

KOHUT ET LA PSYCHOPATHOLOGIE DU NARCISSISME

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Introduction: la psychologie du self en psychanalyse.

La psychologie du self est la dernière née des grandes écoles constituant le mouvement psychanalytique, après l'école freudienne classique, la psychologie du moi (*ego psychology*) et la théorie des relations d'objet; alors que cette dernière mettait l'accent sur les relations internalisées entre les représentations de soi et de l'objet (voir le cours sur Kernberg), la psychologie du self s'attache plutôt à montrer comment ce sont plutôt les relations avec l'extérieur qui contribuent à maintenir la cohésion du self et l'estime de soi. Elle est entièrement basée sur les écrits de Heinz Kohut entre 1971 et 1984. Kohut s'était d'abord attaché à étudier le trouble de personnalité narcissique, mais la richesse exceptionnelle de sa conceptualisation l'amena rapidement à l'étendre à tout le champ du développement humain normal et pathologique.

1) Le développement normal: besoins affectifs de l'enfant durant la croissance, relations soi-objets et développement du self

a) le self: De façon lâche, Kohut définit le self comme "*the center of the individual's psychological universe*". Plus précisément, Stolorow en fait 1) "une structure psychologique qui organise la façon dont nous faisons l'expérience de nous-mêmes" et 2) "une entité existentielle qui initie et entreprend des actions basées sur cette expérience de nous-mêmes"

Toute la théorie de Kohut est basée sur les vicissitudes du développement de ce self et sur les moyens utilisés par l'individu pour parer à sa fragmentation éventuelle lorsque son développement incomplet le rend fragile et en proie aux blessures narcissiques.

b) la notion de soi-objet: il s'agit ici d'un terme générique s'appliquant au type de relation devant normalement s'établir entre le self et son entourage afin de favoriser son développement optimal. Une relation soi-objet ("*self-object*") est caractérisée par le fait que pour le self, l'objet pourtant extérieur à lui n'est pas considéré comme vraiment séparé et surtout comme ayant pour fonction unique de répondre aux besoins du self pour sa survie: consolation, soulagement, validation, confirmation, etc... Dans la relation soi-objet, l'objet est considéré principalement en fonction des besoins qu'il satisfait pour le self et non pas comme un sujet en soi ayant son individualité propre. Ce phénomène est normal, soulignons-le, durant une certaine phase du développement humain. Mais Kohut soutiendra que le self ne transcende jamais complètement son besoin vital pour certaines relations soi-objet et qu'il y reviendra en cas de besoin.

c) les trois types de relation soi-objet: le développement harmonieux du self nécessite que l'enfant puisse avoir recours facilement à trois types de relations soi-objet, sans aucune réticence des parents.

- **la relation en miroir ("*mirroring*")** Ex: premier pas sur la glace:

l'enfant: "je suis une patineuse extraordinaire et je le vois dans les yeux de mes parents".

les parents: "tu es vraiment une patineuse fantastique...!"

- **la relation idéalisée ("idealising")** Ex: durant le déménagement du voisin.
l'enfant: "mon père est l'homme le plus fort du quartier"
les parents: "Papa est très fort et tu as raison d'en être fier".
- **la relation alter-ego ("twinship")** Ex: une grosse et une petite tondeuse.
les parents: "Papa et toi passez la tondeuse"
l'enfant: "Papa et moi sommes pareillement efficaces"

E. Wolf (1988), disciple de Kohut, décrira plus tard deux autres types de relations soi-objet:

- **la relation adversarielle ("adversarial")** qui fournit l'expérience de s'opposer à une force adverse mais bénigne et toujours supportive et à l'écoute, et surtout qui permet et même encourage une opposition active, confirmant ainsi au self une autonomie partielle. Ex: devant la télévision:
les parents: "ta musique rock, c'est de la merde!"
l'enfant: "Vous n'êtes plus dans le coup, les vieux!"
- **la relation d'efficacité ("efficacy")** qui permet d'avoir un impact effectif sur autrui, révélant ainsi la capacité du self d'évoquer une réaction chez l'autre. Ex: promenade dans le parc:
l'enfant: "je veux retourner voir les canards encore une fois"
les parents: "OK, allons-y si tu veux!"

- Enfin, Trop et Stolorow (1991) ont décrit un dernier type de relation soi-objet: the "**self-delineating experience self-object**": ils décrivent dans leur article un patient qui, incapable de se fier à sa propre expérience perceptuelle, se tourne continuellement vers autrui pour soumettre sa perception à celle d'autrui. Notons qu'il s'agit ici d'un problème fréquemment rencontré en psychothérapie et dont les existentialistes, Sartre en particulier (1939), ont donné des illustrations mémorables, quoique dans un tout autre contexte théorique.

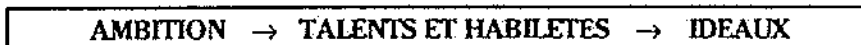
d) Le self tripolaire et son développement: Pour Kohut, ce développement se produit en fonction de trois pôles interreliés :

1) Une relation soi-objet satisfaisante de type "mirroring" permettra le développement d'ambitions appropriées et d'un enthousiasme vigoureux plus tard dans la vie. C'est ce que Kohut appelle le pôle de l'**AMBITION**.

2) Une relation soi-objet satisfaisante de type "idealizing" assurera à l'enfant un sentiment de "self-direction" et la capacité de se fixer des défis excitants mais réalistes. C'est ce que Kohut appelle le pôle des **IDEAUX ET VALEURS**.

3) Une relation soi-objet satisfaisante de type alter-ego encouragera chez l'enfant le développement des talents et habiletés qui permettent à l'ambition de mener le sujet jusqu'à ses buts. C'est ce que Kohut appelle le pôle des **TALENTS ET HABILITES**.

Dans le développement humain, ces trois pôles sont en relation d'une façon qu'on pourrait conceptualiser ainsi:



e) L'internallisation transmutative:

Ce rôle bénéfique des parents dans le développement du self s'opère par un processus que Kohut appelle "*transmuting internalization*", et qu'on pourrait traduire par "internalisation transmutative", qu'il différencie ainsi de l'identification : comme il s'agit ici d'un processus de croissance du self, (comparer à la digestion qui brise les enzymes), à cause des réaménagements ultérieurement faits par l'enfant, ceci va l'amener à différer peut-être considérablement du sujet initial auquel il s'est identifié. Ce processus est la conséquence de deux facteurs: 1) par une gratification adéquate de la relation soi-objet de l'enfant selon les modes décrits plus haut et 2) par une frustration sagement administrée: puisque aucun parent ne peut être parfait, mais tout au plus suffisamment bon ("*good enough*" pour employer l'expression célèbre et intraduisible de Winnicott), il se produira nécessairement une multitude de micro-traumatismes dans la relation soi-objet que Kohut conçoit comme des manques d'empathie mais d'intensité optimale ("*optimal empathic failures*"), tous trop petits pour compromettre sérieusement cette relation, mais tous assez importants pour pousser l'enfant minimalement (et optimalement) frustré dans le processus d'internalisation transmutative qui le protégera de plus en plus des aléas de la dépendance à autrui pour l'intégrité de son self.

2) Comment le développement du self peut être compromis. Le rôle des parents dans l'établissement de la pathologie: le défaut d'empathie ("*empathic failure*").

Le défaut d'empathie, perturbant le développement du self pourra se produire pour trois raisons¹:

- 1) l'enfant est affligé de besoins excessifs pour des raisons constitutionnelles ou génétiques, etc...
- 2) un "mismatch" entre l'enfant et les parents, tel que, par exemple, les travaux de Stella Chess nous en révèlent des exemples.
- 3) des parents inadéquats, pathologiques ou limités par des facteurs extérieurs à leur volonté (pauvreté, deuil, etc...).

Selon Kohut, pour porter à conséquence, le défaut devrait se produire dans au moins deux des trois pôles du self. Comme dans l'univers physique, un phénomène de compensation à l'imperfection naturelle du monde est toujours possible.

Kohut fait une distinction intéressante entre l'agression ou la colère, dirigée contre des objets et la rage, plus destructurante et dirigée contre des soi-objets.

On a parfois comparé la théorie de Kohut avec la théorie freudienne de la séduction. Effectivement, dans les deux cas, la pathologie est considérée comme la conséquence éventuelle de mauvais traitements (séduction sexuelle pour le Freud de la première époque, défaut d'empathie pour Kohut) de l'enfant par un adulte.

3) Quelles sont les conséquences pathologiques, chez l'adulte, d'un arrêt dans le développement du self?

¹Comparer avec les trois motifs susceptibles, selon Kerneberg, d'engendrer un problème dans le développement des relations d'objets internalisées: parents absents, parents inadéquats et enfant incapable de profiter des bienfaits de parents par ailleurs adéquats.

Le sujet ainsi arrêté dans son développement va constamment répéter le même type de relations soi-objet qui n'a pas pu être mené à une conclusion satisfaisante lors de son enfance. On voit bien ici comment on peut dire que pour Kohut, il s'agit d'un arrêt de développement plutôt que d'une véritable pathologie comme le soutiendra par exemple Kernberg. Dans ce contexte on comprendra que l'agressivité n'est plus considérée comme dans la seconde théorie des pulsions et comme chez les kleinien, une pulsion fondamentale, mais uniquement une réaction à la frustration d'un self en croissance et aux besoins encore trop grands.

On pourra retrouver, par exemple, trois types de troubles de personnalité reliés au déficit précoce de "mirroring":

- personnalité "merger-hungry" : recherche éperdue de fusion
- personnalité "contact shunning": fuite protectrice des contacts intimes trop menaçants (par blessure ou fusion).
- personnalité "mirror hungry": recherche constante d'admiration.

Inutile de préciser comment ces comportements sont incompatibles chez l'adulte avec l'établissement de relations humaines raisonnablement gratifiantes.

Lorsque le self ne peut maintenir son intégrité à cause de ses besoins trop grands ou des assauts trop violents qu'il subit, il va tendre naturellement à se fragmenter, entraînant une symptomatologie importante et extrêmement perturbatrice pour l'individu. Pour Kohut, les états suivants sont souvent des manifestations significatives de la fragmentation du self: angoisse massive (dite "de désintégration") confusions et perplexité importante, usage marqué de drogue ou d'alcool, impression d'anéantissement, dépersonnalisation, rage homicide ou suicidaire. Le terme "hémorragie narcissique" parfois utilisé n'est donc pas exagéré puisqu'il s'agit là véritablement d'une menace grave à l'intégrité de la personne.

4) Quelles sont les implications psychothérapeutiques de cette compréhension théorique du développement du self?

a) le transfert:

- Dans la relation thérapeute-patient, on retrouvera bien entendu chez le client décrit ci-haut les trois types de transfert reflétant ces modes privilégiés mais pathologiques de relation à autrui:

- transfert en miroir: le patient s'attend à être admiré continuellement par le thérapeute et ne peut tolérer aucune critique.
- transfert idéalisé: le patient idéalise grossièrement le thérapeute pour en faire un appendice narcissique de lui-même.
- transfert de type alter-égo: le patient adopte voracement toutes les caractéristiques de son thérapeute.

mais on pourra aussi trouver les deux autres types de transfert décrits par Wolf ainsi que celui décrit par Trop et Stolorow.

Si le thérapeute se donne comme objectif de reprendre le processus de développement du self interrompu plusieurs années auparavant par la gravité des menaces que l'enfant a dû rencontrer et qui ont compromis le processus d'internalisation transmutative, il se doit de tolérer la présence de ces modes de relations en tant que modes normaux de relation pour le niveau réel de développement affectif du patient en ce moment.

Une autre différence importante qui risque de modifier tout le climat de la relation porte sur la différence profonde et fondamentale entre la théorie freudienne classique et la théorie de Kohut sur la motivation profonde. (Fosshage, 1994). Fosshage, s'appuyant sur Piaget, prétend que le transfert n'est "ni une régression ni un déplacement du passé, mais plutôt l'expression de l'influence continue de principes organisants et d'une imagerie qui s'est cristallisée à partir des années formatives du sujet." (Stolorow et Lachman 1984). Ceci conduit à une conception du transfert comme organisation obligatoire et salvatrice de la réalité plutôt que comme simple déplacement d'un conflit, donc une conception bien dans la continuité de ce qui précède.

b) l'empathie:

Le paragraphe qui précède nous fait maintenant comprendre pourquoi Kohut sera amené à faire de l'empathie, au moins autant que l'interprétation, l'ingrédient fondamental du processus thérapeutique: illustrons le rôle fondamental de l'empathie par l'exemple suivant: un patient dévalue avec rage la proposition pourtant très constructive d'un collègue de travail. Interprétation de type Kernberg: "Afin d'éviter un sentiment douloureux d'envie, vous avez dû rejeter cette proposition comme ridicule et insignifiante". Interprétation de type Kohut: "Je comprends en effet que ça doit être très douloureux pour vous, après avoir tellement travaillé sur ce projet, de sentir que vos opinions ne sont pas mieux accueillies que celles d'un autre", il n'y a pas bien entendu d'opposition fondamentale entre les deux modes d'intervention. Mais Kohut, qui considère le développement du self de son patient comme inachevé, croit ce dernier structurellement incapable d'entendre une interprétation du type Kernberg ("ventre affamé n'a pas d'oreilles"). Le thérapeute exprime donc qu'il comprend parfaitement comment son patient peut en arriver à éprouver une telle rage. En reconnaissant la validité phénoménologique intérieure des sentiments du patient, (sans nécessairement l'approuver moralement), il reconnaît en quelque sorte son existence et permet une croissance qui permettra éventuellement une plus grande auto-critique. Pour Kernberg, ce problème n'est pas la conséquence d'un arrêt de croissance du self et il considère donc que le patient peut très bien assimiler le contenu de son interprétation plus menaçante. Les oppositions entre Kohut et Kernberg, souvent évoquées dans la littérature, découlent toutes de ces positions sur l'origine de la pathologie et sont bien exposées dans Gabbard (1990).

Mais cette apparente incompatibilité entre deux théories extrêmement riches n'a pas nécessairement à troubler un thérapeute éclectique mais éclairé qui, de toutes façons, doit dans sa pratique peser continuellement les capacités de compréhension de son patient en regard de ses capacités structurales.

c) l'internalisation transmutative par défaut empathique optimal:

De même, comme on l'a vu plus haut, que ce sont les micro-traumatismes qui ont stimulé suffisamment le recours de l'enfant à l'internalisation transmutative, de même, ici, c'est un niveau de frustration optimal (ni trop grand qu'il soit paralysant, ni si faible qu'il passe inaperçu) qui remettra en marche le développement du self, à la condition que le tout se déroule dans un climat d'empathie, comme ce serait le cas dans une enfance normale, c'est-à-dire dans un climat où entre de la compassion pour l'enfant mais en même temps un respect pour la réalité immuable et parfois difficile. Ex: le thérapeute, en retard de deux minutes dit à son patient furieux (malgré les propres absences répétées et sans excuses de ce dernier): "je m'excuse sincèrement de vous avoir fait attendre; je comprends votre colère mais je n'avais pas l'intention de vous blesser". Pour ce faire, le thérapeute n'a pas à créer de toutes pièces des situations de frustrations. En fait, il n'a qu'à se comporter comme tout thérapeute consciencieux et ce sont les aléas incontrôlables de la relation et les imperfections inévitables mais bien naturelles du thérapeute qui accompliront le même travail que les failles naturelles d'une mère

raisonnablement aimante et protectrice ("good enough") auraient dû permettre plusieurs années auparavant.

5) en guise de conclusion

Kohut visait principalement dans ses formulations initiales le trouble de personnalité narcissique. Il a été amené éventuellement à considérer le rôle crucial du narcissisme dans le développement de toute pathologie et c'est là un aspect extrêmement original et fertile qui a élevé sa théorie au niveau des grands modèles psychanalytiques précédents.

L'accent que Kohut met sur le rôle de l'empathie n'est pas nouveau puisque Carl Rogers en avait déjà fait le point central de sa théorie. Même si Kohut introduit l'empathie au cœur d'un système conceptuel infiniment plus complexe que la théorie du counselling rogérien, un bon thérapeute se ressourcera toujours à la lecture de certains passages de Rogers.

L'accent mis par Kohut sur le développement plutôt que sur le conflit élargit des avenues intéressantes (déjà tracées, il faut le dire, par la théorie des relations d'objet) dans le traitement des personnalités dites "primitives". Toute psychothérapie s'insère désormais dans la dialectique passionnante entre la **croissance** et la **compréhension**.

Termes essentiels de la théorie kohutienne, à retenir en sachant les expliquer:

transfert en miroir	relation soi-objet
transfert alter-ego	internalisation transmutative
transfert idéalisé	self tripolaire
défaut optimal d'empathie	relations d'objet internalisées

BIBLIOGRAPHIE

Baker, H. S. and Baker, M.N. (1987). "Heinz Kohut's Self Psychology: An Overview." *Am J Psychiatry* 144: (1): *Si vous ne deviez lire que 8 pages sur Kohut, que ce soient celles-là!*

Bursten, B. (1973). "Some Narcissistic Personality Type." *Int. J. Psycho-Anal* 54: 287. *Une subdivision originale et cliniquement éclairante de la pathologie narcissique en quatre types: paranoïdes, dépendant, psychopathique et phallique-narcissique. Répond à bien des interrogations de cliniciens.*

Fossaghie, J. L. (1994). "Toward reconceptualising transference: theoretical and clinical considerations." *Int. J. Psycho-Anal.* 75: 265-280. *L'usage du transfert et du contre transfert dans un contexte de psychologie du self. Excellente mise en perspective avec la théorie freudienne classique.*

Gabbard, G. O. (1990). *Psychodynamic Psychiatry in Clinical Practice*. Washington DC, American Psychiatric Press. *Un superbe ouvrage de référence que tout thérapeute devrait posséder. Voir les pages 38 et 374.*

Kohut, H. (1971). *The Analysis of the Self*. New-York, International Universities Press.

Kohut, H. (1977). *The Restoration of the Self*. New-York, International Universities Press. *Ces deux volumes sont la grande oeuvre de Kohut. Je ne vous les recommande pas en premier.*

- Commencez par Baker et Baker: le style est moins soporifique et ça vous fournira une vision globale au départ pour vous guider dans la longue traversée de la laborieuse pensée kohutienne.*
- Kohut, H. (1979). "The Two Analysis of Mr. K." International Journal of Psychoanalysis 60(3): *Le cas qui a conduit Kohut à la révision de la théorie analytique et à ses modifications les plus fructueuses. L'histoire est intéressante et facile à raconter. Un succès garanti à l'Institut et dans les salons!! Les français l'ont traduit et vendu à un prix pharamineux. Prenez-le dans sa version originale et achetez-vous plutôt l'oeuvre complète de Sartre (voir plus bas) avec ce que vous aurez ainsi économisé!*
- Meissner, J. O. :, Vol. 33, no.2, 1985. pages 437 à 470. (1985). "A Case of Phallic-Narcissistic personality." Journal of the American Psychoanalytic Association 33(2): 439-470. *Une superbe description, agréablement lisible, de la pathologie narcissique et de son traitement, suivie d'une analyse des éléments fondamentaux de cedernier. Devrait être lu par tout thérapeute, quelle que soit son orientation. Saviez-vous que Meissner est un jésuite?*
- Rogers, C. (1956). What it Means to Become a Person. The Self: Explorations in Personal Growth. New-York, Harper & Row. *Un petit article remarquable qui contient en germe l'essentiel de Rogers et préfigure Kohut.*
- Rogers, C. (1961). On Becoming a Person. Boston, Houghton Mifflin.
- Sartre, J.-P. (1939). Le mur. Paris: Gallimard. *A lire pour le plaisir et la culture....! Publié en livre de poche (no: 33, l'un des premiers), ce plaisir n'est pas coûteux. Les connaisseurs vous recommanderont particulièrement "Intimité" et surtout "L'enfance d'un chef".*
- Shane, M. et E. Shane (1993). "Self Psychology after Kohut: One Theory or Many?" American Journal of Psychoanalysis : 777-797. *L'état actuel de la théorie de Kohut.*
- Stolorow, R., et Lachman, F. (1984). Transference: the future of an illusion. Annual Psychoanal. 12-13, 19-37.
- Taggart White, M. et M. Bakur Weiner (1986). The Theory and Practice of Self Psychology. New-York, Brunner/Mazel. *Un manuel de psychothérapie très accessible et "politiquement correct", mais un peu "nounoune". A consulter néanmoins, car ce genre de livre ne court pas les rues!*
- Thomas, A. and Chess, S. (1984). "Genesis and Evolution of Behavioral Disorders: from Infancy to Early Adult Life." Am J Psychiatry 141: 1-9. *Un classique original et essentiel sur le développement des enfants. A lire de toutes façons pour milles (bonnes) raisons différentes!*
- Trop, J. (1994). "Recent developments in self-psychology." Current Opinion in Psychiatry 7(3): 225-228. *Pour les spécialistes qui veulent en savoir plus. Les autres peuvent s'abstenir sans remords (mais continuer néanmoins à lire "Current Opinion in Psychiatry"!).*
- Trop, J., et Stolorow, R. (1991). A Developmental Perspective on Analytic Empathy: A Case Study. J Am Acad Psychoanal, 19, 31-46.
- Wile, D. (1985). "Hidden Moralism in Psychoanalysis." Contemporary Psychology 30(7): *La pensée de ceux qui n'approuvent pas Kohut. À connaître.*

LE NARCISSISME TRIOMPHANT DANS L'OEUVRE D'AUBREY BEARDSLEY (1872-1898)

Louis Guérette m.d.



The Examination of the Herald

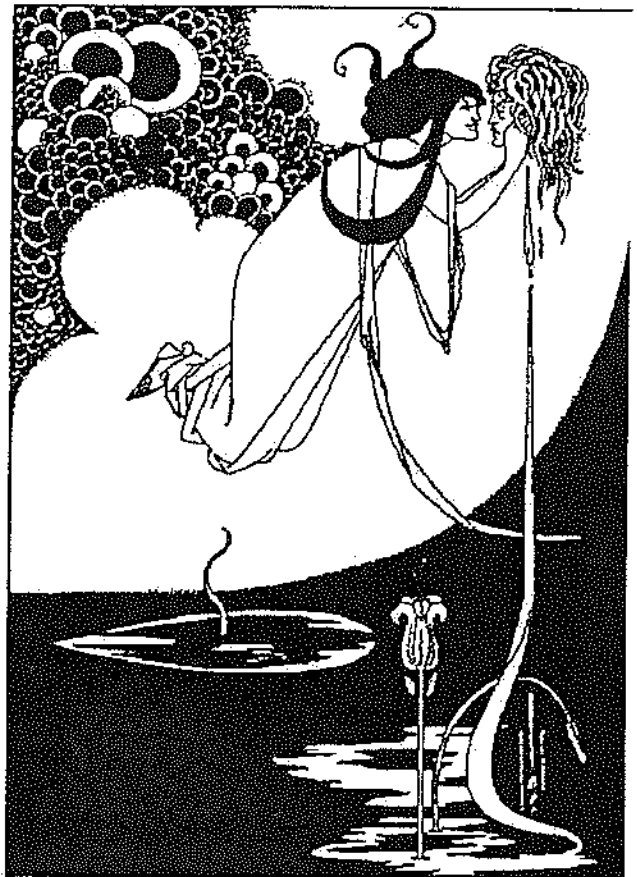
Illustration d'Aubrey Beardsley
pour la comédie d'Aristophane
"Lysistrata"

imprimée à Londres en 1896 (collection privée)

L'oeuvre de Beardsley illustre fréquemment plusieurs caractéristiques propres à la personnalité narcissique.

Notons particulièrement ici la survalorisation d'un organe aux dépens du reste du corps qui n'est qu'esquissé (à l'exception bien entendu de la jolie tête), ainsi que la fascination exercée sur un admirateur présenté comme déficient, inférieur et méprisable. L'organe admiré est ici le support principal de la relation (idéalisée pour l'un, en miroir pour l'autre) entre les deux protagonistes.

Salome, fille d'Hérodiade la maîtresse d'Hérode, est une superbe adolescente, à la fois courtisane et danseuse. Irritée de voir ses avances amoureuses repoussées par Saint Jean Baptiste, elle réclame à Hérode la tête de son bien aimé et l'obtient. Dans l'illustration de Beardsley, elle triomphe dans une extase où culminent de façon aussi tragique que stérile la vengeance et la possession. L'injure narcissique se lave dans le sang.



The Climax

Illustration d'Aubrey Beardsley pour la
tragédie en un acte écrite en français en 1894
par Oscar Wilde

"Salome"

et traduite en anglais par
Lord Alfred Douglas

ADDENDUM BIBLIOGRAPHIQUE AU COURS SUR KOHUT ET LE NARCISSISME

compilé par Louis Guérette

I- SUR LE PROCESSUS DE CHANGEMENT, la grande question de la psychothérapie.

Kohut introduit, par l'accent qu'il porte sur l'empathie, une dimension nouvelle et potentiellement perturbatrice (pour l'orthodoxie psychanalytique) dans la théorie analytique du changement. Voyons donc la position officielle du changement par l'interprétation dite "mutative" dans la psychanalyse orthodoxe, représentée par Strachey, dans un article célèbre de 1934., et que W. W. Meissner (1991) a repris en entier dans un ouvrage accessible et intéressant publié en 1991 pour en tirer des commentaires très éclairants sur l'aspect thérapeutique de l'interprétation. Vous noterez au passage comment les deux conceptions ne s'excluent pas nécessairement.

"I shall first of all give a schematized outline of what I understand by a mutative interpretation, leaving the details to be filled in afterward; and, with a view to clarity of exposition, I shall take as an instance the interpretation of a hostile impulse. By virtue of his power (his strictly limited power) as auxiliary superego, the analyst gives permission for a certain small quantity of the patient's id-energy (in our instance, in the form of an aggressive impulse) to become conscious. Since the analyst is also, from the nature of things, the object of the patient's id-impulses, the quantity of these impulses which is now released into consciousness will become consciously directed toward the analyst. This is the critical point. If all goes well, the patient's ego will become aware of the contrast between the aggressive character of his feelings and the real nature of the analyst, who does not behave like the patient's "good" or "bad" archaic objects (noter ici la ressemblance avec "l'expérience émotive correctrice" d'Alexander). The patient that is to say, will become aware of a distinction between his archaic phantasy object and the real external object. The interpretation has now become a mutative one, since it has produced a breach in the neurotic vicious circle. For the patient, having become aware of the lack of aggressiveness in the real external object, will be able to diminish his own aggressiveness; the new object that he introjects will be less aggressive, and consequently the aggressiveness of his superego will also be diminished. As a further corollary to these events, and simultaneously with them, the patient will obtain access to the infantile material that is being re-experienced by him in his relation to the analyst.

Such is the general scheme of the mutative interpretation. You will notice that in my account the process appears to fall into two phases. I am anxious not to prejudge the question of whether these two phases are in temporal sequence or whether they may not really be two simultaneous aspects of a single event. But for descriptive purposes it is easier to deal with them as though they were successive. First, then, there is the phase in which the patient becomes conscious of a particular quantity of id-energy as being directed toward the analyst; and secondly there is the phase in which the patient becomes aware that this id-energy is directed toward an archaic phantasy object and not toward a real one.

Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. International Journal of Psycho-analysis, 15, 127-159.

Meissner, W. (1991). What is effective in psychoanalytic psychotherapy. Northvale, New-Jersey: Jason Aronson Inc.

En lisant ce grand classique de la psychanalyse publié en 1934, il est difficile de ne pas trouver du mérite au concept tant décrié de Franz Alexander et Thomas French d'"expérience émotive correctrice" qui correspondait véritablement à l'orthodoxie de l'époque et que les kohutiens sont pratiquement les seuls analystes aujourd'hui à considérer encore avec sympathie.

Meissner, J. O.

A Case of Phallic-Narcissistic Personality.

Journal of the American Psychoanalytic Association, (1985), 33(2): 439-470.

Excellente et très lisible description d'un cas de personnalité narcissique et d'une psychothérapie s'inspirant autant de Kohut que de Kernberg.

- 1) prendre une histoire très détaillée des aspects divers de la pathologie narcissique. Réponse tolérante et empathique du thérapeute.
- 2) bien voir et lui montrer comment il contribue à sa propre victimisation.
- 3) cette victimisation comporte cependant la récompense d'être un cas unique, à part des autres, supérieur.
- 4) amener dans une même configuration les éléments de supériorité narcissique et d'infériorité narcissique.

Montrer comment le sentiment qu'on lui doit tout amène un sentiment d'être exploité et rejeté.

A travers ce processus, le patient passe à travers des phases de: 1) incrédulité, 2) colère et 3) deuil qui conduit à l'abandon des exigences narcissiques.

Relié intimement au processus d'interprétation, on trouve un processus dialectique d'externalisation (projection) et d'internalisation (introjection). Le patient idéalise le thérapeute (qui n'est pas dupe de cela) et se sent inadéquat devant lui, ce qui est une projection de son narcissisme. Cette dynamique est interprétée, ce qui bloque le processus de projection et permet une internalisation des aspects plus réalistes du thérapeute, notamment sa capacité de tolérer de faire des erreurs et d'être imparfait.

Basch, Michael F
Chicago Inst for Psychoanalysis, IL.

How Does Analysis Cure? : An appreciation.

Psychoanalytic Inquiry. Vol 6(3) 403-428, 1986.

Addresses clinical points made by H. Kohut (1984) in his book, *How Does Analysis Cure?*, which the present author believes reveal a clinically justified fundamental reorientation. It is argued that according to Kohut, analysis cures through interpretation, which fills in defects in the structure of the self. Self psychology contributes to the evolution of psychoanalysis by **being better able to organize the data of introspection and empathy**. The successful outcome of psychoanalysis is defined in terms of (1) the possibility for carrying on a productive life; (2) the ability to fulfill the program of the nuclear self; (3) the capacity to form and use mature selfobject relationships; (4) the formation of the compensatory structures whose development was earlier interrupted or thwarted by traumatic empathic failure; and (5) the establishment of a self that even under stress is not readily subject to prolonged periods of fragmentation, loss of vitality, or disorganization. It is suggested that the next step after answering how psychoanalysis works is answering why it works, providing an explanatory theory that will replace instinct theory and serve as the basic science for psychoanalysis.

Wolf, Ernest S, Chicago Inst for Psychoanalysis, IL, US.

Clinical responsiveness: Corrective or empathic?.

Psychoanalytic Inquiry. Vol 10(3) 420-432, 1990.

Discusses F. Alexander's (1946, 1956) concept of corrective emotional experience (CEE) as pointing to issues about objective vs subjective data that are directly relevant for psychoanalysis. These issues are described in the context of Freud's struggle to return mechanistic science to a more comprehensive and human discipline and the experiments to modify treatment techniques initiated by H. Kohut (1977) and Alexander. The importance of CEE is interpreted against the background of psychoanalytic self psychology.

Bacal, Howard A, Toronto Inst of Psychoanalysis, ON, Canada.

The elements of a corrective selfobject experience.

Psychoanalytic Inquiry. Vol 10(3) 347-372, 1990.

Discusses the views of F. Alexander (e.g., 1956, 1961) and other psychoanalysts who questioned the therapeutic exclusiveness of insight and studied the effectiveness of experiential factors in the analytic relationship. It is suggested that the internalization of the cohesion-fostering selfobject tie (which is the central concept of H. Kohut (1977)) constitutes the essence of what is the therapeutic or corrective experience in analysis. Patients' contributions to their experience of the relationship between themselves and their analyst arise from the mobilization of childhood experience and the patients' creative fantasies that depict the analyst as an object who will provide the responses that will justify this trust.

Avant de quitter Strachey, un petit détail sur l'évolution de l'interprétation mutative:

Davison WT et coll.

Mutative interpretation and close process monitoring in a study of psychoanalytic process.

Psychoanalytic Quarterly 1990 Oct;59(4):599-628

When James Strachey defined the mutative interpretation, he did not have defense interpretation in mind, but a few years later Anna Freud opened the door to new ways of making small-scale non-transference and transference interpretations that alter superego functions. Using her model and a special mode of listening, the authors suggest an updated technique of intervention with resultant superego change, which qualifies for consideration as a later version of the mutative interpretation.

II- SUR LES DIFFÉRENCES ENTRE KOHUT ET KERNBERG, un débat intéressant qui fait bouillonner les encriers depuis vingt ans et ne sera évidemment jamais résolu.

Fine S et coll.

Four psychoanalytic perspectives: a study of differences in interpretive interventions.

Journal of the American Psychoanalytic Association 1990;38(4):1017-47

This research study was designed to test two main hypotheses: (1) there are detectable differences in interpretive style among classical, Kleinian, Kohutian, and Kernbergian analysts; and (2) the nature of these differences can be discerned and described. The methodology consists of three phases of data collection. The statistical findings are presented, along with clinical examples, followed by a discussion of their implications.

Grotstein JS

ORPHANS OF THE REAL 2. THE FUTURE OF OBJECT RELATIONS THEORY IN THE TREATMENT OF THE PSYCHOSES AND OTHER PRIMITIVE MENTAL DISORDERS

Bulletin of the Menninger Clinic 1995 Sum;59(3):312-332

Object relations theory is a broad, multifaceted concept that covers a number of differing paradigms. The author highlights the historical development of this concept Originally developed by Freud and Abraham, it gradually

became a shibboleth that identified both the Kleinian and the Independent schools in Great Britain and the object relations school within the American school of ego psychology. The two British schools differed between each other and from the American school. Among these schools of thought two majored: (1) the one-person psychoanalytic model, and (2) the two-person model. More recently, derivatives of the two-person model have emerged as the schools of relationism, self psychology and intersubjectivity. In addition, the contributions of the Lacanian school have altered concepts about the fundamental nature of object relations. What is consequently at issue in terms of the psychoanalytic conception and treatment of psychoses and primitive mental disorders (with patients suffering from being "orphans of the Real") is (1) the differing conceptions of what is meant by internal objects, part-objects, selfobjects, and object-representations, and (2) the differing conceptions of unconscious mental life.

Straker, Gillian. U Witwatersrand, Div of Applied Psychology, Johannesburg, S. Africa.

Conflicts of theory and views of human nature: The case of Kernberg versus Kohut.

South African Journal of Psychology, Vol 17(2) 76-78, Jun 1987.

Compares the ideas of O. Kernberg (1974) and H. Kohut (1977) concerning the idealizing transference and their conceptualizations of the narcissistic personality. It is postulated that their disparate ideas are explicable in terms of the different beliefs concerning human nature and their different observational stances, which influence their interpretations of data and the theories they construct. It is argued that Kernberg and Kohut are not unique in this regard and that psychological theories are inextricably linked to world views and deeply held convictions about human nature. (Afrikaans abstract)

Munschauer, Carol A. State U New York School of Medicine, Buffalo.

The patient chase: A bridge between the theories of Kernberg and Kohut.

Psychoanalytic Inquiry, Vol 7(1) 99-120, 1987.

Presents the case of a 17-yr-old female with emphasis on the understanding and treatment of rage in the psychoanalytic psychotherapy of the patient. When the careful pursuit of the patient's internal subjective experience (H. Kohut, 1977) was met with rage, the more interpretive approach of O. F. Kernberg (see PA, Vol 53:12263) was used. Although this approach was met with violent reaction, at termination and at follow-up 1 yr later, the patient's functioning, self-esteem, and objects relations had improved remarkably. Kernberg's and Kohut's theories are integrated in explaining the therapeutic outcome.

Havens, Leston. Cambridge Hosp, MA.

A theoretical basis for the concepts of self and authentic self.

Journal of the American Psychoanalytic Association, Vol 34(2) 363-378, 1986.

Discusses 3 concepts of self and proposes a theoretical basis of the concepts of self and authentic self that parallel superego development and the concept of ownership of impulses and values. One concept of self, which is espoused by W. Grossman (see PA, Vol 70:8014), treats the self as a particular fantasy. A second view, the view of H. Kohut (1971, 1977), evolves the concept of self from a developmental account of narcissism. The third view of self comes from O. F. Kernberg (1975) and treats the self as a structure of self-representations in particular relation to introjections. The present author suggests that, just as the concept of self arises from the relation of ego to superego and, ultimately, from the relation of ego and superego to self-reflection, the concept of authentic self arises from the possibility of human acknowledgment and ownership of one's own impulses and values. The possibility of an authentic self asserts that the act of superego judgment may acknowledge impulses as one's own and that self-reflection may result in self-possession.

Adler, Gerald. Massachusetts General Hosp, Dept of Psychiatry, Boston.

Psychotherapy of the narcissistic personality disorder patient: Two contrasting approaches.

American Journal of Psychiatry, Vol 143(4) 430-436, Apr 1986.

Discusses differences in the theoretical and clinical approaches defined by O. Kernberg (1975, 1980) and H. Kohut (1971, 1972, 1977) in relation to the psychodynamics and psychotherapy of the patient with narcissistic personality disorder. Patients with narcissistic personality disorder are described as being extremely self-centered, often requiring praise and constant recognition to maintain a positive self-concept. The disorder is seen by Kernberg as the manifestation of a borderline personality organization, with specific pathological self-organization; Kohut views it as the result of deficiencies in individuals' internal structure that lead them to constantly search for self objects to help them feel complete. These contrasting theories are used to help clarify the nature of these patients' difficulties, the possibility that there is a spectrum of narcissistic disorders, the effect of existing theory and the personalities of clinicians-theoreticians on the collection of clinical data, and the effects of theoretical formulations on the psychotherapeutic process.

Tonkin, Marc - Fine, Harold J, U Tennessee.

Narcissism and borderline states: Kernberg, Kohut, and psychotherapy.

Psychoanalytic Psychology, Vol 2(3) 221-239, Sum 1985.

Compares the concept of narcissism developed by H. Kohut (1971) with the concept of borderline states developed by O. Kernberg (1974, 1976) by elaborating on the paradoxical conflicts in Freud's work between personal insight and natural science metaphors. Within the general paradigm of psychoanalysis, there have been a number of

crises resolved by specific modifications of theory (e.g., Freud's introduction of the structural model in addition to the topological model) or by splinters away from the mainstream (e.g., the Jungian group). Kernberg stays within the Freudian paradigm and makes as few changes as possible to accommodate new data, while Kohut introduces a whole new paradigm (albeit one that can be subsumed under the old one). It is suggested that Kernberg and Kohut differ in 3 major ways: They focus on diagnostically different patient groups, they have different etiological theories to explain the pathology with which they deal, and they use different therapeutic techniques. The advantages, liabilities, and linguistic structures of both approaches are discussed in relation to their explorations of disturbances of the self.

Nason, Jeffrey D, Harvard Medical School, Boston.

The psychotherapy of rage: Clinical and developmental perspectives.

Contemporary Psychoanalysis. Vol 21(2) 167-192, Apr 1985.

Reviews psychoanalytic theories of the developmental role of rage and aggression in psychopathology. In the psychoanalytic literature, the adjectives most commonly applied to rage are primitive, narcissistic, and borderline. O. F. Kernberg views rage and envy as being of primary developmental and therapeutic significance in borderline and other primitive personality states. H. Kohut, in sharp contrast to Kernberg, sees rage as a reaction to the threat of loss of the experience of a cohesive self. The work of D. W. Winnicott is compatible with that of Kohut, although Winnicott assigns a more significant role to aggression in human development than does Kohut. A. H. Modell's and L. Epstein's perspectives differ in an important respect from that of Winnicott. Modell and Epstein have confused Winnicott's notion of the infant's spontaneous experience of destructive impulses with the rage or anger that the patient may feel in response to the confrontational or aggressive action taken by the therapist. A case report of a young male who had been the victim of sadistic treatment by his parents in childhood illustrates psychotherapeutic techniques in the treatment of rage.

Purpura, Peter A.

Washington Square Inst for Psychotherapy/Mental Health, Training Committee, N. York.

Wolberg, Kernberg, Masterson, Kohut: A theoretical and clinical exploration of borderline pathologies.

Issues in Ego Psychology. Vol 6(1-2) 30-37, 1983.

Considers 4 perspectives on the etiology and psychotherapeutic treatment of the borderline patient. For O. F. Kernberg (1975), pathology is the result of a hereditary predisposition to oral aggression which results in an inability to integrate positive and negative object images. A. R. Wolberg (1973, 1982) looks to the abusive, defensive manner in which these patients were treated by their parents, while J. F. Masterson (1976) emphasizes the arrested development in the separation-individuation stage and repetitions of the unresolved symbiotic relationship. Clinically, Kernberg recommends a confrontational approach to addressing the split between negative and positive self-object images, while Wolberg uses a nonconfrontational approach in addressing the sadomasochistic defensive style. Masterson's treatment approach is essentially supportive and interpersonal, therefore different from Kernberg's and more similar to Wolberg's. Although H. Kohut (1971) distinguishes between the narcissistic and borderline personality, treatment is analogous to that of transference neurosis in neurotics. The case of a 22-yr-old female borderline patient is presented to illustrate the relationship between theory and practice.

Gorkin, Michael, Hebrew U of Jerusalem, Student Counseling Services, Israel.

Narcissistic personality disorder and pathological mourning.

Contemporary Psychoanalysis. Vol 20(3) 400-420, Jul 1984.

Discusses narcissistic disorders based on the view that narcissistic personalities are individuals whose pathology may be conceptualized, in part, as issuing from a failure in the mourning process. The tenacious maintenance of pathological self-representations and object representations and their inability to relinquish these representations for more realistic ones is viewed as the result of a pathological mourning process. The theories of mourning proposed by H. Kohut (1971, 1972, 1977) and O. Kernberg (1975, 1976) are outlined in terms of how these different perspectives can contribute to the treatment of psychopathology.

Kitron DG

Narcissism and object love as separate but dependent developmental lines. [Review]

Psychoanalytic Study of the Child 1991;46:325-36

The literature on the existence of a separate narcissistic line of development is reviewed. In contrast to both extreme points of view—the classical one, not recognizing any separate narcissistic line of development, designed by Freud and sustained by Kernberg, Mahler, and others, and the Kohutian one, claiming the separate independent existence of a narcissistic developmental line—there are various possibilities of intermediate solutions. I suggest that in the frame of reference of Anna Freud's concept of developmental lines, two separate but interdependent lines could be defined, one of object love and the other, rather than termed narcissistic, of introjective-egocentric characteristics. The development and the possible regression in the possible regression in the realm of both lines and dealt with and schematically laid out. [References: 26]

Russell, Gillian A

St George's Hosp, Dept of Adult Psychiatry, London, England.

Narcissism and the narcissistic personality disorder: A comparison of the theories of Kernberg and Kohut.

British Journal of Medical Psychology. Vol 58(2) 137-148, Jun 1985.

Provides a clarification of the characteristics, diagnosis, and development of narcissistic personality disorder. The differing treatment implications, at various levels of psychological intensity, of the theories of H. Kohut (1971; see also PA, Vol 50:7034) and O. F. Kernberg (1975; see also PA, Vols 47:1163 and 53:12263) are evaluated.

Hartmann HP

NARCISSISTIC PERSONALITY DISORDERS [Review] [German]

Psychotherapeut 1997 Mar;42(2):69-84

The concept of narcissism is developed from historical, sociological, anthropological, mythological and etymological sources and classified into different psychoanalytic theories. The basic theoretical positions concerning narcissism and the conception of narcissistic personality disorders are explained in detail. The assumption of primary narcissism is described by referring to the theoretical ideas of Freud, Grunberger, Mahler and Kohut, while the assumption of primary object relation is illustrated by the theories of Ferenczi, Ballat, Klein and Winnicott. In the following the concepts of narcissism in instinct theory or as an independent line of development are portrayed. Grunberger takes an intermediate position. Kohut and Kernberg stand in contrast concerning narcissism as a pathological phenomenon (Kernberg) or as developmental arrest (Kohut). about classifying and describing narcissism follows, where by the opinions about narcissistic personality disorders in the framework of common systems of classification (DSM-IV, ICD-10, OPD) are described. Psychological tests as well as interpersonal approaches are also taken into account. After that the results of infant research and their consequences for a different understanding of the narcissistic personality disorder are presented. The overview is concluded with a subtly differentiated view on different therapeutic techniques.

Felton, Judith R

New York Ctr for Psychoanalytic Training, NY.

Pathological narcissism and healthy love.

Current Issues in Psychoanalytic Practice. Vol 2(2) 83-94, Sum 1985.

Describes 4 different concepts of narcissism, including narcissism as (a) sexual perversion in which the image of one's own body is taken as a sexual object; (b) primary narcissism, in which the libido is invested in the self rather than object cathexes; (c) a type of object relationship in which the self is more important than the real qualities of the other; and (d) self-esteem or self-structure. The conflict vs deficit models are discussed, and case examples of patients treated using the classical Freudian model, the Kernberg model, and the Kohut model are presented to illustrate how narcissism in patients and in the treatment situation has been used to defend against love. Transference and countertransference issues are highlighted, and it is recommended that each psychoanalyst and psychotherapist listen carefully to the data presented by the patient, rather than choosing a particular treatment framework solely according to training or personal bias.

Lonie, Isla

New South Wales Inst of Psychotherapy, Hunters Hill, Australia.

From Humpty-Dumpty to Rapunzel: Theoretical formulations concerning Borderline Personality Disorder.

Australian & New Zealand Journal of Psychiatry. Vol 19(4) 372-381, Dec 1985.

Reviews the development of the concept of borderline personality disorder, and considers theorists who have made significant contributions to its psychodynamic understandings. A review of the literature illustrates the evolution of the concept. Particular attention is given to the theories of D. W. Winnicott, O. Kernberg, and H. Kohut. The symbolism of Humpty-Dumpty and Rapunzel presented in vignette format is used to illustrate this diagnostic category. Specific implications for therapy are considered.

Glassman, Marc

Kernberg and Kohut: A test of competing psychoanalytic models of narcissism.

Journal of the American Psychoanalytic Association. Vol 36(3) 597-625, 1988.

Uses causal modeling as a mechanism for empirically testing many of the claims of the competing models of narcissism by H. Kohut (1971, 1984) and O. Kernberg (1975, 1976). Although the data provide empirical support for both theories, it is concluded that strategic comparisons tentatively suggest that Kohut's self psychology is more parsimoniously explained as a special case of Kernberg's ego psychology-object relations theory.

Freed, Anne O

Boston U School of Social Work.

Differentiating between borderline and narcissistic personalities.

Social Casework. 65(7) 395-404, Sep 1984.

Describes and contrasts borderline and narcissistic personality disorders, adding psychodynamic and developmental theory as presented by H. Kohut (1971), O. Kernberg (1975), M. Mahler (1972), J. Masterson (1981), and others. Issues of differential diagnosis are discussed. Treatment recommendations generally stress the importance of the transference. In both narcissistic and borderline personalities it is intense and difficult to handle. The case of Sylvia Plath as revealed by her biographers, in her poetry, and in her 1971 book *The Bell Jar*, is presented as a young woman suffering from depression and having a borderline personality with narcissistic features.

Leon Altman

A Case of Narcissistic Personality Disorder: The Problem of Treatment

Internat. Journal of Psychoanalysis, 1975, 56, p187

Présentation très détaillée d'un cas très malade; détails pittoresque et bien amenés. Traitement infructueux. Bonne description des difficultés du traitement. Technique peu impressionnante.

Paulina Kernberg,

The Course of the Analysis of a Narcissistic Personality with Hysterical and Compulsive Features.

Journal of the American Psychoanalytic Association, Vol 19, July 1971, no.3

Présentation initiale qui laisse peu soupçonner la présence d'une personnalité narcissique; celle-ci apparaît au cours du traitement et est abondamment et bien décrite. Approche interprétative à la Kernberg (compagnon de l'auteure). Cas apparemment désespéré qui quitte insatisfait; Kohut aurait -il fait mieux?

Lester Schwartz,

Narcissistic Personality Disorders - A Clinical Discussion

Journal of the American Psychoanalytic Association, Vol.22, no.2, 1974

Mais si vous voulez aller au plus court, Glenn Gabbard (1995) vous offre aussi, dans son manuel de psychodynamique appliquée à la psychiatrie, un excellent chapitre sur la comparaison Kohut-Kernberg. (Gabbard, G. O. (1995). **Psychodynamic Psychiatry in Clinical Practice**. Washington DC: American Psychiatric Press. Le docteur Gilbert Fournier de St-Luc fait un séminaire sur ce volume.

La théorie de Kohut fait porter une plus grande responsabilité de la pathologie sur l'environnement que sur l'individu lui-même (c.f.: Miller, A. (1979). **Le drame de l'enfant doué: à la recherche du vrai soi**. Paris, Presses Universitaires de France). Le petit Hans aurait donc été victime de ses parents bien plus que de ses pulsions!

Lindon, John A, Southern California Psychoanalytic Inst, Beverly Hills, US.

A reassessment of Little Hans, his parents, and his castration complex.

Journal of the American Academy of Psychoanalysis, Vol 20(3) 375-394, Fall 1992.

Argues that Little Hans (Freud, 1909) was a victim not of difficulties in overcoming innate instinctual components of the mind, as A. Freud (1980) later asserted, but of his parents' unconscious psychopathology. Hans's castration complex and his full-blown Oedipus complex were symptoms not of normal development, but of the undermining of his psychological structure before he reached this stage. According to H. Kohut (1984), the healthy child of healthy parents experiences not anxiety, but joy as he enters the oedipal phase; only if the parents do not function properly as oedipal self-objects will the child experience anxiety. Beneath the surface manifestations of castration anxiety lie pervasive fears of disintegration of the self.

Et tant qu'à corriger le petit Hans, pourquoi pas l'Homme aux loups:

Thomas KR. Dep of Therapeutic Science, Univ of Wisconsin-Madison 53706-1532.

The Wolf-Man case: classical and self-psychological perspectives.

American Journal of Psychoanalysis 1992 Sep;52(3):213-25

Freud's description of his analysis and treatment of the Wolf-Man will be forever regarded as an extraordinary clinical and theoretical achievement. What has been attempted in this paper is to demonstrate how selected aspects of the Wolf-Man case could be interpreted using a self-psychology paradigm. The intent was not to demean Freud or to undermine the theoretical and clinical contributions of drive/structure theory. Rather, I have attempted to show how Freud's analysis and treatment of the Wolf-Man might have been enhanced by a familiarity with more recent developments in psychoanalysis.

III- LES CRITIQUES DE KOHUT, particulièrement du côté des orthodoxes.

Par contre, si vous n'aimez pas particulièrement Kohut (ce qui serait probablement inquiétant chez un résident) votre dissonance cognitive trouvera un réconfort certain dans les articles suivants:

Rubovits-Seltz P, George Washington University Medical Center, Washington, D.C.

Kohut's method of interpretation: a critique.

Journal of the American Psychoanalytic Association 1988;36(4):933-59

To cope with the obscure, complexly overdetermined, and unstable nature of unconscious meanings, Freud developed a pluralistic methodology that employs a wide variety of interpretive strategies and procedures. Conversely, Kohut proposed a radically abbreviated interpretive approach based on the single, subjective method of empathy. This report reevaluates Kohut's monistic interpretive methodology: (1) The principal features of Kohut's interpretive method are reviewed and evaluated. (2) Case material and interpretations from Kohut's final book are used to compare his unidimensional approach with the pluralistic methodology of traditional interpretation. (3) The epistemologic liabilities of Kohut's interpretive method are delineated and discussed. (4) Methodologically more appropriate strategies for improving clinical interpretation are presented.

Ostow, Mortimer

The two analyses of Mr Z: Comment.

International Journal of Psycho-Analysis. Vol 60(4) 531-532, 1979.

Comments on H. Kohut's (1979) case report in which Kohut attempted to illustrate the advantages of his psychoanalytic psychology of the self over classical psychoanalysis. Kohut did not use proper classical psychoanalytic technique and so cannot conclude that it is inferior to his psychology of the self.

Rosen JE

Self psychology: contributions and limitations.

Psychiatric Quarterly 1994 Spring;65(1):65-76

This paper describes some contributions as well as criticisms of self-psychology. It uses clinical examples to describe some limitations to using self-psychology as the sole frame of reference.

Modell, Arnold, Harvard Medical School, Beth Israel Hosp, Boston.

The missing elements in Kohut's cure.

Psychoanalytic Inquiry. Vol 6(3) 367-385, 1986.

In commenting on H. Kohut's (1984) book *How Does Analysis Cure?*, the present author agrees with Kohut's thesis that psychoanalysis cures by means of a reliving in the transference of crucial developmental failures. This is considered a major and important alteration of Freud's theory of cure. However, the present author disagrees with Kohut's theory of development because it leaves out the subject of object loss with its attendant response of dependency and helplessness vis-a-vis the human environment. It is concluded that this oversight leads Kohut to erroneously support a view of development failures as states of deficiency rather than states of conflict, or more accurately, as states of deficiency and conflict.

Rosen JE

Self psychology: contributions and limitations.

Psychiatric Quarterly 1994 Spring;65(1):65-76

This paper describes some contributions as well as criticisms of self-psychology. It uses clinical examples to describe some limitations to using self-psychology as the sole frame of reference.

Wile, Daniel B, California State U, Hayward.

Kohut, Kernberg, and accusatory interpretations.

Psychotherapy. Vol 21(3) 353-364, Fall 1984.

Asserts that classic psychoanalytic theory is inherently denigrating to clients. Case material is presented to show that certain interpretations commonly made in psychotherapy are actually accusations. Therapists make these interpretations, not because of a personal wish to criticize, but because of the dictates of their theory. An alternative theoretical approach—ego analysis—that leads to nonaccusatory interpretations and that relies for its therapeutic effect on its ability to make clients less accusatory of themselves is described.

Shane, M., & Shane, E.

Self Psychology after Kohut: One Theory or Many?

American Journal of Psychoanalysis, 777-797.(1993).

Wile, D.

Hidden Moralism in Psychoanalysis.

Contemporary Psychology, 30(7). (1985).

IV- KOHUT ET LES AUTRES APPROCHES qui lui ressemblent ou le complètent.

Il est évident qu'en lisant Kohut, on ne peut s'empêcher de penser à Carl Rogers et sa "thérapie centrée sur le client" (*client-centered therapy*) et peut-être de même de penser que justice n'est pas rendue à Carl Rogers qui a tout de même été la principale influence sur la majorité de psychothérapeutes nord-américains (c'est à dire les psychologues) durant des années.

Rogers, Carl R, Ctr for Studies of the Person, La Jolla, CA, US.

Rogers, Kohut, and Erickson: A personal perspective on some similarities and differences.

Person-Centered Review. Vol 1(2) 125-140, May 1986.

Discusses misunderstood aspects of the author's client-centered therapy (CCT), including human nature, the actualizing tendency, empathy, intuition, the personal qualities of the therapeutic relationship, the reorganization of self in therapy, and the place given to theory. These aspects of CCT are related to the comparable aspects of the thinking of H. Kohut (1978, 1981) and M. H. Erickson (1976, 1980). Differences are noted in the application of therapeutic principles in other areas of life. The author's work in applying CCT in cross-cultural workshops, interracial groups, and antagonistic factions is discussed.

Tobin, Stephan A

U California, Los Angeles, US.

A comparison of psychoanalytic self psychology and Carl Rogers's person-centered therapy.

Journal of Humanistic Psychology. Vol 31(1) 9-33, Win 1991.

Compares the philosophical, theoretical, and clinical features of Rogers's person-centered therapy and H. Kohut's (published 1959-1985) psychoanalytic self-psychology, including recent modifications of self-psychology theory. Similarities include the phenomenological emphasis, the view of empathy, the holistic focus, the field theoretical view of the therapeutic relationship, and the therapies' views of human nature and requirements for growth. Differences include the ways in which Kohut and Rogers viewed theory, how the past is dealt with in therapy, the clinical methodologies of the therapies, their views of the necessary length of treatment, the importance of autonomy vs interdependence in human functioning, and differences with respect to self-psychology and person-centered training methods.

Kahn, Edwin

City U New York, Queensborough Community Coll, Bayside, US.

Heinz Kohut and Carl Rogers: Toward a constructive collaboration.

Psychotherapy. Vol 26(4) 555-563, Win 1989.

Examines similarities and differences in the work of H. Kohut (published 1971-1984) and C. Rogers (published 1951-1987) in relation to therapeutic practice. Rogers' contributions may enhance the effectiveness of Kohut's self psychology by freeing it from the orthodoxy of classical psychoanalysis with a focus on the therapeutic qualities of the therapist. Alternatively, Kohut's work can help client-centered therapists (1) discover that clients are often developmentally arrested, (2) use the transference concept to go beyond clients' present experiences, (3) understand clients' idealization of the therapist as an expression of a developmental need, and (4) better understand clients' behavior.

Graf, Curtis L

State U New York, Stony Brook.

Healthy narcissism and new-age individualism: A synthesis of the theories of Carl Rogers and Heinz Kohut.

Dissertation Abstracts International. Vol 46(4-B) 1381, Oct 1985.

Kohut et Winnicott:

Cassimatis, Emmanuel G

Walter Reed US Army Medical Ctr, Dept of Psychiatry, Washington, DC.

The "false self": Existential and therapeutic issues.

International Review of Psycho-Analysis. Vol 11(1) 69-77, 1984.

Contends that the concept of the false self, as outlined by D. W. Winnecott (1965), is a useful clinical one, although it is not fundamentally a psychoanalytic concept. Kierkegaard and Tillich advanced and expanded the idea, but psychoanalysts became increasingly interested following the publication of the work of H. Kohut (1971, 1977). It is suggested that the origin of the false self can be traced to the mothering person's failure to respond and give positive meaning to the infant's spontaneous gesture. It is suggested that oedipal issues should not be introduced into the analysis before the emergence of the true self, so that they do not become another maternal gesture to which the false self must respond. A case example of a female with a highly ambivalent relationship with her mother is given.

Et même Lacan, mais pour l'empathie, vous repasserez!:

Hamburg, Paul

Massachusetts General Hosp, Eating Disorders Unit, Boston, US.

Interpretation and empathy: Reading Lacan with Kohut.

International Journal of Psycho-Analysis. Vol 72(2) 347-361, 1991.

Interprets J. Lacan's (1966, 1981, 1982) exploration of the unconscious through the prism of H. Kohut's (1971, 1977, 1984) emphasis on empathy as the basis for psychoanalytic interpretation. Lacan described the disconnection characterizing human relationships and stressed that the unconscious is structured like a language, revealing its complexity through symbolic forms. Transferences provide interpretative access to the language of the unconscious. For Kohut, interpretation depends on prior establishment of a stable transference, and human connection is a necessity. Lacan's more structural approach to the inner world provides a counterweight to Kohut's preoccupation with the 2-person field; Kohut's concepts of maternal mirroring lend a humane dimension to Lacan's intellectual structures.

Klay, Laurence D

California School of Professional Psychology-Berkeley, Alameda, US.

Psychoanalytic politics in a culture of narcissism: The ideological worlds of Jacques Lacan and Heinz Kohut.

Dissertation Abstracts International. Vol 50(10-B) 4773, Apr 1990.

A cause de l'importance apportée à l'empathie et l'authenticité, la théorie de Kohut suscite également une irrésistible comparaison avec les philosophes existentiels:

Chessick, Richard D

Northwestern U, IL, US.

A comparison of the notions of self in the philosophy of Heidegger and the psychoanalytic self psychology of Kohut.

Psychoanalysis & Contemporary Thought. Vol 11(1) 117-144, 1988.

Examines H. Kohut's (e.g., 1958, 1961) and M. Heidegger's (1971, 1977) concepts of the self. It is noted that Heidegger, in a concept similar to Kohut's discussion of the narcissistic personality, maintains that style of life or self processes determine whether a person is dispersed and uncentered (inauthentic) or integrated and cohesive (authentic). Similarities in the authors' discussion of mirroring interactions between the individual and the environment throughout life are noted. It is argued that Kohut reoriented psychoanalysis in the same way that Heidegger reoriented philosophy, from a preoccupation with mechanical-scientific matters toward an overall vision of humans in the world.

Bragan, Ken

I and thou: An examination of empathy.

Australian & New Zealand Journal of Psychiatry. Vol 21(4) 575-579, Dec 1987.

Discusses H. Kohut's (1959) views on the clinical value of empathy in psychoanalysis and psychotherapy and places them in the context of M. Buber's (1947) concept of relatedness and ontological approach to empathy. Similarities between Kohut's view of empathy as an instrument of observation and a mode of relatedness and Buber's (1970) I-It and I-Thou modes of relating are identified. Buber's distinction between persons and egos is discussed. Buber viewed therapy as a person-to-person relationship rather than analysis of an object by the therapist. The mutuality of this view is also seen in Kohut's approach to therapy.

Ricoeur, Paul

The self in psychoanalysis and in phenomenological philosophy. (Trans D. Pellauer).

Psychoanalytic Inquiry. Vol 6(3) 437-458, 1986.

Discusses H. Kohut's (1984) book, *How Does Analysis Cure?*, in terms of the importance of his concepts for philosophical reflections on the relationships between subjectivity and intersubjectivity. The author summarizes what he considers to be major themes of the metapsychology of self: (1) the gap between Kohut's metapsychology and traditional Freudian analysis; (2) Kohut's conceptual distinction between self and ego; (3) Kohut's central focus on the experience of transference; (4) the existence of 2 levels of empathy in Kohutian analysis; and (5) the structuring role of what Kohut calls optimal frustration. It is suggested that the philosopher makes use of conceptual paradigms meant to articulate as one whole the constitution of a self and the relationship to another person who will be authentically another person. These paradigms are suggested by ordinary experience, but they are selectively elaborated and raised to the level of concepts by way of what might be called a thought experiment, parallel to the analytic experience of transference. Examples from G. W. Hegel (1807 (1977)), E. Husserl (1950), and E. Levinas (1969) are presented to illustrate conceptual intersubjectivity and subjectivity.

V-APPLICATION DES CONCEPTS KOHUTIENS À LA PSYCHOPATHOLOGIE

(Incluant Don Juan, l'imposteur, l'anorexie, le sexe, la psychose, Munchausen, la toxicomanie et la relation avec votre superviseur).

Brockman DD

The fate of Don Juan: the myth and the man.

Adolescent Psychiatry 1992;18:44-62

The literary character of Don Juan has offered an opportunity to study certain characteristics in an adult man who began a behavior pattern in adolescence that resembled the legendary and mythical Don Juan. Power and dominating control issues were paramount defenses against a narcissistic depression in this man as seen in his relationships with women and in the transference relationship with me. The transference data have been put to use in providing a formulation for an explanation of the phenomena observed. Other clinical data concerning women and some homosexual men are presented in a more abbreviated fashion. This research effort is a retrospective construction of the dynamics that led to this man's neurosis. In my opinion, a self psychological interpretation offers the more felicitous fit than the classic oedipal interpretation. In fact, at first I tried interpretations based on classic oedipal theory—concerning issues of competition with me as father and fear of retaliation and castration—but this strategy resulted in little or no response. More important than symptomatic response, however, the data minimally and weakly supported those interpretations. To be sure, there were and still are competitive and phallic oedipal issues. Moreover, when the patient's mother died, he was drawn into a closer relationship with his father, a relationship accompanied by wishes and fantasies of taking his mother's place. These wishes were quite real, but, as the analysis preceeded, this negative oedipal configuration occupied a much less prominent place in the dynamics. Power and control issues dominated the clinical picture, masking a depression emanating from a deeper narcissistic focus. Interpretation of these narcissistic issues provided my patient with the relief he was seeking, while the main effect of the antidepressant medication was to help him sleep. By giving him something, a deeply seated wish was gratified and was in keeping with an idealized mother transference.

Langford J- Clance PR

THE IMPOSTOR PHENOMENON - RECENT RESEARCH FINDINGS REGARDING DYNAMICS, PERSONALITY AND FAMILY PATTERNS AND THEIR IMPLICATIONS FOR TREATMENT

Psychotherapy 1993 Fall;30(3):495-501

Research on the impostor phenomenon, an experience of feeling incompetent and of having deceived others about one's abilities, is reviewed. Impostor feelings are shown to be associated with such characteristics as introversion, trait anxiety, a need to look smart to others, a propensity to shame, and a conflictual and non-supportive family background. The findings are discussed in terms of self psychological theory, with the impostor phenomenon seen as a result of seeking self-esteem by trying to live up to an idealized image to compensate for feelings of insecurity and self-doubt. Therapeutic approaches drawing on self psychology and cognitive therapy are suggested.

Chassler L

IN HUNGER I AM KING - UNDERSTANDING ANOREXIA NERVOSA FROM A PSYCHOANALYTIC PERSPECTIVE - THEORETICAL AND CLINICAL IMPLICATIONS

Clinical Social Work Journal 1994 Win;22(4):397-415

"In hunger I am king" (Kazantzakis, 1963) expresses the inner struggle of the anorectic. In the relentless pursuit of thinness, anorexia nervosa is a desperate search for autonomy and a self-respecting identity. The syndrome is a serious emotional disturbance causing mental, emotional, and physical deterioration. Medical complications, such as cardiac arrest, can be fatal. After addressing the development of anorexia as a clinical entity, the anorexia nervosa syndrome is examined from the divergent psychoanalytic theories and treatment philosophies of Freud's Drive-Conflict Model, Ego Psychology, Interpersonal Theory, Object Relations Theory, Self Psychology, and Attachment Theory. Case material is presented to highlight the different psychoanalytic formulations.

Garfield DAS- Tolpin M

SELFOBJECTS IN PSYCHOSIS - THE TWINSHIP COMPENSATION

American Journal of Psychotherapy 1996 Spr;50(2):178-193

Concepts from psychoanalytic self psychology may be valuable in explaining confusing clinical experiences in psychotherapy with psychotic patients. In this article, we describe three clinical cases in which the patient believed that one of the therapist's body parts was actually the patient's. This body part "mixing up" has traditionally been understood in terms of part objects or transitional objects. We propose that the twinship selfobject experience provides a better understanding and guide to clinical intervention in these circumstances.

Garfield D et coll.

Dep of Psychiat/Beh Sc, Uni of Health Sciences, Chicago Medical School

Paranoid phenomena and pathological narcissism. [Review]

American Journal of Psychotherapy 1991 Apr;45(2):160-72

Paranoid phenomena can be seen to arise from pathological narcissism. As a result of certain kinds of trauma to the ego-ideal and/or losses of important self-object relationships, the self becomes dislodged from internal agencies and representations. Narcissistic cathexis of the self to these internal psychic structures loosens and hope, aspiration, affection and will become markedly diminished. Meaningful goals and choices become impossible to adopt and make. The paranoid patient is internally at "loose ends"; he is lost. Tragically, being gripped by the paranoid condition and its manifest delusional system is the only kind of security that the paranoid patient knows. No wonder it is so hard to give up. The vulnerability to paranoid phenomena may be seen to be a result of past experiences of subversion of "selfhood." In significant ways, the patient vulnerable to paranoid phenomena has not been adequately attended nor adequately "left alone." The self can be seen as arising out of crucial mother-infant exchanges that are paralleled by interactions between developing internal psychic structures. Out of these "reflections," the self is born. The narcissistic cathexis of self to the ego, superego and ego-ideal is the result of self-expression: if full self-ownership has not been possible then self-expression is vulnerable. Given these understandings of the relationship between paranoid phenomena and pathological narcissism, treatment will focus on reducing the threats to selfhood, refinding the self, and reestablishing ties to internal sources of affection, initiative and aspiration.

Finell JS

Sadomasochism and complementarity in the interaction of the narcissistic and borderline personality type.

Psychoanalytic Review 1992 Fall;79(3):361-79

The narcissist and borderline personality types complement one another's defensive style providing needed defensive externalization of disavowed and split-off feelings. One is exploitative, grandiose, and dominant, forever seeking admiration and exhibiting an aggrandized self; the other experiences humiliation, neediness, helplessness, and terror of aloneness. They form a powerful complementary dyad wherein each identifies with disavowed emotional experiences displayed in the other. They can coexist for lengths of time, defensively discharging unwanted feelings. In the first case presented above, the transference was split initially, with the masoborderline patient being victimized and humiliated by her sadonarcissistic lover. In the second case, a male sadonarcissist enacted disavowed feelings through relationships with masoborderline women. In both cases, defensive enactment was fed by a complementary, intense, and symbiotic relationship. Complementary dynamics can be subtle and difficult to analyze. They involve defensive identification that draws on projection.

enactment, and externalization—all difficult defenses to analyze. Enactment rather than remembering is inimical to the development of insight into transference and genetic connections and must be worked through for the analysis to progress. More than the usual analytic patience and resolve is needed to work through the difficult entrapments caused by these dynamics.

Hurlbert DF et coll. Darnall Army Community Hospital, San Antonio, TX.

Sexual narcissism and the abusive male.

Journal of Sex & Marital Therapy 1991 Winter;17(4):279-92

This study compared abusive husbands with nonabusive, marital discordant husbands using seven measures to ascertain certain sexual characteristics of abusers. Both samples were then matched and completed the Relationship Closeness Inventory, the Hurlbert Index of Sexual Assertiveness, the Sexual Opinion Survey to assess the extent of negative (erotophobic) to positive (erotophilic) attitudes toward sex; the Sexuality Scale for its measures of sexual-esteem, sexual-preoccupation, and sexual depression; and the Index of Sexual Satisfaction. As predicted, abusive husbands evidenced significantly lower relationship closeness, sexual assertiveness, and sexual satisfaction in their marriages than did nonabusive husbands. Also, physically abusive men demonstrated more negative (erotophobic) attitudes toward sex and greater sexual preoccupation than did the nonabusers. Inconsistent with our predictions, however, abusive husbands evidenced significantly greater sexual esteem. An egocentric pattern of sexual behavior appeared in the marital relationships of abusive husbands. This pattern, referred to as "sexual narcissism," is discussed.

Hurlbert DF et coll. Fac of Philosophy, Dep of Psychology, University of Ljubljana, Slovenia.

Sexual narcissism: a validation study.

SO - Journal of Sex & Marital Therapy 1994 Spring;20(1):24-34

AB - Sexual narcissism, an egocentric pattern of sexual behavior, has recently been described in the literature and has been discovered to be associated with cluster B type personality disorders. Although the research seems to have validated sexual narcissism as a characteristic of borderline and histrionic personality disorders, it is yet to be tested with narcissistic personalities. In an effort to further explore this relationship as well as the validity of sexual narcissism, this study systematically compared a sample (ages 24-33 years) of males with narcissistic personality disorder with an adequately matched sample of males without personality disorders. As compared to the control group, narcissistic men were found to have significantly lower self-esteem, more negative attitudes toward sex, greater egocentric patterns of sexual behavior, more conservative or traditional gender-role orientation, and greater sexual preoccupation. Despite these findings, there were no significant differences between the groups on sexual depression and the narcissistic men evidenced significantly higher sexual esteem. Implications for these findings are discussed.

Grosch WN. Psychiatric Outpatient Clinic, Albany Medical Center, New York 12208.

Narcissism: shame, rage and addiction.

SO - Psychiatric Quarterly 1994 Spring;65(1):49-63

AB - This paper employs perspectives from Self psychology to illuminate our understanding of narcissism. Striving for complete independence and autonomy, a goal of classical psychoanalysis, encourages the disavowal of narcissism. Instead, narcissism is viewed as necessary for the survival of a sense of self and not on the same continuum with object love. The concepts of self-object and self-object functions are defined. Shame and rage are explained as byproducts of self-object failure. It is postulated that shame emerges out of self-depletion and that narcissistic rage emerges out of self-fragmentation. Countertransference and treatment implications are discussed. Following Lichtenberg, addictions are viewed as deriving from the quest for self-object experience, regardless of the long-term detriment.

Rodin GM. Department of Psychiatry, University of Toronto.

Somatization: a perspective from self psychology.

Journal of the American Academy of Psychoanalysis 1991 Fall;19(3):367-84

Somatization is a complex phenomenon that occurs in many forms and diverse settings. It is not necessarily pathological and may be found in a variety of psychiatric disorders. Much of the psychiatric literature has focused on patients with conversion disorders and hypochondriasis. Psychoanalytic theories regarding such conditions were largely based upon concepts of drive, conflict, and defense. The perspective from self psychology, with its emphasis on subjective experience and the sense of self, may further enhance the psychoanalytic understanding of somatization. Individuals with disturbances in the stability and organization of the self may present with somatic symptoms and disturbances in emotional awareness. Somatization in such cases may be the experiential manifestation of a disturbance in the cohesion of the self and/or may result from defensive operations to ward off affect. The latter may be prominent when affective arousal triggers the psychological threat of fragmentation. Somatization may diminish in such individuals when a self-object relationship is formed that bolsters and consolidates the sense of self.

Babe KS Jr et coll.

DepartPsychiatry, Vanderbilt University Medical Center, Nashville, Tennessee.

The pathogenesis of Munchausen syndrome. A review and case report. [Review]

General Hospital Psychiatry 1992 Jul;14(4):273-6

The authors present a case of Munchausen syndrome notable for an extended premorbid length and lack of early identifiable antisocial behavior. The patient's life history has been reconstructed, and an integrated psychobiological evaluation of the patient is given including neuroanatomical, neurohormonal, and neuropsychological assessments. Frontotemporal cerebral atrophy and lack of thyroid-stimulating hormone response to thyroid-releasing hormone infusion were found. Although self-object losses did appear to precipitate the Munchausen syndrome in a step-wise fashion, it appears that central nervous system deterioration might have been related to the development of the disorder.

Yerushalmi H

A CALL FOR CHANGE OF EMPHASIS IN PSYCHODYNAMIC SUPERVISION

Psychotherapy 1994 Spr;31(1):137-145

Supervisors are called upon to maintain an ambience of acceptance which foster growth and enables the supervisees to search for the true meaning of their Professional self. This article uses self Psychology as a model for structuring the supervisory relationship and suggests that supervisors' "empathic failures" in identifying and fulfilling their supervisees' needs disturb and even undermine this necessary ambience. When the process of supervision is disturbed by empathic failure, the interPersonal events within the supervision should be carefully examined in Order to reorganize and rework the supervisory experience and restore the Participants' emotional balance and their ability to work well within the supervision.

VI-LE NARCISSISME ET LES ARTISTES (très brève liste sur un très long sujet).

Bragan, Ken

Individuality, narcissism and the bipolar self.

Australian & New Zealand Journal of Psychiatry. Vol 24(4) 537-542, Dec 1990.

Introduces Oscar Wilde and George Bernard Shaw as exponents of the cult of individuality and as examples of the 2 poles of the self as defined by H. Kohut (1977). Wilde's need for mirroring and his use of defensive strategies to support the self are contrasted with Shaw's compensatory use of idealization to create a strong and stable self. Self-psychology can explain some aspects of the personalities of these men, but it cannot explain why Shaw's life was an apparent success and Wilde's an apparent failure.

Mitchell G. Department of English, University of North Texas, Denton 76203.

The great narcissist: a study of Fitzgerald's Jay Gatsby.

American Journal of Psychoanalysis 1991 Dec;51(4):387-96

Knafo D

Eugene Lang College, New School for Social Research, New York City.

Egon Schiele and Frida Kahlo: the self-portrait as mirror.

Journal of the American Academy of Psychoanalysis 1991 Winter;19(4):630-47

This article explores the psychoanalytic significance of the self-portraits of Egon Schiele and Frida Kahlo. Both artists employed the self-portrait as a central means of artistic expression. Their fanatic and prolific focus on artistic self-representation exemplifies the manner in which they dealt creatively with narcissistic issues. The therapeutic function of the self-portrait as mirror is examined as well as the part it plays in self-consolidation and identity maintenance.

Dyer SK. Dep of English, East Tennessee State University, Johnson City 37614.

Narcissism in the novels of Herman Melville.

SO - Psychiatric Quarterly 1994 Spring;65(1):15-30

AB - The nineteenth-century novels of Herman Melville, in their exploration of the theme of the conflict of man's godlike aspirations with his all-too-human limitations, anticipate the twentieth-century psychoanalytic understanding of narcissism, as developed by Sigmund Freud and Hans Kohut, specifically its psychodynamic model of the ego ideal in conflict with reality and the finiteness of human life. Captain Ahab in Moby-Dick is a vivid portrait of a narcissistic character, while Captain Vere in Billy Budd stands as a model of the "transformations of narcissism" in a mature individual. Melville's imaginative fiction is still capable of giving us valuable insights into the human condition.

Cohen M. Los Angeles Institute of Psychoanalytic Studies.

Little girls who become angels: the prohibition of feminine narcissism in the children's stories of Hans Christian Andersen.

J of the Am Acad of Psychoanalysis 1994 Spring;22(1):153-66

Page NC

A SELF-PSYCHOLOGY ANALYSIS OF WILLIAMS, TENNESSEE A STREETCAR NAMED DESIRE

Arts in Psychotherapy 1996;23(5):417-422