A Brief Review of Self Psychology

Carl V. Rabstejnek, P.E., M.B.A.. Ph.D.

Heinz Kohut founded and fostered self psychology.[1-7] He initially practiced in the Freudian tradition, before changing his approach. Kohut described the differences in content and outcome of classical psychoanalysis versus analysis of the self in his much examined key paper: "The Two Analyses of Mr. Z."[4] Although self psychology evolved out of the psychoanalytic tradition, it is a major departure from traditional drive theory and object relations theory.[8,9]

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. Psychoanalytic theory was not fixed but was evolved by Freud and others over his lifetime and development continued after his death. Freud first theorized a typographical model of the mind (i.e., Conscious, Unconscious, and Preconscious), then the structural model of the mind (i.e., Ego, Id, and Superego). Psychoanalytic treatment focused on interpreting aggressive and sexual drives, on the internal images formed by the child in her/his primary relationships, and the resolution of intrapsychic conflicts. Building upon Freud's base, ego psychology and object relations theories were advanced.[10] Kohut's addition was to[1-7] focus on the narcissistic core of the person.

Self psychology was not understood and accepted by the psychoanalytic community, a situation that did not please Kohut.[5] Essentially, self psychology is a positive psychology rather than a negative bio-psychological view of humanity. Kohut believed in intergenerational continuity rather than inevitable biological conflict between generations. He wanted to access the essential nucleus of man's self and felt that could best be gained with a shift from biology to psychology. Wolf,[11] an early and major collaborator with Kohut,[7] explained that fulfillment comes by living in harmony with the self's life plan. Although there is the flavor of humanistic psychology in self psychology,[12] Carl Rogers[13] did not readily embrace the convergence of his person-centered therapy's construct with the work of Heinz Kohut.

Self psychology is based on a theory of normal, not pathological, development. Treatment depends upon upon a corrective therapeutic experience that allows healthy structure to be *belatedly* formed in a relationship with an empathic therapist. It is believed that the infant is equipped at birth with adaptive patterns for relating to adults.[14] The child is born strong, not helpless, and has innate, hardwired ability to relate in natural empathic self object milieu and able to fit harmoniously into his or her surrounding of birth.[9]

It is the relationship with other people that advances the development of a healthy sense of self with the use of "self objects."[9] Self object is the term used to describe objects that a child (or adult) experiences as part of her or his self. There are two types of self objects: *mirroring self objects* are those which confirm a child's (and adult's) sense of greatness, perfection, and vigor; and *idealized parent imago* (image) are those who the child idealizes or looks up to as infallible, omnipotent, and calm. Through the relationship with self objects we develop the core constituents of our personality — the self. The self results as an effect from the interplay between people in the environment whom the child experiences as self objects. Therefore, the relationship that ensues between the infant and child with his or her parents contributes toward the development of a sense of self.

The Ornsteins[9] explained that through optimal interactions between a child and her or his self objects a firm self is developed toward two poles. One axis direction harbors basic striving for success and power; and the other harbors basic individual goals. An intermediate area harbors basic skills and talents which are activated by a tension-arc established between ideals and ambitions.

Kohut's original intention for the selfobject was for another person to perform functions that one could not be perform for oneself.[8] Over the years this concept has greatly expanded. The *selfobject* is not difficult to understand, but it is important to realize that the selfobject in not *the* person but the function that he or she performs.

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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 the early environment failed to provide needed psychological requirements, a second chance at beneficent internalization can be provided in analytic treatment.[15] Internalization of a repaired psychic structure is the essence of change in psychodynamic psychotherapy. Kohut coined the term "transmuting internalization" to describe the process whereby the psychological structure is acquired from the primary caregiver who is the foundation for true psychic separation and a cohesive self.[16]

Transmuting internalization describes the person's innate, archaic, budding capacities that are potentially available in the course of development.[9] Permanent psychic structures are gradually transformed within an empathic self object matrix.

Kohut believed that there was optimum *gratification* and optimum *frustration*, plus an optimum empathic responsiveness appropriate for developing wisdom, security, empathy, and humor. Observation of transmuting internalizations as patients worked through selfobject transferences provided the theory and technique for the systematic and deliberate means which allow structure building and structural change in the psychoanalytic process.[17] Transmuting internalization is a concept derived from its developmental analogue — when there are minor empathic failures and delayed responses to the infant by his or her self object, internalized structure builds. Frustrations occurring in the average expected environment by the caretaking self object, such as anxiety reduction, tension regulation, and soothing are internalized. Self object transferences that occur in psychoanalysis temporarily provide these functions, thereby enabling the client to experience self-cohesion.

Empathy is the key ingredient in the corrective therapeutic experience. Self-righting in facilitated by the analyst's use of the empathic mode of perceptions.[18] The analyst needs to be reliable, willing to accept responsibility, able to listen with care and concern, and tactful, so that individually and together the patient can correct for defects in relational qualities. The therapist offers himself or herself as an object in the here and now through which transference conflicts can be experienced as real.[19] Much of this interpersonal exchange is carried out through the use of language which maintains a tolerable empathic distance in the transference.[20]

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 last paper.[5] At the time, he was exasperated at the misunderstanding of empathy presented in a paper he delivered twenty-five years earlier.[21] As empathy is used variously across the public and psychological literature, I believe an extended quotation from later in Kohut's life, edited and published posthumously, will be useful:

> 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.[5] (p. 396)

I think the above reactive paragraph goes a long way in clarifying confusion with the term empathy. Ornstein and Ornstein[17] 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...'" [italics added] (Schwaber, 1979).[22] 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).

Psychodynamic approaches distinctly emphasize the *subjective meaning* of experience and the patient-therapist's therapeutic relationship to transform the way in which the world is experienced.[23, 24] 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.[25] One observes the process from within, not outside, the "contextual unit" or "inter-subjective field" which is being observed; this provides for the centrality of the empathic and introspective methods of observation.[26]

Within the relationship with an empathic and mirroring therapist, the patient may risk dealing with long-held maladaptive protective defenses against his or her frustrated needs and wishes. An obstacle to progress is the patient's fear of being re-traumatized by the therapist's reaction to his or her expression of needs and wishes. Also, the patient may not be able to perceive and respond to the therapist's attempt at empathic understanding and responses.[9]

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*.[9] The psychotherapist interacts with the patient in the therapy situation and together they create a mutually constructed reality. It is what transpires between the therapist and patient that provides the material for therapeutic change, not the nature of the psychopathology (e.g., whether it is pre-Oedipal or Oedipal in nature).[27]

As it is the relationship which is important, the therapist using self psychology is able to be more interactive with the client. Ordinary, everyday human courtesies are not considered to undermine the success of treatment and, in fact, more openly friendly and freer atmospheres may contribute to therapeutic success. The arbitrary distance of classical psychoanalysis was a guard against inadvertent satisfaction of drive based needs or wishes. The obstacle to progress is the patient's fear of being re-traumatized or inability to receive empathic understanding by the therapist.[9]

Self psychology was 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."[28] Also, repression and defenses are looked upon differently in self psychology than in classical psychoanalysis. Basch[28] makes a distinction about repression that seems helpful in appreciating a shift in what goes on in different approaches to therapy. That is, narcissistic character disordered people seem to use disavowal as their main defense, rather than repression. Therefore, this primary resistance needs to be overcome before working on the other defenses. This resistance is a guard against being retraumatized in the present and to protect the self.[9]

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