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**An Appraisal of Kohut's Contribution to the
Understanding of Narcissism**

Phil Mollon

Kohut's exploration of narcissistic phenomena has had enormous impact on psychoanalytic thinking in the USA. Controversial though 'Self Psychology' is, it has stimulated creative debate and a rethinking of many basic assumptions regarding development, the origins of pathology and the mode of action of psychoanalysis. Kohut's influence in Britain, by comparison, is almost negligible. Perhaps this is partly because Kohut - who died in 1981 - was writing against a background of classical analysis, Freudian and ego-psychological, which is rather different to that prevailing in Britain. Here psychoanalytic development has been structured around the contributions of Melanie Klein - either pro-Klein and developing her ideas, or in reaction against Klein. Thus to be meaningful in a British context Kohut's work must be related to Klein. The purpose of this review is to provide a critical evaluation of Kohut's rethinking of narcissism bearing in mind concepts more familiar in Britain. A second brief paper (in this issue) compares more specifically Kohut's ideas to those of Klein and Bion.

To describe a person as narcissistic is often to attribute to them a highly negative constellation of character traits. The connotations are likely to be that the person is egocentric, grandiose and lacking in empathy for others (e.g. Kernberg 1975). Impaired object-relatedness is implied, the narcissistic stance being seen as reflecting angry withdrawal from disappointing objects. Narcissism takes on its most pejorative connotations in certain Kleinian writings. Rosenfeld (1971), for example, sees narcissism as a manifestation of the death instinct. Meltzer (1967) and Steiner (1983) see narcissism as associated with a destructive organisation within the personality which functions to deny dependence and envy - at the same time as *expressing* envy. Kernberg, whose formulations are often juxtaposed to those of Kohut, similarly takes an essentially Kleinian view.

Freud's view of narcissism was more neutral and more complex than this - the oscillation between narcissism and object-love being only one aspect discussed in his 1914 paper. He also wrote about states of being in love, the idealisation between children and parents and the development of the ego ideal. The original emphasis upon idealisation is lost in those contributions that stress the destructive anti-object-relating aspects of narcissism. As Kinston (1980) has pointed out, there are two broad trends in writings on narcissism - first the view of narcissism as a defensive retreat from object-relatedness; second the notion of narcissism as the

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relationship to the self. Certainly there is more to narcissism than grandiosity and a refusal to object relate. There is, for example, idealisation and the whole area of disturbances in the experience of self.

It is these phenomenological subtleties that Kohut's work has addressed. His exploration of narcissism, his emphasis on a concept of self as an experiential core to the personality has led to further insights into the nature of mental development, culminating in his proposal (1977 & 1985) of an alternative paradigm for psychoanalysis, to be known as 'Self Psychology'. In this new framework, disturbances in the experience of self are seen as *primary*, and object relational disturbances, including withdrawal from relatedness are seen as secondary results. In view of our general assumption that development is from the beginning utterly involved with and dependent upon relations with others, it may seem surprising to suggest there can be a disturbance more primary than an object relational one. Kohut's answer is his concept of the 'selfobject'. This refers to the caretaker's *functions*, of mirroring and availability for idealisation, which are required to maintain the cohesion of the infant's self. From the infant's point of view, these functions are experienced as part of the self, 'often accepted with the same self-evident certainty with which we accept the presence of a life-sustaining framework of surrounding air and solid ground' (1971, p.91). The stress on the *infant's point of view* is important. Kohut always gave emphasis to the view empathically grasped from within the infant's or patient's experience, as opposed to that obtained from a more external vantage point.

The question of the possible relationship of the selfobject to Kleinian concepts of the internal object and projective identification is discussed in the second paper.

Clinical Illustration

At this point I will present some clinical material from a single session as a basis for discussion. It is intended particularly to illustrate issues of idealisation.

The patient, Mr B, is a thirty-year-old man, a director of TV commercials. A notable feature of his childhood is that his father died when the patient was seven, leaving him at the mercy of a highly possessive and intrusive mother who showed little empathy for his developmental needs. In the session prior to the one to be described I had spoken to him of what appeared to be his fear of castration, quite concretely in terms of a fear of losing his penis. This had seemed a relevant interpretation at the time in the light of the material of the session, but in retrospect I felt it to be rather clichéd and overly concrete, and I believe this to have been an important context for the session to follow.

The patient began the session by telling me that he had been auditioning some actors and that in doing so he had adopted a 'shrinklike' posture - 'shrink' was always his word for a therapist. As a result he had felt distant and in control and he felt that this was good. One of the actors had seemed quite disturbed but the patient had sat 'impassively and feeling superior'. He went on to talk of how good it felt to identify with the therapist in this way; it was, he said, like a little boy identifying with his father. I commented that the apparent admiration of the therapist's stance seemed rather ambiguous to say the least - it appeared to contain quite the opposite of admiration, seeming rather to be a kind of hostile mimicry.

The patient denied that there was a hostile component in what he was saying but agreed that it involved mimicry, adding that perhaps the only way a child can identify with his father is through mimicry of his manifest characteristics. He then continued in a similar vein saying that sometimes after a session he would think how wonderful it would be to be a shrink. He wished he could be one but assumed it must be too late to train. He then referred to another director whom he admired, describing him as arrogant and adding that he would like to be arrogant himself. Actually, he said, he felt a kind of arrogance about coming to therapy. He compared himself with a friend whose father was still alive, feeling superior to him because this friend would get little *further* help from his father, whereas the patient would continue to be helped by his therapist father. Then he referred again to his thoughts after some sessions: 'Oh wow it must be terrific to be a shrink - really far out'. By this point I was feeling very puzzled, particularly since none of this seemed to bear any obvious connection to the previous session's material.

I suggested to him that perhaps we could understand all of this more if he were to say something about how he had felt after the previous day's session. He then reported that he had actually felt rather different after yesterday's session. Referring to my interpretation about his fear of losing his penis, he said that although he had felt there might be some sense in this he had felt unable to relate to it - it had seemed like 'the kind of thing a layman might expect a shrink to say - like something out of a textbook'. Then, as if wanting to dismiss that thought quickly, went on to say: 'But other things interest me - like wondering what you say when I walk in - you just seem to mouth something'. Thinking that through this seemingly fragmented perception of the therapist, he was describing a breakdown in the coherence of his experience, of the kind described by Kohut as the response to selfobject failures, I interpreted as follows: what he had described as his identification with me was really more like a caricature of the therapist; this perhaps was his way of telling me that what I had said to him yesterday was like a caricature of what a therapist might say, rather than an interpretation which made him feel understood; this had perhaps been a very disturbing thought to him (he interjected an emphatic 'Yes') because it disrupted his need of the therapist as someone he could admire; what he had been describing therefore was his effort to maintain his admiration of the therapist whilst at the same time expressing to me and to himself what he felt about what I had said. The patient agreed and I felt there was shared relief at this understanding. In further confirmation the patient spoke of his pride in knowing what therapy was really like unlike the layman with no experience of it. He recalled that after the previous session he had thought to himself: 'They (i.e. shrinks) don't really say the kinds of things laymen expect, but sometimes they do and then it's quite interesting'.

I believe this episode can be understood as a variant of what Kohut has described as the disruption of a relationship to an idealised selfobject. This patient derived a sense of coherence and wellbeing from feeling linked to an idealised paternal therapist, compensating for his early loss of his father. This selfobject relationship came into focus through its disruption; until that point it was relatively silent. The impression is that with its disruption, the patient attempted compensatory idealisations which were relatively 'noisy', e.g. his claim that the therapist was better than a father, his conscious and *overt* claims for his admiration of the

therapist - claims which at the same time contained his unconscious criticism of the therapist. His relationship to the therapist as idealised selfobject was disrupted by the lapse in the therapist's empathic contact, manifest in the relatively clichéd interpretation.

In terms of the thesis of this paper, one point to be emphasised is that the patient was not 'narcissistically' withdrawing from the therapist. Rather he was desperately attempting to maintain a link with the therapist as an idealised figure and to derive a sense of wellbeing from this - to maintain himself according to Kohut's formula 'You are perfect and I am part of you'.

An alternative explanation must be briefly considered. Could it not be that the therapist's interpretation of the patient's fear of castration in an Oedipal struggle was correct, resulting in the patient's attempt to placate the therapist through expressing admiration whilst at the same time expressing hostile denigration? This may have been so to some extent. It may also have been the case that the patient's hostile oedipal rivalry was in conflict with, and inherently disruptive of, his need for an idealised self object relationship with the therapist - rivalry made particularly disturbing because of the actual premature death of his father. However, I believe that the interpretation actually given, because of the subsequent relief seemingly felt by both parties, was more empathically in contact with the patient's experience. It is an interpretation which could not easily have been derived prior to Kohut's (1971) description of the idealising transference and the reactions to its disruption.

The Framework of Self Psychology

Having given an example of the interpretive possibilities offered by self psychology, it is now appropriate to consider the general framework developed by Kohut and his followers.

Kohut's presentation of his new paradigm occurred in three stages. At each stage he emphasised the centrality of the 'self', but this was defined in a variety of ways. In *The Analysis of the Self* (1971), he described three broad transference configurations - referred to as 'narcissitic' or 'self object' transferences - which are characteristic of narcissistic personalities; i.e. persons suffering from certain chronic disturbances in the experience of self. In the first of these, the mirror transference, the patient derives a sense of wellbeing from the empathic mirroring of his/her grandiose-exhibitionistic self - as if the patient tries to operate according to the formula 'I am perfect'. In the second configuration - the idealising transference - the patient attempts to feel partially merged with the therapist as a strong idealised figure, according to the formula 'You are perfect and I am part of you.' In a third self object transference, that of twinship, which at this stage was described as a variety of mirror transference, the patient's formula is 'We are both the same'. Such transferences become apparent primarily through their disruption as a result of holiday breaks or failures in the analyst's empathy. At these times the patient regresses to archaic forms of narcissism, such as cold haughty grandiosity, or hypochondriacal preoccupations with a fragmented body self, or the emergence of mystical yearnings. Kohut was thus describing the analyst's function in regulating the patient's psychic equilibrium and levels of tension and excitement. In this was he was addressing, more than any analyst before him, the patient's need

for psychic organisation and form (Friedman 1980). In this first book, Kohut regarded himself as describing the libidinal aspects of narcissism; in a slightly later contribution (1972), he described 'narcissistic rage', the intense fury that may stem from 'narcissistic injuries' of feeling insulted, slighted, humiliated or treated without respect.

Narcissistic development was seen in terms of the repeated mastery of minor narcissistic injuries inevitably incurred in the course of growing up or in the course of analysis. In the analysis, repeated disruptions and recovery of the analyst's empathic grasp of the patient's experience facilitate the transformation of archaic narcissism into mature ambitions, ideals and pleasure in the competent exercise of skills. Thus the grandiosity invested in the self is divested of its infantile imperious and sadistic quality; similarly, the idealisation invested in the analyst can be taken back into the self in a modified form to establish the person's ideals. In this way psychic structure is developed.

The second major stage of Kohut's theoretical development is marked by his *Restoration of the Self* (1977). Here instead of limiting his concerns to a circumscribed group of narcissistic patients, he argued that many patients are best understood in terms of a model of 'psychic deficit' rather than psychic conflict - the deficit being in terms of early parental empathic (self object) responsiveness and a consequent deficit in psychic structure. The core to the personality - the self - in these patients is incompletely structured. By this time Kohut was conceiving of the self *structurally*, using an electrical analogy, as having three constituents: a grandiose pole leading to ambitions, and an idealising pole consisting of values and ideals, these two being linked by a 'tension arc' of a matrix of particular skills and talents. He also conceived of the self *experientially* as 'an independent centre of initiative'. If these definitions of the self at first seem arbitrary, a moment's introspection may suggest that it is indeed our relatively enduring ambitions and ideals, coupled with a capacity to act autonomously, which constitute the core of what we consider to be our selves.

The analytic work which stems from the model of deficit remains essentially psychoanalytic, relying on interpretation of the transference. The distinctive feature is the attention paid to the self object mirroring and idealising aspects of this to reconstruction of early empathic failures (Ornstein & Ornstein 1980). Links are continually made between the patient's state of mind and disruptions of the self object transference.

The third stage of Kohut's work is represented by his last book *How Does Analysis Cure?* (1984). Here, instead of self psychology being a complementary framework intended to exist alongside a more classical conflict model, it is presented as a radical alternative, to subsume and take the place of classical psychoanalysis. The primacy of self psychology is argued most strongly in the following remarkable paragraph.

Self psychology is now attempting to demonstrate ... that all forms of psychopathology are based either on defects in the structure of the self, on distortions of the self, or on weakness of the self. It is trying to show, furthermore, that all these flaws in the self are due to disturbances of self-selfobject relationships in childhood. Stated in the obverse by way of highlighting the contrast between self psychological and traditional theory, self psychology holds that pathogenic conflicts in the object-instinctual realm - that is, pathogenic conflicts in the realm of object love and object hate ... are not the *primary* cause of psychopathology but its result. (p.53)

This is the 'new paradigm' as it has frequently been called. In the second and third stages of Kohut's work, drive-like experiences and drive-like conflicts are seen as secondary - as 'disintegration products' when the cohesiveness of the self is threatened by selfobject failures. The healthy self is seen as supported by its self objects throughout life, the infant being born into a matrix of self objects - a point of view which has similarities to Winnicott's emphasis upon the mother-infant unit; and indeed among British analysts Winnicott was closest to Kohut. The infant is understood as both psychologically separate and at the same time partially merged with selfobjects - an idea which is expressed in the notion of the two separate lines of development of narcissism (merger with selfobjects) and object love (relatedness to separate objects). This model has been found compatible with the observations of child developmental researchers and there has been some fruitful debate between the two disciplines (Lichtenberg & Kaplan 1983).

The Nuclear Self

Kohut also refers at times to the 'nuclear self', a deep and central structure established early in childhood. He seems to use this term to denote the idea that although a person may have a variety of ideals and ambitions, there are certain core ambitions and ideals/values which have a direct descentance from those established early in life. He suggests that although there may be many peripheral selves there is only one nuclear self. This central nuclear self struggles to achieve its goals, to realise its blueprint. Kohut refers to the 'guiltless despair' of those who in late middle age look back and realise that their nuclear goals and ideals have not been achieved. He writes:

There is something very frightening as an adult ... when there is a sense of not fulfilling one's basic program. We realise there is a nuclear program in an individual - a tension arc between early ambitions and early ideals via a matrix of particular skills - that points into the future and points to a particular fulfillment. Once the program is in place, then something clicks and we have a degree of autonomy; this degree of autonomy we call the self. It becomes a centre of independent initiative that points to a future and has a destiny. It also has its own natural, unfeared decline and end. (1985, p.218).

Similarly he remarks that self psychology discovers the 'depression of the adult in the depth of the child' (1985, p.215), by which he means that 'the depression of the lonely child is based in the dim realisation that the future will not be fulfilled'.

In one contribution Kohut's concepts seem very close to Winnicott's notion of the true self. He writes that 'the peripheral and surface selves are those of easy adaptation and comfortable consistency', a description of a false self. Kohut notes that the aspirations of the nuclear self may be in conflict with those of the rest of the personality. The ambitions of the nuclear self are not to be confused with the more superficial arrogant grandiosity apparent in narcissistic personalities. Kohut and Kernberg *both* view this as defensive. Confusion does arise because Kohut refers to the grandiose self as an unconscious repressed structure, whilst Kernberg uses the same term to mean a pathological defensive structure involving overt grandiosity - a fusion of self, ideal self and ideal object; interestingly Kohut (1976) actually described the same structure as a feature of 'messianic personalities'. One implication here, which Kohut does not draw out, is that narcissistic personalities are grandiose and attempt to maintain an illusion of independence because they

are afraid both of dependence on others *and* surrender to their deeper nuclear self. Perhaps this is what gives them an air of superficiality and lack of depth.

The therapy of Mrs L (Mollon 1984) illustrates the emergence of a nuclear self. On beginning the therapy she existed primarily in a state of 'being-for-the-other', easily accommodating to others' requirements and expectations of her. Her needs for admiration were strong - the pressure of an insistent grandiose self that caused her much shame. During the sessions she obligingly adapted herself to the therapist's interpretations, trying to fit herself into them, as she later described it. At this stage the 'surface selves of easy adaptation' were predominant. However as the therapy progressed she began to assert herself both in the sessions and outside. Gradually she began to experience the setting as one in which she could give expression to herself. She made important changes in her work, giving up a job that primarily involved performing and adaptation to required roles, and forged a new career for herself as a novelist. She felt that this writing, done essentially alone, was to do with expressing herself, whereas her previous work meant *suppressing* herself. Her delight in the use of words was increasingly apparent and had historical links with her childhood admiration of her father's verbal facility. These changes were at times accompanied by a mood of joy - an exuberance which was not manic, but seemed to stem from a realisation that a developmental step was being taken - she was becoming more herself.

Damage to Self, Narcissistic Rage and Perversion

According to Kohut damage to the bipolar or nuclear self occurs through self-object failures in their mirroring and idealisation accepting functions. However, failure of the early caretakers to mirror the infant's grandiose self may be compensated by the child's successfully idealising a parent. In reading Kohut's clinical examples it often appears to be the father who is turned to as an idealised selfobject following the mother's empathic failure. It is when there are failures in both the areas of mirroring and idealisation that severe damage occurs. For example, in the case of Mr B discussed earlier, he experienced not only the unempathic intrusiveness of a possessive mother but in addition the premature loss of his father as an idealisable object. The result of such damage is chronic narcissistic vulnerability, rage and narcissistic preoccupations of an archaic and fragmented nature.

Kohut (1985c) uses this model to explore the readiness of the German people to turn to Hitler to restore the damaged group self - Hitler having found his own narcissistic solutions managed to appeal successfully to the intense narcissistic strivings of the population, offering them a coherent grandiose-omnipotent image of strength. A group self in analogy with the individual self consists of the shared aspirations and ideals of the people. It may similarly suffer damage with the release of dangerous archaic forms of narcissism. For example, a large group of unemployed people may suffer damage to the self in terms of failure to achieve goals, loss of the opportunity to exercise talents and skills, and, as a result of rapid sociocultural change, the loss of previously held ideals. If this is coupled with a perception of government as unempathic, the stage is set for severe narcissistic regression.

A common route of the narcissistic regression evoked by injuries to the self is in the direction of sexual perversion. For reasons which Kohut does not really make clear, archaic narcissistic strivings often become sexualised. Indeed Kohut suggests that perverse sexual phantasies are often 'sexualised statements about narcissistic injury' (1977). Perhaps what Kohut has in mind is something similar to Stoller's (1976) view that to sexualise a trauma means to triumph over the threat to the sense of self by turning pain into pleasure - but in addition Kohut implies that sexual excitement is used to fill the void left by the failure of the selfobject response.

Kohut gives the example of a man with a voyeuristic perversion who recalled its first emergence when, as an early adolescent at a country fair, he had called out to his mother to admire him on a high swing. His mother, tired and depressed, did not respond. The child at that moment turned away from his mother and walked to a public toilet, overwhelmed by an urge to gaze at a powerful penis. During this man's earlier childhood his mother had been chronically ill, frequently tired and depressed and thus never able to give him an appropriate mirroring response.

It can be seen that in this kind of regression and sexualisation there is a move away from a concern with a whole coherent self and a relatedness between whole persons to a preoccupation with isolated parts of the body - e.g. a wish to exhibit a penis, or a wish to see a penis or a breast. This process could also be seen in Kleinian terms as a regression to part object relatedness, a retreat from the depressive position in response to disappointment in the object.

The Benefits and Hazards of Kohut's Approach

Each psychoanalytic model directs the therapist's attention to different phenomena. Self psychology focuses on the subtleties of the patient's subjective experience and how this is affected by the quality of the background selfobject relationships. Thus, the phenomenology of injuries to the sense of self is illuminated and greater awareness is fostered of narcissistic vulnerability and the experience of shame. Equally self psychology allows a greater understanding of positive affects like joy. Neither joy nor shame, nor 'guiltless despair' are addressed in Freudian or Kleinian theories.

Probably the central contribution of self psychology is the understanding that is provided of the self object transferences of mirroring, twinship and idealisation - and the patient's reaction to their disruption. Self psychology allows these to be seen as inherently part of the patient's attempt to resume development rather than as defensive and anti-developmental. By contrast the Kleinian framework would tend to see the self object transferences as stemming from the patient's projective identification, a defensive phantasy of being inside the therapist. It is interesting, however, to note the trend since Bion (e.g. 1962) towards seeing projective identification and related processes in a more positive light - e.g. the notion of projective identification as communication - and the common emphasis on the importance of the therapist's not immediately rejecting the patient's projective communications.

It seems to be difficult to maintain the appropriate balance in analysing narcissism. The approaches of both Kohut and Klein contain their own dangers. Kohut

(1971) argues that his approach to the treatment of narcissistic personalities is more consistently psychoanalytic and neutral than other approaches which he sees as taking an implicitly moralistic stance, exhorting the patient to give up his/her narcissism. For Kohut, narcissism is to be understood and transformed into higher forms - mature ambitions as well as ideals and values. Conversely, therapists of a Kleinian orientation often do seem to talk and write as if the therapist is battling against the patient's narcissism, the bad part of the personality (e.g. Meltzer 1973) - as if narcissism is regarded as something to be *overcome* in favour of dependence and object relating rather than as an aspect of mental life to be understood in its own right. A likely danger is that the patient may appear to comply with the assault on narcissism with the result that narcissistic needs will remain essentially unmodified, perhaps taking a different form, such as a fanatical idealisation of psychoanalysis or a particular school or figure within it.

On the other hand a misguided application of Kohut can also carry its dangers. In reading much of Kohut it is easy to have the impression that there is no place in his scheme for narcissism in the 'bad' sense; this may lead to a neglect of destructive aspects of the patient's psyche. Actually, he does address the problems of evil and destructive narcissism, taking as his example Hitler and the rise of the Nazis. However, these aspects are discussed in relatively peripheral papers and are not emphasised in his three main books. There are also hazards in the technical implications. For example, although gratification of the patient is no more a part of self psychological technique than it is of classical analysis (Wolf 1985), a naive reading of Kohut might lead to the idea that the therapist's task is to admire the patient, to encourage the patient's grandiosity, or to offer him/herself to the patient as an object to be idealised. The concept of mirroring itself suggests certain dangers if the Narcissus myth is borne in mind. Narcissus is trapped by the reflection, the mirror of the pool and he cannot move; the situation is indeed deadly. Thus the concept of mirroring does not have solely positive connotations (Zinkin 1983). A relationship of mirroring can mean that development is arrested since many aspects of reality may be excluded from view (Gear, Hill & Liendo 1981). Merely to mirror the patient may mean that the therapist's function of putting the patient in touch with reality is foreclosed. The therapist needs to be not *only* empathic - i.e. to be not only talking from a vantage point within the patient's subjective experience - but also to be looking at the patient from a more objective and external position. Moreover the emphasis upon empathic *failures* in Kohut's approach could tend to foster a masochistic position in the therapist in relation to a sadistic patient (Gear, Hill & Liendo 1981). It might also foster a naive disregard of the fact that imagos of unempathic figures may contain projected parts of the patient, especially intrusive and controlling parts, which must also be analysed in due course in addition to the reconstruction of empathic failures.

Related to these points is the de-emphasis upon oedipal conflict in Kohutian self psychology. Frequently in these writings narcissistic disturbances are juxtaposed to oedipal disturbances. However it is my impression that narcissistic personalities are in difficulty partly because they have not entered an oedipal position but have remained in a mirroring relationship with mother, from which the father and his role as representative of reality (Loewald 1951) have been excluded. I have further discussed the concept of mirroring elsewhere (1985 and in press), arguing that what

the child needs is not only the immediacy of a reflective mirror but also a thoughtful response that understands the child *in depth* and which takes account of anxiety, as addressed for example in Bion's (1962) model of the mother's receptiveness to the child's projective identification.

Finally, although Kohut's own writing is subtle and evocative, it is my impression that his concepts can easily be turned into clichés by less thoughtful devotees. His insights are won from his internal work in a metamorphosis from an earlier self, which he described (1985) as 'Mr Psychoanalysis', the guardian of orthodoxy. The popular appeal of Self Psychology may give rise to the illusion that it can be an easier alternative to the skills and knowledge of traditional analysis, rather than an approach which builds on these.

Conclusions

It is evident that Kohut's self psychology provides a far-reaching new perspective on narcissism showing the pervasiveness of narcissistic phenomena, providing a deeper understanding and at the same time prompting a rethinking of many aspects of theory and technique of psychoanalysis. Many narcissistically vulnerable patients must be recognised grandiosity and idealisation inherently affect the insights of self psychology.

In spite of these positive effects there are dangers in self psychology becoming a separate school split off from the mainstream of psychoanalysis. Mental development is too complex to be adequately accommodated within any one psychoanalytic model - the biases and lack of balance in self psychology and its associated technique have been discussed. Thus, as Wallerstein (1985) argues, there is much to be said for a 'both and' stance with regard to Kohut's framework and a more classical and traditional model - in contrast to Kohut's own (1985) preferred stance of 'either or'.

Kohut's framework seems unlikely to be accepted *in toto* by many clinicians trained in Britain. Nevertheless his contributions draw attention to the ubiquitousness of narcissistic processes. Their inevitable existence in therapists as well as patients must be recognised since grandiosity and idealisation inherently affect the perception of reality, including the perception of the patient. Kohut shows also that narcissism cannot be eliminated any more than one sexuality, but only developed and transformed. Narcissism is a part of mental life with both constructive and destructive potential.

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