Effectiveness of Psychoanalytically Informed Short-term Psychotherapy Using Self Psychology

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Background and Purpose

This paper is derived from my doctoral internship that required a theoretical foundation for the psychotherapy of a selected client. Treatment of an agreeable patient had to be conducted with an acceptable theoretically based approach. A particular case lent itself to self psychology. As it was conducted at a university, the semester structure limited time and had interruptions between terms and for holidays. As a psychoanalytic paradigm was used, which is usually considered long-term, a short-term approach needs to be justified. From this work, I offer the following material for three reasons: (1) a summary of the basic precepts of self psychology, (2) justification of short-term therapy using self psychology, and (3) to provide a startup list of references for serious new students.

Psychoanalytic/Psychodynamic Family

Anne Alonso (1988) [1933–2007], one of my teachers, informed us that there are four major schools of psychoanalysis, primarily associated with four individuals:

- Sigmund Freud's classical drive theory
- Anna Freud's ego psychology
- Melanie Klein's object relations theory
- Heinz Kohut's self psychology

Other significant individuals were associated with each of these fields but herein the focus will be on Heinz Kohut and his followers. Dr. Alonso (1988) also listed the fundamental ideas which transcend all branches of psychoanalytic and psychodynamic thought:

- Psychological determinism
- The existence of unconscious process
- The dynamic, goal directed quality of human motivation
- Epigenetic development
- Functions of the mind at work at a given point in time

Under the last section she wrote:

> All psychodynamic approaches assume that there are distinct functions of the mind which may be in conflict. They are managed by an internal structure that the theorists have postulated to explain the process of how the mind works in the here and now. By structure, we mean stable and predictable mental states—clusters of thinking that are permanent or change very slowly, and that organize and manage conflicting ideas and competing impulses. (Alonso, 1988, p. 41)

Structural hypotheses can vary from Freud's ego, id, superego model to Kohut's concept of the self. Reiterating, psychoanalysis is a treatment of conflict (Arlow and Brenner, 1990; & Rangell, 1981).

Summary of Self Psychology

Self psychology evolved out of the psychoanalytic tradition, but is a major departure from traditional drive theory and object relations theory (Goldberg, 1980-1981; Ornstein & Ornstein, 1996a). Freud's seminal development of psychoanalysis arose out of his work with neurotic patients. These patients had essentially traversed through the initial stages of development and had internalized conflicts

of the Oedipal phase. Freud first theorized a typographical model (conscious, unconscious, and preconscious), then the structural model (ego, id, and superego) model, of the mind. Building upon Freud's base, ego psychology and object relations theories were advanced. Prior to Kohut's (1966, 1971, 1977, 1984; Kohut & Wolf, 1978) focus on the narcissistic core, treatment focused on interpreting aggressive and sexual drives, or on the internal images formed by the child in her or his primary relationships. The differences in content and outcome of classical psychoanalyses (plural intentional) and analysis of the self are elaborated in Kohut's (1979) much analyzed key paper, "The Two Analyses of Mr. Z."

This paradigmatic shift did not come easily, nor was it understood—integrated and differentiated—by the psychoanalytic community, a situation that did not please Kohut (1982). Essentially, self psychology is a positive psychology rather than a negative psychobiological view of humanity. "Kohut believes that the essence of human experience is not to be found in the biologically inevitable conflict between generations but in intergenerational continuity. Access to this essential nucleus of man's self can best be gained if psychoanalysis shifts from biology to psychology" (Kohut, 1982, p. 406). Wolf, an early collaborator with Kohut (Kohut & Wolf, 1978), said that "person who lives in harmony with the self's life plan enjoys a sense of fulfillment" (Wolf, 1988, p. 51).

Subjectivity and Therapeutic Mutuality

Engler and Coleman (1992) note that "[t]he distinctive feature of this psychodynamic approach is its emphasis on the *subjective meaning* of experience; and the use of the therapeutic relationship to explore, illuminate, and transform your subjective world—the way you experience yourself and others" (italics in original; pp. 51-52). My internship supervisor emphasized that we are "fantasy doctors." Facts in the psychoanalytic clinical domain are jointly created by both the therapist and the patient and are dependent on the theory held and the method of interpretation used (Ornstein & Ornstein, 1994). "The observational stance is always within, rather than outside, the intersubjective field or 'contextual unit'... being observed, a fact that guarantees the centrality of introspection and empathy as the methods of observation" (Stolorow, Brandchaft, & Atwood, 1983). Goldberg (1973) says "therapy is a transaction ... . a process between involved persons" (p. 725). In the relationship, "self-curative factors within the patient ... [are] set into motion by the dynamic forces in the relationship between patient and doctor" (Ornstein, 1996b, p. 120). Ornstein and Ornstein (1996a) describe the nature of the relationship that is therapeutic:

> A certain type of encounter between patient and therapist inevitably establishes a therapeutic relationship—the self-object matrix—within which the patient's thwarted needs and thwarting fears can find expression. It is the patient's progressively less hampered expression of these needs, in the face of the ever-present fears of retraumatization, and the therapist's responsiveness to these needs and fears (mainly through "understanding" and "explaining" them) that are the core of psychoanalytic therapy—irrespective of the nature of the patient's clinical condition. Instead of speaking of different "techniques" for different conditions, we speak of, and focus on, the nature of the therapist's responsiveness to the various constellations of emerging needs and fears in the treatment process. (p. 93)

"The psychoanalytic situation creates conditions in which the damaged self begins to strive to achieve or to re-establish a state of cohesion, vigor and inner harmony" (Kohut & Wolf, 1978, p. 414).

Selfobjects

The concept of selfobjects, either as primary caregivers or later as psychotherapists, needs to be defined. Kohut and Wolf (1978) succinctly explain the selfobject phenomena:

> *Selfobjects* are objects which we experience as part of our self; the expected control over them is, therefore, closer to the concept of control which a grown-up expects to have over his own body and mind than to the concept of the control which he expects to have over others. There are two kinds of selfobjects: those who respond to and confirm the child's innate sense of vigor, greatness and perfection; and those to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence. The first type is referred to as the **mirroring self object**, the second as an **idealized parent image**. The *self,* the core of our personality, has various constituents which we acquire in the interplay with those persons in our earliest childhood environment whom we experience as selfobjects. A firm self, resulting from the optimal interactions between the child and his selfobjects is made up of major constituents: (1) one pole from which emanate the basic strivings for power and success; (2) another pole that harbors the basic idealized goals; and (3) an intermediate area of basic talents and skills that are activated by the tension-arc that establishes itself between ambitions and ideals. (author's italics; boldface added; p. 414)

The state of the self is profoundly effected by feeling understood and explaining generates insight which can only be derived by the patient, it is not something that can be given (Ornstein & Ornstein, 1996a). The psychotherapist interacts with the patient in the therapy situation and together they create a mutually constructed reality. "[T]he now generally accepted fact that what becomes available for therapeutic change does not depend only on the nature of the psychopathology (whether it is oedipal or preoedipal in nature) but also on what transpires between the two participants in the treatment process" (Ornstein & Ornstein, 1996b, p. 105).

The therapist using self psychology is able to be more interactive with the client. "When there is no longer any fear that ordinary, everyday human curtesies will undermine the success of treatment—in fact, thy might contribute to it—a freer more openly friendly atmosphere might prevail. The arbitrary distance that was to guard against overtly or covertly satisfying drive needs or wishes might give way to a more natural, genuine presence on the part of the therapist of analyst" (Ornstein & Ornstein, 1996a, p. 96).

> The patient may then begin to let down his or her guard and risk expressing long-thwarted needs and wishes and his or her now maladaptive, lifelong, protective defenses against them. The strongest inner obstacle to progress in the remobilization of the transference is the patient's fear of being retraumatized by the therapist in response to his or her openly expressed needs and wishes or the patient's own inability to perceive and respond to the analyst's empathic understanding. (Ornstein & Ornstein, 1996a, p. 97)

The *selfobject* is not difficult to understand, "although it is more frequently misunderstood than the term *self*. The most frequent understanding is to think of the selfobject as a person. To be sure, quite frequently the selfobject function is performed by a person, but it is important to remember that the selfobject is the function, not the person" (italics in original; Wolf, 1988, p. 52).

Therapeutic Process

Self psychology is based on a theory of normal development and treatment is based upon a corrective therapeutic experience that allows healthy structure to be belatedly formed in a relationship with an empathic therapist. Basch (1976) holds that the infant is equipped at birth with adaptive patterns for relating to adults. "Kohut's view sees the infant as essentially born strong rather than helpless, on account of its innate, hard-wired capacity to elicit the needed responses from the surround, and as fitting harmoniously into the empathic self object milieu into which it is born" (Ornstein & Ornstein, 1996a, p. 88). Lazarus (1988) nicely delineated a copyrighted flow diagram of normal development for his article that is available in full-text database.

Failure of the childhood developmental environment to provide the necessary mirroring responses, fortunately can be rectified in adulthood by a relationship with a competent psychotherapist. "Where early environmental provision of psychological requirements has failed, analytic treatment offers the adult patient a second chance at internalization" (Teicholz, 1996, p. 143). Internalization or a repaired psychic structure is the essence of psychodynamic psychotherapy. "[T]he acquisition of the psychological structure that is the foundation for the cohesive self and for true psychic separation [from the primary caregiver]— is accomplished by the process that Kohut has designated as *transmuting internalization*" (italics added; Tolpin, 1971, p. 346).

> By "transmuting internalization" Kohut (1971) meant that potentially available innate, archaic, budding capacities mature in the course of development and gradually become transformed within an empathic self-object matrix into permanent psychic structures. He thought transmuting internalization was triggered by "optimum frustration." Current views consider "optimum gratification," "optimum responsiveness," or "empathic responsiveness" as more appropriate concepts in this context. (Ornstein & Ornstein, 1996a, p. 99, footnote 3)

"It was the observation of transmuting internalizations in the course of the working through of the selfobject transferences that provided us with a theory and technique which can more systematically and deliberately bring both the potential for structure building and for structural change into the psychoanalytic process" (Ornstein & Ornstein, 1980, p. 206).

> The concept of transmuting internalization is taken from its developmental analogue. Under optimal conditions such internalization takes place because of the minor empathic failures and delays of response on the part of the self-object-caretaker. These ordinary occurring optimal frustrations lead to the gradual acquisition of those functions which—in an average expected environment—are provided by the caretaking self object: functions of self soothing, anxiety reduction and tension regulation. In psychoanalysis, well established selfobject transferences temporarily provide these functions which are essential to the experience of self-cohesion. (Ornstein & Ornstein, 1980, p. 206)

Self psychology is a new paradigm, removed from the topographical mode of "making the unconscious conscious" or the structural mode of "where id was there shall ego be" (Basch, 1981). Also, repression and defenses are looked upon differently in self psychology than in classical psychoanalysis. Basch (1981) makes a distinction about repression that seems helpful in appreciating a shift in what goes on in different approaches to therapy: "It seems that disavowal rather than repression is the main defense of narcissistic character disorders, and that task of overcoming the second censorship through interpretation in the main one in the analysis of such patients" (p. 171). "Resistance in self psychology is considered to be an expression of the individual's fear of being retraumatized; a protective measure of a vulnerable self" (Ornstein & Ornstein, 1996a, p. 89).

Empathy

Empathy is the key ingredient in the corrective therapeutic experience. "The analyst's successful employment of the empathic mode of perception le[a]d[s] to self-righting" (Lichtenberg, 1996, p. 129). Furthermore he says, "[t]he analyst's reliability, willingness to accept responsibility, to listen with care and concern, and to be tactful, individually and together, may constitute a positive change in an inhibiting condition for patients who have experienced a deficit in these relational qualities" (p. 128). Ornstein and Goldberg (1973) make the point that the therapist "offers himself as the 'object' in relation to whom these conflicts can be experienced as 'real' in the 'here and now' (p. 144). Much of this interpersonal exchange is carried out through the use of language to maintain a tolerable empathic distance in the transference (Havens, 1980). A key confusion exists, however, in the application of empathy and what the term means. Definition of empathy is difficult but the subtlety and specificity of its meaning can be derived form Kohut's (1982) last paper, edited and presented posthumously. He is exasperated at the misunderstanding of a paper (Kohut, 1959) he delivered twenty-five years earlier.

> I did not write about empathy as a psychic activity. I did not write about empathy as associated with any specific emotion such as, in particular, compassion or affection. It may be motivated by, and used in the service of, hostile-destructive aims. I did not write about empathy as associated with intuition. As is the case with extrospection, it may, occasionally, be used seemingly intuitively by experts: that is, via mental processes of observation that identify complex configurations pre-consciously and at great speed. But mostly, certainly in psychoanalysis, empathy is used non-intuitively, ploddingly, if you wish, by trial and error. I did not write about empathy as being always correct and accurate. As is the case with extrospection and internal reality, introspection and empathy may misperceive the psychic reality we scrutinize (already on the level of data collection), either because we are guided by erroneous expectations, by misleading theories that distort our perception, or because we are not sufficiently conscientious and rigorous in immersing ourselves for protracted periods in the field of our observation. We must, in other words, be able to tolerate uncertainty and to postpone our closures. (Kohut, 1982, p. 396)

I think the above reactive paragraph goes a long way in clarifying confusion with the term empathy. Ornstein and Ornstein (1980) state more positively, with an embedded quote, that the "empathic-introspective stance of observation and communication positions the analyst *inside* the subjective

(intrapsychic) world of the patient and he thus focuses his attention on 'how it feels to be the *subject,* rather than the *target* of the patient's needs and demands...' (Schwaber, 1979) [Our italics]. In contrast, the external observer remains *outside* the patient's psychic reality and he is therefore restricted to an ill-suited inferential approach to the complex inner world" (bracketed statement in original; p. 207).

Short-term Psychotherapy

A one-year doctoral internship in clinical psychology, by its very nature, implies short-term psychotherapy. The academic structure governing a university counseling center further limits therapy to two 15-week terms, interrupted by inter- and intra-semester breaks. Therefore, training in a school setting limits the possibilities for protracted treatment. Psychoanalysis has generally been at odds with the concept of time limits. Thus, this perception of diametrical opposition would seemingly preclude the use of psychodynamic approaches at an internship in a college counseling center. Nonetheless, I will argue that the theory and literature of self psychology supports its use in time-limited situations. Albeit, possibly without maximizing results in the near term, but by laying a foundation for activation of innate internal healthy growth mechanisms.

Overall, self psychology provides an excellent psychotherapeutic modality with which to treat students and staff for narcissistic disorders, as defined by Heinz Kohut (1971, 1977), at a university counseling center. If we are learning and practicing a psychoanalytically informed treatment modality in a short-term, interrupted situation, it behooves us to explain why and how the techniques and theory are effective.

In commenting on a therapy of 14 hours, Ornstein and Ornstein (1996b), a couple that are primary teachers of self psychology and whom were collaborators with Heinz Kohut, say that we "are not maintaining that in such a short time, deeply anchored personality features can be undone. However, a successful treatment experience can set in motion a process in which the patient's own healing tendency can more actively participate" (p. 123). Two excellent journal articles (Lazarus, 1982; & Gardner, 1991) specifically limited their coverage to brief therapy based on self psychology. Lazarus (1982) pointed out that Malan (1975, 1976) and others have shown that brief psychotherapy produces long-lasting dynamic change because it supports the patient's inner strengths, and acknowledges his or her financial limitations and motivations.

Commentary

This material was originally collected to support my approach to therapy with a client that was treated with self psychology. Justification was required for my work and the original report was not constructed with the literary approach that transposed quotations into the author's words. I have maintained the original quotes in order to convey Kohut's and his disciples original thoughts on self psychology. My intent is not to add or put another slant on the theory and approach to healing. Of course, the mere selection and organization of material somehow reflects my bias (some call it countertransference). To aid in your personal understanding of the field, I believe the list of references, below, is a useful roadmap for the neophyte to *begin* a journey to understand a new field for him or her. From these sources one may branch out. Many times I had to delve into a new field without knowing its boundaries or the questions to ask. My hope is that you find this a useful guide and path to more in-depth knowledge, only laden with *your own* countertransference.

REFERENCES

Alonso, A. (1988). The psychodynamic approach. (pp. 37-58). In A. Lazare (Ed.), *Outpatient psychiatry.* Baltimore, MD: Williams and Wilkins.

Basch, M. F. (1976). The concept of affect: A re-examination. *Journal of the American Psychoanalytic Association, 24,* 759-777.

Basch, M. F. (1981). Psychoanalytic interpretation and cognitive transformation. *International Journal of Psycho-Analysis, 62,* 151-175.

Engler, J., Coleman, D. (1992). *The consumer's guide to psychotherapy.* New York: Simon & Schuster.

Gardner, J. R. (1991). The application of self psychology to brief psychotherapy. *Psychoanalytic Psychology, 8,* 477-500.

Goldberg, A. (1973). Psychotherapy of narcissistic injuries. *Archives of General Psychiatry, 28,* 722-726.

Goldberg, A. (1980-1981). Self psychology and the distinctiveness of psychotherapy. *International Journal of Psychotherapy, 8,* 57-70.

Havens, L. (1980). Explorations in the uses of language in psychotherapy. *Journal of Contemporary Psychoanalysis, 16,* 53-67.

Kohut, H. (1966). Forms and transformations of narcissism. *Journal of the American Psychoanalytic Association, 14,* 243-272.

Kohut, H. (1959). Introspection, empathy and psychoanalysis. An examination of the relationship between mode of observation and theory. *Journal of the American Psychoanalytic Association, 7*, 459-483.

Kohut, H. (1971). *The analysis of the self.* New York: International University Press.

Kohut, H. (1977). *The restoration of the self.* New York: International University Press.

Kohut, H. (1979). The two analyses of Mr. Z. *International Journal of Psycho-Analysis, 60,* 3-27.

Kohut, H. (1982). Introspection, empathy, and the semi-circle of mental health. *International Journal of Psycho-Analysis, 63,* 395-407.

Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.

Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: On outline. *International Journal of Psycho-Analysis, 59,* 413-425.

Lazarus, L. W. (1982). Brief psychotherapy of narcissistic disturbances. *Psychotherapy: Theory, Research and Practice, 19,* 228-236.

Lazarus, L. W. (1988). Self psychology—its application to brief psychotherapy with the elderly. *Journal of Geriatric Psychiatry, 21,* 109-125.

Lichtenberg, J. D. (1996). Mode of therapeutic action. (pp. 127-138). In L. E. Lifson (Ed.), *Understanding therapeutic action: psychodynamic concepts of cure.* Hillsdale, NJ: Analytic Press.

Malan, D. H. (1975). *Study of brief psychotherapy.* New York: Plenum.

Malan, D. H. (1976). *Toward the validation of brief psychotherapy.* New York Plenum.

Ornstein, P. H., & Goldberg, A. (1973). Psychoanalysis and medicine: I. Contributions to psychiatry, psychosomatic medicine and medical psychology. *Diseases of the Nervous System, 34,* 143-147.

Ornstein, P. H., & Ornstein, A. (1980). Formulating interpretations in clinical psychoanalysis. *International Journal of Psycho-Analysis, 61,* 203-211.

Ornstein, P. H., & Ornstein, A. (1994). On the conceptualization of clinical facts in psychoanalysis. *International Journal of Psycho-Analysis, 75,* 977-994.

Ornstein, P. H., & Ornstein, A. (1996a). I. Some general principles of psychoanalytic therapy: A self-psychological perspective. (pp. 87-101). In L. E. Lifson (Ed.), *Understanding therapeutic action: psychodynamic concepts of cure.* Hillsdale, NJ: Analytic Press.

Ornstein, P. H., & Ornstein, A. (1996b). II. Speaking of interpretive mode and feeling understood: Crucial aspects of the therapeutic action in psychotherapy. (pp. 103-125). In L. E. Lifson (Ed.), *Understanding therapeutic action: psychodynamic concepts of cure.* Hillsdale, NJ: Analytic Press.

Schwaber, E. (1979). On the 'self' within the matrix or analytic theory—some clinical reflections and reconsiderations. *International Journal of Psycho-Analysis, 60, 467-479.*

Stolorow, R. D., Brandchaft, B., & Atwood, G. E. (1983). *Bulletin of the Menninger Clinic, 47,* 117-128.

Teicholz, J. G. (1996). Optimal responsiveness: It's role in psychic growth and change. (pp. 139-161). In L. E. Lifson (Ed.), *Understanding therapeutic action: psychodynamic concepts of cure.* Hillsdale, NJ: Analytic Press.

Tolpin, M. (1971). On the beginnings of a cohesive self. *The Psychoanalytic Study of the Child, 26,* 316-352.

Wolf, E. S. (1988). *Treating the self.* New York: Guilford.