

Reflections on Kohut's Theory of Self Psychology and Pathological Narcissism—Limitations and Concerns

Orna Afek, MA

Tamuz Institute for Psychological Consultation and Psychotherapy, Tel Aviv, Israel

Kohut's theory of self psychology, centered on the concept of narcissism, has vastly influenced the way narcissism is perceived in the psychoanalytic community. Yet while significantly contributing to the psychoanalytic discourse, his theory gives rise to some issues and concerns. This article deals with the problematic aspects of Kohut's theory, specifically with reference to the identification, diagnosis, and treatment of pathological narcissism. The article discusses the conceptual ambiguity surrounding Kohut's proposed model of narcissism vis-à-vis his notion of the self. I suggest that this conceptual ambiguity could lead to an erroneous attribution of narcissism to patients who are not necessarily narcissists but who have failed to develop a mature sense of self. I would further argue that Kohut's diagnostic method, primarily based on selfobject transferences, is not only inadequate, but potentially misleading, since such selfobject transferences are commonly observed in patients who are not suffering from narcissistic personality disorder. Two clinical case studies illustrating my point are presented next. Finally, I explain my critique of Kohut's view of narcissism, which highlights self-selfobject relationships rather than the relationship with a separate other and fails to take into account the complex and dynamic inner world of the narcissist and the defensive function of narcissism.

Keywords: Kohut's self psychology, narcissism, narcissistic personality disorder, diagnostic criteria, grandiosity

This paper deals exclusively with Kohut's theory of self psychology rather than with self psychology in general as variously formulated by post-Kohut theoreticians (Basch, 1991; Goldberg, 1998; Lachmann, 1991). It should also be noted that my critique of Kohut's theory in no way detracts from his highly significant contribution to the evolution of contemporary psychoanalysis. Indeed, Kohut's theory of self psychology changed the course of classical Freudian psychoanalytic thinking, shifting the focus from the role drives play in the development of the psyche to the sense of self as the key element in an individual's psychological universe. (Basch, 1991). Furthermore, Kohut's self psychology puts the focus on the notion of empathy in psychoanalytic treatment and its importance for understanding the patient, any patient, from within—from his own unique perspective. Primarily concerned with the phenomenon of narcissism, his theory expanded the scope of psychoanalytic treatment to cover narcissistic personality disorders previously considered untreatable, offered a new model based on the concept of selfobject, where the other is perceived as part of the self, and overall, had an enormous impact on the psychoanalytic community and its approach to narcissism. It is in view of Kohut's noteworthy contribution to contemporary psychoanalysis that I find it of the utmost importance to discuss the

limitations of his theory with reference to the understanding, diagnosis, and treatment of pathological narcissism.

Limitations in Kohut's Diagnostic Model of Pathological Narcissism

Grandiosity is at the core of narcissism, and hence its presence as a dominant personality trait, whether overt, as displayed by the grandiose narcissist, or covert, as presented by the vulnerable narcissist, is essential for a valid diagnosis of narcissistic personality disorder, as shown below. However, the model proposed by Kohut, according to which the concepts of narcissism and the self are assumed to be synonymous, as critically noted by Meissner (2008), and Kohut's diagnostic method (Kohut, 1984/2009b), primarily based on selfobject transferences emerging in the context of therapy, could be misleading and result in an erroneous diagnosis of narcissism even in the absence of grandiosity as a dominant personality trait.

Grandiosity as the Core Feature of Narcissism

Pathological narcissism is variously perceived in the psychoanalytic community (Cain, Pincus, & Ansell, 2008; Kealy & Ogrodniczuk, 2014; Morf & Rhodewalt, 2001). Be that as it may, grandiosity is commonly regarded as a key personality trait of the narcissist and the diagnostic hallmark of narcissistic personality disorder. Grandiosity is manifested in an inflated sense of self, often drawing on some unique trait or talent, or success in a specific field, and in an ongoing effort, whether openly displayed by behavior or covertly taking place in the mind, to seek self-

This article was published Online First July 19, 2018.

Correspondence concerning this article should be addressed to Orna Afek, MA, Tamuz Institute for Psychological Consultation and Psychotherapy, 6 Bracha Fuld Street, Tel Aviv 6425706, Israel. E-mail: ornafek@bezeqint.net

reassurance, as well as recognition and affirmation on the part of the environment, of one's superiority. Freud (1914/1957) highlighted grandiosity—or “megalomania” as he put it—as a core characteristic of narcissism, inter alia, with reference to a form of narcissism seen in pathological states such as schizophrenia, in which the libido is withdrawn from external objects and turned back on the ego, a process that, according to Freud, produces megalomania. Freud (1921/1955) went on to associate narcissism with the ideal ego—the part of the personality that represents the glorified, grandiose self, the fantasy of a perfect self, which we all strive to resemble. In the ideal ego Freud saw the heir to the original, infantile narcissism. In this context, Freud (1914/1957) noted the following:

This ideal ego is now the target of the self-love which was enjoyed in childhood by the actual ego. The subject's narcissism makes its appearance displaced on to this new ideal ego, which, like the infantile ego, finds itself possessed of every perfection that is of value. As always where the libido is concerned, man has here again shown himself incapable of giving up a satisfaction he had once enjoyed. He is not willing to forgo the narcissistic perfection of his childhood; and when, as he grows up, he is disturbed by the admonitions of others and by the awakening of his own critical judgement, so that he can no longer retain that perfection, he seeks to recover it in the new form of an ego ideal. What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal. (p. 60)

In line with Freud, Reich (1960) ascribed to the ideal ego a central role in the etiology of narcissistic personality disorder. Reich suggested that the narcissist creates a defensive fusion with the ideal ego—“a compensatory narcissistic fantasy of restitution via fusion with an archaic ego ideal” (p. 231), and once such fusion has taken place between self- and object images, “The grandiosity originally attributed to the object belongs now to the self” (p. 223), resulting in an inflated and grandiose self-image. Grandiosity as a prominent personality trait of the narcissist is highlighted in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), as well. Five out of the nine criteria for narcissistic personality disorder enumerated in *DSM-5* Section II are related to grandiosity:

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love.
3. Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions).
4. Requires excessive admiration.
5. Has a sense of entitlement (i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations).
6. Is interpersonally exploitative (i.e., takes advantage of others to achieve his or her own ends).
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others.
8. Is often envious of others or believes that others are envious of him or her.
9. Shows arrogant, haughty behaviors or attitudes. (pp. 669–670)

While the five grandiosity-related criteria listed above are reflected in the overt behavior of the arrogant, grandiose narcissist, the shy and introverted vulnerable narcissist (Ronningstam, 2005) too perceives himself as superior to others and as entitled to privileged treatment, although his grandiosity is often fantasized about rather than displayed in overt behavior (Cooper, 1998; Ronningstam, 2011). In the same vein, Dickinson and Pincus (2003) noted the covert core of grandiose expectations and entitlement underlying the timid appearance of the vulnerable narcissist, observing that such entitled expectations are regarded as a core element of both grandiose and vulnerable narcissism. Similarly, Gabbard (1989) discussed the grandiose fantasies of the vulnerable narcissist—or hypervigilant narcissist, as Gabbard put it—and the deep sense of shame aroused in him by such secretly fancied grandiosity. Elsewhere, Gabbard (1998) dealt with the hypervigilant narcissist's grandiosity as reflected in the clinical setting, where it takes the form of entitled expectation for a special and exclusive treatment.

The argument that grandiosity is at the core of narcissism was made by Pincus and Lukowitsky (2010), as well. At the same time, the authors addressed the issue of narcissistic vulnerability and suggested an integrative approach to the assessment of pathological narcissism taking into consideration both narcissistic grandiosity and narcissistic vulnerability. These two aspects of narcissistic personality disorder were discussed, inter alia, by Pincus, Cain, and Wright (2014). While the two are alternately dominant in the narcissistic personality (Afek, 2018), the vulnerable element is not in itself a diagnostic hallmark of narcissistic personality disorder. In fact, it characterizes other disorders, for example, depressive personality disorder, whereas grandiosity as a dominant personality trait is considered the core feature of narcissism by various theoreticians and researchers (Diamond et al., 2013; Horney, 1939/2000; Kohut, 1966; Mitchell, 1986; Morf, 2006; Morf & Rhodewalt, 2001; Rothstein, 1986), distinguishing narcissism from other personality disorders (Diamond et al., 2013; Ronningstam & Gunderson, 1990). I thus suggest that an enduring and dominant sense of grandiosity, whether overt or covert, is a necessary, although not sufficient, condition for a valid diagnosis of narcissistic personality disorder. Of course, additional criteria are required to ascertain the diagnosis, since grandiosity is manifest in other disorders, as well, for example, in cases of mania and schizophrenia. I would further suggest that Kohut's model of

narcissism is incompatible with this requirement, as explained below.

The Conceptual Ambiguity Surrounding Kohut's Model of Narcissism and the Self

In his early writings, Kohut (1966) highlighted grandiosity as a key element in the understanding of narcissism. However, as he continued to develop his theory, grandiosity was gradually pushed aside and no longer prominently featured as a dominant personality trait characteristic of narcissistic personality disorder. Thus, for instance, his clinical vignettes quite often portrayed patients who were not necessarily typified as having a grandiose sense of self. At the same time, Kohut (1984/2009b) consistently referred to grandiosity as a major developmental need that should be fulfilled through self-selfobject processes, that is, by mirroring, noting that such processes normally lead to the building up of a healthy and cohesive self.

The characterization of grandiosity in Kohut's theory as a developmental need rather than as a dominant personality trait of the narcissist may be attributed to the conceptual ambiguity surrounding his model of narcissism and notion of the self, which he assumed to be synonymous. Anything related to the self and the processes that shape the self, whether or not involving grandiosity, were perceived by Kohut as narcissistic by definition. Thus, in addition to the narcissistic needs for mirroring and idealization, Kohut (1984/2009b) identified a need for twinship, that is, a need for a sense of likeness to others, typically observed in adolescents, for instance. However, while a twinship relationship may be conducive toward maintaining a more cohesive self, it is not necessarily related to the grandiose sense of self or narcissism and actually may stand in contradiction to the idea of narcissism and the narcissistic need to feel unique and superior. Hence, the need for twinship cannot be seen as directly linked to the narcissistic personality disorder. The conceptual ambiguity surrounding Kohut's model of narcissism and the self is reflected in the terminology he used, "self disorder" in place of narcissistic personality disorder, and "selfobject transferences" in place of narcissistic transferences.

Furthermore, in Kohut's later writings, there is no clear-cut distinction between patients suffering from narcissistic personality disorder and others displaying various pathologies and personality traits. Inter alia, Kohut (1984/2009b) wrote, "Self psychology holds that, with regard to a large number of patients who now enter psychoanalytic treatment, the essence of psychopathology is the defective self (i.e., the self prone to states of fragmentation, weakness, or disharmony)" (p. 70). In this context, Kohut noted later on in his book, "I am referring here only to the narcissistic personality and behavior disorders and am disregarding the fact that I believe the oedipal neuroses, too, should be viewed as self-disorders in a wider sense" (p. 218). The conceptual ambiguity surrounding Kohut's model of narcissism and notion of the self is referred to by Rothstein (1980) and discussed at length by Meissner (2008). In his essay on narcissism and the self, Meissner specified critical processes involved in the development of the self that are not necessarily narcissistic, such as separation and individuation, consolidation of a sexual identity, and interpersonal and intersubjective relationships.

There is a consensus in the psychoanalytic literature on the key role that early childhood interactions with parental figures play in the formation of the self. The unique parental personality traits, as bearing on parent-child relationships, and the child's sense of self in the interaction with parental figures make up the building blocks of the self—variously referred to as representations of self and object (Kernberg, 1974; Klein, 1975/1997), "dynamically unconscious suborganizations of the ego" (Ogden, 1986, p. 132), "split off aspects of the [central] ego" (Ogden, 1986, p. 149), or different self-states (Mitchell, 1995). With reference to the different self-states, Mitchell wrote,

There are times when I experience myself as myself in relation to a significant other—a dependent child cared for by a solicitous mother, for example. But there may be other times when I organize my experience and sense of meaning around my image of that other in relation to me—as a solicitous maternal figure taking care of a dependent child. (p. 104)

These subjective experiences of the self, when consistently recurring throughout childhood, leave an indelible mark and form a lasting and integral part of an individual's sense of self, identity, manner of thinking, behaving, and feeling, and the way he perceives himself and the world. Yet they are not essentially associated with narcissism, which, as noted, is primarily characterized by a grandiose sense of self and, as observed by Meissner (2008), "... the organization and development of the self would not be equivalent to or synonymous with the vicissitudes of narcissistic development" (p. 472).

Kohut's Diagnostic Model, Primarily Based on Selfobject Transferences

Kohut believed that narcissism should be diagnosed first and foremost in light of the specific type of transference emerging in the therapeutic dialogue (Kohut, 1984/2009b; Kohut & Wolf, 1978). Kohut identified three types of narcissistic transferences emerging in the treatment situation—the mirror transference, the idealizing transference, and the twinship transference—in which specific narcissistic needs insufficiently or faultily responded to in early childhood are revived. Accordingly, Kohut noted, the type of transference established points to the specific self disorder the patient suffers from. The latter, Kohut maintained, perceives the analyst as part of the self—a selfobject, in Kohut's terminology—whose role is to sustain and restore damaged psychic structures. Kohut suggested that the narcissistic transferences, or selfobject transferences as he named them later on, testify to the presence of the narcissistic disorder and are, in fact, the key criterion for diagnosing the narcissistic personality disorder. He played down the relevance of theoretical knowledge and research data to the diagnosis of narcissism and likewise underestimated the significance of extratherapeutic symptoms and factors in this context (Basch, 1991; Cratsley, 2016; Galatzer-Levy, 1991; Kohut, 1984/2009b). Instead, Kohut relied essentially on data empathically gleaned from patients' accounts during treatment sessions—a practice consistent with his self psychology and its focus on the notion of empathy in psychoanalytic treatment as the ultimate tool for understanding the patient's inner world.

However, as noted, the diagnostic approach adopted by Kohut, which is primarily based on selfobject transferences emerging in

the context of therapy, is essentially problematic. For one thing, it precludes the option of diagnosis outside the therapeutic context—required, *inter alia*, for empirical research on narcissism in non-clinical populations. What is more, it could be misleading and result in an erroneous diagnosis of narcissism in patients prone to establishing selfobject transferences, those who are not necessarily narcissists but who have failed to develop a mature and coherent sense of self. To illustrate my point, I present below two clinical case studies—the first, of a patient found to have a basically neurotic personality organization with depressive characteristics, and the other, a case of borderline personality disorder with symptoms of mild anorexia. While both patients established selfobject transferences in the course of the analysis, neither was diagnosed as suffering from narcissistic personality disorder.

Case Study 1

Sigal, a 30-year old woman, sought psychotherapy following long years of suffering from a depressive mood. All those years, Sigal managed to hide her feelings from her close environment with her seemingly lighthearted and cheerful manner. With a smiling face, a slightly plump figure, and casual baggy clothes, there was nothing in her appearance to indicate her situation.

Sigal was working in the public relations department of a big company. Her performance at work won her the appreciation of the company chiefs, but Sigal felt that her superiors and colleagues got the wrong impression and that she was not really contributing to the company. Personally, she felt stuck there. She wondered if she should change direction and look for a job in a totally different field. Her relationships with men were another source of deep frustration. Apart from a single affair that lasted but a few months, Sigal failed to establish significant relationships with her partners. Her relationships with men were short-lived and of an essentially sexual nature, and more often than not, she was ditched by her occasional partners without notice.

Sigal is the youngest daughter of a successful businessman. Her mother, a housewife, has never in her life held a job. As a child, Sigal had an emotionally distant relationship with her mother, who was preoccupied with the household work and constantly trying to please her father, the dominant figure in the family. On the other hand, Sigal's relations with her father were close and warm, and yet, at the same time, somewhat deprecating and even castrating, in a sense. She was "dad's little girl," as he used to call her. He took her under his wing and was involved in virtually every aspect of her life. He did her homework for her, advised her how to get along with her peers, and voiced his opinion on the way she dressed and on her eating habits. Sigal adored her father, whom she perceived as caring and, above all, as an omnipotent mainstay. Her own sense of self was deeply negative. Since early childhood, she has seen herself as ugly, mainly due to her plump body, and was sure that others see her as a detestable liar and a crashing bore.

For years, Sigal maintained close, empathic relationships with several long-standing girlfriends. However, in recent years, as her friends got married and some of them had children, Sigal no longer felt at ease in their company and the once close friendships gradually waned.

Initially, and for quite some time, the therapeutic sessions with her were characterized by idealization transference. Seeing in me the wise, sympathetic, and supportive psychologist, Sigal was

constantly on guard, worried of being exposed in a less-than-complimentary light. Later on in the therapeutic process, as her need for encouragement and affirmation of her abilities and talents became apparent, another type of selfobject transference emerged—that of mirror transference. Little by little, as Sigal gained self-confidence, she proudly told me of her achievements, seeking my approval and appreciation. Does it indicate that Sigal was a narcissist? I do not think so. As noted above, I diagnosed her as having a neurotic personality organization with depressive characteristics. She displayed notable ego resilience, reflected in her persistence at work and in the way she coped under pressure, as well as in her ability to maintain close and lasting friendships, to show empathy, and more. Grandiosity, which is at the core of both grandiose and vulnerable narcissism, was not one of her prominent personality traits. In fact, her salient personality traits were an enduring sense of worthlessness, lack of self-confidence, and a false self-concept (Winnicott, 1960). Absent were the sharp fluctuations between the grandiose sense of self and the inferior, vulnerable sense of self typical of the narcissist (*DSM-5*, Section III). Other major characteristics of the narcissist, namely, denial of the need for dependency on others (Kernberg, 1970) and self-sufficiency (Modell, 1975; Symington, 1993) were likewise missing. Indeed, even as an adult, Sigal remained dependent on her father and, to a large extent, on her girlfriends as well. Thus, while she has failed to develop a mature sense of self and notwithstanding the selfobject transferences she established in the course of her analysis, Sigal clearly could not be diagnosed as suffering from narcissistic personality disorder.

Case Study 2

Yuval, a remarkably good-looking, extremely thin 38-year old woman, approached me following a series of short-lived psychological treatments, none of which she pursued for more than a few months. She sought psychotherapy weighed down by feelings of loneliness and, at times, even existential despair.

Yuval described herself as a recluse, shutting herself at home after work as a hospital administrative assistant, obsessively preoccupied with scheduling her meals, although barely eating anything, and spending her free time watching TV shows for hours on end. Her good looks attracted the attention of men, but the typically tumultuous, up-and-down relationships she had with her suitors were more often than not summarily cut off on her initiative, whenever she felt that her partner was drifting apart or about to ditch her. Yet on two occasions, Yuval established significant and relatively long relationships with men. The first presented himself as a successful businessman, while he was actually deep in debt, as she learned after a year and a half. Although betrayed by the man she saw as a father figure and on whom she was desperately dependent, Yuval could not overcome the separation from him. Her situation deteriorated rapidly, leading to an attempted suicide. The other significant relationship she had was with a manic-depressive man with a history of hospitalization in mental health institutions. Although deeply in love with him, Yuval left him after being violently attacked by him once and again during his manic episodes.

Yuval is the middle child in her family. Her father was not an easy person to get along with and at times he could get aggressive. Yuval remembers herself intimidated in her father's presence,

doing her best to please him. The relationship between her parents was just as bad, fraught with tension and dispute. Her mother, who apparently suffered from persistent depression, neglected both herself and her family. Thus, it was only seldom that Yuval was complimented by her mother on her achievements at school, although as an exceptionally intelligent girl, Yuval consistently got high scores. However, things changed for the worse once she enlisted in the army. Behavioral symptoms of an eating disorder and a worrisome depressive state led to her discharge from military service after but a few months due to incompatibility.

My empathic approach in treating Yuval, coupled with supportive dynamic psychotherapy—called for in view of her fragile personality—gradually built her trust in me and her confidence in the outcome of the therapy. During the therapeutic sessions idealization transference, to use Kohut's terminology, was established, reflected in Yuval's view of me as an ideal therapist. Still, there were crises along the way—instances of extreme devaluation, when Yuval lashed out at me, "You are no different from the rest. . . . You are no help. . . ." or times when Yuval decided to discontinue the treatment. In those cases, I used to ask her, after several days, to meet with me once again to talk about her feelings, and thus enabled, each time anew, the resumption of the process.

Given the recurrent pattern of unstable relationships established by Yuval with men, her extreme reaction to any imagined threat of abandonment by her partner, and in general, her emotional lability, as well as her depressive tendencies, I diagnosed her as suffering from borderline personality disorder. Like Sigal, Yuval displayed none of the prominent personality traits regarded as the diagnostic hallmarks of narcissistic personality disorder—that is, grandiosity, whether overt or covert, sharp fluctuations in the sense of self-worth, or self-sufficiency. Indeed, Yuval was overly dependent on her partners, and her excessive dependency was clearly manifest in the course of the treatment, as well. And while the therapeutic dialogue with Yuval was characterized by selfobject transferences, as was the case with Sigal, it was not, likewise, a case of narcissistic personality disorder.

The Narcissist's Complex Inner World—Missing Part in Kohut's Model

According to Kohut, narcissistic personality disorder reflects unfulfilled normal narcissistic needs of early childhood, which reemerge in their archaic form in adulthood. Kohut did not perceive narcissism as defensive and made no reference to the distinction between normal infantile narcissism and pathological narcissism, as Kernberg (1974) critically observed. In fact, as noted by Rothstein (1980), the model presented by Kohut, which fails to take into account the defensive function of narcissism, is too narrow and overly simplistic as it ignores the complex and dynamic inner world of conflicting emotions, needs, wishes, and deep-seated mental content that threaten the narcissist and the narcissistic defense mechanisms mobilized in response. At variance with Kohut, most leading theoreticians and researchers of narcissism are aware of the complex and conflict-ridden inner world of the narcissist and believe that narcissism has a significant defensive role. Thus, for instance, drawing on Rosenfeld (1964), Kernberg (1970, 1998) suggested that narcissism serves as a defense against the denied dependency on an object perceived as threatening and abusive and the feelings of envy and aggression

triggered by that object. Kernberg further noted that massive dissociation mechanisms are activated in defense against the threatening object, usually, the maternal figure—specifically idealization and devaluation defense mechanisms. The grandiose sense of self along with the idealization and devaluation of the object allow the narcissist a way out of dealing with this menacing emotional world. According to Kernberg (1970), the narcissist has a pathological personality structure characterized by "a fusion of ideal self, ideal object, and actual self images" (p. 55).

Rothstein (1984) defined narcissism as a delusion of perfection, serving as a defense against parental abandonment anxiety early on in the separation-individuation process, when fixation takes place in the pre-rapprochement stage. In the same vein, Masterson (1981/2014) perceived narcissism as a defensive fixation occurring at the separation-individuation level of development as a result of the child's frustrated separation-individuation needs and, in particular, due to parental emotional unresponsiveness. Model (1975) described narcissism as a defensive retreat into a cocoon of illusory self-sufficiency and denial of the need for relatedness to a significant other, triggered by the child's distrust of the maternal figure. Feeling that he cannot trust his mother, the child identifies with her and assumes her role, experiencing himself as his own self-supporting mother. Similarly, Symington (1993) suggested that at the core of narcissism is a defensive denial of the innate infantile need for a life-giving object—the "lifegiver . . . the source of emotional life and . . . biological survival" (p. 39), as Symington put it—caused by an early childhood traumatic experience in the relationship with that most significant parental object, parental emotional abandonment being a major source of the trauma, according to Symington. However, as Symington noted, since the need for a life-giving object cannot be entirely repudiated, a narcissistic split of the self takes place, where one part of the self disowns the infantile need for a life-giving object and the other part remains dependent on and related to the lifegiver. Similarly, Bromberg (2009) noted the defensive role of the narcissistic personality split, tracing it back to early childhood trauma. Bromberg saw narcissism as a defense against an invasion by the experience of otherness, perceived by the narcissist as intolerable. Narcissism as compensation for and defense against feelings of inadequacy, imperfection, and inferiority is variously discussed by other theoreticians and researchers, as well (Adler, 1927/2014; Bach, 1977; Bowins, 2010; Bradley, Heim, & Westen, 2005; McWilliams, 2011; Raskin, Novacek, & Hogan, 1991; Reich, 1953, 1960).

The defensive function of narcissism is closely linked to the relationship with a separate other, as contrasted with a self-selfobject relationship, where the other is seen as inseparable from the self—a selfobject, as Kohut put it. It is generally accepted that the narcissist tends to see the other as a selfobject, and on this point, I agree with Kohut. However, it is essentially a defense mechanism employed by the narcissist to deny and ward off what he perceives as the threatening otherness of the other (Bollas, 2000; Bromberg, 2009). Emotions and needs such as envy, inferiority, or dependency that threaten the narcissist emerge in the context of relationships with a separate other rather than with a selfobject. Yet Kohut dismissed the significance and relevance of relationships with a separate other to narcissism and the development of the self, as reflected, *inter alia*, in his sharp critique of the theories proposed by Mahler and Spitz (Kohut, 1991), who both highlighted the significance of the separation-individuation pro-

cess for the development of the self and mental health. The centrality of empathy—the “empathic vantage point”—in psychoanalytic treatment as per Kohut (1977/2009a, 1984/2009b) is compatible with the great importance he attached to self-selfobject relationships. An empathic approach implies the ability to understand the subjective world of the other, share his feelings, and put oneself in the other person's shoes. However, in the therapeutic context, a relationship with a separate other may be called for to enable the processing of needs and emotions that inherently involve relationships with a separate other. And so, Kohut's overriding emphasis on empathy in treatment, which leaves virtually no room for the analyst to express his otherness and present feelings and positions from his own outside viewpoint, has come under sweeping criticism in the literature (Fosshage, 2003; Goldberg, 1988; Sands, 1997; Shane, 2017; Slavin & Kriegman, 1998; Stern, 2004).

In Conclusion

While Kohut's theory of self psychology has significantly contributed to the psychoanalytic discourse, it gives rise to some issues and concerns regarding the understanding, diagnosis, and treatment of pathological narcissism.

As noted, grandiosity is generally regarded as the diagnostic hallmark of narcissistic personality disorder and a necessary, although not sufficient, condition for a valid diagnosis of the disorder. Conversely, Kohut's theory of self psychology and model of narcissism, centered on his notion of the self, attribute the narcissistic personality disorder to an immature and incoherent self. However, as observed above and illustrated in the case studies presented, patients who have failed to develop a mature and coherent sense of self are not necessarily narcissists and may suffer from other personality disorders. Hence, Kohut's diagnostic method, which is primarily based on selfobject transferences emerging in the therapeutic dialogue, is inadequate and could result in an erroneous diagnosis of narcissism even in the absence of grandiosity as a dominant personality trait.

Another problematic aspect of Kohut's theory is the missing part in his model of narcissism, namely, the complex inner world of the narcissist and the defense mechanisms triggered by the conflicting emotions, needs, wishes, and deep-seated mental content that threaten him. Here again, the narrow model presented by Kohut, which fails to take into account the defensive function of narcissism and the relationships with a separate other, as reflected, *inter alia*, in his overriding emphasis on the empathic approach to treatment, inevitably rules out effective analytic intervention and processing of unresolved emotional issues and disturbing mental content.

References

- Adler, A. (2014). *Understanding human nature* (C. Brett, Trans.). London, United Kingdom: OneWorld. (Original work published 1927)
- Afek, O. (2018). The split narcissist: The grandiose self versus the inferior self. *Psychoanalytic Psychology*, 35, 231–236. <http://dx.doi.org/10.1037/pap0000161>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bach, S. (1977). On the narcissistic state of consciousness. *The International Journal of Psychoanalysis*, 58, 209–233.
- Basch, M. F. (1991). Are selfobjects the only objects? Implications for psychoanalytic technique. In A. Goldberg (Ed.), *The evolution of self psychology: Progress in self psychology* (Vol. 7, pp. 3–15). Hillsdale, NJ: The Analytic Press.
- Bollas, C. (2000). *Hysteria*. London, United Kingdom: Psychology Press. <http://dx.doi.org/10.4324/9780203361085>
- Bowins, B. (2010). Personality disorders: A dimensional defense mechanism approach. *American Journal of Psychotherapy*, 64, 153–169. <http://dx.doi.org/10.1176/appi.psychotherapy.2010.64.2.153>
- Bradley, R., Heim, A. K., & Westen, D. (2005). Transference patterns in the psychotherapy of personality disorders: Empirical investigation. *The British Journal of Psychiatry*, 186, 342–349. <http://dx.doi.org/10.1192/bjp.186.4.342>
- Bromberg, P. M. (2009). Discussion of Robert Grossmark's case of Pamela. *Psychoanalytic Dialogues*, 19, 31–38. <http://dx.doi.org/10.1080/10481880802634644>
- Cain, N. M., Pincus, A. L., & Ansell, E. B. (2008). Narcissism at the crossroads: Phenotypic description of pathological narcissism across clinical theory, social/personality psychology, and psychiatric diagnosis. *Clinical Psychology Review*, 28, 638–656. <http://dx.doi.org/10.1016/j.cpr.2007.09.006>
- Cooper, A. M. (1998). Further developments in the clinical diagnosis of narcissistic personality disorder. In E. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications* (pp. 53–74). Washington, DC: American Psychiatric Press.
- Cratsley, K. (2016). Revisiting Freud and Kohut on narcissism. *Theory & Psychology*, 26, 333–359. <http://dx.doi.org/10.1177/0959354316638181>
- Diamond, D., Yeomans, F. E., Stern, B., Levy, K. N., Hörz, S., Doering, S., . . . Clarkin, J. F. (2013). Transference focused psychotherapy for patients with comorbid narcissistic and borderline personality disorder. *Psychoanalytic Inquiry*, 33, 527–551. <http://dx.doi.org/10.1080/07351690.2013.815087>
- Dickinson, K. A., & Pincus, A. L. (2003). Interpersonal analysis of grandiose and vulnerable narcissism. *Journal of Personality Disorders*, 17, 188–207. <http://dx.doi.org/10.1521/pedi.17.3.188.22146>
- Fosshage, J. L. (2003). Contextualizing self psychology and relational psychoanalysis: Bi-directional influence and proposed syntheses. *Contemporary Psychoanalysis*, 39, 411–448. <http://dx.doi.org/10.1080/00107530.2003.10747214>
- Freud, S. (1955). *Group psychology and the analysis of the ego* (Standard Edition; Vol. 18, pp. 67–143). London, United Kingdom: Hogarth Press. (Original work published 1921)
- Freud, S. (1957). *On narcissism: An introduction* (Standard Edition; Vol. 14, pp. 67–102). London, United Kingdom: Hogarth Press. (Original work published 1914)
- Gabbard, G. O. (1989). Two subtypes of narcissistic personality disorder. *Bulletin of the Menninger Clinic*, 53, 527–532.
- Gabbard, G. O. (1998). Transference and countertransference in the treatment of narcissistic patients. In E. F. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications* (pp. 125–145). Washington, DC: American Psychiatric Press.
- Galatzer-Levy, R. (1991). Introduction. In A. Goldberg (Ed.), *The evolution of self psychology: Progress in self psychology* (Vol. 7, p. xi). Hillsdale, NJ: The Analytic Press.
- Goldberg, A. (1988). *A fresh look at psychoanalysis: The view from self psychology*. Hillsdale, NJ: Analytic Press.
- Goldberg, A. (1998). Self psychology since Kohut. *The Psychoanalytic Quarterly*, 67, 240–255.
- Horney, K. (2000). *New ways in psychoanalysis*. New York, NY: Norton. (Original work published 1939)
- Kealy, D., & Ogrodniczuk, J. S. (2014). Pathological narcissism and the obstruction of love. *Psychodynamic Psychiatry*, 42, 101–119. <http://dx.doi.org/10.1521/pdps.2014.42.1.101>

- Kernberg, O. F. (1970). Factors in the psychoanalytic treatment of narcissistic personalities. *Journal of the American Psychoanalytic Association*, 18, 51–85. <http://dx.doi.org/10.1177/000306517001800103>
- Kernberg, O. F. (1974). Further contributions to the treatment of narcissistic personalities. *The International Journal of Psychoanalysis*, 55, 215–247.
- Kernberg, O. F. (1998). Pathological narcissism and narcissistic personality disorder: Theoretical background and diagnostic classification. In E. F. Ronningstam (Ed.), *Disorders of narcissism: Diagnostic, clinical, and empirical implications* (pp. 29–51). Washington, DC: American Psychiatric Press.
- Klein, M. (1997). *Envy and Gratitude and Other Works, 1946–1963*. London, United Kingdom: Random House. (Original work published 1975)
- Kohut, H. (1966). Forms and transformations of narcissism. *Journal of the American Psychoanalytic Association*, 14, 243–272. <http://dx.doi.org/10.1177/000306516601400201>
- Kohut, H. (1991). *The search for the self: Selected writings of Heinz Kohut: 1978–1981* (Vol. 4; P. H. Ornstein, Ed.). Madison, CT: International Universities Press.
- Kohut, H. (2009a). *The restoration of the self*. Chicago, IL: University of Chicago Press. (Original work published 1977) <http://dx.doi.org/10.7208/chicago/9780226450155.001.0001>
- Kohut, H. (2009b). *How does analysis cure?* Chicago, IL: University of Chicago Press. (Original work published 1984)
- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *The International Journal of Psychoanalysis*, 59, 413–425.
- Lachmann, F. M. (1991). Three self psychologies or one? In A. Goldberg (Ed.), *The evolution of self psychology: progress in self psychology* (Vol. 7, pp. 167–174). Hillsdale, NJ: The Analytic Press.
- Masterson, J. F. (2014). *The narcissistic and borderline disorders: An integrated developmental approach*. New York, NY: Routledge. (Original work published 1981)
- McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). New York, NY: Guilford Press.
- Meissner, W. W. (2008). Narcissism and the self: Psychoanalytic considerations. *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 36, 461–494. <http://dx.doi.org/10.1521/jaap.2008.36.3.461>
- Mitchell, S. A. (1986). The wings of Icarus: Illusion and the problem of narcissism. *Contemporary Psychoanalysis*, 22, 107–132. <http://dx.doi.org/10.1080/00107530.1986.10746118>
- Mitchell, S. A. (1995). *Hope and dread in psychoanalysis*. New York, NY: Basic Books.
- Modell, A. H. (1975). A narcissistic defence against affects and the illusion of self-sufficiency. *The International Journal of Psychoanalysis*, 56, 275–282.
- Morf, C. C. (2006). Personality reflected in a coherent idiosyncratic interplay of intra- and interpersonal self-regulatory processes. *Journal of Personality*, 74, 1527–1556. <http://dx.doi.org/10.1111/j.1467-6494.2006.00419.x>
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological Inquiry*, 12, 177–196. http://dx.doi.org/10.1207/S15327965PLI1204_1
- Ogden, T. H. (1986). *The matrix of the mind: Object relations and the psychoanalytic dialogue*. Northvale, NJ: Jason Aronson.
- Pincus, A. L., Cain, N. M., & Wright, A. G. C. (2014). Narcissistic grandiosity and narcissistic vulnerability in psychotherapy. *Personality Disorders: Theory, Research, and Treatment*, 5, 439–443. <http://dx.doi.org/10.1037/per0000031>
- Pincus, A. L., & Lukowitsky, M. R. (2010). Pathological narcissism and narcissistic personality disorder. *Annual Review of Clinical Psychology*, 6, 421–446. <http://dx.doi.org/10.1146/annurev.clinpsy.121208.131215>
- Raskin, R., Novacek, J., & Hogan, R. (1991). Narcissism, self-esteem, and defensive self-enhancement. *Journal of Personality*, 59, 19–38. <http://dx.doi.org/10.1111/j.1467-6494.1991.tb00766.x>
- Reich, A. (1953). Narcissistic object choice in women. *Journal of the American Psychoanalytic Association*, 1, 22–44. <http://dx.doi.org/10.1177/000306515300100103>
- Reich, A. (1960). Pathologic forms of self-esteem regulation. *The Psychoanalytic Study of the Child*, 15, 215–232. <http://dx.doi.org/10.1080/00797308.1960.11822576>
- Ronningstam, E. (2005). *Identifying and understanding the narcissistic personality*. New York, NY: Oxford University Press.
- Ronningstam, E. (2011). Narcissistic personality disorder in DSM-V—In support of retaining a significant diagnosis. *Journal of Personality Disorders*, 25, 248–259. <http://dx.doi.org/10.1521/pedi.2011.25.2.248>
- Ronningstam, E., & Gunderson, J. (1990). Identifying criteria for narcissistic personality disorder. *The American Journal of Psychiatry*, 147, 918–922. <http://dx.doi.org/10.1176/ajp.147.7.918>
- Rosenfeld, H. (1964). On the psychopathology of narcissism: A clinical approach. *The International Journal of Psychoanalysis*, 45, 332–337.
- Rothstein, A. (1980). Toward a critique of the psychology of the self. *The Psychoanalytic Quarterly*, 49, 423–455.
- Rothstein, A. (1984). *The Narcissistic Pursuit of Perfection* (2nd rev. ed.). New York, NY: International Universities Press.
- Rothstein, A. (1986). The theory of narcissism: An object-relations perspective. In A. P. Morrison (Ed.), *Essential papers on narcissism* (pp. 308–320). New York, NY: New York University Press.
- Sands, S. H. (1997). Self psychology and projective identification—Whither shall they meet? A reply to the editors (1995). *Psychoanalytic Dialogues*, 7, 651–668. <http://dx.doi.org/10.1080/10481889709539210>
- Shane, E. (2017). How Roger Frie and Ilene Philipson provide context for understanding Heinz Kohut: The man and his work. *Psychoanalysis, Self and Context*, 12, 244–252.
- Slavin, M. O., & Kriegman, D. (1998). Why the analyst needs to change: Toward a theory of conflict, negotiation, and mutual influence in the therapeutic process. *Psychoanalytic Dialogues*, 8, 247–284. <http://dx.doi.org/10.1080/10481889809539246>
- Stern, S. (2004). The yin and yang of intersubjectivity: Integrating self-psychological and relational thinking. *Progress in Self Psychology*, 20, 3–20.
- Symington, N. (1993). *Narcissism: A new theory*. London, United Kingdom: Karnac Books.
- Winnicott, D. W. (1960). Ego distortion in terms of true and false self. In D. W. Winnicott (Ed.), *The maturational processes and the facilitating environment: Studies in the theory of emotional development* (pp. 140–152). London, United Kingdom: Karnac Books.