

A Kohutian Theory of Narcissism

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We organized this 2006 Summer School around a case approach and an engagement with eight cases, to illustrate psychotherapy with various forms of narcissism and as a forum for psychotherapists conducting such psychotherapy to share their experiences so that we can all learn from them. These cases not only reflect the diversity with which narcissism appears in clinical material, they also reveal the steady growth during the last decade in this country in the practice of long-term, intensive, psychoanalytically-oriented psychotherapy using a self-psychological approach. From consulting with you on most of these cases, and after witnessing your gaining of important understandings in working with these difficult clients, I thought it was time these experiences were shared with a wider clinical community. So these eight cases, which have a narcissistic “red thread” running through them, are the glue that holds this Summer School together. The importance of the contribution of our presenters and the persons described in these cases cannot be over-estimated.

Speaking of glue, I state this introductory paper’s major point - that narcissism is best thought of as glue, the glue that holds a person together. Stated more theoretically, the narcissistic dimension of personality consists of functions that hold a person together. Elaborated further, narcissistic issues concern the functions that give a cohesive feeling to the experience of the self. And, now that I have told you what I am going to tell you, this glue idea is explicated in the remainder of this paper by (a) comparing it with the old

view of narcissism, (b) exploring the emergence of the Kohutian theory of narcissism, and (c) seeing archaic narcissism expressed as a rich variety of disorders of the self.

(a) The old view of narcissism

The popular view of narcissism is selfishness. Before Freud associated the idea of selfishness to the Greek myth of Narcissus, the general population had a long tradition of disliking and rejecting selfish people and condemning selfishness as unacceptable social behavior. So Freud in his paper “On Narcissism” (1914), where he refers to Narcissus falling in love with his own image in the water when he stooped down to drink, gave theoretical legitimization to this centuries old, generally held view of narcissistic selfishness. In Freud’s theory of narcissism, however, he dressed up selfishness by linking it to his idea of a libidinal drive and by defining narcissism as the libidinal drive that is attached to the self - only instead of attached he used “cathected” to give a more “scientifically technical” status. In elaborating his theory of narcissistic cathexis, Freud gave an analogy of a U tube in which energies from the attachment to objects at one end of the tube flowed back to attach to the self at the other at the expense of attachments to objects. Not being a concept derived from an empathic understanding of the narcissistic experience of patients, Freud’s theory of narcissism simply adopted the point of view of society, a view from outside the subjective experience of the narcissistic person, and a view that reflected the negative feelings of those subjected to the antics of the narcissist. Freud’s concept is based on narcissism from the Other’s point of view, and, therefore is experienced as “experience distant.” It created a theoretical dead-end.

Alongside the popular and Freudian notion of narcissistic behavior as selfishness, there is a psychiatric tradition of managing patients whose grandiose ideas and behaviors are seen as a gross and dangerous form of psychopathology. This tradition is reflected in the DSM's (Diagnostic Statistical Manual) description of narcissism as grandiosity, where a person has a sense of self-importance, a craving for attention and admiration, and feelings of entitlement. Under such grandiosity, an archaically organized self becomes expansive and ambitious in ways that are impossible to attain, or has a belief in his/her unlimited, omnipotent, God-like powers that may result in images of flying like Icarus of Greek mythology. In a grandiose state, a narcissistic person may behave in a completely uninhibited, non-empathic way, unconcerned about the feelings and responses of others. Kaiser Wilhelm II, the German Emperor during WWI is an example. In a book written by Tom Kohut, Heinz's son (Kohut, T., 1991), Kaiser Wilhelm is described as capricious, unpredictable, lacking in self-restraint and full of an excessiveness that found expression in exclamation points in his voluminous marginalia. His excessiveness clearly shows in his hunting exploits where, in the whole month of December 1902, he shot 1675 head of game, just to bring his total to 50,000.

Tom Kohut (1991) describes the expansive nature of the Kaiser's self as follows:

The central weakness ... contemporaries detected in Wilhelm was covered by a display of self-certainty. Unable to admit to ignorance, the Kaiser expressed opinions on almost every subject, and he would commit himself to a position or policy with little or

no information about it. He seemed unable to listen to the advice of his ministers, frequently interrupting and monopolizing conversation. Constantly needing to occupy center-stage, he was jealous and resentful when others were the focus of attention. As reflected in his journey to the Holy Land in 1898 and in his effort to cast himself as the savior of Christian civilization ready to launch a modern-day crusade against the “yellow peril” during the Boxer Rebellion in 1900, Wilhelm’s belief in himself verged at times on the messianic. [p. 10].

Even though narcissistic behavior was unfavorably recognized by the general population of western civilization, given a theoretical rationale by Freud, and labeled as unrealistic and dangerous by psychiatry, little if anything, was gained from these achievements in successfully treating narcissistic people. For example, the well-known and acknowledged inadequacy of Freud’s theory to effectively treat narcissistic patients was reflected in the procedures of the major psychoanalytic institutes in the United States during the heyday of psychoanalysis in that country after World War II. These institutes screened out narcissistic patients as untreatable. Such screening had become necessary because of treatment failures with narcissistic patients when psychoanalytic theory and method were carefully followed (Erle and Goldberg, 1984). “Something was rotten in Denmark!”

Heinz Kohut had spotted the theoretical defect. In his paper “Forms and transformations of Narcissism (1966) Kohut begins thus:

Although in theoretical discussions it will usually not be disputed that narcissism, the libidinal investment of the self, is per se neither pathological nor obnoxious, there exists an understandable tendency to look at it with a negatively toned evaluation as soon as the field of theory is left [p. 427].

As he continues, Kohut comments that this negative attitude towards narcissism is associated with the altruistic value system of western Civilization, and thinks that altruistic value judgments “exert a narrowing effect on clinical practice,” which, in turn, creates an experience in the patient of not being empathically understood. And this negative assessment of narcissism also encourages the psychotherapist’s wish to eradicate the patient’s self-serving behaviors in treatment, instead of appreciating the creative potential of narcissism and encouraging its transformation into digestible, life enhancing, less archaic forms. Transformation not eradication was Kohut’s goal in treating narcissistic patients.

Forty years since Kohut’s publication of the “Forms and Transformations” article, the negative bias towards a view of narcissism as selfishness still exists and actively interferes with getting good therapeutic results with narcissistic patients. In supervising, I have noticed that even where a psychotherapist believes with his/her peripheral self that good results can be achieved from viewing archaic narcissistic behaviors as potentially positive, once the psychotherapist encounters a patient’s archaic

narcissistic behavior and feels distressed, he/she often falls back on a bias in the nuclear self towards eradicating the patients narcissistic behaviors, instead of working to transform them. This may be because narcissism, seen as pathology, is a judgment of the patient from the outside as moralistically bad, rather than understanding the person from the inside and functioning as a selfobject for him/her. Once a moralistic stance is taken, psychotherapy with a narcissistic patient is no longer viable, until the stance is reversed.

The tenacity with which narcissism is abhorred raises interesting questions. As Kohut states, it may be that an anti-narcissistic attitude is deeply acculturated in the values of the West, but it may also be because such enculturation functions to contain the destructive potential of jealousy and envy, acids which if too strong, destroy the fabric of social co-operation and cohesiveness. To avoid excessively jealous feelings, and the behaviors that reveal them, a person does not want other siblings receiving more special attention from parents than he/she received. Hence there is an emphasis on equality and evenhandedness.

Such ideals as equality and evenhandedness may have developed as a defense against the emergence of archaic narcissistic rage associated with jealousy, and concomitant revengeful behaviors that are destructive to social and personal cohesiveness. If siblings fear another sibling being advantaged from special parental treatment, any sibling seeking overt praise and special treatment may trigger sibling resentments and rejection. That jealousy and envy are linked to narcissism is demonstrated by Loretta Bayley's case of Kathy, which indicates that if sibling jealousy

and envy create developmental difficulties, it is even more destructive if the parent is jealous or envious of the child. If attempts to prevent such jealousy are reinforced by cultural sanctions, it is not surprising that the positive potential of narcissism fails to gain widespread acceptance.

Freud's failure to understand or treat narcissistic patients presented an enormous challenge to psychoanalysis. The answer to this challenge lay very close to Freud when his daughter Anna closed the Heitzing School, which she directed between 1927 and 1932 in Vienna, assisted by two teachers, Peter Blos and Erik Erikson (Burlingham, 1989). This school had from "fifteen to twenty children ... enrolled from families of liberal, cultural backgrounds" (p. 185), of whom the first four students were the children of the wealthy American Tiffany heiress, Dorothy Burlingham. The results of this experimental school, which Kohut would have gleaned from his Viennese mentor August Aichorn, demonstrated an unintentional educational creation of developmental arrests in all the Burlingham children, but relatively milder in the two younger, less exposed children. Evidence of this developmental arrest comes from Dorothy Burlingham herself who became a lifelong friend and companion of Anna.

In 1937, five years after the Hietzing School closed down, Dorothy Burlingham wrote a paper about educating "protected" children. The paper describes her experiences after moving to Vienna from New York in 1925 in order to protect her young children from the chaotic behavior of her lawyer husband Robert, who had manic episodes associated with his diagnosed condition: manic-depressive psychosis. At first Dorothy

planned to have Anna analyze her eldest son Bob for six months, but after Dorothy grabbed an opportunity to be analyzed by Sigmund Freud, placed all her children in prophylactic analysis with Anna. Beginning with the Burlingham children as the nucleus, the Heitzing School became an extension of the students' analyses, by encouraging exploration of their personal curiosities in an educational setting under minimal discipline and punishment. What was the result of this experimental school? Dorothy summarizes this in her paper:

Owing to the understanding upbringing they have had...its is precisely these children who are especially oversensitive, who are not readily inclined to accept restrictions, who in particular can scarcely tolerate any criticism or admonition, and who frequently experience inconsiderate and unkind behavior on the part of agemates as a profound rejection [p. 230].

In indicating that the Heitzing schooling had made her children overly sensitive, Burlingham also saw that this increased sensitivity was at the expense of her children's resilience. She says this lack of resilience came from the consistency with which her children experienced their environment always accommodating their needs, instead of the children having to accommodate others. In this school, the custom of a child always heeding (accommodating) the parent had been completely reversed, so that they had been guided by a compensatory ideal of the exact opposite. It is not surprising, therefore, that in a 1940 letter to her 33-year-old son Bob; Dorothy actually called the Heitzing School "a mistake." As good intention as their plans with the Heitzing School were, it would appear that Dorothy Burlingham and Anna Freud had inadvertently demonstrated how to

create narcissistic personalities. What a wonderful natural experiment! What a tragedy that these results have been overlooked (disavowed) as one of the important findings of psychoanalysis. Just as advances in science from exploring inevitable “dead ends,” this was a valuable dead end for psychoanalysis, needing to be appropriated, even if the results were unintended and completely unexpected. Unfortunately its findings have been quietly buried.

(b) The emergence of Kohut’s new theory of narcissism

It is unlikely that Kohut overlooked the implications of the Heitzing experiment. In his own upbringing, says Kohut’s biographer Charles Strozier (2001, p. 12) “the critical first year or so of Heinz’s life seemed happy” because of good beginnings with his twenty-two year-old mother, Else, who had an “intense relationship” with him as the “apple of her eye” (p. 12). This “good-enough” response of his mother during Kohut’s initial stage of life, however, developed into a major problem in the next stage as Kohut sought more autonomy (Erikson, 1950) than Else wanted him to have, as indicated in The Analysis of Mr. Z (Kohut, 1979). As a result of Else’s failure to mirror his self-assertion and initiative taking, Kohut developed an over-protected sensitivity similar to the Burlingham children in the Heitzing School, and formed an arrested development in the assertive sector of his self. From personal experience, Kohut must have understood why the Heitzing children had not developed the resiliency of children in other schools, and this could have led him to understand that what is selected for mirroring is the crucial

process in any mirroring transference, because this selection helps determine whether developmental growth, regression or addiction occurs.

An additional factor to his own childhood development was the rise of Nazism, which he experienced as an emerging narcissistic nucleus to the German nation as a replacement for the grandiose Wilhelm II. As a result of these experiences, Kohut had an empathic understanding of the subjective experiences of his narcissistic patients in Chicago that orthodox psychoanalysts saw as untreatable. In contrast to the Freudians, Kohut saw narcissistic patients, not as selfish, but lacking in self-structures because of arrested self-development, and therefore, treatable if structuralization could be fostered. The goal of treating narcissistic patients becomes the development of missing structures or the development of compensatory structures to enhance resilience. How this occurs is encapsulated in Kohut's concept of a selfobject function, where the patient seeks, and is allowed, to experience the psychotherapist as an extension of the patient's self.

As is well known, the first form of narcissism that Kohut and his colleagues treated successfully developed idealizing and mirroring transferences. The process of this treatment is reflected in John Butters' case of Mike – the first case that is presented after this session. The hunger to be mirrored by the idealized therapist soon emerges, and as with John, if responded to with understanding and acceptance, generally helps the patient to achieve more adaptive functioning. The twinship selfobject function, which was developed late as a concept by Kohut, may not have been given the attention that it

deserves in the decades since Kohut's death. In this Summer School it is reflected in the therapeutic process of a number of cases, as we will discover.

It is important to note that in the extensive writings of self-psychology, it is widely accepted that the three most common selfobject functions, idealizing, mirroring and twinship are merely examples of a multitude of ways in which a narcissistic patient uses a therapist as an extension of himself/herself. To use an analogy to "factor analysis" in statistics, these three selfobject functions are main factors that probably account for two thirds of the response variance, with lots of less frequently used functions making up the rest. These other ways of using a therapist as a selfobject extension are not adequately explained by idealizing, mirroring or twinship. To conceive of all selfobject responding being channeled solely through these three main experiences is to discourage the very creation of understanding that psychotherapy is meant to facilitate.

Kohut's patient, Miss F, who had an important influence on Kohut's development of the selfobject concept, reveals the broadness of a selfobject experience. After her psychoanalysis moved beyond the initial stage, Kohut found it increasingly difficult to maintain an attitude of interested attention. As Kohut (1971) said, "My attention would often lag, my thoughts began to drift, and a deliberate effort was required to keep my attention focused on the patient's communications" (p. 285). Kohut then found himself wanting to argue with her, yet when he kept silent to prevent this arguing, Miss F became angry and reproached him for not giving her support. Recognizing that her anger, indicated the archaic nature of her need (as it did with Graeme Gibbon's Q – the fifth

case), Kohut realized Miss F “demanded a specific response to her communication and that she completely rejected any other” (p. 285). Kohut then discovered that if he just summarized what she said, she would calm down, because she had assigned to him a role within the world-view of a very young child. Miss F required Kohut to function in ways she could not yet perform, and as an auxiliary part of herself, a function that she eventually internalized.

The therapeutic goal with narcissistic patients is to facilitate the positive side of narcissism by focusing on any indications, even tentative, of its development from archaic to mature expressions. This facilitation involves an extended period of experiencing the therapist as a selfobject. But why, you may ask, does an extended period of experiencing the therapist as a selfobject lead to a transformation of the patient’s archaic narcissism? Why does it not foster an emotional dependency and addictive behavior, a danger that is raised by Meares about the Kohutian model in explicating his Conversational Model of psychotherapy (Meares, 2004)? The answer is that a therapist’s attempt to function as a selfobject may become addictive, but if so, only because the selfobject attempt has failed. This is why I make the distinction (Lee, 1993a, 1993b) between cohesive functions and selfobject functions. Cohesive functions - the “autonomous self regulation” of Beebe and Lachmann (2002) - which are aimed at simply maintaining the cohesion of the self and not transforming archaic narcissism, may become addictive, whereas selfobject functions – the “interactive self regulation” of Beebe and Lachmann (2002) - are not only self-cohesive, at the same time they foster

growth and development through internalizations that lead to new self-structures or new extensions of existing self-structures.

If we accept the usefulness of the distinction between cohesive and selfobject functions, and that this distinction helps ascertain if archaic narcissism is going to be transformed, how can we discern the difference? As I have suggested previously (1999), the key to a selfobject experience is the development of some sense of mutuality, an idea that stretches back to Hegel, but which I first gleaned from the original work of Beebe and Lachmann (1988), since reinforced by their later research (2002). When the psychotherapist functions as an addictive cohesive function, long before the case drags on for years of maintaining the patient and develops feelings of therapeutic stalemate, there are clear signs that the therapeutic relationship has not developed a sense of mutuality. Where therapeutic mutuality is occurring, I don't believe addiction is possible. Further, Kohut has left us with other signs that a person's archaic narcissism is being transformed.

In his paper on narcissism (1966) Kohut points out that a patient's capacity to be empathic, humorous, creative, wise, or accepting of mortality, is evidence of a maturing of the patient's narcissism. For example, in a supervisory session the psychotherapist presented notes indicating that a patient was feeling ashamed of herself after failing to achieve what she set out to do. When the therapist responded with, "I think you put in a fine effort, and I am sorry it didn't work out for you" the patient responded by giving a humorous remark. Although it was reasonable for the therapist to conclude, as she did, that the patient had defended against feeling shame through humor, the key insight in this

case turned out to be not that she defended herself by using humor, but that it was the first time the shame had been openly brought to the session, even in the form of humor, instead of denying it or becoming wounded and emotionally withdrawing. The reason for the importance of this insight, that humor was more than a defense against shame, was its revealing of the patient's forward progress in transforming her archaic narcissism.

As another example, through creating paintings, the Mexican artist Frieda Kahlo, touched the emotions of many others, and evoked responses in the viewer similar to her own, so making her own subjective experiences more socially useful, creative, and hence, less archaically narcissistic. Although all these key self-dimensions (humor, empathy, wisdom, creativity and acceptance of mortality) may be involved in the transformation of narcissism, progress usually comes from one of them before it gradually shows up in others.

Another sign that archaic narcissism is being transformed, is that the psychotherapy is focused more on what Kohut (Miller, 1985)(Tolpin, 2002) called the "forward edge," rather than the "trailing edge." The "trailing edge" is where the psychotherapist has to respond to the distress of the repetitive transference as it emerges in various situations, often taking up most of the early sessions. But as the patient feels increasingly understood, a shift becomes noticeable as "forward edge" material increasingly emerges as "tendrils of health" (Tolpin, 2002). She gives the example of Matt who at first presented material that reflected a pathological accommodation to his parents, which was his trailing edge theme. After a litany of material indicated "what a

mess he was in,” Matt proffered a “tendrill of health” by noticing flowers on the analyst’s desk and asking if they were real. Then, hurrying on, he noted that the analyst’s clock was eight minutes ahead of his watch. He said, “I wish my watch could keep up with your clock” (p. 180). One interpretation of this could be that Matt was expressing competitiveness, but by looking at it as a tendrill of health, it suggested a wish for him to repair the self so as to catch up, so he could live in the world and feel “real” like the real flowers, instead of living in his own old mind, or in the world of his parents where he was trapped. Wishing to catch up and feel “real” expressed a healthy hope that had been remobilized by the analysis. The key point here is that evidence of the five types of material that Kohut mentions: humor, creativity, wisdom, empathy and acceptance of mortality, are part of the therapeutic leading edge that not only reflects transformations of archaic narcissism, but when responded with encouragement, help further foster further transformations.

(c) Narcissism as Disorders of the self

Self-disorders are a reflection of the way the way a person has coped with the narcissistic issue, the problem of organizing the self in order to have a sense of self-cohesion. Self-disorders not only reflect the unique way in which a person’s self-development has been arrested, but also the structuralized functions that he/she uses to feel cohesive. The early focus in the development of the concept of narcissism was on the grandiosity and excessiveness that comes with it, as seen in the example of John Butter’s case of Mike, and of Kaiser Wilhelm, who used a strategy of an expansive self as

a means of generating greater self-cohesiveness. This expansive strategy is portrayed in the Icarus myth when Icarus, careless from the thrill of flying with waxed wings, gets too high and therefore, too close to the sun, so the wax holding his wing feathers melts and he falls into the sea and drowns. Clearly the over-confidence of a grandiose strategy is dangerous. What is generally not remembered in this myth is the warning by Daedalus, Icarus' father, about the danger of flying too low, where the moist sea air dampens feathers and makes it also impossible to fly. The implication of this part of the myth is that a person can also crash (fragment) from too constricted a strategy.

Patients with an overly constricted strategy reveal themselves through constantly seeking perfection from themselves or from those to whom they are attached, and then experiencing perpetual distress because this need can never be satisfied. An example of this is Brian James' case of Nancy. Her cautious, constricted strategy is an attempt to avoid error out of fear that she will be criticized and punished. This cautious, under-inflated strategy is not as easily recognized as narcissistic, as is expansive grandiosity, but both forms of narcissism are linked in their need to solve the cohesion – fragmentation issue in self-organization, even though they solve the problem in different ways. With the constricted strategy, the more mistakes these persons make, the more they strive to be perfect; but the more they strive to be perfect the more exhausted they become; and the more exhausted they become the more susceptible they are to further mistakes, and so on, in an ever deepening cycle. No wonder such persons eventually become major candidates for depression.

Kohut did not use the terms “expansive” and “constrictive” forms of narcissism, but it is clear that he had the idea, although it is Stolorow who later clearly makes the distinction. Not only did Kohut refer to a lost perfection that is projected on idealized figures but also he posited “two poles” for narcissism, one for ambitions and the other for ideals. Constricted narcissists are those who strive to be perfect according to their ideals. Just as the archaic nature of expansive narcissism is not based on being ambitious, but how excessively over-magnified a person’s ambitions are, so with constricted narcissism. It is not the holding of ideals, nor the content of these ideals that determines the archaic nature of the narcissism, but the rigidity and fanaticism with which these ideals are held. One of my patients, Miss M, is an example of this constricted narcissism. When she undertook her university Arts degree, she had enough financial resources to support herself, but she registered for one or two courses each quarter, studied assiduously and did at least double the amount of reading of other class members to make sure that she received high distinctions in everything she undertook. After ten years she graduated “summa cum laude,” after surviving one “near disaster” when she only received a “distinction” instead of her usual “high distinction” in a course. This “distinction” was experienced as a deep dangerous wound and a threat to her perfect record. The resulting depression propelled her into psychotherapy where it soon became clear she needed to “soften” the archaic narcissism in the ideals sector of her nuclear self-organization.

The more self psychologists worked with both the expansive and constricted forms of narcissism, the more it was realized that many of the those with a constricted strategy of self-cohesion had characteristics of persons who had been treated as neurotics

from a Freudian framework. The “neurotic” phobias were fears that emerged whenever the constricting strategy and the attempt to be perfect failed and some self-fragmentation began to take place. Thus self-psychology, without denying that some patients repress their conflicts, saw the narcissistic need to foster self-cohesion as the major therapeutic issue with these so-called neurotics, not dredging up their unconscious. So treatment from a self-psychology perspective shifted the treatment of neurosis to the development of new structures in the nuclear self. While it was not his initial intention, Kohut’s new theorizing on narcissism had almost completely overturned the analytic theorizing of Freud. Repression, dynamic unconscious, drive theory, neurosis and many of the other theoretical concepts of Freud were not obliterated or banished, but they were moved to back stage.

Another concept that self-psychology also moved from center stage was the Oedipal complex, which was presented by Freud in his “Interpretation of Dreams” (1900) and had become the central theoretical idea of Freud by 1910. In the Oedipus complex, as is well known, the child has a conflict with the same gender parent over his/her incestuous aims towards the opposite gender parent. Terman (1984/5) presents a 26 year-old woman whose rage at her mother had brought her into treatment, as an example of a case that is better explained as arrested development involving her sexuality rather than a conflict with her mother over her sexual desires for her father. He discovered this when, after a year of treatment and making Oedipal explanations, the patient was becoming increasingly distressed and in despair. In seeking to understand this patient’s response to

these Oedipal explanations, he eventually became convinced that it was because she felt humiliated by him.

The patient's humiliation was a repetition of the humiliation that she had experienced during her development, from her mother. Her history supported this theme of humiliation. She was often feeling humiliated as a child when her mother favored her two siblings, especially her brother, over herself. For example, she felt that whenever she and her brother would have a disagreement her mother would believe her brother. This idea was symbolized in a dream where her parents gave house keys to her siblings but not to her. Another example of feeling humiliated was when her mother reneged on a promised trip to Mexico, and she became enraged. This humiliation theme was also reinforced by the patient's relationship with Terman, where she felt deeply injured whenever he showed hesitation, or was unaware of her needs.

The mother's humiliation of the patient took place around her sexual behavior. When, in her early teens, the patient sexually experimented with a neighborhood boy, the mother found out, severely reprimanded her, and made her feel bad. Then when the patient was wrongly accused of sexual misbehavior a second time, she emotionally distanced herself from her mother. Another situation was when she wrote a note in the fourth grade saying "I love Michael," her teacher found it, and in front of the class humiliated her. What capped this off was, when Terman's Oedipal interpretations failed to make the patient feel understood and humiliated her, she tried to sexually seduce Terman in an effort to humiliate him and so induce a twinship of humiliation.

Once Terman understood that his patient was a narcissistic disorder and not a neurotic patient with an unresolved Oedipus complex, and tuned into her experiences of being humiliated, she began to improve. The key to the case was humiliation, not seduction. This clinical experience helped Terman realize that an Oedipus complex is a special case of a failure in self-development during the oedipal period, where affirming sexual feelings instead of humiliating a child was needed. When Terman's case was presented to the self-psychology community, it accelerated the process that Kohut's concept of narcissism had begun, of seeing neurosis in a new light. Neurotics were no longer fearful and cautious because of undesirable, unconscious repressed wishes, but out of a need for psychological survival that depended on constricting one's horizons and avoiding error and criticism. Grandiose narcissists and neurotics were now recognized as self-disorders. But these changes were just the beginning.

Not long ago I accepted a recent invitation to address a high school class on psychopathy because, although I am without extensive clinical experience of treating criminals, I was comfortable with the assignment because self psychology sees psychopathy and sociopathy as variants of what Kohut and Wolf (1978) labeled, narcissistic behavior disorders, in contrast to narcissistic personality disorders. Of those who present to us in private practice, some have the milder variants of such narcissistic behavior disorders where the tendency to re-enact predominates. An experience of treating just such a form of narcissism will be shared with Brian James' case of Bob. And in an effort to cover as broad a range of narcissism as possible, we will be hearing

about three other cases, as well. In case 4 Tony Wild introduces us to sexualization, which is a process often seen with patients who are seeking to maintain their narcissistic equilibrium. It is a major clinical issue, for which we may not have time to do justice, but our efforts are hopefully a beginning that can be explored at another time. As you will soon find, however, Victoria is a very interesting case.

So are the cases of Sandy and Sue. With Sandy Lauffenburger's case of K and Sue Hay's case of Lille, we explore areas that are on the frontiers of self-psychology – and all psychotherapy theory for that matter. As pain and dissociation are often a part of the clinical picture of severe self disorders, what Sandy on pain and Sue on dissociation have to share of their work has much from which we can gain benefit. Working with their patients is not easy, but as they strive to be consistently empathic, they are able to demonstrate that forward movement occurs, often slowly, where others would give up in hopelessness.

Finally, what are we trying to achieve from our sharing and discussion on narcissism? Hopefully it will become evident that Kohut's theory of narcissism can be broadened to contribute much to our clinical endeavors. I am also aware that since the International University Press and The Analytic Press initiated the publishing of self psychology in the nineteen seventies, many other Presses have sought to cash in on this publishing bonanza and piggybacked on surging interest in self-psychology with many books on clinical theory. In fact so much is presently being pumped out and rehashed that it's impossible for a practicing psychotherapist to anywhere near keep up with the

reading. What I am hoping is demonstrated with the case approach of this Summer School is another option to the plethora of theoretical ideas, which if dissociated from clinical practice are a dime a dozen. Most of these ideas will undergo a Darwinian type of cognitive winnowing or parcellation. For as Kohut repeatedly urged, it is eventually only through empathically immersing of ourselves in cases – the living documents - and then sharing what works and what doesn't that leads to significant progress in our field. We in Empathink, have sponsored this case approach to the Summer School in hope that we may all enhance our empathic and clinical capacities.

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Presented to the Empathink Summer School 7 January, 2006