The Analysis of Self, by H. Kohut

a. Quotes:
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b. General Notes:
   - Preface (pg. xiii)
     - "[A]s will be emphasized in the following pages, some of the most intense narcissistic experiences relate to objects; objects, that is, which are either used in the service of the self and of the maintenance of its instinctual investment, or objects which are themselves experienced as part of the self. I shall refer to the latter as self-objects. A few basic conceptual clarifications should be made at the outset. The notions of self, on the one hand, of ego, superego, id, on the other, as well as those of personality and identity, are abstractions which belong to different levels of concept formation. Ego, id, and superego are the constituents of a specific, high-level, i.e., experience-distant, abstraction in psychoanalysis: the psychic apparatus. Personality, although often serviceable in a general sense, like identity, is not indigenous to psychoanalytic psychology; it belongs to a different theoretical framework which is more in harmony with the observation of social behavior and the description of the (pre)conscious experience of oneself in the interaction with others than with the observations of depth psychology. The self, however, emerges in the psychoanalytic situation and is conceptualized, in the mode of a comparatively low-level, i.e., comparatively experience-near, psychoanalytic abstraction, as a content of the mental apparatus. While it is thus not an agency of the mind, it is a structure within the mind since (a) it is cathected with instinctual energy and (b) it has continuity in time, i.e., it is enduring. **Being a psychic structure, the self** has, furthermore, also a psychic location. To be more specific, various - and frequently inconsistent— self representations are present not only in the id, the ego, and the superego, but also within a single agency of the mind. There may, for example, exist contradictory conscious and preconscious self representations - e.g., of grandiosity and inferiority—side by side, occupying either delimited loci within the realm of the ego or sectorial positions of that realm of the psyche in which id and ego form a continuum. The self then, quite analogous to the representations of objects, is a content of the mental apparatus but is not one of its constituents, i.e., not one of the agencies of the mind. Such theoretical clarifications provide a framework for the principal subject matter of this book which attempts to integrate two goals: the description in depth of a group of specific normal and abnormal phenomena within the general realm of narcissism and the understanding of the specific developmental phase which is genetically correlated to them." (pg. xiv-xv)
   - Chapter 1 - Introductory Considerations (pg. 1)
     - "These patients are suffering from specific disturbances in the realm of the self and of those archaic objects cathected with narcissistic libido (self-objects) which are still in intimate connection with the archaic self (i.e., objects which are not experienced as separate and independent from the self. Despite the fact that the fixation points of the central psychopathology of these cases are located at a rather early portion of the time axis of psychic development, it is important to emphasize not only the deficiencies of the psychic organization of these patients but also the assets. On the debit side we can say that these patients remained fixated on archaic grandiose self configurations and/or on archaic, overestimated, narcissistically cathected objects. The fact that these archaic configurations have not become integrated with the rest of the personality has two major consequences: (a) the adult personality and its mature functions are impoverished because they are deprived of the energies that are invested in the ancient structures; and/or (b) the adult, realistic activities of these patients are hampered by the breakthrough and intrusion of the archaic structures and of their archaic claims. The pathogenic effect of the investment of these archaic configurations is, in other words, in certain respects analogous to that exerted by the instinctual investment of unconscious repressed incestuous objects in the classical transference neuroses. Disturbing as their psychopathology maybe, it is important to realize that these patients have specific assets which differentiate them from the psychoses and borderline states. Unlike the patients who suffer from these latter disorders, patients with narcissistic personality disturbances have in essence attained a cohesive self and have constructed cohesive idealized archaic objects. And, unlike the conditions which prevail in the psychoses and borderline states, these patients are not seriously threatened by the possibility of an irreversible disintegration of the archaic self or of the narcissistically cathected archaic objects. In consequence of the attainment of these cohesive and stable psychic configurations these patients are able to establish specific, stable narcissistic transferences, which allow the therapeutic reactivation of the archaic structures without the danger of their fragmentation through further regression: they are thus analyzable. It may be added at this point that the spontaneous establishment of one of the stable narcissistic transferences is the best and most reliable diagnostic sign which differentiates these patients from psychotic or borderline cases, on the one hand, and from ordinary transference neuroses, on the other. The evaluation of a trial analysis is, in other words, of greater diagnostic and prognostic value than are conclusions derived from the scrutiny of behavioral manifestations and symptoms." (pg. 3-4)
     - "In the narcissistic personality disturbances, on the other hand, the ego's anxiety relates primarily to its awareness of the vulnerability of the mature self; the dangers which it faces concern either the temporary fragmentation of the self or the intrusions of either archaic forms of subject-bound grandiosity or of archaic narcissistically aggrandized self-objects into its realm. The principal source of discomfort is thus the result of the psyche's inability to regulate self-esteem and to maintain it at normal levels; and the specific (pathogenic) experiences of the personality which are correlated to this central psychological defect lie within the narcissistic realm and fall into a spectrum which extends from anxious grandiosity and excitement, on the one hand, to mild embarrassment and self-consciousness, or severe shame, hypochondria, and depression, on the other." (pg. 20)
     - "**The equilibrium of primary narcissism is disturbed by the unavoidable shortcomings of maternal care, but the child replaces the previous perfection (a) by establishing a grandiose and exhibitionistic image of the self: the grandiose self; and (b) by giving over the previous perfection to an admired, omnipotent (transitional) self-object: the idealized parent imago.** The terms "grandiose" and "exhibitionistic" refer to a broad spectrum of phenomena, ranging from the child's solipsistic world view and his undisguised pleasure in being admired, and from the gross delusions of the paranoiac and the crudely sexual acts of the adult pervert, to aspects of the mildest, most aim-inhibited, and non-erotic satisfaction of adults with themselves, their functioning, and their achievements." (pg. 25)
       - "The term grandiose self will be used henceforth in the present work (instead of the previously employed "narcissistic self") to designate the grandiose and exhibitionistic structure which is the counterpart of the idealized parent imago. Since the self is, in general, cathected with narcissistic libido, the term "narcissistic self" may with some justification be looked upon as a tautology. My preference for the term grandiose self is, however, based on the fact that it has greater evocative power than the term "narcissistic self," and I am not discarding the latter term primarily on theoretical grounds. **Narcissism**, within my general outlook, **is defined not by the target of the instinctual investment** (i.e., whether it is the subject himself or other people) **but by the nature or quality of the instinctual charge.**" (pg. 26)
     - "The main lines of thought pursued in this monograph are organized in accordance with the conceptualizations concerning the two basic narcissistic configurations outlined in the preceding summary. The following four topics thus constitute the substance of this investigation: (1) the transferences which arise from the therapeutic mobilization of the idealized parent imago (to be called idealizing transference); (2) those which arise from the mobilization of the grandiose self (comprehensively referred to as mirror transference); (3) the analyst's reactions (including his counter-transferences) which are encountered during the patient's transference mobilization of the idealized parent imago; and (4) those which are encountered during the mobilization of the patient's grandiose self." (pg. 28)
   - Chapter 2 - The Idealizing Transference (pg. 37)

- "Idealization is one of the two main roads of the development of narcissism" (pg. 40)
- "An unusual vulnerability of the psyche in early latency, and its regressive response to traumas occurring at that period, is, of course, not only a function of that present moment but is also determined by the child's earlier traumatic experiences. In the specific case of the traumatic loss of the idealized parent imago (loss of the idealized self-object or disappointment in it) up to and including the oedipal phase, the results are disturbances in specific narcissistic sectors of the personality. Under optimal circumstances the child experiences gradual disappointment in the idealized object—or, expressed differently: the child's evaluation of the idealized object becomes increasingly realistic - which leads to a withdrawal of the narcissistic cathexes from the imago of the idealized self-object and to their gradual (or, in the oedipal period, massive but phase-appropriate) internalization, i.e., to the acquisition of permanent psychological structures which continue, endopsychically, the functions which the idealized self-object had previously fulfilled. If the child suffers the traumatic loss of the idealized object, however, or a traumatic severe and sudden, or not phase-appropriate disappointment in it, then optimal internalization does not take place. The child does not acquire the needed internal structure, his psyche remains fixated on an archaic self-object, and the personality will throughout life be dependent on certain objects in what seems to be an intense form of object hunger. The intensity of the search for and of the dependency on these objects is due to the fact that they are striven for as a substitute for the missing segments of the psychic structure. They are not objects (in the psychological, sense of the term) since they are not loved or admired for their attributes, and the actual features of their personalities, and their actions, are only dimly recognized. They are not longed for but are needed in order to replace the functions of a segment of the mental apparatus which had not been established in childhood. In the realm of narcissism very early traumatic disturbances in the relationship to the archaic idealized self-object and, especially, traumatic disappointments in it may broadly interfere with the development of the basic capacity of the psyche to maintain, on its own, the narcissistic equilibrium of the personality (or to re-establish it after it has been disturbed). Such is, for example, the case in personalities who become addicts. The trauma which they suffered is most frequently the severe disappointment in a mother who, because of her defective empathy with the child's needs (or for other reasons), did not appropriately fulfill the functions (as a stimulus barrier; as an optimal provider of needed stimuli; as a supplier of tension-relieving gratification, etc.) which the mature psychic apparatus should later be able to perform (or initiate) predominantly on its own. Traumatic disappointments suffered during these archaic stages of the development of the idealized self-object deprive the child of the gradual internalization of early experiences of being optimally soothed, or of being aided in going to sleep. Such individuals remain thus fixated on aspects of archaic objects and they find them, for example, in the form of drugs. The drug, however, serves not as a substitute for loved or loving objects, or for a relationship with them, but as a replacement for a defect in the psychological structure." (pg. 45-46)
- "Just as **the superego is the massively introjected internal replica of the oedipal object**, so is **the basic fabric of the ego composed of innumerable** (by comparison with the superego: minute) **internal replicas of aspects of the preoedipal object**. And just as the loving-approving and angry-frustrating aspects of the oedipal object are internalized during the oedipal period and become the approving functions and positive goals of the superego, on the one hand, and its punitive functions and prohibitions, on the other, so also are the approving and the frustrating aspects of the preoedipal object internalized and form the basic fabric of the ego. (In contrast to the phase-appropriate massiveness of the oedipal internalization which forms the superego, the basic fabric of the ego is laid down in minute quantities of internalization which, how-ever, occur on innumerable occasions throughout the whole preoedipal period.)" (pg. 47-48)

- Chapter 3 - Clinical Illustration of Idealizing Transference (pg. 57)
  - "The manifestations of the patient's diffuse narcissistic vulnerability were nonspecific; and the relevant explanatory reconstructions that can be offered are of necessity more speculative and tentative than the hypotheses presented in explanation of the other aspects of his narcissistic personality disturbance. He was extraordinarily sensitive not only to slights—whether they were personal and intentional, or impersonal and accidental - but also to setbacks due to the vicissitudes of external circumstances to which, however, he always tended to react as to a personal injury, intentionally inflicted on him by an animistically experienced world. The broadness and diffuseness of the relevant psychological defect, and the archaism of the experience of the world into which it belonged, point in the direction of disturbances in the patient's early relationship to his mother. And, as indicated previously, the assessment of the personality of his mother supports the contention that the genesis of his diffuse narcissistic vulnerability was related to his mother's personality disturbance, in particular to the unpredictability and unreliability of her empathic responses during his infancy. In general, the precursor of the idealization of the archaic parent imago, and of the grandiosity of the archaic self, is the infant's experience of an undisturbed primary narcissistic equilibrium, a psychological state whose perfection precedes even the most rudimentary differentiation into the later categories of perfection (i.e., perfection in the realm of power, of knowledge, of beauty, and of morality. The mother's responsiveness to the child's needs prevents traumatic delays before the narcissistic equilibrium is re-established after it has been disturbed, and if the shortcomings of the mother's responses are of tolerable proportions, the infant will gradually modify the original boundlessness and blind confidence of his expectation of absolute perfection. Expressed in meta-psychological terms: **with each of the mother's minor empathic failures, misunderstandings, and delays, the infant withdraws narcissistic libido from the** archaic imago of unconditional perfection (primary narcissism) and acquires in its stead a particle of inner psychological structure which takes over the mother's functions in the service of the maintenance of narcissistic equilibrium, e.g., her basic soothing and calming activities; and her providing physical and emotional warmth and other kinds of narcissistic sustenance. Thus, as continues to hold true for the analogous later milieu of the child, **the most important aspect of the earliest mother-infant relationship is the principle of optimal frustration**. Tolerable disappointments in the pre-existing (and externally sustained) primary narcissistic equilibrium lead to the establishment of internal structures which provide the ability for self-soothing and the acquisition of basic tension tolerance in the narcissistic realm. **If, however, the mother's responses are grossly unempathic and unreliable, then the gradual withdrawal of cathexis from the imago of archaic unconditional perfection is disturbed; no transmuting internalization can take place; and the psyche continues to cling to a vaguely delimited imago of absolute perfection, does not develop the various internal functions which secondarily re-establish the narcissistic equilibrium** - either (a) directly, through self-soothing, i.e., through the deployment of available narcissistic cathexes; or, (b) indirectly, via an appropriate appeal to the idealized parent - **and remains thus relatively defenseless vis-à-vis the effects of narcissistic injuries.** The behavioral manifestations of this state vary widely, of course, depending, among other factors, on the extensiveness and severity of the mother's faulty response. In general, however, one can say that they consist in a hypersensitivity to disturbances in the narcissistic equilibrium with a tendency to react to sources of narcissistic disturbance by mixtures of wholesale withdrawal and unforgiving rage. Two general statements can be made about the genesis of narcissistic vulnerabilities and fixations. (i) The interplay between inherited psychological propensities and the personality of the parents (especially of the mother) is of vastly greater importance than the interplay between hereditary factors and gross traumatic events (such as the absence or death of a parent), unless the gross external factors and the parents' personality disturbances are related (as, for example, when there is divorce of the parents, or in the case of a parent's absence due to mental illness or of his or her loss due to suicide. (ii) The most specific pathogenic elements of the parents' personalities lie in the realm of their own narcissistic fixations. In particular, we find that, during the earliest phases, (a) the mother's self-absorption may lead to a projection of her own moods and tensions onto the child and thus to faulty empathy; (b) she may overrespond selectively hypochondriacally) to certain moods and tensions in the child which correspond to her own narcissistic tension states and preoccupations; (c) she may be unresponsive to the moods and tensions expressed by the child when her own preoccupations are not in tune with the child's needs. The result is a traumatic alternation of **faulty empathy, overempathy, and lack of empathy, which prevents the gradual withdrawal of narcissistic cathexes and the building up of tension-regulating psychic structures:** the child remains fixated on the whole early narcissistic milieu. Not only does the mother's narcissistic personality organization thus account for the child's early acquisition of narcissistic fixations and vulnerabilities, it also accounts for the fact

that the child remains included in the parental narcissistic milieu far beyond the time when his psychological organization is still in tune with such a relationship. The father's personality, however, may, in the later phases, be of decisive influence with regard to the severity of the ensuing personality disturbance: if he, too, because of his own narcissistic fixations, is unable to respond empathically to the child's needs, then he compounds the damage; if, however, his personality is a firmly demarcated one and if he is able, for example, to let himself first be idealized by the child and then to allow the child gradually to detect his realistic limitations without withdrawing from the child, then the child may turn toward his wholesome influence, form a team with him against the mother, and escape relatively unscathed." (pg. 63-66)

- Chapter 4 - Clinical and Therapeutic Aspects of the Idealizing Transference (pg. 74)
  - "**[I]n the vast majority of even the most severe narcissistic personality disturbances, it is the child's reaction to the parent** rather than to gross traumatic events in the early biography which accounts for the narcissistic fixations." (pg. 82)
    - "It must be added, however, that such events in the early life of a child as the absence of a parent (see A. Freud and D. Burlingham, 1942, 1943), or loss of a parent through death, divorce, hospitalization, or his withdrawal because of emotional illness contribute to the narcissistic fixation in a negative sense, i.e., **the child is now deprived of the chance of freeing himself from the enmeshment through the gradual withdrawal of narcissistic cathexes which is required for a transmuting, structure-forming internalization**. The period which follows the sudden interruption (through an external event) of a child's chronic narcissistic enmeshment with a pathological parent is indeed crucial. It may determine whether the child will make a renewed effort toward maturational progress or whether the pathogenic fixation will now become ingrained. The absence or loss of the pathological parent may be a wholesome liberation if the child's libidinal resources enable him to move forward and, especially if the other parent, or a parent substitute with a special empathic interest in the threatened child, jumps quickly into the breach and permits a temporary re-establishment of the narcissistic relationship as well as its subsequent gradual dissolution. If no substitute is available, however, or if the child's available libidinal resources already were bound too firmly on the pathological parent, then the parent's unavailability contributes to the maintenance and firming of the pathology. The decisive repression of the (archaic) idealized parent imago (or other modes of its inaccessibility, e.g., through a "vertical" split in the psyche) may take place after the external disappearance of the parent; the ensuing fixation on the unconscious, or, as is frequently the case, split-off and disavowed (see Freud, 1925; Jacobson, 1957; Basch, 1968) fantasy of an omnipotent idealized parental figure prevents the gradual or phase-appropriate transmuting internalization of the corresponding narcissistic configuration." (pg. 82-83)
- Chapter 5 - Types of Mirror Transferences (pg. 105)
  - See text
- Chapter 6 - Types of Mirror Transferences (pg. 133)
  - See text
- Chapter 7 - The Therapeutic Process in the Mirror Transferences (pg. 143)
  - See text
- Chapter 8 - General Remarks (pg. 203)
  - See text
- Chapter 9 - Clinical Illustrations (pg. 239)
  - See text
- Chapter 10 - Analyst's Reactions to Idealizing Transference (pg. 260)
  - See text
- Chapter 11 - Analyst's Reactions to Mirror Transference (pg. 270)
  - See text
- Chapter 12 - Therapeutic Transformations (pg. 296)
  - See text

c. Further Readings:

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