Course: CF 602 Self Psychology  
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Course Description

Self psychology has emerged, in recent years, as a new paradigm within the psychoanalytic movement. It is founded on the belief that access to intersubjective states is best attained through empathy. This introductory course provides an introduction to self psychology and its basic concepts as put forth by Heinz Kohut. It covers the major constructs of the theory and highlight the clinical implication of the paradigm shift. An historical perspective will be used to establish the continuity between fundamental Freudian concepts and the development of the psychology of the self. Self psychology will then be considered in application to clinical social work. Case examples will be offered from work with a variety of populations. Students will have the opportunity to discuss their clinical work.

Kohut’s Major Works


Overview Summaries:


Heinz Kohut (1913-1981) was a psychoanalyst, who, like Freud, started out as a neurologist. He gained prominence in psychoanalytic circles as a consummate practitioner of classical Freudian psychoanalysis and was president of the American Psychoanalytic Association between 1964 and 1965. Self psychology emerged out of Kohut's efforts to psychoanalyze patients with narcissistic personality disorders. The
traditional approaches used at the time to conduct an analysis with these patients failed to produce the expected results. The patients did not develop the transference neurosis anticipated to develop in those cases. By making an initial modification to the psychoanalytic technique, Kohut was able to bring unexpected results to his work. When the patients resisted his interpretations of the presence of unacknowledged unconscious oedipal fantasies, he decided to wait for further evidence of transference rather than persist with his interpretations. The outcome of that strategy was the emergence of what later came to be known as the "narcissistic transferences," that is, the idealizing and mirroring transferences. Kohut had stumbled upon an approach that permitted some of these disorders to be treated more successfully. For an authoritative biography of Kohut, see Strozier (2001).

Table of Contents

Class I. History and Major Concepts

A. Biographical ................................................................. Page -5-
B. Freud: On Narcissism .................................................... Page -5-
C. Empathy ..................................................................... Page -6-
D. From science to hermeneutics ........................................... Page -7-

Class II. Major concepts

A. Self ........................................................................ Page -8-
B. Selfobjects ................................................................ Page -8-
C. Selfobjects transferences:.............................................. Page -8-
D. Fragmentation .............................................................. Page -9-
E. Transmuting internalization ............................................. Page -9-

Class III. The Development of the Self

A. Remarks on developmental theories .................................. Page -9-
B. Adolescence ............................................................... Page -9-
C. Optimal frustration or responsiveness............................... Page -10-

Class IV. Disorders of the Self

A. Diagnostic considerations: Etiology and dynamics ............... Page -10-
B. The nature of pathogenesis ............................................. Page -11-
C. The primary disorders of the self .................................... Page -11-
  1. The borderline conditions. .......................................... Page -11-
  2. The depletion states.................................................. Page -12-
  3. The narcissistic disorders .......................................... Page -12-
  4. The neurotic disturbances ......................................... Page -12-
D. The secondary disorders of the self: ................................ Page -12-
  1. Reactions to separations and losses. ............................ Page -12-
  2. Reactions to disfiguring handicaps. ............................ Page -12-
  3. Reactions to environmental changes.......................... Page -12-

Class V. The Treatment of the Disorders of the Self

A. Clinical theory and technique: ....................................... Page -12-
  1. The transference/countertransference configuration .......... Page -13-
  2. The concordant relationship: the empathic perspective.... Page -13-
  3. The complementary relationship: ............................... Page -13-
  4. The disjunctive episodes ........................................... Page -13-
B. Special problems:......................................................... Page -13-
  1. Gratification of transference expectations........................ Page -13-
  2. The meaning of aggression and rage............................ Page -13-
  3. Controlling regression............................................... Page -13-
C. The goals of treatment........................................................................................................Page -13-
D. Termination............................................................................................................................Page -13-

Class VI. Appraisal and After Kohut.........................................................................................Page -16-
A. Appraisal...............................................................................................................................Page -16-
B. After Kohut ............................................................................................................................Page -16-

Class VII. Self psychology and relational theory merge...............................................................Page -17-
A. Hermeneutics and social constructivism..............................................................................Page -17-
B. Mitchell: Relational theory and social constructivism.........................................................Page -17-
C. Fosshage’s proposed synthesis..............................................................................................Page -17-

Class VIII. A Neuropsychodynamic Perspective........................................................................Page -17-
Class I. History and Major Concepts

A. Biographical


B. Freud: On Narcissism


The paper is among the most important of Freud’s writings and may be regarded as one of the pivots in the evolution of his views. It sums up his earlier discussions on the subject of narcissism and considers the place taken by narcissism in sexual development; but it goes far beyond this. For it enters into the deeper problems of the relations between the ego and external objects, and it draws the new distinction between 'ego-libido' and 'object-libido'. Furthermore—most important of all, perhaps—it introduces the concepts of the 'ego ideal' and of the self-observing agency related to it, which were the basis of what was ultimately to be described as the 'super-ego' in The Ego and the Id (1923b). And in addition to all this, at two points in the paper at the end of the first section and at the beginning of the third it trenches upon the controversies with Adler and Jung which were the principal theme of the 'History of the Psycho-Analytic Movement', written more or less simultaneously with the present work during the early months of 1914. Indeed, one of Freud's motives in writing this paper was, no doubt, to show that the concept of narcissism offers an alternative to Jung's non-sexual 'libido' and to Adler's 'masculine protest'.


“Although in theoretical discussions it will usually not be disputed that narcissism, the libidinal investment of the self, is per se neither pathological nor obnoxious, there exists an understandable tendency to look at it with a negatively toned evaluation as soon as the field of theory is left. Where such a prejudice exists, it is undoubtedly based on a comparison between narcissism and object love and is justified by the assertion that it is the more primitive and the less adaptive of the two forms of libido distribution. I believe that these views do not stem primarily from an objective assessment of either the developmental position or adaptive value of narcissism, but are due to the improper intrusion of the altruistic value system of Western civilization. Whatever the reasons for them, these value judgments exert a narrowing effect on clinical practice. They tend to lead to a wish from the side of the therapist to replace the patient's narcissistic position with object love, while the often more appropriate goal of a trans-formed narcissism (i.e., of a redistribution of the patient's narcissistic libido, and of the integration of the primitive psychological structures into the mature personality) is neglected. On the
theoretical side, too, the contribution of narcissism to health, adaptation, and achievement has not been treated extensively. This predilection is justifiable, on heuristic grounds, inasmuch as the examination of the relatively silent states of narcissism in equilibrium is clearly less fruitful than the scrutiny of narcissism in states of disturbance. The disturbances of narcissistic balance to which we refer as "narcissistic injury" appear to offer a particularly promising access to the problems of narcissism, not only because of the frequency with which they occur in a broad spectrum of normal and abnormal psychological states, but also because they are usually easily recognized by the painful affect of embarrassment or shame that accompanies them and by their ideational elaboration—known as, inferiority feeling or hurt pride.”


This paper presents a synopsis of the current thinking on the metapsychology of narcissism, and narcissistic personality disturbances from a psychoanalytic point of view. This view is contrasted with the traditional concepts from ego psychology. The implications of the newer position for the understanding of psychopathology are discussed and two illustrative vignettes are presented. Applications to the clinical practice of social work are formulated. These applications are quite congenial to techniques used by social workers and help to clarify dynamics not formerly well understood. The new approaches give hope for better results with the wide variety of clients and patients seen in social agencies and clinics.

C. Empathy


“Each branch of science has its natural limits, determined approximately by the limits of its basic tool of observation. The physical scientist admits that all theory has to begin with certain unexplained facts that lie beyond the law of causality, for example, the existence of energy in the universe. These unexplainable variables (the elements, heat, electricity, and the like) may be replaced or their number may be reduced as the physical sciences change or advance. No reduction to zero of the number of such primary elements is, however, thinkable, nor does a reduction to a single element seem useful for a science that has to account for the variety of natural phenomena. Each science thus arrives at a small optimal number of basic concepts. The limits of psychoanalysis are given by the limits of potential introspection and empathy. Within the observed field reigns the law of psychic determinism, which comprehends the assumption that introspection, in the form of free association and resistance analysis, is potentially capable of revealing motivations for our wishes, decisions, choices, and acts. Introspective science must, however, acknowledge the limits beyond which the observational tool does not reach and must accept the fact that certain experiences cannot
at present be further resolved by the method at its disposal. We can recognize wishes or other compelling inner forces and may express this introspectively irreducible fact of observation by the term "drive" or as the sexual and aggressive drives. And we can observe, on the other hand, the experience of an active "r: either dissociated from the drive in self-observation, or merged with the undischarged drive as the experience of a wish, or fused with. motoric discharge patterns as action. What we experience as freedom of choice, as decision, and the like, is an expression of the fact that the experience and a core of activities emanating from it cannot at present be divided into further components by the introspective method. They are, therefore, beyond the law of motivation, i.e., beyond the law of psychic determinism."


Written shortly before his death, Heinz Kohut's last paper opens with a discussion of the paper "Introspection, Empathy, and Psychoanalysis," written in 1959, which he presented at the Twenty-fifth Anniversary Meeting of the Chicago Institute for Psychoanalysis. In his first essay on the role of empathy in psychoanalysis, an essay that according to Kohut provided a foundation for many of his subsequent investigations in the field of depth psychology, he advanced the thesis that the introspective-empathic stance of the observer defines the science of psycho-analysis. The author explains that he was moved to propose this operational definition of psychoanalysis twenty-five years ago because he felt that the introduction of the psychobiological concept of the drives (as well as various social-psychological concepts) had not led to a true integration of psychoanalysis with biology or medicine but to a psychological and moral view of "Guilty Man" that worked to distort the analyst's perception in the clinical and applied field. Kohut asserts that by defining itself operationally, psychoanalysis can accept itself as psychology, a psychology that studies man in terms of a self attempting to realize the program laid down in his depth during the span of his life. The final section of the paper is devoted to a reexamination of intergenerational relationships in light of the shift Kohut advocates from psychobiology to psychology. The Oedipus complex is not to be understood as the end product of the un-influenceable conflict of basic opposing instincts but as the result of interferences that impinge on man's development. Acknowledging the mythic power of Freud's formulation of the Oedipus complex, the author offers a dose of mythical countermagic (to which the "semicircle of mental health" in the paper's title refers) and a reinterpretation of the story of King Oedipus. Kohut believes that the essence of human experience is not to be found in the biologically inevitable conflict between generations but in intergenerational continuity. Access to this essential nucleus of man's self can best be gained if psychoanalysis shifts from psychobiology to psychology. In this way, Kohut concludes, psychoanalysis can return to its own nuclear self, can realize its own essential program of action.

D. From science to hermeneutics
1. Freud’s Dualism
2. Hermeneutics


3. A neuropsychodynamic perspective


4. Kohut’s evolution from ego psychology to self psychology

Class II. Major concepts

A. Self
B. Selfobjects


“In the following I will cull certain passages from my writings which, to use the expression of the examiners, "define and discuss" the terms "self," "selfobject," "fragmentation," and "self-object transference." Although, for reasons that the present essay will attempt to clarify, I have never undertaken the task of defining my terms in a systematic fashion but have assumed that the actual use of terms should be the defining factor, and although the passages which I will quote are therefore widely dispersed in my various books and essays, these definitions were not derived in a random fashion. They are united by the fact that I always remained within a specific conceptual framework which determined the form and content of my definitions.”

C. Selfobjects transferences: The grandiose self, the idealized parent imago, and the alter ego.


“Kohut's formulation of the selfobject transferences—the expansion of the concept of transference to include all aspects of unconscious motivation—frees us to enter the frustrating, counterproductive, or self-destructive decision-making process of our patients at any level of maturation, and lets us help a patient to gain insight into and correct
whatever portion of the feedback cycle is affected. Kohut, through the use of Freud's method of introspection and empathy, has given us, for the first time, a clinical theory that explains the results obtained by all the various schools of therapy and potentially permits them to be reunited with insight psychotherapy. The selfobject concept makes possible the unification of relevant findings from academic developmental psychology, child observation, and adult analysis. It is the key to the unitary theory that has so long been sought; it could do for psychology what the theory of the cell has done for the biological sciences. To bring that potential to fruition is, I believe, the task that faces us as psychotherapists in the coming years.”

D. Fragmentation

E. Transmuting internalization

Class III. The Development of the Self


A. Remarks on developmental theories


This article addresses some of the problems we confront when we apply the concepts of systems theory and complexity science to psychoanalytic developmental theories. It begins with a summary of the major features of General Systems Theory, Chaos theory, and the characteristics of complex adaptive systems. Utilizing some of these concepts, there follows a critique of Freud's use of the Newtonian linear view of causality in his metapsychology and developmental theory and an application of this critique to other psychodynamic developmental theories. The goal of this project is to provide the foundation for a developmental theory that is based on principles from self psychology but that also permits the incorporation of some of the recent finding from neuroscience

B. Adolescence


Self psychology does not have a distinctive developmental theory. This paper discusses some of the methodological problems related to the articulation of such a theory, and goes on to outline a theory of adolescent development that is consistent with the tenets of self psychology. The major points made are: Adolescence does not represent a recapitulation of prior phase of development, the sense of self cohesion is fundamental to
a healthy sense of self, and the culmination of the adolescent process is the formation of a nuclear sense of self.


The sense of self-cohesion has been defined as the experience that results in the establishment of a coherent personal or shared set of meanings. It is constituted of the totality of the person's experiences, both conscious and unconscious. It is enduring in its stability. It is reflected by the sense of firmness, intactness, wholeness, and vitality. The cohesive self is the structure that is constituted from the set of meanings that have arisen in the course of development. It is the product of one's endowment in tandem with the selfobject's experiences that facilitates the integration of affective experience and leads to the structuralization of meaning. It is the center of a person's organization. Among the functions of the self and organized around a set of meanings are the grandiose self, the idealized parent imago, and the alterego. These functions result from the integration of experiences and affect states as facilitated by self objects. The late adolescent recursively reworks old experiences leading to the formation of the nuclear self. The nuclear sense of self is the set of meanings that have accrued to the person, through which life goals are defined, through which the means for their attainment are examined, and through which the plans for their pursuit are established. This consolidation is the culmination of the increased symbolization of specific selfobject functions. The integration of the cognitive strides with affective experiences takes place within the context of the self/selfobject milieu. The selfobject functions provided by the caregiver represent the context and the means through which cohesion is maintained and the nuclear self is stabilized.

C. Optimal frustration or responsiveness


Although tacitly accepted as an important element in the therapeutic practice of psychoanalysis, the concept of optimal frustration has received little theoretical clarification. The publication of Heinz Kohut's (1977a) landmark work The Restoration of the Self established optimal frustration as a central aspect of the curative process viewed from the perspective of self psychology. With one of his critics, Kohut (1977b) recognized the problematic nature of the question "What is optimal?" yet he never arrived at a satisfactory answer.

Class IV. Disorders of the Self

A. Diagnostic considerations: Etiology and dynamics--the extrospective and the introspective perspectives.

Major contributions of the psychology of the self are summarized, highlighting its congeniality and applicability to the practice of clinical social work. Clinical issues that affect practice are considered. The focus, however, is on the curative dimensions of the approach, with rich clinical examples providing the illustrations for discussion of the theory's major tenets.

B. The nature of pathogenesis.


“It is the aim of this survey to provide a summary of the concepts and theories of the psychoanalytic psychology of the self and of the clinical (diagnostic and therapeutic) formulations that are correlated to them. Although we wanted to be comprehensive and to convey a sense of the complexity of our subject matter, we tried to keep our presentation as brief as possible. While this goal needs no excuse, it may require a cautionary comment. In view of the fact that we had to keep our definitions terse and our formulations brief, we could not often indulge in the luxury of introducing qualifying statements. This is as we think it should be within the framework of a summarizing outline. It must be emphasized, however, that the paucity of restricting and modifying clauses does not imply any conviction on our part that we are presenting a finished or definitive system of thought. On the contrary, this survey should be considered to be a progress report about the present state of a step in the evolution of psychoanalysis that is itself only in its very beginning.”

C. The primary disorders of the self

1. The borderline conditions.


“The single feature most characteristic of so-called "borderline" patients is that therapists find them particularly difficult to treat. So it is well to recall that the history of psychoanalysis began with "difficult" patients. Even earlier Freud had recognized that the difficulty presented by "difficult" patients did not rest with the patients alone but with how they were understood and consequently how they were treated. As a young neurologist, Freud became dissatisfied with the understanding of aphasia propounded by his teachers, Meynert and others. The essence of his disagreement lay in his belief that various aphasias could not be explained, as they were then being explained, by minute localizing schemes of discrete subcortical lesions. Rather, Freud held, all varieties of aphasia were to be explained by varying degrees of functional derangement radiating
from a centrally damaged area (Jones, 1953, pp. 214-215). From the outset he recognized that it was imperative to discover new methods for investigating his subject—nervous tissue—and he was exultant when following a hint by Flechsig he used a gold chloride stain and found that the picture which emerged was entirely different, "wonderfully clear and precise" (Jones, 1953 p. 205).


The borderline concept has, in recent years, achieved enormous popularity within psychoanalytic and psychotherapeutic circles. Despite this rise to stardom, vast differences of opinion and numerous unresolved questions continue to exist concerning just what, if anything, the term "borderline" describes. We shall not attempt to cover the voluminous literature on this subject here (see Sugarman and Lerner, 1980, for an excellent review). Instead, we offer a critique of the currently prevalent view that the term "borderline" refers to a discrete pathological character structure, rooted in specific pathognomonic instinctual conflicts and primitive defenses. In our opinion, an alternative understanding of borderline phenomena emerges when they are viewed from a psychoanalytic developmental and self-psychological perspective.


This article begins with a distinction between the extrospective and the introspective points of view as they apply to understanding borderline conditions. The literature is reviewed using this distinction to organize the contributions that have been made to date. Two definitions of borderline conditions are given. The introspective point of view is used to further define the experience of patients with that condition and the dynamics as understood through self psychology.

2. The depletion states.


The subjective experience of depression is reviewed. The dynamics of that experience are then explicated from the perspective of self psychology. It is proposed that some depressions may best be understood as reflective of the patient's feeling of depletion. This feeling may be related to the loss of a selfobject, or may be reflective of a deficit in the self, which gives rise to unsatisfiable yearnings.

3. The narcissistic disorders.

4. The neurotic disturbances.

D. The secondary disorders of the self:
1. Reactions to separations and losses.
2. Reactions to disfiguring handicaps.
3. Reactions to environmental changes.

Class V. The Treatment of the Disorders of the Self: The Narcissistic Disorders.

A. Clinical theory and technique:
   1. The transference/countertransference configuration.
   2. The concordant relationship: the empathic perspective. The therapist as selfobject.
   3. The complementary relationship: The varieties of selfobject transferences:
      a. The mirror transference.
      b. The idealizing transference.
      c. The mixed transferences.
      d. The non-cohesive transferences.
   4. The disjunctive episodes:
      a. Disruptions which represent a transference re-enactment.
      b. Disruptions which represent the therapist's discomforts.

B. Special problems:
   1. Gratification of transference expectations.
   2. The meaning of aggression and rage.
   3. Controlling regression.

C. The goals of treatment.

D. Termination.


I hope very much that further efforts in this area will prove to be fruitful. But this is for the future, and I would like to mention only this much. I' have begun work proceeding in two directions. First, regarding the contribution which the understanding of narcissism can make to the understanding of the formation and cohesion of groups: particularly the fact that group cohesion is brought about and maintained not only by an ego ideal held in common by the members of the group (Freud, 1921) but also by their shared subject-bound grandiosity, i.e., by a shared grandiose self. Indeed, there are groups that are characterized by the fact that they are held together by this latter bond—crudely stated, by their shared ambitions rather than by their shared ideals. Secondly, the psychic life of groups, like that of individuals, shows regressive transformations in the narcissistic realm. When the deployment of higher forms of narcissism is interfered with (such as in the area of the grandiose self, through the blocking of acceptable outlets for national prestige; and in the area of the idealized parent imago, through the destruction of group values, e.g., religious values), then the narcissism of groups regresses, with deleterious consequences in the realm of group behavior. Such regressions become manifest.
particularly with regard to group aggression, which then takes on, overtly and covertly, the flavor of narcissistic rage in either its acute or, even more ominously, in its chronic form.


The classification presented here of the transference like structures mobilized during the analysis of narcissistic personalities is based on previous conceptualizations (Kohut, 1966b) of which only the following brief summary can be given. It was suggested that the child's original narcissistic balance, the perfection of his primary narcissism, is disturbed by the unavoidable shortcomings of maternal care, but that the child attempts to save the original experience of perfection by assigning it, on the one hand, to a grandiose and exhibitionistic image of the self: the grandiose self,' and, on the other hand, to an admired you: the idealized parent imago. The central mechanisms these two basic narcissistic configurations employ in order to preserve a part of the original experience are, of course, antithetical.


There is widespread curiosity among those who are interested in self psychology about how Heinz Kohut actually worked in the clinical situation. Both students and senior colleagues frequently ask questions such as, what did Kohut consider a fragmentation? How did he work with dreams? How did he deal with frank oedipal or preoedipal material? What are some specific examples of the repair of empathic failures leading to transmuting internalization?


What we have thus far discussed and illustrated about the separate and combined functions of understanding and explaining, should now be summarized and elaborated on in order to bring these clinical activities in harmony with psychoanalytic self psychology.

1. The process of understanding forges an analytic contact with the patient on his or her own terms, in relation to feelings, thoughts, wishes, needs, fantasies, and demands, and the various ways all of these had to be dealt with at the moment (that is, in the transference) and habitually (that is, in keeping with the patient's character). This is a validation rather than a challenge to the patient as he or she is—a validation that includes the unconscious motives and the particular mode by which these motives are protectively defended. The acceptance and understanding of the infantile wishes (repressed or disavowed) and their defenses lead to the patient's subjective feeling of being understood in depth. The feeling of being understood aids the patient in establishing a self/selfobject matrix (the various forms of selfobject transference) in which understanding continually reinforces the stability and cohesiveness of the self. Self-cohesion increases as the split-off parts of the self are progressively included with the firmed-up core of the self.
Increased and sustained self-cohesion leads secondarily to improved functioning in diverse ways and in many areas. Among them are self-awareness and insight, essentially as consequences of progressive structure building. Even at best, the analyst's empathic understanding still creates optimum frustration—since it always remains only verbal communication, no matter how gratifying the feeling of being understood is—and thereby contributes to the process of structure building.

2. The process of explaining deepens the analytic dialogue by connecting the past with the present and thereby offering a longitudinal perspective. By bringing together experiences from various developmental and later epochs of the patient's life, it enhances self-cohesion. It further anchors what has up to then been understood. There is added opportunity here for further empathic acceptance and understanding of infantile and childhood yearnings and their transmuting internalization. Understanding and explanation allow the infantile and childhood wishes to be finally more freely expressed in the atmosphere of unconditional acceptance, which is a precondition for their subsequent transmutation and internalization. This is in sharp contrast with the experience in which the symptomatic patient rejects the sick part of his or her own personality. This very rejection creates self-recrimination and contributes to symptom formation. Thus, every implied or subtle expression of rejection by the analyst places upon the patient a demand for rejection of his infantile longings and thereby creates further splits in the psyche.


In this paper, a brief review of social work literature regarding the technique of psychotherapy serves as a bridge to introduce the way in which self-psychology and the systematic use of empathy as a mode of listening and responding, had effected the conduct of psychoanalytic psychotherapy. A clinical sample, taken from the treatment of a patient who was diagnosed as having a Borderline Condition, is being used to demonstrate that feeling understood firms up the self in a way that enhances introspection and permits the use of interpretations as the therapist's primary mode of communication. The clinical example also demonstrates that when the therapist maintains an empathic position, the patient, even in once weekly therapy, is likely to develop one of the selfobject transferences. Further, that when empathic interpretations are used as the therapist’s primary interventions, structural changes are likely to occur in such a way that treatment results in "true healing" rather than in the fostering of a life-long dependency on the therapist. Only a brief reference is made to the usefulness of self-psychology to the treatment of patients with "higher level" psychic organization and the important part that anger plays in the process of psychoanalytic psychotherapy.


The closeness and intensity of feeling that develops between therapist and patient raises complex issues related to the therapist's neutrality, the transference, the countertransference, the therapeutic alliance, and the very essence of the curative aspects of the relationship. The issue of the relationship of self disclosure and the evolving
transference, countertransference complex is discussed. It is suggested that on some occasions, the pressure a therapist feels to spontaneously disclose something intimately personal is an indication that the therapeutic role has become reversed and the therapist is using the process to heal a vulnerability in himself or herself. The patient unconsciously participates in the interest of safeguarding the treatment process. In such instances the self disclosure need not interfere with the evolving transference. It may lead to great spontaneity in the process and to opening areas of affect previously unreachable. Self disclosures cannot be viewed as technical innovations to avoid stalemates in clinical practice. Rather, they are facts of our clinical life, facts that must be explained and understood rather than judged and condemned.


The issues of countertransference in the treatment of children have received far less attention than those arising in the treatment of adults. This paper attempts to begin to redress this imbalance. Some of the major countertransferences in work with children are addressed, and the perspective of self psychology is presented. In the conclusion some thoughts are offered regarding some of the narcissistic injuries therapists must confront in dealing with issues of countertransference.


The understanding of the process of termination is contingent upon a clarification of two sets of issues: those related to the metapsychology of separation and loss, and those related to the goals set by the patient and the therapist in the treatment relationship. This article attempts to reformulate the issue of separation and loss from the point of view of the psychology of the self, and to discuss a framework through which goals may be set for treatment. The implications for termination are then considered.

Class VI. Appraisal and After Kohut

A. Appraisal


Ornstein, A. and P. H. Ornstein (1995). "Some distinguishing features of Heinz Kohut's self psychology." Psychoanalytic Dialogues 5(3): 385-391. At this time in the evolution of the various psychoanalytic theories, we can make only some general comments regarding the direction that psychoanalytic self psychology may take in the future. We can, with greater certainty, however, predict the enduring importance of two of its basic concepts: 1) the significance of empathy as a mode of
observation will endure; and 2) the developmental and clinical conception of the selfobject will remain central to self psychology for the foreseeable future. Selfobject experiences have been recognized as crucial in all aspects of mental life: in development, in the clinical situation, and in everyday life throughout the lifespan.

B. After Kohut


Class VII. Self psychology and relational theory merge

A. Hermeneutics and social constructivism
B. Mitchell: Relational theory and social constructivism


C. Fosshage’s proposed synthesis


THIS PAPER is in response to an invited symposium addressing the impact that relational psychoanalysis has had on other psychoanalytic traditions and, specifically with regard to myself, on self psychology. This, of course, is an extremely complex and difficult question—even more so because the development of relational psychoanalysis and the ongoing evolution of self psychology have been occurring on a concurrent time line. While we can focus on the correspondences and differences between relational and contemporary self-psychological theories, influence is probably bi-directional and, therefore, very difficult to assess. Inasmuch as classical self psychology predates relational psychoanalysis, it naturally leads to the reverse question: How did Kohut’s self psychology contribute to the development of relational psychoanalysis?

Class VIII. A Neuropsychodynamic Perspective


J. Palombo
Saturday, July 9, 2016
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