are clearly within the psychoanalytic camp, but whose contributions regarding narcissism are sufficiently different than other psychoanalytic theorizing that the two do not seem to 'fit' easily in any category. The following section describes their respective contributions, beginning with Bibring.

It should be noted that the following formulations were made in the context of his theory of depression. Bibring (1953) claims that depression is not an inter-systemic conflict between ego and
superego (the traditional psychoanalytic stance), but rather "...can be
defined as the emotional correlate of a partial or complete collapse of
the self-esteem of the ego, since it feels unable to live up to its
aspirations... (which)... are strongly maintained." (pp. 25-26) An
alternative formulation is "...everything that lowers or paralyzes the
ego's self-esteem without changing the narcissistically important aims
represents a condition of depression." (1953, p. 42) Bibring (1953)
then enumerates 'narcissistic aspirations' according to the Freudian
psycho-sexual stages of development as follows:

The narcissistic aspirations originating on the oral level
are: (1) to get affection; (2) to be loved; (3) to be taken
care of; (4) to get supplies. The corresponding defense needs
are (1) to be independent; (2) to be self-supporting. Depress-
ion then follows the discovery of: (1) not being loved; (2)
not being independent.

The narcissistic aspirations originating on the anal
level refer to mastery over the body, over drives and over
objects, and they are: (1) to be good; (2) to be loving; (3)
to be clean. The corresponding defensive needs are: (1)
not to be hostile; (2) not to be resentful and defiant;
(3) not to be dirty. Depression follows the discovery of: (1)
lack of control over libidinal and aggressive impulses;
(2) lack of control over objects; (3) feelings of weakness
(entailing the former two); (4) feelings of guilt (I will
never be good, loving, will always be hateful, hostile,
defiant, therefore an evil).

The narcissistic aspirations originating on the phallic
level refer to the exhibitionistic and sadistic competitive
ego-local needs, and they are: (1) to be admired; (2) to be the
center of attention; (3) to be strong and victorious. The
corresponding defensive needs are: (1) to be modest; (2) to
be inconspicuous; (3) to be submissive. Depression follows the
discovery of: (1) fear of being defeated; (2) being ridiculed
for shortcomings and defeats; (3) impending retaliation.
(p. 27)

It might be noted that these aspirations correspond to the first
three phrases of Erikson's psychosocial epigenesis. Oral level-
aspirations correspond to Erikson's basic trust versus mistrust; anal
level to psychosocial autonomy versus shame and doubt; and phallic
level to Erikson's phase of initiation versus guilt.
Bibring (1953) summarizes his system saying,

...(it) ...is based on two assumptions: first that a blow is dealt to the subject's self-esteem (on whatever grounds such self-esteem may have been founded); second, that this occurs while certain narcissistically significant, i.e. for self-esteem pertinent, goals and objects are strongly maintained. It is exactly from the tension between these highly charged narcissistic aspirations on the one hand and the ego's acute awareness of its (real or imaginary) helplessness and incapacity to live up to them on the other hand, that depression results. (pp. 24-25)

Part of the contribution which Bibring makes is the idea that there are specifically narcissistic goals or aspirations or supplies, the lack of which cause depression and boredom. Fenichel (1945) speaks to the issue of boredom when he says, "Boredom is characterized by the co-existence of a need for activity and activity-inhibition, as well as by stimulus-hunger and dissatisfaction with the available stimuli." (p. 349) However, Bibring posits specific narcissistic supplies which are needed. While this issue may seem a bit removed from narcissism, it is quite related. That relationship will be made specific later, but in general one of the symptoms of what Kohut will call narcissistic disorders is a pervasive sense of boredom, often in the midst of very hectic lives.

Bibring's theory has, had little attention given to it, yet it makes exciting contributions. It is thought provoking and rich with possibilities. He is one of the few theoreticians between Freud and Kohut to deal in specific conceptualizing about narcissism and the role it plays in human behavior. Specifically, the notion of "phase appropriate" narcissistic aspirations suggests something normal, as opposed to pathological, involving narcissism. This stance makes Rapaport (1967) say, "Bibring's formulations seem to...require a more
radical redefinition of narcissism." (p. 765) It might be pointed out again, however, that the term self-esteem has not been explicitly defined by anyone in the analytic tradition, including Bibring whose theory uses it heavily.

There is a second little noticed theoretician whose observations of narcissism are relevant and make a contribution, Paul Federn. The only reference to his work on narcissism in all the narcissism literature is Hartmann (1950) who says, "Many aspects of narcissism have been formulated by Federn in a series of searching papers (1929, 1936). I shall not discuss this reformulation because in the course of his studies, Federn came to modify the concept of the ego in a way which seems to me not altogether convincing." (p. 126) It may well be that Federn correctly understood the source of the resistance to his reformulations when he writes, "However, there are no narcissistic cathexes as yet for new impressions, unless one succeeds immediately in establishing identification, as may happen in the case of a captivating lecturer...In simpler words, in the face of new ideas, there is no comprehension without empathy; if this is lacking, prejudice clings to the old ideas." (p. 322)

Federn (1952) describes the subjective experience of 'estrangement'. He describes patient reports of 'estrangement' as follows:

The outer world appears substantially unaltered, but yet different: not so spontaneous, not clear, warm, friendly, and familiar; not really and truly existing and alive; more as if in a dream and yet different from a dream. At heart the patient feels as if he were dead; and he feels this because he does not feel. His feeling, wishing, thinking, and memory processes have become different, uncertain, intolerably changed. And yet the patient knows everything correctly, his faculties of perception, of intellect, and of logic have not suffered at all. He knows, too, how his capacity for feeling is diminished. (p. 40)
He goes on to say,

Now, applying the libidio theory, we should assume that where the self-evident experiencing of the outer world has been lost - object libido is lacking. ...I have found this assumption to be incorrect. (p. 41)

He concludes,

...that feelings of estrangement in perceiving the external world ensue when the ego boundary [loses] some of its libidinal cathexis. ...despite the persistence of object cathexis. ... With this statement I contradict the previous explanations of estrangement which implied, on the contrary, an increase in narcissistic attended by a decrease in object cathexes. (p. 284)

Federn's contribution is that he proposed, in essence, that the withdrawal from the world, from people, is due to a lessening, not an increase, in narcissistically valuing the self. This is a radical, 180 degree reversal of the traditional Freudian view. It raises the question is pathological narcissism due to 1) an increase, 2) a decrease, or 3) the use to which narcissism is put. It is little wonder that this reformulation was either rejected or ignored within analytic circle. In essence, though he never says this, Kohut accepts this description, also. After a close examination of the etiological and developmental processes relating to narcissism have been made, the case in support of this view will be made.

An additional note: Federn (1952) points out "Freud comments that 'narcissism is the libidinal compliment of egotism'...the lack of which makes a person unable to enjoy anything..." (p. 289). This dovetails with Bibring's observations regarding 'boredom'.

PSYCHOANALYTIC TREATMENT OF NARCISSISM

A 'stray' important issue relating to narcissism, as it had been viewed in the analytic tradition prior to Kohut, is the issue of
how to treat problems of narcissism. The traditional analytic stance was that they are 'unanalyzable'. A brief detour will explain why. Analysis is based on the premise that the 'establishment and working through of the transference' is the variable which actually changes the patient, helps him to get better. By transference is meant the patient's unconscious associations between the analyst and significant people in the patient's life. Therefore his feelings and behavior toward the analyst will mimic his feelings and behavior toward the significant others in his life. It is the establishment, understanding, and working through, of this transference which allegedly cures people, i.e. changes their old patterns of behavior. Since the core of the Freudian view of narcissism is that it is a preoccupation with the self and a concommitant disregard for others, the analysts have claimed that people with narcissistic personality disorders were incapable of forming a transference relationship with the therapist, since the therapist is an 'other'. Since no transference could be established, there was no possibility for the transference to get worked through, and hence such people were 'unanalyzable.'

Second, those who focused on the alleged relationship between narcissistic problems and psychosis had the added rationale that such people were likely to become psychotic during analysis. Analysis allegedly cannot be done with psychotics because of the absence of the 'observing ego', therefore such patients were bad risks. This stance was held by virtually all analysts up until Kohut's contribution in the late 1960's. To foreshadow briefly, two major contributions Kohut made: 1) there are two transferences paradigms specific to narcissistic disorders, and 2) there are specific, effective, analytic treatment
procedures for narcissistic disorders. These two contributions alone secure his place in the history of narcissism.

SUMMARY

In the preceding section, the psychoanalytic history of the concept 'narcissism', and of the concepts and metapsychological issues which are related to the concept of narcissism, was given. It was demonstrated that, despite most professionals belief that there are clear, Freudian concepts of 'primary' and 'secondary' narcissism, the 'ego-ideal', the 'superego', the 'self', and 'self-esteem', these concepts are theoretically unclear. Sometimes there are even contradictions in the way terms are used. For example, the terms 'ego' and 'narcissism' are both used two different ways by Freud. The way in which 'ego' is defined determines the meaning of 'narcissism'. Freud uses 'ego' to refer to both the whole individual and the subsystem of the individual, (ego). Hartmann later made the suggestion of using 'ego' for the subsystem, and the term 'self' for the whole individual. This suggestion was accepted and clarified the meaning of 'ego', but there has not to the present time been any theory of the self proposed from within the psychoanalytic tradition. In like fashion, there is virtually no clear Freudian theory of the superego, identity, or self-esteem.

Regarding narcissism, Freud descriptions sometimes portray narcissism as pathological and leading to psychoses, while at other times portraying it as a positive factor in the formation of the superego and the ego-ideal. These different ways of viewing the ego and narcissism are the basis for saying that Freud did not have 'a' theory of narcissism.
Despite these confusions regarding narcissism, it's definition and functions, a few basic concepts are generally accepted as constituting 'the' Freudian theory of narcissism. These concepts include the following. Freud makes a distinction between 'primary' and 'secondary' narcissism. Primary narcissism is an innate, inherent given in all infants. The infant is totally centered on the self and is unaware of and unconcerned for others. This primary narcissism extends (or is projected onto) the parents, then reincorporated via identification with the parents. The result of this process is 'secondary narcissism'. Narcissism is considered to be an infantile stage, which in the course of healthy development, becomes or changes into healthy 'object relations', i.e. the focus on the self is gradually shifted outwards towards others. Thus, narcissism in an adult, is viewed as patholog- ical. Narcissism and interpersonal relations are seen as inversely related to each other, i.e. loving the self more, means loving other's less, and vice versa. These concepts constitute the generally accepted portions of the psychoanalytic theory of narcissism. It should be kept in mind, however, that there are theoretical difficulties with each one of the concepts mentioned.

These original concepts have been altered and added to by numerous theoreticians. Significant contributors were grouped into three categories. These three groups include 1) Jacobson, Mahler, and Erikson; 2) the neo-Freudians, Adler, Sullivan, Horney, and Rank; and 3) Bibring and Federn. The first group's main contribution lies in their descriptions of the stages of infant development from a psychoanalytic-developmental perspective. The neo-Freudians' main
contributions were their emphasis on the role of consciousness and on social interaction in self-esteem. Bibring adds an elaboration of specific narcissistic needs at each of the Freudian psychosexual stages of development. He also claims wounded narcissism is one cause for depression. Federn reverses the traditional psychoanalytic view of the relationship between narcissism and psychosis, by suggesting that insufficient (instead of excessive) narcissism results in psychosis. These three groups of theorists were described as being within the general rubric of 'psychoanalytic' theorists, and as contributing to a psychoanalytic theory of narcissism, even though many of them do not use the term 'narcissism' per se.

All of these various trends make up the history of 'the' analytic theory of narcissism. 'The' is in quotes in the previous sentence to indicate that no one, cohesive, organized theory actually exists. On the other hand, especially when viewed from outside the analytic system, these trends do blend together into an amalgam of sometimes contradictory elements which might loosely be called 'a theory'. It is a theory, in the sense that certain processes, events, symptoms, are proposed as being relevant to the concept of narcissism. This, loose as it is, is more than virtually any other theory has.

Attention is now turned to these other theories.

SELF THEORISTS

The term 'self theorists' is used here to describe a very large and diverse grouping of theoreticians who could, and have been, labelled and divided many different ways, e.g. 'third force', phenomenologists, humanists, social philosophers, and 'self' theorists. Here the term 'self theorists' is used. Self theorists can be defined as
those theoreticians who view the 'self' and the role it plays, as being of paramount importance in accounting for human behavior. This stance is juxtaposed with the Freudian one that posits psycho-sexual development as the paramount factor, or learning theory which claims habits or reinforcement patterns are what determine behavior. The self theorists do not all claim that the self is the only factor determining behavior, simply that it is the most important one, or a primary one. The theoreticians whose concepts will be summarized in this section include the following: Rogers, Fromme, Allport, Maslow, Jourard, R. May, Raimy, Frankl, Wheelis, Snygg and Coombs, Natanson, Coopersmith, Lundholm, Horrocks, Lewin, W. James, G.H. Mead, C.H. Cooley. The last two on this list are 'sociologists' or 'social philosophers'. However, they offer descriptions of the self in terms of social interaction, which have influenced psychological thinking about the self. The theorists from Rogers through Natanson have frequently been called humanists and phenomenologists.

It must be noted at the outset that the 'self' theorists very rarely use the term or concept 'narcissism'. However, they do place considerable emphasis on the concepts of 'self' and 'self-esteem' which are related to the concept 'narcissism'. Therefore 'self-esteem' and 'self' will be focused on in this section rather than 'narcissism'.

An issue which is central to many self theorists, (Raimy, Rogers, Frankl, Allport, May, Jourard, Fromme, Wheelis, Snygg and Coombs, Natanson) is the focus on the subjective, experiential, phenomenologically known, 'self'. This is the contrast with both the analytic and learning theory stances which describe phenomena from an 'outsider's' or 'observer's' point of view, describing what the observer,
not the experancer, sees. It is this stance of subjectivity which
gets this group the label of phenomenologists. There is a certain
'common-sense' quality about many of the self theorists descriptions,
which is gained by taking the phenomenological stance, i.e. by asking
what does the individual feel from the inside, as opposed to what an
observer sees from the outside. This phenomenological approach has
created a large body of very 'readable' literature, which provides
descriptions of 'what is going on' that large segments of the pop-
ulation find 'speak to them', i.e. describe people in terms which they
the readers understand. This is a testament to the richness of the
phenomenological or humanistic approach. It is a significant contri-
bution of the self theorists.

There are two major problems which are agreed to be problems
by the reviewers of 'self' theory, e.g. Hall and Lindsey (1957),
Wylie (1968). First there is a lack of specificity regarding the
constructs and processes which are described. The self literature is,
in volume, enormous. If one combines all of the people mentioned, as
self theorists previously, plus all of the disciples and offshoots of
these, the sheer volume of works (research, clinical, and theoretical)
is overwhelming. Yet despite such voluminous production, one finds few
concrete, specific constructs and processes described or hypothesized.
Wylie, in a review article, entitled "The Present Status of the Self
Theory" (1968) says, "Considering the importance assigned to the self
concept in accounting for such a wide variety of behavior, it is
amazing to be able to find so few statements saying anything definite
or potentially operational about the relationship of the self concept
to behavior." (p. 751) "In sum, we must say that theorists descriptions
of the self-concept and its characteristics are very sketchy, incomplete, and apparently contradictory in places...Neither the theoretical writing nor available empirical research is definite enough..." (p. 750)

The second agreed upon problem with self theory, is that the self theorists 1) use a wide variety of terms which are similar to one another but not equal to one another; and 2) there are multiple, contradictory definitions given to the same terms. For example, an abridged list of terms used to describe 'self-evaluation' (this author's term) includes, self-esteem, self-acceptance, self-satisfaction, self-favorability, congruence between actual-self concept and ideal-self concept, discrepancies between actual-self concept and ideal-self concept, and others. These terms are not synonymous. For example, sometimes self-acceptance means respecting one's self including one's admitted faults, and self-esteem means evaluating one's attributes highly; while sometimes self-esteem is used like self-acceptance is defined above. With regrettable frequency, exactly what is meant by the term is not specifically defined, and the reader must infer from the writing what meaning(s) the author intends. This factor is also relevant in attempting to evaluate research in the self or self-esteem tradition because no two terms are exactly alike. They have different connotations and sometimes have different denotations as well. As Hall and Lindzey (1957) put it in their summary of self theorists, "From this review, it will be apparent that there is no general agreement as to the precise way in which these terms (self and ego) should be employed". (p. 469) The diversity among meanings ascribed to the same term is so great that it drives the usually staid Hall and Lindzey to
comment,

One could wish that it were possible to establish by fiat, standardized definitions of the self and the ego, and make it illegal to use them in any other way. In the more or less free world of science, however, differences of opinion are not resolved by issuing fiats or passing laws. Agreement has to be reached by the slower more democratic method of free discussion and mutual consent. (p. 475)

Despite this general lack of specificity and lack of agreement, a few general concepts, which are relevant to narcissism, can be summarized. The next few pages will offer brief descriptions of concepts which have been contributed by the 'self' theorists, beginning with the concept of 'self'.

The diversity of kinds of definitions of self is so great, that several different classificatory systems have been devised in the attempt to summarize the kinds of self concepts. For example, Hall and Lindzey suggests the following.

The term 'self' as used in modern psychology has come to have two distinct meanings. On the one hand it is defined as the person's attitudes and feelings about himself, and on the other hand it is regarded as a group of psychological processes which govern behavior and adjustment. The first meaning may be called the 'self-as-object' definition since it denotes the person's attitudes, feelings, perceptions, and evaluations of himself as an object. In this sense, the self is what a person thinks of himself. The second meaning may be called the 'self-as-process definition. The self is a doer, in the sense that it consists of an active group of processes such as thinking, remembering, and perceiving.

Hall and Lindzey give the explanation that what the psychoanalytic tradition terms 'ego processes' is what the 'self-as-process' theories term the 'self'. 'Self-as-object' is self-explanatory.

Wylie (1968) adds two more categories into which definitions of 'self' can be classified, 'self' defined as a motivational principle; and a second category which Wylie does not clearly label, but might be summarized as 'self-as-an abstract-concept'. The 'self-as-
motivational-principles definitions include assumptions about the self which are claimed to influence behavior, like instincts, drives, or the principle that the self aims at consistency. The 'self-as-abstract-concept' definitions, according to Wylie, all include concepts like, the self has continuity in time, the self has continuity in space, the self experiences continuity of itself in space and time. These are examples of what can be described as abstract, 'observer' concepts which describe individual's collectively. Thus there are at least four ways to summarize kinds of definitions of self: 1) self-as-object; 2) self-as-process; 3) self-as-motivational principle; and 4) self-as-abstract-concept. These are the classifications into which definitions of self are frequently fit.

In addition to the emphasis on the self, several 'principles' or variables related to the self have been contributed by the self theorists. Some that will be focused on as being relevant to this paper include: 1) the role of social interaction; 2) the role of conscious views of the self; 3) the role of personal values in self-esteem; 4) the role of a 'history of successes'; and 5) the principle that evaluation of others is a positive function of one's own level of self-evaluation. These will each be briefly elaborated upon, in that order.

Virtually all self theorists place emphasis on the role of social interaction in forming and maintaining the self (regardless of how it is defined). G. H. Mead (1934), places total emphasis on the role of social interaction, claiming that the self can arise only in a social setting where there is social communication. Most self theorists do not go that far, instead taking the modified stand that social
interaction is a primary, though not the only, variable in influencing the self. This emphasis on social interaction's influence on the self, is in contrast with the psychoanalytic stance which focuses attention on intrapsychic variables, and which virtually ignores social interaction as a variable. Thus, the self theorists, along with the neo-Freudians, and the early social philosophers, like Mead and Cooley, do as a group, place emphasis on the role of social interaction, both as a etiological principle, and as a primary variable influencing adults.

A second concept that virtually all self-theorists agree upon is that consciously held views of the self, influence how a person behaves. For example, Rogers (1951) postulates an inherent, striving toward 'self enhancement and growth', but says "...factors of choices (must) be clearly perceived, in order for this forward moving tendency to operate." (p. 491) Consciously held perceptions and consciously made choices are posited as important or primary variables. Many of the humanists, such as Frankl, May, Jourard, Raimy, Rogers, Maslow, hold views which place both emphasis and value on man's rationality, the capacity to 'choose', 'free will' and other consciously held views of the self, is similar to that of the neo-Freudians, especially Rank and Adler, but dissimilar to the Freudian emphasis on unconscious determinants of behavior.

Third, there is a metapsychological assumption difference between psychoanalytic theory and the self theorists as a group. Freud posits a fixed amount of available energy (the hydraulic model of libido). Resultant from that assumption, is the principle of an inverse relationship between loving the self and loving others. The
individual can love others more, only by loving the self less, and vice versa. The self theorists, and neo-Freudians, reject the hydraulic energy mode. Fromme, (1939) for example, argues vigorously that the capacity to love others depends on the development of positive regard for oneself. Virtually all the self theorists take the position that love of others varies directly, not inversely as Freud has it, with one's love of one's self. This assumption difference is directly in conflict with that made regarding 'narcissism' as it is used in psychoanalytic circles, where 'object relations' are said to suffer as a result of 'increased narcissism'.

The previous three concepts were connected with the construct 'self'. The next two are related to self-esteem. William James (1890), who is acclaimed by everyone to be the 'father' of 'self theory', offered one of the earliest descriptions of self-esteem and the variables relevant to its formation and maintenance. His description remains one of the clearest and most quoted statements on the subject. His description of self-esteem is "Our self-feeling...is determined by the ratio of our actualities to our supposed potentials: ...thus self-esteem equals \( \frac{\text{success}}{\text{pretensions}} \)" (p. 310) James adds that it is not only successes and pretensions but also the values one holds which determine which areas of human endeavor will matter, will be employed in self-judgement. He says,

I, who for the time have staked my all on being a psychologist, am mortified if others know much more psychology than I. But I am content to wallow in the grossest ignorance of Greek. My deficiencies there give me no sense of personal humiliation at all. Had I 'pretensions' to be a linguist, it would have been just the reverse. So we have a paradox of a man shamed to death because he is only the second pugilist or the second oarsman in the world. That he is able to beat the whole population of the globe minus one is nothing; he has pitted
himself to beat that one, and as long as he doesn't do that
nothing else counts...Yonder puny fellow, however, whom
everyone can beat, suffers no chagrin about it, for he has long
ago abandoned the attempt to 'carry that line'...With no
attempt there can be no failure; with no failure, no
humiliation. (310)

James is claiming that achievement is measured against
aspiration but that personally valued areas of endeavor will assume
particular significance. However, he does add that the communal
standards of success and status will impinge on the individual to some
degree. He also adds that 'extensions of the self', such as clothes,
house, family, ancestors, friends, work, are also sources of self-
esteem. If they prosper, he feels good; if they diminish, he feels
diminished. Thus James (1890) defines the 'self' as "...the sum total
of all he can call his..." (291) He adds to the material extensions of
the self, social images. He says, "...a social self...is the recogni-
tion one gets from peers...A man has as many social selves as there
are people who recognize him and carry an image of him in their mind.
To sound any of these, his images, is to wound him." (294) Thus James
posits three sources of self-esteem: 1) the success divided by
pretensions ratio, occurring in the context of 2) areas of endeavor
which are personally valued by the individual; 3) embedded in the larger
context of community standards for evaluation. He also suggests that
the 'self' that is evaluated in the above fashion is constituted of
'all he can call his', which includes images of himself held by both
himself and by others. This paradigm for self-esteem is one of the
most organized and specific theories of the self theorists.
To underscore one aspect of James' description, he emphasized the role which a given individual's value system plays in determining what aspects of the individual's life will be important to that individual's self-esteem. A person's values weight certain aspects as more important than others. The greater the weight, the more important to the individual's self-esteem. The self theorists as a whole, and especially the humanists, also urge understanding and respect for each individual's value system.

The fifth construct to be elaborated upon is also connected to 'self-esteem'. It is the notion of a 'history of success and failure', Coopersmith (1967) describes the concept of each individual having a history of successes and failures and suggests two results which accrue to such a history. First, the outward results of successes or failures can be seen by 'the world', which shapes its image of the individual according to this history. More people will automatically assume Rockefeller (a man with a history of successes) is a valuable and effective person, than say a man with a long prison record, (a man with a history of failures) and will automatically treat him differently thus perpetuating the trend seen in the individual's history. Secondly, a person's expectations for or perception of himself are posited to be based on such a history. Thus a person who has a history of failures is likely to expect himself to fail again, will see himself as inadequate and unacceptable and will therefore likely behave in such a way as to bring fresh failures about. This may happen despite the fact that the individual had the capacity in the given instance to succeed. The converse of all of this is, of course, the case: nothing succeeds like success. In this hypothetical sequence
of events, the self-esteem, which is the result of a series of events, now plays an antecedent role and becomes the cause of future outcomes. Rainy, (1975) suggests essentially this pattern as the source of all neuroses. He suggests that initially something was originally learned which at the time was not a misconception about the self. This led to a stable view of the self. This stable view prevents taking in new data and thus altering the old.

Coopersmith (1967) combines many of the above variables and posits the following theory. First, he defines the 'self' as "... an abstraction that an individual develops about the attributes, capacities, objects, and activities which he possesses and pursues. ...Once established, it apparently provides a sense of personal continuity over space and time and is defended against alteration, diminution and insult." (pp. 20-21) Regarding self-esteem, he suggests four variables determining it: successes, aspirations, values, and defenses. He says, "the process of self-judgement derives from a subjective judgement of successes, with that appraisal weighted according to the value placed upon the different areas of capacity and performance, measured against a person's personal goals and standards and filtered through his capacity to defend himself against presumed or actual occurrences of failure." (p. 242)

Summary

To summarize this section on the self theorists, it was stated at the outset that the self-theorists seldom, if ever, use the concept of narcissism. However, the self theorists do contribute to the concepts of 'self' and 'self-esteem' which are related to narcissism. Two commonly described difficulties regarding self theory were
mentioned, 1) the lack of specific definitions and concrete descriptions of processes; and 2) the enormous diversity of meanings attributed to the same terms by different theorists.

Despite the lack of specificity or agreement about terms, a few concepts which 1) are contributions which could be attributed to self-theorists in general, and 2) are relevant to the content of this paper were summarized. These include 1) the notion of 'self' as playing a paramount role in human behavior; 2) emphasis on the role of consciousness in guiding behavior; 3) emphasis on social interaction in creating and maintaining the 'self' and 'self-esteem'; 4) the role of personal values in weighting various areas of endeavor, relevant to self-esteem; and 5) the notion of a history of success, which creates both other's views of the self and the individual's own expectations of success or failure.

In addition to specific concepts, many self theorists, especially the humanists, emphasize the subjective experience of the individual. Their emphasis on subjective experience produces descriptions which closely represent, and eloquently describe, how people subjectively experience their world. Due to the phenomenological stance, these descriptions are recognized, understood, and valued by large segments of the population as describing them as they experience themselves to be. This richness of description regarding subjective experience is a primary contribution of the self-theorists.

COMMON USAGE MEANINGS OF NARCISSISM

At the beginning of this chapter it was mentioned that there was a history of common usage of the term narcissism. The following 'history' is entirely based on this author's impressions. The claim is
made that, with the exception of those firmly entrenched in the psychoanalytic tradition, most people, laymen and clinicians alike, take narcissism as roughly equivalent to arrogance coupled with egocentrism and exhibitionism. The analysts view it as roughly equivalent to severely schizoid or schizophrenic disorders. Different though these two meanings are, they share in common the element that concern for normal relatedness to other people is limited, sometimes severely so. There is, as part of the common usage connotations, the notion of exhibition is included, a flaunting of oneself. This exhibitionism is frequently combined with an ostensibly high and positive evaluation of the self or high self-esteem. The terms 'over-estimation' or 'exaggerated' are frequently used to separate 'healthy' high self-esteem from 'narcissistically' tinged high self-esteem. In this usages, self-esteem may be seen as being the subjective, affective or emotional experiencing component of the self, while narcissism is the 'object' diagnostic or descriptive label applied by someone other than the self.

There is another aspect in the common usage, the pejorative connotations of the word 'narcissism'. To be narcissistic is not a nice thing to be, the way it has been used. It is a value judgement, made by one person of another. If one dislikes the guest one calls him narcissistic; if one likes the guest one praises his wonderful self-confidence and pleasure in himself. Narcissism connotes a pejorative value judgement. The behaviors performed by someone one knows and loves, one calls high self-esteem while the same behaviors are labelled 'narcissistic' in someone one does not like.
In addition, for some clinicians, who are more familiar with the analytic theory, there is an automatic association with poor interpersonal relationships. This association tends to occur whether or not they subscribe to the hydraulic model. The link between narcissism and poor interpersonal relations seems to have empirical support but the nature (what 'causes' what) is seldom questioned, and narcissism is assumed to cause poor interpersonal relationships, and hence is seen as pathological.

There is one last delicate connotation to narcissism; it does hint at 'loving oneself' (hence the relation to self-esteem). Loving oneself has positive connotations for many people and this positive loading lightens, even so slightly, the negative meanings of the term. However, it is not dominant, but rather lurks in the shadows of the meanings, hence my use of the term delicate. It is quickly overpowered unless focused on specifically.

This general view of the common usage of the term narcissism is sketchy and impressionistic and therefore open to debate. However, it is one description of what narcissism has commonly meant. This common usage history contributes to the connotations which narcissism had up until Kohut's contributions.

Theoretical Overview

One of the most useful ways to view the various descriptions presented to this chapter, is to view them as different levels of abstraction, pointing to, hopefully, the same referent or reality. The psychoanalytic definitions and descriptions tend to be higher level abstractions (i.e. further away from the experienced phenomenon) than the abstractions of either the self theorists or the common usage.
There are advantages and disadvantages to each level of abstraction. The higher order abstractions subsume a greater diversity of phenomena and can be used to add large amounts of relevant data very quickly to some 'new' phenomenon which occurs. In other words, higher order abstractions allow for greater generalizability both across individuals and across various phenomena within individuals. The disadvantage of such higher order abstractions is that they can become so divorced from the experiential level as to be unrecognizable from the subjective point of view. The more experience-close levels of abstraction, provided here by the self theorists, remedy that problem. However, if only experience-close levels are used, they tell one very little in the way of generalizable information. To say someone suffers from low self-esteem says little about what caused it or how to remedy the situation. Under optimal circumstances, it is desirable to be able to move, comfortably and easily, from one level of abstraction to another so that the problems of one level are ameliorated by another level. To have no theoretical generalizations or higher order abstractions, essentially means in the clinical situation, one has to recreate or rediscover all the basic principles of psychology with each new patient - a wasteful and time consuming task for the clinician. However, to have only such abstractions, runs the risk of being dry, mechanical, unempathic, and frequently unintelligible to others, certainly a state of affairs that a clinician dealing with patients wishes to avoid. This is the basic argument for attempting to integrate the higher order abstractions of the psychoanalytic tradition with the lower order and more experiencially-close descriptions of the self theorists.
One last item should be stressed and that is the distinction between theoretical and clinical contributions. As was noted earlier, there has been virtually no clinical paradigms for treating problems of narcissism, with the possible exception of Rogers, but his descriptions are either so vague as not to be useful, or so rigid as to be easily parodied. There was some theoretical framework in the psychoanalytic tradition, but even with that framework, indeed because of it, there were no treatment recommendations. Kohut's place in the history of the concept narcissism is due partly to his theoretical contributions but even more to his clinical contributions. He essentially said, 'narcissistic problems can be treated and here is one method suggesting how'. Whether one agrees with his 'how' or not, he opened the area of 'how to treat narcissistic problems' to discussion and inquiry, and this alone gives him an important place in the history of the concept narcissism.
CHAPTER II

PRESENTATION OF KOHUT'S CONCEPTS

In 1971 Heinz Kohut, published *The Analysis of the Self*. It was produced for the psychoanalytic world and, in it, his book made an enormous stir. It is also the case that most people outside the psychoanalytic tradition have never heard of his theory, much less understand it.

The goal of this chapter is to make Kohut's theory more understandable both to those within and those outside of the psychoanalytic tradition. To do so the concepts must remain close enough to those Kohut uses so that the meanings which he intends are present. The concepts of this author alter his theory and therefore are presented in Chapter III. Since the concepts in this chapter must remain close to Kohut's meanings, a decision was made to stay within the psychoanalytic conceptual framework but try to translate his experience-distance abstractions into more experientially-near descriptions. Doing this undermines, to some degree, the goal of this paper which is to describe Kohut's theory without psychoanalytic 'jargon'. This chapter is full of it. There is no other way known to this author to present Kohut, present him with his meanings, present him clearer than
INTRODUCTION

There are several major metapsychological differences between Kohut and traditional psychoanalytic theory regarding narcissism. First, traditional psychoanalytic theory holds that narcissism and object relations (interpersonal relations) are intrinsically and necessarily connected to each other. The nature of this relationship is that narcissism is the more primitive, i.e. happens at an earlier stage of development and turns into object relations when healthy growth occurs. The two are seen as inversely related to each other, an increase in one leads to a decrease in the other. Narcissism in an adult is therefore automatically viewed as pathological. Narcissism is a 'disease' which some have and some do not, and which one wants to get rid of, if one has it. The therapeutic goal is to change narcissism into healthy object relations. In other words, there is one line of development, step A leads to B leads to C, in which narcissism is an earlier step which leads to healthy object relations, which is the end of the developmental line.

Kohut makes a different set of claims. He posits that narcissism has its own separate line of development with early primitive forms of narcissism turning into later healthy, mature forms of narcissism, not object relations, when healthy growth occurs. This line of narcissistic development is separate from a line of development for object relations. For Kohut narcissism and object relations are not necessarily connected. They may on occasion effect each other but are not necessarily connected. Certainly, though he does not explicitly say this, they are not inversely related to each other. By implication
he demonstrates that when healthy narcissism has an effect on interpersonal relations it is direct, not inverse, and enhances object relationships. It is only certain forms of pathological narcissism which interfere with or detract from interpersonal relations. But even here the connection between the two is seen as advantagious not central, the more central pathology being within the self, not with relationships with others. To draw a parallel, if something is physically wrong with the self, there is frequently a drop in both sexual and interpersonal interest because attention is being directed to the self, i.e. the two kinds of phenomena effect each other. That does not mean that good or bad interpersonal functioning is 'caused by' physical health. In hypothesizing a line of development from primitive to mature narcissism, he is introducing the idea that narcissism can be healthy, adaptive and useful, not automatically pathological. This also implies that narcissism is universal to everyone, not just a 'disease' which some get and some do not. Rather the analogy might be made with sexuality, i.e. something everyone is assumed to 'have', the question being how one manages it, well or ill, adaptively or distractingly, infantile or mature. Having made such assumptions, he then sets out to describe patterns of growth which enhance healthy and adaptive narcissistic growth, and patterns which lead to pathological forms of narcissism.

It might be noted, before turning to such patterns, that he maintains the basic psychoanalytic premises regarding the processes which cause pathology, namely fixation and regression. Just as Freud viewed sexual pathology as being due to one of these two processes, so Kohut views pathological narcissism as due to them. Fixation here
means 'getting stuck in', 'not progressing beyond' a certain narcissistic development phase (compare to sexual developmental phases), a phase which is healthy at the appropriate time but which becomes pathological if one does not progress beyond it. An oral phase is healthy for a baby and pathological in the adult who never grows beyond it. Regression means progressing beyond the phase in question, but returning to it inappropriately. One implication of this stance is that clinically one should not make a diagnosis of 'narcissistic personality', since according to his stance we all are that, and more than one would say 'sexual personality'. One needs to specify at least 'pathological narcissism' or use even more specific terminology, which he offers.

While still using the paradigm of sexuality, one other parallel might be profitably made. Under most circumstances healthy narcissism, like healthy sexuality, causes few disturbances to the individual and hence little therapeutic attention has been paid to it. However, disorders in either cause considerable distress to those who experience them and draw considerable clinical attention. In both cases, more theoretical and clinical attention has been given pathological states than normal states. Most of Kohut's work regards pathological states of narcissism. While this is somewhat regrettable state of affairs it is also understandable.

To return to the main points, Kohut hypothesizes and independent line of development for narcissism, claims narcissism is a healthy and adaptive aspect of a mature individual when it proceeds normally through the various stages along that line of development, and that narcissism has no necessary connection with object relations. These
three points constitute the basic framework of Kohut's theory and constitute the major grounds on which it differs from traditional psychoanalytic thought. The adequacy or usefulness of this framework can only be evaluated after the theory has been presented and used, but it may be helpful to keep these points in mind as the theory is presented.

Kohut's theory can be conceptually divided two different ways. First it can be divided into theoretical and clinical contributions. Second, it can be further divided into four categories: developmental patterns, structural descriptions, adult symptomatology, and clinical intervention. He presents these all interwoven, and indeed to fully appreciate each aspect, an understanding of the other aspects is desirable. In this paper also these four aspects are presented in combined form. However, for purposes of intellectual analysis, these divisions may be useful since each of the four aspects can be evaluated independent of the other three. In other words, it is possible to accept contributions in one of the areas without necessarily accepting the formulations of the other areas. This framework is offered in case it is useful to the reader. With these remarks acting as the frame, it is time to present the picture, the theory itself.

NARCISSISM

Kohut begins by sharing the tradition psychoanalytic assumption of primary narcissism, an inherent, automatic, and universal sense of one's own importance and perfection, occurring in the very young infant. He stresses that this sense of perfection of the self occurs at a developmental stage (0-3 months) which is preverbal and preconceptual and during which there is no real distinction between 'self' and
'other'. Therefore, there is no evaluation or assessment, which the term perfection implies, nor is there any distinct awareness of self. Thus, a statement like 'the self is perfect' is evocative of a stance, and is not literally descriptive. This is Kohut's first assumption.

Kohut's second assumption regarding narcissism is as follows.

The equilibrium of primary narcissism is disturbed by the unavoidable shortcomings of maternal care, but the child replaces the previous perfection (a) by establishing a grandiose and exhibitionistic image of the self: the grandiose self; and (b) by giving over the previous perfection to an admired, omnipotent (transitional) self-object: the idealized parent image. (p. 25)

In other words, the primary narcissism, the experience of perfection, is disturbed by reality experiences such as hunger, pain. When this occurs, narcissism does not just get dropped. Oh, I guess I'm not perfect. Well, hi-ho, but rather modifies itself into two distinct and discreet channels: a) I am wonderful; and b) you are perfect but I am part of you. Some language clarification may help here. Kohut uses the term 'self-object', always with the hyphen, to represent the symbiotic stage (see Jacobson) of fusion of the 'self' and the 'other'. In this stage the infant very dimly perceives that there is some sort of demarcation between the self and external world, but the distinction is not yet clearly made. In particular, the parent figure who cares for the child is considered part of the self. Hence his use of the term 'self-object' to designate the psychological stance which views the 'other' as a part of the self, just as in adulthood the arm is considered part of the self. He uses this term interchangably with

\[ ^{1}\text{Most of the quotations in this chapter come from Kohut's book, The Analysis of the Self. There are numerous quotes from it and few from other articles of Kohut's. For simplicity, all the quotes which are not from The Analysis of the Self will be referred to in the usual format. However, those from the book will have only page numbers given.} \]
'idealized parent imago' and with 'idealized parent' and occasionally
with 'omnipotent object'. Imago means image, i.e. the child's image
of the parent, which is not synonymous with the 'reality' parent. In
this paper the term 'idealized parent' is predominantly used but
it is important to keep in mind that there is no sharp distinction
between 'self' and 'parent' - both are part of a symbiotic unit. At
core, the notion involving the idealized parent is that the child
salvages his sense of 'I am perfect' by claiming 'you-I (together)
are perfect' or 'you are perfect but I am part of you.' Stated
differently, Kohut assumes that primary narcissism is 'saved' in part
by projecting it onto the parental figures.

The bifurcation of narcissism into the grandiose self and the
idealized parent described above Kohut claims occurs simultaneously,
developmentally.

I believe the tendency to assume that the grandiose self is
the more primitive of the two structures rests on the same
prejudice which assigns to object love without qualification,
supremacy over narcissism. Objectively, however, the original
narcissism...undergoes...an important development in two
directions of which the grandiose self and the idealized parent
image are more or less simultaneous way stations. (pp. 106-107)

This issue is a point of deviation from traditional psychoanalytic
theory, which posits the line of development from the solipsistic
primary narcissism of the newborn, through symbiosis, to the full
change-over to object love. He is positing a simultaneous bifurcation,
occurring at a symbiotic stage, in which both the self and the other
are imbued with the original sense of perfection. One clinical-
theoretical implication of this is that Kohut does not assume that
adult pathology stemming from the grandiose self channel, is more
primitive and therefore more pathological than adult pathology stemming from the idealized parent channel. Traditional views do.

Another factor can be entered here to help clarify the above differences. Kohut claims,

Narcissism, within my general outlook, is defined not by the target of the instinctual investment, i.e. whether it is the subject himself or other people, but by the nature or quality of the instinctual charge. The small child, for example, invests other people with narcissistic cathexes and thus experiences them narcissistically, i.e. as self-objects. The expected control over such (self-objects) others is then closer to the concept of the control which a grownup expects to have over his own body and mind than to the concept of the control which he expects to have over others. (pp. 26-27)

Kohut is pointing to the following phenomenon of a person, is surrounded by friends and relationships, sometimes so many that one may wonder where all the time and energy come from to maintain them all. If one defines 'object relations' by the mere presence of relationships, then this person surely had adequate object relations. However, there remains a niggling suspicion that there is not one 'real' relationship in the batch. If one uses Kohut's description, it is often possible to see that every one of those relationships is 'narcissistic', i.e. that 'others' are related to as though they are extensions of the self, but are not seen as separate individuals, with needs, characteristics, of their own, i.e. as 'objects' in the full psychoanalytic sense of the term. They are not really 'others'; they are experiences as part of the self. "The interpersonal view of social psychology...and others...do not take these crucial differences into account." (p. 51) In other words, a narcissistic object is modeled upon some aspect of the self, what the self is, was, or would like to be, or upon someone who is considered to be part of the self, i.e. the narcissistic object is experienced as part of the self, and, specifically, that other person
performs a function for the self. The characteristics of the other, per se, are not experientially relevant and frequently are not even 'seen' by the self. Thus, Kohut is making a distinction between object relations and narcissistic object relations. The reasons for making this distinction is that a simple observation of interpersonal activity between people does not, in and of itself, give the information of what sort of relationship exists. Kohut is saying that the nature of the relationship matters, not just the fact of relationship. Here is a major distinction between Kohut and what he calls social psychology, but which is any stance which views only external behavior and which does not take into account the nature or character or quality of interpersonal relationships. He is saying behavior is not enough. Alternatively Kohut can be seen as providing a new lense through which to view interpersonal relationships. This is the 'reality' Kohut is pointing to when he says, 'narcissism is defined not by the target, self or other, but by the nature of quality of the instinctual charge.' This is an important distinction. From this viewpoint it is possible for a person with a narcissistic disorder to be surrounded, enmeshed in many 'relationships' and still be totally and pathologically narcissistic, and it is possible for a person with one or two good relationships but who otherwise is a hermit or 'self-centered', to be considered healthy in regards to both narcissism and object relations. It is the nature and quality of relationships which matters, not whether attention is ostensibly focused on the self or on others. How to discriminate this qualitative difference will be clearer after some of the symptomatology is described, but one criterion is suggested by Kohut when he describes the kind of control one expects to have over
others, is similar to that which one exerts over one's own body.

I return now to the main points: the establishment of the grandiose self and the idealized parent. Each of these follows a developmental sequence of its own, each with its own specific outcomes, both healthy and pathological. Kohut’s summary of these, which will be elaborated and explained in the following pages, is as follows:

Under optimal developmental conditions, the exhibitionism and grandiosity of the archaic grandiose self are gradually tamed, and the whole structure ultimately becomes integrated into the adult personality and supplies the instinctual fuel for our ego-syntonic ambitions and purposes, for the enjoyment of our activities, and for important aspects of our self-esteem. And under similarly favorable circumstances, the idealized parent image, too, becomes integrated into the adult personality. Injected as our idealized superego, it becomes an important component of our psychic organization by holding up to us the guiding leadership of its ideals. If the child, however, suffers severe narcissistic traumas, then the grandiose self does not merge into the relevant ego content but is retained in its unaltered form and strives for the fulfillment of its archaic aims. And if the child experiences traumatic disappointments in the admired adult, then the idealized parent image, too, is retained in its unaltered form, is not transformed into tension-regulating psychic structure, does not attain the status of an accessible introject, but remains an archaic, transitional self-object that is required for the maintenance of narcissistic homeostasis. (pp. 27-28)

These patterns will be elaborated in the following pages but this summary contains most of the basic elements of Kohut’s contributions in the developmental and structural categories. The two patterns will be examined separately, beginning with the idealized parent.

THE IDEALIZED PARENT

Idealizing is one of the two main roads of the development of narcissism. Idealizing narcissistic libido not only plays a significant role in mature object relationships, where it is amalgamated with true object libido, but it is also the main source of libidinal fuel for some of the socioculturally important activities which are subsumed under the term creativity, and it forms a component of that highly esteemed human attitude to which we refer as wisdom. In the present context, however, it must again be stressed that the
amalgamation of the idealized aspects of the parent imago with those broad sectors of the parental imagoes which are cathexed with object libido exerts a strong and important influence in the phase-appropriate (re) internalization processes and thus on the building up of two permanent core structures of the personality - (a) the neutralizing basic fabric of the psyche, (b) the idealized superego - which are invested with narcissistic instinctual cathexes. (p. 40)

This statement contains a number of concepts which will be elaborated upon and analyzed in order to make clear the notions involved.

The central core notion which Kohut is suggesting is the gradual shifting of the idealization from the external parent to certain internal aspects of the self and the psychological results of this shift.

Under optimal circumstances the child experiences gradual disappointment with the idealized object - or expressed differently the child's evaluation of the idealized object becomes increasingly realistic - which leads to a withdrawal of the narcissistic cathexes from the imago of the idealized self-object and to their gradual (or, in the oedipal period, massive but phase appropriate) internalization, i.e. the acquisition of permanent psychological structures which continue, endopsychically, the functions which the idealized self-object had previously fulfilled. (p. 45)

The following is a 'translation' of the above. The infant, to feel safe and whole needs to know that someone will look after him and initially he wishes and expects someone to look after him perfectly. Since the mother is not perfectly in tune with his every need, there will be disappointment. If these disappointments are small, the child can begin to modify the wish for perfect care into a wish for adequate care. (She did not bring food the instant I wanted it, but five minutes late is not too bad. No harm will come to me waiting five minutes. I'm still safe.) If these disappointments occur at the proper developmental phase and in incorporable amounts, the child can take over the missed function himself. The five year old can feed himself;
the five day old infant can not. Narcissism is related to these two aspects as follows. First, the expectation that the other, the idealized parent is, or should be, perfect is an expression of narcissistic grandiosity projected onto others. This need for perfection is modified by reality experiences only so long as the child still feels 'safe' when perfection is missed. (Oh, well, no harm will come to me waiting for five minutes). If the disappointment is too great, the child will feel threatened (food doesn't come for 24 hours - the child experiences great pain and panic, even feeling 'I'm going to die') and will simply shift the expectation of perfection, which guarantees his safety, to someone else. The expectation of perfection cannot be given up or modified under these circumstances, for to do so would threaten the child's feeling of safety. The child must feel that his needs will be met. If he can not do it himself, then he must rely on someone else to do it. Even if no one else actually does meet his needs, he needs to assume that someone will in order to feel safe. Thus it is not 'real' safety which is involved, but rather the child's perception of safety which matters. Second, each time a parental 'failure' leads to the child taking over the function which the parent was to have performed, the child is enhanced, grows. Kohut refers to 'psychological structures' being built, which can be broadly translated as 'the capacity to do certain tasks, to get ones needs met oneself'. Not only is the function taken over by the individual from the parent, but also the idealization or pride in doing the task is incorporated. Since the parent is idealized, what the parent does is also idealized, especially by young children who do not separate the doer from that-which-is-done. Thus as the child takes over a function which the
idealized parent formerly performed, the child also takes over, 'internalizes,' the idealization which accompanied the function. (I'm such a big boy for being able to tie my shoes!) This is one way to describe 'the (re) internalization of narcissistic cathexes.' Remember that the idealization of the parent, which is now (re) internalized, was primary narcissism projected onto the parent by the child, hence the 're' of (re) internalized. Thus, not only is the child enhanced by the capacity to do the function in question, he also is enhanced by the increase in pride in himself for being able to do the function.

Put differently, one of the functions which the parent can be seen as providing is that the parent helps carry the child's sense of value, primary narcissism. To use a metaphor, the burden or weight of primary narcissism is too great for the child to carry, so he gives some of it to the parent. The parent carries it, until ounce by ounce the child takes it back. While the parent carries a large portion of it, however, the child feels valuable simply by being connected with this wonderful person. Thus, one of the parent's functions is to help sustain the child's sense of value. This function is, under optimal circumstances, assumed, piece by piece, by the child as he acquires other functions which were formerly performed by the adult. This is a translation of part of what Kohut means when he refers to 'the maintenance of narcissistic equilibrium'.

It might be added here that if the parent is unable or unwilling to permit the symbiotic union or relationship, and/or is unwilling or unable to permit the child to idealize him or her, then the function of sustaining the child's sense of value, which is due to sharing in, being merged with the idealized parent, is interfered with.
The preceding describes the nature of the relationship to the idealized parent and begins to describe what the idealized parent 'does' for the individual. Kohut does not explicitly describe what the idealized parent does when it works correctly. He does describe the pathological results which occur when there are disturbances relating to the idealized parent. Thus it is necessary to infer from the pathological results what the positive functions of the idealized self are.

To understand the specific symptomatology which results when these functions are disturbed, it helps to understand what the functions are when they are provided in a healthy fashion. Also Kohut rather clearly had specific functions in mind yet he does not describe them. The following is an attempt by this author to infer from what Kohut has written, what the functions are which the parent provides, which are later taken over by the self.

To begin, Kohut summarizes the consequences of disturbance in the relationship with the idealized parent, dividing them into three groups according to the developmental phase during which the main impact of the trauma had been experienced.

1. Very early disturbances in the relationship with the idealized object appear to lead to a general structural weakness - perhaps a defective or malfunctioning stimulus barrier - that interferes broadly with the capacity of the psyche to maintain the basic narcissistic homostasis of the personality. A personality thus afflicted suffers from diffuse narcissistic vulnerability.

2. Later - yet still pre-oedipal - traumatic disturbances in the relationship with the idealized object (or, again, especially, a traumatic disappointment in it) may interfere with the (pre-oedipal) establishment of the drive-controlling, drive-channeling, and drive-neutralizing basic fabric of the psychic apparatus. A readiness toward the resexualization of drive derivatives as well as of internal and external conflicts (often in the form of perverse fantasies or acts) may be the symptomatic manifestation of this structural defect.

3. Finally, if the genesis of the disturbance relates to
the oedipal period, i.e. if a disappointment of traumatic proportions concerns the late preoedipal and the oedipal idealized object...then the idealization of the superego will be incomplete with the result that the person (even though he may possess values and standards) will forever search for external ideal figures from whom he wants to obtain the approval and the leadership which his insufficiently idealized superego cannot provide. (pp. 47-48-49)

I will attempt to reconstruct or infer functions in the order presented in this list. One function (or set of functions) which the parent initially fulfills is to meet the child's needs, both physical and emotional. The parent feeds, clothes, keeps warm, protects, the child at the physical level. At the emotional level the parent soothes, reassures, makes the child feel safe. For example, if the child gets frightened by something, the concerned parent rushes to the child, ascertains whether there is any 'real' cause for alarm, and if not sets about reassuring the child that everything is 'O.K.'. Feeding a child when it is hungry by meeting the physical requirements of the child, simultaneously diminishes the emotional state of excitation which, in and of itself, is disturbing to the child. In other words, the good parental figures reduce stimulation, of all sorts, to levels which are manageable or bearable by the child.

Concommitantly the good parent provides adequate stimulation to the child. Research such as that with anaclitic infants, Harlow's monkey's has shown that a certain amount of stimulation is needed for normal growth and development. Healthy parenting provides that stimulation, tactally, visually, auditorily. These two factors, providing adequate stimulation and acting as a buffer against excessive or traumatic stimulation, and especially the latter, becomes when internalized the structure which Kohut terms 'a stimulus barrier'. It is the capacity to soothe oneself which one 'learns' from the parent.
Kohut says of this

expressed in metapsychological terms: with each of the mothers minor empathic failures, misunderstandings and delays, the infant withdraws narcissistic libido from the archaic imago of unconditional perfection (primary narcissism) and acquires in its stead a particle of inner psychological structure which takes over the mother's functions in the service of the maintenance of narcissistic equilibrium, e.g. her basic soothing and calming activities, and her providing physical and emotional warmth and other kinds of narcissistic sustenance. Thus...the most important aspect of the earliest mother-infant relationship is the principle of optimal frustration. Tolerable disappointments in the pre-existing (and externally sustained) primary narcissistic equilibrium lead to the establishment of internal structures which provide the ability for self-soothing and the acquisition of basic tension tolerance in the narcissistic realm. (p. 64)

This ability for self-soothing and tolerance for tension provide a barrier against excessive stimulation.

Here, as is so often the case, pathological examples make the pattern more obvious. Kohut uses the example of addicts, claiming that defective empathy on the mother's part resulted in her not reassuring and calming the child when it needed it. For example, the child is panicky. Mother races over to check, discovers nothing is 'really' wrong and leaves. The child is still panicky. Or in a different example the mother stays anxious, for reasons of her own, conveying her anxiety to the child and thereby not soothing it. Whatever the pattern, the child is not soothed and does not learn to soothe itself. Kohut's claim is that being deprived of the early experiences of being optimally soothed, or in being aided in going to sleep, causes the individual to remain fixated on 'aspects of archaic objects' and finds them in the form of drugs. In other words the drug serves not as a substitute for loved or loving people, but as a replacement for a defect in the psychological structure, i.e. in the capacity to soothe oneself. Even if one is not comfortable with the notion of a
'structure' or 'apparatus' which perform such functions, and instead uses the concepts of process or learned habits or expectations, the functional issues remain the same. In this case the function or structure under scrutiny is the capacity to calm and soothe the self when needed.

The same kind of argument is true for providing adequate stimulation to the self. If, for example, the mother does not interact with the infant sufficiently, pick it up, hold it, the infant may not, for example, as thoroughly learn the demarcation line between the self and others (Jacobson, Mahler, Piaget and others outline this process of differentiation). Tactile stimulation of the body surfaces helps such demarcation. If such tactile stimulation is inadequate for such differentiation, the child's subjective sense of 'self' is shaky, is insecure. Such children frequently indulge in self-stimulation activities, head-banging, rocking, to try to provide the needed stimulation. Only when there is sufficient stimulation, is the self experienced as the self. Kohut mentions a case in which the patient as a child was deprived of adequate maternal stimulation and in addition was rendered virtually immobile via the tactic of the blanket being wrapped tightly around the child and then being pinned to the bed. The child, thus immobilized, turned to one of the few stimulation outlets left — looking. This patient's presenting symptom was voyeurism with the specific description that he only felt 'real' or 'alive' while engaging in voyeuristic activities. The incapacity, weakness of structure, to provide adequate self-stimulation results in a range of symptoms varying from mild but chronic boredom to hallucinations (see stimulus deprivation studies) with little or no sense of a cohesive
self.

Regarding the issue of how the child learns to sooth itself, Kohut assumes the traditional psychoanalytic stances regarding 'introjects'. An introject is basically an image of the external person which can be conjured up by the child and used in fantasy by the child to fulfill the same functions as the real external person. For example, the child when upset and mother is not there to sooth, may 'hear' mother's voice saying 'everything is going to be OK' and be soothed by this. This introject is part of the child and is part of the apparatus or structure to which Kohut refers. When healthy growth occurs, eventually the primitive, almost hallucination-like quality becomes modified into a general feeling tone. Clearly, however, if the real, external parent is not soothing, then the introject will not be soothing, and the outcome will be that one is not emotionally sure of one's capacity to sooth oneself.

This preceding description, combined with the description of how sharing in the idealization of the parent, form the set of functions which Kohut is predicing when he summarizes:

Very early disturbances in the relationship with the idealized object appear to lead to a general weakness - perhaps a defective or malfunctioning stimulus barrier - that interferes with the capacity of the psyche to maintain the basic narcissistic homeostasis of the personality. A personality thus afflicted suffers from a diffuse narcissistic vulnerability. (p. 47)

Turning now to the second set of functions inferred from Kohut's writings, the parents initially help the child to manage his drives. In particular, given the Freudian emphasis on the importance of sexual energy or drive, how to manage sexual (libidinal) drives. The parent initially helps the child 1) to control (prohibit or inhibit) 'inapprop-
appropriate expressions of some impulses, 2) to channel some impulses into acceptable outlets, and 3) to 'neutralize', de-sexuality, the sexual energies, converting them into other forms which can be used by the child. Regarding this last point, the Freudian system posits that most of the energy which is available for adult uses, such as work, play, creativeness, is 'de-sexualized,' 'sublimated', 'neutralized' libido (sexual energy). Given this claim, the capacity to convert or neutralize sexual energy into other forms is of great importance if one is to have energy available for such adult tasks. However one views the goal, the process under examination is how one learns to modify the harness the drive energies which a child has. It should be noted that these are the 'how' aspects, the ego functions, not the 'why one should or shouldn't' aspects, which are the superego functions. The superego dictates that one should not be uninhibitedly sexual in public places, but it alone would not teach one what else to do with the sexual energy which may arise. That is the ego's job: to find ways to meet one's own needs and to do so in ways which are socially acceptable.

Some simplistic examples of the parents helping in drive management can be given. The small child is discovered by the parent engaged in mutual examination of genitals with the neighbor children. The parent could 1) yell and scream, telling the child he is going to hell; 2) tell the child to get dressed but then never mention the incident again; 3) get a book for the child explaining sexual function; 4) tell the child he'll get a nice present if he'll stop what he's doing, or a hundred other possible responses. The particular mechanisms such as threats, seductions and defensive alternatives offered, such as
guilt, repression, intellectualization, will vary from parent to parent and as a result the mechanisms used by children will vary. An intellectualization, will vary from parent to parent and as a result the mechanisms used by children will vary. An intellectual pursuit of sexual knowledge may be acceptable to one set of parents and not to another, who never want the topic mentioned again in any form. However much the mechanisms vary, the overall result is the uninhibited 'polymorph perverse' quality of the sexual drive of the young child is inhibited, expression of it are controlled, channelled, and converted into altogether another forms. Sublimation or neutralization is the goal desired.

This whole pattern of drive-management could be seen as a special category of the function discussed earlier of tension-management. Yet Kohut makes it a separate category. He probably does so because there is a frequent symptomological pattern with certain narcissistic disorders, in which the patient resorts to sexual, frequently 'perverse', behavior when excited - regardless of whether the source of the excitement is sexual in nature. The only comment Kohut directly makes regarding this drive-controlling feature is 

"...the drive-controlling basic fabric of the psyche may work with specific personalized methods of threat and seduction which are directly derived from characteristics of preoedipal objects and from their specific attitude toward the child's drives." (p. 50) It is this function or set of functions which are the basis for his summary statement,

Later, but still preoedipal, traumatic disturbances in the relationship with the idealized object (or, again, especially, a traumatic disappointment in it) may interfere with the
(preoedipal) establishment of the drive-controlling, drive-channeling, and drive-neutralizing basic fabric of the psychic apparatus. A readiness toward the resexualization of drive derivatives as well as of internal and external conflicts (often in the form of perverse fantasies or acts) may be the symptomatic manifestation of this structural defect. (p. 47)

The third set of narcissistic disturbances, these relating to the inadequate idealization of the superego, seem to rest on the following description. It was earlier described that the child projects his primary narcissism onto the parent thus investing the parent with absolute perfection, idealizing the parent. Everything the parent is and does shares in that perfection. To proceed with the argument, it follows that the values, ideals, goals, and beliefs of the parents are idealized, and experienced by the child to be 'The ultimate truth', to be perfect and to be revered. Thus, if the parent says 'it's good to do X', 'You're a good child for believing or doing X', the value judgements represented in such statements are accepted and believed. The sense of value of the self is supported and enhanced by such statements. 'I'm a good person' feelings are supported by such validation and threatened by criticism proceeding from such idealized sources. These approving-loving and disapproving-frustrating functions and the specific content of the value system of the idealized parent are internalized by the child to form the superego.

In some people's associations, 'superego' conjures up images primarily of punishment, disapproval, prohibition, etc. Any who have this as the predominant associative network, are reminded that the 'flip side of the coin', the praising, approving, validating functions are equally important. Within the framework of this paper, perhaps they are even more important. Elaborating on this point, it might be said
that two of the functions of the parent are 1) to provide goals and ideals toward which the child can strive and 2) concomitantly to provide the rewards, such as praise, approval, for striving toward and attaining such goals and ideals. To focus for a moment on the 'rewards', providing the source of the rewards is idealized, the rewards serve two functions at once: 1) the child's sense of value or self-esteem is enhanced by getting praise for his behavior; 2) the importance of the ideal or value, the attainment of which brings about the reward, is also enhanced. Said differently, to make much over the child for achieving X, implicitly teaches that X is important, at least that the parent thinks so. Thus, initially two processes or functions are external to the child - 1) the maintenance of a value system; and 2) rewards, leading to self-esteem are given by the parent for striving toward and attaining such values.

If the child idealizes the parent, then the values which the parent holds are idealized. Also the rewards which the parent gives are valued by the child since he values the parent. Under optimal conditions, gradually the child internalizes the values, takes them as his own. Likewise the function of rewarding the self, of approving of the self for living up to these values, is also gradually internalized. If all of this occurs in a healthy fashion, the end result for the adult is a set of values, firmly, though not rigidly, held, which guides and at times inspires the individual towards activities which when done, reward the individual with the feeling of being of value for having worked toward and/or accomplished those values.

If the idealization of the parent is disrupted inappropriately, the above process does not occur. If the parent is not idealized to a
sufficient degree at specific times, then the values which that parent holds are not idealized or valued. Attaining the reward of feeling good about oneself for striving toward or attaining such values is therefore diminished, in proportion to the diminution of idealization. To draw an analogy, take the adult experience of being praised by someone who one does not respect, for something which one does not value. For example, the lecturer (who has just beaten his brains out to give a clear, insightful talk), to whom the 'ninny' proven so by several asinine questions and comments) rushes up after the speech and says, "Oh, I'm so impressed by you. You have such wonderfully blue eyes", is not likely to feel rewarded, because the source of the reward is not respected, nor the basis of the reward valued. This example is used simply to illustrate that there is little pleasure with the self for having achieved ideals which one does not believe are important. If the idealization of the parent is prematurely disturbed, then the belief that the parental values are important will likewise be disturbed. Thus, one outcome of disturbed idealization can be an inadequately idealized internal set of values. Since the values are not infused with idealization, then living up to them brings little reward, little sense of accomplishment, or moral goodness, or self-esteem.

Another variable which is included in Kohut's description should be mentioned, the superego. First, Kohut accepts the traditional psychoanalytic notion that the superego is predominantly a creation of the oedipal phase of development. The basic argument is that the child in the oedipal period is forced to give up the external 'real' person, ('I can't have daddy (mommy) for my own), and that the threatened loss is so great that a massive internalization of various aspects of that
person takes place in order to compensate for the external loss. This internalization is claimed to be the foundation of the superego. At this point, internalization is seen as massive, not gradual, but as 'phase appropriate', in this case appropriate to the oedipal phase. Kohut also claims that once the oedipal and immediately post-oedipal portion of latency has been passed developmentally, and the nucleus of the idealized superego has been formed, that the possibility of damage to the narcissistic sector is greatly reduced. The traditional stance views the creation of the superego as resulting from 'object relations', i.e. the child's oedipal attachment to the opposite sexed parent. Kohut is focusing on a narcissistic element in the formation of the superego. He says,

The internalization of the object-cathected aspect of the parental imago transmutes the latter into the contents and functions of the superego; the internalization of the narcissistic aspects accounts for the exaulted position which these contents and functions have vis-a-vis the ego. It is from their idealization however (the narcissistic instinctual component of their catexes), that the specific aura of absolute perfection of the values and standards of the superego are derived; and the omniscience and might of the whole structure are also due to the fact that it is partly invested with narcissistic, idealizing libido. (p. 41-42)

To translate exceedingly briefly, the specific values which the super-ego holds are derived from the parent (object relations), but the valuing of them is derived from the idealization of the parent (which is narcissistic). Specifically the aura of perfection surrounding the superego comes from the narcissistic idealizing which claims the parent is perfect. This point is important within the psychoanalytic camp since one of the questions raised regarding the superego is 'where does its enforcing power come from?' Kohut's hypothesis offers one solution to that problem, suggesting that the exaulted status or enforcing
power of the superego comes from a narcissistic component to the superego. As was noted in the history, there is very little in the way of theory about the superego. Kohut's contribution to the theory of narcissism also adds to the theory of the superego. At minimum, Kohut certainly is suggesting a possible relationship between narcissism and the superego which is different from the traditional view, which sees the superego as created via 'object cathexes' not via narcissism.

Summarizing the main point, Kohut is pointing out that disruption in the idealization of the parent can result in an inadequately idealized set of values, which in turn results in a deficiency in the capacity to internally praise and reward oneself effectively. That capacity to reward oneself and have it mean something, is one of the mechanisms for the creating and maintaining of positive self-esteem, a positive evaluation of the self, or as Kohut puts it, 'to maintain a narcissistic homeostasis'. It is this aspect which constitutes the 'approval' function of the superego. The existence of internally idealized values seems to inspire, stimulate, make the world and one's life exciting and one's activities in pursuit of those values worthwhile, to give meaning to life. The absence of weakness of such goals seems to induce the opposite, a sense of dullness and boredom, leaving the self feeling empty, narcissistically depleted. It is this aspect which might be labelled the leadership quality of the superego. It is this set of functions which are the basis for Kohut's summary.

Finally, if the genesis of the disturbance relates to the oedipal period, i.e. if a disappointment of traumatic proportions concerns the late preoedipal and the oedipal idealized object - ...then the idealization of the superego will be incomplete with the result that the person, even though he may possess values and standards, will forever search for external ideal figures from whom he wants to obtain the
approval and the leadership which his insufficiently idealized superego cannot provide. (pp. 48-49)

A note regarding the relationship between Kohut's structures, such as superego, and the notion of functions. Kohut speaks predominantly of structures not functions. However, Kohut's term 'structure' includes the notion that the structure 'does' something, performs a specific function. Thus the two terms 'structure' and 'function' can be seen as two different concepts referring to the same phenomenon. One advantage to speaking of functions, is that they are more experience-near, hence more readily understood than the more experience-distant abstraction of structure. A second advantage is that it provides an acceptable mode of description for those who do not accept the metapsychological notion of 'structure'. However, there is one major advantage to using the notion of structures which has not been highlighted. The notion of structure, since it connotes 'thing-ness', carries the meaning that the structure is 'part of me', like an arm or a leg. That connotation is important to understanding Kohut. Compare that meaning with the somewhat different connotation of 'function' which implies that the function can be gained or lost without real change in the self. I used to play piano, I don't now and the self is not significantly changed. The kinds of functions which are involved in Kohut's theory however, have such massive impact that they rightfully should be seen as 'part of the self', not as behaviors which can be added or dropped at will. This is an important nuance difference in meaning. Kohut repeatedly stresses that when pathological conditions involving idealizing others obtain, that the 'other' is not truly an other (object), but rather is used as 'part of the self' to
make up for the 'part of the self' (function) which is missing or inadequate. Thus, when the basis of a 'relationship' for person A is that B soothes him, and A is not concerned for the needs, feelings, or properties of B except that B soothes him, the relationship is narcissistic even though it may look like an 'interpersonal relationship'. B is functioning as 'part of' A, not as an 'other'. The notion of 'function' connotes that if the individual chooses to, he can perform the function himself. Whereas the 'function' that Kohut is pointing to, cannot be readily and easily assumed by the individual simply as a matter of choice. The metaphor of a body part, which is connoted by the term structure, is more apt in this case since the absence of certain of these 'functions' is more like the absence of an arm - the self is radically altered and diminished, and cannot be replaced at will - than it is like the absence of the ability to play a piano. This distinction, fine though it may be, is important when one is faced therapeutically with a person who lacks certain of these functions. It is important to remember that the functions cannot simply be picked up at will. One's empathy will fail and irritation will arise in the therapist, at the patient's failure to 'choose' to do for himself, if one holds a 'voluntary function' view.

From a developmental framework, this 'part of the self' aspect can be related to the symbiotic stage, during which the parent is 'part of the child'. If the idealized parent suddenly and traumatically falls from the pedestal, as in death, major illness, massive withdrawal from the child, prior to the resolution of the symbiotic phase, then since the parent had functioned as part of the self, the
self will be left depleted, unwhole, at least subjectively. There will then begin the search for a replacement to fill in that part of the self. The replacement will again be an extension of the self, just as the symbiotically attached parent was an extension of the self.

Before leaving the topic of 'structure building', it should be noted that Kohut specifies three conditions which are necessary in order for the structure building to occur. First, the child must be developmentally ready to take on the function performed by the adult. The five year old can feed himself, the five day old infant can not. Second, the child must be able to - emotionally - perceive the various aspects of the adult (she bathes me, she soothes me, she punishes me) as separate, or separable, from other aspects. Third, the child must be able, at least to some degree, to separate the function from the individual performing the function ('being' from 'doing). These three conditions, in addition to the much emphasized gradualness and small magnitude of disappointments, or large but phrase-appropriate disappointments, constitute the 'optimal conditions' which are necessary for healthy narcissistic growth, which are necessary for structures to be built (or functions learned, if one prefers).

Summary

In the preceding section, some premises, the healthy developmental sequences and the structural aspects of Kohut's theory were outlined. Kohut hypothesized that part of the individual's primary narcissism is transformed into idealization of the parent-child symbiotic unit, the self-object or idealized parent. Under optimal conditions, gradually the child (re)internalizes various aspects of the idealized parent. The internalization process builds structures,
both ego and superego, which perform the functions which the parent formerly fulfilled. While Kohut does not talk extensively about what those functions are, an attempt was made to infer and extrapolate, from what he does say, what these functions were which the parents initially perform, and which when internalized form structures of the personality. These functions include: 1) the capacity to soothe oneself (manage tension); 2) to provide adequate stimulation; 3) to channel drives, especially sexual drives, into acceptable and useful channels; 4) to form and maintain a set of values or ideals which guide behavior; 5) to reward the striving for attainment of values and ideals so that self-esteem can be maintained via the pursuit of such ideals. All of these functions can be subsumed in one fashion or another to the overall function of the 'maintenance of the narcissistic homeostasis'.

Pathological Disturbances Related to Idealizing

Next, attention will be given to the pathological disruptions and the resultant clinical manifestations. There are two basic pathological developmental patterns related to the idealized parent. The first occurs when the idealized parent traumatically or prematurely 'falls off the pedestal', that is, is undeniably shown to be so-much-less-than-perfect that the child ceases to be able to idealize the parent. The second occurs when the symbiotic union with the idealized parent is prolonged far beyond the time when individuation-separation should occur. The basic or essential pathology created by both of these patterns is that the self does not achieve the capacity to 'do' for one's self what the parent formerly did, and thus a symptom common to both patterns is an intense need to be in relationships with 'idealized' others. It is this need which is the basis for what Kohut
calls the 'idealizing transference' toward the therapist. The following will be an elaboration of these two patterns, the differences clinically which each produce, and the conditions which cause them.

When one speaks of 'traumatic' disappointments in the idealized parent, an image of a single traumatic event is conjured up. While there may be occasional instances of such single events causing massive difficulty to the personality, they are rare. The death of a parent, the total absence of a parent due to divorce, a severe illness of the child in the face of which the parent is helpless, may be a few such occasions. However, even with regard to such events, Kohut believes that frequently there is a previous history of disappointments which makes the one single event stand out. But even if one accepts such events as exceptions to the rule, the 'rule' which Kohut suggests is that no single event causes major or irreversible disruption to the healthy growth pattern. Rather, the circumstances which create disruptions in the idealizing process are oft-repeated events. Metaphorically a single failure, even if severe, of the mother to feed the child when it is extremely hungry is not going to interfere with idealization, but failing to do so day-in and day-out, will interfere. Repeated failures of empathy leads to a vulnerability, a heightened sensitivity, to register and react to disappointments.

Kohut uses the phrase 'the telescoping of genetically analogous experiences' to point out the psychological tendency to condense or code a multitude of similar experiences into one remembered event. Regarding this he says,

...the psyche may superimpose memories of important but non-critical later (postoedipal) experiences over the specifically pathogenic earlier ones. This overlay of the memory of the
critical period of developmental disturbance by memories of analogous later experiences is a manifestation of the synthesizing power of the mind; it should not be understood as being necessarily in the service of defense (i.e., as being undertaken in order to ward off the recall of the earlier memory), but usually rather as being in the service of the attempt to express the early trauma through the medium of analogous psychic contents that are closer to the secondary process and to verbal communication. (p. 33)

Kohut adds that this tendency to telescope events frequently makes the pinpointing of the developmental stage where the original pathology occurred somewhat difficult.

A particularly clear example of this occurred in a patient of the author's. Miss A, a 37 year old woman, had a vivid, highly charged memory of her bitter disappointment with her father following an episode in which he encouraged her to accept a ride to college with a colleague of his. During the ride the older man made sexual advances toward her. She was enraged with her father, felt that he should have protected her from such a situation, and was bitterly disappointed that he had not. According to her memory she ceased respecting him at that point. After some exploration, however, it emerged that this woman's mother had subjected her to frequent enemas as a child (which were rather clearly homosexually tinged). Frequently the mother would announce the impending procedure in the presence of the father and Miss A had hoped that the father would empathize with her plight and intercede to prevent what Miss A experienced as a sexual assault. She had had no specific memories of this until working with the telescoped memory regarding her father's failure of empathy and protection regarding the sexual advances of his colleague.

Kohut makes two general statements about the genesis of narcissistic vulnerabilities and fixations.
1) The interplay between inherited psychological propensities and the personality of the parents (especially of the mother) is of vastly greater importance than the interplay between hereditary factors and gross traumatic events, such as the absence of death of a parent, unless the gross external factors and the parents' personality disturbances are related, as for example, when there is a divorce of the parents, or in the case of a parent's absence due to mental illness or of his or her loss due to suicide.

2) The most specific pathogenic elements of the parents' personalities lie in the realm of their own narcissistic fixations. In particular, we find that, during the earlier phases, (a) the mother's self-absorption may lead to a projection of her own moods and tensions onto the child and thus to faulty empathy; (b) she may overrespond selectively (hypochondriacally) to certain moods and tensions in the child which correspond to her own narcissistic tension states and preoccupations; (c) she may be unresponsive to the moods and tensions expressed by the child when her own preoccupations are not in tune with the child's needs. The result is a traumatic alternation of faulty empathy, overempathy, and lack of empathy, which prevents the gradual withdrawal of narcissistic cathexes and the building up of tension-regulating psychic structures; the child remains fixated on the whole early narcissistic milieu.

Not only does the mother's narcissistic personality organization thus account for the child's early acquisition of narcissistic fixations and vulnerabilities, it also accounts for the fact that the child remains included in the parental narcissistic milieu far beyond the time when his psychological organization is still in tune with such a relationship. The father's personality, however, may, in the later phases, be of decisive influence with regard to the severity of the ensuing personality disturbance: if he, too, because of his own narcissistic fixations, is unable to respond empathically to the child's needs, then he compounds the damage, if, however, his personality is a firmly demarcated one and if he is able, for example, to let himself first be idealized by the child and then to allow the child gradually to detect his realistic limitations without withdrawing from the child, then the child may turn toward his wholesome influence, form a team with him against the mother, and escape relatively unscathed.

These statements need little translation. A clinical example is offered as a demonstration of some of the above claims, in particular of the faulty empathy of narcissistic parents. The case is one of Jacobson's and although she describes the case for different reasons, it will be used here to demonstrate that unresolved parental narcissism causes inadequate or unreliable empathy. The case is of a young
man (seen from ages 18-23) who had had a paranoid psychotic break at the age of 15. Jacobson (1964) reports the following:

The parents were elderly people who had married at the end of their thirties. He was the only child. They were indeed both uniquely narcissistic; they had been dutiful parents but unloving and completely unaware of their child's needs, and exceptionally contradictory in the educational attitudes toward him. To give an example; the parents told me that when they caught their boy masturbating at the age of nine, they threatened him with future insanity and wept in front of him about their poor child's sexual precocity. From then on they constantly watched over him, accompanying him to the toilet; at the same time the mother put ointment on his 'sore' penis every night, thus causing erections which led to obsessional masturbation with incestuous fantasies.

The mother admitted that she had never allowed the boy to play with other children outside their own home. But after another mother told her that she was 'overprotective', he was sent alone from Westchester to New York on the following day, got lost, was frightened out of his wits, and was almost run over by a car. These parents reported to me with great satisfaction how, from earliest childhood on, he had been 'precisely the way we wanted him to be, precisely the way we are ourselves'. ...This boy remembered fantasies, even at the age of seven, in which he saw himself strapped to his mother's breast, flying straight to hell. 'I hated her so much that I wanted her to go to hell', he said, 'but being chained to her, I had to go to hell with her'. (pp. 215-216)

Problems of unresolved parental narcissism can create a variety of patterns, from totally ignoring the child to totally using the child as an extension of themselves. All the patterns have in common a disregard for the child in the interest of meeting the parental needs. The pattern of parental ownership of the child's activities is not an uncommon phenomenon. To the extent that the child accepts this system, he relinquishes ownership of his activities and decisions, and in doing so feels or experiences himself to be incapable of independent action. Again, this results in the need to be attached to some other person who is seen as more powerful than the self. Such is the field in which the seeds of dictators and demagogues are sown.
Kohut claims that the pathogenic elements lie in the parental narcissistic fixations. The issue he is addressing in making such a statement is that the parents must be able to put their own needs aside to a sufficient degree so that they may see clearly what the child's needs are, in other words, to be able to empathize with (not project upon) the child. If the mother is severely depressed or schizoid, she will not be able to empathize with or respond to the child's need for closeness or symbiosis. If, on the other hand, she is so needy herself that she must cling to the child, then she cannot empathize or respond to the child's need for autonomy and independence. Thus, when Kohut says unresolved parental narcissism results in pathology for the child, he does not mean just the common-usage definitions of narcissism (arrogant, limelighter), but rather he means that narcissistic fixations cause in the parent the incapacity to see the child as a separate but cared-about individual, having needs and feelings which may differ from one's own, and are incapable of responding to those needs appropriately. Self-absorption, whatever form it may take, is a narcissistic stance. The pathological parental assumption is that 'the child wants what I want', 'feels what I feel' a narcissistic stance which causes failures in empathy. Parental failures in empathy, repeated and/or traumatic, interfere with the child's idealization of the parent.

Empathy is a central and crucial concept for Kohut. The almost limitless variety and complexity of specific pathogenic interactions between parent and child defy a comprehensive description. For example, this parent hides behind the newspaper and ignores the child; that parent needed a 'little performer' from which to get vicarious
pleasure and pushed the child to perform; this parent was a frightened mouse incapable of permitting idealization due to a poor self image; that parent must always be right. The variations are almost endless. However, once one understands the basic principle, empathy for the child, one can look for the specific relevant patterns in a given case. Thus when one is dealing with pathology surrounding the issue of idealization, one looks for patterns of faulty parental empathy and occasionally for events of severe traumatic proportion which showed the parent to be inadequate (The latter may actually be a single traumatic event or may be the telescoped memory of oft-repeated disappointments.)

In the pattern where the child cannot incorporate the discovery that the parent is less than perfect, the expectation of a perfect other, an idealized other, is maintained, but not for that given individual (Mommy is no good but out there somewhere is a good and perfect mommy. - hence the nearly universal question about whether the self is 'adopted') So starts the search for the ideal other. In the pattern where the child is not permitted to de-idealize the parent because the parent insists on the idealization continuing, the expectation of a 'perfect other' is also maintained. If the culture or circumstances force separation from the original 'perfect' individual, a search for a substitute begins. Thus, in both of the general patterns, a common symptom of narcissism is the search for the ideal other. Thus one diagnostic symptom is a history of searching for an idealized other, frequently marked by a series of idealized others and feelings of restlessness, depression, of 'not being alive' when alone.
The Idealizing Transference

In the idealizing transference, barring interference from the therapist, these patients tend to rather quickly establish the therapist as the ideal other. There are several ways to know if this is occurring. The most obvious is if the patient tells the therapist so. While this frequently happens, it also frequently does not. Even if it does not, the patient begins reporting improvements in various aspects of his or her life. Kohut claims, "...there ensures a lessening of the previously present symptomatology which is characteristic of narcissistic disorders, i.e. the patient's vague and diffuse depression, disturbed work capacity, irritability, and his self-consciousness, shame propensity, hypocondrical preoccupations, and ill-defined psychical discomforts". (p. 86) These improvements come without any direct therapeutic work being done related to the various aspects and frequently come quite early, suspiciously early in the therapy. These improvements also tend to disappear or diminish when the therapist is unavailable, for example, during vacations, or missed sessions. They also disappear or diminish when the patient experiences the therapist to be either less than ideal or not as connected with the patient as the patient wishes. Regarding this last, even such things as seeing other patients in the waiting room, or seeing the therapist on the street, can burst the more primitive patient's fantasy bubble that the therapist is in an exclusive and symbiotic relationship with the patient. The improvements in the patient's functioning are due to the relationship with the ideal other, which provides or fulfills the functions which the patient can not provide for himself. This pattern can be clearly seen in patient's who can be categorized as 'therapy addicts'. Such
people can function adequately and happily so long as they are in therapy, but are unable to function when not in therapy. Such cases demonstrate that simply being connected with an idealized other, the therapist, completes the otherwise 'incomplete' (at least subjectively) individual. It is rather like Plato's image that we were once a sphere which was then cut in half. We are in search for the other half of ourselves and are whole only when we find the other half. Kohut does not mention this but this author has found a frequent signal of some idealizing transferences to be the patient reporting conversations in his head with the therapist, (asking 'how would Mrs. Krueger handle this'). This conscious use of the therapist is a more healthy stage than when the therapist is used unconsciously as part of the self, but it is still an indicator of an idealizing transference.

Another indicator of an idealizing transference is how the patient reacts when the therapist has 'missed' something. This is somewhat difficult to ascertain since frequently the therapist does not know he has 'missed something' until after the patient reacts. However, if the patient, after being relaxed, open, warm, having a good rapport, suddenly becomes 1) very condescending, superior, haughty; 2) very withdrawn, quiet, and unreachable; 3) enraged, disparaging, attacking, toward the therapist, then the chances are very good that, in the patient's view, the therapist has shown himself to be less than ideal. Probably the therapist has not empathized with something the patient wanted the therapist to understand, or has shown himself to be less-than-perfect. By implication, these responses are evidence of an idealizing transference and these are the typical reactions when that idealization has been threatened.
It should be noted that there are sometimes resistances within the patient to forming or giving open evidence of an idealizing transference. A fiercely held, 'I don't need nobody' may indicate such a resistance. Also some people who have repeatedly put people on pedestals only to have them fall, and especially if such an event is in the recent past, may be cautious about idealizing again due to the discomfort produced when the idealization fails. Such patient's nonetheless idealize the therapist but hide it from themselves as well as the therapist. Such resistances may initially obscure the establishment of an idealizing transference. Usually gentle interpretations regarding such resistances allow the idealizing transference to occur and emerge. The idealizing transference is desired because in working it through, the narcissistic difficulties can be solved (but more on treatment later).

It should be noted that Kohut is positing a very specific transference paradigm when he refers to the idealizing transference. This is significant in two ways. First, as was mentioned in the history, prior to Kohut the psychoanalytic stance was that people with narcissistic disorders were incapable of forming a transference with the therapist and hence were untreatable via psychoanalysis. Thus, the existence of a transference paradigm, of any sort, is a departure from the traditional stance, and is a major addition to psychoanalytic treatment, assuming one accepts it and most within the psychoanalytic tradition have.

Kohut is positing that narcissistic disorders are specific, definable, and thus differentiatable from other kinds of disorders. Concomitantly, he is suggesting that the idealizing which occurs in
the idealizing transference is recognizably different from the
idealization which occurs at various points in almost all therapies?
One difference between narcissistic idealization and non-narcissistic
(object) idealization depends on whether (or the degree to which)
the actual characteristics of the 'other' are taken into consider-
ation by the one doing the idealizing. In non-narcissistic ideal-
ization, the idealizer takes actual, verifiable characteristics of
the other and 'overestimates' or idealizes them and the individual.
In narcissistic idealizing the characteristics of the other are
largely ignored. In mature idealizing or object love, the other is
seen as clearly separate from the self and thus is recognized as having
independent perceptions, thoughts, actions.

Second, this idealization can also tolerate admitting that
there are yet other characteristics of the other which are less than
ideal, and yet not give up the idealization of the person as a whole.
Narcissistic idealizations cannot admit to any flaws. A single flaw
tends to make the therapist unacceptable as a person to idealize.

Third, another difference is seen in the constancy of the
idealizing. In most other therapies, idealization may occur during
certain periods but is not a dominant theme throughout the therapy.
In an idealizing transference, the idealizing is consistently an
issue, even when there is active denigration of the therapist, the
patient is still wrestling with issues of idealization, e.g. the
disappointment when the idealization is threatened.

Fourth, yet another difference in narcissistic idealization is
indicated by a sense which the therapist gets that there is something
'unreal' about the patient's idealization. There is a feeling that the idealization has 'nothing to do with me', but is instead an internal necessity for the patient. In a movie, Truffeau's *Adele H.*, the heroine falls in love with a young man, who then spurns her. She pursues him, sinking deeper and deeper into her idealization of him until, at the end of the movie, she fails to recognize the external 'real' him on the street. By this point she has focused exclusively on her internally held perception of him. Her internal perceptions and idealizations of him are then shown to be more important to her than the reality of him. Her need to idealize him is greater than her need for relationship with him.

Lastly, the kind of response the patient makes to a disappointment in the narcissistic idealization differs from mature idealization. In narcissistic idealization, the responses reflect a severe depletion of and/or threat to the self, and tend to be manifest by the wholesale rejection of the idealized one. This may be manifest by a massive pulling away from the therapist or by unforgiving rage. Whereas with non-narcissistic idealization, the responses to disappointment may be disappointment and even some anger or sadness or resignation, but in reasonable proportion to the disappointment. Such reactions rather quickly die down and the flaw is accepted with a calm 'oh well, it is OK that he's not perfect.'

Before moving on to the therapeutic responses to the idealizing transference, it might be noted that this concept of the idealizing transference, has been widely accepted in psychoanalytic circle. Even people who reject either or both the explanatory metapsychological concepts and/or the therapeutic maneuvers suggested, accept as accurate
and useful the description and concept of the idealizing transference. Treatment

In turning now to the treatment suggested by Kohut, a general statement can be made. Kohut adopts the basic psychoanalytic stand that treatment is accomplished via the process of the transference being established and then being 'worked through'. The assumption is made, borne out by most cases, that the transference will more or less automatically establish itself. However there are on occasion resistances to the establishing of the idealizing transference. One frequent resistance is that "the patient is afraid of the extinction of his individuality by the deep wish to merge with and into the idealized object." (p. 88) Evidence of this resistance sometimes comes in the form of seemingly abstract philosophical or quasi-religious preoccupations about life and death, or identity; sometimes in the form of concerns about taking on the therapists characteristics, for example, one patient said, 'I can not use that phrase, That is your phrase"; and sometimes in the form of a pervasive sense of doom which is frequently accompanied by ostensibly free-floating anxiety. These forms, with the exception of the philosophical questioning, are based on the author's observation and are not stated by Kohut. Kohut notes that a frequent dream pattern wherein the patient sees himself confronted with the task of climbing a high or majestic mountain
and looks apprehensively at the steep path, its treacherous surface, in search for a reliable footing or secure hold. The details of such dream, Konut claims, may provide invaluable clues concerning specific resistances against the establishment of the idealizing transference.

Is the mobilization of idealizing cathexes, for instance, feared and resisted because the narcissistically invested objects which the child tried to idealize were cold and unresponsive (an icy mountain; a mountain of glass or marble), unreachably distant, or unpredictable and unreliable? Again, there is no need to go into detail since every analyst can easily draw the empirical data from his own relevant case material. (p. 87)

Kohut is pointing to the fact that there are sometimes specific fears which cause resistances against the idealizing transference and that the therapist should be alert to that possibility.

Regarding the handling of such resistances Kohut says,

The analyst should acknowledge the presence of all these resistances and define them to the patient with friendly understanding, but in general he need do nothing further to provide reassurance. (p. 88)

However, Kohut also suggests several things that the therapist ought not to do - which they frequently do - which interfere with the establishment of the transference (aid resistances). First the therapist should not make premature transference interpretations; the narcissistic patient hears them as prohibitions or statements of disapproval. Second, the therapist should not be overly friendly or supportive; the narcissistic patient experiences this as patronizing or condescending. Third, the therapist should not 'play down' his competence if the patient praises him highly; the narcissistic patient with issues of idealization sometimes worries if he has found the 'right' therapist and may leave the therapy looking for a more powerful therapist. Fourth, the therapist should not give too much personal information
because it may interfere with the idealization. An example to demonstrate this point. Kohut reports a case in which the patient, early in therapy, described a Catholic priest whom she had idealized in adolescence. The therapist said during this recital that he was not a Catholic. The patient 'heard' this statement to mean 'I, the therapist, am not like the ideal figure' and the therapy bogged down until this exchange had been talked about and dealt with. If one can avoid some of those errors, the chances are good that the idealizing transference will spontaneously occur.

Once established, then comes the working through process.

In view of the fact that the narcissistic equilibrium depends on the analysand's narcissistic relationship to an archaic, narcissistically experienced, prestructural self-object, the disturbance of the equilibrium is here, in essence, caused by certain external circumstances. In the undisturbed transference the narcissistic patient feels whole, safe, powerful, good attractive, active so long as his self experience includes the idealized analyst whom he feels he controls and possesses with a self-evident certainty that is akin to the adult's experience of his control over his own body and mind. After the sudden loss of the unquestioned control over one's body and mind (in consequence of organic brain damage, for example) most individuals tend to react with specific severe forms of despondency and helpless rage. Analogous reactions occur in the analysis of narcissistic personality disorders. Thus, after he has reached a stage of narcissistic union with an archaic, idealized self-object, the analysand responds initially with rage and despondency (which may be followed by a temporary regression to experience of fusion with the most archaic idealized self-object or to a shift of the narcissistic investments to a hyper cathexis of archaic forms of the grandiose self, and fleetingly, even of the autoerotic, fragmented body self) to any event that disrupts his narcissistic control over the archaic parent image, the analyst. (p. 90)

In other words, the major part of the working through process concerns the loss of the narcissistically experienced other. Small events begin to occur which demonstrate to the patient either 1) the therapist is not ideal or 2) that the therapist and the patient are not a single unit. Events like slight lateness for an appointment, irregularities
in the appointment schedule, small signs of coolness from the therapist, any lack of immediate and completely accurate understanding on the therapist's part, vacations (even the patient's), sickness of the therapist, seeing the therapist in public and especially with others, any of these and many many more can demonstrate to the patient either the separateness of the non-idealness of the therapist. Such awareness triggers 'extreme' (in the eyes of the therapist) reactions, usually shown either as withdrawal or rage. Frequently the narcissistic injury which precipitates such reactions is so minute that it will test the therapist's empathy and clinical skill to figure out 'what did it'. Such efforts are necessary however, because part of what the therapist should do, according to Kohut, is to help the patient understand what caused the disappointment and the nature of the disappointment, i.e. that the patient needs the therapist to be perfect and is threatened when the therapist is not. Two things are accomplished by such a maneuver. First, the empathy of the therapist, demonstrated in finding 'what did it', usually permits a reestablishing of the idealization. As a patient said recently (paraphrased), "I could have taken my parents not responding to me at times, if they would only later have come after me and said, 'hey we were caught up in our own being and could not respond right then. Is there something now you would like?'" In other words the missed empathy can sometimes be forgiven if it is acknowledged as such, and reinstated. The principle is the same as the child's learning; mother can go away for short periods but will be back. Empathy can fail, but will return. This is part of the working through process, wherein the patient learns through repeated experience what he did not learn growing up, that he can tolerate small flaws in empathy and
perfection. Second, the explanation or interpretation given by the therapist helps the patient begin to get understanding of what happens to him or her. The aim is to engage and enlarge the 'observing ego' or the 'consciousness' of the patient to the end that the more aware the patient is of what is happening, the more control he can gain over the phenomenon. In Kohut's terms (1968) working through occurs when "The repressed narcissistic strivings with which the archaic object is invested are admitted into consciousness." (p. 95). It is quite important to explain to the patient the reactions which he is having 1) were appropriate to the childhood situations in which they originally occurred and 2) that they are understood and accepted by the therapist now. If these conditions are not met and the therapist instead tries to reproach, however subtly, the patient for not being more realistic, then the patient will feel not-understood, not approved of, and the negative responses will get worse. This is one reason for the therapist needing some theoretical grasp of the deficiencies of the patient, so he does not reproach the patient for infantile idealizing. This acceptance allows the patient to idealize, be disappointed, and then be reassured, while at the same time gaining understanding of what is going on, all of which gradually permits the patient to grow and change. In other words the patient both re-experiences the process of facing disappointments in the idealized other, and gains cognitive understanding over it also.

During this process, as the therapist repeatedly interprets the meaning of separations from the therapist relating to disappointments in idealization, the patient frequently begins to remember meaningful past experiences or even more frequently with such patients, old
memories will become intelligible in the light of the understandings,

Knotz gives some examples of this:

The patient will, for example, recall lonely hours during his childhood in which he experienced intense voyeuristic pleasure (the child's searching through the drawers in an empty house) and engaged in perverse activities (a boy's putting on his mother's underwear). These activities will then become intelligible when they are understood not so much as sexual transgressions that are undertaken while external surveillance is lacking but rather as attempts to supply substitutes for the idealized parent image and its functions by creating erotized replacements and through the frantic hypercathexis of the grandiose self, ...The various perverse activities in which the child engages are thus attempts to re-establish the union with the narcissistically invested lost object through visual fusion and other archaic forms of identification.

The patient may furthermore often remember, and gratefully understand, how he tried to revive the feeling of a cohesive self by a variety of self-applied stimuli: putting the face against the cold floor in the basement; looking in the mirror to reassure himself that he is there; smelling a variety of substances, especially his own body odor; various masturbatory activities; the (often grandiose and dangerous) performance of various athletic feats (jumping from high places, climbing over rooftops etc.) in which the flying fantasies were being enacted by the child, in order to reassure himself about the reality of his physical existence in the absence of the omnipotent self-object. Adult analogues...are intense voyeuristic preoccupation, the temptation to steal (shoplift), and recklessly speedy drives in the car. Less uncontrolled, less unrealistically grandiose, and thus less dangerous, are the long restless walks which the patient undertakes in order to gain reassurance about being alive and whole...During transitional phases the patient will give evidence of the fact that his increasingly insight has led to greater ego dominance, e.g. by changing from dangerous perverse peeping acts to socially acceptable artistic activities (photography, water-coloring) and from being driven toward endless lonely and desperate walks to socially integrated forms of athletic or artistic body stimulation in sports and musical activities.

...Not only is the ego’s sublimatory ability increased, the ego also demonstrates in the transference that it has acquired increasing tolerance for the analyst’s absence, for a break in the routine of the appointments, and for the analyst’s occasional failure to achieve immediately a correct empathic understanding (pp. 99-100)

When repeated experiences with the therapist essentially functioning as the good parent (being optimally frustrating combined with good
empathy), is combined with understanding of what is going on (via interpretation), working through (building new structures, gaining ego dominance, acquiring new habits, changing one's perception, whatever one wishes to call it) occurs.

The working through process includes the following typical sequence of events:

1) the patient's loss of the narcissistic union with the idealized self-object; 2) the ensuing disturbance of the narcissistic balance; 3) the subsequent hypercathexis of archaic forms of either a) the idealized parent imago or b) the grandiose self; and fleetingly, 4) the hypercathexis of the (autoerotic) fragmented body-mind-self. (pp. 97-98)

Several additional issues need to be covered to make this statement fully comprehensible. First, the grandiose self has not been covered yet, so a full understanding of what 'hypercathexis of the grandiose self means' will have to wait until that topic is covered. However, briefly, when the patient is threatened by loss of the other, he will frequently retreat into grandiose isolation (I do not need anyone, I am complete and awesome). The haughty disdain and superiority stance described earlier, are part of the grandiose self pattern. By 'archaic forms of the idealized parent imago' Kohut means things like the quasi-religious experiences of mystical union with some unspecific but highly idealized being or force. Since the idealized parent and the grandiose self are co-equal, retreat may occur to either, according to Kohut.

Second, a word needs to be said regarding the 'autoerotic fragmented body-mind-self'. Kohut holds that prior to the narcissistic developmental phase, the earliest phase is autoerotic and the infant does not have any notion of a unified self. The various body parts, and other aspects of the self are experienced as independent from each other. At the moment of hunger - the self is the stomach. At another moment, the
painfully bitten finger in the self. This fragmented state is prior developmentally to the narcissistic phase, which is marked by a unified sense of self, however rudimentary that unity is. Thus when Kohut speaks of 'hypercathecting the autoerotic fragmented 'body-mind-self', he is saying that some patients when under stress will regress, temporarily, to that state of fragmentation. This accounts for the hypocondriacal, body-part preoccupation which frequently occurs in patient's with narcissistic disorders. When this occurs patients can appear psychotic or nearly so. Kohut suggests such states are temporary, fleeting, and the individual quickly moves back to a position of a unified self, thus distinguishing these patients from borderline or psychotic patient's who stay much longer, or permanently, in psychotic states in which no unified self is present. Kohut offers a schema of the typical regressive swings which occur during the analysis of narcissistic personality disorders. See Figure I, p. 119.

To return to the main theme of working through, the patient repeatedly undergoes the sequence of events described, each time being helped to understand what is happening and learning ways of preventing the regressions.

Kohut offers an extended clinical example which utilizes the concepts which have been discussed in this portion of the paper. It is offered here to serve as clarification of the concepts and to show one example of their clinical use.

Mr. A., a reddish-blond, freckled man in his mid-twenties, was a research chemist in a large pharmaceutical firm. Although the initial complaint with which he entered analysis was that ever since adolescence he had felt sexually stimulated by men, it soon became apparent that his homosexual preoccupations were not prominent, occupied a rather isolated position in his personality, and constituted only one of
FIGURE I

1. Reactivated idealized parent imago (idealizing transference)

1A. Reactivated grandiose self (mirror transference)

Disturbance of the transference equilibrium:
- 2. Archaic forms of idealization:
  - ecstatic, trance-like, religious feelings
  - hypomanic excitement

2A. Archaic forms of grandiosity:
- cold, imperious behavior
- affected speech and gestures
- unrealistic grandiose feats

Further regression:
- 3. Autoerotic body-mind-self; tension state;
  - hypochondria about physical and mental health;
  - self-stimulation;
  - perverse fantasies and activities

Autoerotism: fragmentation of the self

Narcissism: cohesive self
the several indications of an underlying broad personality defect. More important than his occasional homosexual fantasies were (a) his tendency toward feeling vaguely depressed, drained of energy, and lacking in zest (with an associated drop in his work capacity and creativity during periods when this mood has overtaken him); and (b) as a trigger to the preceding disturbance, a great (and in the main quite specific) vulnerability of his self-esteem, manifested by his sensitivity to criticism, to lack of interest in him, or to the absence of praise from the people whom he experienced as his elders or superiors. Thus, although he was a man of considerable intelligence who performed his tasks with skill and creative ability, he was forever in search of guidance and approval: from the head of the research laboratory where he was employed, from a number of senior colleagues, and from the fathers of the girls whom he dated. He was sensitively aware of these men and of their opinion of him, attempted to get their help and approbation, and tried to create situations in which he would be supported by them. So long as he felt accepted and counseled and guided by such men, so long as he felt that they approved of him, he experienced himself as whole, acceptable, and capable; and his work and to be creative and successful. At slight signs of disapproval of him, however, or of lack of understanding for him, or of loss of interest in him, he would feel drained and depressed, would tend to become first enraged and then cold, haughty, and isolated, and his creativeness and work capacity deteriorated.

In the cohesive therapeutic transference which established itself in the analysis, all these reaction propensities were clearly in evidence and permitted the gradual reconstruction of a certain genetically decisive pattern which had occurred repeatedly and had led to the specific personality defects of the patient. Over and over again, throughout his childhood the patient (who was the youngest of three children; he had a brother ten years older and a sister three years older than he) had felt abruptly and traumatically disappointed in the power and efficacy of his father just when he had (re)established him as a figure of protective strength and efficiency. As is so frequently the case (see the earlier remarks concerning the telescoping of analogous childhood events), the first memories which the patient supplied — subsequent to the direct (concerning his patient contact) and the indirect (concerning various preceding relationships) transference activations of the crucial pattern — related to a comparatively late period in his life. After a long and various drift via South Africa and South America, the patient returned to the United States when the patient was about 13, and the father, who had been a prosperous businessman in Europe, was unable to repeat his earlier success in this country. Time and again, however, the father shared his newest plans with his son and stirred the child's fantasies and expectations. Time and again, he started a new enterprise in the building up of which he enlisted his son's interest and participation. And time and
again he sold out in panic when unforeseen events and his lack of familiarity with the American scene combined to block his purposes. Although these were, of course, memories of which Mr. A had always been conscious, he had not prev-
iously appreciated the intensity of the contrast between the phase of great trust in the father, who was most confidence-inspiring while he was forging his plans, and the subsequent desperate disappointment in the father who not only lost his nerve in the face of unexpected difficulties, but who also reacted with emotional and physical deterioration (depression; a variety of hypochondriacal complaints for which he would often take to his bed) to the impact of the defeat.

Most prominent among the patient's relevant recollections of earlier occurrences of the idealization-disappointment sequence concerning his father were those of the family's last years in Eastern Europe, in particular the recall of two events which affected the family fortunes decisively when the patient was six and eight years old respectively. The father who, during the patient's early childhood, had been a virile and handsome man had owned a small but flourishing industry. Judging on the basis of many indications and memories, it seems to be an established fact that father and son were very close emotionally up to the point of the catastrophe which occurred when the patient was six, and that the son had admired his father greatly. According to family lore, the father even took the son with him to his factory at an early age (according to the patient, already before he was four), explaining details of his business to the boy, and even asking him - playfully, as one may assume in retrospect - for advice concerning various business matters, as he did again later more seriously, in the United States when the patient was an adolescent. Suddenly the threat that the German armies would overrun the country interrupted their close relation-
ship. At first, the father was away a great deal, trying to make arrangements for the transfer of his business to another (Eastern European) country. Then, when the patient was six, German armies invaded the country and the family, which was Jewish, fled. Although the father had initially reacted with helplessness and panic, he later succeeded in re-establishing his business, though on a much reduced scale; but as a consequence of the German invasion of the country to which they had escaped (the patient was eight at that time), everything was again lost and the family had to flee once more.

The patient's memories focused on the beginning of latency as the crucial period when the essential structural defect was incurred (see my earlier remarks about the specific significance of early latency in the context of the "vulnerability of new structures," i.e., specifically, of the barely established superego). There is no doubt, however, that later events (his father's failures in the U.S.A.) compounded the damage; and there is similarly no doubt that the child's earlier experiences - his being subjected to his father's
extreme, sudden, and unpredictable mood swings during the preoedipal and oedipal period; and, especially, his exposure during infancy to the unreliability of the empathic responses of his mother—had sensitized him and had caused the vulnerability which (in combination with a modicum of congenital predisposition) accounted for the severity and the permanence of the structural defect set up by the events at the beginning of latency. ...The scrutiny of the current behavior of the patient's mother, and of her present-day personality, furnished ample evidence for the conclusion that she was a deeply disturbed woman who, though seemingly calm and quiet (in contrast to the openly overemotional father), tended suddenly to disintegrate with terrible anxiety and unintelligible (schizoid) excitement when she was exposed to pressure. It may thus be assumed that the patient suffered many disappointments in the mother's phase-appropriately required omniscient empathy and power during the first year of his life and that the shallowness and unpredictability of his mother's responses to him must have led to his broad insecurity and narcissistic vulnerability.

The hub of the patient's psychological defect, however, related to the traumatic disappointment in the idealized father imago in early latency. What was the nature of his defect and how can it be described in metapsychological terms? To put the answer in a nutshell: the central defect of his personality was the insufficient idealization of his super-ego (an insufficient cathexis with idealizing libido of the values, standards, and functions of his superego) and, concomitantly, the strong cathexis of an externally experienced idealized parent imago in the late preoedipal and the oedipal stages. The symptomatic result of this defect was circumscribed yet profound. Since the patient had predominantly suffered a traumatic disappointment in the narcissistically invested aspects of the father imago (the father's idealized power), no transmuting internalization of the idealized object had taken place, but a fixation on a prestructural ideal figure (for whom the patient was forever in search) occurred. The superego did not possess the requisite exalted status and was thus unable to raise the patient's self-esteem. In view of the fact, however, that the patient had not felt equally deprived of those aspects of the father imago that were invested with object-instinctual cathexes, his superego was relatively intact with regard to those of its contents and functions that were built up as the heir to the object-libidinal and object-aggressive dimensions of the oedipal father relationship; the patient possessed values, goals, and standards; and he was in general not inclined to turn to external figures with the implicit or explicit demand that it should be spelled out to him which conduct was right or wrong or to what goals he should aspire. Basically, his nuclear goals and standards were those of his family's cultural background, transmitted to him by his father. What he lacked, however, was the ability to feel more than a fleeting sense
of satisfaction when living up to his standards or reaching his goals. He was able to obtain a sense of heightened self-esteem only by attaching himself to strong, admired figures whose acceptance he craved and by whom he needed to feel supported.

Thus, in the transference manifestations of his specific structural defect, he seemed insatiable in two (tyrannically and sadistically asserted) demands and he directed toward the idealized analyst: (a) that the analyst share the patient's values, goals, and standards (and thus imbue them with significance through their idealization); and (b) that the analyst confirm through the expression of a warm glow of pleasure and participation that the patient had lived up to his values and standards and had successfully worked toward a goal. Without the analyst's expression of his empathic comprehension of these needs (verbal confirmation tended to be sufficient; a "play-acting" wish fulfillment, e.g. through direct praise, was neither required, nor would it indeed have been acceptable to this patient), the patient's values and goals seemed trite and uninspiring to him and his successes were meaningless and left him feeling depressed and empty. ...The early and continuing disappointment in the perfection of the mother led to the result that the child was unable to imbue her sufficiently with narcissistic, idealizing cathexes, the father imago because correspondingly over-idealized, and the vicissitudes of the idealized father imago had thus a greater traumatic impact on the child's psyche than might otherwise have been the case. ...He had never engaged in homosexual activities and - apart from some sexually tinged, playful wrestling in adolescence and the buying of "physical culture" magazines which contained photographs of athletic men - his homosexual preoccupations were consumated only in fantasy, with or without masturbation. The objects of his homosexual fantasies were always men of great bodily strength and of perfect physique. His own fantasied activity consisted in maintaining a quasi-sadistic, absolute control over these men. In his fantasies he manipulated the situations in such a way that, even though he was weak, he was able to enslave the strong man and to make him helpless. Occasionally he achieved orgasm and a feeling of triumph and strength at the thought of masturbating a strong and physically perfect man and of thus draining him of his power.

...References to the orgastic experience of gaining strength by draining it from fantasized images of external perfection—the fantasies of subjugating strong, handsome men, through masturbating them, draining them of their strength—could be interpreted, in retrospect, as sexualized statements concerning the nature of his psychological defect and of the psychological functions which had to be acquired. Suffering from the absence of a stable system of firmly idealized values, and thus of one of the important sources of the internal regulation of self-esteem, he had in his sexual fantasies replaced the inner ideal with its sexualized external precursor, an athletic powerful man; and he had substituted for the enhancement
of self-esteem which is experienced by living up to the example of one's idealized values and standards, by the sexualized feeling of triumph, as he robbed the external ideal of its power and perfection and thus in his fantasy acquired these qualities for himself and achieved a temporary feeling of narcissistic balance. (pp. 57-72)

The case material does not need much elaboration. Some of the concepts which are utilized in this clinical example are as follows. The symptoms described include, the tendency to sexualize tension, vague depression, lack of zest, vulnerability of self-esteem, and need for praise from idealized figures. Etiological issues include, patterns of parental responses, and the influence of repeated disappointments in an idealized parent. Structural items mentioned include, a weak superego and ego-ideal due to insufficient idealization, and the ego weakness of difficulty in neutralizing tensions. Transference manifestations include, idealizing the therapist, devaluing the therapist when disappointments have been experienced, and demanding support and approval for all actions.

One additional note regarding the tendency to sexualize tension is that Kohut implicitly assumes that there is (are) narcissistic drive(s) which cause great excitement in the individual and that such drive energy is different from sexual drive energy. This is a different emphasis at least, and a different stance at most, from traditional psychoanalytic theory. He also believes, by inference from the case above and others, that narcissistic excitement can manifest itself in the form of ostensibly sexual activity. This has the implication therapeutically that the presence of sexual material does not necessarily mean one is dealing with sexual issues per se. At least this stance suggests that the therapist be alert to possible
narcissistic meanings to sexual behavior.

Kohut does not specifically list in any co-ordinated fashion the various symptoms which are associated with pathological narcissism stemming from difficulties of idealization. The following list of symptoms, culled from a variety of sources, may be useful in helping with the diagnosis of this particular narcissistic pathology. By no means should this list be viewed as complete and likewise it should not be held that a given patient will show every symptom on the list. It is simply a guide for 'what to look for'. No attempt to connect the symptoms with the previously described etiology or structural patterns will be made here, although hopefully, the reader can make such connections based on the previous descriptions. Symptoms of narcissistic pathology stemming from disturbances of idealisation include: work disturbances, especially feelings of little or no satisfaction derived from work; a general sense of boredom or dullness in life, of being drained, empty, 'dead' especially when unconnected with an idealized other; a low-level but chronic depression; high sensitivity and reactivity to praise and criticism by 'authority' figures, especially rage, haughty withdrawal, superiority, or sudden loss of interest in whatever endeavor is criticised; a repeated pattern of needing to be connected with an idealized other, frequently marked by sudden wholesale withdrawal from such figures when disappointments occur; various 'perverse' sexual activities, most notably voyeurism and homosexuality; a tendency to sexualize any tension state; vulnerability of self-esteem, especially when not supported by others; extremely low self-esteem alternating with grandiose feelings; ideals, goals either absent or more frequently weak such that they do not
motivate, inspire activity; intense dependency on others, combined with a lack of understanding or awareness of the other's characteristics or needs; low frustration tolerance, which alternatively can be seen as poor capacity for soothing oneself; tendency toward self-consciousness and shame reactions; hypochondriacal preoccupations; stilted speech, occasionally breaking down into neologisms; irritability. Added to those symptoms are the typical responses to the therapist mentioned earlier. While by no means exhaustive, the above list should give some help with the diagnosis of narcissistic difficulties which are related to problems of idealization.

THE GRANDIOSE SELF AND THE MIRROR TRANSFERENCE

In the preceding section various aspects of the idealized parent and the idealizing transference were discussed. The route of idealization is, according to Kohut, one of two mechanisms used by the child in an attempt to save the originally all-embracing primary narcissism. The second route, aimed at this same goal is accomplished "...by concentrating perfection and power upon the self - here called the grandiose self - and by turning away disdainfully from an outside to which all imperfections have been assigned." (p. 106) Kohut draws an analogy to the phenomenon of social, racial, or national prejudice in which the in-group, the center of all perfection and power, corresponds to the grandiose self; while everything imperfect is assigned to the outgroup. This stance partakes, again, of the basic Freudian premise of a primary narcissism which needs to be salvaged, but differs from the traditional views in that Kohut is claiming that it is an appropriate and healthy developmental process and phase where the child feels itself to be perfect, grandiose. It is this
stance, that the grandiose self is a normal, healthy developmental phase or process, which is the most frequently rejected by other psychoanalytically oriented clinicians. Kernberg (1974) says, "Kohut and I disagree, however, about the origin of this grandiose self and whether it reflects the fixation of an archaic 'normal' primitive self (Kohut) or a pathological structure, clearly different from normal infantile narcissism (the author's view)." (p. 257)

The central notions regarding the grandiose self are as follows. The child believes itself to be perfect, omnipotent, omniscient, capable of accomplishing anything and everything that it can conceive of, indestructable, immortal. The child feels pleased with itself, is exhibitionistic, showing off the self with pleasure. Everything the child undertakes is suffused with the massive optimism, and the assurance of success which stem from the child's belief in its own perfection. It is thus that narcissism can be said to be the well-spring, the source of pleasure in oneself and one's activities.

Kohut says,

Under favorable circumstances (approximately selective parental responds to the child's demand for an echo to and a participation in the narcissistic-exhibitionistic manifestations of his grandiose fantasies) the child learns to accept his realistic limitations, the grandiose fantasies and crude exhibitionistic demands are given up, and are pari passu replaced by ego-syntonic goals and purposes, by pleasure in his functions and activities and by realistic self-esteem.

...If the optimal development and integration of the grandiose self is interfered with, however, then this psychic structure may become split off from the reality ego and/or may be separated from it by repression. It is then no longer accessible to external influence but is retained in it's archaic form. (pp. 107-108)

To elaborate on what constitutes favorable circumstances, the parent initially echoes or mirrors the child's enormous global sense of value. In an excerpt from Trollope's *Barchester Towers* (in a
chapter called 'Baby Worship'), the mother's interaction with an infant son goes 'Diddle, Diddle, dum...hasn't he got lovely legs? He's a little darling, so he is; and he has the nicest pink legs in all the world, so he has...Well, did you ever see! My naughty Johnny. He's pulled down all of Mama's hair...The naughtiest little man...
The child screamed with delight." This much abbreviated excerpt portrays a common scene in which the parent echoes or mirrors or shares or validates the child's delight in himself. According to Kohut there is a,

normal phase of the development of the grandiose self in which the gleam in the mother's eye, which mirrors the child's exhibitionistic display, and other forms of maternal participation in and responds to the child's narcissistic-exhibitionistic enjoyment confirm the child's self-esteem, and by a gradually increasing selectivity of these responses, begin to channel it into realistic direction. (p. 116)

Two issues are important here. First, the confirmation from the mother of the child's sense of value or worth, it's self-esteem.
Second, the gradually increasing selectivity of responses from the admiring parent, which helps the child to gradually modify the unrealistic grandiosity.

Another pattern which Kohut does not mention but in this author's eyes is relevant, is what happens when the reality world (apart from the parents) frustrates the grandiose expectations of the child. The child discovers he can not leap tall buildings at a single bound. Such events call into question, in the child's eyes, whether he or she is as wonderful as previously thought. If, at these moments of doubt, the parent can confirm the child's sense of value as a person despite the demonstrated failure of a given grandiose action and/or can help the child accept the unrealistic nature of the original endeavor, then
self-esteem is built or maintained and an increased realism is gained. When 'reality' forces the recognition of a limitation, the child's sense of value is threatened. The parent can demonstrate that he or she still loves and values the child despite the 'failure' in the grandiose sphere. Since the parent is idealized and the idealized parent finds the child valuable and lovable, the child is reassured about his value and can more readily give up the grandiose fantasy. Via the idealized parent's confirmation, it has been demonstrated that he is 'valuable' despite his 'failure', that his worth does not depend on grandiose feats. In this fashion the idealized parent plays an important role in helping the child modify his grandiosity while maintaining his self-esteem.

Deviations from these optimal conditions which aid in modification of the grandiose self can occur in several different ways. Kohut does not explicitly spell out or elaborate what these deviations from optimal conditions consist of, just as he did not spell out the functions the idealized parent performs, except to give the general principle, that the parent did not appropriately mirror the child's grandiose-exhibitionistic self. However, these deviation patterns are not difficult to generate. Thus, once again as with the idealized parent, the following section is to a large degree derived by this author by inference from Kohut's material, in the effort to clarify Kohut's concepts.

With this understanding in mind, attention is turned to deviations from optimal conditions relating to modification of the grandiose self. First, the parent can fail to take pleasure in the infant. A depressed, schizoid, psychotic, severely narcissistic, or in some
fashion an unavailable or unresponsive parent, the mother in particular, may not show pleasure and excitement in the young child, thus depriving the child of confirmation of it's value. The mother is invited to participate in the child's narcissistic pleasure in itself and via that sharing to confirm it. It is as if the child is not sure of the various characteristics of the self unless there is some external validation of them. Imagine, for example, if the individual thinks 'I am wonderful', but everyone reacts to him like he is terrible, and has as long as he can remember, he begins to assume, at least consciously, that he is terrible. If the mother is not capable of responding positively, then the sense of positively valuing the self remains very shakily held by the child. The views that significant others hold of the self, influence the view of the self which the self comes to hold.

There is an important element concerning the grandiose self and the function of mirroring which shall be dealt with here, before preceding with other patterns of parent-child interactions which product pathology, Kohut says.

We may thus conclude that the mother's exultant response to the total child (calling him by name as she enjoys his presence and activity) supports, at the appropriate phase, the development from autoeroticism to narcissism - from the stage of the fragmented self (the stage of self nuclei) to the stage of the cohesive self - i.e. the growth of the self experience as a physical and mental unit which has cohesiveness in space and continuity in time. The experience of isolated mental and physical functions, however, which precedes the stage of the cohesive self (the stage of narcissism) must, of course, not be considered as morbid but be regarded as appropriate to

3 The term 'external validation' is a description suggested by this author in Chapter III. It is used here since it clearly describes in broad terms, what Kohut describes in narrower terms as 'mirroring'.

this earlier phase of development. It should not be forgotten, furthermore, that the capacity to enjoy single parts of the body and their function as well as single mental activities continues after the cohesiveness of the self experience has been firmly established. In these later stages, however, adults as well as children can enjoy the component parts and functions of their body and mind because they feel secure that these body parts and their functions belong to a firmly established total self, i.e., that there is no threat of fragmentation. Yet we know that children also enjoy games in which body parts are again isolated - counting toes, for example: "This little piggy went to market, this little piggy stayed home, this little piggy ate roast beef, this little piggy had none, and this little piggy cried wee-wee all the way home." Such games seem to rest on the setting up of slight fragmentation fear at a period when the cohesiveness of the self has not yet become totally entrenched. The tension, however, is kept in bounds (like the separation anxiety in the peek-a-boo game (Kleeman, 1967), and when the last toe is reached, empathic mother and child undo the fragmentation by uniting in laughter and embrace. (pp. 118-119)

The issue being focused on is the cohesiveness of the self and the description that the child needs responses of the parent to be to the whole child in order to form a cohesive sense of the self. Before a cohesive sense of self is formed, there is the autoerotic stage in which the various parts of the body-mind-self are reacted to separately. This was described previously. In order to form what cohesive view of the self the child needs the parent's responses. Kohut says, "...a relationship to an empathically approving and accepting parent is one of the preconditions for the original establishment of a firm cathexis of the self..." (p. 120) Thus Kohut is making the claim that the parental approval of the child as a whole entity is crucial to the child's forming a subjective sense of himself as a whole entity. A cohesive sense of self is a necessary precondition to loving or valuing the self. Parental acceptance and approval of the child help create both the cohesive sense of self and the positive evaluation of that self. Thus, at the very early stages of development, parental
incapacity to approve of and respond positively to the child, may interfere not only with positive self-esteem, but also with the coalescing of the body-mind-self fragments into a cohesive sense of self.

The issues relating to a cohesive self versus a fragmented self are important in understanding various symptoms of people with narcissistic disorders. They are also of importance in understanding some basic differences and similarities to the traditional theory of narcissism. A similarity between Kohut and the traditional view is the observation that intense narcissistic preoccupations with the self are connected, though in very different fashions, with psychotic episodes. In Kohut's system, the autoerotic stage with its fragmentation of the self, immediately precedes the developmental stage of narcissism and the grandiose self. Thus when a patient is regressing, the unrealistic narcissistic grandiose self is the last stage gone through before becoming fragmented and psychotic. The fragmentation of the various aspects of the self is one symptom frequently seen in schizophrenic episodes. If the person is capable of investing sufficient narcissistic libido in the self, the regression to a psychotic state can be prevented. Since, in some cases, such a last ditch stand fails, it looks like the narcissism 'causes' the psychotic break since it occurs right before a psychotic break. The traditional view is just that: that intense narcissistic investment is causative of psychotic disorders. Kohut's stance is, in essence, the exact opposite: that insufficient narcissistic investment of the self causes psychoses, allowing the fragmentation of the self. Similarly he points out (as does Federn)

...patients will often attempt to counteract the subjectively painful feeling of self fragmentation by a variety of forced actions ranging from physical stimulation and athletic activities to excessive work in their profession or business.
The misleading impression that a psychosis has been precipitated
by overwork is based on the fact that the patient, sensing
the rapid and dangerously increasing fragmentation of the
self which precedes the overt outbreak of psychosis, attempts
to counteract it by frantic activity. (119)

Thus, while Kohut shares the psychoanalytic view that narcissistic
investment is sometimes related to psychosis (a stand not widely
shared outside of psychoanalytic circles), the views regarding the
nature of that relationship are reversed. It should be stated that
Kohut does not explicitly make this claim, but it is clearly implied
in his theory. The closest he comes to it is,

...one may say that the experience of a unitary self, in
consequence of a reliable narcissistic cathexis of the self
image, is an important precondition for a cohesively function-
ing ego; that by contrast, the absence of such a cathexis tends
to lead disordered ego functions...(p. 132)

Part of the theoretical impact of these views is that Kohut is making
a contribution to the psychoanalytic theory of the self and to the
theory of ego development. Additionally, he is saying that narcissism
plays a constructive role in both the formation and cohesion of the
self and the ego.

The processes of forming a cohesive self and of investing
that cohesive self with a sense of value (narcissistic energy) are
both seen by Kohut to be supported by the parental reactions of
empathically approving of and accepting the child and the child's
feelings of joy in it's own being. The absence of such acceptance
runs risks not only of lowered self-esteem but even of ego weakness
and psychosis. Kohut gives the following clinical example which
includes not only the non-acceptance of the child's pride in himself
but also encourages the fragmentation of the cohesive self.
Patient B., for example, remembered from his childhood the following destructive reaction of his mother. When he would tell her exuberantly about some achievement of experience she seemed not only to be cold and inattentive, but instead of responding to him and the event that he was describing, would suddenly remark critically about a detail of his appearance of current behavior ("Do not move your hands while you are talking"). This reaction must have been experienced by him not only as a rejection of the particular display for which he needed a confirming response but also as an active destruction of the cohesiveness of his self experience (by shifting attention to a part of his body) just at the most vulnerable moment when he was offering his total self for approval.

Before returning to the main theme, it might be added that symptoms like feelings of not being alive, hypochondriacal preoccupation with body parts, the paranoid's eyes or voices examining or criticizing details of his person, and others are in Kohut's view, symptoms relating to the "...insufficiently developed or declining psychic capacity to maintain a solid cathexis of the cohesive self." (p. 122) He also sees the unwillingness to 'lose oneself' in sexual activity or work as frequently being a defense against the fear of losing one's sense of a cohesive self.

To return now to the main theme, which is the various patterns which help create narcissistic pathology. The first pattern, described at length above, is the parental incapacity to confirm or mirror the child's sense of self-worth. This is essentially a passive stance, a failure of omission. A second pattern is a more active pattern, in which the parent actively disvalidates or devalues the child, disparaging, belittling, giving the message that the child is not of value. This contradicts the child's sense of value, but comes from an idealized source and therefore cannot be easily dismissed. Thus, at minimum, this confuses the child regarding his sense of value, and,
at worst, convinces him of his lack of worth, thus building low self-esteem or a negative identity. One example of such a pattern is what is called the 'It's not good enough' syndrome. No matter what activity or function the child performs, the parent's response is 'It's not good enough', 'It's not right' (Make your bed! Make your bed! You did it wrong.) The child makes a drawing. He thinks it is a simply marvelous production (it is part of him and he is wonderful, and therefore it is wonderful). Filled with this sense of the value of the drawing and of himself, he takes it to the parent expecting validation for it and for himself. The parent says (in slightly condescending tones) 'Gee, Johnny, that is nice, but shouldn't the sky be blue instead of orange?' First, his effectiveness as an artist is questioned and it makes him less sure of his capacities. Second, since the drawing is part of him, the value of the drawing and the value of himself are being questioned or attacked. He goes away feeling, at best, unsure about both his value as a person and about his capacity to be effective. If this pattern is played over and over again, he gets less and less sure of these facets of himself. He also gets hurt repeatedly. His pride, his grandiose self, is wounded in each such encounter. If this is the consistent and pervasive pattern of response which he encounters, he will need to account for, or integrate, two very discrepant views, his internally held view of himself as perfect and the externally held view of him as massively inadequate and unacceptable. Repressing the grandiose self or 'splitting off', isolating the grandiose self from the rest of his personality are the two predominant responses.
'Splitting off' needs considerable clarification but an extensive discussion of it will be postponed until after all the patterns have been described since splitting is a defense mechanism common to several. For now, a brief description is that in splitting, the grandiose self remains conscious but only manifests in certain portions of the person's behavior. A simplistic example, a person may be arrogant and openly grandiose about his or her attractiveness but feel totally worthless in all other regards. The grandiosity is conscious, as opposed to repressed or unconscious, but is split off from most aspects of the personality.

In a third pattern, the parent may unrealistically prolonge the period of totally unqualified admiration of the child, thereby supporting the unrealistically high and grandiose view which the child has of itself. This pattern, at minimum does not aid the child in gradually modifying and incorporating the grandiose view of the self, and at maximum actively interferes with such a process. Interference can be seen under the circumstances when 'reality' has dealt the child's grandiosity a blow which ordinarily would cause a modification of the grandiose expectations. Such a parent actively discounts the meaning of the blow and bolsters the child's grandiose view instead, thus preventing the modification. A parent who claims 'my child can do no wrong' is not an unheard of creature to elementary school teachers. The parent who always claims that the judges were unfair, else their child would have won, is another example. In this pattern the parent frequently views the child as an extension rather than a separate individual. In such circumstances the parental grandiose-exhibitionistic self uses the child and its performances as a means of gratifying
the parental exhibitionism and grandiosity. This vicarious living through the child and his exploits usually leads the parent to either demand perfection from the child and/or selectively encourage and approve of the daring grandiose feats and fantasies of the child. This pattern has four consequences: 1) it hinders the child's attempts to modify his grandiosity and attain realistic appraisals of his own capacities; 2) it forces the child frequently to demonstrate his inadequacies, which is painful enough in and of itself, but to which is added the guilt of disappointing the parent; 3) it leaves the child feeling he has no intrinsic value as a person, his only value lies in how well he can perform; 4) the sense of ownership of the self and one's activities is interfered with because the child senses that he and all he does exists only to gratify the parent. Thus the parent keeps alive the unrealistic unmodified grandiosity of the child.

A fourth pattern, is an erratic, unpredictable shifting of the parental stance between undervaluing and overvaluing the child. Sudden unexpected shifts in parental stance may be a one time occurrence, or may be a repeated occurrence. An example of a single event shift occurred in one case where the mother, seemingly incapable of adoring and responding to two children at once, had adored the patient in question unreservedly until the birth of a younger sibling, at which time the adoration of the older child suddenly ceased, the younger child was now adored, and the older one suddenly found himself being scolded and belittled for wanting mother's attention and approval. In an other case, the patient was adored so long as a symbiotic attachment was maintained but the moment the child began to show independence from the mother the adoration ceased. This patient did
not become fully aware that the adoration had abruptly ceased, and that it was 'mother problem', until he witnessed the same pattern repeated between several of his children and his mother (their grandmother). Each child in turn was adored until independence was demonstrated. To give some notion of the subtlety involved, the mother (grandmother) when asked about the sudden withdrawal from one grandchild reported that one day when the child was visiting, the child cried and "would not" stop crying despite the grandmother's attempts to console her. The grandmother said that after that she 'just did not feel close to that child anymore.' This sudden shift was totally incomprehensible to the child. From the child's view, 'one day I am adored, the next day I am emotionally disenherited. And for what reason? What have I done? A totally bewildering situation for the child and one which raises questions in the child, regarding his value.

Patterns of repeated shifts occur, for example, in parents, who for whatever reason, are at times overly involved and at other times very uninvolved with the child. An example is the case of Miss M (mentioned earlier). Her mother had a recurring and increasingly debilitating degenerative disease, the symptoms of which would come and go, such that some of the time she was red-ridden, other times she was ostensibly fine. When a flare-up began to occur she became pre-occupied with herself and was unavailable emotionally to Miss M. When she was 'well' however, she almost literally smothered Miss M. Miss M remembers her mother would hold her very tightly, kiss her profusely, muttering words of endearment, telling her how wonderful she was and how mother could not live without her, how proud she was of her. This
alternated, with no warning to the child, with the preoccupied sick mother who could not respond at all. It might be added that this mother was herself intensely narcissistic and viewed this child as an extension of herself (Miss M was an only child). Other cases are less dramatic, but give evidence of the same erratic and unpredictable shifts between overvaluing and undervaluing the child. This pattern produces results in which people may consciously hold both extremely high and extremely low self-esteem views of themselves simultaneously. This 'simultaneous views of the self' notion will be discussed more shortly; Kohut refers to it as a 'vertical split in the psyche'.

One generalization which can be made from the above patterns is "...the outcome of the development of the grandiose self is determined not only by the features of the child's own narcissism but also by certain features of the important personalities who surround the child." (p. 107) The essential pathogenic feature of the parental response patterns described is that they prevent the gradual taming or toning down of the grandiose view of the self. They may do so by attempting to force the wholesale abandoning of it (which the child cannot and will not do), or by prolonging it, or from an erratic combination of both, but the outcome is the same. Kohut says, "The gradual recognition of the realistic imperfections and limitations of the self, i.e. the gradual diminution of the domain and power of the grandiose fantasy, is in general a precondition for mental health in the narcissistic sector of the personality". (p. 108) However, simply accepting one's limitations is not enough for health, as can be seen in depressives and others with low self-esteem, who readily, too readily, admit limitations. It is the capacity to admit limitations
and still feel good about oneself and about what one does that makes narcissistic health. To achieve this, the disappointments with the self come in small enough doses, with sufficient external support for the value of the self, so that the excitement and pleasure which are attached to the grandiose self remain attached to the self, while the grandiose fantasies are modified. Kohut posits that if the grandiose self is not modified and incorporated in modified form into the reality-oriented self, that there is "...the chronic tendency of the reality ego to wall itself off from the unrealistic narcissistic structures by such mechanisms as repression, isolation, and disavowal." (p. 176)

Here Kohut introduces the notion of the "vertical split in the psyche". "The vertical split in the psyche - in contrast to such horizontal splits as repression - is correlated to the side-by-side, conscious existence of otherwise incompatible psychological attitudes in depth." (p. 177)

With regard to the metapsychology of the psychopathology of those patients with narcissistic personality disorders in whom a faulty integration of the grandiose self forms the basis of the disturbance, two groups should be differentiated. To the first, less numerous, group belong those persons in whom the archaic grandiose self is present predominantly in a repressed and/or negated state. Since we are here dealing with a horizontal split in the psyche which deprives the reality ego of the narcissistic nutriment from the deep sources of narcissistic energy, the symptomatology is that of narcissistic deficiency (diminished self-confidence, vague depressions, absence of zest for work, lack of initiative.)

The second group, more numerous than the first, comprises those cases in whom the more or less unmodified grandiose self is excluded from the domain of the realistic sector of the psyche by a vertical split. Since the grandiose self may, therefore, be said to be present in consciousness and, at any rate, influences many activities of these personalities, the symptomatic effect is, in part, different from that seen in the first group of cases. The patient's overt attitudes are, however, inconsistent. On the one hand, they are vain, boastful, and intemperately assertive with regard to their grandiose claims. On the other hand, since
they harbor (in addition to their conscious but split-off grandiosity) a silently repressed grandiose self which is inaccessibly buried in the depths of the personality (horizontal split), they manifest symptoms and attitudes which resemble those of the first group of patients, but which are strongly at variance with the openly displayed grandiosity of the split-off sector. (pp. 177-178)

Figure 2

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<thead>
<tr>
<th>Vertically Split-off Sector</th>
<th>Reality Ego</th>
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<tr>
<td></td>
<td>Vertical</td>
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<td></td>
<td>Low, self-esteem, shame</td>
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<td></td>
<td>propensity, hypochondria</td>
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<td></td>
<td>Horizontal Split (Repression barrier)</td>
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<td></td>
<td>Repressed unfulfilled archaic narcissistic demands, related to mother’s rejection of child’s independent narcissism</td>
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The second group of patient’s which Kohut mentions show a symptomatic pattern where arrogance, boastfulness, an exaggerated sense of personal value, grandiosity are all present along with feelings of inferiority, low self-esteem, vague depressions, absence of zest. Both set of emotions are present and are consciously present. Both stances are held yet neither stance seems to effect, or modify, or even be acknowledged by the other. When in a grandiose state, the individual cannot integrate the less adequate view of himself, and likewise when in a state of excessive self devaluation, the individual cannot integrate any of the grandiose view of himself. This is the symptomatological pattern Kohut refers to when he describes a 'vertical split in the psyche'. Neither stance is unconscious or
repressed (a horizontal split - with consciousness being above and unconsciousness being below the horizontal division - where is the traditional topographic metaphor of the psychoanalytic system).

Having described the differences between horizontal and vertical splits, it must be added that Kohut claims that in narcissistic disorders a horizontal split, repression of certain aspects, always exists even when a vertical split is present. In other words, it is not an issue of one or the other kind of splitting occurring in a given patient, but rather that these two patterns can be intellectually separated.

Whether one accepts or finds useful such spatial metaphors as vertical and horizontal splits, the descriptions refer to two patterns 1) the grandiose view of the self is unconscious and the devalued view of the self is conscious (horizontal split) and 2) the grandiose view and a devalued view of the self are both consciously held, but do not influence or modify each other.

The following are hypothetical reconstructions and descriptions aimed at suggesting ways to understand the motivation for such splitting or isolating mechanisms. Extending the example used earlier in the 'It's not good enough' syndrome, it was noted that the child's sense of value in himself is extended to the things he does. Therefore, when attacks are made on his activities, he experiences a narcissistic wound to himself as well. This is quite painful. After repeated experiences of this pain, the child will wish to defend himself from it. One way to defend the self is to withdraw or 'split off' his sense of his own value from his activities, retaining it in regard to his person, denying the value of his actions. If he does not
value what he does, then when others also do not value it, he does not experience pain. One possible outcome is that he will diminish or cease his activities, retreating into non-action. Thus while the task of maintaining his self-esteem is accomplished, the bumping up against his limitations through activities, which in turn leads to the modification of grandiosity, is severely curtailed and so the grandiosity remains. In addition, since the feelings of excitement and pleasure in one's activities comes from the well-springs of narcissism, and since the narcissism has been withdrawn from activities and effectiveness, pleasure and excitement in one's activities is markedly diminished.

Adult symptoms of such splitting include a feeling of boredom with all one's activities, few activities undertaken, frequently coupled with an overbearing demand that the world fall at one's feet in reverent adoration despite the fact that one does virtually nothing to earn that adoration. This stance also frequently leads to difficulties in relationships with others, especially due to ignoring others views and wishes. This defense mechanism 'splitting' can lead to a dissociation between the 'self' and the 'actions of the self'. This is just one simplistic example. Ordinarily the splitting is more subtle than self versus actions. Usually there are pockets of grandiosity within the self regarding various activities, side by side with pockets of devaluation. But perhaps the motivation and mechanisms are made clearer by such an example.

When faced with repeated assaults on the grandiose self, the child may become very cautious about offering any of his grandiosity for (dis)validation, withdrawing the grandiose self to the world of fantasy and leaving a timid, shy, inhibited 'reality' self to deal with
the 'real' world. The ultimate position along this line of defense is that the grandiose self is repressed from even the child's consciousness most of the time. In this 'solution', the grandiosity and the positive valuing of the self both become unconscious. The results of this solution are manifested in symptoms such as generalized low self-esteem, feelings of worthlessness, low energy for activities, difficulties in relating to others, either out of fear of being hurt (paranoia) or poor relationships which are consonant with the low self-image.

An occasional variation of this pattern occurs when this general solution is broken through by eruptions from the unconscious narcissistic sector into consciousness, or pre-consciousness. These eruptions most frequently occur when external events are overwhelmingly validating. Such events excite the hidden narcissism. When this happens the functional ego is flooded with both the intense excitement contained in the unmodified narcissism, and with the intense anxiety surrounding the potential and anticipated wound to the narcissism. Since the ego is unused to dealing with these intense affects, it frequently breaks down allowing rather primitive expression of these feelings. Sexual perversions are common expressions. Also a sudden 'manic' burst of energy is common. It should be noted that all such symptoms occur in narcissistic patients as isolated, slightly dis-associated events, as opposed to other diagnostic categories in which the same symptoms occur but are integrated and routine events in the lives of the patients.

These descriptions, aim at clarifying what Kohut means when he describes vertical and horizontal splits of the psyche. The one
result which these various forms of defensive splitting have in common
is that the grandiose self is "...no longer accessible to external
influence and is retained in its archaic form". (p. 108)

Just as a hysterical patient may throughout his life re-
re-enact a traumatic infantile scene in innumerable hysterical
attacks without achieving an iota of wholesome structural
change, so also with the expression of a person's narciss-
sistic claims via the (vertically) split-off sector of his
personality. (p. 186)

I cannot here enter into an extended discussion of the dis-
advantages as well as the advantages (in adaption) which
accrue to the growing personality from a dissociation and/or
repression of the grandiose self but will mention only the
two main psychic dysfunctions which are related to it: (1)
the tensions produced by the damming up of primitive forms
of narcissistic-exhibitionistic libido (the heightened
tendency to hypochondriacal preoccupation, self-consciousness,
shame, and embarrassment), and (2) the lowering of the capacity
for healthy self-esteem and of ego-syntonic enjoyment of
activity (including Funktionslust (Buhler) and success which
is due to the fact that the narcissistic libido is tied to the
unrealistic unconscious or disavowed grandiose fantasies and
to the crude exhibitionism of the split-off and/or repressed
grandiose self and thus unavailable to the ego-syntonic
activities, aspirations, and success which surround the
(pre)conscious self experience. (p. 144)

It is this unmodified grandiose self which is the basis or
source of the mirror transference. The mirror transference and its
precursors thus constitute the therapeutic revival of the grandiose
self.

The cohesive therapeutic reaction of the grandiose self in
analysis occurs in three forms; these relate to specific stages
of development of this psychological structure to which the
pathognomonic therapeutic regression has led: 1) the archaic
merger through the extension of the grandiose self; (2) a
less archaic form which will be called alter-ego transference
or twinnship; and (3) a still less archaic form which will be
referred to as mirror transference in the narrower sense.
THE MERGER THROUGH THE EXTENSION OF THE GRANDIOSE SELF
In its most archaic form the cognitive elaboration of the nar-
cissistically cathected object is least in evidence; the analyst
is experienced as an extension of the grandiose self and he
is referred to only insofar as he has become the carrier of the
grandiosity and the exhibitionism of the analysand's
grandiose self and of the conflicts, tensions, and defenses which are elicited by these manifestations of the activated narcissistic structure. In metapsychological terms, the relationship to the analyst is one of (primary) identity. From the sociological (or sociobiological) point of view we may call it a merger (or a symbiosis) if we keep in mind that it is not the merger with an idealised object (as striven for and temporarily established in the idealizing transference) but an experience of the grandiose self which first regressively diffuses its borders to include the analyst and then, after this expansion of its limits has been established, uses the relative security of this new comprehensive structure for the performance of certain therapeutic tasks. It is for this stage par excellence that the repeatedly adduced analogy between the experience of the narcissistically cathected object and the adult's experience of his own body and mind and their functions is more appropriate (although the flavor of this specific experience of the narcissistically cathected object does not entirely vanish from the other forms of the remobilization of the grandiose self). Since, in this revival of the early stage of primary identity with the object, the analyst is experienced as a part of the self, the analysand - within the sector of the specific, therapeutically mobilized regression - expects unquestioned dominance over him. The target of this archaic mode of narcissistic libidinal investment - in the analytic situation: the analyst --experiences this relationship in general as oppressive and he tends to rebel against the unquestioning absolutarianism and tyranny with which the patient expects to control him.

THE ALTER-EGO TRANSFERENCE OR TWINSHIP

In a less archaic form of the activation of the grandiose self the narcissistically cathected object is experienced as being like the grandiose self or as being very similar to it. This variant of the transference activation of the grandiose self will be referred to as the alter-ego transference or the twinship. Dreams, and especially fantasies, referring to a relationship with such an alter ego or twin (or conscious wishes for such a relationship) are frequently encountered in the analysis of narcissistic personalities. The pathognomonic therapeutic regression is characterized by the fact that the patient assumes that the analyst is either like him or similar to him, or that the analyst's psychological makeup is like, or is similar to, that of the patient.

THE MIRROR TRANSFERENCE IN THE NARROWER SENSE

In the most mature form of the therapeutic mobilization of the grandiose self the analyst is more clearly experienced as a separate person. He is, however, important to the patient only, and accepted by him only, within the framework of the needs generated by the therapeutically reactivated grandiose self. It is this form of the analytic reactivation of the grandiose self for which the term mirror transference is most accurate. In this narrower sense of the term the mirror
transference is the therapeutic reinstatement of that normal phase of the development of the grandiose self in which the gleam in the mother's eye, which mirrors the child's exhibitionistic display, and other forms of maternal participation in and response to the child's narcissistic-exhibitionistic enjoyment confirm the child's self-esteem and by a gradually increasing selectivity of these responses, begin to channel it into realistic directions. As was the mother during that stage of development, so is now the analyst an object which is important only insofar as it is invited to participate in the child's narcissistic pleasure and thus to confirm it. (pp. 114-116)

There is little need for clarification of these statements except to say that Kohut consistently uses the term mirror transference to refer to all three kinds of transferences just described, and that the three should not be viewed as three discreet and distinctly different transferences but rather as being on a continuum, developmental determined. They are more theoretically discriminable than they are clinically discriminable from each other. A second point of clarification relates to the 'twinship' form in which the patient assumes the therapist is like him. This assumption of similarity occurs even in the face of consciously known data about the therapist which flies in the face of such an assumption.

Kohut has a second way of categorizing various types of mirror transferences. The previous categorization was based on the developmental stages at which each of the three types of transference arises. This second categorization is based on 'genetic-dynamic considerations', or to say it differently, on external factors active in the child's past and in the current environment. External factors might be the existence of one of the pathogenic patterns described earlier or a unique individual pathogenic pattern. In other words, the environment factors which are unique to that individual as opposed to generalized developmental stages.
The therapeutic mobilization of the grandiose self may thus arise either directly (primary mirror transference) or as a temporary retreat from an idealizing transference (reactive remobilization of the grandiose self); or in a transference repetition of a specific genetic sequence, (secondary mirror transference) (p. 133)

The primary mirror transference is essentially the three kinds, merger, twinship, and mirror, described before. The secondary mirror transference is simply based on the unique features in an individual’s history, e.g. a sequence of first an overly symbiotic relationship with mother, followed by a turning to father attempting to idealize him, but father rejects the idealization; each with specific nuances. Such a particular pattern will be replayed in the transference. The most useful category of the three is the 'reactive mobilization of the grandiose self.' In this category, the grandiose self is a regressive, defensive maneuver, made in reaction to disappointments and narcissistic wounds suffered in the course of an idealizing transference. It is this defensive use in which the grandiose self image is rigidly defended by hostility, coldness, arrogance, sarcasm and silence which was described earlier in the section on the idealizing transference. Thus, the grandiose self will crop up in a general pattern of an idealizing transference. Kohut essentially ends up condensing these various types, refering to them all as the mirror transference. As with the idealizing transference, the psychoanalytic community has largely accepted the concept of the mirror transference. This acceptance of these two transference paradigms is of great significance within psychoanalytic circles since, as was mentioned in the history chapter, previous to Kohut’s contribution of these two paradigms, the psychoanalytic system said narcissistic disorders were untreatable
via analysis because the narcissistic patient was thought to be incapable of forming a transference relationship with the therapist. Some contributions of Kohut's then including positing that people with narcissistic disorders form transference relationships, though of a different kind than usual; providing a detailed description of such transferences; and suggesting a psychoanalytic treatment for such disorders, thus extending psychoanalytic treatment. These are undisputed contributions.

Treatment

Having described what a mirror transference is, attention is turned to the treatment of narcissistic disorders related to the grandiose self and manifested via the mirror transfences (or, how the mirror transference is used therapeutically). Kohut (1968) says,

In the mirror transference, it (the grandiose self) may become cohesively mobilized, and a new road to its gradual modification is opened. The central activity in the clinical process during the mirror transference concerns the raising to consciousness of the patient's infantile fantasies of exhibitionistic grandeur. (p. 97)

The essential aspect of the working-through processes in the mirror transference involves the mobilization of the split-off and/or repressed grandiose self and the formation of pre-conscious and conscious derivatives which penetrate into the reality ego in the form of exhibitionistic strivings and of grandiose fantasies.... The aim of the analysis is, of course, the inclusion into the adult personality (the reality ego) of the repressed or otherwise nonintegrated (isolated, split-off, disavowed) aspects of the grandiose self... and the harnessing of its energies in the service of the mature sector of the ego. (p. 148)

In essence, since the aim of therapy is the modification of and integration of the grandiose self into the rest of the personality, the grandiose self, which has been split-off or repressed because open demonstration of it brought pain, must be brought back into the open. Thus the therapy could be broken down into two parts: 1) discovering
what the manifestations of the grandiose self are, and 2) helping the patient to modify and integrate it (them) into the rest of his personality.

Grandiose fantasies are a frequent manifestation of the grandiose self. The patient usually offers strong resistances to the uncovering of the grandiose fantasies. Intense shame and anxiety are frequently at the heart of such resistances. "...shame because the revelation is...accompanied by the discharge of crude unneutralized exhibitionistic libido, and anxiety because the grandiosity isolates the analysand and threatens him with permanent object loss." (p. 149) More will be said about resistances later, but Kohut warns that one consequence of these intense resistances is that when the patient finally describes the fantasy to the therapist, it frequently appears trivial to the therapist. Additionally the resistances sometimes lead the patient to only hint at the true grandiose nature of the fantasy and so the therapist must be alert for such hints at further hidden material. Most frequently a tense or shameful tone of voice is attached to material which does not appear to be as anxiety or shame producing as the affect indicates. Kohut gives an example.

Patient D, for example, recalls with intense shame and resistance that as a child he used to imagine that he was running the streetcars in the city. The fantasy appeared harmless enough, but the shame and resistance became more understandable when the patient explained that he was running the streetcars through a 'thought control' which emanated from his head, and that his head (apparently disconnected from the rest of his body) was way above the clouds while it exerted its magical influence. (p. 149)

Grandiose fantasies usually have some element of magical control over things, or others, or both. Sometimes these fantasies contain sadistic elements (Hitler, Atilla the Hun); sometimes, that everyone is their
slave or servant, without sadistic overtones but still with total-
itarian control; and sometimes it is simply being so 'special' or
'precious' that they deserve the allegiance of all (Christ). The
resistances which fight off the revelation of the grandiose fantasy
are due to anxiety generated by the fear of disintegration due to
intrusions of unmodified narcissistic energy and fantasies into reality.
These fears include,

...fears of loss of the reality self through ecstatic merger
with the idealized parent image, or through the quasi-
religious regressions toward a merger with God or with the
universe; fear of loss of contact with reality, and the fear of
permanent isolation (from others) through the experience of
unrealistic grandiosity; frightening experiences of shame and
self-consciousness through the intrusion of exhibitionistic
libido; and hypochondriacal worries about physical or mental
illness due to the hypercathexis of disconnected aspects of the
body and the mind... I would draw attention to the general
quality of these anxieties, namely that... they tend to be
vague... (p. 153)

To Kohut's list, the writer would add, there is an intense fear of
being ridiculed or belittled for being either inadequate or unreal-
istic. To elaborate slightly on one of Kohut's points, the pattern in
which intrusions of exhibitionism create anxiety, there is an intense
excitement which occurs when a heretofore shy, inhibited person begins
to permit his exhibitionism to show. Performing publically and well,
doing especially well on the job and being praised for it, are
examples of events which create intense excitement. This excitement
can relatively quickly overstep the ego's capacity to soothe and calm
oneself, and hence it becomes a frightening, even if initially positive,
experience. Patients report that they feel like they will, or are,
'coming apart with excitement'.
The ego tries to deny these painful emotions by a noisy counter-phobic assertion of fearlessness and unconcern; to avoid them by renewed repression and/or by a re-intensification of the vertical split in the psyche; or bind and discharge the intruding narcissistic structures through the formation of emergency symptoms, especially in the form of a social action. The transference, however, functions here as a specific therapeutic buffer. (p. 191)

The therapeutic stance which Kohut recommends as useful in the phase of therapy in which the grandiose fantasies are emerging is summarized in the following excerpt.

The analysand's demand for attention, admiration, and a variety of other forms of mirroring and echoing responses to the mobilized grandiose self, which fill the mirror transference in the narrow sense of the term, do not usually constitute great cognitive problems for the analyst, although much subtlety of understanding may have to be mobilized by the analyst to keep pace with the patient's defensive denials of his demands and with the general retreat from them when an immediate empathic response to them is not forthcoming. If the analyst, however, truly comprehends the phase-appropriateness of the demands of the grandiose self and if he grasps the fact that for a long time it is erroneous to emphasize to the patient that his demands are unrealistic but that, on the contrary, he must demonstrate to the patient that they are appropriate within the context of the total early phase that is being revived in the transference and that they have to be expressed, then the patient will gradually reveal the urges and fantasies of the grandiose self and the slow process in thus initiated which leads - by almost imperceptible steps, and often without any specific explanations from the side of the analyst - to the integration of the grandiose self into the structure of the reality ego and to an adaptively useful transformation of its energies.

The acceptance by the analyst of the phase-appropriateness of the analysand's narcissistic demands counteracts the chronic tendency of the reality ego to wall itself off from the unrealistic narcissistic structures by such mechanisms as repression, isolation, or disavowal. (p. 187)

The necessity of helping the patient understand that the grandiose feelings are acceptable to the therapist, were appropriate in growing up, are appropriate to talk about in the therapeutic context needs to be underscored. If the therapist exhorts the patient to 'be more realistic', then the patient feels, correctly, that his grandiosity
is not acceptable and simply continues to hide it, as he has previously, and this prevents both the modification and the incorporation of the grandiose images. This acceptance coupled with simple explanations of 'what's going on' when some of the previously mentioned anxieties arise, usually serve to reduce the resistances against revealing the grandiose fantasies.

There is one major exception to the immediately preceding statement and that is in regard to 'acting out', which appears frequently as a resistance in narcissistic disorders. Acting out is a specific transference resistance. It draws attention away from the transference and reduces the tensions and anxieties, resulting at times in reduced motivation to 'solve the problem' via therapy. Second, frequently it is of such a nature as to seriously threaten the safety of the patient, legally, professionally, and sometimes even physically. This propensity for acting out is one of the reasons psychoanalysis, with its non-active, non-directive stance, has had difficulty in dealing with such patients. It is this same propensity which makes such patients difficult to manage. Kohut claims,

The relationship between the tendency toward acting out and the mobilization of the grandiose self is a very specific one...due to the fact that the therapeutic process brings about simultaneously two important changes from the pretherapeutic psychic equilibrium: (a) the hyper cathexis of the grandiose self, and (b) the weakening of the specific defensive mechanisms (repression, countercathexis; dissociation - disavowal) that had prevented the intrusions of the exhibitionistic-grandiose impulses of the grandiose self into the reality ego. The specific reason for...acting out...is neither the intensity of the...impulses, nor the primitiveness of the reverberating instincts...nor the weakness of the ego...The specific regression (to the mirror transference) leads to a lessening of the differentiation between the self and the no-self and thus to a blurring of the differentiation between impulse, thought and action. (p. 156)
This stance is different from the traditional psychoanalytic stance regarding acting out. The important difference between the two views is this. The traditional stance usually views acting out as a sign of ego weakness, frequently with the corollary that the ego weaknesses cannot be corrected. Kohut's view is that such acting out is not an ego weakness, and instead is 1) a sign of necessary-for-therapeutic-progress regression, 2) is to be understood as a form of communication, and 3) which can in time be brought under ego control and will, then, disappear. Thus the meanings of acting out in narcissistic disorders differ, acting out being seen as less ominous and more correctable than the traditional view.

The problem remains, especially for those in the non-active psychoanalytic tradition, of how to respond while such acting out goes on. Kohut makes the following suggestions. If the activities are from a practical point of view presenting a danger to the patient, such as suicide, homicide, delinquent or perverse activities which run great risk of arrest, then the therapist should make some effort to halt them. Kohut says,

In these latter instances, it is best for the analyst not to try to amalgamate the expression of his realistic concern with emergency interpretations, but to state simply and forthrightly that he hopes the patient will not carry out his ominous plans or will stop his hazardous activities, ... It should be highlighted that no moral issue must be raised other than the practical and realistic one that, in the view of the prevailing mores of the times, the patient is putting himself in jeopardy by his doings. (pp. 157-158)

However, if the acting out behaviors pose no immediate or serious threat to the patient, then interpretation is all that is needed. The interpretation may be in the form of positing motivation for such action and/or the message inherent in the action. A case example
regarding acting out and the impact of therapeutic interpretations is
given by Kohut.

Thus, when patient E. returned to dangerous voyeuristic pursuits
in public toilets during separations from the analyst, or when
he felt that the analyst had not understood his nonmoralizing
interpretations that his wishes for mirroring, approval,
and understanding had regressively deteriorated toward an
enactment of an archaic visual merger not only were effective
in giving him greater control on later occasions when he felt
disregarded or misunderstood but also led to an ever-deep­
ening grasp of his own personality and to the emergence of
significant relevant memories from his childhood. He
recalled, for example, that the first episode of voyeurism in
a public toilet had occurred at a country fair after he had
asked his mother to watch and admire his skill on a high swing.
When his mother, who was already severely ill (malignant
hypertension) at the time, could not mobilize any interest in
his wish to exhibit his prowess, he turned away from her and
went to the public toilet. Driven by a force which he under­
stood only now, but for which he could now also recall the
appropriate feeling tone, he looked at a man's genitals and,
merging into it, felt at one with the power and strength that
it symbolized. (In theoretical terms: a regression from a
stage corresponding to the mirror transference to that of a
merger had taken place. (pp. 158-159)

In this example, the purpose or motivation, the need for approval and
mirroring, is interpreted. An example which demonstrates the message
giving junction of acting out is as follows. Part of the patient's
symptomatology was an erratic pattern of overly pampering pets,
alternating with extremely sadistic behavior towards these same pets,
to the extent that several were either badly mutilated or killed.
After some period of time the therapist offered the interpretation that
perhaps the patient was doing to the pets what had been done to him as
a child. This interpretation released a floor of heretofore unrehearsed
events with his mother, wherein she would be oversolicitous about his
well-being, alternating with extreme, sudden criticisms and attacks,
which he experienced as sadistically motivated. As he came to under­
stand that it was his mother's own needs and feelings, narcissistically
played out on him, as an extension of herself, his own sadistic behavior disappeared. In this example, the patient unable to describe the bewildering pattern which he had been subjected to, instead he presented it unconsciously via the acting out. The same pattern with his pets which had been subjected to. Thus the acting out functioned as a communication. In addendum: it is important to get details regarding acting out since the communication value of the acting out may reside in certain details of the behavior. Kohut's claim is that with narcissistic disorders, the interpretation of the acting out is a useful and productive means of increasing the patient's ego control through insight. He contrasts it with hysterical or phobic acting out where such insight does not work to extend ego dominance. Thus to summarize Kohut's views regarding the therapeutic response to acting out in narcissistic disorders, if the activities present a danger to the patient, the therapist should realistically point to such dangers and express concern and the hope that the patient will curtail such activities. If, however, the activities pose no such threat, interpretations regarding the motivation or message conveyed by the acting out are what Kohut suggests.

The preceding few pages deal with the resistances encountered and the therapeutic responses suggested by Kohut which arise in course of the grandiose self and grandiose fantasies being brought to consciousness and/or being brought into contact with the reality, ego, portion of the self. Attention is now turned to the therapeutic process of 'working through', once the grandiose self has been activated and the mirror transference has been established. The process of working through that Kohut suggests, has essentially the same elements
as the traditional psychoanalytic 'working through' process. The elements are first, the mobilization of childhood wishes which were not integrated with the rest of the psyche. Second, the analytic process 1) prevents satisfaction of the childhood wish on an infantile level, via analytic abstinence, and at the same time 2) counteracts, via interpretations, evasions or denials of the wish or need. Third, thus with the wish reactivated, the previously used defenses blocked, and new escape routes blocked, the only road open, is the modification and integration into mature and realistic forms and views. These are the traditional psychoanalytic objectives. These are the processes which make understandable Kohut's description of working through.

The first task in the working-through process may be the overcoming of a resistance against the establishment of the narcissistic transference (the mirror transference in the present example), i.e., the remobilization is consciousness of the infantile wish or need for paternal acceptance. In the next phase of the analysis it is the therapeutic task to keep the mirror transference active, despite the fact that the infantile need is again in essence frustrated. It is during this phase that the time-consuming, repetitive experiences of the working-through process are being confronted. Under the pressure of the renewed frustrations the patient tries to avoid the pain (a) by re-creating the pre-transference equilibrium through the establishment of a vertical split and/or of a repression barrier; or (b) through regressive evasion, i.e. by a retreat to levels of psychic functioning which are older than that of the pathogenic fixation. Transference interpretations and genetic reconstructions, however, enable the cooperative sector of the analysand's psyche to block these two undesirable escape routes and to keep the infantile need activated despite the discomfort which is thereby created. (The skilled analyst will assist the patient by keeping this discomfort within tolerable limits; i.e., he will conduct the analysis according to the principle of optimal frustration.)

In view of the fact that all regressive roads are blocked while the infantile wish for mirroring is kept alive without being gratified in its infantile form, the psyche is forced to create new structures which transform and elaborate the infantile need along aim-inhibited and realistic lines. In behavioral and experiential terms; there is a gradual increase of realistic self-esteem, of realistic enjoyment of success; a moderate use of fantasies of achievement (merging into plans for possible realistic action); and the establishment of such
complex developments within the realistic sector of the personality as humor empathy, wisdom, and creativeness. (pp. 198-199)

Several factors should be mentioned regarding the working through phase. First, the therapist should address himself to the 'reality ego', not to either the split-off grandiose part nor to the repressed portion. Trying to 'educate' the split-off, conscious, grandiose self is an error many therapists make, exhorting or cajoling it is to be more realistic. As Kohut puts it,

He (the therapist) should no more try to educate the conscious grandiose sector of the psyche than he would try to educate the id - he must concentrate his efforts on the task of explaining the (vertically and horizontally) split-off parts of the psyche to the reality ego...in order to open the road toward its ultimate dominance. (p. 178)

It is this reality ego aspect of the person which Kohut refers to as the 'cooperative sector of the psyche'.

Kohut also adds the following comments regarding working through of the vertical split.

The substance of the psychological task is clearly not the classical one of 'making conscious' with the aid of interpretations. It is akin to the abolishing of the defense mechanism of "isolation" as it occurs in the analysis of the obsessional patient. But, while the circumstances here bear a certain resemblance to those in obsessional neurosis, they are by no means identical. In the narcissistic personality disturbances (including, especially, certain perversions) we are not dealing with the isolation of circumscribed contents from one another, or with the isolation of ideation from affect, but with the side-by-side existence of disparate personality attitudes in depth; i.e., the side-by-side existence of cohesive personality attitudes with different goal structures, different pleasure aims, different moral and aesthetic values. It is the aim of the analytic work in such cases to bring the central sector of the personality to an acknowledgement of the psychic reality of the simultaneous existence (1) of unaltered conscious and preconscious narcissistic and/or perverse aims, and (2) of the realistic goal structures and the moral and aesthetic standards which reside in the central sector. The innumerable ways by which the increasing integration of the split-off sector is brought
about defy description. ...Seemingly paradoxically, the true acceptance of the reality of the split-off sector is often accompanied by a feeling of astonished estrangement. "Is this really me?" the patient asks; "how did this get into me?" Or, for example, while still engaged in the enactment of perverse activities: "What am I doing here?" This feeling of astonishment and estrangement must, of course, not be confused with the manifestations of the former split-off state. On the contrary, it is due to the fact that for the first time the central sector, with its own goals and its own aesthetic and moral values, is now-truly in contract with the other self and is able to behold it in its totality. ...It is only this latter work, however - and not any educational efforts with regard to the patient's split-off, overest grandiosity - which can lead to the ultimate integration of the analy-sand's narcissistic demands within the web of this realistic potentialities. (PP. 183-184-185)

Once the awareness of these different aspects or views of the self has been repeatedly obtained, the symptoms begin to change, e.g. self-confidence rises, pleasure in the self increases, the ego had obtained increased dominance over behaviors and feelings.

However at this point when symptoms begin to improve, there is frequently a subtle but noticeable persistence of certain problems, such as continuing difficulty to actually act or do certain things, or a subtle pessimism, or excessive unsureness about one's accomplishments. At this point the patient is aware of the grandiose portions but has not totally accepted or integrated that awareness. Kohut suggests,

Under these circumstances the analyst's interpretations must often focus on the contrast between the fantasied greatness and the realistic success. He must show that the patient is still unable to tolerate these two facts: 1) that there is a risk of failure in any action, however well prepared it may be; and 2) that the scope of even great realistic success is limited. (p. 151)

The patient, in other words, had mastered the irrational content of his grandiose fantasies, but has not yet transformed his need for omnipotent certainty concerning the results of his efforts and for
unlimited success and acclaim into the 'reality' attitudes of persistence, optimism, and reliable self-esteem. Kohut gives a brief clinical example of the reluctance to totally give up the grandiose fantasy.

Mr. J., a gifted creative writer in his early thirties, had been in analysis with me for some time and seemed to be achieving a degree of mastery over his unmodified grandiosity and exhibitionism which constituted a grave disturbance of his well-being and productivity. In many of his dreams during this early phase of his analysis his grandiosity was expressed in Superman terms: he was able to fly. Finally, rather suddenly after I had made a forceful statement concerning the persistence of certain aspects of the patient's grandiosity in his work, the flying disappeared from his dreams and the patient began indeed to walk in his dreams like an ordinary mortal. Despite this dramatic change of the manifest content of his dreams, however, the grandiosity of his methods and goals regarding his work persisted and I expressed doubts about the patient's pointedly walking in the dreams. It was then that the analysand was able to recognize and admit that, though he had seemed to walk in his dreams and was not flying anymore, his feet were still a tiny distance off the ground. To all onlookers he appeared to be walking normally --only he knew that his feet never actually touched the ground. (p. 169)

This is an example of an intermediary or transitional stage which occurs after much of the work has been done, but before full integration has occurred.

There is one particular kind of response which patients make during the working through period which is unusual enough to merit special mention. There is frequently an intense, painful excitement which is triggered by correct empathic understanding and interpretation by the therapist. It can be so intense that the patient looks 'crazy', has bizarre fantasies, primary process punning, tremendous free-floating anxiety, and frequently a strong hostile or sadistic flavor to his responses. This response to a correct and empathic statement can be confusing to the therapist. In addition if the
therapist does not understand what is happening and therefore fails to deal with it, this state can continue for some period of time, several weeks at least. What is occurring in these situations is that when the original wish for empathic responses, which was strong to begin with, and which had intensified through years of denial, is now met, the excitement is tremendous. This intense excitement occurs in patients who frequently have as part of their symptomatology a poor capacity for soothing and calming themselves. Kohut claims the above. I, this author, would add that as the wish gets fulfilled, the anger at past failures to meet it comes closer to the surface, accounting for the sadistically or hostilily tinged tone of some of the excitement. This is frequently expressed by an angry, complaining question from the patient "why didn't somebody see this sooner!"

Kohut suggests that the therapist deal with such excitement in the following way. Without referring again to the content of the previous interpretation, - or referring to it either without emphasis or only tangentially - the therapist should tell the patient that it is sometimes very hard to become aware of the intensity of old wishes and needs, that the possibility of their fulfillment may be more than the patient was able to handle all at once, and that the present state is an understandable attempt to rid himself of his excitement. This is the stance which the therapist should take, according to Kohut. He offers a clear clinical example of this.

The relevant session of Mr. B's analysis took place after a weekend toward the end of the first year of his analysis. He spoke rather calmly about his greater ability to tolerate separations. He had, for example, been able to go to sleep without calming himself by masturbation even during the weekend separation from the analysis and despite the absence of his understanding and soothing girlfriend who had recently moved to another part of the country. The patient
then began to speculate about the specific, "little boy needs" which seemed to be at the core of his restless loneliness. He spoke about the fact that his mother seemed to have disliked her own body and had recoiled from physical closeness. At this point the analyst said to the patient that his restlessness and his tensions were related to the fact that, in consequence of his mother's attitude, he had never learned to experience himself as "lovable, loving, and touchable." After a moment's silence the patient responded to the analyst's statement with the words: "Crash! Bang! You hit it!" This exclamation was followed by a brief elaboration concerning some details of his love life. Then he referred again to his mother (and his former wife) who had made him feel "like vermin or filthy." Finally he became silent; said that all this moved him terribly; tears began to fill his eyes and he cried wordlessly to the end of the session.

On the following day he arrived in a disheveled and deeply troubled condition; and he remained excited and profoundly disturbed for the ensuing week. He complained that the analytic sessions were too short; reported that he could not go to sleep at night and that, when he finally fell asleep exhaustedly, his sleep was not restful and that he had numerous anxious and exciting dreams. His associations led him to angry thoughts about unempathic women; he had overt, grossly sexual fantasies about the analyst; dreamed of eating of breasts, of threatening oral-sadistic symbols (buzzing bees); said that he was not feeling alive, and described himself as being like a radio that is not working because the wires have all become tangled. And, most alarming, he began to spin out bizarre fantasies (of a kind that had previously occurred only at the beginning of the treatment) such as about "breasts in light sockets" and the like. The analyst who felt herself as sea about the patient's traumatic state tried to help him by referring to his unempathic mother - but to no avail. It was only after some time had elapsed, in retrospect (but subsequently confirmed during similar episodes), that the analyst came to understand the significance of this event (and could thus help the patient to get over his excitement quickly when he entered a similar state).

In essence the patient's traumatic state was due to the fact that he had reacted with overstimulation and excitement to the analyst's correct interpretation. (pp. 233-234)

A simplified way of describing therapy with narcissistic disorders is to say 1) the patient must learn to recognize these forms of narcissism; 2) he must be able to see them as developmental, healthy, acceptable, and necessary; 3) he must be able to see that unmodified, they are not helpful or desirable to him now as an adult; 4) be
helped to see alternatives images of himself as adequate so that he can give up the old, no longer useful forms of narcissism; 5) to the end that a more sure, happier, stronger self is created, a self which can use narcissism for mature goals and purposes, including the maintenance of self-esteem.

There are a few small but important issues, mostly specific symptoms, related to the grandiose self which somehow did not fit easily into the preceding presentation. The first is an exception to the rule that recognition of the realistic limitations of the self, or put conversely, a diminution of the grandiose fantasy, is a necessary 'precondition for mental health in the narcissistic sector of the personality'. Kohut notes that this exception occurs when "A gifted person's ego, however, may well be pushed to the use of its utmost capacities, and thus be a realistically outstanding performance, by the demands of the grandiose fantasies of a persistent poorly modified grandiose self." (p. 109) He claims that a less gifted person will be severely incapacitated in the face of such demands from the grandiose self. Most therapists have had examples in patients who are unable to admit a gap of lacunae in their knowledge. In a strange city, let alone a familiar one, they will not ask for information or directions. When asked if they have read such and such a book, say yes even though they have not. The individual who, having said yes, then races out, buys and reads the book in question, in order to pull reality achievement after the magical claim, is an example of making adaptive reality use of an unmodified grandiose self.
A second issue, somewhat related to the one above, is the tendency toward lying which patients with narcissistic difficulties have. Kohut remarks,

With regard to the content of the lies, the propensity toward pseudologia can be subdivided as follows: (a) it may be due to pressure of the grandiose self, in which case the lies ascribe some great achievements to the self of the liar; or (b) it may be due to the pressure of the need for an idealized object, in which case the lies ascribe some great achievements, great monetary or intellectual possessions or high social status to another person who occupies a position of leadership (is a parental figure) vis-a-vis the patient. (In their comparatively most undisguised form the falsifications concern the person's actual father or other relatives of the parental generation.) (p. 110)

Understanding the motivations or sources of such lying helps avoid several, what Kohut considers, therapeutic errors. First, some therapists view any lying as being indicative of sociopathy or some other pathology which makes them reject such patients for treatment, claiming they are untreatable. Kohut claims this is not so, not when the lying takes the forms described above. Second, making an interpretation such as 'You feel guilty for surpassing your father therefore you attribute to him something that in fact was achieved by you', where guilt is assumed to be the motivation, is, in narcissistic disorders, a misunderstanding. The patient may want an idealized other so much that he creates one. Third, as the therapy progresses and the lies become fantasies, the fantasies become fanciful ideals, and so on, patients frequently present the former lies as quasi-jokes. The therapist, not understanding that this is progress, sometimes tries to exhort the patient to be more truthful, or is critical of these half-lies. Such responses not only slow progress, they can even undo the progress, causing the patient to defend the lies and thus to
retreat to firmly holding the lies again.

A third symptom pattern, broadly having to do with shame, specifically has to do with narcissistic patient's reactions to 'faux pas'. These patients react intensely, with severe shame and anxiety to having committed a faux pas. Telling an inappropriate joke, being inappropriately dressed, any such incident triggers the reaction. When examined in detail, the painfulness of many of these situations can be understood by recognizing that a rejection occurred, suddenly and unexpectedly, just at the moment when the individual expected to shine and was anticipating acclaim. Faux pas like slips of the tongue, spilling one's drink, have in common that they are demonstrations that one has not been in control of oneself (the very least that one's grandiosity claims to control). Freud commented on such faux pas (1917). However, the patient with narcissistic difficulties reacts so intensely to such occurrences, and returns obsessively to the event, each time with such great shame and pain that at times they may even become suicidal, willing even to exterminate the self in an effort to eradicate the tormenting memory of such demonstrations of non-grandiosity. The therapeutic response which Kohut suggests is,

Then, gradually, the dynamics of the situation can be approached and, again in accepting terms, the patient's wish for acclaim and the disturbing role of his childhood grandiosity and exhibitionism can be identified. Childhood grandiosity and exhibitionism, too, must, however, not be condemned. On the one hand, the analyst must show to the patient how the intrusion of unmodified childhood demands in this realm cause him realistic embarrassment; yet, on the other hand, there must also be sympathetic acceptance of the legitimate position of these strivings as seen in an empathically reconstructed genetic context. On the basis of such preliminary insights further progress toward the genetic understanding of the patient's intense rage and
self-rejection can then be made. Relevant memories may emerge which tend to round out and correct the preliminary reconstructions. They often refer to situations in which the child's legitimate claim for the approving attention of the grownups had not been responded to, but in which the child had been belittled and ridiculed, at the very moment when he most proudly had wanted to display himself. (pp. 231-232)

Another symptom which Kohut describes (1972) is narcissistic rage. As noted earlier, one of the responses which patients make in response to disappointments with the therapist is to become enraged. Narcissistic rage, according to Kohut,

...refers to...the wide spectrum of experiences that reaches from such trivial occurrences as fleeting annoyance when someone fails to reciprocate our greetings or does not respond to our joke, to such ominous derangements as the furor of the catatonic and the grudge of the paranoid. . . . The need for revenge, for righting a wrong, for undoing a hurt by whatever means, and a deeply anchored, unrelenting compulsion in the pursuit of all these aims which gives no rest to those who have suffered a narcissistic injury, - these are the features which are characteristic of the phenomenon of narcissistic rage in all its forms and which set it apart from other kinds of aggression. (1972. pp. 379-380)

Kohut posits that narcissistic rage arises when the self or the other fails to live up to the perfectionistic expectations which the individual has. The most violent forms arise when the individual expected absolute control over himself and environment, and where such absolute control is necessary for the individual's sense of safety and self-esteem. He claims that when narcissistic rage reactions occur in individuals who previously held a defensive wall of tranquility, it is a good sign of progress and should not be censured, but for some time accepted. In general he claims that narcissistic rage is not directly overcome, but rather is indirectly brought under control as the patient's grandiosity is tamed.
The fifth 'stray' issue is a pattern in which there are oscillations between an idealizing transference and a mirror transference. At least some of the time, this quickly shifting pattern is a defense, according to Kohut. Whenever the patient begins to idealize the therapist, the risk of disappointment makes him withdraw into a grandiose self stance for protection against the disappointment. And when the patient shyly begins to exhibit himself, inviting the therapist's admiring participation, the risk of disappointment causes the patient to move toward idealizing. If this occurs, Kohut suggests that the therapist dwell on neither stance, but rather focus attention (first his own, then the patient's) on the shifts which occur between the two positions and on the events which precipitate them.

Common Countertransferences

There is one last major topic which will round out this presentation of Kohut's theory, that is a description of some of the common reactions which therapists have in response to the idealizing transference and to the mirror transference, reactions which can cause therapeutic errors to be made.

As may be expected, the analyst's major reactions (including his countertransferences) in the analysis of narcissistic disorders are rooted in the analyst's own narcissism and especially in the area of his own, unresolved narcissistic disturbances. These phenomena do not, in essence, differ from those which occur in the analysand, and they will here be considered only insofar as they are mobilized in the analyst in response to the circumscribed transference constellations of the narcissistic patient. (p. 206)

A common difficulty when facing an idealizing transference is the tendency of the therapist to reject the idealization of the patient. Kohut sees this tendency as stemming from the therapist's need to
defend against his own grandiosity fantasies which get stirred up by the patient's idealizing. Just as accepting open and intense praise is difficult for many people, accepting it from a patient, especially when it comes early and quickly is difficult for many therapists. Some, using the rationale that a reality viewpoint should be encouraged in the patient, may actively and openly deflect the idealizing. For example, in the initial hours when a patient is 'overidealizing', a therapist may say something like 'Therapists do not have all the answers you know' or 'I'm not a miracle worker. I'm just here to listen' or some such. Frequently the deflection is much more subtle, like the example given earlier when the therapist denied being a Catholic, when the patient talked about an idealized priest. Another way of deflecting is to be convinced on all occasions, that the patient has hostile thoughts and feelings which lie behind the idealizing ones. Kernberg holds this view. Other ways of deflecting include, being humorous about the idealization, become cool and aloof when it occurs, or belittle the patient for idealizing, or belittle the self for accepting the idealization. Several of these responses, like requiring modest realism, or seeing hostility as lying behind the admiration, are sometimes correct stances or view - but are not true with idealizing transferences. The clinician's sensitivity and judgement must be used to determine what circumstances obtain. Sometimes the patient will let the therapist know he has erred by complaining, sometimes bitterly, that the therapist has misunderstood him. Kohut, attempting to convey the stance he views as proper for narcissistic disorders, says, "...the automatic realism vis-a-vis a patient's idealizing is no more justified than would be an analysts protestation that he is not
the patient’s parent in response to the first hint of the patient's oedipal strivings." (p. 266) Regarding the proper therapeutic stance toward idealizing, especially during the early phase of therapy when the transference is being established, Kohut says, "...there is only one correct analytic attitude: to accept the admiration." (p. 264)

There is usually a second problem with idealizing transferences, one which occurs toward the later or ending phases of therapy. As the patient works through the idealization, the patient frequently criticizes or belittles the therapist. Not only is it difficult for the therapist to give up the idealized position, but in addition, many patients are, late in the therapy, able to focus on the therapists real shortcomings and foibles for their attacks. The accuracy of the criticisms makes it doubly hard to accept with equanimity such attacks, the acceptance of which is necessary if the patient is to work through his idealizations. Kohut claims,

> If the analyst's narcissistic vulnerability is great, (and especially if, in addition, his skill and experience with the analytic treatment of narcissistic disorders are insufficient), his patients are not likely to reach a stage in which the idealizing transference will be worked through systematically...

(p. 268)

Understanding that the patient’s health depends in part on his capacity to de-idealize the therapist, can help the therapist accept the de-idealizing process which tends to be a narcissistically wounding to the therapist.

A slightly different set of problems occur in the mirror transferences. In the twinship and merger varieties, the therapist is not even experienced by the patient as a separate person. The patient expects the same kind of control over the therapist as he does over an arm or a leg. This kind of control is oppressive to the therapist.
As Kohut puts it, the therapist "... is then deprived of that very minimum of narcissistic gratification...the patient's acknowledgement of his separate existence." (p. 271) Most therapists find this suffocating and vexing. There is a reflexive tendency to make moves which demonstrate to the patient that one exists, is separate, and will not be controlled. Again, this is sometimes supported by the intellectual rationale that a certain modicum of reality testing is necessary. And again, this is not a productive response to people with narcissistic disorders. In the mirror transference in the narrower sense, the patient does acknowledge the existence of the therapist, but insists that the therapists activities be confined to echoing, mirroring, and admiring the patient. The therapist's own narcissistic needs, such as to be and be seen as useful, helpful, and wise, may make it very difficult to accept being so passive, to accept so 'menial' a role. Common emotional responses to all of these mirror transferences include boredom, lack of emotional involvement with the patient, difficulty in paying attention to what the patient says, irritation with the patient, exhorting the patient to be more realistic, or exhorting the patient to be more aware of the needs of others. Most of these are obvious except for the boredom and lack of attention. Kohut claims that concentration and interest are generated and maintained when the therapist's 'self' is to some degree involved. In other words, if one is 'part of' whatever is going on, one remains interested and alert, but if one is 'left out' of whatever is going on for extended periods of time, one loses interest and quits paying attention. The patient, in a mirror transference 'leaves the therapist out', thus the therapist's difficulty in maintaining interest and attention. An item which simply
heightens this effect is that many or most people who go into the helping professions have, for whatever reasons, an even greater interest in interpersonal relationships than the population in general, thus the absence of 'relatedness' is especially oppressive.

One difficulty which can come up with the mirror transferences is the therapist's fear of merger. Therapists differ to a considerable degree in the extent to which they are comfortable merging, fusing. Some fear that they will not be able to resist the merger needs of their patients and will get swept away, or whose autonomy needs are so great that merger threatens their autonomy. Others merge but then have difficulty extricating themselves, blurring the distinction between what belongs to the self and what belongs to the patient. Kohut claims that in general, therapists who fear merger, and who, even upon understanding intellectually that such patient's need this merger, will be unable to relate empathically with these patients and a self-selection process will occur. Either the therapist will rationalize and claim pessimism regarding such cases, or the patient will terminate, sensing that what he or she needs will not be forthcoming.

In general, however, the more pervasive problem which therapists have with mirror transferences is that, however subtly, many or most therapists enjoy, at least to a degree, being 'center stage', being important and useful to their patients, and patients with mirror transferences do not grant this narcissistic gratification. The appropriate therapeutic approach, according to Kohut, is to initially echo and mirror and approve of the patient until such a time when the realistic inadequacies of the therapist's empathy causes nonfulfillment of the patient's needs. The patient then reacts, and then interpretations can
be made regarding past patterns and current replays of them. It might be pointed out that the Rogerian 'reflecting' is virtually identical with the first phase, of echoing, of approving; as is the 'corrective emotional experience' of Alexander and French. However, the treatment which Kohut suggests goes further, and the added aim of cognitive understanding, the goal being that the patient should understand his grandiose needs before he can accept them, modify them, and thus achieve 'ego dominance' over them, and integrate them into his personality. Or alternatively, the more the patient understands about the circumstances which lead to his discomfort, the more he is capable of generalizing and dealing comfortably with new circumstances which have the potential to cause discomfort. In this way Kohut's therapeutic suggestions extend beyond the 'reflection' of the Rogerians, or the 'corrective emotional experience' of Alexander and French.

To close the presentation of Kohut's theory, Kohut describes, briefly, several kinds of gains which accrue when these narcissistic disorders are satisfactorily dealt with.

1. In the area of the idealized parent imago the following therapeutic results are achieved through the functional integration of this narcissistic configuration with the ego and superego.

   a. As the early pre-oedipal (still archaic) aspects of the idealized parent imago are gradually relinquished, they are internalized in a neutralized form and become part of the basic, drive-controlling and drive-channeling structure of the ego. Stated differently, the patient's psyche gradually (and silently) takes over the neutralizing, drive-controlling, and drive-channeling functions which the patient at first is able to perform only so long as he feels merged with and attached to the idealized analyst.

   b. As the late pre-oedipal and oedipal (now more highly differentiated) aspects of the idealized parent imago are relinquished; they are internalized and deposited within the superego, leading to the idealization of this psychic structure, and thus to the strengthening of the values and standards of which it is the carrier. In other words, the superego of the
patient functions increasingly as a source of meaningful internal leadership, guidance, and exhilarating approval, providing benefits in the realm of ego integration and narcissistic homeostasis which had formerly been available to him only so long as he felt himself connected with the idealized analyst and felt responded to by him.

2. In the area of the grandiose self the following therapeutic results are achieved through the gradual functional integration of the two major aspects of this narcissistic configuration with the ego:

a. The infantile grandiosity becomes gradually built into the ambitions and purposes of the personality and lends not only vigor to a person's mature strivings but also a sustaining positive feeling of the right to success. Under optimal circumstances, this "feeling of a conqueror" (Freud, 1917c, p. 26; as translated by Jones, 1953, p. 5) is therefore a fully tamed, yet active derivative of the former solipsistic absolutarianism of the infantile psyche.

b. The archaic exhibitionistic libido, again in a gradually controlled (i.e. neutralized) form, is step by step withdrawn from the infantile aims of direct satisfaction through crude display, and infuses instead the reality-adapted and socially meaningful activities of the adult personality. The formerly shame-provoking exhibitionism thus becomes a major source of the patient's self-esteem and ego-syntonic pleasure in his actions and his successes.

3. Although the working through of the narcissistic transference must be regarded as an achievement of the total personality, it is still contingent on the therapeutic mobilization of the archaic narcissistic positions. It leads to the acquisition of a number of highly valued sociocultural attributes (such as empathy, creativity, humor, and wisdom). ...the understanding of their role and functioning, of their stunting or disturbance, and of their emergence in the therapeutic process, is of crucial importance for the assessment of the therapeutic goals in the analysis of narcissistic personality disorders. (pp. 298, 299, 300)

A brief elaboration of these last four qualities, empathy, creativity, humor, and wisdom, is in order since, with the exception of empathy, they have not been mentioned before. It might be noted that Kohut elaborates very little on them. Regarding problems of empathy, Kohut claims that,

If, as in most frequently the case, the empathic disturbance is primarily related to the parent's lack of empathy (or to their faulty or unreliable empathy), the child has surrounded himself with distancing devices which protect him against the traumatic
disappointment of not being understood and of not being correctly responded to. (p. 306)

The implication is that as the need for distancing diminishes, the capacity for empathy increases.

Creativeness is, in essence, connected to narcissism in the following ways. First, creativeness connotes exploring new areas, new ways of seeing the world. In order to be able to sustain the emotional isolation and loneliness of such exploration, the individual must feel secure in his valuing of himself. If his value rests on some idealized other's view of him, for example, he is not likely to be willing to risk disapproval from that source in exchange for some questionable discovery. Second, if one's grandiosity is split-off, virtually all kinds of activity, creative activity included, tend to be dull, boring, not joyous, nor fulfilling. Thus, little or nothing may get done, or if some creative work gets done there is little feeling of pleasure or joy in having done it. It is not intrinsically rewarding. Third, one's exhibitionism needs to be harnessed and usable in order to put forth for the world, one's creations. Conversely, if one still needs to deny or split-off such exhibitionism, then it is not likely that one will show off one's creations, or, if one does, it is potentially extremely painful. These various aspects of narcissism are related to creativity.

When Kohut refers to humor, he specifies that he does not mean sarcasm or other hostility-loaded types of humor. Hostile humor is usually used defensively. Of humor, Kohut says,

...a genuine sense of humor expressed by the patient testifies to the fact that the ego can now see in realistic proportions the greatness aspirations of the infantile grandiose self or the former demands for the unlimited perfection and power of
the idealized parent imago, and that the ego can now contemplate these old configurations with the amusement that is an expression of its freedom. (p. 325)

Kohut relates humor and the strengthening of ideals and values, in essence, making the argument that, so long as one needs to be narcissistically focused on the self, one must have a very solemn view toward one's ideals and values. As one gets more sure of the value of the self, and of one's values and ideals, a sense of proportion, of comparison, can occur.

Regarding the last of the four attributes, wisdom, Kohut says,

The establishment of ego dominance in the realm of the two great narcissistic configurations, is, however, only the precondition for that total attitude we call wisdom - it is not wisdom itself. The achievement of wisdom is a feat that we must not expect of our patients, nor, indeed necessarily of ourselves. Since its full attainment includes the emotional acceptance of the transience of individual existence, we must admit that it can probably be reached only by a few and that its stable integration may well be beyond the compass of man's psychological capacity. (p. 327)

One's own death is, as it were, the ultimate narcissistic blow. Acceptance of one's own death is then the ultimate in narcissistic mastery. Stages less than that full mastery include a modicum of wisdom which permits the patient to maintain self-esteem despite the recognition of his limitations and to respect and love others despite their limitations. With wisdom, as with humor, there is a sense of the proportions of things. The crucial proportion is the awareness that the self is a very small, limited, creature and the emotional acceptance and continued love of oneself even in the face of this awareness.

Lastly, Kohut describes briefly his view of the relationship between healthy narcissism and interpersonal relationships. The clearest statement he makes is as follows:
An important nonspecific result of the systematic analysis of the narcissistic positions is, finally, the increased capacity for object love that is due to the firming of the self experience and to the correlated stronger cohesion and sharper delimitation of the self. Just as the ego's ability to perform a variety of tasks (e.g., professional pursuits) increases hand in hand with the increase of the cohesiveness of the self, so also for the ego's functioning as the executory focus of object love. To state an obvious fact in behavioral, phenomenological, and dynamic terms; the more secure a person is regarding his own acceptability, the more certain his sense of who he is, and the more safely internalized his system of values - the more self confidently and effectively will he be able to offer his love (i.e. to extend his object-libidinal cathexes) without undue fear of rejection and humiliation. (pp. 297-298)

Note that this improvement in interpersonal relationships is, in Kohut's view, a gain secondary to improvement in the narcissistic sector itself, and that he sees no necessary connection between the two aspects of human functioning. To the degree that they effect each other, the self needs to be adequately loved before others can be loved, thus healthy narcissism is a precondition for love of others.

SUMMARY

This completes the presentation and 'translation' of Kohut's theory of narcissism. The following is a very brief review of the major elements of the theory as they relate to changes in, or contributions to, the traditional psychoanalytic theory of narcissism. The theory will be divided into the four categories which were outlined at the beginning of this chapter, 1) metapsychological assumptions; 2) developmental or etiological patterns; 3) symptomatology; and 4) treatment.

Metapsychologically, Kohut presents a view that narcissism is a universal dimension of human functioning, not a particular kind of pathology as it has been commonly viewed. As a universal dimension,
it has its own line of development, from autoerotism through infantile narcissism to healthy narcissism. The traditional view had a line of development, going from autoerotism through infantile narcissism to object relations. That is, narcissism was seen as an intermediary step, with the end point being healthy 'object relations'. Kohut sees the end point being healthy 'narcissism'. Kohut is essentially doing for the dimension narcissism, what Hartmann and the ego analysts did for the concept 'ego', i.e. posit that a specific aspect of human functioning 1) relevant to understanding human behavior, and 2) has a describable sequence of development, which is separate from, the sequence of psychosexual development posited by Freud.

Kohut's different metapsychological stance, leads to the view that narcissism and object relations have no necessary relationship to each other. There are two exceptions. First, a cohesive, narcissistically invested self is a pre-requisite for the self being able to love others. Second, Kohut makes the distinction between 'object relations' and 'object love'. 'Object relations' refers to the externally observable interpersonal relationships which an individual has; and 'object love' refers to a kind of relationship in which the other person is experienced as separate, having needs and wishes of his or her own, and who is, nonetheless, loved. Narcissism may interfere with object love but not with object relations. Narcissistic patients may have intense object relationships which are intensely narcissistic in quality, wanting and needing the other person solely in order to fulfill one's own needs.

The second metapsychological difference is that Kohut posits that there are two main processes which shape adult narcissism, the
modification of the 'grandiose self' and the modification of the 'idealized parent'. The 'idealized parent' is the result of the infant's primary narcissism being projected onto the parent, according to Kohut; the 'grandiose self' is the remainder of the original primary narcissism. Kohut posits that these two narcissistic positions 1) occur simultaneously developmentally, 2) are normal phases of childhood, and 3) when gone through under optimal conditions, lead to healthy mature narcissism. These descriptions lead to seeing pathological narcissism as due to either fixation or regression to these infantile stages of narcissism. Since the traditional psychoanalytic view does not posit a line of healthy narcissistic development, all of Kohut's theorizing about the idealized parent and the grandiose self, plus the two lines of development stemming from them, are new and are contributions.

The most radical of all of Kohut's claims is that narcissism has healthy, adaptive, mature forms and is not, by nature inherently pathological, and even stronger, that it is a useful and even necessary component of healthy personalities. In Kohut's view, narcissism is universal, is necessary for healthy functioning, and like sexuality, must be managed in some way or another by everyone, and is not just a pathological aberration of a few. This is a radical change in the way narcissism is viewed.

Part of Kohut's metapsychological stance includes the formation of structures. In this realm, Kohut suggests that healthy growth in the idealized parent channel of narcissism lead 1) to the drive-controlling and drive-channeling mechanisms of the ego, and 2) to the idealization of the superego, creating its exalted status and enforcing
power. He posits that healthy growth in the grandiose self sector leads to 1) the cohesive integration of the 'self' and 2) to a strengthening of the ego's capacity for action. Given that at least two of these structures, the superego and the self, have inadequate theoretical bases, Kohut is offering significantly new ways of looking at these structural concepts.

Kohut's contribution in the developmental or etiological category, consist of his descriptions of factors or variables which influence development of adult narcissism from infantile narcissism. Under optimal conditions, the modification of the 'idealized parent' stance of the child, occurs gradually via the parent's disappointing the child in small enough ways that the child gradually modifies his expectation that the parent is perfect. Likewise, the optimal conditions for the modification of the 'grandiose self' stance of the child, occurs gradually via the parents approving of the child and of what the child does, with the standards for what is necessary for approval being raised gradually and phase appropriately. Gradually raising the standards for what earns approval, forces the child to give up the view of itself as perfect, while maintaining the view of the self as an integrated, acceptable and valuable person. Kohut especially stresses that, in his view, it is the patterns of parental responses not single traumatic events, which determine the growth and development along narcissistic lines. Pathological narcissism is etiologically described as the result of any number of parental response patterns which deviate from the optimal conditions described above. For example, pathological narcissism can be produced by such parental response patterns as 'non-mirroring' of, excessive support or
'mirroring' of, or erratic shifts in support for, the child's infantile narcissism, by the parent. Similarly, sudden, repeated, disappointments in the idealized parent, or parents who cannot permit de-idealization to occur (prolongue symbiosis), can create pathological results in the narcissistic sphere.

Regarding symptomatology, Kohut extends the clinical picture of narcissism, which traditionally focused on the noisily arrogant, exhibitionistic, obviously self-centered aspects, to include symptoms which are the exact opposite of these, excessive shyness, inhibition, pathologically dependent on admired other people, low self-esteem, getting little pleasure out of work or accomplishments, shame proneness, hypocondriasis, and others. These added symptoms might be seen as being the reverse side of the coin from the one usually focused on. He also accounts for the pattern where both sets of symptoms appear in the same individual (though not at the same time) via his description of vertical splits in the psyche. This vertical split in the psyche is in addition to the horizontal split, repression. These symptoms form part of a diagnostic pattern for narcissistic disorders. In addition, he describes symptoms which are frequently manifest in the treatment setting such as reacting to disappointments with either haughty withdrawal or enraged attacks.

Kohut's conceptualization of two narcissistic transference paradigms, the idealizing transference and the mirror transference, can be most appropriately categorized under treatment. The traditional psychoanalytic stance claimed that people with narcissistic disorders were unable to form transferences and therefore were untreatable via analysis (which relies on working through the transference for
successful treatment). By hypothesizing that narcissistic disorders have specific transferences, describing such transferences, Kohut opened another category of patients to psychoanalysis, (or vice versa). Additionally, he claims that the traditional tools of psychoanalysis, such as non-directiveness, interpretation, can, and should be appropriately used in the treatment of narcissistic disorders. Thus in regard to treatment process, if not content, Kohut stays firmly within the psychoanalytic tradition. The content change is from focusing on the classical transference neurosis to the two narcissistic transference paradigms, and from libidinal object relations to narcissism.

Evaluation of Kohut from Within Psychoanalysis

To begin a brief review of the psychoanalytic community's reaction to these various aspects of Kohut's theory, it might be noted that a poll of the membership of the American Psychoanalytic Association was taken asking them who they would pick as the four major contributors to psychoanalytic theory and practices since Freud. Kohut was picked as one of the four. This gives some estimate of the general esteem in which his theory is held within psychoanalytic circles. To this author's knowledge, there has been universal psychoanalytic acceptance of his two transference paradigms and of his descriptions of symptomatology. In addition, the view that narcissism is not automatically and necessarily pathological, if not universally accepted, at least is widely accepted. Goldberg (1974) says,

4 This knowledge is based on an ongoing review of psychoanalytic journals and literature regarding narcissism and discussions with psychoanalytically oriented therapists in Ann Arbor, Cincinnati, and Los Angeles
The title of this panel (On The Prognosis and Treatment of Narcissism) is somewhat slanted, insofar as it seems to regard narcissism as a disorder in need of treatment. Kohut's position is that narcissism per se is part of normal development and has not only pathological and primitive forms, but mature ones as well. (p. 243)

Kernberg is perhaps the most outspoken critic of Kohut, yet even he uses the qualifier 'pathological' in the title of his book Borderline Conditions and Pathological Narcissism, obviously having absorbed the view that all narcissism is not automatically pathological.

Kernberg will be used as representative of a critical, more traditional, but current psychoanalytic position. The following are a few of his evaluations of and disagreements with Kohut. For example, Kernberg (1975) says,

...Kohut's view that narcissistic investment and object investment start out together and then evolve independently... (is at odds with) ...my belief that the development of normal and pathological narcissism always involves the relationship of the self to the object representations and external objects...(p. 341)

Here Kernberg is objecting to the independent line of development of narcissism, claiming the traditional relationship between narcissism and object relations. Even more clearly he states, (1975) "I have implied that the term narcissism should be reserved for the normal and pathological vicissitudes of the libidinal investment of the self and that, therefore, one cannot analyze narcissism as if it were a drive independent of internalized object relations." (p. 338)

On another point of disagreement regarding the grandiose self Kernberg says that in his view (1975) "This self (the grandiose self) stems from the fusion of some aspects of the real self, the ideal self and the ideal object. This condensation is pathological and does not simply represent fixation at an early stage of development." (p. 279)
The important element here is Kernberg's rejection of Kohut's description that adult pathological narcissism consists of phase-inappropriate manifestations of states of what were at one time phase-appropriate states. It might be noted that despite Kernberg's claim of a 'pathological fused grandiose self', he offers little theory elaborating that notion.

Yet another difference surrounds the role of aggression or narcissistic rage. Kernberg adopts the traditional psychoanalytic view which claims that aggression is the second great drive, libido is the first, and these two constitute the total. He accuses Kohut of "neglecting...the crucial nature of conflicts around aggression..." (p. 280), since he assumes that aggression is a given. He also assumes that along with idealization, or behind idealization, there is intense envy and oral rage, and that patients use idealization to hide from recognition of these feelings. Given this view, the enraged responses of the narcissistic patient is due to the breakthrough of this always present envy and rage. This is in contrast to Kohut's stance that narcissistic rage is specifically in response to disappointments regarding the omnipotence of either the grandiose self or the idealized other.

Due to this difference regarding the role of aggression, Kernberg disagrees with Kohut regarding the treatment of narcissistic disorders. He shares the view that narcissistic patients do form transferences and are thus analyzable, but he claims more elaborate interpretation and emphasis must be given to envy, rage, and the vicissitudes of aggression.
On the other hand, Kernberg openly accepts a number of Kohut’s notions. In addition to those already mentioned, (the existence of narcissistic transferences and the treatability via analysis) he specifically accepts the term grandiose self, and the whole symptomatological description. “Insofar as I have already described the clinical characteristics of narcissistic personalities and I see no major disagreements between Kohut’s view and that of the other authors mentioned and myself, I shall not review them here.” (1974,255)

These are just a few comparisons between Kohut and Kernberg. I have compared a few highlights of Kernberg’s response to Kohut, 1) because Kernberg is representative of a more conservative traditional psychoanalytic approach, 2) because the comparison highlights the contributions which Kohut is making, and 3) because it offers a current, alternative view of narcissism from within the psychoanalytic tradition.

Krueger’s Evaluation of Kohut’s Theory

There being almost endless possible points or issues on which to evaluate Kohut’s contributions, only major issues will be considered here. In terms of positive evaluating Kohut, the strongest praise is for the theory’s clinical usefulness. Looking at certain clinical phenomena and behaviors via Kohut’s concepts, adds appreciably in answering the question ‘what is going on here’. This clinical usefulness heightens the importance of the most obvious criticism which can be made of Kohut, i.e. that his style of writing creates an extremely small audience. Assuming the usefulness of Kohut’s concepts, it would be desirable to have a larger audience. To do so, the concepts and style need to be clarified and made more understandable. A
pathological state or diagnostic entity, exists. Yet on the other hand, Kohut is moving away from this view of narcissism as a pathological disease entity, and at times moves toward a view of it as a general dimension or universal aspect of all human beings. The logical implication is that if primary narcissism is universal, and if there is a universal independent line of development then everyone must have some variation on the theme of narcissism, some narcissistic outcome resulting from their particular unique unfolding of the line of development. Essentially this is saying, we are on some narcissism continuum, all wrestling with the issues of idealization, grandiosity, and narcissism. This latter stance claims narcissism is a universal phenomenon, even for adults, and is a continuum, not an entity.

Kohut seems to hold both views of narcissism and to vacillate between them. His premises and assumptions lead toward the continuing view many of his descriptions, however, especially his attempts to differentiate pathological narcissism from other diagnostic categories (something which was not included in the review of his system), support the view that it is a disease entity, clearly demarcated from other disease entities. Thus, Kohut is unclear on his position, at times holding both views. Such confusions regarding 'narcissism' and the absence of a concept of self can be seen as constituting the major weaknesses of Kohut's theory.

In studying the ways in which Kohut deviates from traditional psychoanalytic theory, he deviates in a way which no one else has commented upon. It is a subtle but crucial shift away from an almost totally intrapsychic theory (the child's internal oedipal fantasies are
clinical difficulty related to Kohut's use of very technical, abstract, and 'jargonese' language, is the difficulty in 'interpreting' or explaining these concepts to patients, for if one sticks to these concepts as Kohut describes them, the patient's do not understand. Kohut also warns against 'overintellectual' interpretations, claiming that the tendency to overintellectualize usually reflects a discomfort on the therapist's part with the material being discussed. While that may be true, it also is the case that Kohut aids and abets such 'overintellectualized interpretations' by himself describing the phenomena in such technical jargon. At minimum, he does not help the clinician to find ways of describing to the patient in clear English sentences, the concepts which he suggests, and which he suggests should be explained to the patient.

At the theoretical level, there are two major theoretical weaknesses in Kohut's theory. First, despite all the technical talk about narcissism, Kohut never defines narcissism. Second, he has no theory of the 'self' despite his heavy usage of that concept. Regarding 'narcissism' in particular there is some confusion in the way Kohut uses the term. He seems to vacillate slightly between two views of narcissism. On the one hand, he seems to hold the medical model which is 'disease entity' oriented, the psychoanalytic model which labels behavior pejoratively, the common usage model all of which contribute to the view of narcissism as pathological and undesirable, and a clinically specific definable 'disease entity'. These models incline Kohut toward defining narcissism as such as entity. He softens it by declaring that only a portion of narcissism is a pathological entity which is definable, delimitable. Nonetheless narcissism, a specific
more important in psychoanalytic theory than the external oedipal reality of the given parent), and towards more interpersonal, behavioral variables (the actual mother's actual responses to the child influence the child's narcissism). 'Towards' is underscored because Kohut certainly does not move entirely into the interpersonal or behavioral realm. He retains a very strong emphasis on the internally derived 'givens': primarily narcissism is an instinct, a 'given' which comes from within the individual. The grandiose self as a universal intrapsychic fantasy. These are internal to the individual, as opposed to being determined by external variables. However, we do find in Kohut descriptions of parental behaviors which are claimed by him to be, to a large degree, causative of certain, specific kinds of development and growth in their children. Comparatively, Freud does not go to great lengths describing 'oedipalogenic' parents or parental patterns. Kohut seems to be aware that he 'drifts' in this behavioral or interpersonal direction because he goes to some lengths to dissociate himself from totally interpersonally oriented stances and theories.

If one accepts this description, that the theory moves toward the external, interpersonal side, there is still the evaluation of it, i.e. is this a good or a bad shift. Staunch psychoanalytic circles would likely see it as 'deviationistic', and claim it undermined the basic intrapsychic stance of psychoanalysis. On the other hand, it can be viewed as a very desirable widening of the scope of psychoanalytic theory, not excluding intrapsychic determinants of behavior but not excluding environmental, external, and interpersonal determinants of behavior either, which strict psychoanalytic theory has tended to do. Kohut's theory moves in the direction of bridging the
gap which exists between a nearly total intrapsychic stance and nearly totally behavioral or interpersonal theories. Somewhere between the empty black box of the behaviorists and the internal fantasy world of the couch, it is desirable to have theories which deny neither what the individual brings to a situation nor the influences of situations on the individual. This Kohut's theory moves in the direction of doing.

Lastly, due to Kohut's being closely tied within the analytic tradition, he clings to certain assumptions and descriptions which are not necessary in order for his clinical and observation contributions to stand, i.e. certain assumptions can be dispensed with or have other assumptions substituted without changing any essential portions of the clinical part of the theory. In particular, it is not necessary to make the assumption that narcissism is projected onto the parents to account for intense and 'exaggerated' idealization. A case will be presented in Chapters III and IV for how idealization can be accounted for without making the assumption of projected narcissism. Second, Kohut retains, at least to some degree, the libido-aggression drive theory of psychoanalytic theory. A different assumption regarding inherent human motivation will be suggested in Chapter III.

Even if one accepts the preceding criticisms as valid, they do not seriously detract from the clinical significance of Kohut's theory. It is adequate enough, theoretically, that other people have been able to view narcissism differently than it had previously been viewed. That is the earmark of a significant theoretical contribution, aiding others in being able to see the world in a new and productive way. Kohut offers a radical new lens which brings into sharper focus certain clinical phenomena which had not been so clearly understood prior to his
contributions. Kohut's theory broadens both psychoanalytic theory and
treatment, opening psychoanalytic treatment up to narcissistic dis-
torders. His theory also provides a theoretical understanding and
 teachable rationale for the clinical work which many 'humanists' do.
Such contributions are desirable, in Krueger's evaluation. There are
many small details which could be discussed and quibbled about regarding
Kohut's theory. They will be ignored in this context. Instead, this
critique has focused on and evaluated major issues in Kohut's theory.
CHAPTER III

PRESENTATION OF KRUEGER'S CONCEPTS

In the previous chapter Kohut's theory of narcissism was described. The goal was to remain faithful to his ideas as much as possible, 'translating', not altering nor adding. In this chapter some concepts will be presented which, alter, or extend Kohut's theory. Most of these concepts originate outside the psychoanalytic tradition and thus the language is different. Due to this difference in conceptual language, the notions which are presented here may seem unconnected with the previous chapter. To avoid that impression the following is an overview of how the constructs in this chapter are related to Kohut. In general terms, 1) some are different descriptions of the same phenomena which Kohut is describing; and 2) some of the concepts are extensions or alterations of Kohut's theory of narcissism. Specifically, in the critique of Kohut is was noted that Kohut's theory has neither a definition of narcissism nor the self. The first two sections of this chapter will be devoted to a definition of self and a definition of narcissism. These two constructs, constitute extensions of Kohut's theory, adding two important theoretical constructs.

Following those two sections, comes a description of an assumption which is made in this paper which Kohut does not make. Kohut
assumes 'primary narcissism' as an instinctual, universal 'given' in human experience which influences an adult's view of himself. This paper also assumes 'narcissism' but adds a second assumption, that the universal experience of 'reality' helplessness also influences an adult's view of himself. This added premise or assumption constitutes the difference in the 'theoretical lenses' through which the same phenomena which Kohut describes are viewed. Some theoretical implications and consequences of this change in assumptions are then discussed. Specifically, some additional processes are proposed as influencing the formation of the adult's perception of himself which are not included in Kohut's etiological descriptions. These processes include 1) the mutual modification of the two universal infantile self-perceptions (narcissism and helplessness); 2) the role of effectiveness; and 3) external validation. These are some of the implications which are derived from positing the additional assumption of helplessness.

The last section of this chapter describes the assumption which this paper makes regarding motivation for behavior. Psychoanalytic theory posits libido and aggression as the two basic human drives. A case will be presented for making effectiveness the one basic human motivation, and a resulting redefinition of anger. In the redefinition, anger will be seen as a defense mechanism rather than as a basic drive. The change in assumption is a radical departure from traditional psychoanalytic views. Kohut seems at times to depart along similar lines but he never states clearly that he is doing so, and there are also times when he seems to hold the traditional views on aggression. This lack of clarity regarding Kohut's stance makes it somewhat difficult to tell whether the views expressed in this paper are compatible with
The overall contributions in this chapter include two additional constructs, (the self and narcissism); a premise addition, (the helpless or inadequate self) and the implications of that additional premise; and a premise alteration (effectiveness is substituted for libido and aggression), and the resultant change in the construct, anger. With this as an introduction to this chapter, attention is now turned to the construct of the self.

CONCEPTUAL CONTRIBUTIONS

THE SELF

As was noted in the history section, the psychoanalytic tradition had no theory of the self. Kohut's theory contributes to a psychoanalytic theory of the self, at least many of his notions seem to imply a theory of the self. However, he never articulates one clearly. An attempt will be made here to articulate one. One of the difficulties in formulating an adequate definition is a dilemma regarding the self. At one level, the 'self' is a subjective, phenomenologically known 'thing' or entity. Each one of us know this because 'we are one'. Yet that phenomenologically known self is not very useful when one is trying to articulate a theory of the self, where 'self' is a construct not a person. Knowing about Harry doesn't necessarily tell one anything about George or about 'selves' in general. A theory needs constructs because as a construct information is generalizable across individuals. Or to look at it from the other direction, if one builds a theoretically acceptable description of the self, then it somehow seems to ignore and leave out that phenomenological self. Most theories grasp one or the other horn of this dilemma. The self-theorists tend to take the
phenomenological horn of the dilemma and generally cease to make much effort at defining cognitively the self they are talking about. This is regrettable because a cognitive understanding can be useful to a therapist by providing generalizable information and understanding which augment the intuitive, empathic, and emotional modes of understanding the patient. Stances which do not provide any such cognitive understanding, force an increased reliance on these other modes of understanding. If one is not intuitive, there are problems. Assuming that one needs to have at least one - an intuitive or a cognitive understanding of the patient-to be a good therapist, then omitting conceptual understanding dooms less intuitive therapists to considerably reduced effectiveness. And even if one is intuitive, why be short-changed omitting a useful additional tool. This is the reason for having constructs, rather than relying solely on the phenomenological view. On the other horn of the dilemma, strictly cognitive theories of the self tend to leave the impression that while the description is interesting, somehow the self, as each of us knows it phenomenally, is missing. As someone once said of such a theory, 'that theory is fine, except it forgets that people have alimentary canals'. This preceding portion describes what some of the difficulties are in formulating a definition of the self, some criteria for a useful definition, and some reasons for engaging in such an endeavor.

The following is offered as a possible resolution to such difficulties. Here the 'self' is defined as linguistic and cognitive abstraction, referring to a group of perceptions which are related to each other via attribution, by a given source (an individual or group of individuals), to a single human being or to the concept human being.
The major components in the definition, perception, and attribution by a given source, and linguistic abstraction, will be elaborated upon, in that order, and then the complete definition of the self will be summarized.

Perception

A perception, in the way in which it is being used here, has three different components: physical, cognitive, and emotional. The physical component is comprised of the physical characteristics of what is seen, for example, something moving and barking and it has four legs. Second, there is the cognitive component which has organized and labeled that particular configuration as 'dog'. Third, there is an emotional component which adds the individual's feelings, thus causing one individual's emotional perception to be 'my wonderful pal Rover', and another individual's perception to be 'that terrifying beast'. This third component, the emotional or value loadings of a perception, is important to this paper. Feelings are frequently considered as reactions to what has been perceived. Literally or logically this is likely the case. However, functionally, in human experience the perception and the feelings about what is perceived occur so simultaneously that the feeling 'colors' the perception, influences it, is experientially part of it. The feelings about the dog influence 'what' one sees, even literally sometimes. One might misjudge how big the dog is depending on whether he's perceived as friend or foe, for example. Thus how one feels about what is perceived influences what one perceives.

To put this issue differently, a distinction between thinking and feeling as ways of perceiving or understanding is being made. Feeling is the only mode of perception in the infant, with thinking or
cognitive, as we usually define them, being added as the child matures. This may seem like a trivial or well-known distinction, however, if one makes such a distinction between thoughts and feelings, then it is quite possible, without contradicting oneself, to say that a newborn infant perceives itself as 'valuable', without meaning the child is cognitively evaluating himself according to criteria. The child nonetheless can be said to 'perceive' itself as 'valuable'. The important issue here is that there are two modes of perceiving oneself and others, a feeling mode and thinking mode.

An important characteristic of 'perception', as it is used here, is that functionally, a given individual will believe his perception to be 'reality' unless he is forced to face evidence contradictory to his perception. In the absence of contradictory evidence, the individual's perception creates 'reality' for that individual. If I see myself as valueless, and nothing contradicts that perception, then for me, it is 'true' that I am valueless. If you perceive me as dumb, unless something contradicts that perception, then 'reality' for you is that I am dumb. Evidence that functionally what is perceived is believed to be 'reality' view of me. Likewise, it is your perception of me which dictates how you will react to me. Your perception of me, which may or may not match either of my perception of me or the 'reality' of me, will nonetheless determine how you act and react towards me, because it is what you believe to be reality. Thus, when a single individual's perception reigns supreme, that perception is assumed to be 'reality' by the holder of the perception.

The two characteristics of perception which are being emphasized here are 1) that perception has an effective component or, alternatively,
there is a feeling mode of perception; and 2) that an individual assumes
his perception is 'reality' unless contradictory evidence intervenes.
The third relevant characteristic of perception is that there can be
no perception without a perceiver. Thus following description details
who is doing the perceiving.

Source of Attribution

The second part of the definition of the self which needs
elaboration is the issue of 'the source of the attribution', or in
perceptual terms, 'who is doing the perceiving'. It is being proposed
here that there are three basic groups of kinds of perceivers and thus
three different kinds of 'self's'. There is the first-person-singular
perception of the self, the 'self the individual himself sees, the
phenomenologically known self, my view of me. The second-person-
singular perception of the self, the single observer's view of the
individual in question, your view of me. The third-person-verifiable
perception of the self consists of those perceptions which groups of
people can share about the individual. A group of others could agree
and verify, for example, that I have continuity in space and time or
that I am female. The 'first-person-self', my view of me, your view of
you, consists of a set of perceptions about the self. This set of
perceptions does not have to be 'true' from the third-person-verifiable
stance, e.g. I may see myself as timid while from the third-person
verifiable stance I appear brash. The second-person view of the self
also may or may not be the same as the third-person-verifiable or
'reality' view of the individual. For example, my doting grandmother
thinks me a genius; my jealous sibling thinks me an idiot, either of
which may or may not be the case. The third-person-verifiable view,
in this case could be that I am neither genius nor idiot but of normal intelligence. In other words, a single observer's perception of an individual, may or may not be the same as 'reality', or the third-person verifiable perception. Another way of saying this is that there are potentially as many 'selves' as there are perceivers, but that the perceivers can be categorized into three groups, the individual in question, a single observing other, and the third-person-verifiable stance. Each of these three stances will be further elaborated upon beginning with the third-person-verifiable stance.

Third-Person-Verifiable Perception

The third-person-verifiable view of the individual includes or attends to those features of an individual which are verified or verifiable, from the vantage point of a group of observers. A group can agree and verify that the individual is 5'6" for example. The group must consist of more than one, single observer, and can be a group of any size. However the connotation intended in using the phrase 'third-person-verifiable' is that of 'everyone'. This 'third-person-verifiable' perception is what we ordinarily call 'reality'. The perception arrived at by a consensus of peers is usually taken as the most likely to be reality. For example, if almost everyone perceives an individual as dumb, chances are that he is, in 'reality' dumb. However, probably everyone can think of examples where the consensus regarding someone has been 'wrong'. Here wrong is determined by some other criterion which we believe more than we believe the consensus. Thus, the consensus may be wrong and some given individual's perception may be right. The main point is that the third-person-verifiable perception is the most likely to conform to reality but it is not guaranteed to be reality.
It merely assumes that if one pools multiple perceptions, that the distortions of any given perception will be corrected for. Functionally most people assume the third-person-verifiable perception of an individual to be 'reality', unless there is some contrary evidence. If a conflict arises between the individual's perception (which he assumes to be reality) and the third-person-verifiable perception (which he tends to assume is reality also), one must be relinquished. Which stance will be relinquished varies across individuals and has been the subject of experimentation in . ashe-type experiments. With the exception of this potential conflict, the third-person-verifiable perception is ordinarily regarded as the most likely to represent 'reality'.

The First-Person Perception

The 'first-person' perception of the self is not singular but plural, i.e. there are multiple perceptions of the self held by that same individual. Many of these selves can be categorized by role, e.g. me the parent, me the therapist, me the child of my parents. Other 'selves' can be categorized by affective or feeling states, e.g. there is the optimistic me, the depressed me, the anxious me. Each one of these might be labeled 'who I think (perceive) I am'. There are, in addition to the conscious perceptions of the self, unconscious perceptions of the self. In this regard this view agrees with psychoanalytic views regarding the unconscious. A person may consciously see himself as weak but unconsciously see himself as invincible, or vice versa. From the 3rd-person-verifiable stance, it is clear that the 'real' self is all of those various perceptions of the self, that the various roles and feelings are all aspects which can be attributed to the individual. However, from the 1st person stance, it is much more difficult to
integrate these various 'selves' into an organized, acceptable, cohesive view of the self. This is due to the phenomenon that experiencing a given feeling precludes feeling the opposite. For example, feeling depressed precludes at that moment also feeling joyous. At the moment that an individual is feeling depressed, it is frequently difficult to also 'know' (perceive-emotionally as well as intellectually) that one is also 'a happy person'. Whatever the feeling state of the moment is, tends to be perceived by the individual as 'THE self'. As the sole 'real self' the same holds true for role conflicts. This tendency to emotionally assume that what one perceives as 'real' at the moment is the only reality, is what makes integration of the multiple perceptions of the self into one inclusive perception, difficult. Yet this integrated perception of the self is one of the major goals in the healthy growth and development of the self.

This concept of multiple perceptions of the self is quite similar to the psychoanalytic concept of 'self-representations'. The only difference between the concepts is that in the psychoanalytic theory of the 'self', to the extent there is such a concept, is conceived of as a 'thing'. That entity 'the self' is different from 'self-representations'. The view suggested in this paper is that the 'self' is not a 'thing' but a perception. Thus there is no difference between 'self' and 'self-representations'. This statement offends common sense, because phenomenologically we all experience the self as a 'thing'. We do not experience ourselves as 'perceptions'. The response to that criticism is as follows. Some perceptions of the self are more inclusive than others. There is me the therapist, and me the wife, and me the student, each one of which is a separate, single
perception of the self. Then there is me the person who is a therapist, and a wife, and a student. The second is more inclusive, providing an over-arching concept (person) which subsumes the various other perceptions into one perception. It is as if one took Picasso's Guernica for example, and put little picture frames around each detail. Each detail is by itself quite interesting and could make an adequate picture. One then takes away all the little picture frames and suddenly realized that the 'whole' picture is something quite different than any one of the little pictures. When a person gets an overview perception of the self, it changes the perspective of every smaller perception which is subsumed. Thus the size of the perceptual category being used can vary. Based on the notion of variable size of perceptual category, the claim is made that the most inclusive perception, the one that includes all the smaller perceptions, will be seen by the individual as representing 'who I am', 'the self', one's 'identity'. This 'largest perception of the self' we each experience subjectively, phenomenologically as a thing, 'myself'. The conceptual understanding however, view it as the largest perceptual category being held at a given instance by the individual.

This process of getting an overview perception of the self is similar to what the psychoanalytic tradition calls the 'observing ego', i.e. the capacity to 'stand back' and view various aspects (perceptions) of the self, from a broader perspective. It is similar to rather than equal to the 'observing ego' in that 'observing ego' like 'self' implies a single concrete entity, a fixed structure. Whereas this perceptual model's 'most inclusive perception of the self' does not imply a fixed structure rather it suggests even more inclusive perceptions of the self.
Philosophically the two concepts are probably identical since 'expanding the domain of ego dominance' is probably the equivalent of enlarging perception. But two connotative differences alter the identicalness. First, ego dominance tends to connote growth which is to have normally been completed by the child a child is mature. Enlarging the perception of the self connotes a more life-long task. Second, 'observing ego' connotes 'thingness', whereas the 'largest perception of the self' does not connote 'truth' or 'thingness'. These connotative differences are the reasons for claiming the two concepts are similar rather than equal to each other. However, functionally they refer to the same 'objective' phenomena. In clinical work, labelling that 'largest perception of the self' the 'observer self' is useful.

To review the main points regarding the first-person perception of the self, 1) each individual holds multiple perceptions of himself; 2) the goal of the healthy mature self is the comfortable integration of the various perceptions of the self which the individual holds; and 3) the most inclusive perception of the self is experienced by the individual to be 'the self' or to be one's 'identity'.

The Second-Person Perception of Self

There is not a great deal of elaboration needed to explain the second-person vantage point. It is the single observer's view of the individual. This concept is historically linked to James, Cooley, Meade, the sociologists and social psychologists who focused attention on the perceptions those around an individual hold, shifting the emphasis away from the intrapsychic view of the self which the psychoanalytic tradition focuses on. James (1890) says there are as many selves as there are perceivers of the self. The second-person stance is similar
to that view. The only difference between the second-person-perception and James' description, is the inclusion here of unconscious as well as conscious perceptions of the person who is being perceived. In general, the second-person stance represents specific outside views of the individual in question, but these outside view need not be consensually agreed upon as in the third-person-verifiable stance.

Summary

There are three sources of attribution or three perceptual stances from which an individual is viewed: 1) the individual's view(s) of himself (the first-person stance); 2) the view(s) single other individual have of him (the second-person stance); and 3) the third-person-verifiable stance or view of the individual. These three stances describe who is perceiving the individual in question, thus specifying the three kinds of sources of attribution or perception which are possible, in the definition of the self. To repeat it here, the self is a linguistic and conceptual abstraction referring to a perception or a group of perceptions which are attributed (or perceived) by a given source (an individual or group of individuals) to a single human being or concept. The individual or group of individuals are the first-, second-, and third-person sources of attribution or perceivers.

Levels of Abstraction

The following is not necessary for clinical understanding or practice, unlike the preceding concepts of perception and source of attribution, but it is necessary in understanding the usefulness or scope of this way of defining the self. Russell pointed out that many confusions occur because there are different levels of linguistic and cognitive abstraction which get blurred. A first level
abstraction has as its referent the tangible 'thing', in this case a person. A word at the second level of abstraction has as its referent a concept about a thing. There are two different referents for the same word, i.e. linguistically we use the term 'person' or 'self' to refer to both 'things' (George, Harriet) and concepts (the grandiose self, the concept of self). Yet 'things' and 'concepts' have different properties. The concept 'self' cannot run around the block. I can. This distinction is relevant to the theories of the self because the dilemma described earlier (having a theory relevant only to the phenomenological self or only to the abstract generalizable 'self') is solved by understanding that the term self has two different referents, not one. 'Self' refers to individual, e.g. George and Harriet; it also refers to concepts, e.g. the grandiose self, the child, self, the first-person self, any concept of self one chooses. Which level of abstraction one is using determines how one can use the term. With the first level of abstraction one can explore the uniqueness of the specific, individual, phenomenological self, George. With a second level abstraction, one can make generalizations about the 'self', which can be used in a theory. One simply needs to be clear about which level of abstraction one is using.

The preceding description explains what is meant by the 'linguistic and cognitive abstraction' part of the definition of the self, as well as what is meant by '...is attributed...to a single human being or to a concept.' This 'individual or concept' component is the definition is there to denote that where are two different possible levels of abstraction. This is a philosophical nicety that does not need to be included for a clinically useful definition of the self.
Summary of the Definition of Self

Having elaborated on various aspects of the definition of the self which was given in the beginning of this section, it is now repeated. The 'self' is a linguistic and conceptual abstraction referring to a perception or a group of perceptions which are attributed to (or perceived), by a given source (an individual or group of individuals), to a single human being or to a concept. The term 'self' can refer to people, to concepts, and to various multiple perceptions which an individual can hold. Who is doing the perceiving determines which 'self' one is referring to. Perception, as used in this paper, includes an affective component, or put differently, feeling is one mode of understanding or perceiving. A given individual assumes his perception(s) represent 'reality' unless contradictory evidence intervenes. Each individual holds multiple perceptions of the self. The goal of health with regard to the 'self' is integrating into a comfortable and productive unified perception, these multiple perceptions of the self. The largest, integrated perception of the self is subjectively experienced by individual to be 'the self' or one's 'identity'.

Some Implications and Uses of this Definition of Self

In the next few pages, some implications and uses of this definition of the self will be given. The major clinical implication of this definition is that the self is not really a thing, (despite our subjective experience that it is), but in a perception, or more accurately multiple perceptions. For example, Berne (1964) speaks of child, parent, and adult tapes; Kohut talks of the grandiose self. These are specific perceptions of the self which individuals are hypothesized as having, which significantly influence how the person
behaves and feels. Change the perception and you can change the behavior. Help the patient to see that he 'is' several different people and that allows him to choose who he wants to 'be'.

As a theoretical level, this definition of the self clarifies certain confusions which tend to arise when one talks about 'the self'. These various meanings of the term self are sometimes confused in theoretical statements. An example of a conceptual confusion is one raised by Rapaport (1967). The problem is the problem of 'how can the self be an entity, one of whose properties is the capacity to observe itself'? This can be solved two ways. First, this is a problem only so long as one views the self as a fixed structure, a 'thing', rather than as a set of perceptions. If one uses a perception model, then the self is not observing itself, rather one, more inclusive perception of the self, observes other less inclusive perceptions of the self. The 'self' which does the observing is like the larger picture frame on Picasso's Guernica, it is a more inclusive perception. The me who is both reflective and impulsive and who know I am both, can stand back and observe the impulsive me. Thus, this is one way the problem of how the self can observe itself, is solve, by viewing the self as a set of perceptions rather than as a 'thing'. Second, this problem is theoretically solved via an analysis of which level of abstraction one is using. People, things have observational capacities, concepts to not. The 'self' which observed is a concept or a perception not a 'thing' or a person. This is an example of how the definition of the self presented in this paper clarifies the construct of the self.

This definition of the self also extends concepts, increasing the scope of theories. For example, this definition has the theoretical
advantage that it includes both the experientially near, phenomenologically grasped 'self' or selves, as well as the various conceptual abstractions referred to as 'self', e.g. concepts such as the grandiose self, the adult self, the child self. Having conceptual abstractions makes it possible to create theories which are generalizable across individuals. Thus the advantages of having a theory of the self are obtained. At the same time the multiple perceptions of the self which a given individual has are included and can be focused on any time one wishes to, providing the advantages of a phenomenological approach. Thus this definition has a wider scope or greater versatility than theories which include only one of these two aspects of 'self'.

The following is an extended example of how this definition of the self extends a concept which is already in use, enlarging its scope and versatility. The concept is 'self-preservation'. Let us assume for a moment 'self-preservation' as a motive for behavior. How does this meaning change when the notion of multiple perceptions of the self is applied? Ordinarily the meaning of self in self-preservation is assumed to be the 3rd-person verifiable view of self, which commonly emphasize the physical self since it is readily verifiable. If the self which is to be preserved is this physical or 3rd-person verifiable, then self-preservation doesn't really account for much behavior and the scope of the notion is limited. In addition one must also account for behaviors which seem to demonstrate a disregard for physical self preservation. For example Freud had to posit a death instinct to account for such phenomena. If, however, one applies the notion of self-preservation as a basic motive to the 1st-person view(s) of the self, the scope of the concept is enormously increased. Also the
behaviors which seemed to demonstrate a disregard for self-preservation, are instead seen as being in the interest of self-preservation, just the self which is referred to is different. For example, a Samurai who has as part of his perception of himself (his essential-to-who-I-am-ness) his honor, he might do a variety of behaviors such as fighting duels, or committing suicide if his honor were irreparably smudged. These behaviors seem to demonstrate disregard for self-preservation, if one limits the self to the physical self. But if one broadens the scope of the self to include anything which the individual in question perceives as an essential part of himself, a great many, otherwise perplexing, behaviors can indeed be seen as in the interest of self-preservation. How the self is defined determines what behaviors are self-preservative.

Clearly, there is a hierarchy, ranging from most essential to least essential, of those aspects or attributes of the self which are viewed to be essential to the self. This hierarchy can vary from individual to individual. The Samurai may put honor higher than physical survival, while an American politician may put honor low on his hierarchy. Items low on the hierarchy when threatened will elicit little in the way of self-preservative defense. If the individual does not perceive himself as a chess player and one tells him he is no good as a chess player, he'll hardly bat an eyelash since he does not define or perceive himself as a chess player. Since the self as he sees it has not been threatened, self-preservation a motivation for behavior is not engaged. While if the same individual perceives himself as a therapist and one tells him he is no good as a therapist, the self, as he defines it, is threatened and the self-preservation motivation will defend that
self. To leap ahead applying this notion to narcissism, if part of the perception of the self is to be perfect at everything (which is the expectation and perception of the grandiose self), then even a loss at a chess game will be a threat to the self and will thus need to be defended against. The 'fact' that the individual has played chess only a dozen times is irrelevant. His image of who he is requires him to be perfect at everything he does. This argument can be seen as a description of a more useful way to look at the concept of 'self-preservation'. It also shows how this definition of the self extends and changes other concepts which are related to the concept of 'self'.

In this section on the implications of this definition of the self, some examples of the definition's usefulness were given. A clinical theory dictum was given, changing the perception and the behavior will change, is one example. That the definition clarifies certain kinds of conceptual confusions was exemplified by resolving the problem of how the self can be an entity which observes itself. The definition was also shown to extend the scope of other concepts, using self-preservation as an example. These are a few examples of implications and consequences of using the definition of the self offered here.

Summary

The 'self' is not a thing but is a cognitive abstraction. This abstraction refers to a group of perceptions unified by the fact that the perceiver attributes them to an individual. The perceiver can be 1) the individual in question, (the 1st-person self); 2) an other individual who is perceiving the individual in question (the 2nd-person self); or 3) a group of individuals, or 'everyone' (the 3rd-person verifiable) perception of the individual. Each perception is believed.
by the perceiver of it, to be 'reality'. In addition, 'self' can refer to an individual or to a concept, and thus includes the subjectively experienced self and the 'objectively' observed selves. Each individual perceiver holds multiple perceptions of himself, with some perceptions being more inclusive than other perceptions.

This definition combines the phenomenological self(s) and the conceptual self(s). It clarifies and avoids some confusions which occur when, in a given context it is unclear which, or whose, definition of the self is being used. Clarifying such confusions can make stronger an already useful theory. An example of such a clarification is seen using the concept of self-preservation as a motive for behavior. Which self is being preserved? Applying the notion of the multiple perceptions of the 1st-person self to the concept of self-preservation, any aspect which the individual perceives as essential to his selfness will be defended due to the self-preservation motive. The fact that you as 2nd-person observer may think what the individual is defending is ludicrous (the politician thinks the Samurai is crazy to die for his honor) and has nothing to do with his essential selfness, is irrelevant. It is my perception of me, not your view of me, nor even a 3rd-person verifiable view of me, which I defend because I believe it to be 'reality'. Thus, if one applies the concept of 1st-person, multiple perceptions of the self to the concept of self-preservation, the scope of self-preservation is broadened considerably and confusions regarding what 'self' is being defended are clarified.

With regard to how this definition of self fits with Kohut, there is nothing like this definition in psychoanalytic theory or in Kohut therefore it is somewhat difficult to compare. There does not,
however, seem to be anything inherently contradictory between this
definition and any of Kohut's concepts. Additionally, Kohut's grandiose
self can be seen as a theoretical suggestion of one specific perception
of the self which an individual holds which is hypothesized to influence
significant portions of human behavior.

NARCISSISM

In the preceding section a definition of self was given. This
was one of two important constructs which Kohut uses but which he does
not define. Narcissism is the other. Narcissism, as it will be used
in this paper, refers to a build-in, inherent, 'instinctual', 'given',
universal, emotional feeling-state, which can be summarized in simplistic
terms as 'I matter'. Note that 'I matter' is a simplistic summary
description, and that narcissism is more complex than that. Narcissism,
this basic feeling state of 'I matter', is similar to the psychoanalytic
concept of 'primary narcissism'. It shares with the concept of primary
narcissism the following characteristics: it is present from the
beginning of life; it is universal to human beings; and it assumes that
initially the infant has no awareness of others as separate from the self.
However, it differs from 'primary narcissism' in the following ways.
The feeling state 'I matter' is proposed as 'instinctual', whereas
'primary narcissism' does not specify this. Instead, psychoanalytic
theory posits self-preservation as 'instinctual', to account for or
describe the tenacious clinging to life. Self-preservation is an abstract
or outsider's or observer's view, a second- or third-person vantage point.
Narcissism, described here as a feeling state summarized as 'I matter'
can be seen as the first-person view of the same phenomenon. Thus,
narcissism, as used in this paper, and the traditional concept of 'primary
narcissism, can be seen as differing descriptions of the same phenomenon, with the psychoanalytic concept doing so from an observer's viewpoint, and this paper doing so from a subjective or first-person point of view. A second difference between the two concepts is that there is no concept of secondary narcissism in this way of looking at narcissism. Therefore narcissism is not 'primary' as opposed to 'secondary'. Because 'primary narcissism' tends to connote some other kind of narcissism, the term 'primary' has been dropped in this paper, and 'narcissism' is used instead.

It is important to note that 'I matter' is not to be taken literally in the sense that the infant has a cognitive grasp of 'I' as opposed to 'not-I', or 'matter' as opposed to 'do not matter'. There is no cognitive component implied; 'I matter' is simply a way of trying to linguistically describe a label a feeling state. What is being termed 'narcissism' could also be termed self-esteem or love of self. The common usage of 'self-esteem' can be seen as referring to basically the same phenomenon which here is being termed narcissism. Later a description of why the term narcissism is preferable will be made, but that is easier to do after presenting a full description of narcissism and of self-esteem. There are slight differences between self-esteem and narcissism which determine the preferance for the term narcissism.

The feeling-state of narcissism, which has up to this point been summarized as 'I matter', can be seen as being made up of a number of more specific components. Or to put it differently, there is a complex feeling-state, comprised of several cognitively separable feelings. The component parts should be seen as concepts or linguistic devices used by adults for labeling and separating feelings which are not
experientially separable or discreet for the child. Because these various component parts are described in separate terms, there is a tendency to assume they are thought or felt by the infant as complex or separate feelings. They are not. The infant does not have the capacity to experience the various parts separately. That does not mean that the feeling state cannot be conceptually broken into component parts for examination. Put differently, as a concept narcissism can be seen as encompassing sub-concepts, such as omnipotence, omniscience, and total self-centeredness. One way to view the following descriptions is that they describe, from the subjective viewpoint, what those sub-concepts describe from an 'objective' viewpoint.

To proceed with a description of the various components of narcissism, the feeling of 'I matter' has been mentioned. Paired along with 'I matter' is the feeling 'Only I matter'. The infant starts life with his feelings, his self as he experiences it, as the only concern there is. This statement is based on developmental descriptions that the first stage of the infant's life is undifferentiated, there is no self and other. (Mahler, Jacobson) If there is no other, then there is no other that can matter. Thus, the initial feeling of the infant is 'I matter and only I matter. This can be seen as the essential connotative meanings which narcissism, as it has been used, has, as seen from a subjective point of view.

Let us assume 'I matter and only I matter' as the first emotional stance of the infant, the infantile narcissistic position. 'Mattering' is a dimension, or a continuum, with one extreme being 'Only I matter' and the other extreme being 'I do not matter at all'. This continuum or dimension is here termed the dimension of 'personal valuing'. On this
continuum 'Only I matter' and 'I do not matter at all' are the extremes of the continuum, with various positions of 'I matter' lying along the continuum in the middle or moderate ranges of the continuum. Given this description of personal valuing dimension of narcissism as a continuum, one way of describing a healthy, mature narcissistic position is to say the extremes are modified while the middle ranges are maintained. Or to put it in subjective terms, one could say that the 'only I matter' portion of the infantile narcissistic position is modified or given up, while the 'I matter' portion is maintained. The 'I matter' portion, when retained in adulthood, is what in this paper will be called 'self-esteem'. If the 'I matter' portion is not maintained, then low self-esteem occurs, i.e. feelings of 'I do not matter'. On the other hand if the 'only I matter' portion is retained in adulthood, then this is 'pathological' in the sense that it does not fit 'reality'. This 'only I matter' portion is what has commonly been called 'narcissism', and will here be called the 'grandiose self' in accordance with Kohut's suggestion. Thus, normal infantile narcissism can be described as including both the 'I matter' and the 'Only I matter' feelings or the full continuum, while healthy adult narcissism consists of modifying the extremes while maintaining the middle ranges. But differently, 'Only I matter' is modified while 'I matter' is maintained, in mature narcissistic positions. The dimension of personal valuing, which is conceptually analyzed to include the pair of feelings 'I matter' and 'Only I matter', reflects positive valuing of one's own 'being', one's 'self'. Simply that 'I am', matters. My 'being' matters. I have value as a human 'being'.

In similar fashion, the original infantile narcissistic feeling-state can be seen as including a pair of feelings which are related to
'doing', as opposed to 'being'. This is the dimension of omnipotence in narcissism. In this paper, this dimension of 'doing' or omnipotence, will be labelled 'effectiveness'. Omnipotence can be stated in effectiveness terms as 'always being effective'. Effectiveness, like valuing one's being, can be seen as a continuum which has extremes and moderate ranges. On one extreme is omnipotence, always being totally effective at everything one does; at the other extreme is helplessness, of which more will be said later. As with the valuing dimension, the mark of mature narcissism regarding the effectiveness dimension is the modification of the extreme stances while maintaining the middle ranges. In adulthood one needs to diminish the narcissistic omnipotent need to be effective at everything, and yet maintain the narcissistic need to be effective, thus avoiding helplessness. In the infantile narcissistic position the child believes he is omnipotent and can do everything. Support for this statement lies in the description of early cognitive developmental patterns (Mahler, Jacobson, Piaget) wherein the infant cannot make discriminations between thought and action. Hence, the young child assumes that if he can think about doing X, that he can behaviorally do X. Healthy growth can be seen as modifying or giving up the 'I can do everything' or 'I am omnipotent' part while maintaining the 'I can do things' or 'I can be effective' portion.

These two pairs of feelings, 1) 'I and only I matter', 2) 'I can be effective' and 'I can do everything', comprise the bulk of narcissism because they cover the two main aspects of people, their being and their doing. However, the small child doesn't discriminate between being and doing, or alternatively between the self and the actions of the self. Because of the valuing of the self, one's actions
are also valued. Thus these two major themes combine so that one could
describe hybrid statements like 'what I do matters', and 'what I-only
do matters', and 'everything I do matters'.

Connected with omnipotence and effectiveness is a particular
affect or stance which is important but is difficult to label. It can
be called the 'I run the world' (or 'I want to run the world') feeling.
What is frequently called 'magical thinking' in child is a disregard
for casual chains, what causes what to happen. Usually these are in the
form of the child believing he or someone he idealizes, can cause things
by wishing them or thinking them. This can be seen as evidence for the
claim being made here that the young child assumes total, omnipotent
'causality' over 'everything and all actions', over every being and
every doing. The child assumes he 'owns' or 'runs' the universe, every­
thing. The most descriptive single term for this dimension is 'ownership'.
The child feels like he 'owns' the world. His identity is 'King (or
Queen) of the Universe', literally. This is the ultimate narcissistic
grandiose stance, total effective ownership and control of the world.

Ownership implies ownership of something by the individual. The
relevant 'something' which is owned is 'effectivenesses', actions and
their consequences. A clinical example provided by Kohut is of a boy
who imagined he ran the city buses with thought control. Here the child
assumed 'ownership' of a particular 'effectiveness', in this case the
'effectiveness' being the running of the busses. In 'reality' terms,
the boy does not have 'ownership' of that particular 'effectivenesses'.

Narcissism, as viewed in this paper, includes this universal childhood
view of the world that one has ownership of everything or runs everything.
This ownership is the third basic component or dimension or narcissism,
valuing one's being and effectiveness being the other two. As with the other two, adult healthy narcissism requires the individual to modify the extreme stance on the ownership dimension. The 'King of the Universe' feeling must be modified. Yet at the same time the feeling of ownership or control over the world must be maintained at a sufficient level, such that the individual does not go to the other extreme and see himself as the totally helpless, passive recipient of external forces which are totally outside of his control. This extreme is also pathological because it denies the 'reality' that the individual does have ownership and control over certain aspects of his life, just as omnipotence denies the 'reality' that he does not own or run everything.

In the middle ranges of ownership is what will be termed in this paper 'identity'. Siegel (1970) points to the relationship between ownership of activities and identity. Identity was defined earlier in this paper as being 'the largest integrated perception of the self which an individual holds of himself'. Owning one's activities and their consequences, 'I made the ball roll' influences one's perception of the self on the effectiveness dimension, i.e. I can be effective'. Owning one's activities and their consequences also influences one's perception of the self as a separate person, 'I made the ball roll', not mother. Mother and I are two separate entities. The young child's insistence on 'I would rather do it myself', can be seen as evidence of the child wanting to be effective and to own that effectiveness, thus being a separate and adequate person. When the child is mastering some task, e.g. tying shoe laces, he is 'owning' that activity. Owning the activity changes the individual's perception of himself in the ways just described. This change in his perception of himself thus changes his
'identity'. Once activities are owned, they become part of one's identity, one's perception of the self. Observations of later loss of ownership or control of activities demonstrate the truth of this claim. In circumstances where loss of ownership or control of activities which were previously 'owned' occurs, for example in brain damage, retirement, loss of job, people's responses indicate that the entire identity of the individual is threatened. 'I'm not the man I used to be', is an identity statement. Such loss of owned activities threatens the individual's identity as well as the narcissistic feelings that one has value and is effective as an individual. Thus, ownership in the middle ranges is seen as helping enhance and maintain identity, via feelings of ownership of the self's activities and hence one's effectiveness.

Summary of the Definition of Narcissism

Narcissism is described as a complex feeling-state which includes components which can be described as 'I matter', 'Only I matter', 'I can do things (be effective)', 'I can do everything (be omnipotent)', 'What I do matters', 'Everything I do matters', 'What I-only do matters', and 'I run the world'. Those are the subjective descriptions of what can conceptually described as three dimensions which comprise narcissism, 1) valuing the self (being), 2) being effective (doing), and 3) ownership of one's effectiveness. Each one of these dimensions can be viewed as a continuum with extremes and middle ranges. Each has grandiose extremes; arrogance, omnipotence, and ego-centric domination. Each one of these dimensions also has non-grandiose (but still narcissistic) middle ranges: self-esteem, effectiveness, and identity. And each dimension has a 'narcissistic deficiency' extreme: low self-esteem, helplessness, diminished identity. This view suggests that narcissism
can be seen as being comprised of grandiose extremes, non-grandiose forms, and depletion extremes.

Pathological and Healthy Narcissism

Narcissism was described as a continuum, going from total focus and value being placed on the self (the grandiose end), to no focus or value being placed on the self, a narcissistic deficiency. It is assumed to be, normal and 'healthy' for all infants to have the full range of this continuum. Thus the grandiose portion of narcissism is 'normal' and 'healthy' for children. It becomes pathological only if it is retained in adulthood in unmodified, or insufficiently modified, form. With this description of narcissism as a continuum, pathological narcissism can also mean the lack of maintenance of the middle ranges of narcissism, relating to valuing the self (self esteem), identity, and effectiveness. Assuming that 'reality' is that the individual is valuable but is neither the center of the universe nor valueless, then both extreme perceptions, 'I am not valuable' and 'I am the only one of value' are pathological, i.e. they do not match reality for the adult. Seen this way healthy adult narcissism can be seen as requiring modification of the extremes while retaining and supporting the non-grandiose 'healthy' middle ranges, self-esteem, effectiveness, and identity. See Figure I. Page 219. The three dimensions of narcissism shown in Figure I are, top level, valuing of the self, personal valuing or one's 'being'; bottom level, effectiveness, or one's 'doing'; center level, ownership, which connects one's doing to one's being. The extremes of narcissism, as shown in Figure I, are pathological in the adult. The pathology may consist in either fixation, never modifying the extremes at all, or in regression, where the extremes
FIGURE III

Range of healthy infant narcissism

<table>
<thead>
<tr>
<th>Grandiose</th>
<th>Narcissism</th>
<th>Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>ego-centric</td>
<td>self-esteem</td>
<td>low self-esteem</td>
</tr>
<tr>
<td>over-controlling</td>
<td>identity</td>
<td>weak identity</td>
</tr>
<tr>
<td>omnipotence</td>
<td>effectiveness</td>
<td>helplessness</td>
</tr>
</tbody>
</table>

Pathological for adults

Range of health for adults
are returned to when the individual is under stress. If 'I matter' is threatened, and adult defense mechanisms do not work to defend the self adequately, then the patient may revert or regress to the stage where 'I matter' and 'only I matter' are once again fused together. Or, alternatively, taking an 'only I matter' stance can be a last ditch effort to get some validation for 'I matter.' It is here a regressive defense. As a defense it can be evaluated as other defenses are, e.g. 'How well does it work?', 'Are there other, better, defenses?', 'Is it over used?' It can be useful and helpful as a defense. We all retreat to grandiose fantasies or daydreams to defend against ineffectiveness, to a certain extent, and it is useful to do so. Useful so long as one also acts and does not use it as a sole defense. If one for example, moderately uses grandiose narcissism to support oneself while doing narcissistically threatening but valuable creative work, it might be seen as useful. But if one claims everything one produces is a masterpiece, it is pathological. Viewed in this light, each use of grandiose narcissism must be evaluated individually. When it is used as a defense against feelings of helplessness, it takes on a particular tenacity due to the stakes involved, i.e. the subjectively experienced danger. Under those circumstances it is not open to modification until the underlying threat to the self is sufficiently diminished so that the defensive grandiosity can be 'safely' given up.

Thus, pathological narcissism, a concept increasingly pertinent as the child grows toward adulthood, is broken down into several different specific pathologies: 1) modified childhood grandiose narcissism (an unrealistically high perception of the self); 2) insufficiently maintained narcissism (an unrealistically low perception of the self); and 3)
various defensive uses of the grandiose narcissism which are pathological when they are abused in the same way any defense is abused, e.g. overuse, used when other defenses are better.

Self-Esteem

The description of narcissism given in this paper suggests ways in which narcissism and self-esteem are related. It is posited here that self-esteem, described in the language of this paper, is equivalent to 'I matter'. If this is accepted, then self-esteem is a subset of narcissism, since narcissism includes the extremes of the valuing dimension (only I matter) in addition to the more moderate ranges ('I matter') which are commonly termed self-esteem. Narcissism is the larger or superordinate construct with self-esteem being a particular subset within it.

There is a second way to discriminate self-esteem from narcissism. Self-esteem, like pathological narcissism, is a term not applicable to infants. Linguistically self-esteem implies 1) that there is a separate, distinguishable self; 2) an awareness of others and of criteria in comparison to which the self is compared; 3) the capacity to compare and judge between the self and other relevant criteria or comparators. All of these reflect (or require) cognition, thinking, 'ego-functions'. These cognitive functions are not present for the infant, at least as we know them, becoming relevant only as the child grows older and reaches maximum potential in adulthood. Thus, when self-esteem is analyzed in this way, it can be seen as a construct relevant to adults. This fits the common usage also in which ordinarily we do not refer to a neo-nate as having high or low self-esteem.

Ordinarily we reserve the term self-esteem for adults, whereas narcissism
can apply to children or adults. The primary basis for this distinction is that narcissism, the love of the self, is described primarily as an affect or a feeling, while self-esteem, though it includes feeling, also includes or implies cognition, in addition to affect. Or alternatively, narcissism does not imply cognitive evaluation of the self and self-esteem does. Thus self-esteem is a concept which becomes increasingly relevant as the child grows toward maturity. It might be noted that common usage of the term self-esteem seems to correspond with this analysis, in that self-esteem is not often applied to young infants.

Summary of Narcissism

'Narcissism' is defined as a normal, universal, feeling-state occurring in all infants. It can conceptually be broken down into component parts, 'personal value', 'effectiveness', and 'ownership'. Each of these dimensions is to be seen as a continuum, with narcissistic grandiose extremes, moderate middle ranges, and narcissistic deficiency extremes. The entire range of the continuum is viewed as healthy in the infant, but becomes pathological, i.e. 'unrealistic', when retained unmodified in adulthood. The middle ranges are views as necessary to healthy adult functioning. When the middle ranges are described in the adult, they are termed 'self-esteem', the middle range of the personal value dimension; 'identity', the middle range of ownership; and 'effectiveness', the middle range of effectiveness or the omnipotence dimension. Narcissism is the superordinate construct which includes each of these as subcategories. In this view of narcissism, narcissism is not only not automatically pathological, it is necessary for healthy adult functioning, supporting healthy self-esteem and a cohesive integrated identity. Narcissism is also seen as a universal aspect of human beings,
thus each adult has a particular 'narcissistic adjustment', i.e. some position on the continuum of narcissism.

VARIABLES EFFECTING THE NARCISSISTIC LINE OF DEVELOPMENT

A line of development going from the infantile narcissistic view of the self to the adult, mature narcissistic view(s) of the self, is hypothesized in this paper, just as Kohut suggests. Much of Kohut's work can be viewed as descriptions of some variables which he views as effecting the formation of adult narcissism. These variables are summarized as follows. First, 'primary narcissism' is assumed as a universal phenomenon, the vicissitudes of its modification comprise the narcissistic line of development. Kohut makes a second assumption, that the infant is forced to give up 'primary narcissism', and projects part of it onto the still-symbiotic parent figure, (creating the idealized parent), and retains part of it (creating the grandiose self). Each channel of this bifurcation then undergoes processes and events which alter it, thus influencing the adult narcissism. After making these two assumptions regarding narcissism, Kohut hypothesizes several other variables and processed as influencing growth and development along the narcissistic dimension. These include the following. First, the 'reality inadequacies' of both the idealized parent and the 'real' self, force modification of the grandiose perceptions of the 'perfect other' and the 'perfect self', respectively. Second, both the 'grandiose self' and the 'idealized other' require certain behaviors from the parenting adults; 'mirroring' the child's grandiose perception, and accepting the child's idealization, respectively. The parental capacities and incapacities to do these behaviors are hypothesized as being relevant to the development of infantile narcissism into mature
narcissism. These are some of the variables which Kohut posits as influencing the formation of mature narcissism, both normal and pathological.

This paper adds several variables and processes which Kohut does not focus on. The universal human experience of 'reality' infantile helplessness is suggested as an additional variable at the assumption level, along with narcissism, which is also assumed to be a universal 'given' which effects adult narcissism. Three process variables are also suggested as influencing the adult perception of self: external validation, mutual modification of the two basic infantile self-perceptions, and comparison. Each of these concepts will be elaborated on, in order.

Helplessness

This paper adds a variable which Kohut does not focus on, namely the fact that every human infant experiences a prolonged period of helplessness, 'reality', external, helplessness. An unattended infant would die. A child up to several years of age, left unattended, would die or be woefully inadequate at meeting its own needs. This is a universal and inescapable 'reality' for every one. The assumption which this paper makes which Kohut does not clearly make is that this universal experience and perception of the self as helpless is a significant influence on the course of narcissistic development. Kohut does suggest that the 'real' self's inadequacies cause situations to occur which alter the individual's grandiose perception of himself, but he does not put as great an emphasis on that factor as this paper. Here

While the following use of the concept 'helplessness' is original, the concept itself was suggested by Bibring (1953).
it is presented as being a variable which has as great an influence on
the development of the adult's narcissistic adjustment as does the
grandiose narcissistic perception of the self.

The perception of the self as helpless, instead of being an
'instinctual', intrapsychic 'given', is an external event, but one which
is universally experienced and hence is generalizable across all individ-
uals. The experience of helplessness is present from the moment of
birth. This experience of helplessness shapes part of the adult's
perception of the self, just as narcissism does. The postnatal infant
begins life with two, contradictory perceptions of himself, that he is
omnipotent and perfect, and that he is helpless and dangerously inade-
quate. It should perhaps again be noted that when it is said that the
infant perceives himself to be grandiose and helpless, it does not mean
that he cognitively understands 'helpless' or 'perfect', but rather
these are feeling states. In the simplest of terms, it is being
suggested that there are two, not one, basic perceptions of the self:
1) narcissism, a view of the self as omnipotent and perfect; and 2)'the
helpless self', a view of the self as helpless or dangerously inadequate.
Both of these are posited as variables which influence the formation
and maintenance of adult narcissistic adjustments.

The child begins with both perceptions of himself, helpless
and omnipotent. Various factors and processes confirm and disconfirm,
validate or disvalidate, these two basic perceptions of the self. Some
of these processes can be seen as providing a description of some ways
in which helplessness influences adult narcissism. Put more broadly,
these are some variables which are being suggested as having an effect
on the adult's perception of himself along narcissistic dimensions.
Kohut suggests some variables, such as parental response patterns, and reality inadequacies forcing modification of the grandiose perception. The following are three more processes which are suggested as influencing the two basic perceptions of the self, thus helping to determine adult narcissistic adjustment. These are 1) external validation; 2) mutual modification of the two perceptions; and 3) the process of comparison. Each of these will be examined, in order.

**External Validation**

It is proposed here that the child begins with two basic perceptions of himself, which get altered and modified as the child grows. A major factor which is here hypothesized to influence the course of such modification, is termed 'external validation'. Events external to the child validate or confirm, one or the other of the two basic perceptions. Kohut's parental 'mirroring' can be seen as an example of external validation, in this case the parental response 'validates' the child's view of himself as valuable, and simultaneously 'disvalidates' the view of himself as valueless or inadequate. Likewise, events where the infant and idealized parents are helpless and inadequate, can be seen as confirming or validating the child's perception that he is helpless, and simultaneously 'disvalidates' the perception that he is omnipotent. Assuming the child believes himself to be both helpless and omnipotent, and that the parental responses and other forms of external validation are such that they consistently reinforce or validate one or the other of these perceptions, then the child is likely to take as 'reality', the perception of himself which has consistently been validated, and to see as 'not true' the perception of himself which has been consistently 'disvalidated'. It is in this fashion that external
validation of the two basic perceptions of the self can be seen as influencing the individual's perceptions of himself. In the view of
the self as 'valuable' is consistently validated by the parental responses
and other forms of external validation, then the adult is likely to have
a perception of himself as 'valuable'. External validation is used as
a term rather than 'parental response patterns' because external valida-
tion is a larger category than parental response patterns. Parental
response patterns are just one of many possible kinds of external events
which can validate one of the basic perceptions. For example, the
experience of being helpless can validate the perception of the self as helpless, yet the experience of being helpless may not involve any
parental responses at all. Such experiences can effect the course of
modification of the two basic perceptions, the helpless self and the
grandiose self. While Kohut puts some emphasis on how external
variables influence the course of narcissistic growth and change, the
description just given extends that emphasis, positing behavioral and
external event patterns as playing a significant role in determining
adult narcissistic adjustment.

Mutual Modification of the Two Perceptions

One process whereby the two perceptions of the self, the
grandiose self and the helpless self, are influenced is via mutual
modification, i.e. the grandiose view helps to modify the helpless view,
and the helpless view helps to modify the grandiose view. Kohut's
theory is addressed to the description of how (in the language of this
paper) the perception of the self as helpless and inadequate, modifies the
perception of the self as grandiose and perfect. That is one side of the
two-way modification process. Since he has focused on that side of, what
is here proposed as, a two-way modification process, the other side will be focused on here. A case will be made for two ways in which the perception of the self as perfect and grandiose, helps modify the view of the self as helpless and inadequate.

One way the two perceptions mutually modify each other is due to the phenomenon that, under most circumstances, an individual, especially a child, believes the single perception which is held at a given time to be 'reality'. Thus, if the individual at a given moment perceives himself as helpless, that perception tends to block out the perception of the self as omnipotent, and vice versa. Kohut essentially says the first half of that statement, when he says that recognition of inadequacies which reality forces on the child, make him 'give up' or modify the grandiose perception of the self. So too, holding the perception of the self as grandiose, helps block out, modify, or 'give up', the perception of the self as helpless. This can be seen as the basis for much of the defensive use of the grandiose self. It helps block out, deny, or modify, the perception of the self as helpless, inadequate, and in danger. Holding one perception, in this case the grandiose self, prevents, to a large degree, holding the antithetical perception, in this case the helpless self. This process is an entirely intrapsychic one, dealing in perceptions divorced from external 'reality'.

There is a way that narcissism modifies the perception of helplessness at an external 'reality' level as well. The motivation to be effective was earlier described as an outgrowth of narcissism, specifically, as a tamed version of the omnipotence of the grandiose self. Based on that description, the claim is made here that the grandiose self, via effectiveness, helps to counteract the helpless self. Effective
behaviors change or eliminate the external variables which act upon the individual. These external variables are the variables described in 'external validation', which can validate or disvalidate the perception of the self as helpless. Hunger makes the child feel helpless. The child feeds himself - an effective behavior - which changes the state of hunger and therefore reduces the experience of helplessness. In other words, the individual's behavior alters the 'real' world (and thereby the nature of the individual's relationship to it - e.g. either helpless or effective), this altered 'reality' permits and encourages an altered perception of the self. The self 'in reality' is less helpless and therefore can come to see itself as less helpless. Thus being behaviorally effective in the 'real' world alters and shapes the individual's perception of helplessness in two ways: 1) the internal image of effectiveness counteracts the internal image of helplessness and 2) the external effectiveness behaviors change the internal image of helpless by diminishing the external 'reality' helplessness, which in turn helps change the internal image of helplessness, (i.e. the self is in reality less helpless - due to effectiveness - and therefore can see itself to be less helpless.) Thus effectiveness is a more productive defense against helplessness since it alters the external 'reality' in addition to altering the individual's perception of himself. These are the ways in which the perception of the grandiose self modifies the perception of helpless. It can do so directly at the perceptual level, or indirectly by motivating effective behaviors which in turn modify the perception of helpless.
Summary

The preceding is a description of how the grandiose self perception helps modify the perception of the self as helpless. This description is the compliment to Kohut's description of how the perception of the self as helpless (the reality inadequacies) helps modify the perception of the self as grandiose. Adding the other side of the two-way modification process extends Kohut's concept. Kohut notes that gifted individuals are sometimes impelled by their grandiose self perception to accomplish realistically impressive feats. He claims this is an exception to the general rule that grandiose demands '...may severely incapacitate an ego of average endowment' (p. 108) The suggestion being made by this paper is the narcissistic grandiosity impel all individuals to be effective, not just the gifted ones. Gifted individuals may produce outstanding accomplishments, while those of average endowment achieve only average accomplishments. In the later cases, the role of narcissism is not so obvious, since the average accomplishment does not raise the awe-struct question of what factors contributed to the produce the accomplishment. The description that narcissism motivates all individuals to be effective, not only gifted ones, is also an extension of Kohut's concept. It is this effectiveness, motivated by narcissism, which influences the perception of the self as helpless.

In this section some examples of how the two perceptions modify each other. There may well be other ways, other mechanisms, by which the two perceptions modify each other which have not been presented here. The scope of this paper prohibits any attempt at an exhaustive description. However, the preceding description, combined with Kohut's
description of how inadequacies help modify grandiosity, do indicate that at least some mutual modification does occur.

The Process of Comparison

W. R. Krueger (unpublished paper) states that "All evaluation is in the nature of comparison". This is obvious when the English language uses comparative words like 'better', 'more'. It is less obvious when the language does not use comparison terms, but it remains true, nonetheless. Any statement 'it is good' implies 'compared to something' (another thing or a criterion). 'It is bad' implies 'compared to something (another thing or a criterion). The comparison may be with 1) other single members of its class (this beer with another beer, this person with that one); 2) a number of other members of the class (this beer with all other beer); 3) externally agreed upon criteria (a beer should be 6% alcohol and this one meets that criterion, a person to be nice must be kind to dogs and small children, and this one meets that criterion). Thus, the comparator may be different in various circumstances but there always is a comparator when an evaluation is made. Of course, frequently in human behavior, the comparator is covert, not immediately obvious, such as the ego-ideal or the grandiose self. However, being aware that 'All evaluation is in the nature of comparison', helps trigger the question 'In comparison with what?' when one hears an evaluative statement like 'Oh, I'm no good'. The process of evaluating the self via comparisons is here suggested as being a process which influences the growth and development of infantile narcissism up to mature narcissism. The comparisons the child consistently makes, and is encouraged or forced to make, will influence his adult narcissistic adjustment, his perception of himself along the
narcissistic dimensions of his value as a human being, his effectiveness, and his sense of comfortable and secure identity. If for example, the criteria for effective functioning are set exceedingly high by a perfectionistic parent, and the child habitually fails to meet the criteria, he is likely to come to perceive himself as inadequate and ineffective. The comparison between the criteria and his capacities, influences, in this case negatively, the individual's evaluation of himself. This is just one example of the claim that individual's evaluate themselves, by comparing an aspect of themselves with some other comparator. Sometimes the comparison is conscious, sometimes it is not. Even when the comparison is not consciously made, the emotional results of the comparison are still experienced. For example, the individual may feel himself to be inadequate after he has met with a given individual without being able to determine what specific comparisons left him feeling inadequate.

This process of comparison is an important variable in the narcissistic line of development. It is not a process relevant to the infant, since the infant does not have the capacity to discriminate between 'things', let alone compare them once they have been discriminated. Comparison becomes relevant only after a child is mature enough conceptually to be able to discriminate, compare, and evaluate. As the child grows, the pattern of comparisons which the child routinely makes, is hypothesized as influencing the individual's adult (perception(s) of himself on the narcissistic dimensions.

In addition to the developmental impact, comparison plays a role in maintaining the adult's narcissistic perception of the self. For example, self-esteem was described earlier as involving comparison
with an other or with criteria. Esteem, meaning 'to set a high value on', implies a continuum - low to high. The self is being compared to something else on the continuum. Usually that 'something else' is either other people or the various multiple criteria which the individual accepts for himself. For example, a person may go through the following sequence: 1) be aware that one is 'less than' another person. 'I am not as tall as he is.' 2) Make a value statement or criterion for 'good', such as 'Tall people are better'; this leads to 3) the feeling of inadequacy or low self-esteem. Here self-esteem is influenced by comparison. The same pattern would hold true if it were the 'real' self being compared to the ego-ideal or to the grandiose self. The comparisons an adult makes, influence his self esteem. It might be added here that there are an infinite number of comparisons possible between an individual and the rest of the world. Only certain ones matter to a given individual. One's history and value system determine which comparisons 'matter' and thus which comparisons will be made. To continue the example used above, to one individual how tall one is may matter, while to another individual it is a comparison which does not matter in the evaluation of one's self. Finding out which comparisons matter to a given individual becomes one of the therapeutic tasks.

Regardless of the specific comparisons which matter to a given individual, however, the general principle being described is as follows. The process of comparison is hypothesized as being one of the processes or variables which influence the growth, development, and maintenance of the adult narcissistic adjustment of all individuals.
Summary of the Section

In this section of chapter three, entitled Variables Which Influence the Narcissistic Line of Development, an additional variable at the premise level was added. It is that the 'reality' helplessness of the human infant and the resultant perception of self as helpless, influences the development and maintenance of an individual's adult perception(s) of himself. The adult's perceptions of himself along the three adult narcissistic dimensions, personal value (self-esteem), effectiveness, and identity, constitute his narcissistic adjustment, or position on the narcissism continuum.

Three process variables were also added. These are hypothesized as influencing the line of narcissistic development and the maintenance of adult narcissistic adjustment. They are 1) external validation; 2) mutual modification of the two basic perceptions of the self, the grandiose self and the helpless self; and 3) the process of evaluating the self via comparison.

The relationship of these concepts or variables to Kohut's concepts can be seen as follows. At minimum, these are different ways to describe the variables Kohut uses. More accurately, each of these concepts broadens or extends the scope of the concepts as he uses them. For example, 'external validation' is a more inclusive category than 'parent response patterns', which constitute one kind out of many possible kinds of external validation. There is nothing inherently contradictory between these concepts and the ones Kohut uses. In fact, it is possible to see many of Kohut's descriptions as examples of some of the concepts suggested here. However, Kohut does not describe his variables in the conceptual terms presented in this section and are not exactly the same
as these. The variables and processes presented here do put added emphasis on variables other than intrapsychic ones. 'Comparison' and mutual modification' can occur at both intrapsychic, and external, behavioral levels. 'Reality helplessness' and 'external validation' are not intrapsychic at all. Thus the main difference or impact of focusing on these variables, is to add emphasis to the behavioral influences. This shifts the balance of attention paid to intrapsychic versus external-to-the-individual variables. It can thus be seen as significantly modifying Kohut, but not in ways which are necessarily contradictory.

One can hold Kohut's premises as well as these, with no contradiction. One can accept the variables and processes which he hypothesizes as influencing narcissism, as well as the ones presented here. Holding Kohut's view does not necessitate accepting these additions. Holding these additions necessitates holding all of Kohuts, with the exception that one need not make the assumption that primary narcissism is projected onto the parent. This assumption is made to account for the intense and exaggerated idealization of the parent. These phenomena can be accounted for by the combination of the concepts 'helplessness' and 'comparison'. First, the parent, in comparison with the infant, is an ideal, omnipotent figure. Second, being attached to that powerful other, protects the self from perceptions of helplessness and frequently from 'reality' helplessness as well. The perception that the 'ideal other' is protecting the self, helps ward off the perception of the self as helpless. The child can think that he is alright so long as the idealized other looks after him. The idealization, derived from comparison, is clung to. Thus, idealization can be seen as due to 1) comparison with the realistically more powerful and competent adult, and 2) the need to
defend against helplessness by attaching oneself to the protective ideal other. A more elaborate case will be made for this description in Chapter IV, which deals with some implications of the variables described here. Let it suffice to say that one can account for the clinical patterns connected with idealization, without having to assume, as Kohut does, that primary narcissism is projected onto the parents. In summary, it can be said that all Kohut’s premises and assumptions and all those presented by this writer so far, are compatible with each other, though the emphasis is at times different.

THE ROLE OF AGGRESSION

The role which aggression plays in relationship to narcissism is one of the major differences between Kohut and Kernberg. Kernberg was representing the traditional view which claims 1) that aggression is a drive basic to all human beings, and 2) that attending to narcissistic idealization alone, ignores the ubiquitous presence (guaranteed by 1) of aggression. Kohut (1972) indicates that he does not automatically assume aggression as a basic drive. He does not indicate as clearly, however, what role he sees aggression as playing, except to say that 'narcissistic rage' is aggression in response to narcissistic injury or threat. In this paper, the stance on the role of aggression in relationship to narcissism is given in the description which follows. This stance constitutes a premise change which is contradictory with the psychoanalytic assumption about aggression, and is in conflict with Kernberg’s views. It is difficult to tell whether it is in conflict with Kohut’s view on aggression or not, since Kohut deviates from the traditional psychoanalytic stance, but does not clearly indicate the role aggression does play in his theory.
In essence the assumption being made here is that effectiveness is a basic human motivation or drive, with aggression and sexuality as two modes or ways of being effective. This assumption is the place of the psychoanalytic assumption that there are two basic drives, libido and aggression. The change in assumption results in further changes in the role of aggression. It is being hypothesized that aggression also performs specific narcissistic defensive functions, bolstering self-esteem and defending the self from narcissistic threats. Elaboration on this description of the role of aggression follows.

De Charms (1968) introduces the concept of effectiveness as the largest single category into which all human motivations can be lumped. De Charms (1968) says of 'personal causation' (his phrase for effectiveness).

It is an overarching or guiding principle upon which specific motives are built. The environment sets up different problems (obtaining food, achieving success, gaining friendship, etc) that may help to define specific motives for individual behavioral patterns. ...In each case the general principle or striving for personal causation applies but the specific goals are different...(p. 270)

Psychoanalytic theory essentially assumes two: libido and aggression. In psychoanalytic theory they are termed drives or instincts, which are other terms for motivation. The term motivation is preferred here, because it has few connotative loadings, e.g. drive brings connotations of the drive reduction model. Positing effectiveness as the primary or superordinate construct, then libido and aggression become sub-categories under effectiveness. They become two different specific ways or modes of achieving specific effectiveness goals.

There are several gains in positing effectiveness as the superordinate construct with regard to motivation. One relates to psychoanalytic theory. Two different arguments can be launched at the libido-
aggression theory. One attack says, if sexual drive and aggressive drive are used in the narrow meanings of those terms, then they do not account for much of human behavior. If, however, one broadens the definition of aggression to include wide patterns of activity, and libido to include all sorts of behavior and feelings beyond the specifically sexual, then the connotations of the two words are severely misleading and tend to be more metaphorical than literal. Effectiveness can avoid these problems. Given the way the meaning of the psychoanalytic term aggression has been stretched to include almost any activity which calls for action from the do-er, effectiveness can (within the psychoanalytic framework) be seen as a replacement for the term aggression. If one replaced aggression with effectiveness for that very broad meaning of aggression, then aggression can be used in its more narrow sense, connoting hostility, anger. Later an argument will be presented suggesting that aggression is not a basic or inherent motivation all, but rather in a particular defense mechanism. Here effectiveness is suggested as the superordinate construct, or alternatively stated, is the basic motivation for man's behavior. It has the above described advantage over the psychoanalytic hypotheses of libido and aggression as the two motivational principles. This stance is a major departure from the metapsychological stance of the psychoanalytic tradition regarding basic motivations for behavior.

Another, and a primary advantage, to positing effectiveness as a primary motivation is that effectiveness includes as part of its connotative loadings, the notion of behavior. The advantage of having a motivational concept expressed in behavioral terms is that it acts as a bridge between, or as a more comprehensive theory than either, the
psychoanalytic and the behavioral theories. Effectiveness, a motivational principle arising from within the individual but coached in behavioral terms, helps combine the advantages of these two major kinds of theoretical stances and eliminates a major deficit of each. It connects 'behavior' with 'inner needs'. Intrapsychic as well as behavioral features are implied by one and the same term, effectiveness. This links the internal concept of narcissism, (via the concept omnipotence) to behaviors in the external world, (which are called effectiveness). To put it differently omnipotence is an internal-to-the-individual term; 'always being effective' (which means the same as omnipotence) is an external-to-the person term; and they mean the same thing. Omnipotence can be stated as 'always being effective' and 'to always be effective' is to be omnipotent. Thus this way of describing effectiveness also bridges the inter-external gap, connecting motivations with behavior.

The preceding describes the difference in premise of effectiveness, as the one basic motivational principle, from the psychoanalytic two, libido and aggression. This premise change, changes the role anger or aggression plays. Directly derived from the premise change, is the notion that anger or aggression is one mode of being effective. Expressions of anger, like sexuality, are directly and intrinsically rewarding on the effectiveness dimension. Expressions of anger 'get people's attention', which is an effectiveness reward in and of itself. This attention from others also conveys the message to the angry one, 'you matter'. Having been able to get the message 'you matter', makes one feel effective. Also the more behavioral forms of anger, like throwing things, hitting, and killing, all have visible, tangible effects, thus providing the do-er of the action with the evidence of
his effectiveness. Thus anger is a mode of being effective.

In addition to being one mode among many of being effective, anger takes on several roles which are specifically related to narcissism. These roles are 1) anger can be used to support or defend self-esteem; and 2) anger can be used as a defense against narcissistic threats to the self. These roles will now be described, in order.

Rochlin (1973) posits the theory that, "Whenever self-esteem is injured or threatened...aggression comes to its support..." (p.120). While Rochlin's conclusion is concurred with in this paper, nowhere in Rochlin's book is there an explanation of how anger or aggression comes to the support of self-esteem. Such an explanation is offered here. Let us look at what a 'threat to self-esteem' consists of. The claim, made earlier, is that self-esteem is at least in part, determined by comparison. Based on this, an 'attack or a threat of attack' consists of an event which forces the self into a comparison in which the self is found to be 'less than' some other comparator. There are three primary comparators: 1) the grandiose image of the self; 2) an 'other' person(s); and 3) an abstract criterion or criteria. A principle or value or criterion. In an attack, the self is demonstrated to have fallen short of one of these three comparators. In other words, one is comparatively 'less than' one of those other factors. Now enters anger. Angry responses contain (usually overtly, through sometimes covertly) an attempt to denigrate, to "put down", to minimize the position of the other. It is clearest in the case of another person. The boss calls the person on the carpet for poor performance. One classic set of responses is "Who does he think he is?" "He's no good as a boss". "He doesn't know what he's talking about". In the case of a principle
or criterion, an example of the devaluing role of anger is as follows. The boss complains about lateness. A typical angry response is "Lateness isn't important. Getting the job done is important and I get the job done." When the comparator is a criterion, the angry response contains the attempt to denigrate that criterion, thus weakening it as comparator. If the attempt at devaluation is successful, then in comparison, the value of the self rises and comfort is restored. A metaphor to describe this process is a set of scales. The individual is on one side of the scales, and the person or criterion which is the comparator is on the other side. In a self-esteem wounding comparison the individual's side is down, is less. One way to make the self higher or more in the comparison, is to 'put down' the other side. The metaphor works the same with reverse language. If something is taken away from the individual, e.g. prestige, esteem, the individual can restore the scales in his favor by taken even more of that commodity away from the comparator. Thus, the description is made here that virtually all angry statements contain a component of attacking the other, of devaluing the comparator, which serves to lessen the comparator's value, which in turn serves to increase the individual's own value by comparison. This is how anger acts to support self-esteem.

Anger can also be seen as a defense of the self against narcissistic injury or threat. The claim is made here that anger arises as a defense when there is a perceived threat to the self, a narcissistic threat. This way of looking at anger, as a defense of the self, when combined with the concept of 'multiple perceptions of the self', comes to mean that an individual will react with defensive anger to any and all things which threaten his particular view of who he is. His perception
of the self may or may not correspond to third-person verifiable 'reality'. It does not matter whether the individual's perception matches reality or not. All that matters is that the individual perceives a threat to the self, as he defines or perceives that self. A 'threat to the self' is any event or situation in which the self, as the individual perceives it, is made to feel helpless, inadequate, or in danger. Anger, in response to such threats, functions as a defense, a defense in the service of the preservation and protection of the self. Thus, if a man defines being an American, or a samurai, or a 'little Indian', as a necessary part of who he is, and one of these is threatened, he may go to war to defend the self. From a third-person verifiable stance, that may be silly, but to the individual it is seen as crucial to 'who he thinks he is'. If the grandiose narcissism is included as part of the self perception, and the individual loses a chess game, he will experience that, realist or not, as a threat to his safety, as a threat to who he is, and will respond with behaviors appropriate to the situation (as he sees it). Such appropriate behaviors include aggressive behaviors, which are in keeping with the individual's need to preserve and defend the self. Looked at in this way, it would mean that man, like other animals, uses aggression as a means of self-preservation, and differs from animals only in defining his 'self' more broadly.

Anger or aggression is thus seen as 1) a way to support self-esteem by denigrating or devaluing others in comparison to the self; and 2) as a defense of the self. Thus anger or aggression can be seen, not as a 'basic drive' as in the psychoanalytic system, but rather as a defense mechanism used to defend the self and to support self-esteem. In other words, anger is used to defend one's narcissism. It functions
to increase the subjective experience of being powerful, it enhances the
individual in comparison to some threatening comparator, and expressions
of it result in tangible effectiveness, all of which serve to defend
against feelings of helplessness, inadequacy, ineffectiveness, and low
self-esteem.

A qualifying note must be included. The general claim being made
here is that anger is only mobilized in defense against some perceived
threat to the self. There are circumstances where the connection be-
tween the two appears tenuous. This occurs when anger has come to be
habitual or chronic or characterological stance. If an individual
repeatedly faces threats to the self and if he also cannot resolve those
repeated threats in any successful other fashion, then a persistent
pervasive perception of the self as constantly 'under attack' can occur.
When it does, anger can become a chronic characterological stance, which
is constantly mobilized, anticipates threats, sometimes perceiving
threats when there are not any (from the third-person verifiable view).
Second, anger can come to be used as a habitual means of obtaining the
feeling of effectiveness. This pattern most frequently occurs when
other more adaptive forms of effectiveness have repeatedly failed in the
past. When anger is used chronically as a means of effectiveness, the
hostility is frequently devoid of the feeling or affect of anger on the
part of the do-er and sometimes includes pleasure or excitement as the
effect, because of the effectiveness involved. The difference in affect
tends to differentiate these two uses of anger, aggression as a chronic
characterological stance, and aggression as a habitual means of effect-
iveness, from 'fresh', 'live' anger when it is used in defense of the
self or to support self-esteem.
Before leaving the topic of anger or aggression as a defense of narcissism, a drawback specific to the use of anger as a defense is noted. When anger successfully devalues the source of the narcissistic threat, that person or abstract criterion, is diminished in its capacity to validate the individual. It is diminished to the same extent that the anger successfully devalued the criterion. In order for another person (and their statements and behaviors) to constitute a threat to the self, that other person must have been valued in some fashion and most likely along the dimension of the threat. For example, if a respected clinical supervisor says I'm no good as a therapist, I would be threatened because I value his opinion. While if a non-respected colleague said the same, it would not constitute a threat, and might even constitute praise, (if the colleague is sufficiently disrespected). Thus, threats always occur in a context where the threatener is, to some degree, idealized or respected, i.e. has some power to validate one. To defend against the threat, one must devalue either the person or the particular dimension in order to feel adequate. When one does this, and it is effective, that person or that dimension of the person is no longer available to enhance self-esteem or feelings of security for the individual who is currently the devaluator. Thus, when devaluing anger is used as a defense against the threat, there is a loss not only of connectedness between the two people ("separation anxiety") which is commonly pointed to, but also of the self-respect enhancing aspects which were attached to that other. That means the loss of a potential source of personal validation. If the stance 'Oh, the boss doesn't know what he's talking about' is truly believed, then when the boss praises the individual in question, it means nothing, no 'goodies'
can be obtained. This same pattern holds true when what is devalued is an abstract criterion as opposed to a person. Thus the claim is that if a devaluing angry stance is successful, the individual loses the possibility of receiving validation from the source which has just been devalued. Because of this, the individual who has been threatened, is sometimes loath to angrily devalue the source of the threat. Two cases in point: the idealized other and the grandiose self. The grandiose self can 'threaten' other portions of the self by demanding 'unrealistically' high performance, performance which the individual cannot attain. Not being able to attain it, the individual feels inadequate or helpless. The individual will hesitate to devalue the grandiose self for two reasons: 1) the individual is unaware of the fact that the demands being made are dictated by the grandiose self - which is the most common reason; and/or 2) the individual is reluctant to give up the potential source of validation. Likewise the individual fears the devaluing anger aimed at the idealized other because, in part, his own value depends on the value of the other. Therefore, to devalue the other, results in a potential devaluation of the self.

When, for whatever reason the individual cannot (or chooses not) to get angry at and devalue the source of the threat, and when no other way is found to defend against the threat to self-esteem, then a variety of symptoms result. Such symptoms include lower self-esteem, depression, displacement of anger, or diffuse or unfocused anger. These are some of the symptoms which Kohut describes as being related to narcissistic threats or wounds.

The preceding describes a drawback to using anger as a defense. The devaluing aspect of anger, when successful, reduces or eliminates the
capacity of the person or criterion which was devalued, to validate the self in other circumstances. This risk of losing potential narcissistic support is sufficient to make some individuals avoid getting angry at those whose support they feel they need. This suppression of anger causes symptoms commonly attributed to inhibited or suppressed anger, such as depression, diffuse irritability, and occasional impulsive hostile outbreaks.

Summary of the Role of Aggression

In this paper the suggestion is made to substitute effectiveness as the one basic motivational principle, in the place of the two psychoanalytic principles, libido and aggression. This in turn changes the role of aggression. In this paper anger is 1) one mode of being effective; 2) a defense mechanism in the service of defending the self, as the individual defines himself; and 3) it supports or defends self-esteem, by devaluing the comparator which was the threatening the self-esteem or narcissism of the individual.

This way of looking at aggression is clearly in contradiction with traditional psychoanalytic theory and with Kernberg. It does not appear to be in direct contradiction with any of Kohut's concepts or descriptions, but that does not mean that Kohut would find this description as radically different from the psychoanalytic assumption as it is, acceptable. It is definitely a different description of anger or aggression that has been previously suggested.

SOME COMPARISONS BETWEEN KOHUT AND KRUEGER

In this section a few comparisons will be made and some examples will be given of how various phenomena which were initially described by Kohut can be viewed through the lenses of the concepts which have been
proposed in this paper. These are not exhaustive but suggestive of ways in which the two sets of concepts can be compared.

There is a problem with part of Kohut's description of narcissism. Kohut asks the reader to accept two seemingly contradictory statements: 1) grandiosity and narcissism as views of the self are universal, are intensely believed by the individual, and are held against considerable odds and at great cost to the individual; and 2) grandiosity and narcissism need to be mirrored (validated) by significant external figures. A question comes to mind: 'Why does something which is alleged to be so intensely internally believed need to be externally validated or mirrored or supported?' Or put differently, how can one simultaneously hold that narcissism is both tenacious and fragile. To account for this contradiction, Kohut and Freud make the assumption that primary narcissism is projected onto others, and then is re-internalized via incorporation, identification. There are many theoretical difficulties with that description, in particular how narcissism is (re)internalized, with introjection, incorporation, identification and other such concepts being explanatorily weak. Due to these difficulties, a different assumption has been made in this paper to account for the simultaneous tenacity and fragility of narcissism. In this paper the universal experience of helplessness, and the assumed experience of and perception of the self as helpless, it proposed as throwing doubt into the child's mind about its grandiosity and narcissism, about its invincibility and value. The external mirroring or validation serves to reassure the child concerning its value and competence, to counteract the feelings and demonstrations of helplessness, inadequacy, and worthlessness.
The preceding is a difference in the basic assumptions one can make to account for certain clinically observable phenomena. The following spells out a sequence of implications which follow from this shift in assumption. The example selected here is what Kohut calls the idealized parent, which in Kohut's system rest on the assumption of projected narcissism to account for the idealization of the parent. This theory accounts for idealization by suggesting two additional possible sources for idealizing the parents: 1) comparatively, the parent is ideal; and 2) merging with the realistically powerful parent wards off helplessness and inadequacy thus fueling idealization. To elaborate the first, i.e. idealization of the parent is due in part to reality comparisons. When one considers the size difference between a small child and the parent, one realizes it is immense. Imagine the awe one would feel as an adult if one encountered a human as many times bigger than one is now are, as the adult is big in comparison with an infant. Such a person would literally be a 'giant'. One would tend to stand in awe of, and idealize, that 'giant'. If in addition, that 'giant' took care of one, protected one, would not you be likely to idealize that wonderful giant? This is the child's 'reality'. Thus this stance claims that the 'reality' comparison between the child and the parent is sufficient to account for the idealization of the parent without needing to resort to hypotheses like projected narcissism. This stance, it might be noted, does not preclude accepting projected narcissism as an assumption. It can be seen as either a substitution or an addition to the assumption of projected narcissism.

To continue with the implication, the idealized parent is, described by Kohut, slowly de-idealized as empathic failures occur. If
one focuses on the child's perception of himself as helpless and inadequate, instead of on the child's perception of the parent as ideal, then one sees that the 'reality' comparisons between the adult and the child diminish as the child gets older, more 'realistically' adequate. The seven year old's parent can not do as many more wonderous things than the child, as a seven month's old parent can. Or to put it an alternate way, the child's perception, both of himself and of his parents, gradually is changed by external real changes, his own growing adequacy and the diminished discrepancy when the child is compared with the parent.

Combined with this idealization which is due to comparison, there is the idealization due to the merger with the protective parent. The idealization is due to the reality effectiveness of the parent at protecting the child. 'You are wonderful because you look after me and did it so well.' This is at the reality level. At the perceptual level, the view that someone big and powerful is looking after one, provides a perception of safety for the self. 'God is looking after me' is an enormously reassuring thought (and compared to the infant, the parent is like a god). The feeling of safety produced by the perception that someone is looking after the self is intrinsically reinforcing, and therefore is frequently clung to long after the 'real' parent ceases to be so comparitively ideal. Especially if one believes that one is ineffective on his own, then the only feelings of safety may be brought about by the perception that some idealized other is looking after one. In other words the idealization initially serves, and continues to serve, the function of protecting the self from helplessness. Due to this, the loss of it, threatens the existence of
the self. The individual's safety, at least his perception of it, depends on both the idealization and the connectedness. If the individual on whom one depends for safety is weak and powerless the self is threatened. If the individual on whom one depends for safety is not available, not connected, with the self, the self is threatened. Hence the vehemence of the response when an idealized other fails. In the opinion of this author, Kohut does not adequately account for the vehemence with which patients respond to a failure of the idealized parent. That the vehemence is here accounted for by positing that the idealized parent is not really a perception of an other, but rather is a defense against a perception of the self as helpless. It is posited here that the threat of helplessness or inadequacy of the self is sufficient, to account for such vehemence.

A second comparison between Kohut and Krueger is that the concepts presented in this paper broaden Kohut's theory. The following are several examples of how these concepts broaden Kohut's theory. To begin, the emphasis on external, behavioral, effectiveness has several advantages. By bringing in the behavioral element, the gap between internal need and external action is bridged. Clinically, this focus on external behavior is important because it encourages the therapist to help correct faulty perceptions, not only by dealing at the perceptual level, but also at the behavioral level. If a person has low self-esteem and sees himself as ineffective, one can work to alter the perception by talking about how it came to be, when it happens now, and one can gradually talk the person into altering that perception of himself. However one can also focus on helping him to become more behaviorally effective which also aids him in changing his
perception. By focusing on a behavioral assumption, greater emphasis is put on behavioral solutions. Kohut, coming as he does from the analytic tradition, is not as focused on behavioral solutions and leans toward insight or conceptual or perceptual solutions alone. There are many therapists who work at a predominantly behavioral level, either due to their own predeliction or to the type of patient they see. For them, this behavioral emphasis is desirable. And even if one uses the insight method predominantly, adding an extra therapeutic strategy is useful. Thus one could reasonably claim that these assumptions and concepts derived from them which have been offered in this paper, broaden the theory which Kohut offers.

The description of the self as 'multiple perceptions', is a broader category than the grandiose self or idealized parent. They are members, or specific examples, of the class 'multiple perceptions of the self'. One can look for these specific selves, but the concept of multiple self perceptions also directs one's attention to other perceptions of the self in addition to these two. These two have specifically to do with narcissism, the notion of multiple perceptions of the self is broader than narcissism alone.

Lastly, and perhaps more importantly, the concepts presented in this paper can be seen as broadening Kohut's concepts by being described in simpler, more experience-near language. Simpler language is more readily explained, understood, and owned. Gifted analysts can explain such concepts as neutralizing fabric of the ego, and 'the archaic pathological narcissistic grandiose self', to their patients in non-technical language but a translation is needed. Alas, not all analysts are gifted at such translations. Secondly, Kohut, by couching
his concepts in the language he does, makes them virtually unavailable
to most everyone else outside of the analytic tradition, and that
includes the bulk of psychotherapists. The terms, the language used
here, are much more easily grasped by patients and therapists. This
can be viewed as an advantage even when the conceptual content behind
the two sets of terms is identical. Even from within Kohut's framework,
he warns against giving interpretations which are too abstract. The
language and kind of conceptualization used here helps. For example,
Kohut's grandiose self is described primarily from the 2nd-or-3rd-
person stance. That is useful to some therapists and this is no plea
for abandoning such conceptualization. However, describing it from
first person stance, the description of the subjectively experience
feeling-states are which correspond to narcissism as Kohut uses it,
can be useful therapeutically since patients tend to respond and
understand concepts which are couched in terms of 'things they have
thought and felt', rather than in terms of more conceptually abstract
notions. Thus the language used here moves in the direction of
describing narcissism from the subjectively experienced 1st-person
view, and thus is sometimes more useful clinically.

Even subtle language differences sometimes broaden the
concepts Kohut uses. For example, Kohut's term 'mirror' and the term
suggested in this paper 'validation' refer to the same function, yet
mirror reflects greater passivity and a more restricted repertoire of
therapeutic responses than does validation which implies greater
activity. This subtle nuance in the connotative loadings of the terms
used can influence the kind of therapeutic responses one makes.
A third comparison regards defining narcissism, the breaking down of narcissism into component aspects as has been attempted in this paper, encourages greater specificity regarding what particular aspects of narcissism are healthy and which are pathological. This greater specificity can help the clinician more clearly see what particular aspects are of difficulty with given patient. This patient may have difficulties primarily in the area of ownership, while that one may have difficulties in the area of effectiveness, and yet another have difficulties primarily in the realm of person value (I matter). This conceptual subdivision also permits a description of pathology and health in terms of a continuum rather than as dichotomous, disease entities. This would seem to be desirable if one claims, as Kohut does, that narcissism is universal, has an independent line of development of its own, and is not, by simple use of the term narcissism, pathological. This author shares and thus offers support for viewing narcissism in that way. Since there is some question as to whether Kohut views narcissism as a continuum ranging from severe pathology to mature health, it can only be said here that the way of viewing narcissism as presented in this paper does view it as such, which may or may not be conflicting with Kohut’s stance.

Critique of Krueger’s Concepts

There are numerous criticisms, coming from a variety of stances, which could be leveled at the descriptions presented in this paper. The following mentions only a few, one’s the author sees as major difficulties. To begin, the relationship between narcissism (as defined in this paper) and ‘object relations’ or interpersonal relationships, is not
specified. This is a significant omission because narcissism tradition­ally has been related to object relations. The reason for this omission is that, at the present time, the author is unclear about the nature of the relationship between these two aspects of human functioning. This is due to subscribing to Kohut’s description of narcissism as a separate dimension of human functioning from 'object relations'. Once one takes this position, then the relationship between narcissism and 'object relations' (a different separate dimension) can be specified. However, this necessitates having a comprehensive theory of personality which encompasses many or all aspects of human functioning. In this instance that means having a theory of object relations as well as a theory of narcissism. At the present time the author does not have such a comprehensive theory of personality. This paper is limited to just one aspect of human functioning, the narcissism dimension. Hence the absence of such specification. However, due to the fact that there is a commonly ascribed connection between narcissism and interpersonal relationships, the omission of such a description can be viewed as a serious weakness.

A second major objection regards the negative connotations, connotations of pathology, which the term 'narcissism' engenders. The negative connotations are at variance with the stand Kohut and Krueger take, that narcissism has healthy as well as pathological forms and functions. It can be argued that rather than trying to overcome the negative connotations of the term narcissism, a different term should be used. Self-esteem is frequently suggested as an alternative. This is a serious objection and one which has repeatedly been made.
Despite this, the term 'narcissism' has been retained in this paper. There are three main reasons. First, Kohut's work has already changed to a large degree the connotations of the term narcissism in psychoanalytic circles. This alteration can be extended. Continuing to use the same term which he uses avoids the problem of having several different concepts which mean the same thing (or very nearly the same thing). Second, narcissism connotes such things as grandiosity, exhibitionism, and sureness of the self, which self-esteem and other alternative terms do not. These aspects are included in what has here been described as narcissism. These other terms do not focus attention on such aspects as clearly as the term narcissism does. Third, self-esteem connotatively includes increased emphasis on rational, adult, evaluation of the self, while narcissism is more evocative of an unreflective feeling-state. The phenomena being described are feeling-states, which are hypothesized to be present from birth and are not limited to adults. Common usage of the term 'self-esteem' does not ordinarily apply the term 'self-esteem' to infants, whereas 'narcissism' is so applied. These are the reasons for retaining the term 'narcissism'. Whether they are sufficient grounds is arguable.

A third criticism which can be made of the concepts as presented in this paper, is that the mechanisms or specific processes by which certain end results are achieved are sometimes not spelled out. For example, the mechanisms whereby the grandiose self modifies the helpless self (and vice versa), or how multiple perceptions of the self get integrated into a unified perception, are described sketchily or not at all. The general principle or process is described, but detailed descriptions of how these processes work are minimal. The reason for
this is that the limits of the present paper prevent elaboration of all
the aspects presented. Thus the decision was made to describe main
principles but not to describe all the implications and consequences
which are possible following from the main principles.

A fourth criticism is one which could be made from the vantage
point of the psychoanalytic community. In essence it is that the added
emphasis on behavioral and interpersonal variables in etiological
descriptions undesirably diminishes the focus on intrapsychic determin­
ants of behavior. Similarly, treatment methods which stem from this
behavioral emphasis, are likely to be criticized as too active and too
directive. Kohut himself warns that being too active therapeutically,
is not good psychoanalytic treatment of narcissistic problems. These
criticisms are not denied, since this way of looking at narcissism
tends to focus greater emphasis, both in etiology and treatment, on
external and interpersonal behavior. This author views that as an
advantage, but is aware many may not.

To finish this critique, several areas related to narcissism
where further conceptual contributions are desirable should be mention­
ed. First, Kohut suggests there is some considerable link between
narcissism and superego formation. The current conceptual elaboration
of the 'superego' is limited. Freud focused on the id, the ego-analysts
focused on the ego, but there has yet to be an elaboration of the
superego, how it gets formed, how it operates, and how it can be
modified. Further work is needed regarding the superego. Second, one
possible implication which can be drawn from the alternative view of
narcissism which has been presented, might be a change in the diagnostic
classificatory system. Two examples of such changes are as follows.
First, there is talk from time to time about including characterological diagnostic descriptions in addition to the psychoneurotic categories currently used. Large numbers of people involved in clinical work report that the bulk of the disorders they see are 'character' or 'characterological' problems, not 'neurotic' problems, i.e. character problems are not problems created in response to traumatic, neurosis-producing events. Due to this, a need for a diagnostic classification system focusing on characterological problems would be desirable. If such a system were devised, narcissism would be, given the description of this paper, such a characterological dimension. Alternatively, just as the psychoanalytic diagnostic system is based on the psychosexual stages of development, a diagnostic system could be devised based on obvious way-stations along the line of narcissistic development. These are two kinds of changes in the diagnostic classificatory systems which could result from this different way of looking at narcissism. Even if such major changes were not forthcoming, elaboration of what current diagnostic categories might be better diagnosed as narcissistic problems would be useful.

Changes in the diagnostic system, additions to a theory of the superego, and elaboration on the relationship between narcissism and interpersonal relationships, are three major areas which could be expanded upon in further work.

SUMMARY OF THE CHAPTER

It was noted at the end of Chapter II that Kohut does not define either of the concepts, 'self' or 'narcissism'. The first two sections of this chapter are definitions and descriptions of the terms 'self' and 'narcissism', respectively. A definition of the self was offered, a
definition in terms of perception with three especially important features: 1) that who is doing the perceiving is relevant, and 2) that each individual has multiple perceptions of himself, each of which he views as 'reality'. 3) the largest integrated perception an individual holds of himself is his 'identity'. This definition of self functions at both the phenomenological level of the unique individual and at the abstract level of generalizable concepts about classes of individuals or all individuals. Narcissism described as a feeling-state, affect, or perception of the self which is comprised of various aspects, which were analytically broken down into component parts and labeled things like 'I matter', 'only I matter'. These component parts can be summarized as personal value, effectiveness, and ownership, with the individual's 'being' and 'doing' mattering, and with the individual experiencing ownership of both his 'being' and 'doing' mattering, and with the individual experiencing ownership of both his 'being' and 'doings'. Each dimension has extremes and more moderate or middle ranges. For the small child both the extremes and the middle ranges are assumed to be normal and healthy. The goal of mature narcissism is to modify and give up the extremes while maintaining the more moderate ranges. The middle ranges of adult narcissism are termed 'self-esteem', the middle of the personal value or 'being' dimension; 'effectiveness', the middle range of the 'doing' dimension; and 'identity', the middle range of the ownership dimension. These middle ranges are deemed healthy and desirable. The concomitant extremes, such as the grandiose self (or ego-centrism) and low self-esteem, the extremes on the personal value dimension, in adults are considered pathological, i.e. the perceptions of the self do not match 'reality', the third-person verifiable view.
In this view, narcissism is a continuum, not dichotomous diagnostic entities. Every individual has a narcissistic adjustment which places him somewhere along the narcissism continuum.

Following the first two sections which described the two concepts, 'self' and 'narcissism', the third section dealt with variables which were being proposed as influencing the growth and development along the line of narcissistic development, from infantile to mature forms. The first variable was the additional assumption that the universal experience of reality helplessness influences the formation of adult narcissistic perceptions. This paper accepts and shares Kohut's assumption of a built-in, inherent perception of the self called narcissism. To it is added this second assumption, second universal, significant variable, the 'reality' helplessness of the infant and the assumption that the child thus has a perception of himself as inadequate and helpless. It is further hypothesized that these two contradictory perceptions, that one is omnipotent and that one is helpless, counterbalance and mutually modify each other and that this process is one which shapes the adult's perceptions of the self.

Second, validation for various perceptions from external sources (other people and external behavior) is another process suggested as a major influence of the grandiose perceptions of self. The process of comparison was the third process suggested to be influential in determining the course of development into adult narcissism, and in maintaining it once achieved. Thus, 1) mutual modification of the two basic perceptions, helplessness and grandiosity; 2) external validation of these two perceptions; and 3) the process of evaluation of the self via comparison; are suggested as additional variables which can be seen as
influencing adult narcissistic adjustment.

These concepts, the definitions of self and narcissism, and the additional variables posited as influencing adult narcissism, can be seen as extending or adding to Kohut's concepts. They are not in conflict with his, but do alter his concepts to some degree.

A description of the role of aggression was given. Effectiveness was described as the basic motivational principle, in the place of the psychoanalytic libido and aggression as the two basic drives. Aggression or anger then becomes 1) a mode of being effective; 2) a defense of the self in the face of narcissistic threats; and 3) a mechanism which supports self-esteem, by devaluing the comparator which threatens the individual's self-esteem. This description of anger as a defense mechanism for narcissism, is clearly in conflict with the psychoanalytic assumption and Kernberg's, that aggression is a basic drive. It is unclear what position Kohut takes regarding the role of aggression.

A brief comparison between Kohut's and Krueger's concepts was presented, followed by a critique of Krueger's concepts. The comparisons between Kohut and Krueger emphasized ways in which the concepts in this paper broaden or add to those presented by Kohut. This emphasis is intended to answer the question of why or how these concepts contribute or add to those already presented by Kohut. It is not intended to imply that there is lack of merit in Kohut's position. Rather it is a demonstration of some of the merits, especially the clinical merits, of the concepts which have been presented. The critique described some omissions and difficulties with the concepts presented in this paper. The following chapter describes some
implications and clinical uses of the concepts presented here.
CHAPTER IV

CLINICAL IMPLICATIONS AND USES OF CONCEPTS PRESENTED

To begin this chapter on clinical implications of the concepts which have been presented, the relationship(s) between theory and clinical practice will be described. This can also be viewed as a defense of the utility of theory in clinical work. The purpose or use to which a theory is put influences the criteria by which it is judged. Both Kohut's concepts and Krueger's are predominantly oriented toward clinical use, with a secondary concern for the philosophical integrity of the theory. The primary purpose, then, of each of them is to provide clinically useful ways of looking at human behavior and to provide guidance in the modification of undesired aspects. In other words, the basic criterion by which these contributions should be evaluated is that one should be able to answer 'Yes' to questions like 'Do you think things about the people you see clinically which you did not think before?' Does it help make sense of various bits of human behavior?' Second, the consequences resulting from therapeutic interventions suggested by the theory should 1) be positive for the patient; and 2) verify the prediction of consequences which the
theory makes. To give an example of this last point, if the theory predicts that increased effectiveness will raise self-esteem, and the therapist's guidance helps to increase the patient's effectiveness, then the patient's self-esteem should go up. This is what is meant by the statement that the consequences resulting from therapeutic interventions suggested by the theory, should verify the prediction of consequences which the theory makes.

The initial criterion mentioned, (does the theory 'make sense of' the observable data) must be met before either of the other criteria will apply. Therefore the primary focus on this paper is making the concepts understandable, such that they 'make sense of' the observable data. In this way of looking at theory, the concepts and descriptions are not seen as 'statements of truth', but rather as 'lenses through which to view the world'. There can easily be multiple ways to view any given phenomenon. This paper has presented one such view which can be evaluated on the basis of its usefulness in 'making sense of' behavior, and in guiding therapeutic behavior.

There are a number of relationships between theory and practice, or put differently a number of different criteria a construct can meet in order to be evaluated as useful. First, clinical theory by positing what it considers to be relevant via the concepts it offers, directs attention to the phenomenon described by the construct. For example Freud directed attention to the unconscious and sexuality, Roger's to self-esteem, Berne to intimacy, Waltzlawick to family interactions, Birdwhistle to body movements. Each theory posits what is relevant and in doing so, directs the therapist to look for whatever phenomenon is being described. There are so many variables in human behavior,
that they need to be grouped to be adequately dealt with. So a theory both gives one ways to sort or organize information, and also directs one's attention to what that theory postulates as relevant attributes or dimensions of human behavior.

Second, theory describes how one will recognize what one sees when one sees it, by describing symptomatology or signs. One needs a description of subatomic particles before one knows whether one has found them or not. The same is true of any dimension of human behavior which is not patently obvious. Kohut is describing narcissism so one will recognize it when one sees it.

Third, a theory describes processes which it purports are relevant to the dimensions they have deemed important. The processes can be those of how symptoms get formed, or processes about how to currently alter these symptoms. These two processes frequently are the same but need not necessarily be so. The first process indicates what sort of history in the patient's life is relevant, or stated differently. The theory organizes the enormous amount of historical data into usable categories. It directs the clinician's attention to aspects of the patient's history which are presumed to be relevant in shaping the present symptoms. Theory also guides therapeutic strategy by suggesting which processes when used as therapeutic interventions are likely to be effective. If one assumes, that the clinical phenomena which are described in this paper are common occurrences and if one further assumes, that there have always been good therapists responding to these common clinical phenomena, then it is that the therapeutic strategies described here are not 'new' in the sense that they have never been used before. They are 'new' only to the degree that the
constructs used serve to focus one's attention on specific aspects of treatment. This focus can help clarify specifically what one is doing that works. It might be viewed as helping trim away what behaviorists call 'superstitious behaviors'; the rat who turns twice before pressing the food lever believes that turning twice has something to do with getting food. By focusing attention of the allegedly relevant therapeutic behaviors, wasted, non-productive, therapeutic maneuvers can be reduced and productive responses increased.

Fourth, a theory provides a convenient 'explanatory fiction', an answer to the 'What is it?', 'How does it work?', 'Why does it do that?', set of questions. For those people who want to know 'why', theory provides an answer. It does not have to be 'THE TRUTH', all it has to do is provide an emotionally satisfying answer to the 'why' questions. Thus a given explanation may be 'true' or it may not be 'true', hence the term 'explanatory fiction'. Fiction does not necessarily mean false or untrue. Each one of us prefers different explanatory fictions, hence the desirability, even necessity, for multiple lenses, multiple descriptions.

A theory optimally provides this explanatory fiction primarily for the therapist, and for the patient should the therapist choose to teach the explanation to the patient. Therapists vary along this dimension, but for those who deem it desirable to explain 'why' or to teach processes to their patients, theory can provide the descriptions and the language with which to do it. These are the things a theory can do for one; these are criteria used here for a 'good' clinical theory. These things can be summed up by saying that a theory is simply a lens through which one looks at the world. If it
is a good lens, it will help clarify and organize the welter of information available into usable packages.

How useful a theory is depends on a number of factors in addition to those just outlined. Does the theory explain a lot of human behavior, or, alternatively, explain a lot about a small bit of human behavior, scope and predictability respectively. Of course, the more aspects of human behavior accounted for the wider the use of the theory or concepts. But small bits of behavior well understood are also helpful, since prediction and control are enhanced.

There are additional factors which determine how useful a theory will be; 1) clarity of presentation; 2) the capacity of each reader to understand the concepts and draw functional or clinical implications from them, 3) the ways of modes linear or wholistic in which the individual goes about the business of understanding a theory; and 4) the level (behavioral or conceptual) at which the theory is understood by the individual. Several of these will be elaborated upon, beginning with the levels at which a therapist can understand a concept. Therapy is a peculiar creature in that there are two clearly different types of behavior in which the therapist can engage which are presumed to help the patient: what the therapist says, and what the therapist does, (how he behaves toward the patient). These are two different processes of therapy. These can be consonant or they can be discrepant. 'I order you to be independent' is an example where the process and the content differ, where what is being said and what is being done are at odds with each other. Thus, one can understand and use concepts at a verbal content level, and/or understand and use them at a behavioral process level. It is the author's
bias that if one demonstrates as well as describes the concepts they will prove to be more effective than if one only understands and uses them as verbal concepts. To act, takes more understanding than to verbally describe. How useful these concepts are will depend in part on the level at which they are understood.

The next issue is the way or mode in which people understand or learn concepts. Stated briefly, there are two different ways of understanding, linear and wholistic. Language, especially English, tends to be linear. Subject, predicate, and object string out the various aspects of what is being described along a line. Contrast this to Chinese figures; for example the word 'rest' is the character of a man leaning against a tree. It creates a gestalt and is not linear. Linear understanding is gotten through a sequence. As opposed to wholistic understanding, of walking into a room full of people and instantly having a 'sense of' the mood of the group. Sometimes things grasped wholistically can be broken down conceptually into component parts (body posture, facial expression, noise level, which then allows linear descriptions to be made. However, the linear descriptions never are quite the same as the whole. S.K. Langer (1942) has a metaphor describing this problem of translating gestalts into linear descriptions. The image is of trying to explain to someone, how various pieces of men's wearing apparel hanging on a clothes line fit together and are worn by a fully dressed man. 'Well, you see the shirt here, it's worn on the upper torso. Next the tie. Well, the tie goes under the collar of the shirt and then hangs down in front of the front of the shirt. Huh? No, it does not go to the ground. The middle of the tie goes under the collar and the two ends hang down the front... 'I think the example is clear without proceeding to the belt. This metaphor
aptly describes the uneasy sense which one may have in putting down in linear terms, concepts which are grasped wholistically. Thorough understanding of concepts most likely rests in understanding via both modes. Therefore in this chapter, which is oriented toward describing some uses and implications of the concepts which have been presented, some examples in each style will be given. Some conceptual abstract, linear, descriptions of some implications and uses of these concepts will be given, and the wholistic approach will be represented via giving some clinical case material. This is done with the aim of helping to make understandable and useful the concepts which have been presented.

It should also be stated here that the following are examples of implications and uses. The descriptions are neither exhaustive nor prescriptive. That is, no attempt was made to include all of the possible implications of these concepts. Rather a few examples are given to demonstrate the processes one can use to draw inferences. Thus, this is by no means an exhaustive listing of implications and uses. Neither are these uses or implications prescriptive, in the sense that every therapist should use them this way. Rather this is one way to use them. Each therapist's temperament, training, style, will, and should influence how he uses concepts.

Examples of Uses and Implications

Using 'effectiveness' as the example, a description in linear terms will be given of processes by which one can derive clinical implications. These processes, or these kinds of questions, can be applied to each concept which has been presented.
FIGURE IV

EFFECTIVENESS

Clinical Questions
- History (Etiology)
- At What
- Who Measures
- What's Interfering
- What's wished for but unobtained
- How to correct deficits

Category Answers
- Internal criteria (self)
- External criteria (self)
- 3rd-person verifiable criteria (self)

Specific Theoretical Answers
- Grandiose self
- Helpless self
- Child self
- Parent self
- Adult self

Individual Details
- George
- Harriet
A diagram like this abbreviated could be done for each concept. The level beneath EFFECTIVENESS is that of clinical questions. Given a construct or concept, what clinical questions arise from it? What do I ask that I did not ask before or did not ask as clearly before? Alternatively, this is how concepts structure how one sorts or categorizes the information available in the phenomenal array. So with each concept, one should ask 'What questions come to mind related to that concept'. The following is suggestive and is by no means exhaustive.

FIGURE V

<table>
<thead>
<tr>
<th>Validation</th>
<th>1) of what</th>
<th>2) by whom</th>
<th>3) how obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>1) at what</td>
<td>2) who measures</td>
<td>3) what is interfering with</td>
</tr>
<tr>
<td>Ownership</td>
<td>1) of what</td>
<td>2) by whom</td>
<td>3) how obtained</td>
</tr>
<tr>
<td>Comparison</td>
<td>1) of what</td>
<td>2) by whom</td>
<td>3) conscious or not</td>
</tr>
<tr>
<td>Multiple self</td>
<td>1) what perceptions</td>
<td>2) conscious or not</td>
<td>3) how formed</td>
</tr>
<tr>
<td>Narcissism</td>
<td>1) which aspects</td>
<td>2) how influenced</td>
<td>3) healthy or pathological</td>
</tr>
</tbody>
</table>

Put in this format these questions do not look very helpful. They are stripped of their clinical phrasing, richness and color. The following are some examples of clinical uses, which aim at adding more richness to these questions.

Multiple Perceptions of the Self

The concept of multiple perceptions of the self directs the therapist to look for various perceptions of the self which a given
patient holds. Almost anything can be used as clues to these perceptions, dress, body movement, speech patterns and tones, typical response patterns. To give a clinical example, Miss L was a 26 year old single white female, whose presenting complaints related to symptoms of depression, especially of concern to her was her poor memory. Initially she weighted approximately 250-270 lbs, 5'5", and was generally 'masculine' in appearance, dress, gestures, gait, and interests. She raced sports cars, and did all the mechanical work on her auto herself. She gave the appearance of being 17. In working with her, several initially very subtle patterns began to be observable. Her clothes, which initially all looked alike had subtle differences; some pants and tops were embroidered while some were 'tough', denim and leather. Some of the tops looked like men's shirts, some like women's blouses. Her moods seemed to be slightly different, covarying to some degree with these subtle clothing differences. When dressed in embroidered denim outfits, she frequently was angry, demanding, tough, explosive, and arrogant. When dressed in embroidered blouses with wool slacks she tended to be passive, unsure and shy. These differences, while subtle, were noticable, especially when one was looking for them. Thus two
different 'self's' began to be apparent. Eventually a number of self images and stances emerged, but to limit the example, the first two things to come to attention were the embroidery, and certain rarely manifested but very noticable body motions which were considerably freer than her usually restricted movements and gestures. The concept of multiple self images directed attention to these 'minor' details, which might otherwise have been overlooked. These particular self's were generated from this particular individual and were not
hypothesized by any theory.

Under the over-arching construct of 'multiple perceptions of the self', numerous specific 'selves' are hypothesized by various theories of being of importance. Kohut's grandiose self and Krueger's helpless self are two such. Continuing to use Miss L as the example, evidence of the helpless self initially came in several ways. First, like Kohut describes, she rather quickly idealized me, and a history of idealized mother figures began to emerge. She had episodes of explosive rage when she would become afraid of losing control, and sometimes did lose control, acting out, throwing rocks at windows, spray painting obscenities on public buildings. She began to either call the therapist or to think about calling the therapist to help control these powerful explosive rage reactions. After each such episode she would be extremely subdued and fearful. She expressed terror at the thought of 'losing' control of her anger, and especially that she would 'lose' control when the therapist was not available, i.e. that she was helpless or inadequate without the therapist.

The evidence for the grandiose self surfaced in a typically subtle way. For a period of several months, most sessions if not every session would deteriorate toward the end with her whining and/or angrily complaining that her memory was so bad. After first trying reassurance, saying that her memory seemed fine (which did absolutely no good whatsoever). The therapist resorted to explaining that what she called 'bad memory' seemed to reflect situations which were upsetting to her and hence she put them out of consciousness(describing the unconscious in essence). This tactic only brought forth an increased intensity to the whining and angry tone of her complaints.
Finally, the therapist stumbled over the tone of her voice which was the offended tone of the self-righteous child. Gently exploring what she expected in the way of 'good' memory, led her to very sheepishly and shamefully admit that she had always wanted to be Superman and felt that she should remember everything. Later discussions revealed that the very thought of an unconscious which exerted influence in her life but which she did not know about and therefore could not control, was totally threatening and unacceptable to Superman. This unacceptability of not knowing everything acted as a resistance to all other therapeutic work, since every revelation was a narcissistic attack. Once this grandiose self requirement of omniscience was unearthed and began to be explored, the resistance to other therapeutic work decreased. These are brief examples of evidence of the grandiose self and the helpless self and how they effect the therapy.

A therapeutic strategy directed by the 'multiple perceptions of the self' notion is as follows. Continuing the case of Miss L. as the various 'selves' which she presented were sorted out, what the author terms the 'observer self', became recognizable. (The 'observer self' can be taken as the equivalent of the psychoanalytic term 'observing ego'). It was recognized largely via the language and concepts which she used and understood when in such a stance, which she did not use and did not understand when she was not in it. One day when she was spontaneously in her 'observer self' stance, what was meant by her 'observer self' was pointed out to her and was compared to several other self's of hers which had been observed. It was also pointed out that she got 'emersed' in those other images of herself at times. She quickly understood, saying 'I wish I
could bottle that self. I really like me this way', demonstrating not only conceptual but emotional understanding of the implications of the concept. Devices were developed, phrases, a language which could be used to help bring 'the observer' to the surface when she was tangled in some other perception. Things like 'Can your observer look at this?' and other language specific to her were used. Almost literally different approaches to each of Miss L's selves were developed. The therapist could be gentle and reassuring when she was frightened or losing control; firm and noncommittal when she was angry or acting out; or direct, interpretive, and honest when she was in the observer stance. It depended on who she 'was' on a given day which determined to a large degree the therapist's responses to her. Having the concept of multiple self perceptions makes such shifts easier.

A brief aside, this sounds almost like description of work with 'split personalities' (Three Faces of Eve, Sybil)\(^1\). However, it should not be taken to mean multiple perceptions of the self are splits in personality in the usual technical sense of that term. We all, to some degree split, and to some degree integrate various aspects of our selves, these are the bases for the various self perceptions. 'Split personalities' are on the extreme of non-integration. Health with regard to the self lies at the other extreme, with all aspects acknowledged and comfortably integrated. Kohut's vertical splitting is a description (given this description) of a state of affairs where

\(^1\)Speculatively the fascination which 'split' personalities hold for the lay public can be seen as being due to the intuitive, unconscious recognition that to a certain degree we are all 'split personalities' (meaning multi-faceted, having multiple perceptions of the self) and seek integration of them.
the various perceptions or images of the self are less integrated than is desirable for the functioning of the individual. In this paper 'splitting' is more as a continuum and less as a single state of affairs. In other words all individuals 'separate' or 'split' various roles and aspects of themselves. This splitting becomes increasingly pathological as it causes either discomfort or reduced functioning. Some splitting is desirable since one needs the capacity to act in one situation as a parent, in another situation as a child, and if one could not compartmentalize or 'split', one would end up acting like a child when the parental role was called for, and so forth. One optimally needs to be aware of the various aspects or perceptions of the self, have each placed in proper perspective (i.e. when it is appropriate and functional to be this one as opposed to that one), and to have an overview of the entire set of perceptions (the observer) which can comfortably contain all the perceptions without having to deny any. The capacity to do this is here purported to be a continuum.

It might be added regarding Miss L that she tended to 'split' more than many patients. When she felt totally in command, she had no memory of feeling scared of her own anger, and when she was feeling scared she had no memory of feeling in command of herself. Even when asked if she remembered, she would frown and say 'yeah, I guess so', in such a way that it was apparent that she had no real recognition or recollection that she had ever been in the other state. What she referred to as her 'memory problem' turned out not to be a depression symptom, but rather was her way of describing that she was not integrated into a functioning, comfortable, whole person.
To return to the therapeutic use of the 'observer self' Kohut says one should not try to educate the grandiose sector but rather should strengthen the ego's dominance. This is, do not tell the person while they are in the grips of the grandiose perception of the self, that that perception is 'unrealistic'; if one does any such telling (which is not recommended by Kohut), do so when the 'observer self' is holding sway. Following early complaints that she could only be the observer in the therapy sessions she began using the devices which had been generated for 'calling the observer' (as she put it), with the result that she began to be able to understand and control her angry outbursts herself. This in turn enhanced her perception of herself as effective. Thus her ego dominance was enhanced and she moved in the direction of integrating the various selves.

Anger

If one views anger as has been suggested, (as a reaction in response to a narcissistic threat, aimed at defending self-esteem, via the process of devaluing others to enhance the self, comparatively), then when patient's get anger, one can use anger as the signal that the patient has felt threatened, and begin to search for the source of the threat. To give a clinical example, Mr. B. was a successful professional, Jewish, male, 50 years old, who had been in several therapies previously, for varying lengths of time, with improvement each time, but who had an overall feeling of vague dissatisfaction had continued to persist. The only specific complaint was he had difficulty getting along with women. He was twice divorced and was at the time of treatment involved in a tangled relationship of several years' duration. One wife and the current girlfriend had been
professional protegees of his, previous to an intimate relationship. These relationships were marked by repeated and almost cyclical periods of anger alternating with depression.

From the first session on, there was repeated testing of the competence of the therapist. (The therapist, was female, and 15-20 years the patient's junior). After the first tests were passed and the demonstration had been made that the therapist was not going to be intimidated, nor condescended to, and could adequately deal with his problems, he immediately started to idealize the therapist. During this period of intense idealization the therapist was wonderful and would be compared favorably to other therapists he had had. This state of affairs would end whenever the therapist showed any weakness or did not respond properly to his needs. He then would get angry with and devaluing her. She was lecturing at him, she was pompous, she did not know any more about what she was doing than any of the other therapists he had seen.) This attack period would be followed by a period of depression within. He would feel that there was no hope for improvement. The anger, the signal of wounded narcissism, alerted the therapist to look for the 'error' that had been made that had threatened the idealization and hence his narcissism, self-esteem and confidence. This would reassure him to the therapists adequacy as a therapist, it would reestablish the idealizing relationship, and the cycle would begin anew, just as Kohut describes. Invariably the anger tipped off that a cycle had begun.

There was a second relevant pattern regarding anger with this patient. Historically, the patient's father had been a successful, well-educated, professional man who had rather rigid and high
standards, and who the patient had idealized as a child and young man. The father had died when the patient was 18, thus not permitting a full de-idealization via the realistic adult comparison. The patient had always felt inadequate in comparison with father and father's standards. The patient's mother on the other hand was relatively uneducated. It began to emerge that whenever the patient felt inadequate he would devalue a woman. It was gradually reconstructed that what he did as a child, was get threatened by not meeting some standard that his father had set, and then salve his wounds by devaluing and denigrating the 'dumb', uneducated' mother. At least he was better than mother, better than women. He remembered feeling intensely ashamed to be seen with his mother on the streets. However, this devaluation of mother left him without nurturance which led to depression. This also accounted for the cyclical angry, devaluation followed by depression followed by feeling even more inadequate, followed by angry devaluation of women. This portion of the anger was due to the comparative heightening of self-esteem which devaluation of another can bring.

This history emerged as a result of focusing on the devaluing anger, describing to him both the (comparative) self-esteem enhancing devaluation and the resultant depressing void which left him feeling inadequate and empty. (Note: he was not just empty from nurturance but inadequate in the face of the father's high standards). His associations revealed much of the above history. Frequently working with anger as the pivotal clue to his feelings of inadequacy, led to the following dream, six months into therapy. In the dream the patient's grandfather (who in reality had been 'The Patriarch of the clan' and an exceedingly well educated man) asks the patient
for advice about what books to read. The important aspects in the
dream are carried by details (which the patient reported without
initially understanding their import) such as the fact that the
grandfather is decidedly not decrepit, not old, nor toothless; and
secondly, that the patient reported being aware of taking neither the
emotional stance that he knew nothing that the erudite old man did not
already know, nor the emotional stance that he was incredibly more
knowledgable than the old man. Gradually, he began to be able to
accept 'flaws' without denigrating or devaluing the individual, (himself and others), and thus was frequently less depleted due to that
loss. Also, via work on the grandiose criteria supported by the
father's perfectionistic demands, the patient gradually began to feel
more competent and therefore to need less to devalue others (usually
women) when he was feeling inadequate or incompetent. Much of this
growth was achieved largely through the tracing backwards from his
anger, to those issues, events, and perceptions which made him feel
less often threatened. This has been an example of the clinical
usefulness of the construct anger as it is defined in this paper.

Interactions Between Concepts

These two examples, multiple perceptions of the self and anger,
show how they may be used clinically, by following the questions and
resultant answers which are generated by the concept. These concepts
can also be used in combinations with each other. The following
portion provides two different kinds of descriptions of interaction, the
first a linear, abstract description, the second, a clinical example
of the interaction of two constructs.
The following is one example of how the concepts suggested here can be combined, mutually clarifying each other. There are basically five ways to avoid the aversive feeling of helplessness: 1) death; 2) escape into fantasy; 3) find some external effective other to look after you - join with the idealized parent; 4) be effective - look after oneself adequately thereby removing the state of helplessness; 5) change the view of the self, or the criteria for adequacy. These methods of escaping from helplessness differ with regard to the effectiveness of their results. Effectiveness here is measured on two dimensions: escaping the reality ineffectiveness and modifying the perception of the self as ineffective. Fantasy is the least effective, since it does not modify the reality ineffectiveness and modifies the perception of the self only temporarily, i.e. as long as the fantasy of effectiveness and safety can be maintained. Joining with the idealized parent is the next best, since it (to varying degrees depending on the parent) is effective in helping to escape reality helplessness, but it does not modify the perception of the self as ineffective or enhance ownership of effectiveness. The idealized parent owns the effectiveness not the child. Since the child does not own the effectiveness as his, but attributes it to the parent, his perception of himself as effective does not increase. Thus while merging with the parent can help avert reality helplessness, it does not help change the image of the self as ineffective or helpless. The fourth response, being effective is the most efficacious in altering the external reality ineffectiveness, and frequently is also efficacious in altering the perception of the self in the direction of adequacy. Sometimes deep-seated perceptions of the self as inadequate preclude
believing the information that one has indeed been effective. Thus the ultimate step is the alteration of the individual's perception of the self. When this is accomplished both the perception and the reality change. For example, the demands of the grandiose self are major contributors to feelings of inadequacy, ineffectiveness. If one can modify the grandiose self, threats of ineffectiveness (created by comparison to the grandiose self) are reduced. Making the grandiose view of the self conscious, helps to modify it. If one is conscious that a particular set of demands is coming from the grandiose sector, then one can evaluate whether one can, or wants to, meet its demands. If not, then the individual is comfortable and can say, 'oh that's too much to ask'. If so, then the grandiose demands may drive him to excellence in some endeavor. In either case, the modification of perception arises from the awareness of, and comparison between, multiple perceptions of the self. When an individual has only one perception of himself, that is a different perspective than when he sees that one perception, as one among several. That one perception ceases to be 'The' reality, and comes to be seen either as 'part of reality' or as 'just one more perception'. The moment a given view ceases to be 'reality', it can be put in perspective. When the one view is of the self as helpless or inadequate, terror strikes. Being able to see oneself as both ineffective and effective, takes much of the terror out of being ineffective, i.e. one is not totally helpless. How one sees oneself determines how one acts. If I see myself as effective I am likely to behave in ways that bring about effectiveness, and to have a demeanor which makes others respond to me as effective and thus I become so. To give an extreme example, yogis claim that
understanding 'I am not my body' (a perception running counter to the usual perception) permits many feats considered impossible, walking on coals, being buried with no air supply for up to 30-40 days. There are hundreds of less extreme examples of 'how one sees oneself determines how one acts'.

The previous section described how a variety of these concepts might interact with each other. In the following 'clinical' example, a set of interactions among concepts will be demonstrated in detail, using myself writing this dissertation as the example.

In writing this dissertation, at times I would feel that my writing was not as clear as I wished it to be and that would make me anxious. At one point I found myself fantasizing a committee member saying in the orals 'This is not very clear'. This is for me a narcissistic threat, and I experienced the anxiety which accompanies such a threat. Then I applied the lenses I am suggesting. Which 'self' is being threatened?

There are four obvious selves potentially being threatened: a 'good' person; a Ph.D. candidate; a theoretician; a writer.

Once I asked which self, a massive amount of anxiety dropped away because the greatest fear is for me the good person. I could think and feel, 'Oh well, if the worst happens and it's not acceptable, even as a dissertation, I'm still O.K. as a person'. Then I realized I did not know (from my fantasy) whether the committee member's statement was threatening the writer, the theoretician, or the Ph.D. candidate.

This raised the issue of the criteria level for each, the level for acceptability being influenced in all three cases by grandiosity. For example, being effective as a Ph.D. candidate by 3rd-person verifiable standards means the dissertation only has to be good enough to 'pass', to be awarded a Ph.D.

My grandiosity pulls me toward feeling that the criterion for effectiveness is for the entire committee to unanimously agree it was the most brilliant dissertation they had ever seen.

Here the distinction between reason (which says passing it all that is
required) and narcissistic feeling (which demands a massively validating audience) is useful to clarify what criteria are used. The grandiose self, knowing no bounds, is not even satisfied with that level of aspiration, but wants to be a great theoretician and gifted writer, and to be acknowledged as such by others. Asking 'Is this good enough', the question 'good enough in comparison with what?' arises, and leads to the same revelations as above. The emotional result of these questions was a reduction in anxiety, the paralyzing inhibition (writer's block) which comes when there is a possible disvalidation of the self went away, and the subjective experience of well-being and of adequate self-esteem returned. The steps gone through were guided by the source of the concepts proposed, e.g. effectiveness, multiple selves, grandiosity, comparison. They illustrate the kind of questions a therapist can ask the patient or an individual can learn to ask himself. Any of the questions could have led to the same results.

For example, asking the question 'which self', shifted the size of the perceptual frame from seeing myself only as a graduate student to seeing myself as a multifaceted person of which one facet is being a graduate student. It put the dissertation in 'perspective'. It allowed me to utilize feelings of 'I matter' and 'I'm effective' drawn from other spheres of my life to bolster my temporarily sagging esteem in this area. I perceived myself once again as effective and doing so could write again. I could just as well have started with the question 'good in comparison to what' or 'what is interfering with my effectiveness'. These and others would have ultimately unearthed the same set of issues and confusions.

This example is used to demonstrate that asking any one of the questions leads to a way of looking which is productive. All the above asking and answering occurred very quickly. The process can become lightening fast once one is familiar with it and the questions become subliminal. However, one can also spend weeks with a patient just discovering and
helping him to discover what images of himself he has.

Process and Content

The last set of examples is designed to demonstrate the two different processes, behavioral and conceptual, which go on in therapy. As was noted earlier, in therapy one is both 'doing' and 'talking about' various behaviors, and these two processes are not necessarily consonant with each other. In other words there is a means-end distinction. Some therapists put greater emphasis on the 'doing', frequently claiming that the patient learns by 'modeling' the process or the 'doing' of the therapist. In an overgeneralization, the humanists tend to say that how one behaves and how one feels toward the patient are highly relevant, whereas the behaviorists and the psychoanalysts are more technique oriented and place less emphasis on the 'modeling' aspect of therapy. For those who are concerned that 'doing' be consonant with, or at least not contradictory to, the content being conveyed. Ownership and validation will be the two examples in which consonance between the concept verbally discussed and the behavioral treatment of, and stance toward, the patient.

To begin with ownership. Mr. B, was a 17 year old, male, high school student, living at home with his parents. At the first appointment his answer to 'What brings you to therapy?', was 'My father is not happy with my grades' (which were barely passing). This basis for a therapeutic contract certainly was a bad one, but could have been described as bad in several possible ways, e.g. punishment for bad grades, or coercion for good grades. Here it was viewed through the lens of ownership. By the end of that first hour it was very clear that there were difficulties of ownership. The father, a
brilliant, successful attorney, wanted a carbon copy for a son and pushed the young man, moderately subtly, but persistently. The reason good grades were important was that the patient 'must get into a good school, so he could get into a good law school, so he could have a good career' (like father). When asked how he had come to settle on law, the patient replied that he had discussed the matter of careers with his father and that he had come to a decision that law was what he wanted. His description of the alternatives he had considered, and his father's 'helpful' knowledge about each, could (close to literally) be described as follows.

'Of course, you can choose to do anything you want, son;
'Well, I've thought about writing, maybe teaching some along with it.' 'Yes, you could do that if you want to. Low paying, though,' 'Well, I've also thought of medicine.' 'Yes, you could do that. Good profession. Of course, there is no home life to speak of.' 'I've also considered law. Yes, that is a wonderful career. One I think you are well suited to'.

Thus who the grades belonged to, who the career choice belonged to, even who wanted therapy, father or son, was unclear. Thus, the first therapeutic move was to get the patient to own whether or not he wanted therapy. He was told he would not be accepted as a patient if his father wanted him there, and would only be accepted as a patient if he wanted therapy. Did he want therapy? That was very difficult for him to answer and so the first session ended with a contract that we would meet a maximum of four times with the sole aim of the work being to help him decide whether he wanted therapy (He focused on the 'wanted', the therapist focused on the 'he'). Perhaps it should be included that there was a sense that he himself did want therapy, though not for the same symptoms or reasons which had caused his
father to 'send' him. It perhaps also should be noted that the father, upon learning (as he inevitably did) of the contract, requested a colleague of the therapist to pressure the therapist into seeing the patient whether the patient wanted it or not. Thus it was almost inevitable that the young man eventually 'decided' that he did want therapy. He was accepted for therapy (mostly on the grounds that the blurred ownership issue needed further work), but it had been demonstrated, as well as described, that his 'owning' the therapy (and other things) was important, at least to the therapist. Throughout the course of therapy, the therapist tried to stay focused on behaving in such a way as to assist his ownership. For example, grades were never brought up by the therapist (though there was periodic pressure to do so from the father), unless he did. When they were dealt with it was in terms of ownership. With the father's emphasis on good grades and his overinvestment in the son's school work, the patient has preserved his integrity and ownership over his grades and himself by getting poor ones. He owned himself by failing, since when he succeeded the success belonged to, or made him into, his father. Failure was the only thing which belonged to him.

A year and a half later the young man was in college (with a 3.7 average, incidentally) and got the only A in a speech class by delivering his speech on the assigned topic of 'A Value I Hold'. His value: ownership. This could be seen as a humorous post script or simply as proof that he had learned the concept which had been taught via the content in therapy. It can be seen as even more. If one believes in the 'Each one, teach one' principle (used extremely successfully by the Chinese to accomplish literacy education), that in
teaching others, one learns something more thoroughly and owns it more firmly, then the process of giving the speech on ownership also enhanced his ownership of the concept ownership.

It might be added that clear language also aids ownership by the patient of the concepts. There is a dilemma regarding therapy, named and described by W. R. Krueger (unpublished paper) as Guru's Dilemma or Academic's Choice, which relates to the problem of ownership. Do you teach someone a concept, knowing that way he will learn it, but risking that he will never own it as his? or do you let the individual 'discover' the concept, knowing that if he does he will own it, but risking that he will never 'discover' it. This problem is one which plagues therapy also. One possible solution in the therapeutic setting is to give the patient the principal or concept (insuring he will learn it), and let the patient spell out the consequences and implications, of it himself, thereby owning it. If one takes this route between the horns of the dilemma, then the concepts which one gives the patient must be linguistically simple, yet rich, enough so that the concept will, as it were, lead the patient to spell out the consequences and implications of it, leading to the ownership which is desired. Thus, one criterion for usefulness of a concept is the easy communicatability of the concept and the capacity of the concept to guide the new learner to their imbedded implications.

In the context of 'doing' versus 'talking about' in therapy, validation will be briefly discussed. The crucial validation of a person, as posited in this paper, is of the feeling 'I matter'. Put differently, the stance which the humanists describe as loving or
respecting or caring about the patient can be seen as stances which validate the patient's 'I matter'. It is possible to talk about the topic of narcissism or self-esteem or validation with a patient, without empathizing with him or esteeming him or validating him. For those who believe that the way the patient is viewed by the therapist influences the outcome of therapy, then there are advantages to understanding the term validation at an emotional or stance level as well as having an adequate cognitive grasp of the concept.

It is interesting to speculate that what Kohut's theory of narcissism had the effect of doing, was to remove the automatic pejorative connotation from narcissism, and to provide ways to view narcissistic patients which allow the therapist to take a positive, caring, validating stance toward narcissistic patients. This latter is especially helpful since, as Kohut points out, patients with narcissistic difficulties can be unpleasant, disvalidating and irritating to the therapist. The patient disvalidating the therapist, can cause a defensive therapist to disvalidate the patient. If one can view the patient's unpleasant, disvalidating behavior in such a way that it poses no threat to the therapist, the therapist is more able to maintain a positive, validating stance toward the patient. To exaggerate slightly, Kohut's model allows one to view a person with narcissistic difficulties as 'nice', whereas the traditional psychoanalytic views them as 'nasty'.

This validating stance was described rather than giving case material because it is very difficult to describe a stance, a way of viewing. This attitude has behavioral correlates but the behavioral correlates are subtle. The tone of one's voice, one's body language,
one's facial expression, these are the sorts of behavioral correlates which are associated with attitudes toward the patient. If one perceives the patient as mattering, as effective or potentially effective, potentially integrated, those perceptions will be manifest in subtle but real ways, ways the patient will react to even if he is not consciously aware of them. It is these subtle manifestations of attitude which Kohut emphasizes e.g. things like the tone of voice in which one makes interpretations. If one is irritated by grandiosity, it is much more likely to be experienced as, and to be, a criticism, a complaint, or an exhortation for 'being realistic', than if one sees the grandiosity as covering terrifying feelings of helplessness, in which case an automatic gentleness and empathy are the likely correlates which will be manifested in tone, body posture, and facial expressions. It has been proposed here that how one perceives another (how the parent perceives the child), can alter how that individual perceives himself. It is reasonable to assume the same holds true for the therapist. If the therapist views the patient as weak or inadequate or ludicrous, it will influence the patient, either directly or indirectly. Thus, the therapists perception of the patient is conveyed, to the patient and can influence the patient's perception of himself. If one accepts these descriptions then understanding the concept of validation at a stance or process level is important, in addition to understanding it conceptually.

There is one small but useful therapeutic strategy which specifically grows out of the concepts presented in this paper, which is different from those of Kohut, which might be mentioned here. Given several concepts of this paper, i.e. helplessness, comparison, and
multiple perceptions of the self, the 'idealized other' can be viewed as not really a perception of 'other' but rather as a perception of the self, a perception of the self as inadequate or helpless without an 'other' to 'borrow' strength, effectiveness, safety from. This stance permits and encourages two therapeutic strategies, i.e. 1) describing to the patient the function that idealizing performs for him; and 2) working to enhance the patient's perception of his own adequacy so that he will not feel the need to 'borrow' from an 'other' in order to be adequate. Kohut's system suggests only the first.

SUMMARY

In this chapter, clinical usefulness was stated to be the primary goal of the concepts which have been presented, and criteria for evaluating clinical theory were presented. These can be summarized as 'Do the constructs offered 'make sense of' some aspect(s) of human behavior, and second, offer guides for therapeutic behavior which prove useful in altering the undesired facets of human behavior?' Also factors which influence clinical usefulness were described.

Some examples of how the constructs offered in this paper could be used in such ways as to be clinically useful were given. Or put differently, some clinical implications were drawn from the concepts presented. The constructs of multiple self perception, anger, effectiveness, ownership and validation were the examples used.
Perhaps the most pertinent question to ask any theory or set of concepts is 'What relevance does it (or they) have?'. What does looking at the world the way that is suggested do for one? The summary of this paper will be in the form of an answer to that question in behalf of the notions which have been discussed in this paper.

Two clinical phenomena, noxious self-centeredness (narcissism in common clinical usage) and low self-esteem are common clinical occurrences. Some even claim they are becoming more common as modern culture brings increased personal isolation and fewer methods of being directly effective. These both present difficulties to patients and therapists alike. Up until this time however, they have functionally and in most cases theoretically also, treated as separate unrelated clinical problems. Narcissism in general was considered pathological and self-esteem in general (with the exception of low self-esteem) was considered healthy.

From the psychoanalytic tradition there is no theoretical construct of self-esteem, or of self for that matter, and little psychoanalytic clinical emphasis was placed on it. There was some theoretical attention paid to the concepts of narcissism, though it
is limited and at times contradictory. The two concepts narcissism and self-esteem were relatively unrelated to each other. An occasional statement that narcissism supported self-esteem was made, but since neither self-esteem nor how narcissism supported it, were ever theoretically described, that statement cannot be considered to be an adequate description of a relationship between them. From the humanistic or self-theorist side, there is a large amount of clinical description and emphasis on self-esteem, and little theoretical emphasis. There is virtually no theoretical attention from the humanistic stance regarding narcissism and surprising little clinical emphasis on narcissism. There is no theorized relationship between self-esteem and narcissism, since narcissism is not a construct used in that system. Therapeutically, the humanists deal extensively with issues which have here been described as narcissism, but do so without theoretical rationale, while the psychoanalysts did not treat such difficulties at all. Common clinical usage in virtually all circles viewed narcissism as pathological and focused on the obvious, arrogant, self-centeredness. This is a summary of both Chapter I and the state of affairs relative to narcissism prior to Kohut.

Kohut can be seen as contributing to the psychoanalytic treatment community by opening up the treatment of narcissistic disorders, introducing the dimension of self-esteem, and moving in the direction of including behavioral and external factors in an otherwise predominantly intrapsychic system. He opens treatment to patients with narcissistic disorders by positing and describing two transference paradigms (a necessity for psychoanalytic treatment), the mirror transference and the idealizing transference. Theoretically, he
contributes the description of narcissism as 1) having an independent line of development; 2) to be applicable to both the arrogant behavior (previously called narcissism) which he calls the grandiose self, and to behavior (previously described as relating to low self-esteem) such as unsure, dependent, ineffective, unhappy feelings, which he calls the idealized parent stance; and 3) having pathological (infantile) and healthy (mature) forms, hence not by definition being pathological. He also described etiological patterns hypothesized to cause various narcissistic pathologies, and suggested processes for treatment and alteration of pathological aspects of narcissism. Adult narcissism is, in essence, postulated to be the result of the instinctual primary narcissism of the child combined with patterns of responses from the external world (especially parental responses) to the child. This latter carried Kohut away from the emphasis on the inner needs and innate drives of traditional psychoanalytic theory and toward a more environmental, behavioristic, or interactive approach. These are the clinical and theoretical contributions to the psychoanalytic community.

Kohut's theorizing was not intended by him for a 'humanistic' audience and indeed is not likely to get one as long as the concepts are presented in the language which Kohut uses. This is regrettable if one view's Kohut's concepts as providing a theoretical rationale for much of the clinical work done by 'humanistic' therapists. Such a rationale can help focus more specifically on what is effective in therapy, is teachable, and adds a cognitive component to intuition and empathy as therapeutic tools. The concepts can be seen as teaching a new therapeutic attitude (a more 'humanistic' one) to the analysts.
and providing a theoretical rationale for the stances already held by
the humanists. However due to the technical psychoanalytic jargon,
the benefit which could be derived in humanistic circles is unlikely
to occur. Also to a certain degree the assumptions made by Kohut are
not all comfortable to those in the humanistic tradition and may be
rejected on those grounds. Also Kohut's therapeutic system is insight
oriented, with the therapist taking a relatively passive stance. For
those therapists and patients who need or rely on more behavioral
approaches, the therapeutic stance suggested by Kohut is limited.
This essentially is a summary of both Chapter II and the state of
affairs prior to the concepts of this paper being presented.

The concepts presented in this paper can be seen first of all
as being translations of many of Kohut's terms and concepts. This
translation is in part aimed at describing the same phenomena which
Kohut describes, but in language which is acceptable and understandable
by patients and therapists alike. Many of the constructs were generated
or were pressed into service from other sources to explain concepts of
Kohut.

Second, some of the concepts presented here broaden or go
beyond, either theoretically or clinically, those of Kohut. In part-
icular, at a theoretical level, an assumption that the fact of the
helplessness of the human infant, influences its perception of itself is
made. From that assumption follow a variety of implications, which were
described in Chapters III and IV. Also at a conceptual level a number
of concepts were suggested. A definition of self, in terms of percept-
ion, and including the notion that each individual has multiple perceptions of the self was made. This concept adds theoretically to Kohut
since Kohut does not have a concept of the self. It is also a broader concept, since the grandiose self and the idealized parent stance are two specific perceptions of the self, among many possible. A definition of narcissism was presented, described as a complex feeling-state composed of dimensions of personal value, effectiveness, and ownership. Each dimension is assumed to be a continuum with the extremes of each continuum being described as pathological, e.g. valuing the self exclusively and not valuing the self at all; thinking the self omnipotent and thinking the self is helpless. The moderate ranges on the continuum are viewed as healthy and could be called self-esteem or healthy narcissism. Narcissism and self-esteem are distinguished from, or related to, each other in that self-esteem implies a cognitive comparison and evaluation, in addition to an affective or emotional component, whereas narcissism consists of only the affective component. This definition of narcissism broadens, and perhaps alters, Kohut’s concept of narcissism in the following ways. First, it is a description from a subjective point of view. The subjective description is more readily understood by most patients than the more experience-distant abstractions of Kohut’s. Second, by breaking down narcissism conceptually into component parts, certain specific aspects can more sharply be focused on. Third, it relates self-esteem and narcissism even more clearly than Kohut does. Fourth, by positing effectiveness as a component part of narcissism, the emphasis on external behavior being related to inner needs is heightened. This emphasis also suggests behavioral maneuvers for both the therapist and the patient in addition to the more insight oriented and non-behavioral therapeutic stance of Kohut. Other concepts presented here, include validation, all
evaluation is in the nature of comparison, anger which includes a comparative devaluation of the other. These also increase external or behavioral emphasis, in comparison with Kohut.

Anger, in this paper, is, in essence, defined as a defense mechanism used in defense of the self as it is perceived by the individual in question. It is used to defend against narcissistic threats or attacks. It, along with sexuality, is described as in reaping intrinsic effectiveness rewards. The psychoanalytic assumption of aggression as one of the two basic drives, is replaced with effectiveness as a 'basic drive', or primary motivational factor, and anger is seen as a defense mechanism. Whether this stand differs from Kohut is difficult to tell. This is a summary of Chapters III and IV.

These concepts which have just been described can be seen, then, as contributing to or broadening, or, in a few respects, perhaps changing Kohut's concepts. These contributions were aimed primarily at providing more understandable and clinically useful descriptions of the phenomenon(s) called narcissism, and secondarily at attempting to clarify some difficult theoretical concepts or filling in the void where there are theoretical gaps. In essence, the concepts in this paper are presented with the view that they constitute a lens, or a set of lenses, through which one can look at human behavior in a different way, a more useful way than one could before. The overall view of narcissism as defined in this paper, is that it is a universal and important facet of human existence. It has both pathological and healthy uses and forms. We all have a narcissistic component which we manage, better or ill, to our benefit or detriment. It is one of three major components which shape how the adult feels about himself.
The other two major components are the perception of helplessness, and external validation of these two universally experienced perceptions. Therapeutic strategy then is three-fold: 1) change the grandiose perception of the self; 2) change the helpless perception of the self; 3) change exchanges with the 'real', external world, such that the individual is validated. This is the essence of the view of narcissism which these concepts provide. The goal is to be clinically useful.

To answer the initial question 'What do these concepts do for one?', the preceding summary describes some of the things concepts can do for one, i.e. the contributions which these concepts make. In addition to the gains already mentioned, one last advantage needs to be reiterated. This way of looking at narcissism reduces some of the pejorative loadings of narcissism. This offers a way of understanding, which encourages empathy and caring for those who are experiencing narcissistic difficulties. This attitude is especially appropriate to narcissism since these disorders reflect, by definition, difficulties with how one feels about the self. Thus if a therapist is irritated or perplexed by the symptoms of narcissistic difficulties, then not only will such responses not be helpful, they can even be harmful or at least painful to the patient or recipient. The old view of narcissism encouraged non-helpful, pain inducing responses. One could self-righteously exhort the patient to 'be more realistic' without understanding how difficult or frightening that was for the patient. The new way of viewing narcissism encourages empathy and understanding. For those who believe that the attitude which the therapist takes toward the patient, and especially with regard to the
narcissistic sector of the personality, influences the outcome of therapy, this shift in stance is crucial. Therefore, even if the concepts which have been presented in this paper were not 'true' or 'accurate' (according to some criterion), if they help alter the emotional attitudes towards patients as described, they could be deemed useful.

Changing one's stance toward narcissism, as described, and 'making sense of' (or making better sense of) various bits of behavior seen clinically, which are assumed to result in improved therapeutic treatment, are the things which these constructs can do for one.
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