

Theory is Personal

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In the world of psychoanalysis, theory is personal. Psychoanalysts, it seems to me, are often propelled toward their theories more by deeply personal influences than by a theory's explanatory power. How else can we explain how supposedly rational scientists, studying the complex emotional states of humankind, come to such wildly differing views of human motivation?

My own journey into psychoanalytic theory, for example, has been one of unexpected turns and of chance encounters. Rational Choice has, at times, lit the way but Irrational Motivation, too, has been part of my path. Sometimes, we find our theory but other times, it is our theory that finds us.

With that understanding I'll tell you something of my own journey into a theoryland. Freud, the inventor of psychoanalysis, was my first hero. I first encountered him in 1961 at my medical school, the University of Illinois. Psychoanalysis, then 61 years old, was no longer a fledgling science. Freud's theories, reinforced by WWII battlefield techniques designed to return emotionally traumatized soldiers to battle, had established a beachhead in Western culture. Wartime techniques capitalized on Freud's idea of an unconscious mind that contained unseen but nonetheless powerful forces that influenced people's emotional lives. At that time, celebrities and common folk alike proudly

participated in Freud's new, mythical, and mysterious treatment that promised hope for emotionally suffering people. It was the 1960s, the "golden age" of psychoanalysis in America.

Dr. Melvin Sabshin was my other early hero—lesser known, but equally powerful in his influence on me. A psychoanalyst and eventual Director of the American Psychiatric Association, Mel was chair of the Department of Psychiatry, known as the Neuropsychiatric Institute (NPI), at the University of Illinois School of Medicine. In regular meetings, Mel conducted a free and open conversation about psychiatry among a group of medical students fascinated by people's emotional lives. Any and all questions concerning the field, its practice, its future, its problems, its advantages were fair game. Mel also arranged for some of us to meet with John Gedo, M.D., a man who would become a leading theorist within psychoanalysis. In these meetings Dr. Gedo played the role of patient while the students played the interviewers. A good actor, Dr. Gedo helped allay the scary business of interviewing another living, feeling soul about the deep and private aspects of his or her personal life. Of course, as was true for the other students, my anxiety did not really abate until I was able to proficiently conduct interviews with real live patients of my own – but the interviews with Dr. Gedo were where I began the practice of my craft. They were a wonderful place to begin.

NPI was doing something right. Other psychoanalysts joined Mel and Dr. Gedo as our teachers. Just knowing them dispelled the scary mystique that

surrounded analysts at that time. An amazing statistic emerged from this unusual experience. Forty members of our class of 200 students chose psychiatry as their specialty. That's twenty percent, an unheard of number in today's world where psychiatry has become synonymous with psychopharmacology.

I was one of those 40. And soon I was hooked. During the time I spent in Mel's department, reading books like, "I Never Promised You a Rose Garden," (Greenberg, 1964) and "An Elementary Textbook of Psychoanalysis" (Brenner, 1955) and watching the 1960s movie "David and Lisa," I grew eager to pursue the romantic and heroic course of rescuing the deeply injured. In 1966, the best psychiatric training in the Middle West seemed to be at the Psychiatric and Psychosomatic Institute (P&PI) of Michael Reese Hospital, also in Chicago, where Dr. Roy Grinker, a powerful figure in American psychiatry, was chair of the Department of Psychiatry. Mel, a protégé of Dr. Grinker's, had been the medical director at P&PI before he moved to NPI, so the road between the two institutions was direct. When I finished medical school it was clear to me where I needed to go.

If it's not plain by now, heroes are an important part of this story. And at P&PI psychoanalytic psychotherapy was an exciting, vibrant field, replete with ideas, ideals, and mentors who were idealizeable. Dr. Grinker required every member of P&PI's voluntary staff to contribute 3 hours of time each week to the hospital so we had a large and able staff. The majority of P&PI's voluntary staff were

psychoanalysts who had trained at the Chicago Institute for Psychoanalysis, a training site highly influenced by Freud's ideas. The members of the voluntary staff supervised the residents' treatments. Many were classroom teachers, many had patients in the hospital, and all functioned as models for the residents.

You could distinguish the psychiatrists at Michael Reese Hospital from other doctors on the general medical hospital staff at a glance. They wore tweed sport coats rather than the traditional clinical coat. Better yet, P&PI had its own building. It sat atop a small hill, just a bit higher than any other building on the large Michael Reese campus that overlooked Lake Michigan. P&PI was both home base and castle. All of us felt privileged to be there.

As residents, we did not yet have formal training in psychoanalysis but we were taught principles of psychoanalytically oriented psychotherapy, both in the hospital and in the outpatient clinic. "What would that mean, psychoanalytically oriented psychotherapy?" I wondered. What was to be our theoretical foundation?

From our first day and every day after that, we learned that every theory that considered itself psychoanalytic had, at its core, the idea of a non-conscious mind that exerted an influence on people's thoughts, feelings, and behaviors. This idea was Freud's great contribution and it remains the foundation of all dynamic psychotherapy today. We learned that the term "dynamic treatment"

itself simply meant a psychotherapy that asserts an unconscious basis for behavior. It took the next many years for me to fully grasp the lesson of Day Two which was the notion that despite this common foundation of conceiving a non-conscious mind, different practitioners and different theoreticians understood similar psychological issues in contradictory and often incompatible ways. It took me a long time to understand what the differences were about. I now realize that it that the differences in thinking and the endless debates among all these theories was because they each had different conceptualizations about the actual nature, the so-called “contents.” of the unconscious. Each school mistakenly presented its ideas as absolute. None presented their ideas as provisional hypotheses. Each asserted that they represented “Truth.” It took me time and experience to arrive at the broader overview that understood that the arguments were about the narcissism of the theorist, each wanting to assert that their view was the correct view. Regardless of the argument about the “contents” of the unconscious, there still remained the single mastermind, Freud, non-conscious mind.

The Oedipal Father

Before I selected my theories, I studied and considered quite a few. Freud, as I mentioned, was my first hero. I was struck by the genius Freud had that enabled him to grasp the notion that irrational behavior was not completely random and had its own unconscious internal logic. Freud was influenced by Darwin who observed that organisms evolve in response to biological pressures. These

pressures serve the function of preserving the self and preserving the species. Freud needed to tie his new theory to a credible science in order for the theory to be taken seriously. Freud saw in Darwin's ideas about natural selection that there were two biological instincts, one was sex the other was aggression. For Freud, sex and aggression were the motivating contents of the unconscious. Darwin's instinct of self-preservation became Freud's aggressive drive and Darwin's instinct that preserved the species became Freud's sexual drive. The foundation of Freud's psychology, these two unconscious components, were, in essence, psychological bedrock. That meant that in the process of psychoanalytic inquiry, one could not unearth motivations beyond sex and aggression. They were foundational givens. So Freud, of course, was my starting place.

But I didn't buy into Freud's ideas hook, line, and sinker. In an early model of the mind—known as the topographic model (Freud, 1900) because it portrayed Freud's idea of a layered mind: conscious, pre-conscious, and unconscious—Freud called the non-conscious layer the System Unconscious. As often happens, however, concepts that are portrayed in a model become reified by the theory's proponents. Sadly, this happened to the topographic model and the unconscious became a locatable thing rather than a quality. The System Unconscious became a matter of geography also, rather than a metaphor. It was treated as a concrete discovery rather than as a concept. Freud, borrowing from the hydrodynamic physics of his day also had a notion that the System

Unconscious contained a literal energy that he named libido. For Freud, emotional illness was the result of dammed up libido. Health became a matter of appropriately finding a way to discharge the built-up energy. I had a difficult time understanding people and their feelings in terms of the concrete notion of energy. While intellectually I grasped Freud's notion, that concrete quanta of energy was a way to understand people, it was too abstract and too removed from the actual ways of people for me. I never "clicked" with it. But I was new to the field and lacked confidence in my own perceptions. Because Freud's notion of instincts and energy were so unquestioningly accepted by my elders, I assumed that my own thinking was amiss.

I learned that Freud, and most analysts who came after him, further complicated this situation by conflating the issues of form and content. They equated form, in this case the literal unconscious, with its contents, the unconscious motivators of thought, feeling, wish, and behavior. Freud asserted that the sexual and aggressive drives were the unalterable givens within the unconscious. Soon these givens within the unconscious mistakenly became synonymous with the unconscious. As a result, for classical Freudian theorists the explanation of any emotional event had to account for sexual and aggressive drives. If an accounting of these instincts was missing from an explanation, a psychodynamic formulation, then the explanation was not considered psychoanalytic. The worst criticism one psychoanalyst could level against another analyst was the charge that an explanation was not psychoanalytic.

And there it was. For many years, every properly credentialed psychoanalytic paper began with an acknowledgement of Freud's work, with his assertion of the dynamic unconscious, and with its sexual and aggressive contents. Early on, something about this compulsory nod to Freud struck me as limiting and forced.

It still does. Until relatively recently, a theorist's attempt to add new ideas to existing psychoanalytic theory was tantamount to professional suicide. This attitude, of course, stifled creative thinking and stunted growth in psychoanalysis for many years. But the circularity of the conversation posed an interesting "Catch 22." Freud himself found proof of the universality of his dual instinct theory in the Oedipus story, a Greek tale told of the sexual and aggressive instincts embedded in Oedipus' desire to murder his father (the aggressive drive) and have sexual intercourse with his mother (the sexual drive). The importance of the Oedipal story for Freud was that it was a story in another culture and because it was outside his own culture it the universal validity of his theory. With time, an analyst who questioned whether the sexual and aggressive instincts were the actual motivators of human behavior or even suggested that other unconscious motivators might exist, was considered to be a heretic and was branded as having a serious streak of psychopathology. The particular pathology was considered to be a problem with authority and an unconscious wish to unseat, even metaphorically kill, Freud, the Oedipal father. For the faithful, this "patricidal" wish was seen as further "proof" of the veracity of Freud's ideas.

My entry into my psychiatric residency in October 1966 coincided with my entry into the psychoanalytic psychotherapy scene. At that time, Ego Psychology occupied central focus in psychoanalytic thought. Anna, Freud's daughter and heir to his ideas, accepted his torch and focused her attention on the ego, her father's major interest before he died. The ego, immortalized in Freud's tripartite model of the mind, was conceived of as the executive element in Freud's ego-id-superego troika. Known as structural theory, the tripartite model portrayed a mind composed of three distinct internal structures and treated that mind as though it were a mechanical apparatus (Gedo and Goldberg, 1973). The ego, with its many executive psychological functions, including its defenses, was studied as an entity in itself. Ego Psychology, the prevailing theory during my training experience at P&PI, however, retained the classical idea of an unconscious in which the primacy of biological instincts was expressed metaphorically in the seemingly timeless story of Oedipus. The drives occupied center stage in psychoanalytic thought and were woven deeply into the fabric of ego psychology. This was the theoretical world I had entered that fall. My task at that time was to learn the theory and practice of psychoanalytic psychotherapy as it was presented to me. At that time, there were no other theoretical choices. People with "other" ideas were considered crazy. It all seemed clear and straightforward. And then, I discovered a new hero, one whose life was about to intersect—in ways both personal and theoretical—with my own.

Enter Heinz Kohut

All had been going well for me in my residency until April, 1967 when I received my first long term inpatient. In the 1960s, it was not unusual for some people to be treated in the hospital for a year or longer. P&PI had become a mid-western center for such long-term therapy and we, the psychiatric residents, looked forward with eager excitement to our first long term in-patient. Mine was a frightened, depressed, angry twenty year old man who did everything he could to demean, devalue, and humiliate me in a self-protective effort to push me away in order to keep himself at a safe distance from what he believed was the certain trauma inherent in any relationship. (I know that now. I didn't understand that then). He was an expert at this defensive behavior and I, a naïve novice, eagerly awaiting my chance to learn and help, was easy prey for his self-protective maneuvers.

When first we met, my patient blistered me with the charge that I was inept, amateurish, insensitive, and ignorant. Unprepared for a personal attack, naively hoping for affirmation of my goodness instead, I became depressed. I met this young man each morning, five days a week in an attempt to conduct the treatment. My work, which had previously been a love, now became a torture. I dreaded the sessions. I couldn't sleep, couldn't read, couldn't eat, couldn't concentrate and, not yet having a way to work with what this young man had stirred in me, I soon began to wish for his death. I saw no other way out.

Eventually I realized he had struck a vulnerable spot within me and I sought therapeutic help.

I asked my teachers whom they suggested I see. At that time it was customary for a referring person to give a list of three possible referrals so as not to assume ultimate responsibility for the referral. After all, the choice, even if based upon the sound of a name (since there was no other way to decide) was to be mine. In my depressed and anxious state the 3 person list only proved unsettling. I had no way to choose. Instead, I sought a favorite teacher whom I knew would be courageously honest with me. He looked at the list, said one of these people was “nuts,” and told me to see Heinz Kohut, a man about whom I had never heard a thing. It was Memorial Day weekend, 1967. I called Dr. Kohut who told me he happened to have a cancellation that afternoon and asked if I were able to come to his office to see him. I was the psychiatric resident on call for the hospital that day but immediately arranged for other residents to assume my responsibilities so that I could leave the hospital to see Dr. Heinz Kohut, whomever he was.

Sitting in the waiting room at the Chicago Institute for Psychoanalysis I found a copy of the Manchester Guardian, a newspaper I had neither seen nor heard of before. Leafing through this strange looking, thin-paged newspaper I worried about this clearly different world I was about to enter. After a few minute wait, an elegant graying gentleman with a high forehead, grey flannel suit, conservative

tie, and light European accent appeared. He immediately reminded me of my grandfather, an immigrant Russian who had been immensely important to me during my childhood and later life. I imagined this elegant man was Danish, another reference to my need to be rescued, since the heroic actions of Danes toward Jews during the Second World War was a story that had been etched into my personal mythology. I saw Dr. Kohut treatment for two years but then had to leave Chicago at the end of my residency to enter the US Navy during the Vietnam War. As I said, theory is personal and clearly my experience with Heinz Kohut was a major factor in my ultimate choice of self psychology as a useful theory for my own work.

Dr. Kohut was not doctrinaire. He didn't force his understanding upon me nor use me, in any obvious way, to advance his theory. Instead, what emerged from our work felt unique to me and my life rather than the "one size fits all" story that seemed to emerge from treatments organized according to the Oedipus tale. In our work, Dr. Kohut stayed close to my affective experience, did not assume a judgmental attitude toward anything I said or thought, affirmed my experience even if he were responsible for a hurt I might have felt by acknowledging his error or misunderstanding of me. In his presence I felt known and understood for the first time in my life. It was a powerful experience to say the least. Without conscious awareness, I had, over the time I saw him internalized Dr. Kohut's clinical way of being.

In 1967, not yet defined as a self psychologist, Heinz Kohut was a favorite teacher at the Chicago Institute for Psychoanalysis. His students at the Institute were the teachers of my residency. While they spoke the language of Freud's drive-defense psychology, as did Kohut at that time, their clinical inclinations were intensely influenced by Kohut's new notions about narcissism. His influence infused the arid, mechanistic, drive-defense thinking with a vitality that brought both me and my patients to life.

As I noted before, I finished my residency in 1969, spent two years in the US Navy during the Vietnam War and then, in 1976, matriculated at the Chicago Institute. It was a difficult time to be a student there. Kohut had published his seminal work, *Analysis of the Self* (Kohut, 1971) and a series of papers following that publication, in which he explicated his ideas about the development of narcissism and the disorders of the self. In 1977 he wrote his second book, *Restoration of the Self* (Kohut 1977) in which he made a clear break from the classical Oedipal, drive-defense psychology and described his new metaphor, Tragic Man versus Guilty Man. This metaphor, which I elaborate on pages 19 – 20, articulates the central thematic unconscious issues as Freud and Kohut conceptualized them.

The Chicago Institute, unlike many other institutes, never experienced the actual politics of a split into multiple organizations but it was, nevertheless, in a turmoil over the challenge to its established dogma and authoritarianism that was the

result of Kohut's new ideas. The candidates at the Institute were caught in the middle of the dispute. Kohut's ideas were clinically appealing but many young people feared an open "coming out." They worried about their future at the Institute, concerned that it might be adversely impacted by their disclosure of being a self psychologist. I had similar worries, but Kohut's ideas, my own clinical experience with him, and my self psychologically informed experiences with my own patients were so compelling that I could not resist thinking as a self psychologist.

As an aside, I note that my experience of internalizing aspects of my analyst is certainly not unique. One can safely assume that if an analyst's own therapeutic experience was a good one, that analyst will incorporate elements of that experience into his or her own work. That includes elements of the treating analyst's theoretical perspective. If the experience was bad it is likely that the analysand will reject the analyst's theory and pursue another. Good or bad, the deck is stacked because after significant emotional and financial investment it is difficult to acknowledge one's disappointment in the treatment and reject one's analyst's theoretical perspective.

Self Psychology: A New Theory, A New Option

For me, Heinz Kohut's influence was an antidote to the explanatory deadness I had come to know. Kohut, drawn most likely by emotional wounds suffered at the hands of his psychotic mother (Strozier, 2001), had a deep interest in

damaged people and their emotional experience. A fan of Eugene O'Neil (Strozier, 1973) and Thomas Mann (Strozier 1973), Kohut's first paper, "Death in Venice by Thomas Mann: A Story About the Disintegration of Artistic Sublimation" (Kohut, 1957) written in 1948, but withheld from publication until 1957, after Mann's death, was the study of Aschenbach, an emotionally crumbling author and his psychological attempts to restore himself. Expressed in the drive-defense theory and language of that time, Kohut's core interest seemed to have engaged Aschenbach's fractured internal state and his attempts to regain a cohesive self.

For Kohut, ***Cohesive self*** is a specific term he used to describe a personality that is in balance. It flowed from his systematic study of the forms and transformations of narcissism (Kohut, 1966, 1971). In a then new and to some a heretical conceptualization, Kohut asserted that narcissism had its own distinct line of development and was not relinquished in favor of object love, as Freud had asserted in his object-libidinal line of development. For Freud, narcissism was to be replaced during the course of emotional development by the love for another. This altruistic notion, the substitution of love for another for love of oneself, actually represents the intrusion of Christian religious ideas into the science of psychology. It is a bias that prevailed in psychoanalytic thought until Kohut suggested that narcissism had its own second developmental line. In 1966 this was an earthshaking assertion.

Kohut eschewed the usual judgmental stance many analysts took toward narcissism. For him, narcissism was a healthy investment of the self with love and well-being. In his scheme, narcissism had a healthy developmental course that begins in infancy, continues throughout the life cycle, and culminates in stabilizing core psychological structures such as guiding ideals and invigorating ambitions (Kohut, 1971). Kohut further asserted that healthy childhood narcissism was vulnerable to an arrest in its development if the childhood parental milieu was not properly facilitating. Kohut noted that when there is a parental failure, immature, brittle, arrested forms of narcissism prevail throughout life and foster either an inhibited unconfident personality or an intensely self-involved personality built of an immature, clamoring, “look at me” form of narcissism that most people find obnoxious.

I cannot speak of Kohut’s cohesive self without asking what he meant by **self**. For many years Kohut assiduously avoided defining “self,” fearing his definition might reify the concept and interfere with the elastic playfulness he believed essential to discovery in science. Elaborating upon this reluctance Kohut said, “The roots of my present attitude toward definitions reach way back into my past, to be exact they reach into my adolescence when I first read Kant, Schopenhauer, and Nietzsche. It was especially the study of Kant, in particular of his *The Critique of Pure Reason* that established in me...the conviction that the essence of reality, of external and internal reality... was unknowable and that we could do no more than rely on the results of this or that instrument of

observation that responded to various processes in the inner and outer world in the mode and limits of its own organization.” (Kohut, 1959.)

In 1979, however, Kohut did feel the need to define and discuss several of his terms and wrote a summertime essay addressed to members of a workshop that was to resume its monthly meeting in the fall. In that essay Kohut referred again to his previously expressed conviction that reality cannot be known. He quoted from his book, *Restoration of the Self*, saying,

“We can demonstrate the various cohesive forms in which the self appears, we can demonstrate the several constituents that make up the self...we can distinguish between various self types and explain their distinguishing features on the basis of the predominance of one or the other of their constituents. We can do all that, but we still cannot know the essence of the self as differentiated from its manifestations.” (Kohut 1977).

Kohut described the self as a psychological structure within the psyche that has constituent elements, continuity in time, is enduring, but it is not an agency of the psychic apparatus as is the ego. In a paper written with Ernest Wolf entitled, “The Disorders of the Self and Their Treatment, An Outline” they wrote,

“...the self is the core of the personality. It has various constituents which we acquire in the interplay with those persons in our earliest childhood environment whom we experience as selfobjects. A firm self, resulting from the optimal interactions between the child and his selfobjects is made up of three major

constituents: (1) one pole from which emanates the basic strivings for power and success [ambitions]; (2) another pole that harbors basic idealized goals [ideals]; and (3) an intermediate area of basic skills and talents.” (Kohut and Wolf, 1978.)

To further grasp Kohut’s idea of a cohesive self one must understand his notion of the constituents of the self and his concept of selfobjects. One constituent of the self he called the Grandiose Self. It is the element of self that, given healthy childhood development, begins as the experience of having one’s existence affirmed and valued, mirrored, to use Kohut’s term, without having to do anything special to engender the affirmation. With its expansive-exhibitionism accepted, enjoyed, and participated in by the childhood caregivers the child’s showy exhibitionistic narcissism eventually evolves into a sense of healthy pride in one’s realistic abilities. This evolution secures an essential source of self esteem, well-being, and subsequently of self cohesion.

Another narcissistic constituent of the self is Kohut’s concept of the Idealized Parental Imago. This constituent derives from the child’s unconscious fantasy that a perfect other exists in the world. The fantasy contains the idea that under the wings of this perfect other, one finds total safety. When merged with this perfect other, one experiences a sense of well-being, wholeness, safety, calm strength, and cohesion.

The internal experiences of a cohesive self are: an experience of continuity and sameness over time despite multiple changes in physical and emotional states; a sense of wholeness and purpose guided by a set of cherished values; and an assertive thrust toward satisfaction created by the employment and enjoyment of one's skills and talents. All these experiences combine to create an overall feeling of well-being, balance, and self cohesion.

Self disorder is the term Heinz Kohut used to describe those psychological situations in which the core narcissistic elements of the personality are either permanently arrested and result in a primary developmental failure or, secondarily, these elements are temporarily fragmented due either to a less malignant, but still toxic, childhood milieu or to disruptions in the current environment. In either event, the core elements of the self take their form as a consequence of the child's interaction with his or her earliest caregivers.

Because Freud had called people objects, Kohut called the formative people who provide essential psychological functions for the child, selfobjects. Kohut, via the invention of this term, wanted to convey the developing child's experience of the caregiver (object) as being part of its self.

Noting the impact of the surrounding milieu upon the formation and deformation of the developing self, Kohut and Wolf wrote,

“Depending on the quality of the interactions between the self and its selfobjects, the self will emerge either as a firm and healthy structure or a more or less seriously damaged one. The adult self may thus exist in states of varying degrees of coherence: from cohesion to fragmentation; in states of varying degrees of vitality, from vigor to enfeeblement; and in states of varying degrees of functional harmony, from order to chaos. Significant failure to achieve cohesion, vigor, or harmony, or a significant loss of these qualities after they had been established, may be said to constitute a state of self disorder.” (Kohut, and Wolf (1978).

In Kohut’s first book he presented his ideas as an extension of Freud’s work. In his second book, *Restoration of the Self* (Kohut 1977), after working with these ideas for several years, he made a bold distinction between the themes of classical theory and his own new psychology of the self. Themes of classical theory, Kohut noted, were concerned primarily with the notion of a mind in conflict, a mind caught in the perpetual struggle between warring agencies of Freud’s concept of the psyche: ego, id, superego. For Freud, unconscious, superego induced guilt over the forbidden sexual and aggressive instincts culminated in a paralyzing inhibition of the experience and expression of these instincts. As noted earlier, Kohut metaphorically named the person plagued by unconscious guilt, “Guilty Man.”

Kohut's psychology of the self, on the other hand, is not concerned with the biologically based notion of forbidden instincts. Born of epistemological concerns, Kohut believes the concept of "instincts" does not belong within psychology, a field he defined as the study of the complex emotional states of humankind. Kohut feels that the concept of the instincts that Freud had borrowed from Darwin is a foreign body in the corpus of psychology. For Kohut, "instincts" are abstract cognitive ideas, explanations derived at a distance from personal and psychological experience. According to Kohut, the proper instrument for data collection in a field that studied the complex emotional states of humankind is one that enables the collection of the affect-laden data associated with those various states. For Kohut, empathy, the extension of one's introspection about his or her own emotional states to the experience of another is the central data gathering instrument of psychology. Through empathy the psychologist collects data that is close to the emotional experience of another. Because of its proximity to another's experience Kohut calls this kind of data "experience near." Through empathy one person is able to "know" another's emotional life. With empathy as his data gathering tool and experience distant abstractions such as the "instincts" epistemologically disallowed, Kohut asserts that core psychological issues in human beings deal not with conflicts between abstract agencies of mind but rather with the concern of people about their experience of emotional cohesion and of its opposite, the emotional experience of falling apart. Kohut calls the falling apart state fragmentation. From Kohut's perspective, the suffering person isn't the victim of unconscious guilt over the

experience and expression of unconscious drives. Instead, in Kohut's view, the suffering person lives the loss of unrealized personal potential. With this understanding in mind, Kohut renames the metaphoric person of his theory, "Tragic Man," a despairing person, often quietly so, who suffers psychological deprivations during childhood that interfere with the maturation of the narcissism that is essential to a sense of wholeness, competence, efficacy, existence, value and appropriate pride. In a narcissistically unbalanced state the self suffers the tragedy of incompleteness and despair.

Clinical Affirmation

In the 1960s, the "Golden Age" of psychoanalysis, many people were engaged in personal psychoanalytic processes. In their twilight years, many of these same people come for treatment at the end of their lives. At one level, end-of-life issues certainly differ from a 40 year old's concerns, yet the central issues of self cohesion remain core, colored now with new themes. A unique experience for me, living and working in Chicago, has been the opportunity to treat people today who had been engaged in drive-defense analyses during the 60s. Their current treatment has given me the opportunity to observe the impact classical theory, as it was practiced in the 60s, had on their lives. Further, it gives me the opportunity to compare their responses to that treatment with their responses to my use of Kohut's theory today.

What I've seen over the years, and my patients have affirmed, is that the ambiance created by the drive-defense analysts is clearly different from the ambiance created by a self psychological therapist. Driven by Freud's theory that the forbidden unconscious instinct must be exposed and presented to the ego so that civilization can be maintained, the classical analysts of the 60s acted as psyche-sleuths on a mission to ferret out hidden truths. Although many of these analysts were humane and sensitive, their theory led them to act in surprisingly insensitive ways. Imbued with Freud's notion that cure lay in the search for and revelation of the offending unconscious impulse, the analysts of the 1960s prodded their patients for "Truth." Fearful of displeasing their analysts, the people whom I have seen fell into a state of compliance with their analysts' wishes that usually echoed the earlier compliant experience they had with the parents of their childhood.

These people were vulnerable to the need to accommodate their analyst's needs rather than disagree with them. They described how different their experience was with me. At first they worried they were not in a good place for themselves since it was clear that I was different from their idealized first analyst. I didn't seem to have all the answers. I also didn't seem to have an agenda for them to complete. With me the sessions were more comfortable, friendlier, and while that felt good it also was an initial source of worry since it differed significantly from what they had known in their previous treatment. They were accustomed to

a harsher experience. They had learned that the work of analysis was supposed to be difficult. No loafing!

Another signature of classical theory was its focus on defense, the unconscious response to the influence of the drives. With Freud's end-of-his-life interest in the ego, the executive element of his three agency psychic apparatus, the study of the ego became an overarching theoretical and clinical endeavor. For Ego Psychologists, treatment strategies shifted from a preoccupation with the drives, which could not be changed since they were considered to be psychological bedrock, to a focus on the ego and its multiple functions since that represented the site of possible psychic change. This was especially the case after Anna Freud took the psychoanalytic torch from her father and wrote her classic monograph, *The Ego and the Mechanisms of Defense* (Freud, A 1966). In her book, the defenses and the multiple ways the ego had of protecting itself and society from the offending drives were the target of clinical understanding and interventions. Clinical theory and the notion of therapeutic action became a matter of revealing a person's defenses against the drives. The therapeutic aim was to make the influence of the drive dystonic, while simultaneously "strengthening" the ego and its capacity to contain the drive influence.

To accomplish this it was essential to enhance the patient's knowledge of how he or she employed maladaptive defenses. An inherent problem in this approach was that the suffering person often felt blamed for what he or she was doing.

Additionally, these people felt as though they were specimens under microscopic view. In an effort to aid the study and not contaminate the field, their analysts held themselves at a distance from their patients, functioning as observers and interpreters of the psychological scene that unfolded before them. The analysts did not consider themselves active participants. The people of the 60s whom I have seen, who were treated by recognized and well-respected analysts in Chicago, felt diminished by their analyst's standoffish stance. Their fragile selves felt at risk in the stark and often unfriendly ambiance created by Freud's theory.

Current Theory Choice

In contrast, my approach, informed by the theory elaborated in Heinz Kohut's psychology of the self, is meant neither to unearth "Truth," nor to focus on defenses. Instead, I have learned to listen to the state of the self. Is it cohesive, fractured, depleted, in balance? What are the developmental elements of this person's life? How do they contribute to the interrupted maturation of this person's self-esteem?

I also do not see the analytic ambiance as one of deprivation and distance. Instead, I see the analytic work occurring in a space co-created by both analyst and patient. It is a space we each enter and by mutual entrance, co-create. We both bring our personal histories, sensibilities, strengths and flaws into that space. Rather than "study" the patient in a supposedly "clean," uncontaminated field that we now know is impossible since the observer always influences the

observed (Kohut 1977), and, informed by a theory that embraces the interactive nature of the field (Stolorow and Atwood, 1984, 1987), I pay attention to the effect that engagement has on both the patient and me. I observe my internal responses in the co-created situation and consider them an important source of data about the feelings and states of my patient as well as myself. Whether I decide to share my understanding of my internal responses with my patient or not, I use my response as a data source.

The prism through which I now view my patients and the world is guided by Kohut's ideas of self-esteem, his articulation of the maturational line of narcissism and Stolorow's emphasis on the continually interactive nature of human discourse. I believe my patients and I have benefited from the view of humanity Kohut and other self psychologists have given us.

Relevance of Self Psychology to the Human Condition

A powerful theory of human motivation provides more than a rationale for psychotherapy. It cogently explains the myriad human phenomena expressed in art, history, philosophy, religion, and culture. To demonstrate the richness of self psychology's explanatory power I want to share a brief study of aggression and war as expressed in a 1932 correspondence between Albert Einstein and Sigmund Freud, initiated by the League of Nations (Freud, 1932). I choose this topic because of its timely relevance in today's world.

Entitled “Why War?” the correspondence, begun by Einstein, invited Freud to “a frank exchange (about) the most insistent of all the problems civilization has to face. This is the problem: Is there any way of delivering mankind from the menace of war? It is common knowledge that, with the advancement of modern science, this issue has come to mean a matter of life and death for civilization as we know it; nevertheless, for all the zeal displayed, every attempt at its solution has ended in a lamentable breakdown” (Freud 1932).

In his opening letter to Freud, Einstein offered some provisional thoughts of his own: “Some of these factors are not far to seek. The craving for power which characterizes the governing class in every nation is hostile to any limitation of national sovereignty... Yet even this answer does not provide a complete solution. Another question arising from it: How is it these devices succeed so well in rousing men to such wild enthusiasm, even to sacrifice their lives? Only one answer is possible. Because man has within him a lust for hatred and destruction...Here lies, perhaps, the crux of all the complex of factors we are considering, an enigma that only the expert in the lore of human instincts can resolve” (Freud 1932).

In response to Einstein, Freud voices his core biologic principle and asserts that war is inevitable since,

“It is a general principle, then, that conflicts of interest between men are settled by use of violence. This is true of the whole animal kingdom, from which men have no business to exclude themselves.” Freud continues, “You express astonishment at the fact that it is so easy to make men enthusiastic about a war and add your suspicions that there is something at work in them – an instinct for hatred and destruction – which goes halfway to meet the efforts of the warmongers. Once again, I can only express my entire agreement. We believe in the existence of an instinct of that kind and have in fact been occupied during the last few years in studying its manifestations” (Freud 1932).

Freud repeats his biological contention about the aggressive instinct and its ultimate expression in war saying,

“For our immediate purpose then, this much follows from what has been said: there is no use in trying to get rid of men’s aggressive inclinations...Why do you and I and so many other people rebel so violently against war? Why do we not accept it as another of the many painful calamities of life? After all, it seems to be quite a natural thing, to have a good biological basis and, in practice, to be scarcely avoidable” (Freud 1932).

Freud argues for the inevitability of war as the ultimate expression of biology. He also sees war from the sociological perspective when he asserts that war is the result of power differentials among people. Freud, however, introduced a serious epistemological problem into his theory when he offered explanations of

the complex emotional states of humankind that were based on biological and sociological observations. These observations were unable to provide him with the data he needed to make proper psychological observations and draw proper psychological conclusions. I touched on this epistemological problem earlier but, because this issue is of such import in this conversation, I turn to it again.

Freud noted that “ideas are not the foundation of science, upon which everything rests: **that foundation is observation alone.**” (Freud 1914). True. Kohut, however, warned against intermingling theories based upon differing **modes** of observation. He was particularly concerned about mixing the theories of psychology, based upon observations obtained through empathic immersion, with the theories of biology and sociology, that are based upon observation of the external world (Siegel, 1996).

Scientists, Kohut asserted, study the physical world by means of sensory organs and their laboratory extensions, the various scientific instruments. What, he asks, is the legitimate field of psychoanalytic observation and how is data gathered in that field? (Kohut 1959). For Kohut, human inner experience such as thoughts, wishes, feelings, and fantasies are the proper data for psychoanalysts to seek; however, these inner phenomena do not occupy space and therefore cannot be directly observed. How then do psychoanalysts investigate the inner world? Kohut’s answer asserts that the contents of the inner world are real and can be known to oneself through introspection. (Siegel, 1996).

How, then, might another's inner experience be known to the psychoanalytic observer? Kohut's answer here is that empathy, which he defines as vicarious introspection, is the data gathering tool of psychoanalysis (1959). He asserts that the analyst, reflecting upon his or her own internal experience while in the presence of the patient, gains a sense of what the patient is experiencing. For example, a woman comes into the room and her analyst, who was feeling well and happy prior to the woman's entry, now has a sense of overwhelming sadness even before the woman begins to speak of her favorite aunt who died suddenly. The woman had non-verbally communicated her sadness to her analyst who, in response, felt sad in resonance with the woman. That data was gathered through the instrument of the analyst's empathy. Kohut asserted that, "an experience or an act may be considered to be psychological *only* when it is observed via introspection and empathy. Any other mode of observation is not truly psychological and lies within the physical realm..."

Freud freely, but mistakenly, incorporated Darwin's observations of aggression in the biological world into his own psychological theory. The biological explanation of war as expression of the aggressive instinct posits that war is the constant and inevitable derivative of inborn biological aggression. While this non-psychological, bio-sociological view sounds compelling, and was even supported by minds like Einstein and Freud, it is based on data gathered through observations of the physical world rather than empathically collected data

gathered about the internal world. This is the heart of Freud's epistemological problem.

The understanding of aggression and war changes significantly when empathy is the field's data collecting instrument. The data collector changes from one who observes from outside the experience to one who views from within the experience. Once footed inside the aggressor's experience, rage becomes a richer, multi-layered, more complex human happening. When understood not as a primary, biologic, bed-rock piece of behavior but viewed instead through the lens of empathy, rage can almost always be understood as the product of a narcissistic injury. I have never known of an enraged person, either personally or clinically, who had not been emotionally injured prior to their rage (Kohut, 1972). The dynamic of narcissistic injury followed by rage appears to be ubiquitous. It is present in the blood feuds of Sicily, between the Hatfields and the McCoys, and most probably between warring people across the planet.

The Oedipus myth was important to Freud because it was there that he found validation of his dual drive theory. According to Freud, Oedipus slew his father as an expression of innate biological aggression and had intercourse with his mother as an expression of similarly innate sexuality. Freud, however, blinded by his theoretical needs, overlooked an essential motivating element in this story.

While Oedipus did not initially know the terrible truth he would eventually learn, namely that it was his father who put him outside to die, we and Freud, like the gods on Olympus, do know. Freud, limited by his particular theoretical perspective, did not empathize with the deep injury inflicted upon the child whose father's primal abandonment set the entire tragedy in motion. Even here, in Freud's defining myth, I believe the empathic perspective introduces a more profound explanatory view than Freud's view of rage as a primary biological motivator.

Myths are a culture's attempt to convey its understanding of the human condition. As metaphor they are subject to interpretation colored by the particular lens through which they are viewed. Freud's lens saw anger, rage, aggression, and war as simply biological givens, an inherent part of the human condition. To demonstrate the rich explanatory power of self psychological theory I offer another ancient myth in order to reveal its tragically enduring internal anatomy. The myth I refer to is part of the biblical story of Abraham.

As the story goes, Abraham and his barren wife Sarah bemoan their childless fate. God hears their sadness and sends an angel to tell Sarah that, in fact, she will conceive a child even though she has now become elderly. Miraculously, Sarah conceives and gives birth to Isaac, her son, who will be heir to Abraham's heritage. Some years later, God, in a challenge to Abraham's untested fealty, commands Abraham to sacrifice Isaac, his only son, upon a stone altar atop a

distant mountain. Abraham responds to God's command, journeys with Isaac to Mount Moriah, the mountain God chose for the event, and without question or hesitation binds Isaac in preparation for the sacrificial process. At the last moment God sends another angel to stop Abraham and has him slay a ram in Isaac's stead.

This horrifying test, known as the "binding of Isaac" (Akeida in Hebrew), became known within Jewish tradition as the quintessential, heroic story of Abraham's unquestioning faith in his God. The story, however, is far more complicated than this traditional telling suggests, for Isaac isn't Abraham's only son. While Abraham had only one wife, Sarah, he also had several concubines and one of them, Hagar, conceived a boy with Abraham. That child, Ishmael, was approximately eight years old at the time of Isaac's birth. At the festivities associated with Isaac's ritual circumcision Sarah noticed Ishmael mocking baby Isaac. Sarah, fearful that Ishmael would eventually become Isaac's rival, reported Ishmael's disrespectfulness to Abraham. She convinced Abraham of Ishmael's primitive nature. She argued that Ishmael would only become an increasingly troublesome person with time and suggested that Abraham banish Hagar and Ishmael into the desert. In one move Sarah rids herself of two rivals.

Hagar and Ishmael are not heard from again. However, we are told that Isaac continues Abraham's line and his descendants become the people known

variously as Hebrews, the Israelites, or Jews. Ishmael's descendants become the Arab nation.

As with the Oedipus myth, Ishmael's injury at the hands of an abandoning father does not heal. Self psychology, consistently sensitive to the issues of self-esteem that underlie narcissistic rage, as opposed to Freud's idea of rage as evidence of a foundational, biological instinct, grasps the Arabs' profound sense of humiliation and diminution, with its concomitant wish for revenge that has been passed from generation to generation.

The story of trans-generational injury and retribution for Ishmael's hurt continued unabated in the Arab mind until a new myth was created in the Sixth Century. In that myth, the God of Abraham, referred to in Arabic as Allah, sent the Quran, "the final, infallible, direct, and complete record of the exact words of God, brought down by angel Gabriel and firmly implanted in the heart of his final Prophet and Messenger, Muhammad" (www.freekoran.com). According to this myth, Muhammad was the final prophet in the prophetic line that included Moses and Jesus. Muhammad, unable to read or write, recited the Quran implanted in his heart to his companions who eventually wrote it down. In the ongoing saga of narcissistic hurts, however, the authors of the Quran remembered Abraham's painful banishment of Ishmael. In their myth they re-wrote the Akeida story with Ishmael, not Isaac, as Abraham's special son who was to be sacrificed on Mount Moriah.

The twists and turns of this complicated story continue as Mount Moriah becomes the site upon which Solomon chooses to build his temple in Jerusalem. Isaac's sacrificial rock becomes the site Solomon selects to erect a structure known as the "Holy of Holies," the building that was to house the Ark of the Covenant. There was and is no more sacred a place in Jewish myth than the site of Solomon's Temple.

But the story of injury and vengeful response is not yet complete for the Islamic myth holds that Mohammed flew on a winged horse to Isaac/Ishmael's rock and from there ascended to heaven where Allah gave him the five major tenets of Islamic faith. He then journeyed to Mecca where he delivered those tenets to his people. To honor the Quranic version of Abraham's test, a structure known in the Islamic world as the "Dome of the Rock," was built to enshrine the contested Isaac/Ishmael rock.

For me, these ancient mythic cycles of violence tell the story that injury and its call for vengeance, whether through cold, withdrawn silence or outright destructive war, are part of the interactive psychology of the human condition. Aggression viewed from a self psychological perspective is understood to be reactive rather than primary. While war might be inevitable, as both Freud and Einstein bemoan, it makes an enormous difference if one sees war as a primary, unalterable trait of biological humankind or if one sees it as a secondary

response to narcissistic humiliation on either a personal or national level. Self psychological theory carries the hope, albeit small, that if politicians grasp the internal and interactive import of narcissistic injury they might find diplomatic routes to end or even avert war rather than repeat the timeless never-ending cycle of death and destruction inherent in the view of war as inevitable.

For me, the self psychological understanding of the human condition is enriching. Because it is empathically derived it is close to human experience and helps explain the vast array of psychological phenomena in the world, in my consulting room, and in my personal life.

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