SELF PSYCHOLOGY COUNSELLING

A Textbook of Self Psychology

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TO

MY PROFESSORS AT THE TORONTO INSTITUTE OF PASTORAL EDUCATION (TIPE), CANADA:

REV. LAWRENCE A. BEECH,
THE DIRECTOR OF TIPE,

REV. JANICE NEAL,

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REV. SHEILA STEVENS

WHO TAUGHT ME SELF PSYCHOLOGY
BY WORD AND DEED

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1
INTRODUCTION

While studying Pastoral Counselling at the Canadian Association for Pastoral Practice and Education (CAPPE), I was introduced to the psychodynamic approach to counselling whose offshoot is self psychology.

In this book I intend to treat self psychology that stemmed from the psychodynamic approach. 'Self Psychology' considers that mental disorders are really disorders of self-esteem, self-cohesion, self-identity and self-worth. It proposes that the development of the 'self' is central to all developmental processes, and that the other psychological functions develop separately but in relation to self development.

Empathy occupies the central place in self psychology. Pathology in humans arises not only from intrapsychic conflicts, but also from the pervasive absence of empathy from the primary caregivers. All of us, irrespective of our ages, look for empathy in its pure form from every relationship, especially from intimate relationships. Self psychology is based on relational psychoanalysis, which in turn arose from object relations theory and interpersonal psychoanalysis.

What is attractive in self psychology is its emphasis on empathy. Of course many other schools of psychology do speak of empathy. But the way self psychology presents and insists on its use is different from the other approaches. Clients are vulnerable and they have been wounded by many negative experiences. They come to the counsellor to be understood and supported. Anything less than empathic understanding on the part of the counsellor is not worthy of a counsellor in self psychology. Caring confrontation is a beautiful skill to challenge a client. A self psychologist may do it but not all of a sudden. He/she may take days and months to challenge a client. It is not that a self psychologist does not believe in challenging but only waits for the right moment. If by challenging a client, a counsellor is going to inflict more pain, then it is better to wait until the client gains enough confidence in the counsellor. Once there is confidence on the part of the client and empathy on the part of the counsellor, then the client challenges himself/herself automatically.

When I went for my own supervision to a professor, the person was so gentle and empathetic that I began to unpack all my challenges one by one. If the professor had tried to elicit them by challenging every now and then, I would, perhaps, have been inhibited. The point I am trying to make is that when there is enough empathy that itself impels a client to go forward in challenging himself/herself. When challenging comes from the client himself/herself it is more effective than when it comes from outside. One is more inclined to follow one's own decision than what comes from outside.

Besides the emphasis on empathy in self psychology, there is also the consideration of the three basic needs of humans: mirroring, idealizing and twinning. These needs are so basic that we try to fulfil them all through our lives, and look for opportunities in every intimate relationship for these needs to be fulfilled. Therefore, self psychology offers an excellent opportunity to address these needs in the clients. When these needs are adequately met, then the self grows healthily otherwise growth is stunted. Thus self psychology not only offers a useful model for counselling but also for self growth. Though self psychology originated from the psychodynamic approach (which is a drive model), it has relationship as its main thrust. Humans are not just individuals but essentially relational. Self psychology caters to the individual and relational aspects of humans. It is a highly valued counselling model because it takes into account the entire dimension of human persons; hence, it will influence all other approaches of counselling too.

What I have said is only a little of what you are going to read in the pages to come. Hope the reading of the following pages will give you enough knowledge and skills to understand and make use of self psychology as a model of counselling.

2

HEINZ KOHUT, THE PERSON

1. Life History

Heinz Kohut (1913-1981) was a leading post-Freudian psychoanalyst and the creator of the first authentically American psychoanalytic movement that he called "psychoanalytic self psychology."

Kohut was born and raised in an upper middle-class, assimilated Jewish family in Vienna. Kohut's father, Felix (d. 1937) was an accomplished pianist who after four long years of service on the eastern front in World War I, went into the paper business. His mother, Else Lampl Kohut (d. 1972), was strong-willed and played the major role in the life of her adored and only son, Heinz. Else Kohut kept the boy from school for his first four years and hired tutors; later, however, he attended the last year of elementary school and all eight years at the Doblinger Gymnasium. After 1932 Kohut studied medicine at the University of Vienna and graduated in 1938.

For at least two years in his early adolescence, Else Kohut hired a tutor, Ernst Morawetz, who was probably a university student, to spend most afternoons with Heinz and take him to the opera and museums. This tutor, about whom Kohut always spoke with great fondness, gave much meaning to a childhood that was otherwise utterly lonely. Kohut was later to describe this tutor in a disguised form as the camp counsellor in his autobiographical case history, "The Two Analyses of Mr. Z."

Kohut was a highly cultured man with exquisite tastes in music and arts. He grew up attending opera as much as three times a week and was well acquainted with the current trends in literature and painting. He had no special interests in Freud, but sought some psychotherapy in 1937 from a psychologist named Walter Marseilles, who was an expert in the Rorschach test. Later that

year Kohut went into analysis with the renowned psychoanalyst and friend of Freud's, August Aichhorn. That analysis –and much else –was to be prematurely terminated as an effect of the Anschluss, or takeover, of Austria by Hitler and the Nazis in the spring of 1938.

Kohut was appalled –and in great danger. In early 1939 he managed to leave Vienna for England, where he stayed for a year, first in a camp for immigrants and then in his uncle's apartment in London, before acquiring his visa for America. He arrived in the United States in March, 1940. With $25 in his pocket, Kohut took a bus to Chicago to join his childhood friend, Siegmund Levarie, who had previously arrived and gotten a position at the University.

Further training in medicine took Kohut through residencies in neurology and psychiatry at the University of Chicago during the 1940s. Kohut moved slowly into psychoanalysis. He went through a "didactic" (and for him painstaking) analysis with Ruth Eissler in the early and mid-1940s, and began course work at the Chicago Institute for Psychoanalysis in 1946. He graduated from the Institute in 1950 and immediately joined the faculty. At that point Kohut basically left the university, though he remained a lecturer in psychiatry, and worked full-time for the rest of his life as a clinical psychoanalyst. Around this time, Kohut married Elizabeth Meyers in 1948 and had a son, Thomas August [after Aichhorn], in 1951 (his only child).

Kohut's star quickly rose in the Chicago psychoanalytic community during the 1950s, where he was widely, though sometimes reluctantly, recognized as its most creative figure. He published a number of important articles in these years on applied psychoanalysis, especially the psychology of music, but his greatest contribution was an essay on empathy that was first presented in 1956 and published in 1959. In it Kohut argued that the essential way of knowing in psychoanalysis was through empathy, which he defined as vicarious introspection. Anything else was quixotic and false to the tradition. He never wavered from this position, and empathy would become the centerpiece of his more general study on self psychology.

In 1964-1965 Kohut served one term as President of the American Psychoanalytic Association, which marked the culmination of a long and active period of involvement in administrative leadership of psychoanalysis. But from the mid-1960s until his death in 1981, Kohut devoted himself to writing and scholarship. His most important book was the 1971 monograph, *The Analysis of the Self: A Systematic Analysis of the Treatment of the Narcissistic Personality Disorders*. That book had a significant impact on the field by extending Freud's theory of narcissism and introducing what Kohut called the "self-object transferences" of mirroring and idealization. Kohut followed that book with a second in 1977, *The Restoration of the Self*, that moved from a focus on narcissism to a discussion of the self, its development and vicissitudes and the "tension gradient" of what he then called the "bipolar self," an idea that has not generally endured. In 1978 the first two volumes of his papers, edited by Paul Ornstein, *Search for the Self*, appeared. Along with his writing, Kohut created a group of devoted followers around him that soon became a national and even international movement in scope. He had overwhelming ambitions to change the character of psychoanalysis.

Kohut's last decade, however, was a time of personal torment, as he was a very sick man. He had contracted lymphoma in 1971 that caused a steady systemic decline. Kohut kept his cancer a deep and dark secret, known only to his family and one or two very close friends. In 1979, he had by-pass surgery from which there were some complications and a prolonged recovery. In the next couple of years he also developed inner ear troubles and once had pneumonia. By 1981 he was in a state of general decline and died that fall on October 8.

But despite his illnesses, Kohut continued to work. At the time of his death his last book, *How Does Analysis Cure?*, was nearly complete, though it only appeared in 1984 after being edited by a colleague, Arnold Goldberg, with the assistance of Paul Stepansky. A volume of some new and republished essays appeared in 1985, edited by Charles B. Strozier (*Self Psychology and the Humanities*);

and in 1990 and 1991 volumes three and four of Kohut's papers, *Search for the Self*, have appeared, as well as a selection of Kohut's correspondence, edited by Geoffrey Cocks, *The Curve of Life* (1994).

The essence of Kohut's contribution to psychoanalysis is that he found a way to abandon the drive theory but retained a depth psychology that places new emphasis on empathy and the direct and symbolic involvement of the self in the world (what he called "selfobjects"). Kohut transformed the way we think about narcissism, about "objects," about sexuality and sexualization, about aggression and rage, about dreams, about the relationship between psychoanalysis and the humanities in general, about many of our ethical values, and about the very meaning of the self in human experience.

Because of his relative obscurity and difficult prose, in some respects Kohut's greatest influence has been rather indirect, that is, filtered through his impact on the writings of others interested in holistic ideas of the self. He is the pivotal figure for all the varied expressions of the contemporary and competing orientations in self psychology; for intersubjective theory; for what is generally called relational psychoanalysis; and for the "postmoderns." Many theologians, philosophers, historians, critics, and humanists, as well, have incorporated Kohut's ideas into their writings, often without really knowing their source. Recent feminist writing of a psychological bent, as well, has found in Kohut a perspective on the self that avoids the insidious sexism in most of psychoanalysis. One can also say that much of the public discourse in a society obsessed with psychological meanings has been profoundly influenced by Kohut. The sense we have in the culture of dissociation, for example, from multiple personalities to the ravages of trauma in sexual abuse and war, owes some of its deeper meaning to his work.

Many had stormed the stout walls of classical psychoanalysis and ego psychology. However it took someone from the inside to think through the project from the ground levels, sift through the debris but recover what remained valuable in its clinical insights.

Kohut may well have saved psychoanalysis from itself. Kohut's personal experiences fitted him uneasily into the world of psychoanalysis as Freud constructed it. Kohut's task became one of changing the theory to find a place for himself in it.[1]

His writings had similarities to the works of object relations theorists in emphasizing on relationship and a retreat from the Freudian drive model. His psychology of the self differs from the object relations theories and takes psychoanalysis in a new direction. Kohut developed his ideas about the self and kept revising them continuously. His psychology of the self is able to explain certain phenomena unexplained by the classical drive model like narcissism.[2]

2. Theoretical Background

Kohut worked with patients who had narcissistic personality disorders. His scientific method was observation based on an introspective and empathic immersion in the inner life of clients. For Kohut, narcissism indicates childhood-acquired defects in the psychological structure of the self, and with the buildup of secondary defensive or compensatory structures. Therefore successful therapy will mean healing the deficits by acquiring new structures.[3]

3
THE ORIGIN

It was Heinz Kohut and his followers who moved psychoanalytic therapy away from its primary concern with intrapsychic conflict to a focus on psychological deficiency. Heinz Kohut provides an additional model of psychic structure (the cohesive self), an expanded view of the therapeutic relationship (self-selfobject milieu), and consequently, different interventions (empathy, mirroring, understanding, and explaining) rather than the traditional interpretation. He offers a new perception of how pathology develops. According to Kohut, pathology emerges not from intrapsychic conflict, but from the pervasive absence of empathically responsive selfbjects in the child's inner and outer world. For an individual, the maintenance of a cohesive self is the major motivating force. What is curing is not interpretation, but a variety of specific types of transference in which selfobject deficits are mobilized and spontaneously emerge to assist the normal thrust of development.[1]

1. The Precursor

Tracing back the origin of self psychology we find it based on relational psychoanalysis. There are two major theories that contribute to make up the relational psychoanalytic theory. One of them is object relations theory, especially as developed within the British independent school (e.g., Winnicott, Guntrip, Fairbairn, and Balint). The other is interpersonal psychoanalysis, an American movement originating in the work of Harry Stack Sullivan. Both interpersonal and object relations forms of psychoanalysis are still currently practiced. These two theories fed the main stream of relational theory and continue along courses of their own. They may be termed as the precursors of contemporary psychoanalytic theory that self-identifies as 'relational.' Thus we have psychoanalytic relational theory.[2]

2. The Contemporary Psychoanalytic Relational Theory

The contemporary psychoanalytic relational theory is split into two distinct streams. One of them is 'self psychology' and the other is 'relational psychoanalysis.' Relational psychoanalysis includes within it many diverse currents: the interpersonalist one, constructivist, feminist, and object relations form of explicitly relational theory. Some also include self psychology in the stream of relational psychoanalysis, but self psychology stream runs quite independently, and so self psychology and relational psychoanalysis are different.[3]

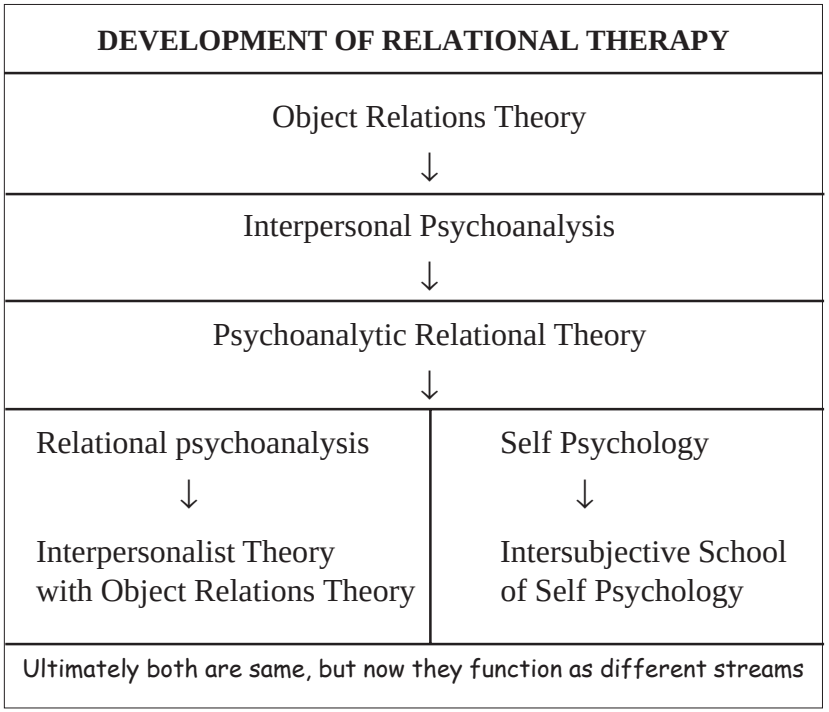
3. Difference between Relational Psychoanalysis and Self Psychology

If we take relational psychoanalysis, interpersonalist theory is the strongest force within it. Interpersonalist theory meets object relations theory (as well as feminist and constructist theories) and amalgamates with it. Object relations theory which is the intrapsychic interactions of various images of self and others, becomes a complement to active, here-and-now, interpersonalist ways of engaging in the therapeutic dialogue.

However the interpersonalist influence was little on self psychology. Self psychology has a different relationship with object relations theory. It was Heinz Kohut, the founder of the self psychological movement, who invented the term 'selfobject' in order to focus attention on a particular kind of inner interaction between images of self and others (objects). According to Kohut, the selfobject kind of inner interaction is an experience of self-with-other that invisibly sustains a self from infancy onward. Self psychologists began exploring the selfobject relation and how it is created by the analyst's subjective empathic immersion in the patient's subjective experience. In this context, empathy is constructed by two interacting subjectivities. Thus the intersubjective school of self psychology emerged. When the course of events led up to this level, self psychology began to mature into the fully and explicitly relational theory. Self psychology slowly began to ask the question 'What is happening in the therapeutic relationship?'

Relational psychoanalysis emphasizes the mutual construction of meaning in the analytic relationship – the deconstruction of a patient's destructive, constraining life-meanings, and the reconstruction of a narrative that provides more personal satisfaction and agency in the word. But relational self psychology focuses less on the transformation of lived meaning in analysis and more on the transformation of self-experience, especially the experience of self in relation to others. Thus we find that self psychology focuses on (re)developing organizing principles of self-with-other experience and relational psychoanalysis focuses on (re)constructing more useful relational meanings by which to live. In the ultimate analysis, both are the same, but for the moment they are functioning as different streams of thoughts.[4]

4. Development of Relational Therapy



5. The Emphasis of Self Psychology

1) Empathy

Empathy is the cardinal virtue in self psychology. The relational stream believes that empathy is a limited, one-way connection; too much empathy can be infantilising. Therefore it is of the opinion that the therapist should share his/her thoughts and reactions as they occur during the process of therapy so that the client may deal with interpersonal problems and differences even as they occur between the therapist and the client. But self psychology does not believe that the therapist should put much of his/her self into the interaction –at least in the early stages.

Self psychology will stick to empathy for all the different ways clients protect themselves from further injury. It will want to explore with clients their thoughts, memories, and feelings about what they missed in their formative years, and will provide them some of the secure attachment they crave for. It believes that helping the clients achieve insight about their unfulfilled needs will help repair self-deficits that they still experience. It is also assumed that a relationally optimal way of being with a client can, all by itself, help fill in some of those gaps or void experienced by the client.[5]

2) Selfobject Experience Deficit

Kohut believed that clients suffer from deficits of selfobject experience, or experiences of being able to count on another person to take the actions necessary to sustain one's own cohesion, vitality, and self-esteem. Here the therapists can step into the lives of the client and perform some of those essential actions for a while, strengthening the adult client's cohesion, vitality, and self-esteem. On the one hand we find that self psychology is deeply relational –in the sense it breaks with classical Freudian psychoanalysis and much of object relations theory and asserts that individual autonomy is a bogus therapeutic goal. According to it, we all depend on others for our psychological and emotional well-being. Therefore therapists are not infantilising the clients when they support their clients in their important needs to be understood, supported, and affirmed. On the other hand, self psychology is not yet a fully relational one. Still here, the therapist is involved only as an empathy-provider, being rationalistic in the sense of focusing attention on the client's self-development.

All the relational schools give different emphasis to the different aspects of relations. They all are more alike than different in what they are saying about how the relational psychotherapy works. In spite of their differences they contribute significantly to the relational model.[6]

6. Freudian Beginning

Psychotherapy started with a medical model in the 19th century. The therapists were concerned with what they did to and for the client but were not concerned about relationship. It was Sigmund Freud who gave the impetus to psychotherapy, and his approach was purely medical. Sigmund Freud and his co-worker Josef Breuer, as physicians, were interested in treating the mentally ill or maladjusted people, as they would do with any physical ailment. It was around the time between 1880 and 1890. Freud also observed that the clients transfer to the therapist their attitudes, feelings, fears, and wishes from 'long ago.' Freud thought that it was essential that the therapist recognize this transference and know how to respond to it. He intuited that it had the power to hinder or further the treatment, depending on how it was dealt with. No doubt transference was seen by Freud as the therapist's central opportunity of therapeutic leverage. Actually Freud practiced therapy much different from what we understand from his followers. His followers without taking into account what Freud practiced took only what he preached and thought that the best service they could render their clients was to get out of the way as much as possible. That is why they sat out of sight and kept quiet much of the time. They had reasons for doing this.[7]

7. Reasons for the Detached Approach

The first reason for the detached approach was the belief that the client's difficulty came primarily from internal psychic conflict; conflict between wish and fear; conflict between incompatible wishes. If the therapist keeps quiet and lets the clients express their deepest wishes and fears, those conflicts would emerge from

the unconscious into the conscious. Thus when they are made conscious, they would not have the power to dominate the client.

The second reason is due to the belief that transference would develop most fully if the therapist were a 'blank screen' onto which the transference phenomenon could be projected. Therefore the therapist stayed out of the way as much as possible and did not furnish many cues about the actuality of the therapist's person.

The third reason stems from the belief that for therapy to progress, the analytic process required 'optimal frustration.' Therefore the therapist rarely responded to the client. That is why those who underwent psychoanalysis would remember that their questions were not answered, pleasantries were not returned, compliments were not acknowledged, and accusations were not countered. The therapist offered only interpretations. I remember how I felt when I underwent psychoanalysis. In my frustration I wondered if the therapist was a human person at all. Therapists believed that the frustration thus evoked in clients was the energizer that stirred their inner conflicts and caused them to emerge from the depths.[8]

8. The Turning Point

Gradually therapists realized that their cold detachment would not benefit the clients. Thus they were caught up between the requirement to maintain a relatively severe neutrality and the need to create a therapeutic ambiance of trust, security, and confidence. The therapists' neutrality and nonresponsiveness, meant not to impose one's ideas upon clients, were was experienced by clients as sadistic dominance. This form of psychoanalysis lasted till 1940.

1) Rogerianism

At this juncture came Carl Rogers in the United States of America. He taught that the therapists need to have empathy and 'unconditional positive regard' for the client and genuineness on the part of the therapist. Rogerian's influence had a tremendous impact on psychotherapy around 1960 in the USA. Roger's uncompromising respect for clients and a firm refusal to impose interpretations upon them were widely accepted. Secondly there was the influence of the encounter movement of the newly popu-

lar humanistic psychology in 1960. This tradition by definition insisted on authenticity and symmetry. Therapists were asked to be as honest and emotionally exposed as the client. Symmetry demanded that the therapist also must be willing to do anything the client was asked to do.

2) Feminism

Another force that had influence on therapy in 1960 was feminism. It was thought according to feminism that the classical psychoanalysis was a masculine type and there was hardly any room for the feminine. Therefore it was suggested that a more balanced therapy should make room for the qualities of warmth and receptivity. In this model, the relationship itself is considered the therapy. Now the question arises whether the client is to be gratified or frustrated. This became a big controversy in the 1960s.

3) Existentialism

Yet another therapeutic tradition is the existential psychology. Existential tradition rose out of European existentialism and reached the USA in the late 1950s and had an impact on the humanistic psychology of the 1960s. Rollo May was the most articulate and influential of the American existential psychotherapists. He hoped that instead of having a separate school of existential psychotherapy, existentialism would permeate all the schools of psychotherapy.[9]

9. Rapprochement

Rapprochement between the cold, detached classical psychoanalysis and the desire to establish a warm, cordial relationship started to emerge from the psychoanalytic movement itself. There were two prominent proponents, namely Heinz Kohut and Merton Gill, who initiated the rapproachement. Kohut pointed out that the cold, unyielding stance of classical psychoanalysis was the most painful and destructive sort of rejection. This rejection is similar to the one experienced by the client in his/her childhood. He argued that to cure the old rejection one need not add another rejection. Like Carl Rogers, for whom empathy was of central importance, Kohut too insisted on the visible, demonstrated empathy as one of the most important qualities that one should

have as a therapist. Merton Gill on his part pointed out that the originator of psychoanalysis Freud himself was warm in his interactions with his clients; and the difference between what is practiced contemporarily and what was practiced by Freud.

Though Rogers, Kohut and Gill spoke of empathy as an important ingredient of counselling, Kohut and Gill did not become Rogerians in their approach, since there was some difference between their practices. Rogers did not speak of clients discussing their relationship with their therapists and he did not give enough weight to the consideration of the unconscious, both of which are adhered to by Kohut and Gill.

Both Kohut and Gill added a new dimension to therapy: nondefensiveness. They believed that nondefensiveness on the part of the therapist provides the essential context for the kind of interpretation and analysis necessary for successful therapy, and in fact it effects the therapy.

All the same, a middle way has been reached between the schools of warm support and those of neutral transference analysis. This middle way, of course, combines both the advantages of warm engagement with the advantages of working actively on the relationship itself. Thus we find that the old dilemma that required the therapist to choose between empathic warmth and active exploration of the relationship are being transformed by modern workers into a dialectic. In spite of the huge controversy and differences, there is a growing unity of thought about the ways of dealing with these issues in therapy.[10]

4
THE SELF

The term 'self' is used in theology, psychology and philosophy with different meanings. Psychoanalytic literature has its own view of the self. Hartmann distinguishes between the self as one's own person and the 'ego' as one of the substructures of the personality. This distinction was further elaborated by Edith Jacobson who distinguishes between the self as the person and the self as a self representation or an intrapsychic structure that originates from the ego and is clearly embedded in the ego. This was further altered by Kohut, who defined self in a broad sense and as well as in a narrow sense. His definition of the self in the broader sense is the one used in his psychology of the self.[1]

The term self refers in psychology to a psychic structure that is the core of our personality. The self is said to be the universe of conscious and unconscious feelings, which the individual has about himself/herself as the centre of experience and initiative. In fact, the self does not replace the tripartite structure of id, ego, and superego. But it serves a supraordinate function.[2]

Descartes thought of the mind as a machine. In self psychology, the concept of the self replaces Descartes' concept of the mind as a machine. At the same time it discarded Freud's version of the mind as a mental apparatus with structures such as id, ego, superego and defence mechanisms. Finally Kohut arrived at the concept of the self as a supraordinate agency, an independent centre of initiative. Thus the idea of mind was replaced by the concept of the self in self psychology.[3]

1. Kohut's concept of the Self

In the narrow sense of the term self, Kohut adheres to the traditional use of self, indicating it as a specific structure of the mind or personality, that is, as a self representation in the ego. In the broader sense self means the centre of the individual's psycho-

logical universe. This self can be known only by means of introspection in oneself and by the empathic observation of psychological manifestations in other persons. For Kohut, the self is not a concept. He defines it more in terms of awareness and experience as a unit, cohesive in space and enduring in time, which is the centre of initiative and a recipient of impressions. In this understanding, the self is the locus of relationships and an active agent performing functions that were traditionally ascribed to the ego. In our development, a rudimentary self emerges from relatedness with others in the environment, becoming a cohesive self. The rudimentary self is supposed to have both an object and a subject. The object is the idealized parent image and the subject is the grandiose self. Gradually, an intact and cohesive personality emerges out of the grandiose self. As the child matures, it begins to see the idealized object as a separate object. Aspects of the idealized parent image become introjected as the superego.

The self may be defined as a developmental psychological structure responsible for maintenance of one's self-esteem, self-image, feelings, and affects associated with bodily and psychological cohesiveness, and the relative need for others to admire (or idealize) and to serve as selfobjects.[4]

2. Development of the Cohesive Self

One thing is very clear from the writings of Kohut that the self develops in relationship to selfobjects, not as a progressive sequence of steps. However, he did not work out all the elements of his theory in a coherent way. The self is not formed in isolation or from drives. When a child is born, it does not yet have a self, but the parents may act and respond to the child as though it already had a self. Gradually the child's self arises as a result of the relationship. It is precisely in the interplay between the infant's innate potentials and the responsiveness of the adult selves or simply selfobjects that a child's self arises. Thus a nuclear or core self is formed through the responsiveness of the selfobjects.

The nuclear self has got two main constituents. One of them is the grandiose-exhibitionistic self. This part is established by relating to a selfobject that empathically responds to the child by approving and mirroring this grandiose self. The other constituent is the child's idealized parental imago. This part is established by relating to a selfobject that empathically responds to a child, by permitting and enjoying the child's idealization of the parent. We notice that in both constituents there is some form of ecstatic merging experience with the selfobject.

If we take the grandiose self, it refers to the child's self-centred view of the world and its exuberant delight in being admired. In this type of experience the child thinks that it is really terrific and perfect and so it wants to be looked at. Contrary to this, the idealized parental imago implies that someone else is perfect. For a child, the experience of this is to acknowledge that the other is perfect and the child is a part of that other.

As the self gradually grows into cohesiveness and integration, the grandiosity of the self becomes modified and channelled into realistic pursuits. At the same time, the child regards the idealized object with increasing realism and withdraws the idealizing, narcissistic investment from the parental object. Now the idealized object or parental imago is introjected as an idealized superego, which takes over the functions previously performed by the idealized object.

What might happen is that the growth of the self may be prevented by childhood traumas and deprivations. If that happens then the grandiose self and the idealized object continue in an unaltered form and strive for the fulfilment of their archaic needs. This is so because the grandiose self and the idealized object can remain isolated from the rest of the growing psyche and cause disturbance by their archaic needs.

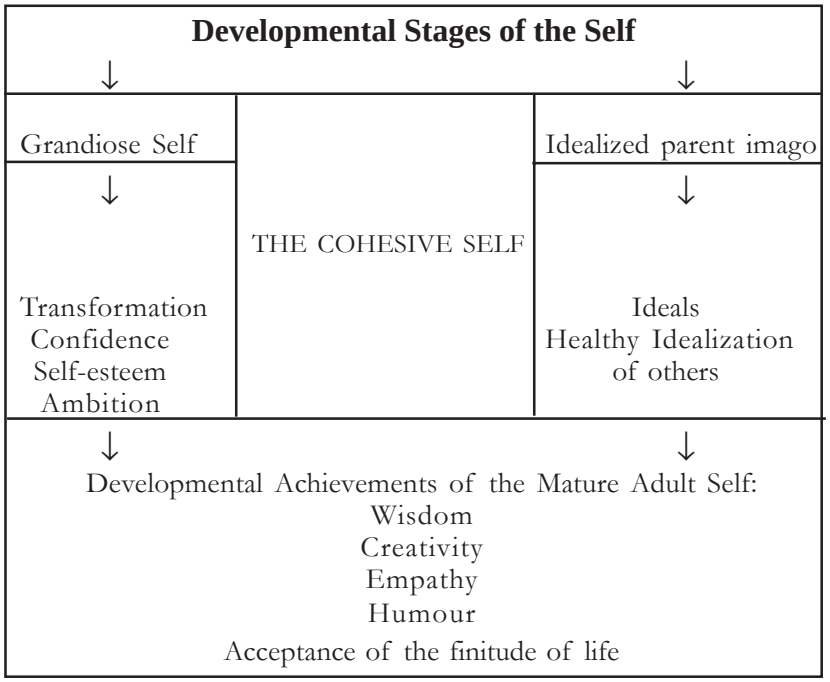
When finally the cohesive self has emerged, it continues its relations with the selfobject. By doing this, the child strengthens the boundaries of the self by confronting the selfobject, by demarcating its self from the environment.

Kohut says that the rudimentary self of the child begins to develop at about 18 months. At that time, the child is said to have a set of very powerful narcissistically based needs that must be responded to in certain ways for normal development. The three sets of these needs (or three 'poles' of the self structure) have to do

with a set of needs pertaining to the 'grandiose' sector of the self structure, the 'idealizing' sector of the self, and the 'twinship' sector.

For a human person, development begins with the nuclear self. This rudimentary nuclear self is expanded into the tripolar self through the progressive development of three lines of early narcissism. They are grandiosity, idealization, and twinship. The first pole is grandiosity and exhibitionism. These become transmuted into goals and ambitions. The second pole is early idealizations. These become transmuted into ideals and values. The third pole of twinship is the need for another to be the 'same as' or 'like' the self.

The development of the tripolar self is through the interaction of the child with selfobjects. Selfobject relationship does not refer to the interpersonal relationships between the self and the important others. On the contrary it refers only to an intrapsychic experience. What is referred to by selfobject relationship is the mental representations that are necessary for the sustainment of self-esteem and self-cohesion.[5]



3. Organization of Experience

In self psychology, the self is conceived of as the organization of experience. The self is not a static self but a self that is always in transition, a changing self. As such it is an open system. It is an entity identified by its function, rather than by its physical attributes. It is a stable, information-processing collective – made up of a hierarchy of interacting feedback cycles. So the self can be thought of as the organizer of experience and as the independent centre of initiative.[6]

4. Pathological Development of the Self

It is likely to happen that an individual experiences pervasive empathic failures in one or all sectors of selfobject needs. In such a situation, the individual is likely to develop a disorder of the self structure. It has been identified that the most frequently occurring self disorder is that of the narcissistic personality disturbance. If the disorder is severe, it is the case of the narcissistic personality disorder. If it is mild to moderate, then it is narcissistic features. Whether it is severe or mild, the individuals will have a definable syndrome that includes vulnerabilities in the area of self-esteem regulation, and hypersensitivity to failures, criticism, rebuffs, and disappointments.[7]

5. Treatment of the Pathological Self

When treatment is in progress with these clients, we can expect the nature of the transference to be a mirroring transference. Transference will be coloured by the type of selfobject need deficit the client is experiencing. For example, if there is a deficit of the mirroring transference, then much of the work has to be with the grandiose sector of the self. Similarly if there is a deficit in idealizing need, then much of the work will have to be done in the idealizing sector of the self.

Sometimes a therapist might notice that the transference is manifested in the opposite quality. If a client is seeking confirmatory responses, he/she may be self-effacing and filled with humility. Similarly if the client is actively seeking to idealize the therapist, there may be an initial period when the therapist is devalued

or demeaned. So whether the transference is overtly mirroring or idealizing or is the complete opposite, such transferences are likely to be found in the clients with narcissistic disturbances.

Infantile narcissism, which is quite normal, is gradually transformed through the process of transmuting internalisation. What happens in transmuting internalisations is that significant aspects of important selfobjects are internalised and transformed according to the specific needs of the child that is developing. When the setbacks or frustrations are small, the child internalises the gratifying responses of mother. In this way, the child is able to internalise the functions that the parent had originally performed. When it happens repeatedly, adequate structure is developed.

In normal growth the functions of the parents are taken in and transmuted into the child's sense of self and self-competence. This is in so far as there are empathic shortcomings, which are small. We know that empathic shortcomings are inevitable. But when it is a gross failure on the part of the selfobjects to respond appropriately to this shortcoming, no adequate structure develops. The result is the narcissistic character pathology. For a sense of cohesiveness, initial nurturing is essential, and if it is deficient there will not be a sense of cohesiveness. Usually intense reliance on selfobjects protects against fragmentation or loss of cohesiveness. A person of narcissistic character disorder is unable to internalise the functions of selfobjects and thus is vulnerable to impending feelings and /or fears of fragmentation or disintegration. Here one feels disintegration anxiety, which is synonymous with fear of loss of humanness or psychological death.

It is very clear that the narcissistic character disorder of a person is a result of continuous unempathic responsiveness. It is a failure of selfobjects to understand the wishes and /or needs of the developing child. These empathic failures may occur in the mirroring, idealizing, or twinship lines. Here there is no possibility of internalisation of these functions for a successful self experience. This results in a lack of self-cohesiveness, a lack of the experience of being at one with oneself, and an inability to utilize one's own resources in times of stress.[8]

6. Disorders of the Self

From the perspective of self psychology, psychological difficulties are considered as disorders of the self. They are narcissistic impairment, which may range from neurotic states to psychotic states. Unempathetic responsiveness on the part of selfobjects to the developing child is the cause of these disorders. Seen differently, the extent (severity) and the location (mirroring, idealizing, and/or twinship needs) of the disorder are due to the unempathic responsiveness.[9]

7. Clinical Syndromes of Developmental Failure[10]

1) The Fragmenting Self

The emerging self needs to integrate early experiences. But it may be prevented by the unresponsiveness on the part of childhood selfobjects, in which case fragmenting of the self takes place. By reacting to the narcissistic disappointment, the fragmenting self loses the feeling of cohesiveness and at one with oneself. While all will sometimes experience a sense of not being themselves, in narcissistic personality disorder the reactions to even minor disappointments produce fragmenting symptoms of greater severity.

2) The Overstimulated Self

Consistent, inappropriately excessive responses from childhood selfobojects with regard to grandiose and /or idealizing fantasies of the developing child results in overstimulated self. Such clients usually experience painful tension and anxiety regarding their fantasies of greatness. As a result, a firm sense of a self that can learn from others and integrate experience into their unique self experience does not seem to develop.

3) The Overburdened Self

The overburdened self is the result of unempathic responsiveness on the part of childhood selfobjects to the need for merger with the calming and soothing functions of the idealized parent. Since the calming and soothing functions are not transmuted and internalised into self functions, the world around is viewed as hostile, devoid of calming and soothing selfobjects. When it is the case, there will be intense anxiety on the part of the client.

4) The Understimulated Self

When selfobjects do not provide stimulating responses to childhood needs over prolonged periods of time, this results in the understimulated self. They constantly feel that life is boring and they lack vitality and zest for life. Therefore they seek any outside excitement to create in themselves a feeling of being alive. Their symptoms include addictions, perversions, and social hyperactivity. These are undertaken in an effort to stimulate themselves.

8. Character Types[11]

1) The Mirror-hungry

Mirror-hungry personalities are persons who constantly seek for selfobjects who will mirror their sense of self-worth and self-esteem. Since they have not acquired the structure that will make them feel secure, they are making attempts at every available opportunity for the type of selfobjects who will satisfy them. There is a gnawing feeling of worthlessness and lack of cohesion. But these people are rarely satisfied with the confirmation and admiration they may receive. They keep searching for selfobjects that will meet their mirror need, which they themselves cannot provide for themselves.

2) The Ideal-hungry

The ideal-hungry personalities are persons who search for selfobjects with whom they can merge so that their needs for both calming and soothing functions can be met by individuals outside the self. They look for persons whom they can admire for their prestige, power, beauty, intelligence, or moral standards. Without finding someone they admire, they are unable to reach realistic goals. They are never satisfied with the idealized selfobject. When they are disappointed with one selfobject, they replace it with another.

3) The Alter-ego-hungry

The alter-ego-hungry personalities are persons who quest for a selfobject who appears to be like the self, thereby confirming the self experience of belonging, of being a part of a twinship. They feel out of place in the world being unable to experience themselves as being like others. Their search for the selfobject who will be like the self is relentless. When they discover that the likeness of a selfobject is not complete, they search for another selfobject. When there are disappointments with lack of appropriate selfobjects, they fill the inner emptiness with a series of selfobject replacements. We should keep in mind that mirror-hungry, ideal-hungry, and alter-ego-hungry character types are not pathological. They are simply variations of normal selfobject needs.

4) Contact-shunning

The contact-shunning personalities are persons who avoid social contact and any form of intimacy in order not to be rejected and to defend against the feared merger that they desperately yearn for. Withdrawal takes place just because they fear fragmentation and loss of cohesion. They experience intensity of the need for human intimacy. But this need frightens them and so for them isolation is a more palpable solution to their difficulties. They are just defending against further rejection and loss by withdrawing into themselves. Thus both disappointment and the possibility of fragmentation are avoided.

5) The Merger-hungry

The merger-hungry personalities are persons who search out selfobjects who will provide the structure to the self that they lack. First of all, they are unable to distinguish themselves from their selfobjects; they are unable to maintain clear boundaries and a solid sense of self. They are unable to distinguish their own functions from those that they borrow from their selfobjects. Because of the lack of this distinction, the selfobject serves the function of maintaining cohesion for the injured self.

It is presumed that there has been a greater extent of unresponsiveness in early development for the contact-shunning and merger-hungry personalities than for the mirror-hungry, ideal-hungry and alter-ego hungry personalities. Therefore the damage also is more severe for the former two.

9. Optimal Frustration and Psychic Structure

Frustration is known to play a central role in the building up of self structures. Frustration is essential for the development of the child. The child since it merges with the mother feels a sense

of omnipotence and perfection. But gradually it also realizes that the mother is not perfect, which disturbs the equilibrium of the child's narcissistic perfection. As a reaction to the frustration of the narcissistic perfection and to preserve a part of the original experience of perfection, the child establishes a grandiose and exhibitionistic image of itself, which is the grandiose self. Then the child also attributes the perfection of the narcissistic period to an admired, omnipotent selfobject, which is the idealized parental image.

What we spoke of take place initially; but later, things keep changing. The mother's attention is imperfect and at times delayed. When this happens the child's psychic organization attempts to deal with this emergency by building up new structures, which will take over the functions of the selfobjects. This process is called transmuting internalisation. Thus for the creation of transmuting internalisation, which is essential for adult life, frustration is important.[12]

10. The Bipolar Self

There seems to be two forms into which narcissism becomes differentiated. One of them is the grandiose self (healthy self-assertiveness vis-à-vis the mirroring selfobject) and the idealized parental image (healthy admiration for the idealized selfobject). Ambitions cluster around the grandiose self; and ideals cluster around the idealized image. There will be a tension between these two poles of the self. This tension and psychological energy promotes action with the individual being driven by his/her ambitions and led by his/her ideals. According to Kohut, the development in the boy starts from the mother as the mirroring selfobject and goes to the father as selfobject, providing the function of being idealized by the child. In girls the developmental needs for selfobject are directed toward the same sexed parent, i.e. the mother.[13]

11. Pathology of the Self

The Experience of Narcissism

In the narcissistic perception of the world, there are an omniscient, perfect selfobject and an archaic self that has unlimited

power, grandiosity, and knowledge. In the narcissistic stage, everyone and everything is an extension of the self or exists to serve the self. If anything (or anybody does) falls short of this expectation, then it is experienced as a flaw in the perfect narcissistic world. It is definitely an injury. This flaw or narcissistic injury arouses an insatiable rage. This narcissistic rage cannot recognize the offender as separate from the self, but as a part of this extended self over which the narcissistic person had expected to have full control. Therefore, we can say that the narcissistic rage responds to a self or object that does not measure up to the unrealistic expectations of the narcissistic person.

Since narcissism is a stage of development in an individual, the narcissistic tantrums of infants or young children are not considered out of place. But if an individual gets stuck at this stage and the self is not integrated with the rest of the growing self, certain experiences and behaviours become increasingly inappropriate or pathological.[14]

5
OBJECT EXPERIENCES

From the term 'object' came the concept 'object relations.' From the concept of object relations, Freud construed the concept 'selfobject.' In order to understand the meaning of selfobject, let us trace the origin of this concept right from the beginning of the term 'object.'

1. Sigmund Freud

The term 'object' is a technical word originally coined by Freud. It refers simply to that which will satisfy a need. This is the way to understand the term in a strict sense. In a broader sense, it refers to the significant person or thing that is the object or target of another's feelings or drives. When it was used by Freud, he did it in discussions of instinctual drives and in a context of early mother-child relations. When this term is combined with the term 'relations,' it refers to interpersonal relations and suggests the inner residues of past relationships that shape one's current interactions with others. Therefore, object relations means interpersonal relations.

Classical psychoanalysis always studied relationships – especially transference. It was interested in the way a child relates to its parents during the Oedipal period. Some of the therapists within the psychoanalytical framework, attended in a special way to relationships and how past relationships structure and shape the personalities. Those who parted company with Freud, and yet were within the fold of psychoanalysis, can be grouped under object relations theorists and self psychology theorists. These two groups though are under the mainstream of psychoanalytic fold, have altered that mainstream significantly.

Human development is explained by Freud in instinctual terms. In this pattern of explanation, it is traced, how the libido (the sex drive) becomes manifest in increasingly more organized

ways. Therefore, development is a movement from a general pleasure orientation to a specific sexual and genital aim. To put it differently, the movement is from an autoerotic infantile sexuality to a more object-directed relationship. In this, the focus of sexual feelings is in a sexual person other than oneself. Human developmental stages are named by Freud according to the zone in the body where libidinal energy becomes manifest –like the oral, anal, phallic, latency, and genital phases. According to Freud, the relationship between the ego and its objects changes during development. This means that there is a change in the nature and quality of the ego's choices of objects as we grow. This change is seen as moving from early choices of the self as an object to the later, mature choices of others as love objects. For example, an infant sucking its own thumb signifies that the child's love object is its own part of the body but later when it grows up, it will have a boyfriend/girlfriend as love object.[1]

2. Melanie Klein

Melanie Klein was born in Vienna but moved to London. Between 1930s and 1940s, she and W.R.D. Fairbairn of Edinburgh, Scotland, influenced each other's ideas and published work that began the divergent streams of object relations theories.

Freud's notion of object was altered by Melanie Klein. For Freud, drives are originally objectless –since gratification comes first and it does not make much difference what the particular object is. For Klein drives right from the beginning, are directed towards objects. She cited that the infant does not just seek pleasure, but seeks milk from the breast of the mother. At this level, infant's ego and perceptual skills are understood as immature. Therefore it can attend only to one aspect or part of a person at a time. Therefore we can say that the infant attends first to part objects. The first part object for the infant is the mother's breast. Klein used the term 'inner object' rather than object representation. It was Kohut who later used the term 'selfobject' to refer to a state of fusion between the experience of self and the experience of the needed object. In effect, Klein's inner object corresponds to the selfobject of Kohut.[2]

3. W.R.D. Fairbairn: A Pure Object Relations Model

As we grow, we seek a different quality of the object according to the level of development. Usually relationships with a person (object) signifies dependency of some sort. Our development is understood in terms of the quality of our dependency upon our inner objects. What we notice in our development is that we proceed from an infantile dependence on a part object (mother's breast) to a mature dependence on a whole object (a whole person with sexual features). We move to a mature attitude of mutual giving and receiving between two differentiated individuals. Fairbairn insisted on the nature of the object and the quality of the relationship to it rather than the zone in the body wherein impulse is manifested, as did Freud. The difference between Freud and Fairbairn is like this: Freud emphasized the manifestation of libido in a particular erogenous zone, while Fairbairn stressed the quality of the relationship and only secondarily how it is libidinally manifested. Freud would speak of the technique the individual uses rather than on the particular object the relationship involves. Thus for Freud, it is oral phase rather than a breast phase. Oral refers not to an object but breast refers to an object.

According to Fairbairn there are three stages in the development of object relations: 1. Stage of infantile dependence with its identification with the object. 2. An intermediate or transitional stage. 3. Stage of mature dependence. In this last stage there is a relationship between two independent persons who are completely differentiated from each other.

The first stage of infantile dependence is characterized by identification with the object and by the oral attitude of incorporation or taking. The object with which one identifies becomes equivalent to an incorporated object. The objects which are incorporated are contrasted with observable objects, such as the breast and the mother. Sometimes incorporated objects can be substitutes for observable objects in their absence. For example, thumb sucking replaces the absent comfort of the breast. The first stage not only includes the oral attitude but also the anal stage. The psychological internalisation and incorporation of objects into the psychic structure also occurs in this particular stage.

The second stage (transitional stage) indicates the expansion of the relationships of the child with objects. This stage is marked by experiences of conflict between the progressive urge to give up the infantile attitude of identification with the object and the regressive urge to hold onto that attitude. If this conflict is not resolved, then the child develops defensive techniques to deal with it.

The third is the mature relational stage. It is marked by the capacity to give – so much so, giving is seen as a predominant characteristic. In this stage, two individuals mutually give and receive their relationship sexually. Here the quality of relationship is primary. In Fairbairn's model, development implies an increased differentiation from the object by the individual. Here one notices a progression from a taking stance to one characterized by giving. By the very fact that one reaches a capacity for a genital level of expression does not mean that one's object relationship is satisfying or mature. Two persons' object relationship can mature only when they possess the qualities of giving, and work out the issues of identity and separateness from their respective families.[3]

4. D.W. Winnicott

Winnicott borrowed the concept of 'object' from Melanie Klein. But he invested it with his own interpretation and meaning. Thus we have his term 'subjectively conceived object' which is similar to Klein's concept of internal object. He coined this term in contrast to an 'object objectively perceived,' which is an external object or actual person. According to Winnicott, the infant develops from a relationship with a subjective object to gradually establish the capacity to relate to an object that is objectively perceived. Usually 'good-enough mothering' facilitates the infant to move from fusion and merger with the mother to a state of being separate from the mother and capable of object relationships. For Winnicott, object relationships will mean relating with external objects that have a separate existence of their own. It is an existence outside the omnipotent control of the individual that is subjective and phantasy. By maturation one feels that the world is real and actual, separate from oneself.

'Good internal object,' a term borrowed from Melanie Klein by Winnicott refers to the good internal breast or the good inter-

nal relationship for him. Just because one has good internal objects and confidence in internal relationships, one can feel safe and secure even in the absence of external objects and stimuli. Maturity and the capacity to be alone indicates that we have had the chance through good-enough mothering to build up a belief in a benign environment.

In the theory of Winnicott, the term 'ego-relatedness' refers to the relationship of the infant with the mother. This is the matrix of friendship and transference. The ego support of the mother balances the ego immaturity of the infant. The infant can discover its personal life and feel real, and develop the capacity to be alone —when someone is available and present to the infant without making demands. When the infant experiences good objects in the inner psychic reality, it develops the capacity to be alone, content in the absence of the external object.[4]

5. Edith Jacobson: An Integrated Model

It can be said that Edith Jacobson enriched psychoanalysis and the theory of object relations by fashioning an integrated model of object relations. She presents a coherent model that accounts for the traditional elements of id, ego, superego, and instincts, as well as object relations. She linked drives and object relations by associating the representations of self and object with the drives or feelings obtained from the drives (drive derivatives). She envisages the self as having contact with the environment. She bridges the gap between Freud and object relations theories. For Freud, at the beginning of life, narcissism was an investment of psychic energy within rather than towards the outside. But object relations theories propose that the infant is essentially related to the people in the environment. Edith Jacobson said that, at the beginning of life, the drives are undifferentiated and are invested in a fused self-object representation. Thus she bridged the gap between Freud and object relations theories.[5]

6. Margaret S. Mahler: The Psychological Birth of the Individual

Mahler is known for her work with children as an analyst in Vienna during the 1930s. Her descriptions and formulations about

the intrapsychic events of the first three years of life of the children have provided a major contribution to the study of development and of object relations. Her works link with the traditional instinct model as well as the work of Melanie Klein, D.W. Winnicott, and René Spitz. She does not fall into a convenient category. She and her followers used object relations concepts to focus on the psychological birth of the person. Therefore, she is a developmentalist.[6]

7. Otto Kernberg: A Synthesis

Kernberg is the most influential yet controversial proponent of object relations theory in the United States. His aims were to integrate object relations theory with psychoanalytic instinct theory, and to understand the borderline conditions (and a subgroup of the borderline condition, the narcissistic personality) by using a conceptual model that integrates object relations and instinct theory.

The term 'object' is used by Kernberg to refer to the human object. Therefore object is the mental image of a person, a mental image coloured with feelings. In his writings we find that he uses mental image and mental representation interchangeably. He examines the formation of structures within the intrapsychic world of the individual. Structures are known to be enduring psychological patterns. They result from the child's internalising early relationships with people in the environment, especially the mother. This relationship is internalised which is known as 'object relationship' or 'internalised object relation.' This internalised object relationship can expand externally and internally. If it expands externally, it develops into more complex relationships with people outside the self, and if it expands internally, it develops into the traditional structures of id, ego, and superego.[7]

The next prominent proponent who comes under object relations theory in a broad sense is Heinz Kohut. His theory is called 'Self Psychology.' That which corresponds with the term 'object' in his self psychology is 'selfobject,' about which we shall see in the next chapter.

6

SELFOBJECT EXPERIENCES

1. The Beginning

Selfobjects are just objects which one experiences as part of one's self. In a way one wants to have control over selfobjects in the way one has control over one's arm. With this idea in mind, Kohut began to build on the idea of object hunger first expressed by Fairbairn in 1944 and elaborated by Guntrip in 1969. Fairbairn proposed that the ego needed object relationships. Kohut said that the self does not just need objects, but selfobjects. Compared to objects, selfobjects are less differentiated and more essential for the functioning of the self. The self, to remain adaptive and cohesive, always is in need of selfobjects.

Kohut's experiences in therapy with clients who had idealizing or mirroring transferences led him to see that there are two kinds of selfobjects: (1) those who respond to the needs and confirm the child's innate sense of vigour, greatness, and perfection (mirroring), and (2) those to whom the child can merge as an image of calmness, infallibility, and omnipotence (idealizing).

Later to these selfobjects Kohut added twinship in 1984. Kohut arrived at the concept of the selfobject by generalizing that each narcissistic transference reflected a different kind of selfobject need. Thus the concept of selfobject evolved from the narcissistic transferences.[1]

2. The Discovery of Selfobjects

Selfobjects are defined as those persons or objects that are experienced as part of the self or that are used in the service of the self to provide a function for the self. The child's rudimentary self merges with the selfobject, participates in its well-organized experience, and has its needs satisfied by the actions of the selfobject. It needs to be remembered that the term 'selfobject' has meaning

only with regard to the experiencing person; it is not an objective person or a true object or a whole object. Of course, Kohut's use of the term object differed from the standard psychoanalytic use. Kohut used selfobject and true object to express the experiential qualities of object relations rather than the standard terms 'part object' and 'whole object.' The object is cathected with narcissistic libido rather than object libido. In this sense it is perceived or experienced as relating to the self as part of the self or in the service of the self, thus functioning as a selfobject.

A revolution was brought about by Kohut in psychoanalysis by his discovery of the selfobject dimension of relationships. Since the term 'selfobject' was used as a noun, it created a lot of confusion. It may be better accepted if used as an adjective and thus we could have the terms as 'selfobject experience' or 'selfobject functions' instead of using it as a noun.[2]

3. The Nature of Selfobject Experiences

A question arose as to whether the selfobject is an object with substance, a reified thing, or a whole person. It is neither according to Kohut. The selfobject was conceived of by Kohut as a function. Now the emphasis on function indicates that the infant is not responding to parents as objects, but to the mirroring or idealizing supplied by the parent or surrogate. So, the selfobject does not refer to an environmental entity or caregiving agent, but rather to a class of psychological functions pertaining to the maintenance, restoration, and transformation of self experience. If the emphasis is on the selfobject function, then it would entail that the therapist has to work hard to supply a corrective emotional experience. Therefore to avoid this confusion, the stress soon moved from selfobject functions toward the concept of a selfobject experience. Therefore the term 'selfobject' is used to refer to an object experienced subjectively as serving selfobject functions.[3]

4. Object Experiences and Selfobject Experiences

In every relationship we can discern two dimensions of relating as foreground-background relationship. It may happen that at any particular moment in our relationship, one of the two dimensions of relating may be in the foreground. In the object experi-

ence dimension of a relationship, the other person, whoever it is, is experienced as a separate person. But in the selfobject experience dimension of a relationship, the other person is experienced as an extension of the self, like an arm or a leg. Both dimensions of relating are experienced in all relationships to some degree.

Now let us see what these selfobject experiences are. They are feeling soothed, comforted, reassured, strengthened, validated, or acknowledged by another. There are moments we are unable to soothe ourselves and so we turn to someone else for soothing. The person we turn to is experienced at those moments as an extension of ourselves. The person who soothes us will be serving a selfobject function and offering us something we cannot provide for ourselves at that moment.[4]

5. Quality of Object Relations: – Concept of the Selfobject

Any relation to objects acquires psychoanalytic meaning only with the introspective-empathic recognition of the specific quality of that relation. This may be seen in two ways. The first one is had when the quality of the relation is reflected in a complete differentiation of self from object. In this sense it is a true object. Here we have an object with full recognition of its separateness and its own centre of initiative. The second one is had when this quality of relation is reflected in a lack of differentiation, or only partial differentiation of self from object. Here in this sense we have selfobject. Here the object is related to only in terms of the specific, phase-appropriate needs of the developing self, without recognition of the separateness of the object and its own centre of initiative. Thus when the concept of the selfobject is contrasted with that of the true object, it enriches and refines the therapist's observations and interpretations.

When we consider development of the self in the line of grandiose self, we distinguish three states. The first one is the most archaic configuration that includes the object within the rudimentary self. In this sense it is a selfobject without any differentiation as yet. It is reconstructed from the merger transference. The second is in a less archaic configuration. Here there is a recognition of the object, but only as a replica of the grandiose self. It is reconstructed from the twinshsip transference. Thirdly, it is the least archaic configuration, with a greater degree of differentiation of self from object. The grandiose self needs the object for the fulfilment of its archaic needs and the object is recognized only in relation to those needs. It is still a selfobject and is reconstructed from the mirror transference in the narrower sense.

If we take the development of the idealized parent imago, we may distinguish three stages. The first one is the most archaic form, from the earliest infantile period. It represents a merger of the self with the omnipotent idealized object. This is undertaken to maintain its narcissistic balance, to obtain a barrier against traumatic overstimulation, and as a protection against diffuse narcissistic vulnerability. It is reconstructed from the most archaic idealizing transference. The second one is the less archaic form, from a later period in childhood. It represents a need to maintain a relationship to the idealized object in order to attain drive control, drive channelling, and drive neutralization. It is reconstructed from the less archaic idealizing transference. The third one is the least archaic form, from the late preoedipal or Oedipal period of childhood. Here under optimal circumstances, the parental imagos are already seen in most respects as separate and independent, invested with object love and hate. It represents the parental imagos, experienced as idealized embodiments of power and perfection. Their support, approval, guiding ideals, and values are still needed for the self and are to be borrowed, because these idealizations have not yet been transformed and internalised into stable psychic structures and are therefore not securely available from within for the self.[5]

6. Selfobject Experiences in Normal Development

Infancy is a period of helplessness and vulnerability. In spite of that, children can feel strong and confident when they feel a tie to a parental figure. Adults are in a position to offer selfobject function to children since the latter are not yet able to provide it for themselves. In our development, all of us need this provision from adults. When we do receive, we gradually develop internal feelings of strength and competence. When adults do not provide a protective environment, we are repeatedly overwhelmed by feel-

ings of vulnerability, and our internal sense of strength and confidence is stunted. Thus when deprived of selfobject figures, we grow up feeling vulnerable and in desperate need of ties to strong figures to maintain normal self-cohesion.[6]

7. Lifelong Selfobject Needs

There could be developmental arrest in us when we begin to create and use imagination. When what we produce by our imagination and the things we create are not mirrored and validated by selfobjects responses, we feel stunted in our development. If mirrored and validated, then we feel a sense of pride in our achievements and feel a sense of competence. No one is free from selfobject needs. These needs last through our lifetime. What may be regarded as pathology is not that we are in need of selfobject responses, but the degree of difficulty in dealing with selfobject failures.[7]

8. Selfobject Failure

Those who have developed a stable self-structure will handle disappointments by falling back on inner resources to deal with the resulting state of tension. Those who feel deficient in this regard will react to disappointments with varying degrees of disruption. Disruptions in their extremes will take the form of panic, rage, or extreme withdrawal. Such individuals may attempt to repair feelings of disruption with impulsive behaviour, drug use, eating disorders, sexual perversions, or self-mutilation. In self psychology, the goal is not to achieve independence as in the case of classical psychoanalysis, but to be able to deal with frustrations and disappointments without fragmentation and loss of cohesion.

It is likely that in therapy, both selfobject and object dimension of relating will be experienced in the transference. If it is the selfobject dimension of transference, the client feels safe and understood. If it is object or repetitive dimension of transference, the client experiences both intimacy and conflict with the therapist. In selfobject dimension of the transference, phase-appropriate developmental needs, such as affirmation, validation, and idealization, are revived. In this situation, attempts to resume a thwarted development are seen.

There was a gradual development in the thinking of Kohut. By 1984 he shifted slightly from the concept of 'optimal frustration' to 'temporary, and thus nontraumatic, empathy failures', which he called 'optimal failures.' There is the acquisition of self-esteem-regulating psychological structure in the client taking place through empathic lapses on the part of the therapist. Even with this little shift, Kohut maintained that psychological structure is laid down via optimal frustrations and in consequence of optimal frustration, via transmuting internalisation. This view was supported by the observation of infant specialists who said that psychic structure is created when disruptions occur and the infant is able momentarily to take over the functions of the parents. According to Stolorow, empathic failure refers not to things that the therapist does or fails to do, but to psychic reality, that is, to developmentally predetermined subjective experiences of the client, revived and analysed in the transference.

If only the therapist learns to recognize the client's way of signalling an empathic lapse and is able to discuss it openly with the client, this discussion usually repairs the bond between the client and the therapist. When the therapist acknowledges his/her empathic lapse, it will considerably strengthen the bond and lead to the surfacing and exploration of deeper material. Perhaps it will be difficult to treat the client in therapy without interpreting his/her experience of an empathic lapse. Stolorow and his colleagues prefer to use the term 'selfobject failure' to 'empathic failure' because selfobject failure more clearly designates a subjective experience of the client in the transference.[8]

9. Selfobjects' Role in Trauma

Some psychologists view trauma as an external event causing a severe physical upheaval with lasting consequences. Others view it as client fantasies determined by the inner state of the self. Going beyond these views is the new theory that recognizes the potential of the infant-mother relationships to act as a traumatogenic object. There are three conditions necessary for a parent to act as a traumatogenic agent. They are that 1. the child has a dependent, trusting relationship with the parent, 2. this parent does something exciting, frightening or painful, and 3. when the child

approaches the parent again to continue the exciting game, or still in pain and distress about the fact that in the previous approach, it remained unrecognised, ignored or misunderstood and wants now to get some understanding, is unexpectedly refused. It may not be the excitement or fright or pain that causes the trauma but the faulty responding and outright rejection by the adult with whom the infant has a dependent relationship. Therefore Kohut is of the opinion that an infant would be traumatized by the repeated absence of a developmentally needed selfobject experience. Applying this to the therapy situation, Kohut argues that when there is an unavailability of a therapist to his/her client, the client's self disintegrates temporarily because the withdrawal of the mirroring selfobject repeats the traumatic unavailability of self-confirming responses in early life. Therefore, he concluded that in infants, it is the unavailability of the necessary selfobject experience that is the major reason for the experience of trauma.

Self psychology, while acknowledging the role of traumatic events, views the experience of trauma as the loss of a selfobject, with resulting affect overstimulation and self-fragmentation. Loss or absence of selfobject is seen as the key to traumatization, and the stressor event and the self-system as ancillary to such loss or absence. If there had been persistent absences of the necessary selfobject experiences, the infants have memory of them as trauma and this makes the self vulnerable to further potentially traumatizing events. It may happen that stressor events retraumatize or reproduce an uncomfortable overstimulated affective state without the expectation of selfobject soothing.[9]

7
SELFOBJECT NEEDS

For Kohut there are three important needs that must be fulfilled if the self is to develop fully, namely, the need to be mirrored, the need to idealize, and the need to be like others (twinship). The concept of three selfobject needs is central to the theory of Kohut. Since the self develops around the fulfilment of these selfobject needs, they occupy a very important role in the development of our personality. In point of fact, these selfobject needs never cease to be in any humans. They are always present, at one time one of them perhaps being dominant and at other times the other needs. No adult individual ever outgrows these three basic needs. All of us, whatever be our age, stand in need of these selfobject needs. Ignoring these needs may create serious consequences in our lives. Therefore it is good to acknowledge these needs and address them adequately. There are individuals who think they have no selfobject needs once one grows into adulthood. But experience indicates that we try to fulfil these needs in any intimate relationship. When individuals cannot satisfy these needs in intimate relationship, they may even try to fulfil them in quite ordinary relationships. That is why some look very awkward when demanding from any relationship that these basic needs are to be met.

1. The Need to be mirrored

All of us need strokes – both physical and psychological. When we are young we need more of physical strokes and as we grow old we need psychological strokes. The fact that we have grown old does not mean that we need only psychological strokes and not physical strokes. Because of the taboos in society, we refrain from seeking physical strokes. But we always need physical strokes too. Mirroring is the first self-object need. It is focused on the earliest caregiver, usually the mother, out of whose affirmations grow one's own self-esteem and joyous vigour. This is called the

'grandiose-exhibitionistic need.' Children have a strong need to be shown by parents that they are very special, great, and welcome. A child first develops an awareness of self, because this self has already received affirmation since birth from mirroring self-objects. The earliest caregivers set the tone of our later mirroring need seeking behaviour. Much depends upon whether affirmation was given or demanded, whether adequate or inadequate. There are individuals who, when the mirroring need has not been adequately met, keep bragging about themselves in any situation.[1]

2. The Need to idealize

The second important need of a child is idealizing. The little child needs to idealize the parent, especially as he/she senses that his/her grandiose self cannot reliably master the world. It is quite important to the child that the parents are powerful and knowledgeable. Children acquire cohesion, the ability to soothe themselves and a capacity for ideals through experiences of merging with the perceived greatness and calm of an idealized self-object, who is often the father or mother or any parental figure. When we grow old, this need to idealize does not cease to exist but on the contrary tries to affirm in a forceful way in the different aspects of our lives. We commonly observe people who are attracted to political leaders and even film stars who are idealized to the point that the followers or fans may even be ready to lay down their lives for their idealized selfobjects. When we idealize someone, we usually do not see the shadow side of the idealized selfobject. That is why people become blind in following the idealized persons. Whether they are commanded to do the right thing or wrong thing, people do not logically reflect but only follow the dictates of their need to idealize someone. The most glaring example is what happened in the Nazi regime during the World War II: Adolph Hitler was the idealized selfobject. Religious cults are another example.[2]

3. The Need for twinning

Humans, most animals and birds are gregarious. This means that they cling to the same species for protection, and procreation and to meet many other basic needs. Similarity usually attracts attention. We feel attracted to people who seem similar to us in some way or other. That is why people when they perceive that

they belong to the same clan or caste want to associate with them rather exclusively. This need has been more specifically defined by Kohut as a need for twinship. Standing alone we fall apart and may not even survive. That is why there is an instinct in us to be associated with people who seem similar to us.

The third basic need of the developing self is the twinship, an alter-ego need. Children need to know that they share important characteristics with one or both of their parents and that they are not too different from the world into which they have been born. When this need is met, the growing person develops a sense of belonging, of communal status. A child acquires a gratifying sense of belonging and of continuity in space and time through twinship self-objects.[3]

8
THE GRANDIOSE SELF

This chapter deals with the grandiose sector of the self. The individual self structure of the child begins about 18 months and continues through the child years. During this time, the child has intense needs to receive confirming (or mirroring) responses from others regarding its greatness. The child intensely earns to be the centre of attention and may actively seek the praise of others for its accomplishments. The child has selected significant others in its life. Its yearnings for confirmatory or mirroring responses exist most strongly in relation to these selected significant others. In most cases, these selected and most important persons are the child's parents, and it may also include others who are seen as selfobjects. These significant people provide the much sought-after confirming/mirroring responses of greatness or specialness. They also fulfil the idealizing functions.[1]

1. Empathic Attunement

Though these selfobjects gratify the selfobject needs for mirroring, idealizing and twinning, they need to set limits to the child's expanding demands to be exhibitionistic or the demands to be the centre of attention. It is at times in the best interest of the child that the selfobjects gratify the needs of the child, and equally in the best interest of the child at times that the selfobjects have to curb those demands. What type of responses to be made is judged by the selfobjects with empathic attunement. The process of empathic attunement informs the selfobjects as to what kinds of responses are to be made and how they are to be made in the best interest of the child. Thus empathy guides the responses of the selfobjects.[2]

2. Optimal Frustration

Now we are at the point of understanding the concept of 'optimal frustration.' According to Kohut, optimal frustration

means the process of at times gratifying the selfobject needs while at other times not gratifying the needs. This precisely helps the child to develop into mature self. This optimal frustration helps the child's self to move from archaic manifestations of mirroring needs (for example, exhibitionism) and archaic manifestation of idealizing needs (for example, perceptions of the selfobject as omnipotent) to manifestations of more mature levels of self development. It is not possible to expect perfect empathy from the selfobjects every time. There will certainly be failures on the part of the selfobjects to meet the needs of the child with perfect empathy all the time. In any case, on balance, there should be more instances of accurate empathic attunement than empathic failure. If this trend exists, then there is every likelihood that a normal, mature self structure can form and develop.

The grandiose self is the result of the child's attempt to regain the lost blissful state by creating a sense of perfection within the self. In this attempt, all imperfection is assigned to the outside world. Omnipotence, grandiosity, and exhibitionistic narcissism are the features of the grandiose self. If the parents accept and even enjoy the child's grandiosity, they do undergo transformation. It is only when the child can find an echo of its feelings of expansiveness and unlimited power responded to in a favourable way by the parents, the child would eventually relinquish its crude exhibitionistic demands and grandiose fantasies and accept its real limitations. The child's noisy demands of the grandiose self will be transformed into finding pleasure in realistic functioning and realistic self-esteem.

The personalities and the responsiveness of the parents are essential for the child to make a transition from the grandiose self to realistic functioning. The child's grandiose self cannot be integrated into the fabric of the personality when its optimal development is interfered with, either through the unempathic personality of the parents/primary caretakers or through trauma. If that happens, the grandiose self will persist in its archaic form, repressed or split off from the reality ego, uninfluenced by the outside world.[3]

9
THE IDEALIZING SELF

1. Cohesion through Idealizing

We have already seen that the child has a need for confirmatory, mirroring recognition of its greatness from the child's world of selfobjects. Besides this, the child also needs to be able to extensively idealize selfobjects in its world. The child wants to participate in the perceived strength and stability of selfobjects. When the child merges with the idealized selfobject, it attains a certain level of calmness and reintegration to the self structure, especially when the child's self structure may have been somewhat fragmented as a result of some trying experience, failure, or upset in its world. In a way the idealized selfobject restores the enfeebled self of the child to a new level of cohesion or maturity. Gradually the child internalises the idealized selfobject image and forms with those internalised images, internalised goals and ideals for itself.

Thus we find that as a result of empathic attunement and optimal frustration on the part of the selfobjects to the child's demands, the self gradually shifts away from archaic demands for selfobject responses. Consequently, the archaic manifestations of grandiosity become transformed into healthy ambitions for oneself, the enjoyment of activities, and a zest for life while the archaic manifestations of idealization (the selfobejct's omnipotence, omniscience) become slowly transformed into internalised values, goals, and strengths. Thus the mature self is pulled by one's ambitions and led by one's ideals. In this way, the self continues to grow and change throughout adolescence, adulthood, and old age. Selfobject needs remain throughout one's life though they may shift and change through the life cycle.

The child has a strong need for an idealized parental imago. This is to feel that at least one person is powerful, calm, and confident. If this need is fulfilled, then the child can rely on this powerful person to face the frightening world.

When the normal growth and development of the self structure is impeded in significant ways (as it happens through chronic empathic failures by selfobjects), certain midrange disturbances, especially narcissistic disturbances, are bound to develop.[1]

2. Search for the Object of Perfection

Under optimal development the child idealizes the father (or another person). With repeated minor disappointments with the father, the child experiences a slow diminution of the idealization. At the same time, there is internalisation, which is the acquisition of permanent psychological structures. These structures continue the functions, which the idealized selfobject had previously fulfilled. With all the disappointment with the idealized selfobject, even though there seem to be some structuralization, the child goes on with a renewed insistence in search of an external object of perfection.[2]

3. Passage through the Object

The idealizing component of the narcissistic configurations are the revival during therapy of one of the early phase of psychic development. In the aspect related to the idealized parental imago, the psyche assigns perfection to an archaic, rudimentary (transitional) selfobject. For a child, all power resides in the idealized object with whom the child wants constant union in an effort to feel whole and alive. For Kohut, permanent psychic structures are built during the re-internalisation of the idealizing narcissism. This occurs through several processes. By one of the processes, the idealization is gradually modified through the child's experience with the reality of the parents' actual limitations. This diminishes the idealization. At the same time, it allows the child to internalise specific qualities of the parents' emotional attitudes and responses. Kohut calls this process as 'passage through the object.' [3]

10
NARCISSISM

1. Freudian Drive Model Narcissism

Freud viewed narcissism from the point of view of the drive model and libido. Thus narcissism involves a withdrawal of instinctual energy from external objects and an investment of libido in the ego. Because of this investment in the ego, the person is unable to love or relate with others and is self-absorbed. For Freud, a narcissistic person is indifferent to all that is outside him/her, since all the energy and attention is focused on the self. Heinz Hartmann changed the idea of the classical narcissism and said that the self rather than the ego was the target or object of libido. In this sense, normal narcissism is the libidinal investment of the self. Edith Jacobson took the concept of narcissism further and said that narcissism is a libidinal investment of the representation of the self.

Freud defined narcissism as the withdrawal of libidinal cathexes from others with simultaneous redirection toward the self. This definition made him distinguish object-libido (or love of others) from ego-libido (or love of the self). Since more psychic energy was directed towards the self, there was less psychic energy available for relationships with others. In this version of the understanding of narcissism by Freud, the term 'narcissism' was understood as a pejorative term. But with the arrival of self psychology, narcissism was understood to include healthy forms of narcissism as prerequisites for developing and maintaining self-esteem and self-cohesiveness.[1]

2. Normalcy of Narcissism

Kohut altogether had a different view. He said that narcissism is to be defined not by the target of the instinctual or libidinal investment but by the nature or quality of the instinctual or libidinal change. So for Kohut, self-aggrandizement and idealization characterize narcissistic libido. People who invest others with narcissistic libido are experiencing those others narcissistically, that is, as selbobjects. Logically it becomes evident that to a narcissistic person, a selfobject is an object or person undifferentiated from the individual who serves the needs of the self. In this situation, a narcissistic person usually phantasizes control over selfobjects similar to the way an adult has control over his/her body. Narcissistic persons do not necessarily withdraw interest from objects in the external world but are unable to rely on their own inner resources to build up intense attachments with others. Whereas classical psychoanalysis looked upon narcissism as pathological, Kohut viewed it as something healthy in the sense that it played a role in the psychological health of individuals. For Freud, narcissism was a precursor to object love. But for Kohut, narcissism has its own line of development so that ultimately no individual becomes independent of selfobjects, but rather requires throughout life a milieu of empathically responding selfobjects in order to function.

We can imagine narcissism existing on a continuum from healthy to pathological forms. When it is a healthy narcissism, self-confidence and self-esteem develop in conjunction with stable and growth-producing relationships. One with healthy narcissism could experience a manageable degree of self-doubt while encountering the minor disappointments and frustrations of everyday life. All of us are subject to narcissistic injuries, or to regressions in our feelings of self-esteem. It is our usual experience to withdraw interest in others and become self-absorbed when we are in vulnerable states. All the same we know that these feeling states or regression are only temporary.[2]

3. Forms of Narcissism

The narcissistic experience begins with the infant's blissful state. The infant's bliss is inevitably upset by the expectable failure of its mother's ministrations. Mother as a human person is limited and so in her ministration to the child there are a lot of drawbacks and failures. When there are failures on the part of the mother, the infant attempts to restore the disrupted bliss by creating two new systems of narcissistic perfection. By one, it at-

tempts to create a perfect self, a developmental stage where everything good, pleasant and perfect is experienced as belonging to the inside and everything bad as belonging to the outside. It was called by Freud as 'purified pleasure ego.' But Kohut called it the configuration of the 'narcissistic self.' By the second, the infant attempts to restore the lost bliss by imbuing an outside 'other' with absolute power and perfection. By this attachment to the perfect 'other,' the infant attempts to restore the sense of wholeness and bliss. This narcissistic configuration was called by Kohut as the 'idealized parent imago.' These two forms of narcissism, namely the narcissistic self and the idealized parent imago, evolve from the disrupted primary narcissism. Each one of these systems follows its own developmental line.

The attempt to restore the original bliss takes place through the creation of a perfect self, 'the narcissistic self,' a term Kohut later changed to 'the grandiose self.' For the narcissistic self, the narcissism is not invested in an 'other' but is retained for investment in the self. If we consider the other line of development, that is the idealization of the idealized parental imago, it is created through the projection of a portion of the infant's original bliss, power and perfection onto the parents. This idealization is meant to be taken back later and to be internalised. For this process, Kohut used the term 'internalisation.' The process of internalisation is related to the experience of object loss. Freud argues that the psyche is not resigned to the loss when deprived of an object. Instead, the lost object is taken inside as a memory and becomes a piece of psychic structure that assumes the functions previously performed by the object.[3]

4. Pathological Narcissism

In pathological narcissism, one experiences an unstable self-concept, with grandiose fantasies of self-importance, a sense of entitlement, and an inability to see others except as need-gratifying objects. Major vulnerabilities in self-esteem and self-regard are experienced by the individuals with severe narcissistic difficulties. When in stress, they are unable to utilize self-esteem and self-confidence.

It is likely that persons with narcissistic difficulties have a need to protect themselves from shame and humiliation. They make use of defences of grandiosity, devaluation of others, and entitlement. Such defences protect the persons from various degrees of fragmentation of the self. From these it is very evident that narcissistically impaired individuals limit in a serious manner their capacity to form empathic and meaningful relationships. They experience contradictions between feelings of grandiosity and omnipotence at one extreme, and feelings of inferiority and insecurity at the other.

In healthy narcissism, one maintains self-esteem; and narcissism is a necessary prerequisite for growth. For our own development, it is necessary to have the transformation of infantile narcissistic grandiosity into healthy and realistic ambitions and goals.

The disorders of the narcissistic clients do not, in fact, reflect too much untamed narcissism, libido or aggression. On the contrary, the primary disorder is the result of too little development of narcissistic (self) structures. These are, according to Kohut, core psychological configurations, which are the grandiose exhibitionistic self and the idealized parent imago. The configurations are phase-appropriate feelings about their own greatness and that of their parents. Children' claims to greatness and their parents' affirming, buffering, and modulating responses to them are essential to the maintenance and restoration of the self-structures, and the gradual changes in them that channel greatness feelings into adult ambitions and ideals. Kohut warned that naïve grandiosity and idealization are the nucleus of positive childhood development and should not be mistaken for pathological narcissism.[4]

5. Narcissistic Character Disorder

Persons who suffer from narcissistic character disorders evidence extreme sensitivity to criticism, failure, disappointment, and minor slights. When they are forced to face those realities, they protect themselves through maladaptive defences that make them appear healthier, more mature, and more socially appropriate than they actually are. Usually there is a contradiction between their grandiosity and inflated self-concept, and on the other hand, their constant need for praise and total acceptance. They seem to have

extreme views about people in the sense of viewing them as all good or all bad. They have a sense of entitlement and want to be treated as special. When they are not treated as special, they rage. The hostility of these people indicates both extreme fragility of the self-experience and acute fear of fragmentation. According to Kohut, there are two types of narcissistic character disorders. They are narcissistic behaviour disorders and narcissistic personality disorders. Narcissistic behaviour disorder includes perversions, addictions, and delinquency. Narcissistic personality disorders include hypochondria, emptiness, boredom, and depression.[5]

6. Narcissistic Line of Development

For Freud, libido develops from autoeroticism via narcissism to object love. But for Kohut development proceeds from autoeroticism via narcissism to higher forms and transformations of narcissism. Therefore narcissism continues in adult life and does not cease to be. All of us, all through our life have narcissistic needs and continue to need the mirroring of the self by selfobjects. As we grow older, our narcissism is being transformed into various forms. Healthy narcissism in adult is seen as creativity, humour, and empathy. There is an interplay of the narcissistic self (the grandiose-exhibitionistic self), the ego, and the superego (with its internalised ideals) that are the building blocks of our personality.

We clearly notice the change in emphasis from the drive to the self. According to Kohut, drive emerges just because the fragile self is not responded to and begins to lose its cohesiveness and begins to fragment. The child could experience the mother's pride or rejection as the acceptance or rejection of its active self. The child does not consider it merely as an acceptance or rejection of a drive by the mother.[6]

7. Transformation of Narcissism

Narcissism transforms itself into qualities of creativity, transience, empathy, humour, and wisdom. This is the process of the maturation of the original narcissism. By creativity we understand that the individual has the child-like capacity to play imaginatively with the surroundings. One can do so because one thinks that one

is not much separate from one's surroundings. Here one extends one's idealization to one's work. By empathy we understand that the individual considers that the world is an extension of the self. This makes the individual to recognize that the inner experience of others is similar to one's own. Since we realize that our experiences are similar to the experiences of others we are able to gather psychological information about others. By transience we understand that we abandon the insistence upon omnipotence and accept our impermanence. Ultimately this is seen in accepting our mortality. By humour we understand the capacity to accept transience. Humour contains a quiet inner triumph mixed with an undeniable melancholy. By wisdom we let go of narcissistic delusions and accept the inevitability of death. It is an understanding that ultimately one's powers decline and all comes to an end.[7]

11

TRANSMUTING INTERNALISATIONS

Object relations theorists speak of building up and organizing the inner world by taking in aspects of relationships in the form of psychic representations of the object. Kohut also spoke of a similar process of internalisation. This process he called transmuting internalisation. It is a process by which aspects of the selfobject are absorbed into the child's self. Not every parent is an ideal parent. Even an ideal parent can have many lapses in bringing up the child. It is rather impossible to gratify all the needs of the child. Thus when parents fail to gratify the needs of the child, the child experiences optimal frustration, not necessarily trauma. When there is an optimal frustration, the child withdraws some of its magical, narcissistic expectation from the selfobject and gains some particle of inner structure. Now the inner structure of the child performs some functions that were done formerly by the selfobject. These may be comforting, mirroring, and controlling tension. The self takes over some of the functions of the selfobject when selfobjects fail to meet the needs of the child at times.[1]

1. Aim to build Self Structures

One of the aims of self psychology is the process of structure building in the self. Kohut calls this 'transmuting internalisation.' He adapted this idea from the works of Freud written on 'Mourning and Melancholia' in 1917. In his paper Freud argues that the withdrawal of feelings from the lost others occurs in a fractionated way, that is, bit by bit. This is done in order to carry out effective mourning, and that the crucial consequence of this process is the regressive identification with the lost object. Modelling on this idea of Freud, Kohut argues that first there must be a developmental readiness for the formation of structure in the self, that is, a receptivity for specific introjects. Then comes an optimal frustration with the idealized other that prompts an emotional retreat from the individual and an internalisation of some functions that

had previously been performed by the idealized other. One might ask the question why the process is dosed or fractionated. It is done in graded doses so that the child can relinquish aspects of the other in stages without having to be rendered helpless by a sudden, traumatic loss of the omnipotent other.

Kohut's theory of 'optimal frustration' and 'transmuting internalisation' are deeply imbedded in Freudian thought. These two themes explain cure in drive terms, growing directly out of Freud's thought. Kohut took to these theories to explain the emergence of psychic structure, especially during the Oedipal period. The precondition necessary for the formation of such structure is that the psychic apparatus must be ready for 'specific introjects.'

Frustration is likely to take place in the object of attachment, or the selfobject, which leads to a 'breaking up' of the 'aspects of the object imago that are being internalised.' This can happen in two ways. One of the ways is that the frustration is too great and so the psyche is overwhelmed. Secondly, this frustration can be optimal in which case there is a process of effective internalisation in large part because it proceeded in a fractionated or dosed way. In summary, healing takes place as follows: first the empathic ground must be prepared; then there will be inevitable disappointment after which explanation makes sense of what has happened. The end result is structure.[2]

2. Formation of Psychic Structures

Kohut argues that the acquisition of permanent psychic structures (within the ego and superego) during usual development as well as during therapy takes place through the process of what he called transmuting internalisation. This process of development is a slow, gradual or massive but phase-appropriate relinquishment of the functions of the archaic selfobjects, the idealized objects, and the Oedipal objects, and their subsequent internalisation. Thus the process leads to the attainment of psychic structures that now perform functions that the objects had to perform for the infant and child. This leads again to the acquisition of the contents of the superego, its values, ideals, commands, approvals, and prohibitions. The relinquishment of the idealized selfobjects of varying degrees of differentiation leads to the acquisition of a stable stimulus bar-

rier against painful and threatening overstimulation, a protection against diffuse narcissistic vulnerability, to effective drive control, and to lending the superego contents their exalted status. All these take place through the process of transmuting internalisation.[3]

3. Three Steps of Transmuting Internalisation

The process of transmuting internalisation consists of three component steps. First of all there is a receptivity of the psychic apparatus for specific introjects. Secondly, under optimal frustration there is a breaking up of those aspects of the object, which are to be internalised, followed by a fractionalised withdrawal of the particular quality of investment in the object, akin to the process of mourning. Thirdly, there is a concomitant depersonalisation of the introjected features. It is accomplished by a shifting from the whole person toward some specific functions. Thus we notice there is a gradual, bit by bit, broken-up depersonalised and transmuted image of the selfobject and its various functions that are then transformed into psychic structures.

In the theory of Kohut we see that the concept of transmuting internalisation is very crucial first of all for the development of the self and also for the therapeutic process in rebuilding the self. As a developmental process, it never fully ceases to operate, although structure building is phase-appropriately at its peak during early life. In therapy, the same process of structure building may be reopened to the point of mobilising a regression and selfobject transferences, which provide the matrix for the acquisition of new psychic structures through belated transmuting internalisation.[4]

4. Optimal Frustration

For Freud, psychic structure develops after a loss, when the libido invested in the lost object is withdrawn and internalised in the form of an unconscious memory. The lost object is retained in memory and qualities of the lost object become part of the personality. Psychic structure develops when idealizations are gradually withdrawn from the child's caretakers. Now these internalisations create new structures that assume the psychological functions previously performed by the idealized object, devoid

of the personal qualities of the object. When the child's disappointments are gradual and of manageable degree, fractionated withdrawal of idealization occurs. This process of gradual disillusionment is called 'optimal frustration' by Kohut. If the disillusionment is massive and the frustration is not optimal, the child is unable to fractionate the overwhelming loss, and the transmuting internalisation does not occur in this situation.[5]

5. Limitations of Optimal Frustration

Kohut proposed the theory of transmuting internalisation through optimal frustration. But some self psychologists are not comfortable with this theory. For them structuralization does not take place only through optimal frustration. The idea of 'optimal frustration' was formulated by Freud under the mechanical assumptions of drive theory. For Freud, the ego is that part of the id which has been modified by the direct frustrating influence of the external world. Kohut's view that frustration can foster structuralization is supported by infant researchers who view self development as a series of syntheses, active resolutions of crisis that occur when expectancies about a relationship are violated. At that time, the child tries to repair the violations by taking on aspects of the caretaker's functions and in so doing, develops self-regulating functions. But this does not mean that optimal frustration is the only means of structualization, nor the most effective.[6]

6. Transmuting Internalisation after Idealizing

According to Kohut, transmuting internalisation occurs only after sufficient idealizing (mirroring, twinship, or all) experiences have taken place. It is as a result of minor, nontraumatic failures in the response of the idealized selfobjects that there is a gradual replacement of the selfobjects and their functions by an expanded self and its functions. There is the possibility of gross identification with selfobjects and their functions temporarily and transitionally. When at last the autonomous self emerges, it is not a replica of the selfobject.[7]

7.Transmuting Internalisation through Interpretation

For Kohut, transmuting internalisations can also take place through interpretations. These interpretations are not the ones

focused on drives and their defences, but focused on the inevitable empathic failures of the therapist. These interpretations made on the failure of the therapist are linked to the parent's shortcomings by not empathically comprehending the needs of the patient as a child. At this moment, no attempt is made to soothe or comfort the agitated and angry client for empathic failures. Interpretations of such sorts do not wound the client, since it is focused on the empathic lapse of the therapist and not on the client and thus it avoids shaming the client. It can also allow the client to experience the therapist as being humane.[8]

8. Internalisation

It was Sigmund Freud who developed the concept 'internalisation' in trying to explain pathological mourning. Freud said that the self accusations of the psychotically depressed client who has lost a loved one are castigations directed to the internalised deceased person. The client clings to the lost object in its internalised form. It is a more pleasant experience to cling to the internalised form of the lost object than renouncing the lost object and search for new objects. Freud intuited that identification is the earliest expression of an emotional tie with another individual. Thus for Freud, internalisation accompanies the identification that occurs from a significant object loss. This theory of Freud's internalisation seems to have a storehouse of mental representations. This theory involves the storing and retrieving of perceptions about the world. Modern theorists consider Freud's concept of the mind as internalised representations as too simplistic and too limiting. Representations involve unconscious organizing of experience. Therefore searching for the repressed representations in therapy must inevitably lead to frustration. Instead of this storehouse theory of representation, connection theory is proposed by Goldberg (1990). According to connection theories, the world is not initially copied and periodically compared, but rather it is continuously formed.

Hartmann (1939) proposed a different view than that of Freud. For him, internalisation is a process through which autonomous self-regulation replaces regulation from the external environment. Kohut made use of the Hartmann's idea to conceptualise

internalisation as the process by which the selfobject functions needed by narcissistic personalities are transmuted into psychic structure. In this context, Kohut used the phrase 'transmuting internalisation.' For transmuting internalisation to take place there are three necessary prior conditions, namely: 1. maturational readiness, 2. frustration by a cathected object, and 3. a shift from the whole object of cathesix to some of the object's functions.

For Schafer (1976), internalisation refers to all those processes by which the subject transforms real or imaginary regulatory interactions with his/her environment, and real or imagined characteristics of his/her environment, into inner regulations and characteristics. Stolorow views internalisation as an enduring reorganization of the subjective field in which the experienced qualities of a selfobject are translocated and assimilated into the child's own self-structure.

Grotstein (1983) wonders whether the infant takes in aspects of the selfobject and internalises these as its own self-regulating function as Kohut thought of; or, is this self-regulating function always there potentially from the beginning? and, do more maturation and development take place under the auspices of the interpersonal other? Grotstein proposes that what one internalises is not so much the object and its functions, as one's experience with the object. It is one's experience with the object that is internalised. Grotstein thinking, in line with Fairbairn and Bion, proposes to rephrase Kohut's idea of transmuting internalisations as transmuting realizations or transformations of undeveloped functions that exist in the infant from the very beginning. According to Grotstein, the selfobject experience shepherds the development of these rudimentary functions.[9]

12
EMPATHY

Empathy is the therapist's relational mode of operation. It is his/her way of keeping things on the move. In self psychology, empathy is considered the primary tool of work and the skill that makes it possible for the therapist to be a therapist. Empathy is a capacity or ability to feel many different kinds of feelings. For Kohut, empathy is a vicarious introspection or the capacity to think and feel oneself into the inner life of another person. Carl Rogers believed that it was essential that a therapist should communicate the flow of his/her feeling-with the client in an immediate, moment-to-moment kind of way. It is a kind of emotional transparency by which a therapist is genuine in his/her relationship with the client.

The nature of empathy became more evident by baby studies. First of all, instead of being a neutral medium offered by one who has the capacity for it, to another who needs it, empathy is a system active between participants who are each constantly contributing to the working of the system. Secondly, the communications that establish and regulate a system of empathy are subtle and ongoing, and they include a wide variety of nonverbal and verbal cues.[1]

1. Centrality of Empathy

Seen against the classical psychoanalysis, it was revolutionary to suggest that the therapist's empathy was as important as the patient's insight for the resolution of psychological problems. Self psychology precisely did this. Self psychology believes that the empathic understanding of the therapist eased the client's shame and thus broadened space for self-reflection. It further encourages the client to count on the therapist for those particular kinds of understanding they missed in their childhood. In the presence of empathic understanding, clients could feel safe and strong and fill in deficits in their previously shaky self-structure.

In the therapeutic context, the therapist constantly monitors his/her empathy in such a way to suit the need of the particular client at the particular moment for his/her optimal growth. When empathy is fine-tuned according to the patient's needs, the therapist shapes his/her responses around what he/she understands the client's experience to be.[2]

2. Mutual Activity

Empathy is understood as a system of mutual cues and responses that regulate each participant's experience of self and the other in the system. In this sense, empathy is a mutual activity, but at the same time the type of empathy therapists provide do not expect an equivalent empathy in return. As parents do, therapists concentrate on understanding what the client is experiencing. This can be called 'constructive empathy,' an empathy that knows what it is doing. But this knowing need not be conscious or articulated, but it is definitely there between adult friends when they perceive the other is in trouble. This kind of intentional practice of empathy first of all has a secure, well-differentiated sense of self, including the flexible self-boundaries that make it possible to step into and out of the other person's shoes, feeling both sameness and difference. Secondly, it has the ability not only to feel-with but also to give meaning to that feeling with thought. Thirdly, it has the ability to use these feeling-thoughts to help the other understand his/her inner world better.[3]

3. Change follows Empathy

Though relational therapy does not operate around the belief that understanding what is wrong will make the client feel better, it might happen that empathy draws more of the memories, beliefs, and feelings of clients into light and a whole lot of new understanding can emerge. Though there is no special concern to help clients change their life, unless that is their agenda, empathy might highlight clients' restless, stuck unhappiness and get them moving. Though there is no special adherence to bereavement counselling on the part of relational therapy, the therapist's empathy of staying with a client's pain, sadness, anger, loneliness, despair, the full range of memories, and regrets will make the client experience grieving.[4]

4. Empathy as Attunement

In attunement, a therapist attempts to connect with the client's spirit, listening for the intimations of that spirit which is typically hidden, muffled, or camouflaged in the defensive castle. The therapist invites and evokes a client to bare his/her soul rather than to cast himself/herself in the compromised patterns of adaptation and defence. The therapist seeks to attune in such a way that the client feels unconditional welcome and acceptance, yet at the same time a sense of being challenged and stretched. The therapist attempts to stay in touch with self, and attunes oneself to the client. Now crucial to attunement is the ability to feel with, that is, to be empathic. Empathy is considered an affective resonance with the other person, enabling one to share in another's subjective experience. By resonating with the other person's deepest feelings sensitively without distancing or fusing, the therapist creates a 'with experience' that eases and disperses feelings of isolation and shame. When clients sense that their therapist is moved by what they share, they feel that they are no longer alone, trapped in their hurts and fears. It is a connection however small and fragile it is, that dispels the fear that no one else can understand them. For a desperate person such a connection can be such a relief that it is lifesaving.[5]

5. Empathy as With-ing

When clients feel for the first time perhaps, that their feelings have been validated, they tend to share more of what they really are and where they struggle and hurt. As it progresses, the sense of safety and trust deepens, and clients are empowered to risk more of their inner selves. It might have started out as empathic attunement on the part of the therapist, but now it turns into a dance of mutual recognition and empathy in search of new ways to work through places where a client is stuck in trauma and pain. Thus empathy is viewed as a path to emotional connection. From this emotional attunement, which is empathy, a new dynamic of mutuality can emerge which is termed by James H. Olthuis as 'with-ing.' According to Olthuis, with-ing is a meeting-in-the-middle to mark out space together, a space that is neither the therapist's nor the client's, but a new space altogether.

With-ing is understood as a two-way movement of connection, a matrix for healing.

If we ask the question what this attunement is all about, the answer would be that attuning is about coming close and not distancing, although attuning is not rescuing or fusing. If therapists rescue, fuse or distance through abstinence or optimal frustration, all merely reenact or cover the basic problems, leaving the clients isolated and unaided in their suffering. In summary, attunement will mean that the therapist desires to be with the client in such a way that they both experience connection. The therapist wants to share a place with the client where the therapist can be touched by the struggle, pain, fears and angers of the client. Connected and being at home with each other, the therapist offers to accompany as a trusted companion, wherever the client needs to go to find his/her ways of healing.[6]

6. Empathy as Mutuality, Support & Love

Attunement as empathy is one form of with-ing that deepens into a suffering-with and a staying-with that encourages and empowers clients to travel to places of fear, hurt, or anger in themselves that they dare not go by themselves. Attunement, is speaking the truth with all charity. It is precisely mutuality, support, and love. In attunement therapists acknowledge the reality and pain of empathic breaks. It involves the difficult but necessary staying-with in and through disconnections. While attuning to the client, the client is not intimidated, threatened, coerced, invaded, shamed, put down, dismissed, or judged.

The therapist also realizes that the client may withdraw or resist. The therapist needs to be careful that attuning does not become an exercise in collusion – unspoken, secret, often unconscious agreement with the client that finds all kinds of reasons to avoid facing or staying with the hard issues.

There are two temptations that accompany attunement. One of the temptations is to come on too strong to the point of invasion, and the other is to back off too much to the point of collusion and abdication of responsibility. By these temptations, the therapist with the best of intentions, either finds oneself demand-

ing and even forcing compliance to the therapist's agenda and regimes of healing, or else conspiring together with the client in pursuing diversions that avoid the necessary depth engagement and shared vulnerability that make for healing. There are of course obvious occasions when the boundaries are transgressed, but there are many borderline situations in which it is not possible to predict in advance whether the therapist is pushing too hard or backs off too quickly. At times it is difficult to say when the therapist's insistence becomes invasive or when the agreement between the therapist and the client becomes a collusion.[7]

7. Character Styles

People can be understood in broad character styles with their typical feelings and behaviour patterns. It would be worth the trouble for the therapists to know the character styles and the description of their clients so that the therapists can adequately attune themselves to the clients. James H. Olthuis has the following character styles basing on the description of personality in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994). Along with them he proposes the type of attunement the therapist could use.[8]

1. Withdrawn: The clients are withdrawn, threatened, without a place to be, scattered, special, accomplished, and holding together.

   Therapist's attuning response: Welcoming, warm, affirming, non-intrusive, and creative of place of safety and trust. 'OK for you to be!'

2. Needy: They are despairing, longing for contact, fear abandonment, pleasing, holding on.

   Therapist's attuning response: Accepting and supporting, work toward trust and bonding. 'OK for you to need!'

3. Clinging: They have fear of separation, are enmeshed, panicky, loyal, holding still.

   Therapist's attuning response: Supportive encouraging of self-assertion and self-expression. 'OK to be your own self (not me)!'

4. Inflated: They have fear of being used, are wary, grandiose/deflated, scheming, isolated, achieving, holding up.

   Therapist's attuning response: Affirming, straightforward supporting of the person as person (not as accomplished). 'OK just because you are you!'

5. Put-down: They have fear of judgement and squelching, passive/aggressive, long-suffering, compliant, holding in.

   Therapist's attuning response: Encouraging, accepting, hopeful, supportive, non-judgemental. 'OK to feel safe, hopeful, and happy!'

6. Withholding: They feel a sense of rejection, are well-defended, fear exposure, performance and role-oriented, holding back.

   Therapist's attuning response: Accepting, engaging, open, sharing, personal. 'OK to open your heart!'

8. Freud's Concept of Empathy

Freud made a great discovery of new ways of knowing and healing but passed on a confusing legacy to the future generation. Freud was not very clear about empathy. He arrived at the idea of empathy late in his life and did not take much trouble to elaborate on it. For Freud empathy is the means by which we are enabled to take up any attitude at all towards another mental life. From this it is clear that Freud thought of empathy as an essential part of grasping another person's psychological experience. The original German word used by Freud to denote empathy was 'einfühlen,' which means to feel or find one's way into another's state of mind. Freud did not develop any further what empathy is. Kohut's early works were a radical departure from the assumptions of psychoanalysis. His concern of empathy was epistemological. He wanted to clarify and give an understanding of the theory of knowledge. It is with a dualism that he explains empathy. He said that we can know the external world through our physical senses but we can know our inner world through introspection and its vicarious form, empathy. Put it differently, we speak of physical phenomena when the essential ingredient of our observational methods includes our senses; we speak of psychological phenomena when the essential

ingredient of our observation is introspection and empathy. It does not mean that introspection and empathy are the only ingredients of psychoanalytic observation. In psychoanalysis, introspection and empathy are amalgamated with other methods of observation.[9]

9. Kohut's Concept of Empathy

Introspective vs. Extrospective

Through introspection one can observe one's own inner world, and that of another person if there was also the capacity to introspect vicariously. Empathy is such a vicarious introspection. Thus introspection and empathy are the perceptual tools for the exploration of the world of the subjective. They are known to be the means of observation, of gathering subjective data. Empathy is a readiness to experience what the client is experiencing in the client's terms.

There are two types of perception. One of them is introspective and the other is extrospective. The subjective world is organized around introspective data and the objective one is based on extrospective schemata. Introspective and extrospective data are experiences, which are different in nature. These two are two complementary ways of measuring reality, which neither represents fully because of their limitations as perceptual instruments. My fingers are objects seen extrospectively, but they are parts of me as seen introspectively.

When it is the question of understanding an individual, introspective and extrospective methods are of unequal value. One cannot claim to grasp another individual fully by extrospection. In understanding another person, introspection may help extrospection and vice versa. Psychoanalytic investigation is always from a perspective within a subjective world of the client's or therapist's. In other words, it is empathic or introspective. We begin to oscillate between extrospection and introspection in gathering data.

Our inner world of thoughts, feelings, wishes, and fantasies cannot be physically seen or touched. We can observe them in ourselves through introspection and in others through empathy. Our capacity for empathy is defined by Kohut as vicarious introspection. We can observe vicariously the internal experience of another through empathy. Accurate empathy is composed of affective and cognitive components. One should not confuse empathy with satisfying or gratifying the needs of another. Nor can it be equated with sympathy or support. Empathy is rather understood as informing the individual as to what is needed or yearned for by the other.

In summary, in the therapeutic experience, the therapist's empathic understanding of the client's inner experience guides and informs the therapist as to what is yearned for and needed. Thus the therapist takes the cognitive and affective understanding of what is being communicated and explains what he/she understood. The therapist's empathic immersion into the internal world of the client plays a curative role through the process of understanding and explaining. It is assumed that when the client's internal world and deficits are understood and explained by the therapist, new compensatory structures are built and the client slowly over time replaces his/her former enfeebled self structure with a stronger, more cohesive self structure.

The process by which a client gradually takes in the therapist's explanations has been referred to by Kohut as 'transmuting internalisations.' 'Understanding' has a special meaning in self psychology. It is a process by which the therapist places himself/herself into the intrapsychic reality of the client. Only when therapists can do this, they can communicate or explain their understanding of what the client is relating. In classical psychoanalysis we have something called interpretation. The explaining we speak of in self psychology is not the same as interpretation that is used in traditional psychoanalysis. Interpretation in traditional sense, means more an intellectual explanation of the material the client presents. But in self psychology, explaining refers to the therapist's intellectual and affective understanding of the client's material, and this understanding can be obtained only after a period of adequate empathic immersion.

Kohut's description of empathy is crowned with three propositions. The first one is the consideration of empathy as the recognition of the self in the other. It is an indispensable tool of obser-

vation without which vast areas of human life, including human behaviour in the social field, remain unintelligible. Secondly, empathy is the expansion of the self to include the other. This constitutes a powerful psychological bond between individuals which counteracts humans' destructiveness against fellow humans. Thirdly, empathy is the accepting, confirming, and understanding human echo evoked by the self. It is a psychological nutriment without which human life could not be sustained.[10]

10. Structuralization during Empathy

Though selfobject failures facilitate structuralization, empathy too fosters structuralization. It is assumed in self psychology that empathy in conjunction with affective states, is experienced as a facilitating medium reinstating the developmental processes of self-articulation and self-demarcation that were aborted and arrested during one's formative years. (Here a little explanation of what 'affect' is in place. Affect is the reaction of the subcortical brain to sensory stimulation. Affect is different from feeling and emotion. Affect has its own line of development with a normal progression from affect, to feeling, to emotion, and finally to the capacity for empathy with others.) Therefore formation that takes place primarily when the bond is intact, or is in the process of being restored, uses optimal empathy. Those who support the optimal empathy also accept the theory of empathic failure, which, of course, for them is a minor means and certainly is not the only means of structuralization. Terman (1988) noted that structuralization occurs under conditions of empathy and that changes occur in clients from experiences in therapy that have nothing to do with frustration.[11]

13
TRANSFERENCE

Every client who enters psychotherapy implicitly enters into a transferential relationship. The client believes that the therapist has magical power and unlimited knowledge and therefore he/she could count on the therapist's power and knowledge. Clients begin to develop anachronistic and unrealistic relationships with their doctors and therapists. They tend to repeat their previous relationships in the present, especially if those relationships were problematic. In other words, clients begin to relate to their therapists, in the way they related in their early childhood. Therefore transference is a reaction of clients to the therapist as a virtual reincarnation of a significant figure from their past life. In a transferential relationship, the client begins to reexperience the range of feelings about a significant other from the past and transfers those feelings onto a significant person in the present, in this case the therapist.

Transference processes are the essential element in any form of psychotherapy. Every psychotherapist whatever persuasion he/she follows cannot avoid going deeply into the transference problem. Transference is a natural occurrence. In any intimate human relationship, transference phenomenon will almost always operate as either a helpful or a disturbing factor.

In therapy, both selfobject and object dimensions of relating will be experienced in the transference. In the selfobject dimension of transference, the client feels safe and understood. In the object or repetitive dimension of transference, the client experiences both intimacy and conflict with the therapist. There are phase-appropriate developmental needs, which are affirmation, validation, and idealization. These are revived in the selfobject dimension of the transference, and represent attempts to resume a thwarted development.[1]

1. The Traditional View

Traditionally transference is understood as those feelings displaced from the past and projected in distorted fashion onto the therapist. Clients in therapy come to experience their therapists in ways that are similar to important past relationships. But this term has taken on new meanings as major changes in technical emphasis brought about the extension, the stretching of a concept such as transference. So this concept now includes a variety of object-related activities, which need not be repetitions of relationships to important figures in the past. In self psychology, transference is viewed as the client's habitual way of organizing his/her experience of a relationship, including all the emotional feelings experienced by the client toward the therapist.[2]

2. Templates & Repetition Compulsion

The idea of transference needs to be seen in the context of two other concepts discovered by Freud in the 19th century. The first idea is templates. According to this theory, in our earliest relationships we establish templates, patterns into which we tend to fit all of our subsequent relationships, or at least all of our important subsequent relationships. The tendency to force our contemporary relationships into old patterns is likely to cause difficulty. But it is a valuable guide for the therapist. The second idea is 'repetition compulsion.' According to this theory, we have a need to create for ourselves repeated replays of situations and relationships that were particularly difficult or troubling in our early years. Thus all of us go to great lengths to recreate situations that had bad endings. These two are Freud's great discoveries.[3]

3. The Paradox

We might wonder why we take so much trouble to create a situation sure to cause us pain and frustration. It is one of the paradoxes of our life. It looks as though we are eager to create a scenario that will end happily. But we will be less than satisfied if the scenario ends happily and so we tend to create it in the original unhappy way. According to Freud, the very painfulness of the original situation was fixating, driving one repeatedly to behave as though we were unconsciously trying to understand what had

happened and why it had happened. A client of mine had an emotionally abusive mother. His was a pathetic plight in his early childhood. When he did marry in later life, his wife was good enough to give him a wonderful companionship and for all practical purposes, the marriage should have been very happy. But the marriage did not end that happy way. My client would behave in such a way that his wife was driven to abuse him. What is happening here is the repetitive compulsion by which my client brought about an otherwise happy marriage into one of the wife abusing the husband. No doubt the repetition compulsion operates specially in the relationship with the therapist.[4]

4. Freud's Discovery

Against the background of templates and repetition compulsion we are in a position to understand what transference is. When clients enter the offices of therapists, they see and respond to therapists and the reactions they set to provoke are influenced by templates and repetition compulsion. First of all, they will see the relationship in the light of their earliest relationships, especially with the significant persons, and they will try to engender replays of the early difficult situations in which they met with disappointment and frustration. Freud gave the name 'transference' to these perceptions, responses, and provocations. In simple words, it is clients' transferring onto the therapists the old patterns and repetitions. The old patterns and repetitions are the substance of transference.

Freud also noted that it is not only the experience of the original relationship but also it could represent a replay of how the client had wished it were. If I experienced my mother as aloof and distant, I might see my relationship with a female therapist as the original experience with my distant and cool mother or a warm relationship that I longed in my childhood. It is also likely that clients switch back and forth between these two views of the therapists. It is to be noted that, though originally a male therapist will be regarded as a father figure and a female therapist as a mother figure, finally both of them settle down as man and woman.

In the beginning Freud saw transference as being helpful if it were positive feelings. Positive feelings towards the therapist

helped clients in their difficult journey of psychoanalysis. The only positive feeling that was disruptive was strong erotic feeling of a client towards the therapist. For Freud, the client's inevitable negative feelings towards the therapist were considered as intermittent obstacles. In his earlier days Freud believed that interpreting the transference was not the real work of psychoanalysis and should be undertaken only when the transference got in the way of that real work. For him the real work involved reconstructing ancient dramas from the client's free associations. Reconstructing the ancient dramas meant, for Freud, making conscious their previously unconscious aspects. When those aspects were made conscious and worked through so that they could be emotionally utilized by the client, they would have no power to control the client's life.

For Freud, transference is an ego defence mechanism. It is a form of displacement, as it is taken from one situation and is displaced onto another. The concept of repression may give a clue to the understanding of transference. Repressed material includes thoughts, feelings, and desires that elicit emotional pain which are restrained or extinguished from consciousness. The material is not available for voluntary retrieval from the unconscious. But it can often appear in a disguised form in certain behavioural acts, such as transference. The repeating of previous relational experiences, which is called transferential phenomenon, becomes a compulsion over which we do have little control as it remains on an unconscious level and is conflictual. Since it is conflictual, the unconscious strives to solve the conflict in order to return to a state of homeostasis. Therefore the unconscious motivates the individual to seek specific surrogates with similarities to the original person with whom one has had the conflict to resolve this disequilibrium.[5]

5. The Importance of Relationship

Freud thought that merely discovering the unconscious dramas and explaining them to the client would suffice, but later realized that insight alone is not enough. Then came a change in Freud's thinking. It was a merger of two views. One of them is his own concern with the problem of emotional utilization of insights and

the second one is his study of the clinical relationship. Thus he arrived at a decision that the best place in which to work through the insights would be the relationship between the client and the therapist. This is precisely transference. Here he realized first of all that the nature of the relationship could facilitate or inhibit the analysis and that the therapist had some power to determine which of those effects it did indeed have. Secondly, he realized that an important part of the work of analysis could be done on the subject of the relationship itself. The original plan of showing the patient how responses to early experiences shaped area after area of later life, was complemented by showing the patient how the relationship with the therapist was shaped by those same responses. All the usual responses and all the typical distortions of the client's life would show up in the relationship with the therapist. This is transference which the therapist could make use of to demonstrate convincingly to the client how early fantasies and impulses distort contemporary reality.

Thus the discovery of transference by Freud was a major discovery. The clinical relationship contains within it the whole story of the client's problems, and the whole story of the client's life. Transference is a microcosm of the client's life. So in the discovery of Freud, one finds that therapy is effected by remembering, by recalling the early material and realizing how it affects one's present life. Secondly, one finds that transference primarily is a distortion, and that by showing clients those distortions the therapist could help them see the distortions in their lives.[6]

6. The Relational View

Gill and Kohut made use of the phenomenon of transference to develop a more effective clinical relationship. That is why self psychology is called a relational psychology.

Traditional idea of transference and countertransference imply psychic messages and influences that the client and the therapist launch at each other from the position of isolated individuality. But in the relational view, anyone's ongoing sense of self is continually being created by relationships. Therefore, when two people are interacting, two subjectivities or complex senses of self, with their respective organizing principles, are being elicited and

regulated by one another. Thus each subjectivity is intimately involved in the shape and feel of the relationship and in how each experiences self and the other in it. So an analysis should be of what is going on in the relationship —not just one's contribution to it.

In this relational model, we see transference and countertransference as a certain client and therapist attempt a relationship as best they can. Therefore transference is precisely the client's response to particular interpersonal circumstances. It is produced for a particular purpose. Though it may be based on past experience, its main purpose is to provide the client a point of entry into this relationship.[7]

7. The Nature of Transference

Self psychology is critical of the classical view of transference, viz. transference viewed as regression, displacement, projection, and distortion. It proposes the view of transference as 1. organizing principles; 2. intersubjective field; and 3. concretisation.

1) What Transference Is Not

The traditional view of transference as regression is refuted. This is a drive model, which is not acceptable to self psychology. In serious disturbances such as schizophrenia, there is a regression to the earliest months of infancy. But adult autism and schizophrenia have no counterpart in infancy. Self psychology understands regression as a movement to another level of organization, an archaic level that had been prematurely aborted, precluded, or disavowed.

The concept of displacement is based on drive theory. It meant that the client displaces emotions belonging to an unconscious representation of a repressed object to a mental representation of an object of the external world. This concept was initially used to describe the mechanisms of dream work. If this view is held, then it will mean that the client's experience of the analytic relationships is solely a product of the past and not determined by the therapist's behaviour. This type of interpretation of transference will precipitate a client into depression and a feeling of hopelessness.

The idea of transference as projection is too limiting. This view might obscure the developmental dimension of transference from the more archaic to the less archaic. May be it is good to think of it as developmental arrest at an early experience in which self and object are incompletely distinguished.

The therapist may make use of the idea that transference is a distortion when the client's feelings, whether denigrating or admiring, contradict self-perceptions and expectations that the therapist requires for his/her own well-being. Instead of saying that transference is distortion, it is good to say that the experience is subject to other interpretations.[8]

2) What Transference Is

1. Self psychology understands transference as the organizing principles of clients. In this sense, transference is the expression of a universal psychological striving to organize experience and construct meanings. It is believed that out of that striving, organizing principles and imagery that crystallized out of the patient's early formative experiences continue to influence the client's relationships. Thus transference is all the ways in which the client's experience of the therapeutic relationship is shaped by his/her own psychological structures by the distinctive, archaically rooted configurations of self and object that unconsciously organize his/her subjective universe.

2. Transference is an intersubjective field. In this context, psychotherapy is an exploration and understanding of the interaction between the organizing principles of two subjective selves. More precisely, the client using the therapist as a selfobject interacts with the therapist, who uses the client as a selfobject. Here two self/selfobject units are interacting.

3. The idea of concretisation can explain transference. Concretisation is the encapsulation of organizations of experience by concrete sensorimotor symbols. A broad range of psychopathological symptoms are thereby recognized as concrete symbols of the psychological catastrophes and dilemmas that emerge in specific intersubjective fields. Let us take the example of a transitional object. Small children use something soft and cuddly to temper the anxiety and depression

evoked by separations – both physically and psychologically – from the mother. The transitional object makes concrete the illusion of a maternal presence. The material object symbolically encapsulates the soothing, comforting, calming qualities of the maternal selfobject, and the concretisation serves a restitutive function in mending or replacing the broken merger.

Debanne and DeCarufel (1993) suggested that transference is an oppositional event to remembering. They proposed that there are basically two types of memory. One is habit memory and the other is recollective memory. In recollective memory, we can easily remember an incident from the past and re-create that image in our mind. But with habit memory, a behaviour is acquired, developed, and maintained through repetition. Although it is not a representation of the past it is rather an acting out of the past. This habit memory remains unconscious but is acted out. Now we can understand how transference works. Transference is similar to a habit memory. It is acquired through the repetitive interactions of the individual with objects and significant others. Because of the painful emotional experiences of these interactions, we do not consciously remember the events but rather act them out. Though we cannot remember, we are compelled to repeat. These events can be either real or imaginary.

Transference can be a self-fulfilling prophecy. Clients may manipulate their relationship with the therapist in such a way that they re-create the earlier conflictual situation with the new virtual surrogate, in this case the therapist. If my client had an authoritarian father, my being benign to my client will not satisfy him/her, but he/she will manipulate in such a way that I eventually become authoritarian in the therapeutic relationship.[9]

8. Selfobject Transference[10]

Heinz Kohut, the father of self psychology identified three major forms of selfobject transference. 1. The mirroring transference is structured by the client's need to be noticed, accepted, and affirmed in his/her strength, ambitions, and creativity. Clients need someone to admire and smile, to back up their dreams and plans. So a mirror transference represents a therapeutic revival of the grandiose self. This awakens a demand for validation from a responsive selfobject who recognizes, admires, and appropriately praises the client. 2. In idealizing transference, clients need to feel connected with and protected by someone good, strong, and wise. It should be a person whom they can trust, idealize, and hope to emulate. 3. In an alter ego or twinship transference, the focus is on an essential alikeness between clients and therapists. When one experiences being alike, it is a kind of belonging. It is an antidote to the feeling of being alone, strange and alien in the world.

The essential driving of the analytic process in the disturbances of the self is provided by the reactivation of the thwarted developmental needs of the self. So the renewed search of the damaged self for the development-enhancing responses of an appropriately empathic selfobject always occupies centre stage in the client's experiences during the analysis. Therefore the therapist's pivotal communications to the client are those that focus on the psychic configurations, which are referred to as selfobject transferences. The self consists of three major constituents, namely the pole of ambitions, the pole of ideals, and the intermediate area of talents and skills. We can also subdivide the selfobject transferences into three groups, namely 1. those in which the damaged pole of ambitions attempts to elicit the confirming-approving responses of the selfobject (mirror transference), 2. those in which the damaged pole of ideals searches for a selfobject that will accept its idealization (idealizing transference), and 3. those in which the damaged intermediate area of talents and skill seeks a selfobject that will make itself available for the reassuring experience of essential alikeness (twinship or alter ego transference).

We need to keep in mind the different types of selfobject needs in our lives. The first one is the archaic selfobjects that are the normal requirement of early life and are required later on, either chronically in disorders of the self or, passingly, during periods of special stress in those who are free from self pathology. Secondly, there are the mature selfobjects that all of us need for our psychological survival from birth to death. The selfobject requirements of early life are investigated through transference reconstructions.

There are three types of mirroring transferences according to Kohut. First, there is the merger-mirroring transference, secondly there is the alterego or twinship mirroring transference, and thirdly there is the narrower mirroring transference.

In 1971 Kohut thought of twinship transference and the merger transference as subentities of the mirror transference. They were supposed to develop into separate narcissistic transferences. In 1984, the twinship transference joined the idealizing and mirror transferences as a full narcissistic transference, but the merger transference did not. It was understood that the idea of merger was broadened to the extent that it takes place in each of the three narcissistic transferences. Thus we have mergers with mirroring selfobject, mergers with the idealized selfobject, and twinship mergers. A merger experience is at the beginning of a line of development for each of the narcissistic transferences, rather than at the starting point of a general line of development through mirroring to idealizing and then to twinship. These three transferences are not conceived of as being on a continuum. On the contrary, the mirror, idealizing, and twinship transferences become different routes through which archaic selfobject merger experiences are transformed into mature selfobject needs.

9. Types of Mirroring Transference

1) Merger-mirroring Transference

The merger-mirroring transference reflects the most primitive level of narcissistic pathology. Clients with this type of transference consider the therapist as part of their grandiose self, and the therapist is thought of only as an extension of the self. This is how the clients considered their mothers in their infancy. Clients at this level of transference expect total control of the therapeutic situation and the therapist. They strongly feel that because of their 'specialness,' the therapist should make a lot of adjustment with regard to fees, time, and scheduling. When therapists demarcate clear boundaries and set limits, then these clients become furious. The therapist can gradually point out (or mirror) the hurtful, deprived feelings that are at the source of the client's rage. These clients are very difficult to work with.[11]

2) Alter-ego Twinship Transference

This is the second level of mirroring transference understood as the alter-ego twinship transference. They are clients with less severe type of narcissistic disorder. Here one finds less of the archaic emergence of the grandiose self. The client does not consider the therapist as part of oneself, but there is a greater degree of separateness between the client and the therapist. These clients are capable of developing and sustaining some degree of reciprocal object relatedness. But they may break up a series of relationship with others. For them life becomes a relentless search for the 'perfect twin.' The perfect partner should experience all things in the same manner as the client does. When disappointments occur, their belief that the selfobject can no longer serve as a perfect twin is confirmed. That is why they end the relationship. In treatment, clients want to experience therapists in twinship fashion. As a consequence they think that the therapist will always share the same views about the world as they themselves do.

In treatment, clients of this type will at some point are going to experience the therapist as having their own views about the world and thus failing to be the perfect twin. It is precisely at that time the clients experience rage and hurtful feelings and they may want to terminate the therapy. This becomes a replica of their eternal search for a perfect twin and the abandonment of the relationship when the partner cannot live up to their wishes and fantasies. Empathic understanding of this struggle by the therapist will assist the clients gain greater insight, understanding, mastery, and resolution over this developmental arrest.

Twinship transference occurs accompanied by the other narcissistic transferences. Kohut, of course, raised it to the state of a separate transference; it had had only a peripheral role in self psychology theory. Though twinship transference represented a major piece of underdeveloped theory in self psychology, in 1980s there had been some research into the archaic dimensions of the twinship transference. It was noticed that difficult character disorder clients were able to change only after they have experienced the therapist as sharing their feelings in an archaic form of twinship. If the twinship transference is more archaic, the more it will

be closer to the merger transference. It is always worthwhile to distinguish them in therapy so that the therapist is aware of what he needs to do. In twinship experience there is a great deal of perceived concordance between the thoughts, feelings, and behaviours of the two partners. But there is not a complete, overlapping concordance. On the contrary, in the merger transference, the client expects a total and complete concordance and any kind of difference or individuation is experienced as intolerable and wounding. Therefore such merger transferences are more archaic and difficult for the therapist to handle than the twinship transference.[12]

3) Mirror Transference in the Narrower Sense

This is the third level of the mirroring transference and the most mature of the three mirroring transferences. In this type, the client sees the therapist clearly separate and distinct. All the same, the client seeks the therapist's admiration and praise. It is done in the constant quest for total approval and narcissistic gratification. If the therapist fails to affirm the client's narcissistic yearnings, it may result in severe narcissistic injuries and may endanger the therapeutic relationship.[13]

10. Idealizing Transference

The idealizing transference is an attempt to save a part of the lost experience of global narcissistic perfection by assigning it to an archaic, rudimentary (transitional) selfobject, the idealized parental imago. The idealized parental imago is a magical figure to be controlled and with which to be fused. The idealizing transference is the re-establishment of the need for an experience of merging with a calm, strong, wise, and good selfobject. It refers to one's unrequited longing to be strengthened and protected when necessary by an alliance with an admired, powerful figure. It is the need to be united with someone we look up to, and who can lend us the inspiration, the strength, and whatever else it takes to maintain the stability of the self system when we are endangered, frustrated, or in search of meaning.

The idealizing transference is the transferential response in which the therapist is experienced as all-knowing, all-loving, and

omnipotent, the longed-for, perfect, and idealized parent. This experience starts very early in therapy. This transference reflects the client's need to participate in the strength, stability, and the calmness of the selfobject. What happens in this transference is that the therapist becomes the yearned-for idealized parental imago. When in treatment, the client expresses the deficit in self structure that reflects insufficient experiences with an idealized parental imago at times of stress, failures, disappointments, and hurt.

In therapy with the narcissistic disturbances of the client, the therapist helps the client uncover and keep alive all manifestations of the mirroring and/or idealizing transferences. No attempt is made to remove the symptoms or to educate the client about the source of distress as one would in psychoanalysis. The goal is precisely to rehabilitate the self structure to a new level of health and maturity. For this the client needs to verbalize and experience fully the core deficits of the self structure. This takes place in the kind of transferential response, which develops. On the part of the therapist, he/she needs to take the transferential response and remain empathically immersed with the client to learn fully about the nature and extent of the deficits and their genetic origins. Finally through the process of understanding and explaining, the therapist helps the client achieve a new and lasting level of strength and maturity for what once was an enfeebled, vulnerable psychological self.

Surprisingly, clients who were abused and molested as children may, at some point in every successful therapy, feel abused and molested by the therapist. The therapist too will feel abused and molested by the client. It looks as though these clients need pain or suffering in order to experience a human connection. In the classical psychoanalysis such clients were called masochistic, but self psychology understands that this self-destructive behaviour is based on unconscious organizing principles or model scenes that have developed in the context of early relationships.[14]

14

COUNTERTRANSFERENCE

1. The Meaning

Countertransference is understood as feelings from the therapist's past stirred up by the client's transference reactions and projected onto the client. Therapists come to experience their clients as they did important figures from their pasts. In short, countertransference is all the ways in which the therapist experiences the client.[1]

2. A Natural Phenomenon

The countertransference is as natural a phenomenon as the transference of the client. Treatment cannot but be the product of mutual influence, in which the whole being of the therapists as well as that of his/her client plays its part. We can say that in the treatment there is an encounter between two irrational factors, that is to say, between two persons who are not fixed and determinable quantities but who bring with them, besides their more or less clearly defined fields of consciousness, an indefinitely extended sphere of non-consciousness. The countertransference proceeds not only from the therapist as such. It can also proceed from the influences proceeding from the client. That is to say, that the client influences the therapist unconsciously and brings about changes in the therapist's unconscious. Countertransference can be evoked by transference. The therapist, despite all personal analysis, can incur direct psychic injuries from his/her clients.[2]

3. Freud's Discovery

Freud was a keen observer of what went on between the therapist and the client. He discovered the phenomenon of transference in clients. This phenomenon has become one of the central works of the therapist in psychoanalysis. A few years after describing the phenomenon of transference, Freud noted that something similar to transference was happening to the therapist with

regard to clients. That which happens to the therapist with regard to the client, Freud named 'countertransference.' Freud also noticed that countertransference was an obstacle to the progress of psychoanalysis. Instead of keeping every concern of his/hers at bay the therapist is caught up all of a sudden with the issue of countertransference in the consulting room. It does not matter how much a therapist is trained or prepared, he/she is bound to meet with countertransference issues in the consulting room. In a way, two unconscious dramas are enacted in the consulting room, the one by the client by way of transference, and the other by the therapist by way of countertransference.

Countertransference was thought to be an unprofessional and negative behaviour in the therapist who felt responsible for manifesting a negative behaviour response unbecoming of a therapist. In therapy, both the therapist and the client bring in their own hidden dramas however hard they may try to avoid them. As Freud observed the phenomenon of countertransference, he also believed that it was an obstacle to the effectiveness of therapy. This belief was challenged by Kahn (1991) and a new definition of countertransference was formulated according to which countertransference is any and all feelings and thoughts that a therapist may have about his/her clients.[3]

4. Forms of Countertransference

Countertransference is understood as all of the therapist's feelings and attitudes toward the client. Countertransference responses are understood to take four forms by Kahn. They are: realistic responses, responses to transference, responses to material troubling to the therapist, and the characteristic responses of the therapist. Let us consider each one of them.[4]

1) Realistic Responses

These are responses to clients depending upon the type of clients they are. It does not matter if it is by a therapist or any individual who experiences it. In both cases, that would be the normal reaction. If you as a therapist meet an attractive client, you may feel sexual desire towards him/her. Anybody for that matter will feel the same to an attractive person. If an aggressive person comes to you for therapy, you are bound to feel angry or

intimidated; if a more educated person comes to you for therapy, you would feel inferior. These are definitely normal responses by any individual and so they are termed as realistic responses.

2) Responses to Transference

Clients may project their own selfobject needs as transference. In other words, there could be mirroring transference, idealizing transference, and twinning transference. To each of these transferences, the therapist may respond with countertransference. For example, your client idealizes you to such an extent that you feel inflated and highly elated. It was the need of the client to project his/her idealizing transference onto you and you immediately feel a strong sense of elation. The feeling of elation is due to the idealizing transference of the client, otherwise you would not have felt that elation.

3) Responses to Material Troubling to the Therapist

These are the responses of the therapist to the material that are shared and which are troubling to the therapist. For example, the client talks about his infidelity to his wife. It might stir strong guilt in your own infidelity or thoughts of infidelity to your wife. Or it could be sometimes just the opposite of what is being shared. For example, you hear the story of your client who comes from a loving family. This might stir feelings of sadness in you thinking of your broken family.

4) Characteristic Responses of the Therapist

These are responses of the therapist to the client, no matter what the client says or does. It is your characteristic way of reacting to interaction with another human being. If you suffer from the feeling of jealousy in your life in every situation, you are going to feel the same at the encounter with the client as well. If you have a tendency to be seductive, you will do the same with the client.

5. Countertransference from Idealizing Transference

There are many types of countertransference experience in the context of idealizing transference:

1. Clients usually idealize the therapist. But later slowly when they experience their empathic failures, their idealization begins to wane. This might lead to the therapist's resentment at feeling belittled. This happens just because the therapist might have thought that the idealization on the part of clients was a realistic response to their actual qualities.
2. Another type of countertransference can occur when the therapist makes use of the clients as their selfobjects. This form is noticed when therapists show signs of rejecting the client planning to terminate therapy. This, Kohut says, seems to be some kind of reenactment of a mother's attack on a child when the child tries to idealize the father. When a mother does this, she is making the child feel guilty for wanting to individuate.
3. A third form of countertransference is when therapists encourage idealization. It reflects the need of the therapists, not the client's. Neither encouraging idealization nor preventing it by automatically interpreting its emergence as a resistance is the way advocated by Kohut.
4. Shame could be another source of countertransference experience, especially when clients expect the therapists to act out the client's expectation.
5. Situations of embarrassment and defensiveness when confronted with the idealization of the client. Therapists may joke about it, or try vigorously to interpret it away, not being comfortable with the idealization of the client.[5]

6. Non-facilitative Countertransference

It refers to countertransference that interferes with the therapist's clarity and empathy. The non-facilitative countertransference, according to Kahn, does not work in the service of the therapeutic context, but rather is elicited to defend the therapist. The therapist is so much taken up and immersed in the experience of his/her countertransference that it becomes an obstruction to the counselling process. In a way, it comes in the way of our relating to the client in a meaningful way. The dangers involved in non-facilitative countertransference are at least five in number:

1) Issues of greater importance to the therapist than to the client

First of all, it blinds the therapists to important areas of exploration, so much so the therapists are led to focus on an area that is more the issue of the therapist than that of the client. For example, the client may hint at the problem of authority figures in his/her life. But the therapist being aware of his/her own unresolved problem of authority figures may lead the client to focus on some other issue like, for example, the problem of indecision, which perhaps is the problem of the therapist.

2) Vicariously using clients to do things that the therapist may be incapable of doing

Secondly, through countertransference therapists may use clients for vicarious gratification. For example, the therapist may have problems with boundary issues. He/she may insist and focus on the issue of clear boundary for the client, which in a way is the therapist's problem. Thus the therapist tries to settle a boundary issue in his/her own life.

3) The use of subtle cues to transmit what the therapist actually feels to influence the client

Thirdly, through countertransference therapists send messages and cues unconsciously to influence clients and satisfy their needs. If you as a therapist desire very much to be idealized and considered great, you will in all probability send messages that are received by clients to act favourably to your satisfaction. Here is the chance of missing the client and his/her issues. In such contexts we may send confusing messages to the client, namely wanting certain thing or action and at the same time not wanting it.

4) Therapist interventions that are not in the interest of the client

Fourthly, through countertransference, therapists may be making interventions that are not in the interest of the client. This phenomenon may manifest in many and subtle ways. One of the clients in a group therapy was very negative towards the therapist. At one point by way of giving feedbacks to that particular individual, the therapist made everyone in the group to give the individual strong negative feedback. This was done with the best intention of doing good to the client. But in fact it was a subtle revenge on the part of the therapist towards the individual.

5) Assuming the role imagined for us by the client to fulfil the client's transference

Fifthly, through countertransference, the therapist is led to adopt the roles into which the client's transference casts us. Whether it is a positive transference or negative transference, the temptation for the therapist is to conform to that transference role ultimately. If you as a therapist is seen constantly by the client as an authoritative father figure, eventually you may end up being such a one because of the pressure you experience during the session. It could be positive transference like looking at you as a sexual partner. The therapist may play the role in a subtle way and feel gratified. When the client attempts such an influence, he/she is said to transmit a projective identification. And when the therapist succumbs to the temptation, then he/she is said to experience introjective identification or projective counteridentification. This projective identification may take two main forms, namely:

1. The client may want to project on to the therapist feelings too difficult for the client to own. The client will attempt to induce the therapist to experience these feelings. By chance, if the projective identification is successful, the therapist then feels the way he/she imagines the client feels, which is identifying with that aspect of the client.

2. The client may want to cast the therapist in the role of a significant other person and uncover an internal relationship too difficult to access in any other way. In this, the client attempts to induce in the therapist the feelings of the significant other.[6]

7. Facilitative Countertransference

Countertransference is nothing other than all of the therapist's responses to the client. Empathy is one of the responses of the therapist. Therefore we can say that empathy starts with a countertransference response. That which generates empathy is the countertransference stimulated by the therapist. Once a countertrans-

ference attitude or feeling has arisen, it can become empathy when the therapist can maintain or achieve an optimal 'distance' from the feeling. It is neither to be repressed nor permitted to swamp the therapist. It needs to be held at a distance that allows a felt understanding of the client but does not overwhelm the therapist.

Facilitative countertransferences give clarity to the therapeutic relationship. It was Kahn who proposed a very close positive correlation between countertransference and empathy. Clarity usually gives a deeper understanding of the nature of the relationship between the client and the therapist. The therapist may be impelled to ask questions such as 'What is actually happening here?', 'Why do I feel this way toward this particular client?', 'Why am I having these thoughts about this person?', and 'What is being evoked inside me?' These questions are truly self-exploration and introspection.[7]

8. Handling Countertransference

Therapists are not neutral human beings. As a human person the therapist is bound to experience various kinds of emotions, and countertransference is one of them. We cannot eliminate countertransference because it is inevitable just like our unconscious. Whether we like it or not it is there and is bound to express itself in counselling situations. Nor should we avoid it because it is the source of empathy. We need only to be vigilant that we are not overwhelmed by it and shorten the time of acknowledging our countertransference experience in our contact with the client. Liking and not liking, loving and not loving, being charmed and being repelled are all part of our experience with clients. When we become aware of it, we would do well not to treat the client in the way that caused the original wounds. Clients are likely to recreate in the therapy all significant childhood relationships, including those that caused the trouble. When confronted with this transference, the therapist needs to respond to the transference in ways that differ from the original responses the client received.

Therapists who feel abused by their clients feel abused by others who tell them to remain calm. In classical psychoanalysis, therapists are supposed to remain neutral. It was considered that feeling angry with or feeling defeated by patients was the evidence

of unresolved conflict in the therapist. Perhaps it is too much to ask of a therapist to remain calm and objective in the face of provocations. No matter how good the therapists are, at some point they will become angry with their clients, and they will feel hopeless and defeated by them. If you as a therapist want to be successful, you need to survive the onslaught. Confronted with such a situation, the temptation is either to be defensive and explain or justify one's position, or to make interpretations and explain the client's motivations. But we need to remember that either tactic may lead to a disruption. In either case, what happens is this. When you are defensive, it may make the client feel anxious. If you start explaining the client's behaviour, then it may make the client feel criticized or guilty. Self psychology proposes that doing neither and 'weathering the storm,' feeling hurt by the client or angry at the client and getting over it without feeling guilty or blaming the client, sets the recovery process in motion.

While identifying with therapists, clients experience a broad range of affects. Clients gradually realize that their therapists can get upset like themselves and recover by themselves without making the clients responsible. Clients realize that from the model of therapist, there is hope for them too. It is an eye opener for them that they can be hurt and can recover without having to feel small, helpless, and vulnerable. They realize that they can complain, express their painful feelings, and count on being understood and taken seriously. Thus their new experiences help them develop new organizing principles. According to self psychology, the therapists who can survive the difficulties without either feeling destroyed or making interpretations that leave the patient feeling destroyed are able to use their countertransference feelings as opportunities for furthering the therapy process. In any case, these behaviours are attempts to use the therapists to complete an arrested phase of development and to master the early traumatic experiences.

It happens that once therapists are patient and understanding, they are threatening to the clients. Clients feel closer and safer and so they also feel vulnerable to loss and disappointment. The more understanding they receive from the therapist, the more anxious the clients become. Perhaps unconsciously they believe that

no pain means no connection. Surprisingly, when they experience the therapists as abusive, they feel hurt, of course, but safe. When clients feel that they are abused by the therapist, they can be invited to enter with therapists into an investigation of the attitude under question, especially what the therapists did to trigger off clients, and how the clients responded to the annoyance or criticism of the therapists.[8]

9. Disclosing Negative Feelings

In the context of countertransference, it is worth considering sharing negative feelings about the client. Supposing you feel angry, bored or distant from the client, should you share these things to the client is the question. In this regard Carl Rogers' guidelines would be helpful. First of all, one need not share every passing irritation. Negative feelings can be shared only when they interfere with your capacity to be fully present with the client. It is good to ask yourself the question before sharing a negative feeling: For whom are you doing the sharing? If it is to unburden yourself, or take revenge, or to hurt the client, then these are not the reasons why you should do that. If you are obliged to do so, let it be done in a manner that shows your basic regard for the client. Take all precautions so that the client does not hear it as criticism. Perhaps it is good to place the responsibility for your negative feelings on yourself instead of placing it on the client.[9]

15
THE TREATMENT

1. Overview of the Treatment

By a connection of empathy between the client and the therapist, the client's thwarted selfobject needs are reactivated. These needs focus on one or more selfobject transferences to the therapist. The frustrated needs of the self through the selfobject transference become apparent through a three-step process constituting empathic interpretations: 1. acceptance, 2. understanding, and 3. explanation. In the therapeutic situation, the client's selfobject needs meet with both optimal frustration and optimal responsiveness. Precisely these responses promote a process of transmuting internalisations that enable the client to draw more successfully on internal functions that previously could only be provided externally. Thus more cohesive, flexible, vital, and enduringly self-regulating structures emerge from the process of transmuting internalisations. This helps an individual to sustain the self from within and without.[1]

2. Empathy as a Therapeutic Tool

Empathy occupies a central place in self psychology. Any theory that heavily leans on relationship should have empathy as its cornerstone; otherwise the relationship will not be sustained. Empathy creates an environment in which the subjective world of the client creatively unfolds. Empathy is a prerequisite for all other therapeutic interventions. Empathy involves an active and open listening stance on the part of the therapist. The therapist should be willing to accept, without judgement and narrowly defined bias, the client's subjectively processed views on reality. The client's views are not challenged but taken on their own terms. In empathy the therapist places himself/herself imaginatively into the centre of the client's world. The therapist should reflect back to the client what he/she heard in this position. This tentatively offered

understanding could only be confirmed or rejected by the client. Here the client is viewed as the most accurate source of understanding. When repeatedly heard and understood empathetically, the client is ready to invest more in the therapist. Thus the client invests the therapist with the ability to respond to his/her particular constellation of unmet developmental needs, which are selfobject needs. Selfobject transference is established through empathy.

In empathy, the recipient feels understood in a way that connects the person to others. Empathy sends a message to the recipient that one is a human among humans. Empathy increases the owning of one's self and expands the range of self experiences that fall within one's concept of humanness. This will enable one to view others through a more empathetic lens. It is through empathy that one's internal world can be incorporated into a relational context. Empathy can change a client's relationship to his/her inner world and renders it available to intimate encounters with others.[2]

3. Establishment of Selfobject Transference

Selfobject transference is the most crucial role in the treatment process. In the self psychological framework, the reactivation of a client's unique selfobject constellation in the form of selfobject transference to the therapist is the thing to be done in treatment. Without this, there is no possibility of treatment. Once the selfobject transference is in operation, the client, by psychic necessity, will give signals in various ways to function as part of the client's missing self. What is asked for and how it is asked for will constitute the most therapeutically useful aspects of the selfobject transference.

What the client will ask of the therapist to provide is nothing other than those selfobject needs that are inherent in human development. They are: 1. the grandiose exhibitionistic self to experience narrowing, affirmation, and acceptance; 2. the idealized parent imago with the need to merge with the calm, strength, wisdom, and greatness of others; 3. and the alter-ego twinship with the need to feel that one is like another.

The task of the therapist through the active aid of the client is to establish a dialogue in which the selfobject transference can be experienced and understood. Therefore the therapist does not interfere with the manifestations of the transference but only waits until such time that they can be dealt with. This delay may be uncomfortable for the therapist and so he/she may want to make the client more realistic. For example, when the client idealizes the therapist to such an extent that does not seem a realistic picture of the therapist, the therapist may intervene and inform the client of his/her true nature. This may not be in the interest of the client. This unrealistic idealization will diminish as the client understands his/her need and begins to develop alternatives for dealing with it.[3]

4. Interpretation

Having created a therapeutic dialogue in which the selfobject transference has developed, the next task of the therapist is interpretation. In self psychology, empathetic interpretation is a fundamental therapeutic tool. In the classical drive theory, interpretations are targeted at conflictual drive derivatives, but in self psychology they are directed at selfobject needs, defences, and manifestations. Interpretations of the reactivated selfobject needs within the treatment relationship are the main concern. Since the client is assumed to be the expert on himself/herself, interpretations are not authoritatively thrust upon the passive/receptive clients. This does not in any way exclude the necessity of recognizing defensive stances on the part of the client concerning issues that are not within the awareness of the client. This only affirms an attitude of partnership between the therapist and the client; and the relative approximate correctness or incorrectness of an interpretation can only be ascertained from within the client.

Leaving the correctness of interpretation to the client is an approach that empowers the client. When an interpretation is made, it is always made as a tentative statement and not as a declaration of fact. The tentative statement can also be given in the form of a question. It is not necessary that all aspects of interpretation be operative for therapeutic effectiveness. Even the third element of interpretation that of explanation in which meanings are extended to include genetic components, need not be there always. Even explanation, which is used whenever possible, need not be there.

Structure building can occur without explanation. There are times when only empathetic acceptance and understanding can contribute to an appreciable shift in selfobject need, propel the previously thwarted, idiosyncratically determined strivings toward health, and increase the client's ability to take an empathetic stance toward the self.

In self psychology, the assumption that all humans struggle inherently toward health is very strong. The behaviour may be very disturbing, the demand could be outrageous, defences could be unproductive and yet all these are viewed as a necessary attempt to preserve and protect a fragile self that is trying to survive and find the best ways at its disposal to do so. As said earlier, this does not in any way mean that interpretations do not confront clients with a view of themselves that is self-destructive. It only means that the interpretations are offered in a framework that in its totality offers a more assuring view of human nature. Interpretations consist of three components that are intermingled in a spiralling fashion. They are acceptance, understanding, and explanation.[4]

1) Acceptance

Acceptance is not condemnation, judgement, confrontation, and externally imposed views of health. Acceptance will mean that everything that the patient experiences and expresses must be treated moment to moment as that which simply is. Acceptance does not mean condoning. Acceptance can be manifested in many ways –like an active listening stance, reflective responses that let the client know what has been heard and that closely duplicate the language and content of what the client has actually said, tone of voice, facial expression, body language, and attention to how the expression of certain material influences the client's state of mind.[5]

2) Understanding

Understanding is bringing together, in a shared manner, affectively meaningful knowledge about the client that illuminates in the present something about the client's experience that has previously remained without a point of reference. Understanding usually strengthens acceptance. This is so especially when selfobject needs in the transference are understood.[6]

3) Explanation

Explanation is the last stage of the empathetic interpretative process. It may be there in treatment but not necessary. Explanation usually deepens that which has been understood. It is understood as a means of access to a fuller, more meaningful insight into the nature of the client's difficulties.[7]

5. Evolution of Strengthened Psychic Structures

One of the goals of selfobject transference is the establishment of new or more solid internal psychic structures. The functions that were invested in the selfobject transference must be internalised as part of the self. The client slowly gains the ability to meet his/her needs with more sustaining and mature selfobject ties. Strengthened selfstructures emerge by means of transmuting internalisations. These are functions (originally needed by the self but provided by the other) that have now due to transmuting internalisation become part of intrapsychic functioning. In a process of assimilation and accommodation these functions are internalised. This can be made out by the ability to regulate and organize one's own emotional life, the monitoring and soothing of tension and stress down to tolerable levels, the ability to energize one's own ambitions, goals, and values, and the ability to regulate one's own self-esteem.

Many think that only in optimal frustration transmuting internalisation takes place. There are also others who think that transmuting internalisation can also occur in optimal responsiveness. The term 'optimal responsiveness' includes responses both frustrating and gratifying.

In therapy, one need not specially search for frustration and introduce it in the process. Frustration is part of any human relationship. No human relationship can adequately meet all our needs. In that way there will be frustration in any human relationship. When marital issues come up in terms of frustration in group therapies, Dr. Lawrence Beech used to say that no one individual can adequately meet all our needs. I thought what he said was a pearl of wisdom, for frustration is a constituent in any human relationship, particularly in marriage. This applies to the relationship in therapy also. Because by the very fact that we are humans, frustration is inevitable. Therapy cannot just compensate for the client's

previously unmet needs. Besides, empathy that is employed as a therapeutic tool is always imperfect. Thus in therapy frustration can set in.

The empathy that resonates between the client and the therapist is the catalyst for inducing the selfobject transference. When it fails, the transference is disrupted. Unless this disruption is traumatic, it can be constructively managed to facilitate change in the client. In therapy there is the concentrated 'intuneness' of the therapist with the client's psychological world. This intuneness may fail. Thus lack of attentiveness, external judgements, jarring confrontations, or misconstructions of the client's experiences can occur. Now is the time the client is confronted in manageable doses, with the reality that the therapist is not a part of the self and is not the wished-for omniscient power. If this disappointment is not traumatic or too huge, the client is forced to manage on his/her own and will draw upon the self to provide the function that previously had been expected of the therapist.

When the empathetic break occurs, the therapist and the client may find responses –ranging from anger, intense disappointment, actively devaluating behaviour, a sense of deflation, or dramatic and sudden withdrawal. It is an opportunity to discover with readily available affect something very significant about the self. This is also an opportunity to learn something about the client's selfobject needs that have suddenly been pushed into awareness. At this juncture, acceptance, understanding, and explanation may converge. When empathetic breaks occur, they may produce the most meaningful empathetic interpretations that when offered appropriately, become part of optimal responsiveness.

Though interpretation occupies a central role in self psychology therapy, it is not the only tool or even as central as Kohut once thought it to be. Insight is not thought to be the primary vehicle for change. Interpretation is useful only when offered within the transference relationship. It was Franz Alexander who proposed the idea of 'corrective emotional experience,' from which Kohut did not distance himself in his later writings, though he understood it differently than in the way Franz Alexander understood it.[8]

16
CONCLUSION

Heinz Kohut has introduced a new theory of human development, assessment, and treatment intervention to the field of psychoanalytic psychotherapy. His method is known as self psychology. It considers that all psychological disorders are the disorders of self-esteem, self-cohesion, self-identity, and self-worth. It proposes that the development of the self is central to all developmental processes; and that the other psychological functions develop separately but in relation to self development. The self is at the core of human functioning and so it is a separate line of development from that of object relations.

Development is understood to take place within an interactive matrix of mother and infant. It takes place in an environment of optimal gratification and frustration. Initially the infant connects with the mothering figure as a selfobject, one who is considered by the infant to be part of the self, or working in the service of the self. Selfobjects provide essential functions for all human beings throughout their life. These functions are synonymous with the three lines of development of the tripolar self: viz. the mirroring, the idealizing, and the twinship functions.

Depending upon the state of the self, these needs vary in every individual. In severe pathology, there are needs like merging with selfobjects or to isolate from selfobjects.

From the perspective of self psychology, differential diagnosis and assessment stem from the transference and are always regarded as measures of self disorders, or narcissistic difficulties of human beings. Narcissistic disorders may range from the neurotic to psychotic states of the self. Kohut has provided a nonpejorative and human theory of development and treatment that has become very useful to contemporary psychotherapists.[1]

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GLOSSARY[1]

The psychology of the self or self psychology refers to the work of Heinz Kohut and his followers. Kohut brought changes to the notions of object relations and the concepts of Freud.

Object relations theory and self psychology use a specific language or a set of terminologies. Let us consider some of the important concepts they use.

Object

Object does not refer so much to some inhuman thing but it refers more commonly to someone toward whom desire or action is directed. An object is that with which a subject relates. Feelings and affects have objects. We would say that we hate someone or are jealous of somebody. Someone and somebody are objects of our emotions. Likewise human drives have objects. Explaining instinctual drives, Freud speaks of the infant's objects as being first the mother's breast, then the mother herself, and finally other persons and things that gratify the infants.

Object Relations Theorists

The psychoanalytic writers, who make use of many of the concepts and terms of psychoanalysis but give particular emphasis to the study of object relations, come under object relations theorists. Even though they may differ among themselves, they all share a common concern about the primacy of relationship over innate instinctual drives. They tend to give a great weight to the influence of environment in shaping the personality than classical psychoanalysis does. The writings of some of the representatives of object relations theory like Melanie Klein, W.R.D. Fairbairn, Edith Jacobson, D.W. Winnicott, Margaret Mahlet, and Otto Kernberg, help therapists understand people and relationships.

Optimal Frustration

A psychoeconomic concept of an external loss or disappointment of such magnitude that it can safely be experienced without overwhelming the varied emotional capacities of the person. It does not lead to the traumatic state where the capacity of the psyche

is overwhelmed by affect. On the contrary, in small manageable segments, frustration leads to growth.

Part Objects and Whole Objects

The images and representations of the mental world need not be the whole objects. There could be representations of part objects in the sense of a part of a person, such as a foot or penis or breast, or even part of the subject's own body as an object. Another meaning of part object, which is more usually referred to, is to involve whether it is subjectively experienced as good or bad, pleasurable or nonpleasurable for the subject. To experience an object in terms of whether the object gratifies or frustrates is to have only a partial perspective of the object. It suggests an either/or quality. To see the object in terms of its capacity to both gratify and frustrate is to see the object as a whole object. Usually the earliest representations of infants are of partial objects. Only gradually is the infant able to see objects as both satisfying and frustrating especially the mother.

Representation

The term representation signifies how a person has or possesses an object. In other words, it refers to how a person psychically represents an object. There are two types of objects. One of them is the external world of observable objects and the other is an internal physic world where there are mental representations of the objects. It is the inner world of mental representations that is interest of self psychology.

Self

Self is seen in a different level of conceptualisation than the term ego. An outsider cannot see ego directly, since it is an abstract concept. Ego is conceptualised as an organizer of psychic functions and can be observed in the manifestation of such functions as thinking, judging, and integrating. Compared to ego, self is used in several senses. In most cases it is used in a broader sense as the whole subject –in contrast to the surrounding world of objects. We can say that the self is our basic experience of the person that we are. Therefore the self can be understood as the broader organization that includes all the psychic agencies, including the ego, in a superordinate integration. There are some ego psychologists who consider object relations as one of the critical functions of the superordinate organization of the self. Therefore object relations do not belong only to one mental agency like the ego but rather to

all of them together as the self. So we can say that an object relationship takes place between the self and its objects, rather than between the id and objects or between the ego and objects. But it is the ego that carries out the internal function of self representation.

Self Psychology

The psychology of the self refers to the work of Heinz Kohut and his followers. Kohut on his part brought changes to notions of object relations and the concepts of Freud. Kohut gives a different emphasis to certain aspects of object relations that he sees in terms of narcissism. One of the main concerns of self psychology involves the nature and kind of emotional investment in the self.

Self Representation

In addition to the images or representations of objects, another aspect of an infant's inner mental world includes the representations of its own developing self. Self representation is the mental expression of the self as it is experienced in relationship with the objects or significant persons in the child's environment. The infant is not able to distinguish initially objects from the self, because for the infant, objects are parts of the self. That is why the child being unable to distinguish the mother's breasts from its own thumb, sucks the thumb. It is by and by that the child is able to distinguish objects from the self, the nonself from the self, the object representation from the self representation. A self representation shapes how a person relates to others and the world.

Splitting

Both object relations theory and self psychology make use of the term splitting. Splitting is one of the several psychic mechanisms. Splitting includes both normal and developmental processes and defensive processes. Splitting in infants is related to processes that allow the infant to let in as much of the environment as he/she can manage, filtering out entirely indigestible experiences.

Structures

Structures refer to psychological processes and functions that are organized and stable. These are concepts and not things. Usually the concepts of ego, id, and superego, as well as various psychological processes and ways of relating, are considered structures. Different theorists explain in their own ways how structures come to be built up within the personality.

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