LECTURE 21
April 25, 1975

VARIETIES OF NARCISSISM

DR. KOHUT: Again, are there any questions, is anything left over from last time?

CANDIDATE: Everybody seems to say that narcissistic defenses against oedipal conflicts are so common, that they are an everyday phenomenon, and it seems to me that's one way narcissistic issues are often minimized or dismissed. I don't think we've talked about it enough in a systematic way or about the problems that arise when narcissistic aggression is stirred up. To put my question more succinctly, are narcissistic reactions handled similarly or differently when a case is mainly a narcissistic one or mainly a structural one?

DR. KOHUT: Fine. I'll be glad to talk about that. I think it should be made very clear that we are talking about two totally different things. When we speak about narcissistic defenses, an aspect of which used to be called the narcissistic crust, we are using an old term that was popular about 30 years ago. You know all about Wilhelm Reich and character analysis, of course. You have learned about the contribution and the fate of this man. But it was in the late 30s that these concepts became particularly popular and a kind of thinking was prevalent in analysis that

might be interesting for you to think about because you know such things tend to repeat themselves. Well, at that time a kind of concretistic thinking came into vogue that was, as one can see in retrospect, strongly influenced by Wilhelm Reich. Instead of the use of plastic metaphors or of evocative, descriptive terminology, it tended to concretize some very obviously nonconcrete relationships. Certain terminology that Reich introduced became popular, and up to a point I think it was quite useful. My feeling is that one need not be afraid of evocative terminology if one is healthy enough to know that it is only meant to be evocative terminology. It becomes disturbing when some people begin to confuse what is evocative and what is concrete.

As far as Wilhelm Reich was concerned, it is very clear that what was originally evocative metaphor later on became his psychosis. He first talked about the psychoeconomic importance of reaching a satisfying or complete orgasm. I think he was theoretically in error about the psychological significance of that, but that's beside the point. To me it was an interesting and quite acceptable theory that, in the last analysis, is not so different from some of the things that Freud had also said. But with Reich the main issue in psychological disorders was reduced to a psychoeconomic one, so that, whatever else a cure involved, it finally had to enable the patient to deal with libidinal tensions by reaching the capacity for full orgasmic discharge.

As I said, I think it is an erroneous theory, but that doesn't make any difference. It is an acceptable hypothesis. And it is not so far, really, from what Freud held in terms of libido theory and never really retracted. You know, the original idea of the actual neurosis, the actual neurotic core of psychic disturbance, is not much different from what Reich more forcefully, and, I think, also more plastically, described in his works, particularly in *Character Analysis*.

Now, what was originally a theory of the centrality of a full orgasmic discharge so far as the attainment of mental health through psychoanalytic treatment was concerned later became for Reich a concertized psychotic idea and symptom. There were a whole group of Reichians, many of whom were a very disruptive force in the Scandinavian countries, where they emigrated and began to promulgate their clinical and theoretical ideas. The meetings of the psychoanalytic societies were often interrupted by the *Reichswehr*,[1] as they were jokingly called, because at every meeting one of the Reichians would get up and make his canonical statement about

[1] *Reichswehr* is used here as a pun on Reich's name and the Reichswehr, or German army of World War II.

how in the course of successful treatment the orgone must appear. The orgone became something more and more real, and finally, believe it or not, there were these little cages, real cages or boxes, and in them you supposedly could see the blue flame of the orgone burning away. Anyway, it was obviously a very sad regression and disintegration of the mind of this otherwise brilliant man. Then, partly as a consequence of these now bizarre ideas, there was a swing away from the plastic representation of nonmaterial things and a confusion between concretism and the overly evocative and overly metaphorical.

Among these very plastic conceptions was a perhaps already overly plastic and overly biased view of the analytic process as a removal of defensive layers. Now, that has a sort of nice sound, but the Reichians and even Wilhelm Reich held that it wasn't just an idea of layers. It wasn't just something that had to be understood the way that I, and I think all of us, would approach such things, that is, by understanding and demonstrating the meaning of such behavior. But it was—and, again, Freud had a little bit of that in him too—an exaggerated move toward the concept that Freud called the resistance. Everything that opposes the progress of analysis is a resistance, Freud said. But in Reich's terms it went one significant and fatal step further. It became the character armor that had to be pierced, a palpably belligerent metaphor that began to merge into the image of the concrete idea of chain mail and steel. It became the patient's defensive Maginot line set up to defend against and ward off the analyst's attack. The joke about the *Reichswehr* was not made totally out of whole cloth. Well, enough of that.

Let's return to the original question. The question that was raised was, could I shed some light on those cases in which we deal with narcissism as a defense, and, more specifically, do narcissistic defenses operate in the oedipal neuroses? Another request, it seemed to me, was to speak about those cases in which genuine narcissistic disturbances and genuine oedipal structural disturbances may be encountered side-by-side, mixed with each other, or whatever, in some state of coexistence.

Concerning the first issue regarding narcissism as a defense, I had said that that was part of classical analysis, a type of well-understood character defense, and that little needed to be said about it now. But then I was told that the issue about the narcissistic defenses against oedipal neuroses is by no means as clear-cut as I seem to think it is, and it would be helpful therefore if I were to say more about it.

Well then, the question of narcissistic defenses was very much played up by Wilhelm Reich. And again, there is a great deal that is correctly stressed as long as it is kept within the bounds of understanding why the patient is

doing it and one does not confuse the idea of a defense with a physicalistic armor that is no longer a clinical abstraction; but rather, it is something that with hammer and tongs one has to do away with physically or, these days more subtly but equally dangerous, that one has to do away with by verbal hammer and tongs. (I think Freud was sometimes inclined to do just that, and of course Wilhelm Reich exaggerated the practice to the extreme.) Yet, if one does not overly concretize the idea of resistance, as if it were something that really was malignantly evil or at least stubbornly oppositional—like a child who does not want to be educated, as it were, because he's lazy and has to be mobilized—then it is a useful concept. Seen from this point of view, the narcissistic crust or armor or defenses or resistances that every patient brings into the analysis are there to be understood and analyzed. They are to be grasped in terms of the general functions that such defenses, resistances, and attitudes have for every human being. And defenses are to be grasped in terms of the very specific functions they have for a particular patient at a given time. And, finally, defenses are to be understood in terms of the specific interrelatedness with the history of the person who has a specific underlying pathology. In other words, they are not simply defensive walls to be breached—"for Harry, England, and St. George!"

So, to put more order to this, there are three different ways of examining narcissistic defenses. There are certain narcissistic defenses that every person brings into analysis. They are part and parcel of the human equipment. Most of us are used to finding a certain degree of security in life by not telling everything about ourselves, by protecting ourselves against too much openness. We all do that at times because obviously other people will not necessarily take kindly to the revelation of our weaknesses, of our delinquencies, of our moral and psychological shortcomings. So we naturally defend ourselves against that, and it is not easy for us to give up that defense just because somebody, even an analyst, tells us it is going to be helpful, that it is going to lead somewhere. We have learned not to be fully open. We have learned not to be completely sincere. We have learned to protect ourselves as we must. And anyone who isn't that way to some extent is either ill or unusually naive—or, perhaps pathological or in certain instances even saintly. I don't know; it is a question that I would leave open. It is a value judgment, and it is very difficult to know where to draw the line. If someone pits himself against a really serious prejudice in society and gets swept away by society, then is he a saint, or is he a significant revolutionary, or is he nutty? Where would you draw the line in terms of his behavior, in terms of investigating how it all fits into the total personality? These lines have been tentatively drawn

to some extent. But simply by looking at the behavior, one cannot really know.

So the defense against everyday narcissistic injury is ubiquitous. This is a defense that one must be aware of with one's patients all the time, particularly at the beginning of treatment. My favorite example is one I believe Freud used in the *Introductory Lectures*. He said that when a patient comes into his consulting room from the waiting room and leaves the door open, he, in no uncertain terms, tells the patient immediately to go and shut the door. And he said that this is very important to do because, by leaving the door open, the patient has expressed his contempt for the psychoanalyst: "Where are all the other patients, Professor? All the other professors have long lines of people waiting. Here, in your office, I am the only one. What you do can't be worth very much." And the thing to do then is explicitly to show the patient who's the boss; so close the door. So this time the patient knows who's in charge.

Well, obviously, I wouldn't do that. I don't think anyone here would be likely to do that. Perhaps we would ask the patient to close the door or we would say, "Would you please always shut the door when you come in," or whatever. But at the same time I would make a note of it in my mind, and I would begin to wonder what it was all about. I would certainly not disregard it, and at the right moment I might say, "Now I think we can understand why the first time you came in you had a need to keep the door open. I think you wanted to explain to me or tell me then that . . ." We would gradually come to an understanding of what it meant. This is very different from handling it by showing who is the boss. It is very interesting in view of the fact that though Freud would do something like that, he was also enormously sensitive to the patient's embarrassment in the therapeutic situation.

A while ago I saw one of those throw-aways that one of the drug companies sends out. In it were pictures of Freud's consulting room, and they showed that Freud had placed a small statue on his desk between himself and the patient, whether the patient was sitting up during initial consultations or simply coming to a regular sitting-up session. The reason Freud gave for placing this statue between himself and the patient was that it allowed both the patient and him to look at the statue rather than at each other so that there would be less possibility of embarrassment. Now, no doubt it is difficult for people to look at each other's face for prolonged periods of time, but we have all learned how to handle that. In doing psychotherapy we have learned not to stare at the patient all the time, to glance away at times in the usual way people do with each other. You can perform an interesting experiment. When you are walking down the

street, do nothing else but look into people's eyes as they walk by. You will see that (1) it is very difficult to do and (2) that people will become very self-conscious and look back at you in annoyance: "What's the matter with you? Why are you looking at me?" Just the normal length of time is acceptable. We have all learned to look away at regular intervals. We have all learned the optimal time span during which it is OK to look into a person's face, long enough but not too long.

What I am trying to say is that, on one hand, Freud could be so vain about the implications of one-up-manship by a new patient without knowing at all how it fit into the patient's personality, that Freud could be so totally nonanalytic; and yet, on the other hand, he could be so exquisitely concerned with the patient's self-consciousness about looking at his, Freud's, face. And, as you know, it is no joke that he said that part of the reason for the tradition of the couch was that he could not stand to be gazed at for eight or ten hours a day by his patients. As it turns out, the couch has, of course, many other advantages. It was the last residue from the original hypnosis situation but it underwent a change of function in the course of the history of psychoanalysis. And even though part of its history may be the avoidance of Freud's sensitivity to being gazed at, I don't think that there is any doubt that there are many advantages in its use that are no longer related either to Freud's sensitivity or to the original intention of increasing the patient's passivity in relationship to the analyst.

Well, anyway, back to the most superficial narcissistic reactions and the most general way of handling them. There is no question that each individual brings in some generalized narcissistic resistances against the analytic procedure: not to be passive, not to reveal everything about oneself, not to feel that someone else understands the implications of what one is talking about before one understands it oneself, and so on. Freud described this in his beautiful paper called "A Difficulty in the Path of Psychoanalysis."[2] This is the paper where he compared his contribution to those of Copernicus and Darwin. Copernicus shows that man is not in the center of the universe; Darwin shows that he was not separately and uniquely created; and Freud shows that man is not even master in his own psychological household.

The specifics of the ultimate narcissistic blow, which reverberates in every patient to some extent, is specifically that one reveals something about oneself without even knowing what one is revealing. The point, then, is not to tell the patient to go and close the door, but for the analyst to recognize that defenses are part and parcel of the human condition and

[2]Freud, 1917.

that the way to deal with them is not to resort to a one-up-manship use of interpretation, but to make the investigation of their meaning a cooperative enterprise between the patient and the analyst. In other words, there are certain noninterpretive approaches to these general resistances that, for the most part, melt away on the basis not so much of what the analyst says, but of how he behaves, what he does, what he comes to be known to be by the analysand.

I do believe, however, that there is an old confusion, which I have talked about here at other times, between analytic neutrality, considered as a sterile field in which one must work antiseptically, as a kind of physical or emotional zero point, and the average friendliness and empathic behavior that a patient has the right to expect from a person who has devoted his life to understanding why and how others feel as they do, who has devoted his life to empathically merging with them. That expectably empathic behavior is the true zero or base line in analytic work. It is not some peculiarly remote, emotionally dessicated behavior in which the therapist from the beginning, without any particular explanation, doesn't answer questions or sits there as if he were an unintelligible, god-like seer. That kind of behavior does not bring out any psychologically important realities in patients, but it does produce peculiar artifacts that may then be misunderstood and interpreted as basic pathology. Of course, it isn't essential pathology, but a reaction to mistreatment, although it may be an idiosyncratic reaction to mistreatment. But it is in essence an iatrogenic disease.

Now, in the obverse, I would say that true neurotic defenses and transferences are much more easily and clearly seen when they arise from a base line of average, expectable warm and friendly behavior. Otherwise there is a base line to which the needful patient must first adapt himself by creating the necessary theory for himself: that the guy (the analyst) acts as if he were nuts, but he's essentially a nice guy, and there really are some valid clues for that fact. But since he has learned to act this peculiar way, I'll go along with it.

CANDIDATE: If I understand you correctly, you're describing narcissistic defenses in pretty much the same way as one would describe character and character resistances.

DR. KOHUT: No. I said earlier that there were three different types of narcissistic defenses, and I have been talking about the first type, the type that you know as character armor. (These are all broad, global terms, they

are not my terms. I was giving a historical note of how Wilhelm Reich brought this in to psychoanalysis, how the concept and the term became very popular and how certain aspects of it linger on.) But I am simply saying that narcissistic defenses, narcissistic phenomena, occur in these three different ways. First, there are those everyday, nonspecific reactions that are the ways people generally respond when they feel they should be emotionally cautious and protective of themselves; in analysis these occur because of the various fears of overexposing oneself that I've described that then act to oppose the analytic procedure. Second, there are the specific ways of reacting to possible narcissistic injury that are historically predetermined by more personalized, chronic defenses developed in the childhood past, perhaps, or sometimes more intensely so, against narcissistic injury. And, third, there are those narcissistic defenses which historically are directly related to a basic, underlying narcissistic disturbance or, as I would call them now, to disturbances in the organization of the self.

The first type of reaction is nonspecific. It doesn't make any difference whether the underlying disorder is a structural neurosis or a narcissistic disturbance. These defenses generally do not need to be handled in an explicit way, though of course you can; there is no harm to it. You can say, for example, "I certainly understand full well that this is an uncomfortable situation for you. The way things are set up here is new and different, but for the time being just try to make up your mind that you will trust the situation. It has to be experienced and learned about, but I think we shall get to that point." You can say that, but you don't really need to say it. You can simply allow time to pass, and the patient will recognize it.

Now, it is different when, from the beginning, you get the feeling that despite the fact that you are friendly, nonrejecting, not unusually cold or artificially reserved in your behavior, the patient is resistant, haughty, and arrogant. And you get the feeling that this must have some specific genetic, dynamic history in this person's life and that now it is a chronic state, not specifically related to the initial unfamiliarity with, or uncertainty about, the beginning treatment situation. I would say that under those circumstances there is very little to be done except to recognize that this situation exists. Be extracautious, extrasensitive to the person's vulnerability to narcissistic injury and also be empathically in tune with the patient's need to be self-protective against narcissistic injury. It does not mean that one does not have in mind that in the long run one will want to understand how such a defensive reaction arose. It does not mean that in the long run one will not try to understand both the history of its development and how it is dynamically interrelated with other aspects of his personality. But certainly, at the beginning, you would not do

anything about it; you would take it as a psychological given. It is something that is part of the patient's personality; it is by no means ego-alien, and you deal with it the way you would deal with such a person in many other normal social circumstances. You certainly do not get up on your psychoanalytic high horse and gratuitously tell him that you have just recognized that his behavior is indicative of a problem that has to be analyzed. I'm reasonably sure that he would feel such remarks to be an unpleasant attack on something he has considered simply to be him, the way he is. It isn't just something in him, or a split off part of him; he feels, "It is me, the familiar me I've taken for granted," and that is very different.

The real issues that were raised by your question have to do with the revivals, the transference reactivations, of states of narcissistic vulnerability, of narcissistic withdrawal, and of narcissistic avoidances when they are the repetition of injuries directly connected dynamically with the core disorder of the individual. Again, a whole gamut of intensities is involved here. It should be clear to you that these narcissistic defenses, which in the broader, technical sense are quite appropriately referred to as resistances, are not the same thing, even phenomenologically or symptomatically, as primary narcissistic disturbances, that is, disturbances of the self-organization. Avoidance, the wish not to expose oneself to narcissistic injuries, *may* be a defense against an underlying disease of the self but not necessarily so. It may also defend against structural conflicts. Symptomatically, then, the avoidance reactions, the isolating reactions, the caution, the vulnerabilities, and the immediate withdrawal in terms of a narcissistic injury may indeed mean that underneath those reactions lies a fragile self; it may even mean that underneath lies a permanently fragmented self. *But* it may also mean no more than that this person suffered a severe blow in his early object-love relationships and that he, therefore, does not want to expose himself to the severe blow that accompanies the hurt that even a firmly put together self still suffers. He has decided that he will not expose himself to that particular hurt anymore, but his self-organization is not at stake. He is not about to suffer a permanent or protracted, or even temporary, fragmentation of an essentially enfeebled self.

Now, you can see again that there are three totally different things involved here. You can see that there is an avoidance of exposing oneself to the reactivation of a narcissistic injury because, if one were to expose oneself, an open psychosis would supervene. This is what I call the schizoid defense, the schizoid personality. Such people somehow sense that if they expose themselves to a narcissistic injury, the regressive reaction will sweep away their self-cohesion and the comparatively stable facade with which they have learned to surround themselves will collapse; a

central break-up of the self will be effected and an overt psychosis will supervene. Frequently these are people who have chronically defended themselves against the hollowness of the central structures of the self by life pursuits that enable them to avoid the unpredictability of people's accepting and rejecting them. They have learned to get narcissistic substance with only very limited, or socially very formalized and distanced, interpersonal emotional involvement. These are people who very frequently made this step early in life and have developed great assets in their particular areas of nonhuman relationships. They become astronomists, theoretical mathematicians, theoretical physicists—high-level functions—or they may become file clerks. One can think of all kinds of professions, maybe in libraries where one deals with exactness of material, that type of thing, but they avoid people and people generally react to them with a kind of cautiousness or learn to leave them alone. Others know that they work well and that because of some subtle problem they will occasionally disappear and then come back again and work well again after they have reconstituted themselves.

Sometimes these people stray into an analyst's office for reasons one has to investigate, and it is then requires the skill of a good analyst to realize what these patients are dealing with. Generally these conditions are not difficult to diagnose. Then you can proceed, knowing what the problems are. You can do a great deal of good in a cautiously conducted psychoanalytic therapy, in which you explain to the person the methods you use and the meanings of what the patient does to obtain mastery over vulnerability. In other words, you take the person's vulnerability for granted, that it is indeed there. You do not go into its antecedents, although you can historically establish what it might be related to etiologically. But still you don't go into the genetics of it. You don't attempt to foster the reactivation of the original situation in the transference in order to arrive at a different resolution, because you would court an irremediably, fragmented disorganization. However, with a comparatively supportive relationship and with limited insight goals, a good deal can be done to enable the patient to feel better with, and to minimize the intensity or duration of, the otherwise unavoidable ups and downs and the massively experienced hurts he is exposed to. This kind of treatment is not difficult to do if you truly respect worthwhileness of the individual because many of these people are very productive and of high value so far as their contribution to society is concerned.

This is a very interesting issue and could lead us into the fascinating relationship between self pathology and the hypercathexis, if you will, of abstract thinking ability. Certainly, the effect of the defensive hyperca-

thexis of secondary processes on intellectual ability is not a negligible issue at all and is very important to recognize clinically. The coexistence of the capacity for abstract thought and deep disturbances in the cohesion of the self is not at all an accident. If you investigate the greatest minds in theoretical physics or astronomy or disciplines of that type, I have no doubt that in these areas of outstanding intellectual functioning you will find a much higher percentage of people with very, very vulnerable, if not protracted, disturbances of self-cohesion. Although, I have not encountered the greatest of such thinkers, I have encountered some very fine minds in disciplines of this type in my practice. Of course, those intellectually gifted individuals with the most pathological cores probably don't even come to us, but I don't really know that.

Be that as it may, we do encounter individuals with high narcissistic vulnerabilities who use highly abstract thinking abilities for purposes of defense. These abilities can be a protection against these disorders of self-cohesion, which the rigorous, cohesive intellectual systems help to overcome; however, such defensive modes can also be nonspecifically used against either oedipal neuroses or narcissistic personality disturbances that are not subject to serious or protracted disorganizations of a very fragile self.

Now non-specific, defensive "character armor" has a history too. But regardless of what its history is, you should not analyze it as if it were a specific symptom right from the beginning of the analysis. It is extremely important for every therapist, and for analysts in particular, to understand that one must differentiate between something that is at least at the borderline of being ego alien and something that is part and parcel of the cohesive personality. The latter, those traits that are an essential, integrated part of the personality, will, of course, interest you. You keep them in mind, and you gradually see how they fit into the mobilized personality disorder or the psychoneurosis. Then you gradually begin to see how they are interrelated with other psychological and psychogenetic aspects of the overall disorder, but you don't immediately focus on them or attempt to deal with them. You must treat them with respect. For example, at the beginning of an analysis you will not remark on such things as a person's particular use of language, for instance, particular pet words he uses. The patient indeed may comply and go along with you and your intrusive investigations. But it will be a pretense on his part, and he will feel as if he is in the camp of the enemy. It will not be a truly helpful therapeutic endeavor. In fact, regarding any personal or social habits of this particular type, even if they are annoying to you, as they often are, you must learn to keep your annoyance to yourself and to live with whatever it is for the

time being. Only much later, when the mobilized transference allows glimpses of the interconnections between increasingly available historical data and these personality features, should you very cautiously begin to point out what kind of connection and meaning there might be among these habits, these predilections, these lifelong modes of behavior, and early historical data.

By the way, I should remind you again that it is relatively easy for a person to acknowledge that he wanted to kill his father, or that he wanted to sleep with his mother, or that he has the habit of not really wiping off his shoes and of tracking dirt into the office. To be sure, the narcissistic resistances against recognizing such impulses or actions may be exaggeratedly strong. But neither the presence of such impulses or actions nor the initial resistance to the recognition of them indicates whether the patient has been defending against a narcissistic personality disorder or an oedipal neurosis.

So we come to the heart of the matter, which is what you are really after, namely, what happens in cases of oedipal neuroses when there are narcissistic disturbances that apparently overlie them? The point here is that in general the most common ones should be understood no differently from the normal narcissistic accompaniments of every human experience. Whatever the interactions were in a child's early life, if he's disappointed in his expectations, he will feel hurt. And if one is hurt, one very naturally comes to the conclusion that one will not expose oneself to that hurt anymore. Why suffer injury again? A child assumes that he is mother's darling, much preferred to father, and has great expectations in relation to her—and then comes the blow. "It's not true! It's all a myth and a delusion. The bedroom doors are closed; there is something that they are really interested in and that I am not included in at all. What about all the nice things that Mom says about me? It can't be true." I've spoken to you about all this before. Then comes the disappointment of not being the only center of the parents' life. The fury, and the narcissistic rage, and the child says in effect, "I will never trust anyone again." You know, things like that. All this may become part and parcel of the total reaction to whatever other issues may then be involved, such as, for example, in the little girl symptomatic ones relating to the revival of the hysterical wish to get that baby. Of course that wish will not be consciously revived, even though it is there in the unconscious. "But," says the patient, "I will still not expose myself by telling the analyst that I want this from him because he, like my father, will sleep with his wife and she'll get the baby and I won't. And I will have to go through that horrible disappointment again and I will rage against having to relive it." And this

conviction will become interwoven with defensively superior attitudes like "I don't want anything from you; I'm completely self-sufficient." These are the kinds of things the little girl may develop when she closes the door behind her frustrated oedipal wishes.

Now, it is this kind of narcissistic injury, this kind of depressed or rageful or withdrawn feeling that our patients who have essentially oedipal psychopathology will first mobilize before they can gradually face up to the facts. The facts are that beneath those complex defensive-affective reactions the old wishes still live on. Otherwise, why would they be so defensive about them? These are narcissistic defenses that are specifically responses to oedipal psychopathology. And they have to be understood and handled within the context of the crucial underlying drive wishes that have been mobilized and defended against, the narcissistic aspect of the rejection and frustration which the person then wants to avoid. He doesn't want to have his infantile hopes dashed again. He doesn't want to expose himself again only to find out that he was deluded after all; he doesn't want to suffer the same old let down. So he puts himself on his high horse and says, "I don't have any such wishes, I don't have any such needs. Who needs you? I'm self-sufficient." These narcissistic defenses wax and wane as the underlying incestuous wishes are activated or deactivated. All this has to be interpreted in terms of a total configuration that is essentially an object and instinctual one.

Now, this is obviously very different from those cases in which there were vulnerabilities of the self that were acquired very early because of a chaotic environment, because of the disregard of the child's primary needs for the response and confirmation of the self, or because of a weakly put-together self that is entering the oedipal phase and also suffer injuries in the object instinctual sphere. These latter cases are not transitional cases. They are cases that are in the middle of a classifying cluster. You can always work out from the center in cases that are at the boundaries and that overlap.

These clusters can indeed occur side by side alternatingly or in certain sequences in some analyses. The interesting thing to me is not that these occur, but rather why they occur so comparatively rarely—and I am quite convinced that they are rare. I have treated several of them and supervised some of them, but on the whole they are not very frequent. I also have become quite convinced that some of the oedipal material that occasionally appears briefly at the end of a long analysis of a narcissistic personality disturbance does not mean that the oedipal difficulties were the core of the neurotic disturbance. Rather, it most frequently means quite the opposite, namely, that the person is relatively cured and now is entering into a mode

of experience he never experienced before. He enters into something that seems like oedipal pathology but is oedipal health. He now, with pleasure and relief, faces up to certain conflicts that he never was able to face up to before.

Now we've touched on a complex issue, but I think our time is pretty much up, so why don't we leave this and remember that we are going to continue next time.

Heinz Kohut

The Chicago Institute Lectures

edited by

Paul Tolpin and Marian Tolpin

THE ANALYTIC PRESS

1996 Hillsdale, NJ London