THE RESTORATION
OF THE SELF

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conflicts; it occurred because her ideals had been insufficiently internalized and consolidated. The transference reactivated, therefore, not oedipal psychopathology but a disturbance of the self. And, furthermore, during the most important phases of the analysis the focus of working through was not directed, as one might expect, at the primary structural defect of her self (psychopathology correlated to the mother’s flawed responsiveness to the child), but, during a secondary idealizing transference, at the insufficiently established compensatory structures (psychopathology correlated to the father’s failures). And the partial success of the analysis—her depressive reactions did not disappear altogether, but they became less severe and were of much shorter duration—was therefore due not to a healing of the primary defect in the self but, as I now understand in retrospect, to the rehabilitation of the compensatory structures. Specifically, the crucial transference revivals concerned events in childhood when the father himself appeared to be so severely disappointed by his wife’s frustrating emotional flatness and lack of empathy that he, too, seems to have become temporarily depressed and thus emotionally unavailable to his daughter. I am not certain whether he was occasionally depressed during the patient’s childhood; from the patient’s transference reactions, however, we could reconstruct that he retreated, principally by staying away from home (fleeing from the mother to his work or to playing golf with his friends), at the very time his daughter needed him most, when the mother was depressed and the daughter expected her idealized and admired father to be a bulwark against the pull of lethargy that emanated from the mother and threatened to engulf the child’s personality.

CHAPTER TWO

Does Psychoanalysis Need a Psychology of the Self?

On Scientific Objectivity

In the preceding chapter I presented clinical material in support of the thesis that we may consider an analysis completed when by achieving success in the area of compensatory structures it has established a functioning self—a psychological sector in which ambitions, skills, and ideals form an unbroken continuum that permits joyful creative activity. The definition of psychoanalytic cure implied by the foregoing statement must now be evaluated against the background of the definitions that have been traditionally accepted by psychoanalysts.

Before going into details, let me emphasize that I am focusing here on a principle: I am not concerned with issues evoked by such terms as analytic wisdom, reasoned expediency, and the like, even though I fully recognize their clinical relevance and that I would probably avoid a number of difficulties if I addressed myself primarily to them, inasmuch as no analyst will make the unrealistic claim that he has ever analyzed a person completely in all
sectors of his personality or that he should even attempt to achieve such perfection. I am concerned here with the problem raised by the fact that I am speaking of a valid termination of an analysis that has—in terms of structures—not dealt with all the layers of the essential pathology of the analysand, that has—in terms of cognition—not led to the undoing of all infantile amnesias, to the expansion of knowledge concerning all those events of childhood that are genetically and dynamically related to the psychopathology from which the patient suffers.

Freud was, of course, convinced of the fact that psychoanalysis had a wholesome effect on the analysand, that it constituted a process whose momentum should be maintained, and that it should be carried forward as far as possible. But while he provided us with the outline of the essentials of this process, which, put briefly, can be defined either, in terms of cognition, as making the unconscious conscious, or, in terms of structures, as extending the domain of the ego, he never elaborated—at least not in scientific seriousness, i.e., in theoretical terms—his conviction of the wholesome effect of analysis in the form of the claim that psychoanalysis cures psychological illnesses, that it establishes mental health. Freud’s values were not primarily health values. He believed in the intrinsic desirability of knowing as much as possible: he was—through the convergence and mutual reinforcement of the dominant world view of his time and some personal preferences (no doubt determined by experiences in early life) which transformed that scientific world view into his personal categorical imperative, his personal religion—intransigently committed to the task of knowing the truth, facing the truth, seeing reality clearly.

One of the most moving anecdotes about Freud’s life concerns this deeply anchored aspect of his personality. When he learned that there had been some doubt whether he should be told he was suffering from a malignancy, he responded with the expression of profoundly felt anger. What right does anyone have to keep this knowledge from me? he asked, discounting the possibility that kindness and concern and not patronizing arrogance might have been responsible for the brief moment of doubt whether he should be told the ominous truth (cf. Jones, 1957, p. 93).

Freud’s writings offer a plethora of evidence (1927b; 1933, Chapter 25) to demonstrate that his supreme value was the value of courageous realism, of bravely facing the truth. His anger at the mere fact that to keep an important truth from him had even been considered could of course be interpreted in a variety of ways. Many analytically trained observers would, I believe, be inclined to suspect that the anger he expressed was only a substitute for the anger he felt about the fact that he was afflicted with a malignancy and was facing death—that he could now express this anger because he could justify it as a reaction to the possibility that the truth might have been withheld from him. I am strongly inclined to offer a different explanation. I believe the core of Freud’s self was related more to the function of perceiving and thinking and knowing than to physical survival and that his nuclear self was threatened more by the danger that knowledge was withheld from him than by the danger of physical destruction.

Freud’s commitment to truth is admirable and, viewed in isolation, beyond debate. In addition, it has become, via our identification with him, the leading value
of analysts. The influence exerted by the primacy of knowledge-expansion values on the theories and the therapeu tic outlook of psychoanalysis forces us, however, despite our reluctance to do so, to re-examine it, to question its formidable position of power over our thinking, because it has come to be a limiting factor as we are trying to grasp forms of psychopathology and modes of cure that are not encompassed when seen from the classical point of view.

Fascinating though the task might be—and potentially valuable if properly handled, *sine ira et studio*—I am setting aside the investigation of the personal factor, particularly the search for any genetic data that would explain why Freud’s intense commitment to the confrontation of the unmitigated truth, however painful it might be, became such a powerful attribute of his personality. Instead, I shall focus on the examination of Freud’s position as a representative of nineteenth-century science—specifically with regard to the influence his “Scientific World View” (1933) exerted on the form, content, and scope of his theories.

Freud gave this significant response to Ludwig Binswanger’s observation that his (Freud’s) personality was characterized by an enormous will to power: “I do not trust myself to contradict you in regard to the will to power—but I am not aware of it. I have long surmised that not only the repressed content of the psyche, but also the innermost core of our ego is unconscious, though not incapable of consciousness. I infer this from the fact that consciousness is after all only a sensory organ, directed toward the outside world, so that it is always attached to a part of the ego [in modern terminology: the self] which is itself unperceived” (Binswanger, 1957 p. 44).

I consider this statement—the statement of a man who had investigated his own inner life, including the countertransferences that can becloud or distort the vision of the psychological observer, more broadly and profoundly than any man had ever done before—the perfect expression of the basic attitude of the scientist of his day. It is the statement of the man of the Renaissance, of the era of Enlightenment, of nineteenth-century science. It is the statement of the man who has become all vision and vision-explaining thought. It is the statement of the man of clear-eyed empirical observation whose mental processes are engaged in the service of his proud realism. It is a statement that is in full harmony with the fact that one aspect of the basic stance of the classical nineteenth-century scientist was the clear distinction between observer and observed, or, to put my meaning more tersely, it is the expression in theoretical terms of the ideal of scientific objectivity.

Evaluated from this point of view, Freud took the ultimate step that could still be taken by “objective” science: he investigated the inner life of man, including—and especially—his own. But—and here lies the crucial issue—he gazed at man’s inner life with the objectivity of an external observer, i.e., from the viewpoint that the scientist of his day had perfected vis-à-vis man’s external surroundings, in the biological sciences and, above all, in physics.

The adoption of this basic stance had a profound influence on the formation of the theoretical framework of psychoanalysis. Just as the great physicists and biologists of his day observed the physical and biological field, abstracted and generalized their observations, and formulated the nexus of their data in terms of the interaction of
mechanical and chemical forces, so did Freud, by devising the conceptual framework of a mental apparatus fueled by drives—i.e., by forces striving for expression, hampered by counterforces, and in conflict with each other—create the magnificent explanatory edifice of psychoanalytic metapsychology. It was, and is, an explanatory framework that allows for expansion and change (from topographic to structural theory; from libido theory to ego psychology). And it is a framework particularly attuned to the explanation of certain phenomena that presented themselves with great frequency to the observer at the turn of the century: the structural neuroses—par excellence, hysteria.

But, however pertinent Freud's theoretical conceptualizations remain with regard to the structural neuroses and to other similarly constructed psychological phenomena, they are not, as the present work will attempt to demonstrate, sufficiently relevant with regard to the disorders of the self and other psychological phenomena that lie within the domain of self psychology—phenomena that require for their observation and explanation a more broadly based scientific objectivity than that of the nineteenth-century scientist—an objectivity that includes the introspective-empathic observation and theoretical conceptualization of the participating self.

Although I am fascinated to see that modern physics, too, has moved from the observation of the world in terms of large masses and their interaction to the observation of particles, and from a sharp separation between the observer and the observed to a stance that considers the observer and the observed as a unit which is, in principle, in certain respects not divisible (cf. p. 31n. of the present work), I know too little about modern physics to allow myself to be supported by this analogy. But I believe I can supply sufficient evidence within the psychological field—I will begin my task by turning to a re-evaluation of drive concept and drive theory—to affirm the relevance of the psychology of the self.

**Drive Theory and the Psychology of the Self**

I shall begin by comparing my outlook with that of Franz Alexander who more clearly and unambiguously perhaps than any other analyst in recent times subscribed to the classical drive theory. He saw the human mind as a field in which large-scale forces strove in various specific directions (cf., for example, his vector theory [1935]), and he explained psychopathology as the result of conflict between drives and of conflicts concerning drives and drive demands. In all these contexts he was especially interested in the vicissitudes of the oral drive and (cf. his paper of 1956) stressed the point that dyadic-preoedipal transference attitudes, especially the analysand's oral clinging to the analyst, were in many instances regressive evasions designed by the patient to avoid facing the emotional hardships and anxieties of the central transference, which was triadic-oedipal. Taken as a theoretical proposition, the positive aspect of Alexander's assertion is unassailably—his formulation claims with regard to the significance of regressive orality what the classical formulation (cf. Freud, 1909, p. 155; 1913a, p. 317; 1917b, pp. 343-344; 1926, pp. 113-116) stated with regard to the significance of regressive anality in obsessive-compulsive neurosis. Alexander's clinical emphasis, however, was in error because his understanding of a large number of the phenomena he attempted to explain within the confines of the conceptual framework of drive psychology and the
structural model of the mind was insufficient. Most instances of the oral-clinging behavior that Alexander rejected as infantile attitudes preconsciously or consciously assumed by the patient in order to escape confrontation with the oedipal rival and fear of his revenge cannot in fact be adequately described within the conceptual framework of the structural model of the mind and in the terminology of drive psychology. In most instances—certainly in the cases I refer to as narcissistic personality disorders—this behavior is not a manifestation of an attitude of pretended infantilism but the expression of the needs of an archaic state; it becomes comprehensible when seen, within the conceptual framework of a psychology of the self, as a manifestation of archaic narcissism—in particular, as the expression of narcissistic transference needs. Even where Alexander concedes that a patient's intense attachment to the analyst may not be primarily defensive, he explains it as a drive fixation on oral aims and a developmental arrest of the ego, with the implicit and explicit demand upon the patient that these drive-aims be suppressed and relinquished as quickly and completely as possible, and with the exhortation that the patient grow up.

The attempt to explain the transference manifestations activated in the analysis of narcissistic personality disorders with the aid of drive psychology and of the conceptual framework of the structural model of the mind—defenses vs. drives, ego vs. id; drive maturation vs. drive regression (or drive fixation); ego development vs. ego regression (or developmental arrest)—can be compared to the attempt to explain, within the framework of aesthetics, the beauty or ugliness of a painting by examining the types and distribution of the pigments used by the painter; or, within the framework of literary criticism, to the attempt to explain the success or failure of a novel by determining the vocabulary or sentence structure employed by the author. To be sure, there are instances in which such examinations will lead us to important discoveries; but the focus of the sophisticated art critic will generally be directed upon more complex aspects of the work of art than on the simple units I mentioned. To approach the disorders of the self via classical metapsychology can, for the medically trained reader, be most tellingly compared to the attempt to explain the complexities of human physiology in health and disease within the framework of inorganic chemistry. To be sure, a few rare instances exist (hypothyroidism due to iodine deficiency, for example) whose etiology and treatment can be formulated in terms of inorganic chemistry—but even in these conditions such an approach does not do justice to the complexity of the biochemical disturbance. And the same considerations may also apply in exceptional instances of disturbances of the self. Even though I believe that the psychopathology of diffuse disturbance “oral-dependent” personalities is, in the great majority of cases, not encompassed by Alexander’s formulation of a sequence of oedipal fears and defensive orality—not even when we refine this formulation with the conceptual armamentarium of the most advanced insights of modern ego psychology—but that only the application of the psychology of the self will give us a satisfactory conceptual framework, exceptional cases of this type may well exist that can be adequately conceptualized in these classical terms. There are instances, in other words, where the therapeutic leverage is indeed appropriately and successfully applied at the point of the Oedipus com-
plex and where the remainder of the psychopathology, however widespread it may be, will yield in consequence of the solution of the centrally treated nuclear conflict. There may, in addition, exist still other instances in which a primary disorder of the self will become ameliorated in the course of an analysis, even though the analyst's conceptual framework was inadequate—even though, in other words, the self and its pathology were disregarded and the relevant structure-building working-through processes had not become knowingly engaged. The improvement of the patient's disturbance in such instances is, I believe, brought about by the responses from the side of the analyst that he considers to be peripheral and which he thinks of as perhaps only tactically important but theoretically not significant accompaniments to the essential interpretative activities to which he attributes the success of the therapy. In other words, I believe that appropriate responses to primary self pathology have in the past been given, at times reluctantly and even guiltily, by a number of intuitive analysts—and with good results. The analyst saw these analytic activities, however, as an expression of analytic "tact" or justified them as serving to maintain a therapeutic working alliance—the reconstitution of the self, however, he explained as having taken place in consequence of interpretations that dealt with the analysand's structural conflicts.

But to return to Alexander's interpretation of the oral-dependent personality in accordance with Freud's theory of the complementary relationship between regression and fixation of drives (1917b, pp. 340-341), we must now consider those instances where, according to Alexander's view, it is drive fixation and not primarily a retreat from the anxieties of the Oedipus complex that is to be considered an adequate explanation of the patient's serious disturbance. On purely theoretical grounds the possibility cannot be dismissed that such cases may actually exist—that there are, in other words, exceptional cases in which a disorder of the self may yield to an analytic approach that assumes that the psychopathology is the manifestation (1) of a drive fixation on oral fixation points, and (2) of a corresponding developmental arrest of the ego, in consequence of infantile gratifications to which the analysand's pleasure-oriented immature ego had become addicted. But while I believe that there are rare instances in which a cure of primary self pathology can be achieved by an empathic analyst in the course of an analysis that is transacted in terms of ego infantilism in consequence of a retreat motivated by castration anxiety, I cannot imagine that an analytically valid cure of a primary self disturbance could be achieved, even fortuitously, by an analyst who deals with the patient on the basis of his conviction that the patient had remained fixated on the oral drive. Such cases, I am convinced, are not encountered in our offices and an analyst who formulates his patient's self pathology in these terms will be experienced as grossly unempathic by the analysand, and he will at best achieve an educational result, i.e., the formation of mature psychological layers (defensive structures) on the basis of the analysand's gross identification with the therapist. If such cases existed, their eti-
ology would have to be sought in parental attitudes which, on the one hand, indulged the child's pregenital drives and, on the other, blocked the demands of the child's phallic-genital needs. I do not believe that such a decisive blocking of a child's maturing drive-apparatus could be carried out by parents who are in even minimal empathic contact with the maturational aspirations of their child. My clinical experience with patients whose severe personality distortions I would formerly have attributed to a fixation of the drive organization at an early level of development (orality), and to the concomitant chronic infantilism of their ego, has increasingly taught me that the drive fixation and the widespread ego defects are neither genetically the primary nor dynamic-structurally the most centrally located focus of the psychopathology. It is the self of the child that, in consequence of the severely disturbed empathic responses of the parents, has not been securely established, and it is the enfeebled and fragmentation-prone self that (in the attempt to reassure itself that it is alive, even that it exists at all) turns defensively toward pleasure aims through the stimulation of erogenic zones, and then, secondarily, brings about the oral (and anal) drive orientation and the ego's enslavement to the drive aims correlated to the stimulated body zones.

It is not easy to describe the quasi-addictive use made of his body's erogenic zones—with or without the aid of accompanying fantasies which become the crystallization points for later psychopathology, for example, adult perversions—by the depressed child who attempts to counteract the experience of the fragmentation or enfeeblement of the self. The explanations of drive psychology, of the structural model of the mind, and of ego psychology are satisfactory only insofar as the circumscribed area of the psychology (and especially of the psychopathology) of conflict is concerned. They deal with conceptual units too elemental to encompass the more complex psychic configurations we can recognize in health and disease, as soon as our focus begins to encompass the participating self, especially, of course, when the self and its diseases have become the very center of our attention. The breakthrough, for example, that Freud (1908) and Abraham (1921) achieved in correlating certain characterological features with the persisting fixation on certain pregenital drives—for example, in the conceptualization of "anal" penuriousness—gave us a brilliant explanation of a complex set of psychological phenomena. Yet, the very brilliance of this intellectual achievement has prevented us from recognizing the limitations of the insight provided, has even skewed our attitude toward certain psychological states. The traditional emphasis on the drive-psychological elements of the interplay of mother and child—in the present example: during the anal period—is not a satisfactory explanation for the fact that the child had become anally fixated and that the subsequent establishment of defenses against the expression of undisguised anality had become the starting point of the development of psychological structures which then manifested themselves as the characterological attitude of penuriousness. We do indeed, I believe, reach a more satisfactory explanation if, in addition to the drives, we consider the self of the anal period, a self during an early stage of its consolidation. If a mother accepts the fecal gift proudly—or if she rejects it or is uninterested in it—she is not only responding to a drive. She is also responding to the child's forming self. Her attitude,
in other words, influences a set of inner experiences that play a crucial role in the child’s further development. She responds—accepting, rejecting, disregarding—to a self that, in giving and offering, seeks confirmation by the mirroring self-object. The child therefore experiences the joyful, prideful parental attitude or the parent’s lack of interest, not only as the acceptance or rejection of a drive, but also—this aspect of the interaction of parent and child is often the decisive one—as the acceptance or rejection of his tentatively established, yet still vulnerable creative-productive-active self. If the mother rejects this self just as it begins to assert itself as a center of creative-productive initiative (especially, of course, if her rejection or lack of interest is only one link in a long chain of rebuffs and disappointments emanating from her pathogenically unempathic personality) or if her inability to respond to the child’s total self leads her to a fragmentation-producing preoccupation with his feces—to the detriment of the cohesion-establishing involvement with her feces-producing, learning, controlling, maturing, total child—then the child’s self will be depleted and he will abandon the attempt to obtain the joys of self-assertion and will, for reassurance, turn to the pleasures he can derive from the fragments of his body-self. The adult’s “anal character”—his penuriousness, for example—cannot therefore be adequately explained by references to his anal fixation or to his anal-retentive inclinations. The anal fixation is present, of course, but it becomes fully meaningful only on the basis of the genetic reconstruction that, as a child, feeling that his self was crumbling and/or empty, he had tried to obtain reassuring pleasure from the stimulation of a fragment of his body-self.

With regard to the foregoing example we can now state that the application of the theoretical framework of a psychology of the self is a necessity if in our descriptions and explanations we want to comprehend the full range of the content of the experiences of the child during the “anal” phase of development and if we want to give credit to the full significance of this stage to the child’s psychological development. If, however, the broader experiential configurations have been shattered, i.e., if the child’s self has been seriously fragmented and weakened by the lack of empathic responses from the self-object, then the formulations of drive psychology, while not adequately encompassing the crucial psychological oscillations between the cohesive and the fragmented self, may be well suited to explain the new state in experience-distant terms.²

It is in this context that we can justify such drive-psychological formulations of phenomena that belong, above all, within the explanatory framework of a psychology of the self as, for example, my explanatory description of shame and of narcissistic rage in the terms of classical metapsychology (1972, pp. 394-396). Healthy pride and healthy assertiveness, I might add, are less easily formulated in drive-psychological terms than are the disintegration products of these wholesome basic experiences—shame and rage—that appear after the breakup of the primary psychological constellation. What I am suggesting is that one might employ here and elsewhere two different theoretical frameworks—that, in analogy to the principle of complementarity of modern physics, we

² For some general remarks about theory—in particular with regard to the acknowledgment of the relativity of all theoretical statements and the admissibility of complementary approaches—see pp. 206-207.
might indeed speak of a psychological principle of complementarity and say that the depth-psychological explanation of psychological phenomena in health and disease requires two complementary approaches: that of a conflict psychology and that of a psychology of the self.

We can also, from the vantage point of these considerations, fruitfully address ourselves to a question that might be raised by those who are skeptical of the validity of the genetic explanations of a psychopathology provided by psychoanalysis. The question refers to the fact that some people with serious forms of adult psychopathology appear to have had extremely devoted mothers in their early life who, in addition, appeared to have been empathically in tune with the wishes of their children and to have responded by lovingly providing them with the gratification of their wishes. Basing ourselves on the important metapsychological "principle of optimal frustration," we will, of course, immediately be inclined to argue, in the terms of instinct theory, that full gratification—"spoiling"—deprives the child of the opportunity for building psychic structure—i.e., that in consequence of the nonfrustration of drives the ego remains immature (does not sufficiently develop its drive-controlling, drive-modulating, and drive-sublimating functions)—, that maternal empathy can be excessive and that "mothering" must have its limits if it is not to be harmful to the child. But while I believe that the principle of optimal frustration is a very valuable one, I do not believe that many cases of harmful maternal spoiling through overempathy and an excess of "mothering" do in fact exist. Such instances as I have been able to study retrospectively in the analysis of disturbed adults revealed themselves as having been determined in a more complex way. I believe we can

make immediate progress toward greater clarity if we re-evaluate the question of the harmfulness of overmothering or spoiling against the background of not only the psychology of the drives but also, and predominantly, of the psychology of the self. Certain aspects of the severe psychopathology of Mr. U., for example (see pp. 55-58 above), particularly those concerning his fixation on the fetish, appeared at first to be due to his having been, as a child, overly gratified by his doting mother and grandmother, who fulfilled his every wish and who by thus spoiling him contributed to his later unwillingness to make realistic compromises. It was this insistence on perfect mothering, we thought at first, that had set up the formation of a psychological enclaves—the fetish, its gratifying perfection—in which perfect maternal functioning continued to hold sway to the detriment of more realistic and mature modes of pleasure gain. As the analysis progressed, however, and especially as the reactivation of his needs and wishes in the transference was worked through systematically, a different aspect of the maternal gratifications in early life emerged with great clarity. Mr. U.'s mother and grandmother had formed a team in their shared attitude to the boy and apparently acted out an unconscious fantasy of their own, gratifying the child's drive-wishes for their own purposes. Fully in tune with his every drive demand, they simultaneously disregarded the boy's maturing, changing self, which cried out for maternal (and later also paternal) confirming-admiring responses and approval. The fixation on the fetish was therefore essentially not the result of overgratification, but of a specific traumatic absence of maternal empathy for the healthy grandiosity and the healthy exhibitionism of his forming independent self.
The result, in brief, was the formation of a depleted, depressed sector of his self and a depressively undertaken return to drive gratification, i.e., to the use of archaic pleasure-gains (the drive-satisfying mother, the fetish) because the expansive display of the gifted child—of his self as an independent center of initiative—remained unresponded to by the mother and was not sufficiently responded to by the father.

The application of the principle that it is not a libidinal drive that, psychologically speaking, attains its momentum in the child, but that, from the beginning, the drive experience is subordinated to the child’s experience of the relation between the self and the self-objects, is of crucial importance on two counts. It changes our evaluation of the significance of the libido theory on all levels of psychological development in childhood; and, consequently, it changes our evaluation of some forms of psychopathology which classical theory viewed as being caused by the personality’s fixation on or regression to this or that stage of instinct development.

Let me, in this context, add one more illustration to those already presented: the triad of oral fixation, pathological overeating, and obesity. This syndrome could be scrutinized against the background of the assumption that we are dealing with a regressive and/or primary drive-fixation on the oral level (flight from castration fears and/or oral indulgence), and the goal of psychoanalytic therapy as defined from this point of view would ultimately—except for the theoretically imaginable but in practice hardly encountered cases of pure regression—include the achievement of deepened drive-awareness with the collaterally achieved increased ability to control the drive (via its suppression, sublimation, inhibition of its aims, displacement, or neutralization). I submit again, however, that this theoretical stance is unsatisfactory. By contrast, it is my claim that we are coming nearer to the truth and will provide a more accurately reasoned explanation of a successfully unrolling psychoanalytic process in the majority of these cases if we apply the following formulation: It is not, we will say, the child’s wish for food that is the primal psychological configuration. Seen from the point of view of the psychology of the self, we will affirm instead that, from the beginning, the child asserts his need for a food-giving self-object—however dimly recognized the self-object might be. (In more behavioristic terms we might say that the child needs empathically modulated food-giving, not food.) If this need remains unfulfilled (to a traumatic degree) then the broader psychological configuration—the joyful experience of being a whole, appropriately responded-to self—disintegrates and the child retreats to a fragment of the larger experiential unit, i.e., to pleasure-seeking oral stimulation (to the erogenous zone) or, expressed clinically, to depressive eating. It is this fragment of psychological experience that becomes the crystallization point for the later addiction to food. And it is the increasing awareness of the depressive-disintegrative reaction to the unempathic self-object milieu—not an increasing awareness of the drive (and an, in essence, educational emphasis on the mastery of the drive)—that becomes the basis from which a renewed movement toward psychological health can proceed.

To summarize in more general terms, the establishment of drive fixations and of the correlated activities of the ego occurs in consequence of the feebleness of the self. The unresponded-to self has not been able to transform
its archaic grandiosity and its archaic wish to merge with an omnipotent self-object into reliable self-esteem, realistic ambitions, attainable ideals. The abnormalities of the drives and of the ego are the symptomatic consequences of this central defect in the self.

Analogous considerations also apply to the general question of the conceptual framework within which the compensatory structures should be placed. Should we think of them in ego-psychological terms—as defenses that have achieved “secondary autonomy” from the drive that had originally stimulated their growth? Or should we view them in terms of a psychology of the self—as a constituent of a self that has become reconsolidated under the influence of specific relations between the self and the self-object? I maintain that it is inappropriate to use the concepts of primary or secondary autonomy in our theoretical formulations when we are dealing with disorders of the self. These concepts belong essentially within the framework of a psychology of structural conflict, i.e., one that conceptualizes psychological illness as the result of the conflict between sets of forces (drives and defenses) in opposition to each other. I would therefore think that it is indeed useful to apply the concept of secondary autonomy to defensive structures that have in the course of development become independent in their functions from the drive demands they originally opposed. Despite the fact that compensatory structures may become autonomous—those, for example, that have been rehabilitated as the result of the analysis of narcissistic personality disorders—the terms primary and secondary autonomy, in the ego-psychological sense, are irrelevant with regard to them. True, the choice of the specific compensatory functions that become important to the child in order to substitute for others which are stunted (in the area of the primary defect) may well be partly influenced by innate factors (talents), and we might therefore speak of their “primary autonomy.” But the child’s selection of certain functions out of the number of those at his disposal (and his developing them into efficacious talents and skills) and the direction of his major pursuits as ultimately laid down permanently in the psyche as the content of his ambitions and ideals—i.e., the child’s acquisition of compensatory structures—are best explained in the context of his having been able to shift from a frustrating self-object to a nonfrustrating or less frustrating one. The decisive issue, in other words, is not that the functions expressing the pattern of the self are autonomous, but that a self that had been threatened in its cohesion and functioning in one sector has managed to survive by shifting its psychological point of gravity toward another one.

Interpretations and Resistances

The explanatory power of the postulates of drive psychology that, in normal development, narcissism is transformed into object love and that drives are gradually “tamed,” and the explanatory power of the postulates of the psychology of the self that, in normal development, self/self-object relations are the precursors of psychological structures and that transmuting internalization of the self-objects leads gradually to the consolidation of the self, can also be compared by applying these complementary viewpoints to concrete psychological configurations that emerge during the analytic process.

Let us focus, for example, on Hartmann’s (1950) subtle and sophisticated discussion of drive-taming via
counter cathexes, particularly his assertion that the ego uses neutralized aggressive energy to hold drives in check. It might be added here that the counter cathexes of which Hartmann speaks were presumably acquired by the mental apparatus as a result of the early interplay with the instinctually cathected parental object. Hartmann suggests that what Freud (1937) called "resistance against the uncovering of resistances" in the psychoanalytic situation is "metapsychologically speaking ... reaggressivized energy of the counter cathexes, mobilized as a consequence of our attack on the patient's resistance" (1950, p. 134). Hartmann's theory—as does all metapsychology when applied to the relations of the child to his parents or of the patient to the analyst—shifts between two essentially incompatible conceptual frameworks, the framework of the mental apparatus and the framework of social psychology. This is a forgivable and, in the present context, inconsequential inaccuracy that I have discussed elsewhere (1959) and shall not pursue here. I am, in other words, not concerned here with any flaws in theory and concept formation, do not aim at proving Hartmann's theory to be in error, but want to demonstrate that the psychology of the self—a psychology that differentiates objects that are experienced as part of the self (self-objects) from those that are experienced as independent from the self, as independent centers of initiative (true objects)—is able to explain the phenomena under scrutiny—the analysand's angry response to the attack on his resistances—altogether more cogently than does the drive-psychological method employed by Hartmann.

To create a basis for my approach, I shall first examine a childhood situation that is in certain decisive respects prototypical for the analytic situation: the child's merger with the empathic omnipotent idealized self-object (see Kohut, 1971, p. 278; cf. Freud, 1921, pp. 111-116).

The child that is to survive psychologically is born into an empathic-responsive human milieu (of self-objects) just as he is born into an atmosphere that contains an optimal amount of oxygen if he is to survive physically. And his nascent self "expects"—to use an inappropriately anthropomorphic but appropriately evocative term—that an empathic environment to be in tune with his psychological need-wishes with the same unquestioning certitude as the respiratory apparatus of the newborn infant may be said to "expect" oxygen to be contained in the surrounding atmosphere. When the child's psychological balance is disturbed, the child's tensions are, under normal circumstances, empathically perceived and responded to by the self-object. The self-object, equipped with a mature psychological organization that can realistically assess the child's need and what is to be done about it, will include the child into its own psychological organization and will remedy the child's homeostatic imbalance through actions. The first of these two steps, it must be emphasized, is of far greater psychological significance for the child than is the second, especially with regard to

3 Schafer, among modern analysts, has been the most outspoken objector to the reification of theory (see his discussion of psychoanalytic concept formation, 1973b). His argument is in general well taken, and his valuable contribution should exert a wholesome influence by alerting analysts not to blur the distinction between clinical-observational fact and the abstractions of theory. I maintain, nevertheless, that we should not therefore become pallid in our communications. There is a decisive difference between the use of colorful, evocative language and concretizing (e.g., anthropomorphic) thought. I also believe that, however logical Schafer's line of thought may be, he does not take into account the need for gradualness in theory change if the psychoanalytic "group self" is to be preserved.
the child's ability to build psychological structures (to consolidate his nuclear self) via transmuting internalization. The formulation that the mother tames the child's aggressive drive by neutralizing it with her love or by opposing it via her neutralized aggression (firmness) rests on an attractively simple analogy with the gross mechanics of events in the physical world. It does not, however, do justice to the events in the psychological field. I believe we come closer to the truth when we say that the child's anxiety, his drive needs, and his rage (i.e., his experience of the disintegration of the preceding broader and more complex psychological unit of unquestioning assertiveness) have brought about empathic resonances within the maternal self-object. The self-object then establishes tactile and/or vocal contact with the child (the mother picks up the child, talks to it while holding and carrying it) and thus creates conditions that the child phase-appropriately experiences as a merger with the omnipotent self-object. The child's rudimentary psyche participates in the self-object's highly developed psychic organization; the child experiences the feeling states of the self-object—they are transmitted to the child via touch and tone of voice and perhaps by still other means—as if they were his own. The relevant feeling states—either the child's own or those of the self-object in which he participates—, in the order in which they are experienced by the self/self-object unit, are: mounting anxiety (self); followed by stabilized mild anxiety—a "signal" not panic—(self-object); followed by calmness, absence of anxiety (self-object). Ultimately, the psychological disintegration products that the child had begun to experience disappear (the rudimentary self is re-established), while the mother (as seen in terms of behaviorism and social psychology) readies the food, improves temperature regulation, changes diapers, etc. It is the experience of this sequence of psychological events via the merger with the empathic omnipotent self-object that sets up the base line from which optimum (nontraumatic, phase-appropriate) failures of the self-object lead, under normal circumstances, to structure building via transmuting internalization. These optimal failures may consist in the self-object's briefly delayed empathic response, in mild deviations from the beneficial norm of the self-object's experiences in which the child participates, or in the discrepancy between the experiences provided through the merger with the empathic self-object and the actual satisfaction of needs. It is my impression, I might add, that the last-mentioned instance is of far less importance with regard to psychological structure formation in childhood than are the psychological failures of the self-object. I believe, in other words, that defects in the self occur mainly as the result of empathy failures from the side of the self-objects—due to narcissistic disturbances of the self-object; especially, and I think, more frequently than analysts realize, due to the self-object's latent psychosis—and that even serious realistic deprivations (what one might classify as "drive" [or need] frustrations) are not psychologically harmful if the psychological environment responds to the child with a full range of undistorted empathic responses. Man does not live by bread alone.

The importance of the two-step sequence—step one: empathic merger with the self-object's mature psychic organization and participation in the self-object's experience of an affect signal instead of affect spread; step two: need-satisfying actions performed by the self-object—cannot be overestimated; if optimally experienced during childhood, it remains one of the pillars of mental health throughout life and, in the reverse, if the self-objects of
childhood fail, then the resulting psychological deficits or distortions will remain a burden that will have to be carried throughout life. The fact that psychoanalysis is a psychology that explains what it has first understood is intimately connected with the two-step principle that defines human psychological functions ab initio. And it must also be stressed that the same principle underlies the analyst's attitude toward his analysands. Every interpretation, in other words, and every reconstruction, consists of two phases; first the analysand must realize that he has been understood; only then, as a second step, will the analyst demonstrate to the analysand the specific dynamic and genetic factors that explain the psychological content he had first empathically grasped. Some of the most persistent resistances encountered in analysis are not interpersonally activated defenses against the danger that some repressed psychological ideation will be made conscious by the analyst's interpretations or reconstructions; they are mobilized in response to the fact that the stage of understanding—the stage of the analyst's empathic echo of or merger with the patient—had been skipped over. In some analyses—though by no means in all—the analyst will even have to realize that a patient whose childhood self-object had failed traumatically in this area will require long periods of "only" understanding before the second step—interpretation, the dynamic-genetic explanations given by the analyst—can be usefully and acceptably taken.

It might be well to add here the complementary lines of thought that will explain the various forms of psychopathology resulting from disturbances in the empathic merger of the self and the self-object at the stage of psychological development preceding firm establishment of

the self. If the self-object's empathic resonance to the child is absent or severely dulled, either diffusely or vis-à-vis selected areas of the child's experience, then the child will be deprived of the merger with the omnipotent self-object and will not participate in the aforementioned sequence of experiences (spreading anxiety, anxiety signal, calmsness) and will therefore be deprived of the opportunity to build up psychological structures capable of dealing with his anxiety in the same way. And if, to adduce another example, the self-object reacts hypochondriacally to the child's mild anxiety, then the merger with the self-object will not produce the wholesome experience of mild anxiety changing into calmness, but, on the contrary, will produce the noxious experiential sequence of mild anxiety changing into panic. In instances of the first type the child is not given the opportunity to establish a wholesome merger; in instances of the second type the child will either be drawn into a noxious one or will actively try to escape it by walling himself off from the noxious response of the self-object. The end-result in all these instances is either a lack of normal tension-regulating structure (a weakness in the ability to tame affects—to curb anxiety) or the acquisition of faulty structures (the propensity toward active intensifications of affect—toward developing states of panic). I believe that not only the pathogenesis of anxiety-proneness but also the propensity for affective disorders has to be investigated from the point of view of the merger of the nascent self with the self-object's depressive and/or manic responses. I believe, in other words, that the psychological aspects of the affective disorders cannot be adequately formulated in terms of the gross dynamics of drives and structures (depression as unneutralized aggression turned from the
object toward the self; or as the sadistic attack of the superego against the ego), but that the investigation of the merger with the omnipotent self-object—a precursor of psychological structure—will lead us to a more adequate understanding.

But to return to Hartmann’s hypothesis that the “resistances against the uncovering of resistances” is a manifestation of the “reaggressivized energy of the counter-cathexes, mobilized as a consequence of our attack on the patient’s resistance.” On the basis of much careful observation in the clinical situation, both in analyses I have conducted myself and those in which I served as supervisor or consultant, I feel certain that this formulation leads to a misinterpretation of the clinical facts. Despite its elegance, the drive-defense model of mental functioning, to which Hartmann’s formulation intrinsically belongs, does not accommodate the empirical facts under scrutiny. When the analysand becomes enraged in consequence of our attack on his resistance, he does so, not because a correct interpretation has loosened defenses and has activated the aggressive energy that was bound up in them, but because a specific genetically important traumatic situation from his early life has been repeated in the analytic situation: the experience of the faulty, nonempathic response of the self-object. The patient’s rage is not the manifestation of aggressions directed outward against the analyst who by his correct interpretations seems to be on the side of the dangerous drives and has to be defended against. The patient’s rage is “narcissistic rage.” And I believe that an interpretation formulated within the conceptual framework of a metapsychology of the self in general, and concerning the relation of the self to the self-object, in particular, therefore accommodates the empirical facts more nearly correctly than explanations referring to a mental-apparatus psychology of drives and defenses—even if they are given with warmth or kindness and couched in behavioral terms. The approximately correct interpretation is this: The precariously established self of the child (as revived in the analytic situation) depends for the maintenance of its cohesion on the near-perfect empathic responses of the self-object. In harmony with the developmental stage of its self (phase-appropriately), the child demands total control over the self-object’s responses; it demands perfect empathy, both in the content of the understanding that is offered and with regard to the perfect in-tuneness with the traumatic effect produced by deviations from the optimum which for the early self is the expected norm. Concretely speaking, whenever a patient reacts with rage to the analyst’s interpretations, he has experienced him, from the point of view of the archaic self that has been activated in analysis, as a nonempathic attacker of the integrity of his self. The analyst does not witness the emergence of a primary primitive-aggressive drive, he witnesses the disintegration of the preceding primary configuration, the breakup of the primary self-experience in which, in the child’s perception, the child and the empathic self-object are one.

These insights, it might be necessary to stress here, must not burden the analyst with the demand on himself that he should be able to perform superhuman feats of never-failing, perfect empathy with his patients. While our analyses have a right to expect above-average empathic responses from us, and while I believe that, in principle, the functional basis of the analytic situation is empathic responsiveness, our unavoidable failures should
not produce undue guilt in us. Our grasp of the significance of the patient's anger does, however, decisively influence the direction of our interpretations. When the patient is enraged after an interpretation, we will not continue to focus on the underlying psychopathology to which the interpretation had referred, will not, for example, focus on either the repressed or defensive side of the structural conflict that had been the target of the interpretation, but will shift our attention to the narcissistic imbalance to which the patient was exposed. And, in the case of analysands who suffer from a narcissistic personality or behavior disorder rather than from a structural neurosis, we will not only focus on the dynamics of the narcissistic imbalance as it may occur in all types of psychopathology in response to an interpretation that was experienced as unempathic, but we will also gradually shift our attention to the precursors of the patient's transference experiences—tensions that arose between the self and the self-objects in childhood. To repeat, a specific, frequently encountered empathy failure from the side of the analyst does not concern the ideational content of the analysand's communications, but the analysand's sometimes protracted need to hold fast to the first of the two phases of interpretations (the understanding phase) before focusing his attention on the second one (the explaining phase). True enough, most analysts have always responded with tact and human warmth to their analysands' narcissistic vulnerability in the face of interpretations—and even if they considered Hartmann's theory essentially correct, they did not necessarily act in accordance with their theoretical conviction, but allowed their analysands to regain their narcissistic balance when they reacted with rage to an interpretation. Nevertheless, I be-

lieve that the application of the preceding theoretical considerations to the clinical situation has very wholesome results. Even the slight shift in the analyst's attitude that comes from his now responding to the challenge of an essential task with theory-based conviction, when he formerly, with some theory-based misgivings, bowed to the necessity of a practical expedient, will reduce the unnecessary tenseness at times encountered in the analytic situation and, by removing artifacts, will outline the endogenous psychopathology of the analysand with greater clarity.

Origins of the Self

The theories of an empirical science are derived primarily from generalizations and abstractions that refer to the data of observation. In psychoanalysis they are derived from the data obtained by introspection and empathy. As we address ourselves to the question whether psychoanalysis needs a psychology of the self in addition to ego psychology, the psychology of the structural model of the mind, and the psychology of the drives, we can take our first step toward an affirmative answer by adding a new dimension to the old principle (cf. A. Freud, 1936, Chapter I) that the contents of structures in conflict with each other will impinge on our introspective awareness, while the contents of structures in harmony with each other will not. And if we say, in a variation of Anna Freud's maxim, that a feeble, fragmented self will impinge on our awareness, while an optimally firm, securely coherent self will not, we can immediately add these three further statements: (1) A psychology of the self will be unimportant, unnecessary, irrelevant, or even inapplicable
with regard to psychological states in which a self is either not present or present only in a rudimentary or residual form (such as, perhaps, in earliest infancy and in certain states of serious psychological disorganization and regression). (2) A psychology of the self will be relatively unimportant and unnecessary when we are dealing with psychological states in which self-cohesion is firm and self-acceptance is optimally established (such as during the oedipal period of a child whose self had developed healthily, or in the corresponding psychological states of adult life—the classical structural neuroses—where the cohesion of the self is not disturbed and where the swings of self-acceptance and self-esteem are within normal limits). (3) A psychology of the self will be most important and most relevant whenever we scrutinize those states in which experiences of disturbed self-acceptance and/or of the fragmentation of the self occupy the center of the psychological stage (as is the case par excellence with the narcissistic personality disorders).

The first and second of the foregoing statements need amplification.

On the face of it, it seems evident that a psychology of the self will not apply with regard to states in which the self (either because it has not yet been sufficiently established or because it has been seriously damaged or even destroyed) cannot function as an effective independent center of initiative and as a focus of perceptions and experiences—including those of heightened or lowered self-esteem. Since, in the absence of the self, the drives will occupy the center of the psychological stage, we can expect that a drive psychology will serve us well when we are empathically scrutinizing the behavior of the very young infant and the experiential world of the severely regressed psychotic. Even in these two states, however, the self-objects (whose anticipatory image-building with regard to the infant must not be disregarded, as I discuss later on) are filling the place of the self, so that the adequacy of a psychology that focuses on the drives and a rudimentary ego is not beyond question. And whereas in the case of the regressed psychotic, the fragments of the patient's self react in ways that are adequately explained with the aid of conflict theory, the focus of our attention should not center on these conflicts but on the changes in the state of the self—its greater or lesser fragmentation—and on the vicissitudes of the relation between the self and the self-objects of the psychotic that explain these changes. Crude drive-defense conflicts about openly expressed incestuous wishes, for example, emerge as psychological disintegration products whenever the truly causal event has occurred—it lies within the nexus of archaic relations to self-objects—, i.e., whenever the surroundings have been experienced as nonempathic.

With regard to those stages of mental life in which the self is firmly established, independently of whether we are dealing with states of mental health or mental disturbances (specifically, with structural disorders), it is necessary to elaborate the previous statement that here a psychology of the self can also largely be dispensed with. It may be best to confront the problem by posing this concrete question: Why has it in fact been possible up to now for psychoanalysts using a drive-defense model of the mind without a psychology of the self to deal with the psychological processes characteristic of the later stages of childhood and with the analogous processes encountered in those forms of adult psychopathology that constitute a reactivation of the unsolved conflicts of these stages of de-
development? Should we not have expected that the complexity of these mature states of psychic development would especially demand the application of the psychology of the self, that for these stages the drive-and-defense and the structural models would prove inadequate? (When comparing the classical psychoanalytic models with the psychology of the self, the structural model may be looked upon as an extension of the drive-defense model of the mind.)

In attempting to reply, I do not claim that the application of a psychology of the self would not enrich our understanding and give greater depth to our explanations of the relevant mental processes in health and in disease. But I do indeed feel that the drive-and-defense and the structural models of the mind provide an adequate framework for explaining the essentials of those processes to which a firm self is exposed, or of processes initiated by a firm self, or in which a firm self is a participant, e.g., processes that concern the gradual acculturation of the growing child, including those involved in the Oedipus complex⁴—as they originally occur and as they are reactivated in the classical neuroses of adult life.

It is not difficult to spell out why the classical explanations that disregarded the self and its vicissitudes had been satisfactory with respect to these conditions. The classical model was successful because—if I may be permitted a simple algebraic analogy—an undisturbed self participates on both the drive and defense sides of structural psychological conflicts and may thus be left out of the psychological equation. It is true, of course, as I

⁴ These considerations do not, however, apply to an Oedipus complex that was activated as a defense against a primary disturbance of the self. (See Kohut, 1972, pp. 369-372.)
he is dealing with a healthy self. It nevertheless remains indisputable that certain essential dynamic relationships can indeed be formulated without regard to the self—witness the explanatory capacity of classical theory with regard to the structural neuroses and to broad aspects of the growing child’s progressive acculturation (conceptualized as neutralization, sublimation, and other vicissitudes of drives).

Having acknowledged the explanatory power of the structural model, I will not hide my belief that in the long run a psychology of the self will prove to be not only valuable but indispensable even with regard to the areas where the psychology of drives and defenses now does the job. I have no doubt, in other words, that with the aid of a psychology of the self—the study of the genesis and of the development of the self, of its constituents, its aims, and its disturbances—we will learn to recognize new aspects of mental life and to penetrate into greater psychological depths, even in the areas of normal acculturation and of the structural conflicts of the classical neuroses.

How could it be otherwise? A complexly organized empathic-responsive human environment reacts to the child ab initio: and we may well discover, as we investigate early states of infancy with more and more refined psychological means, that a rudimentary self is already present very early in life. But how could we corroborate this expectation; how could we substantiate a hypothesis of the presence of a rudimentary self in infancy? The psychological penetration into archaic mental states, especially into experiences that mark the very beginnings of a specific developmental line, is always precarious—there can be no doubt that our reconstructions are here es-

pecially exposed to the danger of adultomorphic distortion. These considerations should surely persuade us to desist from even embarking on such a voyage, were it not for a set of circumstances that provides us with unexpected assistance.

I suggest that we undertake the examination of the question of the existence of a rudimentary self in earliest infancy from a perhaps surprising starting point, namely, by stressing that the human environment reacts to even the smallest baby as if it had already formed such a self. The idea that the affirmation of a specific aspect of the primary empathic merger between the infant and the infant’s self-object should be taken as evidence in support of the hypothesis of the existence of a self in infancy might well be taken on first blush as being no more than unscientific sophistry. The crucial question concerns, of course, the point in time when, within the matrix of mutual empathy between the infant and his self-object, the baby’s innate potentialities and the self-object’s expectations with regard to the baby converge. Is it permissible to consider this juncture the point of origin of the infant’s primal, rudimentary self?

I believe we must not reject this idea out of hand. True, we must assume—on the basis of information available to us through the work of neurophysiologists—that the newborn infant cannot have any reflective awareness of himself, that he is not capable of experiencing himself, if ever so dimly, as a unit, cohesive in space and enduring in time, which is a center of initiative and a recipient of impressions. And yet, he is, from the beginning, fused via mutual empathy with an environment that does experience him as already possessing a self—an environment
that not only anticipates the later separate self-awareness of the child, but already, by the very form and content of its expectations, begins to channel it into specific directions. At the moment when the mother sees her baby for the first time and is also in contact with him (through tactile, olfactory, and proprioceptive channels as she feeds, carries, bathes him), a process that lays down a person's self has its virtual beginning—it continues throughout childhood and to a lesser extent later in life. I have in mind the specific interactions of the child and his self-objects through which, in countless repetitions, the self-objects empathically respond to certain potentialities of the child (aspects of the grandiose self he exhibits, aspects of the idealized image he admires, different innate talents he employs to mediate creatively between ambitions and ideals), but not to others. This is the most important way by which the child's innate potentialities are selectively nourished or thwarted. The nuclear self, in particular, is not formed via conscious encouragement and praise and via conscious discouragement and rebuke, but by the deeply anchored responsiveness of the self-objects, which, in the last analysis, is a function of the self-objects' own nuclear selves.

If these concepts are valid, may we then not speak of a self in statu nascendi even at a time when the infant in isolation—a psychological artifact—can be looked upon only as a biological unit? As a unit, in other words, whose behavior must be studied with the methods of the biological investigator because the immaturity of his biological equipment precludes the existence of endopsychic processes in him which we could grasp by extending our empathy to him.

The foregoing conceptualization of a self at the beginning of life, it may be added, is not burdened with the Kleinian fallacy that specific verbalizable fantasies are present in earliest infancy. One might say, in order to further illuminate the difference from Kleinian constructions, that the newborn baby's self (whose existence ab initio I am willing to consider) is a virtual self, corresponding in reverse to that geometric point in infinity where two parallel lines meet. I hold, indeed, that the states existing before the apparatus of the central nervous system has sufficiently matured and before the secondary processes have yet been established, must be described in terms of tensions—of tension increase, of tension decrease—and not in terms of verbalizable fantasies (cf. Kohut, 1959, pp. 468-469).

The analyst's conception of the conditions that exist in infancy often decisively influences his outlook on the conditions he encounters in adults, particularly in the therapeutic situation. And it is a well-known aspect of the history of psychoanalysis that certain conceptual changes concerning the nature of the infantile mind have led to crucial changes in therapeutic approach. In some instances the shift in outlook concerning the conditions in early life impoverishes the analyst's perception of the varieties of significant human experiences and brings about a narrowing of the focus of his attention upon a single thread in the complex weave of the patient's psychopathology. This error was, for example, committed by Rank whose theory of the "trauma of birth" (1929) led him, according to Freud (1957, pp. 216-217), to a single-minded therapeutic preoccupation with the problems of separation anxiety. The point of view I have presented, however, does not narrow the range of our empathic ability—it broadens it.
vague tension states, and he will only gradually and against resistances move closer to the central verbalizable content of his actual fears. And the expression of the ill-defined yet intense and pervasive anxiety that accompanies a patient's dawning awareness that his self is disintegrating (severe fragmentation, serious loss of initiative, profound drop in self-esteem, sense of utter meaninglessness) also may initially be veiled; the analysand may attempt to express his awareness of the frightening alterations in the state of his self through the medium of verbalizations about circumscribed fears—and it is only gradually and against resistances that his associations will begin to communicate the central content of his anxiety, which, indeed, he can only describe with the aid of analogies and metaphors.

The first instance—the analysand's attempt to evade the direct confrontation with his specific fears—is well known to all analysts and I will therefore not dwell on it here. Suffice it to mention as an illustration the defensive maneuvers that frequently occur when, in the context of oedipal rivalry fantasies in the transference, a male patient's fears of the revenge of the father figure is mobilized. Instead of confronting his castration fears directly, the analysand may first talk about experiencing some vague dread. Later he may speak of a number of different more or less specific fears whose distance from the central fear, namely castration, will, however, gradually diminish if the analysis is conducted properly.

The second class of anxiety experience encountered in the clinical situation requires broader elaboration because it has not been clearly delineated in our scientific literature. True, Freud (1923b, p. 57) speaks of "libidinal danger" which is experienced as a fear "of being over-
whelmed or annihilated"; and later (1926, p. 94) he mentions, in the context of a discussion of primal repressions, "earliest outbreaks of anxiety" that are related to "quantitative factors such as an excessive degree of excitation and the breaking through of the protective shield against stimuli." And Anna Freud, too (1936, pp. 58-59), refers to the "dread of the strength of the instincts," i.e., as one could paraphrase, to an insufficiency of the mental apparatus, conceptualized in quantitative terms. I believe that we have here attempts to deal with disintegration anxiety within the framework of the classical mental apparatus psychology. But I feel that these anxieties cannot be properly conceptualized outside the framework of a psychology of the self. The nucleus of the patient's anxiety is, in other words, related to the fact that his self is undergoing an ominous change—and the intensity of the drive is not the cause of the central pathology (precariousness of self-cohesion), but its result. The core of disintegration anxiety is the anticipation of the breakup of the self, not the fear of the drive.

How then do we recognize the emergence of disintegration fear? How do we distinguish it from the circumscribed fears of the first group, especially from castration anxiety? If disintegration anxiety arises in the course of a properly conducted analysis of an analyzable disorder of the self, the movement of the patient's associations—including the sequential unrolling of the relevant dream imagery—usually goes in the opposite direction from the sequences described for the first class of anxieties. In other words, the associations usually move from the description of circumscribed fears to the recognition of the presence of diffuse anxiety because of the danger of the dissolution of the self.

Initially the fears of such analysands often have a clearly hypochondriacal and phobic cast. Here are some examples taken at random from my clinical practice: a negligible crack in the plaster in one room might indicate the presence of a serious structural defect of the patient's house; a tiny skin infection of the patient or of someone he experiences as an extension of himself is the first sign of a dangerous septicaemia; or, in dreams, the frightening infestation of the living quarters with spreading vermin; or the ominous discovery of algae in the swimming pool. Much as these fears might occupy the patient's mind, however, leading to states of endless brooding, worry, or panic, these fears do not constitute the core of the disturbance, but have been generated as the result of the patient's attempt to give a circumscribed content to a deeper unnamable dread experienced when a person feels that his self is becoming seriously enfeebled or is disintegrating. The ability of the analyst to conceive of psychic conditions that cannot be described in terms of verbalizable meaning allows him to consider an important band in the spectrum of possibilities as he scrutinizes the analysand's anxiety: the dread of the loss of his self—the fragmentation of and the estrangement from his body and mind in space, the breakup of the sense of his continuity in time.

It must not be overlooked that the problem of differentiating the anxieties that are associated with the anticipation of indescribable states of self-dissolution from those that relate to specific verbalized fears becomes complicated by virtue of the fact that erroneous interpretations may under certain circumstances have beneficial results (cf. Glover, 1931) because they strengthen the defenses. The paradoxically wholesome effect of the
wrong interpretation—manifested, for example, by a diminution of anxiety—results, in the first case, from the patient’s not needing to face a specific fear (e.g., castration anxiety)—he is confirmed in his evasively laying stress on the experience of vague tension-anxiety. In the second case, too, an erroneous interpretation—the analyst’s focusing, in harmony with the patient’s insistence, on verbalized fears (e.g., castration anxiety) which, however, cover a deeper, nameless dread (of self-disintegration)—may temporarily be experienced by the patient as a relief. And in crisis situations, e.g., when he is dealing with severe to traumatic states in the course of the analysis of narcissistic personality disorders, the analyst will not infrequently find it advisable not to oppose the patient’s erroneous self-interpretations. In these instances, however—and the same holds true for the beneficial effect produced in the opposite case (of an analyst’s affirming the presence of nameless tensions when the analyst’s anxiety is in fact due to a circumscribed, verbalizable fear)—the beneficial effect is not of long duration; enduring results can be achieved only if the interpretations acknowledge the actual level of the disturbance.

When we are dealing with prepsychotic states, however, or with a precariously maintained postpsychotic equilibrium, or with other borderline states, the fact that the interpretation offered to the patient focuses on a higher level of psychic activity than the level actually involved may indeed have been an important remedial effect. By supplying the patient with verbalizable contents,

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5 For a differentiating definition of the diagnostic category of borderline cases (latent psychoses) see p. 192.

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the idealized therapist supports the patient’s own attempt to stem the tide of disintegration with the aid of a defensively undertaken shift of attention to verbalizable conflicts and anxieties—i.e., with the aid of rationalizations. In this way the disintegration of the self may occasionally be slowed down or even prevented. It goes without saying that the therapeutic efficacy of supplying secondary processes to a psyche being threatened by disintegration must not be taken as proof that the ideational content of these secondary processes (the information contained in the interpretation) has indeed correctly identified the pathogenic forces. The therapist is here not helping the patient increase his mastery over endopsychic processes by making the unconscious conscious (as is the case in the structural disorders), but is attempting to prevent the disintegration of the self by stimulating and supporting the cohesion-producing activity of the patient’s reasoning function.

The preceding considerations may explain why analysts who hold the opinion that the psychopathology of narcissistic personality disorders and borderline cases and psychoses is encompassed by the framework of the structural model of the mind and of the experiential world of the Oedipus complex, and whose interpretations are in harmony with these views, will at times be able to improve such patients’ condition. Helpful though these maneuvers might be, however, my clinical experience has taught me that it is vastly better to support a crumbling self by explaining the events that triggered its threatening dissolution than by supplying it with rationalizations. There can, in particular, be no doubt about the fact that the analyst, when he is dealing with a traumatic state in the course of the analysis of narcissistic personality dis-
orders, should not actively supply the patient with rationalizations concerning oedipal psychopathology, but should, in proper time, focus on the trigger event that overburdened the analysand's psyche—the analysand would otherwise soon recognize that he has been exposed to a tactical manipulation. Indeed, he will react to an intentionally provided erroneous interpretation, at worst, as tantamount to lying and, at best, as patronizing hypocrisy from the side of the analyst. I believe the same holds true for a self acutely threatened by psychotic dissolution. With patient's who have reached a stable post-psychotic equilibrium, however, or with those who have never been manifestly psychotic but whose self is in danger of protracted dissolution and who have therefore formed a protective layer of rigidly maintained beliefs and preoccupations which deflect their awareness from the vulnerability of the self, the therapeutic strategy is not as clear-cut. Here it may sometimes be the better part of wisdom not to insist on an approach that would require the patient to withdraw his attention from his intense preoccupation with certain endlessly described conflicts and worries which protects him against the awareness of his potentially crumbling self. And here it is also often better not to try to alter his perception that the world is filled with enemies who are the despicable targets of his righteous hatred. Socially deleterious though these attitudes might be, they protect him by providing a modicum of control over the diffuse and nameless archaic stimuli—by attaching them, secondarily, to ideational contents—that are threatening the cohesion of his self.

As I implied earlier, similar considerations apply to dreams and dream analysis. Basically there exist two types of dreams: those expressing verbalizable latent contents (drive wishes, conflicts, and attempted conflict solutions), and those attempting, with the aid of verbalizable dream-imagery, to bind the nonverbal tensions of traumatic states (the dread of overstimulation, or of the disintegration of the self [psychosis]). Dreams of this second type portray the dreamer's dread vis-à-vis some uncontrollable tension-increase or his dread of the dissolution of the self. The very act of portraying these vicissitudes in the dream constitutes an attempt to deal with the psychological danger by covering frightening nameless processes with namable visual imagery. Analogous to the considerations presented earlier, it is the analyst's task, with regard to the first type of dream, to follow the patient's free associations into the depths of the psyche until the formerly unconscious meaning has been uncovered. In the second type of dream, however, free associations do not lead to unconscious hidden layers of the mind; at best they provide us with further imagery which remains on the same level as the manifest content of the dream. The scrutiny of the manifest content of the dream and of the associative elaborations of the manifest content will then allow us to recognize that the healthy sectors of the patient's psyche are reacting with anxiety to a disturbing change in the condition of the self—manic overstimulation or a serious depressive drop in self-esteem—or to the threat of the dissolution of the self. I call these dreams "self-state dreams"; they are in certain respects similar to dreams of children (Freud, 1900), to the dreams of traumatic neuroses (Freud, 1920), and to the hallucinatory dreams occurring with toxic states or high fever. Examples of this second type of dream can be found in prior contributions (e.g., Kohut, 1971, pp. 4-5, 149). Associations to these dreams did not lead to any
deeper understanding, did not uncover any deeper hidden meaning, but tended to focus increasingly on the diffuse anxiety that had been part and parcel of the dream in the first place. And the correct interpretation—not a supportive psychotherapeutic maneuver—explains the dream on the basis of the analyst's knowledge of the vulnerabilities of his patient in general, including his knowledge of the particular situation that, by dovetailing with a specific vulnerability, had brought about the intrusion of the hardly disguised archaic material. In the case of Mr. C.'s "God" dream (Kohut, 1971, p. 149), for example, the analyst said, after he had patiently and carefully listened to the associative material for the better part of the analytic session, that recent events—the patient's looking forward to being publicly honored while simultaneously being frightened at the prospect of having to take leave of the analyst—had rekindled his old grandiose delusions, that he was frightened by their emergence, but that even in the dream he seemed to give evidence of the capacity for mastery through humor. The result of this interpretation was a substantial diminution of anxiety and—what is of much greater significance—the emergence of formerly hidden genetic material from childhood which the patient's strengthened ego was now able to confront. I close my brief excursion into dream psychology by stating that the dreams quoted above are comparatively pure examples of that second type of dream in which archaic self-states are presented in an undisguised (or only minimally disguised) form. Transitional and mixed forms also occur—for example, dreams in which certain elements (often the total setting of the dream, its atmosphere) portray aspects of the archaic self that have emerged, while other elements are the result of structural conflict and are resolvable through the analysis of free associations that gradually lead toward formerly hidden wishes and impulses.

**The Theory of Aggression and the Analysis of the Self**

Apart from the discussion of Hartmann's theory that resistances are energized by aggression (pp. 83-93), the preceding considerations regarding the psychology of the drives and of the drive-defense-structural model of the mind, as contrasted to a psychology of the self and of the model of the relation of the self to the self-object, were focused on the libidinal strivings. I must therefore now, in order to complete my exposition, turn to aggression.

I will affirm initially that, just as in the case of the phenomena within the realm of love, affection, and interest, the phenomena dealing with assertiveness, hate, and destructiveness can be considered within a framework of drives. Man's destructiveness, in other words, can be looked upon as a primary given of his psychological equipment, and his ability to overcome his killing instinct can be seen as secondary, and can be formulated in terms of his having been able to tame a drive. This outlook on man and the theoretical framework correlated to it have been very fruitful in the past and they remain a powerful explanatory tool inside and outside the clinical situation.

Here is an example of an explanatory statement about man's aggressions made within the framework of the classical drive theory. It can be asserted that man, because he uses eating utensils and consumes his food cooked, must relinquish a great deal of oral-sadistic drive-satisfaction—or, stated in the reverse, he has had to have been able to tame his oral-sadistic drives to a considerable
extent in order to be able to eat in a civilized fashion, to relinquish the pleasure of tearing apart raw meat with his teeth and fingernails.

I wish to emphasize again that it was possible to make the preceding statement concerning a hypothetical step in the history of civilization in terms of drive psychology and without reference to the self. Certain limitations of the explanatory power of this approach, however, can be recognized as soon as we ask ourselves why the acquisition of civilized habits bestows a feeling of heightened self-esteem. I believe that the answer is not to be found with the aid of a drive-and-defense psychology, not even with the aid of structural psychology (that is, on the basis of the concept of the superego)—it must be approached through a comparative examination of the participating self and its constituents. True, parental approval transmits the cultural value, and the child may be said to exchange direct drive satisfaction for parental approval (and later the approval of the superego). But this formulation remains unsatisfactory to the empathic observer of cultural progress and individual behavior—while accurate, it remains incomplete so long as it restricts its focus to the drives and to the mental apparatus. What, we ask, for example, are the grandiose fantasies of the self when it initiates an act of tearing apart and devouring? And what, in comparison, are the grandiose fantasies of the self when it initiates the skillful use of eating tools and proudly remains erect as the food is lifted upward to the mouth?\(^6\)

\(^6\) The proudful or self-assertive behavior of some animals (the dog's exhibiting himself to his master—chest out, tail up—when he has performed well; certain primates' exhibitionistically getting up on their hind legs) expresses itself via antigravity movements. This pattern of affect expression is

The preceding self-psychological emendations, couched as questions, to a statement made in the terms of classical drive theory were small but by no means insignificant. Still, I know that by themselves they would carry little weight and the need for them would hardly justify the claim that a drive theory of aggression is inadequate, that an additional theory that deals with the phenomena of aggression within the framework of the psychology of the self is needed.

The classical psychoanalytic position that aggressive tendencies (including the tendency to kill) are deeply rooted in man's biological make-up, that aggression must be considered as a drive, rests on a firm basis. Man not only possesses a biologically preformed apparatus enabling him to perform destructive acts—he is, for example, equipped with teeth and with nails, with tools, in other words, that are meant to tear apart, to destroy—he also uses his aggressive potentialities. Indeed, the evidence supporting our conceptualization of man as an aggressive animal, unsuccessful in taming his destructive impulses—i.e., the data concerning man's actual destructive behavior both as an individual and as a member of groups—is overwhelming. No wonder, then, that the

in harmony with the theory that flying fantasies and dreams of flying are the expression of the aspirations of man's grandiose self, the carrier and instigator of his ambitions. Are psychology and the theory of the evolution of species here related to one another? Is it the "upright posture" (see E. W. Straus, 1952) which, as the newest acquisition in the sequence of developmental steps, lends itself most aptly to become the symbolic act that expresses the feeling of triumphant pride? The flying dream and the fantasy of flying could then, of course, if this speculation has merit, be taken as the individual expression of the delight of the race—re-experienced by each new generation of toddlers—in the fact that the head is now above the ground, that the perceiving eye, a central organ of the self, has moved upward, has overcome the pull of gravity.
depth psychologist who is not satisfied with the adequacy of the classical formulation will be suspected by his colleagues of being an idealistic escapist who tries to cover up an unpleasant piece of reality. That I have come to see the classical formulation as inadequate, that I think, in particular, that the conceptualization of destructiveness as a primary instinct which strives toward its goal and searches for an outlet is not helpful to the analyst who wants to enable his patients by analytic means to master their aggressions, does not mean that I deny man’s destructiveness or that I want to make its manifestations appear to be less frequent or its consequences less momentous than they are. The extent and the importance of man’s destructiveness are not in question—what is in question is its significance, i.e., its dynamic and genetic essence.

As an empirical scientist and psychoanalytic clinician, I have not arrived at my views concerning the nature of human destructiveness via speculation; my theoretical formulations are derived from empirical data, obtained through the study of my analysands’ communications concerning their experiences, especially those that refer to the transference. And it is on the basis of studying those aspects of my patients’ transferences that relate to the question of the significance of human destructiveness—particularly their “resistances” and their “negative transferences”—that I have come to see their destructiveness in a different light, i.e., not as the manifestation of a primary drive that is gradually unveiled by the analytic process, but as a disintegration product which, while it is primitive, is not psychologically primal. The aggressions we encounter in the transferences are not psychological bedrock—neither when they occur as “resistances” nor

when they occur as “negative transferences.” In the first case they are most frequently the result of actions from the side of the analyst (especially, of course, interpretations) that the patient experiences as empathy failures (as lack of in-tuneness with him),7 with the weight of the motivation resting on the analyst’s present behavior. In the second case, they are revivals of reactions to empathy failures from the side of the self-objects of childhood (their lack of in-tuneness with the child), and the weight of the motivations resting on the past (frequently related to the psychopathology of the self-objects of childhood).

Are we justified in drawing general conclusions about the psychological essence of one of man’s most pervasive attributes from observing him in vitro—particularly from observing and interpreting such a seemingly narrow sample of his behavior as an analysand’s resistances and negative transferences? I do not believe that the behavioral scientist outside the psychoanalytic field will take kindly to an affirmative reply to this question. Yet I cannot help but maintain that the access to the significance of the experiential world of man, and thus to the significance of his behavior, that is opened to us by the observation of (dynamically) broadly and (genetically) deeply understood phenomena in the psychoanalytic situation is unequaled and that the conclusions to which we

7 It may be advisable to stress here that there is no connotation of guilt or blame involved if the analyst acknowledges the limitations of his empathy. Empathy failures are unavoidable—indeed they are a necessity if the empathy-craving analysand is ultimately to form a firm and independent self. It is, nevertheless, of crucial importance to state to the patient that he, too, is not to blame—at least not in the sense of having manifested some nuclear viciousness—but that his rage was a reaction to a move from the side of the analyst that he experienced as a narcissistic trauma.
come on the basis of these observations deserve indeed to be applied broadly.  

In essence then, I believe that man's destructiveness as a psychological phenomenon is secondary; that it arises originally as the result of the failure of the self-object environment to meet the child's need for optimal—not maximal, it should be stressed—empathic responses. Aggression, furthermore, as a psychological phenomenon, is not elemental. Like the inorganic building blocks of the organic molecule, it is, from the beginning, a constituent of the child's assertiveness, and under normal circumstances it remains alloyed to the assertiveness of the adult's mature self.

Destructive rage, in particular, is always motivated by an injury to the self. The deepest level to which psychoanalysis can penetrate when it traces destructiveness (whether it is bound in a symptom or character trait or expressed in a sublimated or aim-inhibited form) is not reached when it has been able to uncover a destructive biological drive, is not reached when the analysand has become aware of the fact that he wants (or wanted) to kill. This awareness is but an intermediate station on the road to the psychological "bedrock": to the analysand's becoming aware of the presence of a serious narcissistic injury, an injury that threatened the cohesion of the self,

It goes without saying that conclusions about the significance of various aspects of man's behavior must also be drawn from the observation of man in his natural habitat, i.e., in the arena of history, in politics, as a member of his family, of his profession, etc. Such conclusions should assist the analyst in his investigative tasks as he attempts to discover new psychological configurations in the analytic setting and to explore them with analytic means. The same holds true in reverse. The social and political scientist, and, par excellence, the historian, should be aware of the analyst's findings and conclusions and should apply, test, and if necessary modify them in order to broaden their validity.

The psychoanalytic reader will, of course, have recognized that I used the term "psychological bedrock" here in order to contrast my view with that voiced by Freud (1937, pp. 252-253) at the end of his profound final statement on the therapeutic effect of psychoanalysis. I do not believe that the castration threat (the male's repudiation of passivity vis-à-vis another male; the female's repudiation of her femininity) is the bedrock beyond which analysis cannot penetrate. The bedrock is a threat that to my mind is more serious than the threat to physical survival and to the penis and to male dominance: it is the threat of the destruction of the nuclear self. For almost all people, it is true, the need to maintain the integrity of the body-self is a prevalent content of the nuclear self. And the same holds true with regard to an individual's initiative and assertiveness. But not of necessity and not without exceptions. If the self-objects' selective responses have not laid down the usual nuclear self in the boy or girl, but have led to the acquisition of nuclear ambitions and ideals that are not characterized by the primacy of phallic-exhibitionistic physical survival and triumphant active dominance, then even death and martyred passivity can be tolerated with a glow of fulfillment. And, in the reverse, survival and social dominance can be bought at the price of the abandonment of the core of the self and lead, despite seeming victory, to a sense of meaninglessness and despair.

Important though it is, not only in theory but also

It bears mention that Freud's bedrock lies in the "biological" field, but concerns a psychological problem, the patient's inability to overcome a narcissistic injury.
and especially in clinical practice, to recognize the genetic-dynamic primacy of the narcissistic injury, let us focus now on the developmental priority of complex psychological configurations that, from the beginning, contain aggression—whether aggression is conceptualized as a drive or as a reaction pattern—only as a subordinated constituent, just as even the most primitive biological anlagen are composed of complex organic molecules and not of simple inorganic ones. (The former are the primary configurations; the latter, although more primitive, are secondary: they are fragments of the former, products of the former’s disintegration.) The child’s rage and destructiveness should not be conceptualized as the expression of a primary instinct that strives toward its goal or searches for an outlet. They should be defined as regression products, as fragments of broader psychological configurations, should be conceived as fragments of the broader psychological configurations that make up the nuclear self. Aggression, in brief, serves _ab initio_ as a constituent of these broader configurations—however rudimentary they might be in the beginning of life. Stated in descriptive terms: the behavioral base line with regard to aggressiveness is not the raging-destructive baby—it is, from the beginning, the assertive baby, whose aggressions are a constituent of the firmness and security with which he makes his demands vis-à-vis self-objects who provide for him a milieu of (average) empathic responsiveness. Although traumatic breaks of empathy (delays) are, of course, experiences to which every infant is unavoidably exposed, the rage manifested by the baby is not primary.  

The primary psychological configuration, however short-lived, does not contain destructive rage but unalloyed assertiveness; the subsequent breakup of the larger psychic configuration isolates the assertive component and, in so doing, transforms it secondarily into rage. (How could it be in the reverse—after the successful survival period in utero?) I have no quarrel, in this context, with the behavioral formulation (Benedek, 1938; see also my remarks about the specific theoretical position taken by Benedek and others [1971, p. 219, fn. 1]) that the baby _develops_ confidence in his environment. But while this, in essence, sociopsychological formulation describes a developmental sequence correctly, it is inexact because it leaves out of consideration the critical fact that the baby’s confidence is innate, that it was there from the start. The baby does not _develop_ confidence, he _re-establishes_ it. Put in different words: in principle, the base line of _psychological_ life is not revealed either in states of complete psychic equilibrium (the dreamlessly sleeping baby) or in states of seriously disturbed equilibrium, i.e., in traumatic states (the raging, hungry baby)—it is given in the experiential content of the first impulses toward the re-establishment of the psychic equilibrium at the moment it had begun to be disturbed (the healthily assertive baby who announces his wants).

Two points should be emphasized with regard to the opinion that aggression is a constituent of nondestructive primary configurations and that the isolated destructiveness—the “drive”—that appears after the breakup of these configurations is, psychologically speaking, a disintegration product.

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10 The findings of F. Leboyer, a French pediatrician, should be considered in this context. Leboyer (1975) claims (and he supports his claims by filmed evidence) that the raging cry of the newborn infant is not an unalter-
(1) At the beginning of life these nondestructive primary psychological configurations are very simple and have no ideational content; still, it must be stressed again: they are not isolated drives. If a depth-psychological theoretician at this point insisted that we here speak of a prepsychological state to be explored by the methods of biology or of behaviorism, he would not be forced to reject the tenet that isolated aggression is psychologically speaking a disintegration product. If he insisted on a biological approach, the question about the psychological essence of the baby's seemingly destructive behavior is simply postponed, and my conclusions would therefore have to apply from that point onward, when psychological life is said to have its beginning. If, however, on the basis of neurophysiological data, a simple behavioral stance is advocated as the only valid scientific approach vis-à-vis the small infant, we must ask whether the behaviorist does or does not admit an admixture of empathy as he evaluates the infant's activities. If he does, then my conclusions may apply if he does not, then they are again postponed.

(2) The role played by elemental aggression within the context of the broader configurations I presume to exist from the beginning—however primitive they might be in the infant—should be seen as being, at first, in the service of the establishment of a rudimentary self and, later, in the service of its maintenance. Nondestructive aggressiveness is, in other words, a part of the assertive-

ness of the demands of the rudimentary self, and it becomes mobilized (delimiting the self from the environment) whenever optimal frustrations (nontraumatic delays of the empathic responses of the self-object) are experienced. Nondestructive aggressiveness, it should be added here, has a developmental line of its own—it does not develop out of primitive destructiveness by educational influences, but develops under normal circumstances from primitive forms of nondestructive assertiveness to mature forms of assertiveness in which aggression is subordinated to the performance of tasks. Normal, primary, nondestructive aggression, in its primitive as well as in its developed form, subsides as soon as the goals that had been striven for are reached (whether these goals are related to the main to objects that are experienced as separate from the self—as independent centers of initiative—or to the self and to self-objects). If, however, the phase-appropriate need for omnipotent control over the self-object had been chronically and traumatically frustrated in childhood, then chronic narcissistic rage, with all its deleterious consequences, will be established. Destructiveness (rage) and its later ideational companion, the conviction that the environment is essentially inimical—M. Klein's "paranoid position"—do not therefore constitute the emergence of elemental, primary psychological givens, but despite the fact that they may, throughout a lifetime, influence an individual's mode of perceiving the world and determine his behavior, they are disintegration products—reactions to failures of traumatic degree in the empathic responsiveness of the self-object vis-à-vis a self the child is beginning to experience, at least in its first, hazy outlines.

It will bear repeating at this point that the tenets I

11 See in this context the remarks on pp. 274-275 about the parents who, not empathic with the needs of the rudimentary self of the child to define itself via anger, are unable to confront the child with a firm "no" that would be in tune with the child's developmental needs by calling forth his healthy anger.
propose with regard to the experiences of aggression and rage also apply to the libidinal drives. The infantile sexual drive in isolation is not the primary psychological configuration—whether on the oral, anal, urethral, or phallic level. The primary psychological configuration (of which the drive is only a constituent) is the experience of the relation between the self and the empathic self-object. (See in this context the description [pp. 75-76] of an imaginary interaction of a mother and her child.) Drive manifestations in isolation establish themselves only after traumatic and/or prolonged failures in empathy from the side of the self-object environment. Healthy drive-experiences, on the other hand, always include the self and the self-object—even though, as I pointed out before, if the self is not seriously disturbed we may omit it from our psychodynamic formulations without great harm. If the self is seriously damaged, however, or destroyed, then the drives become powerful constellations in their own right. In order to escape from depression, the child turns from the unempathic or absent self-object to oral, anal, and phallic sensations, which he experiences with great intensity. And these

12 I have no hesitation in claiming that there is no mature love in which the love object is not also a self-object. Or, to put this depth-psychological formulation into a psychosocial context: there is no love relationship without mutual (self-esteem enhancing) mirroring and idealization.

13 I am grateful to Dr. Douglas C. Levin for an evocative analogy between the formulations of modern physics and those which I am positing in the present context. Just as the splitting of the atomic nucleus, Dr. Levin maintains, is followed by the appearance of an enormous quantity of energy, so does the break-up of the self (the "nuclear" self) lead to the appearance of an isolated "drive," e.g., to the eruption of narcissistic rage. (It may be added that the most violent eruptions of isolated destructiveness after an injury to a fragmenting or already almost destroyed self occur in certain instances of catastrophic reactions [see Kohut, 1972, p. 583] or in the furor of catatonic schizophrenia.)

childhood experiences of drive-hypercathectic become the crystallization points for the forms of adult psychopathology that are in essence diseases of the self. Thus, here again, the deepest levels to be reached by analysis in, let us say, certain perversions do not concern the experience of the drive (e.g., in behavioral terms, the child's oral, anal, phallic masturbation). And it is not the aim of analysis to confront the patient with a now supposedly fully uncovered drive so that he can learn to suppress it, to sublimate it, or to integrate it in other ways with his total personality. The deepest level to be reached is not the drive, but the threat to the organization of the self (in behavioral terms, the depressed child, the hypochondriacal child, the child who feels that he is dead), the experience of the absence of the life-sustaining matrix of the empathic responsiveness of the self-object.

Returning once more to the consideration of the position of aggression in human psychology, let me emphasize again that rage and destructiveness—I am here also including the genetically decisive precursor experiences in childhood that account for the propensity for narcissistic rage which can be relieved in the transference and recalled by our analysands who suffer from narcissistic personality disorders—are not primary given, but arise in reaction to the faulty empathic responses of the self-object. True, a modicum of frustration of the child's trust in the self-object's empathic perfection is necessary, not only in order to usher in transmuting internalizations which build up the structures necessary for the tolerance of delays, but also in order to stimulate the acquisition of responses that are in harmony with the fact that the world contains real enemies, i.e., other selves whose narcissistic requirements run counter to the survival of one's own self.
If such a modicum of frustration is not present—i.e., if the self-object remains unempathically overly enmeshed with the child for too long—then the condition might supervene, which I have at times, in the clinical situation, jokingly referred to as a "pathological absence of paranoia." But an isolated striving to search for an outlet for rage and destructiveness is not part of the primary psychological equipment of man, and the guilt with regard to unconscious rage that we encounter in the clinical situation should not be regarded as a patient's reaction to a primal infantile viciousness.

The opposite—in my opinion, erroneous—view is held by the Kleinian school. I have elsewhere (1972) discussed the therapeutic attitude that is correlated to the basic theoretical view I am advocating here. In particular (again in contrast to those who are influenced by the Kleinian outlook), it leads (in the over-all strategy of the conduct of the analysis) to a shift of emphasis away from a set of psychological manifestations that lie closer to the psychological surface (the content of the rage, the patient's guilt about his destructive aims) to the deeper-lying psychological matrix from which the rage, and secondarily the guilt about the rage, have arisen. The rage, in other words, is not seen as a primary given—an "original sin" requiring expiation, a bestial drive that has to be "tamed"—but as a specific regressive phenomenon—a psychological fragment isolated by the breakup of a more comprehensive psychological configuration and thus dehumanized and corrupted—which arose as the result of a (pathological and pathogenic) deficiency in empathy from the side of the self-object. Although for tactical reasons the curbing of the rage and the dynamics of the rage-guilt cycle will often temporarily occupy a prominent position on the analytic stage—an analysand who is not conscious of his rage must first experience it before he can fruitfully examine the broader context in which it arises—it is in the long run the task of the analysis to allow the analysand to become sufficiently empathic with himself to recognize the genetic context in which the rage arose and in which the guilt had become reinforced (by the self-objects' blaming the child for their own inability to respond adequately to the child's emotional requirements). If rage and guilt are thus worked through in the transference against the background of the matrix of the pathogenic narcissistic frustrations to which those had been exposed in childhood who have developed narcissistic personality disorders (with secondary rage and guilt), then rage and guilt will gradually subside, the patient will view the parental shortcomings with mature tolerance in a more forgiving light (perhaps as the results of the childhood experience of the parents) and will learn to cope with the unavoidable frustrations of his need for the empathic responsiveness of the environment with the aid of an increasingly varied and nuanced set of responses.

The dynamic-structural relationship between self pathology, on the one hand, and drive fixation and infantilism of the ego, on the other, becomes especially clear in a certain type of sexual perversion in which the disturbance of the self is the center of the psychological illness.

Mr. A. (see Kohut, 1971, pp. 67-73), whose severely abnormal (latently schizophrenic?) mother provided grossly inadequate mirroring for him as a child and whose idealized father-image was shattered traumatically, recalled early in his analysis that as a child he drew
people with large heads supported by bodies consisting of a pencil-line trunk and pencil-line limbs. Throughout his life he had dreams in which he experienced himself as a brain at the top of a substanceless body. As the analysis progressed he became able to describe the causal (motivational) connection between the dreadful feelings of emptiness from which he suffered and certain intensely sexualized fantasies to which he turned when he felt depressed, in which he imagined himself subduing a powerful male figure with his "brains," chaining him through the employment of some clever ruse in order to imitate, via a preconscious fellatio fantasy, the giant's strength. From early on he had felt unreal because he experienced his body-self as fragmented and powerless (in consequence of the absence of adequate joyful responses from the maternal self-object) and because the barely established structure of his guiding ideals had been severely weakened (in consequence of the traumatic destruction of the paternal omnipotent self-object). Only one fragment of his grandiose-exhibitionistic self had retained a modicum of firmness and power: his thinking processes, his "brains," his cleverness. It is against this background that we must understand the nonsexual significance of the perverse sexual fantasy that accompanied his masturbatory activities. The fantasy expressed the attempt to use the last remnant of his grandiose self (omnipotent thought: the ruse) in order to regain possession of the idealized omnipotent self-object (to exert absolute control over it—to chain it) and then to internalize it via fellatio. Although the masturbatory act gave the patient fleetingly a feeling of strength and heightened self-esteem, it was, of course, unable to fill the structural defect from which he suffered, and thus had to be repeated again and again—the patient was indeed addicted to it. The successful filling in of the structural void could, however, ultimately be achieved in a nonsexual way via working through in the analysis. This resulted, not in the incorporation of magical power, but in the transmuting internalization of idealized goals which supplied narcissistic sustenance to the self.

This patient's sadistic fantasies—the chaining of the self-object in order to rob it of its power—became understandable when examined within the framework of the relation of the self to the self-object rather than from the point of view of the psychology of the drives. The puzzling nature of sexual masochism, too, is broadly illuminated if examined in the light of the explanation that, after the child's healthy merger wishes with the idealized self-object have remained unresponded to, the idealized imago breaks into fragments and the merger needs are sexualized and directed toward these fragments. The masochist attempts to fill in the defect in the part of the self that should provide him with enriching ideals through a sexualized merger with the rejecting (punishing, demeaning, belittling) features of the omnipotent parental imago.

Before leaving the topic of perversions, I will, in passing, add for the sake of completeness that there may well exist another type of sexual aberration in which the self is in essence intact. In these instances, the abnormal sexual aims would have established themselves because of a drive regression motivated by a flight from oedipal conflicts, especially under the pressure of castration anxiety. Cases of this type, however, in which a firm self participates actively in the search for specific pregenital pleasure—not, in other words, a self that attempts to gain
cohesion and substance with the aid of perverse activities—are rarely encountered in the analyst's clinical practice; I would assume that such individuals will not feel the need for therapy as strongly as those whose central psychopathology is a fragmenting or enfeebled self.

In most perversions, then, that are seen by the analyst in his clinical work, the behavioral manifestations that appear to be the expression of a primary drive are secondary phenomena. The essence of sadism and masochism, for example, is not the expression of a primary destructive or self-destructive tendency, of a primary biological drive that can only secondarily be kept in check through fusion, neutralization, and other means; it is a two-step process: After the breakup of the primary psychological unit (assertively demanded empathy-merger with the self-object), the drive appears as a disintegration product; the drive is then enlisted in the attempt to bring about the lost merger (and thus the repair of the self) by pathological means, i.e., as enacted in the fantasies and actions of the pervert.

But it is not only the conceptualization of the primacy of an aggressive drive, in particular, and of "the drive," in general, that is inadequate with regard to large areas within the universe of complex mental states with which the depth-psychologist deals; the conceptualization of the way in which drives are "processed," particularly such concepts as repression, sublimation, or discharge, which are formed in analogy to gross mechanical action patterns (the damming up of a river, the passage of electricity through a transformer, or the draining of an abscess), do not do justice to a number of important, empirically ascertainable psychological facts. Such seemingly experience-distant issues as those raised by our question-

ing the concepts of the repression, the sublimation, the discharge of a drive, have important practical consequences; or—to put it in the obverse—the conceptual changes introduced by the psychology of the self influence not only our theoretical outlook but also, and especially, our outlook as therapists, educators, and social activists. If, for example, an analyst's perception of certain behavioral manifestations of his analysands is guided by an image that portrays repressed aggression in the form of a force held in check by a counterforce (defensive overidealization, for instance), then his aim will be to make the aggression conscious so that it can be suppressed, sublimated into characterological firmness, or discharged via realistic action. Or, turning to an example in the social field, a reformer who bases his advice on the classical psychoanalytic theory of the drives might advocate the discharge of the aggressions of slum-dwelling adolescents through institutionalized, socially harmless pursuits, such as sports, aggressive fantasies supplied by movies and television, and the like. But however elegantly simple and persuasive these conceptualizations are, they are not always appropriate. I am certain that, at least in some significant and important instances, aggression cannot be drained like an abscess or discharged like the man's semen in intercourse—severe chronic narcissistic rage, for example, can continue throughout a lifetime in the individual, unmitigated by any discharge, and the same holds true for certain of the most destructive propensities of the group. Kleist's Michael Kohlhaas and Melville's Moby Dick are artistic illustrations in the realm of the psychology of the individual; Hitler's followers with their vengeful destructiveness constitute a historical example in the realm of group psychology (cf. Kohut, 1972).
We come nearer to conceptual clarity in these instances, and, secondarily, we increase our leverage for eventual control, when we shift our focus from the image of the processing of a drive via a mental apparatus to the idea of the relation between self and self-object. It is the loss of control of the self over the self-object that leads to the fragmentation of joyful assertiveness and, in further development, to the ascendancy and entrenchment of chronic narcissistic rage. The consequence of the parental self-object’s inability to be the joyful mirror to a child’s healthy assertiveness may be a lifetime of abrasiveness, bitterness, and sadism that cannot be discharged—and it is only by means of the therapeutic reactivation of the original need for the self-object’s responses that the actual lessening of rage and sadistic control and a return to healthy assertiveness can be achieved. And similarly with regard to possible remedial action vis-à-vis the aggressions of the group. As I said before, a social reformer influenced by imagery evoked by the concepts of untamed aggressive drives might advocate the furthering of sports in order to lessen the hostile tensions of slum-dwelling adolescents via sublimated and aim-inhibited drive-discharge. The social reformer influenced by the imagery of the fragmented self, however, will focus not on an aggressive-destructive drive but on the poor cohesion of the self of slum-dwelling youths; and he will attempt to institute remedial action by enhancing self-esteem and by supplying idealizable self-objects. It should give us food for thought, however, that a drive-oriented approach may be successful despite the fact that it bases itself on the less relevant theory. To speak in terms of the example just used: the introduction of institutionalized sports may indeed lead to a diminution of the aggressive-

destructive propensities of slum-dwelling youths—not because an outlet for a drive had been provided, but because of the heightening of self-esteem via the facts that a parental self-object (a government agency) is interested in the young people, that self-cohesion is increased by the skillful employment of the body, and that idealizable figures (athletic heroes) are offered. All these social reforms are effective, in other words, because they lead to a firming of the adolescents’ self and thus secondarily to a diminution of the diffuse rage that had formerly arisen from a matrix of fragmentation.

The Termination of Analysis and the Psychology of the Self

As I stated at the beginning of this chapter, our theoretical outlook will decisively influence our judgment concerning the question whether or not an analysis has reached the point of termination. Contrary to what one might expect, however, the outlook of structural psychology on the question of termination, even with the refinements of ego psychology, is not significantly different from the outlook correlated to the topographic conceptualizations which preceded structural psychology—indeed, seen from the standpoint of the psychology of the self, the two viewpoints are quite closely related to one another. True, the “structural outlook” will evaluate the degree of ego autonomy and ego dominance, of the independence from or the domestication of man’s unruly drives, whereas the “topographic outlook” evaluates the degree of accretion of knowledge (the disappearance of the infantile amnesia, the recall of the pivotal childhood events, and the grasp of dynamic interconnections). But
the two have this in common: they look upon man's condition as being characterized in essence by the conflict between his pleasure-seeking and destructive tendencies (the drives), on the one hand, and his drive-elaborating and drive-curbing equipment (the functions of the ego and superego), on the other.

And how, by contrast, does the psychology of the self evaluate the analysand's readiness to terminate his analysis?

It seems to me that, viewed in broad perspective, man's functioning should be seen as aiming in two directions. I identify these by speaking of Guilty Man if the aims are directed toward the activity of his drives and of Tragic Man if the aims are toward the fulfillment of the self. To amplify briefly: Guilty Man lives within the pleasure principle; he attempts to satisfy his pleasure-seeking drives, to lessen the tensions that arise in his erogenous zones. The fact that man, not only because of environmental pressure, but especially as the result of inner conflict, is often unable to achieve his goals in this area, prompted me to designate him Guilty Man when he is seen in this context. The concept of man's psyche as a mental apparatus and the theories clustered around the structural model of the mind (superego conflict with regard to incestuous pleasure wishes is a classic example) constitute the basis for the formulations analysts have employed in order to describe and explain man's strivings.

14 In line with my proposition that the field that can be investigated by depth psychology requires two complementary explanatory approaches (see pp. 77-78), I am here outlining the psychology of Guilty Man without regard to a participating self. (See, however, my argument on behalf of a psychology of the self in the narrow sense, i.e., of a conceptualization of the self as a content of the mental apparatus, on pp. 205-209.)

in this direction. Tragic Man, on the other hand, seeks to express the pattern of his nuclear self; his endeavors lie beyond the pleasure principle. Here, too, the undeniable fact that man's failures overshadow his successes prompted me to designate this aspect of man negatively as Tragic Man rather than "self-expressive" or "creative man." The psychology of the self—especially the concept of the self as a bipolar structure (see pp. 171-191 below) and the positing of the existence of a tension gradient between the two poles (see p. 180)—constitutes the theoretical basis for the formulations that can be employed to describe and explain man's strivings in this second direction.

Having depicted—though only with the broadest of brush strokes—the two major aspects of the psychological nature of man that I can discern and the two depth-psychological approaches that are required to deal with them, let me round out these considerations by returning to our original questions: What yardstick must we use in order to assess whether a sufficient cure has been achieved through an analysis? And what yardstick must we use in order to assess whether an analysis has reached a

15 Tragic Man's defeat and death do not, however, necessarily signify failure. Neither is he seeking death. On the contrary, death and success may even coincide. I am not speaking here (as did Freud [1920]) of the presence of a deep-seated active masochistic force which drives man to death, i.e., to his ultimate defeat, but of a hero's triumphant death—a victorious death, in other words, which (for the persecuted reformer of real life, for the crucified saint of religion, and for the dying hero on the stage) puts the seal of permanence on the ultimate achievement of Tragic Man: the realization, through his actions, of the blueprint for his life that had been laid down in his nuclear self. My delineation of Tragic Man's striving to express the basic pattern of his self, although it, too, refers to a function that lies beyond the pleasure principle, thus differs decisively from Freud's (1920) psychobiological formulations of the existence of a basic striving—a death instinct, Thanatos—that aims toward destructive aggression and death.
valid termination? While large segments of these questions have been answered before in different contexts, they should now take on new dimensions of meaning when re-examined in light of the preceding reflections.

In the case of a structural neurosis we can measure the progress and success of the analysis by estimating how much knowledge the patient has acquired about himself, particularly with regard to the genesis and psychodynamics of his symptoms and pathological character traits, and by estimating how much control he has achieved over his infantile sexual and aggressive strivings, especially over those genetically and dynamically involved in his symptoms and pathological character traits, and how firm and reliable the newly acquired controls are.

If we are dealing with a narcissistic personality or behavior disorder, however, the success of the analysis is to be measured primarily by evaluating the cohesion and firmness of his self and, above all, by deciding whether one sector of the self has become continuous from one of its poles to the other, and has become the reliable initiator and performer of joyfully undertaken activities. Stated in still different terms, in cases of narcissistic personality disorder, the analytic process brings about the cure by filling in the defects in the structure of the self via self-object transference and transmuting internalization. Often—as in the case of Mr. M.—the cure is not achieved through a complete filling in of the primary defect, but through the rehabilitation of compensatory structures. The decisive issue is not whether all structures have been made functional, but whether the exercise of the functions of the rehabilitated structures now enables the patient to enjoy the experience of his effectively functioning and creative self. And I will only add to this simple for-

mulation of a unidirectional cause-and-effect relationship—the filling in of structural defects leading to increased functional vitality—that a reverberating beneficial cycle is now also established: the strengthened self becomes the organizing center of the skills and talents of the personality and thus improves the exercise of these functions; the successful exercise of skills and talents, moreover, in turn increases the cohesion, and thus the vigor, of the self.

The preceding response to the interrelated questions about what constitutes a psychoanalytic cure of a case of narcissistic personality disorder, and what a valid termination, is in need of further elaboration. It may be criticized, for example, because it appears to neglect the reference frame of cognition, i.e., because it fails to focus on the content and on the extent of the knowledge that the analysand acquired through his analysis, because it fails to take into account—to evaluate and to measure—the insight he obtained. It is probably true that the yardstick of knowledge-accretion does not loom as large nowadays as it did in the early days of psychoanalysis—even with regard to the conflict neuroses. I believe, therefore, that this shift is not primarily related to the fact that in early times analysts focused on structural disorders while today they are directing their major attention to the disorders of the self. The decisive change concerns, in other words, the attitude of the observer—witness the shift from the topographic point of view with its emphasis on knowledge-accretion (to make the unconscious conscious) to the structural point of view with its emphasis on the expansion of the domain of the ego—and not the nature of the subject matter, i.e., it does not concern the shift from a predominance of the classical transference neu-
and an archaic environment—a precursor of psychological structure (cf. Kohut, 1971, pp. 19 and 50-53)—that is experienced as part of the self. Considered within this conceptual framework, the criteria to be employed in evaluating the successes and failures of our psychoanalytic endeavors in both structural neuroses and narcissistic personality disorders—and with regard to the question whether the appropriate time for termination has been reached—will essentially be the same. Still, because the repressed content is not the same in the two classes of disorders—incestuous drive-wishes vs. fear of punishment (castration anxiety) in the one; the needs of a defective self vs. the avoidance of the mortification of being re-exposed to the narcissistic injuries of childhood (disintegration anxiety) in the other—these criteria will have to be applied in a different way. While the narcissistic personality disorders are as analyzable as the classical transference neuroses, the self-object transfersences these patients develop and the correlated working-through processes their resolution requires do not follow the pattern of the classical model. The essential psychopathology in the narcissistic personality disorders is defined by the fact that the self has not been solidly established, that its cohesion and firmness depend on the presence of a self-object (on the development of a self-object transference), and that it responds to the loss of the self-object with simple enfeeblement, various regressions, and fragmentation. (As I have emphasized before [Kohut, 1972, p. 370, n. 2; 1975b, n. 1], the reversibility of these untoward changes differentiates the narcissistic personality disorders from the psychoses and borderline states.) The termination of the analysis of the narcissistic personality disorders must therefore be evaluated with
the aid of conceptual yardsticks that measure the amelioration of the infirmities of the self that lie in the center of the psychopathology. In other words, the analysis of a case of narcissistic personality disorder has reached the phase of termination when the analysand’s self has become firm, when it has ceased to react to the loss of self-objects with fragmentation, serious enfeeblement, or uncontrollable rage.

But whether evaluated in terms of knowledge accretion (insight) or—clearly a vastly more relevant approach—in terms of the degree of cohesion and stability of the self that was achieved, I would like to say once more (cf. pp. 19-20 above) that I attribute great significance to the patient’s inner perception (often subtly but convincingly expressed in his dreams) that the analytic task is done. The patient’s view must, of course, be carefully scrutinized, and the possibility of a defensive flight into health must be considered. I have nevertheless become more and more convinced that in the narcissistic personality disorders—and similar considerations also apply to the classical neuroses—analagous to the spontaneous establishment of the transference (the beginning of the analytic process), the patient’s awareness that a successful transformation of the self-object into psychological structure has been achieved is an intrinsic part of a process we must beware of interfering with, one we can foster and purify, but over the unrolling of which we have essentially no control.

These considerations lead me to the following preliminary conclusion. The successful end of the analysis of narcissistic personality disorders has been reached, when, after a proper termination phase has established itself and has been worked through, the analysand’s formerly enfeebled or fragmented nuclear self—his nuclear ambitions and ideals in cooperation with certain groups of talents and skills—has become sufficiently strengthened and consolidated to be able to function as a more or less self-propelling, self-directed, and self-sustaining unit which provides a central purpose to his personality and gives a sense of meaning to his life. In order to emphasize that this therapeutic success is achieved by a lasting alteration of psychic functions, I am suggesting the term “functional rehabilitation” for this result of the process of the recovery of the self. I am suggesting, in other words, that the manifestations characterizing the stage of termination of an analysis of a case of narcissistic personality disorder will being to appear in the analysand’s free associations at the point when the self-objects (and their functions) have been sufficiently transformed into psychological structures so that they function to a certain extent (see p. 187n.; see also Kohut, 1971, p. 278n.) independently, in conformity with self-generated patterns of initiative (ambitions) and of inner guidance (ideals).