

THE FLOW OF NARCISSISTIC ENERGIES: KOHUT'S DIAGRAM IN THE ANALYSIS OF THE SELF

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Set within the context of his model of narcissism, Kohut's diagram (Figure 1, below) represents a common form of narcissistic disturbance. He uses it to portray a situation in which the child's performance has been used by the mother narcissistically, in order to support her own grandiosity. At the same time, the child's need for recognition of his/her independent strivings has been neglected by the mother. This results in a paradoxical state of affairs, in which overt grandiosity coexists with low self-esteem, shame, and other indications of impaired narcissism.

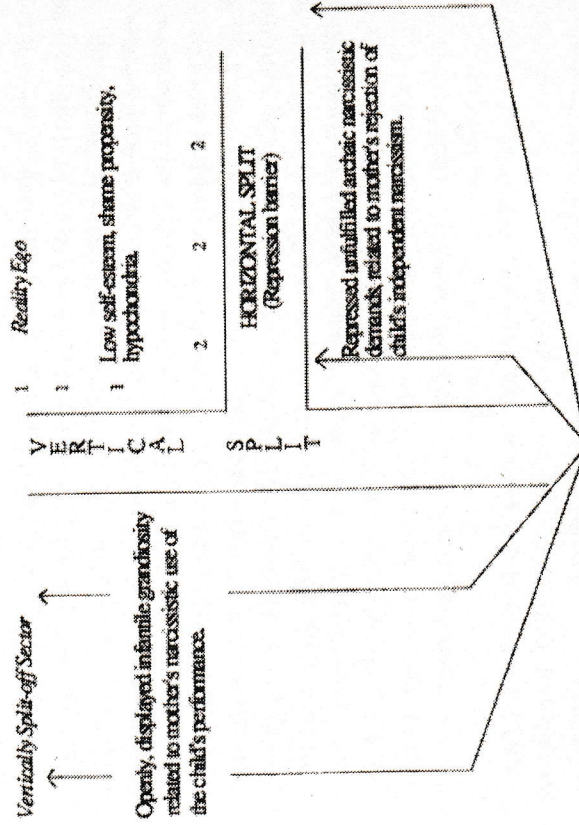


Figure 1. (Kohut 1971: 185)

To understand the diagram requires consideration of a number of unique concepts introduced by Kohut. These include: the notion of the separate line of development for narcissism; the grandiose self (and 'idealised parent imago'); the selfobject; transmuting internalisation



and the development of structure; and the concept of structural deficit. Of particular significance are, firstly, Kohut's emphasis upon *psychoeconomic* trauma—that is, disturbance due to the *quantities* of narcissistic excitement—and, secondly, his account of the absolute dependence of development upon the adequate empathic responsiveness of the care-giving environment.

At the time of the publication of *The Analysis of the Self* (1971), Kohut placed his model of narcissism within a classical, essentially Freudian and ego-psychological framework. However, in his later writings (Kohut 1977, 1984) he presented a much broader 'self psychology' which he intended as an all-embracing, new theory for psychoanalysis. This wider and more radical theory is not addressed in detail in the following discussion. The full span of Kohut's writings are considered in reviews such as Ornstein (1978) and Mollon (1986a).

#### *The line of development of narcissism*

Kohut's crucial postulate of a separate line of development for narcissism was first presented in his 1966 paper, 'Forms and Transformations of Narcissism'. It takes Freud's 'On Narcissism' (1914) as its point of departure. Kohut followed Freud in viewing the earliest stage as one of *autoerotism* and an unintegrated body-image; this then develops into the stage of *narcissism*, in which the infant takes the self as its object. Libido resides in the self, producing a natural early grandiosity and illusion of perfection in the self. Kohut also accepted Freud's suggestion that narcissistic illusions may be preserved by the infant through locating perfection in an object, usually a parent. This projected ideal becomes gradually re-internalised to form the ego-ideal. However, where Kohut crucially departed from Freud was in his suggestion that narcissism did not give way to object-love, but continued along its *own* developmental line.

This radical shift in conceptualisation meant that it became possible to consider healthy as well as pathological forms of narcissism. In analysis—Kohut proposed—narcissistic strivings needed to be released from repression, experienced in relation to the analyst, accepted by the ego and integrated into the personality—just as would infantile object-relational strivings. Kohut believed that this point of view allowed a more understanding and essentially more *analytic* approach to narcissism. He felt that the earlier, Freudian position tended to lead to implicit exhortations to the patient to give up his/her narcissism

and move towards object-love. The contrast between the analytic stances arising from these alternative points of view is illustrated most vividly in Kohut's paper 'The Two Analyses of Mr. Z' (1979).

Kohut postulated that the line of development of narcissism bifurcated into the 'grandiose self', on the one hand, and—on the other—into the image of the idealised, or omnipotent, parent. In the position of the grandiose self the child could feel: 'I am perfect'. Through basking in the reflected glory of the idealised other, the child could feel: 'You are perfect, and I am part of you'.

By referring to the 'grandiose self' as a 'normal' position in childhood, Kohut meant only that a child has a need to display his/her mind-body-self, and for this to be responded to with interest and empathy. For example, a patient who appeared to have received very little empathic mirroring in her childhood began, after some years of analysis, to bring her paintings to show the analyst. She did so against a background of great anxiety that this display might be rejected, mocked, criticised or ignored. In so doing she was bringing into the analytic relationship the natural needs—which every child has—to show her paintings and other creations to someone who will be interested. The 'idealised parent imago' similarly refers to something very ordinary in childhood—the child's wish to participate in, and feel held and protected by, a parent's strength and importance. For example, a man whose father had died when he was six (resulting in a shattering collapse of idealisation) had the comforting thought, on walking past the prestigious clinic where his therapy took place, 'That's where my therapist works!'—a clear derivative of the typical childhood thought: 'That's where my father works'. Through perceiving the clinic and the therapist as embodying admirable and reassuring qualities he could feel that he was participating in these himself.

In normal development, as these positions and narcissistic strivings evoke appropriate empathic responses from care-givers, they progress into more mature derivatives of narcissism. The strivings of the grandiose self give way to realistic ambitions, whilst the idealised other becomes the inner ego-ideal. Kohut sometimes wrote of our being *driven* by our ambitions and *led* by our ideals. He also believed that wisdom, humour and creativity depend upon transformations of infantile narcissism into more mature forms. Thwarting of narcissistic needs leads to their intensification and suffusion with aggression, as well as regression to earlier forms. Regression along the lines of narcissism might result in infantile and pathological forms of narcissism.



In the domain of the grandiose self, these might include: haughty grandiosity, imperious behaviour, or affected speech and gestures. In the domain of the idealised other, it might involve trancelike religious feelings, or hypomanic excitement. Where there is regression to the stage of autoerotic fragmentation of the self, pathological forms of narcissism might entail hypochondria about physical and mental health, self-stimulation, or perverse fantasies and activities. These regressions might typically be triggered by *narcissistic injuries*, such as slights and misunderstandings, failures of empathy by others, or failure by idealised others to live up to the idealisation. In analysis, the pattern of these regressions can usefully be explored in relation to the analyst.

Kohut viewed perverse sexual fantasies and behaviours as sexualised statements concerning narcissistic injuries. For example, a child's chronic failure to elicit appropriate recognition of the natural, phase-appropriate exhibitionistic display of his/her body-self might result later in a more crudely sexualised wish to display the body or sexual parts of the body.

At this stage of his theorising, presumably in order to maintain some continuity with more classical psychoanalytic theory, Kohut referred to 'narcissistic libido', which he contrasted with 'object libido'. He wrote as if he envisaged this as a kind of mental energy, flowing along certain channels and capable of becoming blocked and diverted, or of flooding the psyche. It is difficult to ascertain how literally Kohut viewed this energetic metaphor. Certainly the notion of narcissistic libido and—indeed—the whole idea of the flow of narcissistic energies (as represented in Figure 1) had disappeared by the time of his next book (1977). By this time he had begun to present a new model of the mind, based on the central notion of the 'bipolar self'. What seems most likely, however, is that Kohut, being a highly sophisticated theoretician, was fully aware of the purely metaphorical nature of these energetic concepts, but felt that they captured something of the *introjective experience* of narcissistic strivings. Certainly he considered that the domain of psychoanalytic enquiry was limited to that which is available through introspection and empathy (Kohut 1959). A concept of two forms of mental energy—narcissistic and object relational—taken in a literal biological or a literal physical sense is clearly outside the bounds of this domain, since we do not have direct introspective access to the biochemical phenomena of our bodies.

### *The concept of the selfobject*

Kohut's development of the concepts represented in Figure 1 began with his observations of certain transference-like conditions (the 'narcissistic transferences'), in which the analysand's psychological functioning and sense of well-being appeared dependent upon the analyst's consistent and accurate empathic attunement. When this was disrupted, the analysand's state of mind would deteriorate along the line of narcissistic regression, as described above.

Kohut recognised that the analyst was not functioning in these states as a separate object invested with object libido—that is, desired as an incestuous object or feared as a rival in love. Instead, the analyst was needed in order to provide certain *functions* necessary for the analysand's mental equilibrium:

[T]he analyst, though cognitively acknowledged as separate and autonomous, is nevertheless important only within the context of the analysand's narcissistic needs and is appealed to and otherwise reacted to only insofar as he is felt to fulfil or frustrate the patient's demands for an echo, approval, and confirmation of his grandiosity and exhibitionism. (Kohut 1971: 204)

Because the analyst's empathic responses are needed to maintain the patient's mental equilibrium and sense of well-being, this responsiveness forms a kind of system with the patient's own mind. It is these *functions* performed by the analyst's empathy to which Kohut gives the term 'selfobject', thereby indicating that they take place *between* the self and the object. The selfobject is not an object, cathected with love or hate. Rather, it is an other person *experienced in terms of their functions* in the maintenance of narcissistic equilibrium.

### *Transmuting internalisation and the development of psychic structure*

Kohut often referred to 'psychic structure', but his use of the term was rather distinct. By it he meant that, gradually, in the course of development or during analysis, the child or analysand becomes able to perform for him/herself some of the functions originally provided by the selfobject. This *internalisation of function* is what he meant by 'structure'.



The development of structure takes place, according to Kohut, by means of repeated internalisations of function, in response to the parent's or analyst's failure as selfobject. If these empathic failures are small and manageable, the child or analysand can use these as a spur to growth and can take over these functions. Repeated 'microtraumas' of this kind do not lead to massive internalisation (Goldberg 1983), which would result in an 'internal object' (as described, for example, in Fairbairn 1952), but to the internalisation of *function*—a process Kohut termed 'transmuting internalisation'.

People whose narcissistic development has not proceeded well, and who are thus particularly vulnerable where the selfobject is concerned, may be said to be suffering from a *structural deficit*. The concept of 'deficit' in Kohut's psychology derives from his concept of the selfobject and his view that the functions of empathic responsiveness from others are absolutely necessary for adequate development in the narcissistic realm. A narcissistic disorder cannot, in Kohut's scheme, be regarded as a purely intrapsychic conflict; there has been a failure—on the part of the principal care-givers—to provide certain necessary *functions*. Kohut believed, moreover, that human beings never outgrow their need for selfobjects; we all require empathy from others, although the form of this need may alter as we mature.

One of the results of the availability of adequate selfobjects in childhood is that narcissistic needs are met appropriately, at the right time, and therefore do not have to be warded off. They do not acquire added intensity and urgency, as they would if frustrated. This means that the narcissistic sector of the personality is integrated and matures with the rest. Kohut views this process (in relation to 'narcissistic libido') as analogous to the sublimation of sexual libido (as described by Freud), and the neutralisation of the aggressive drive (as described by the ego psychologists). The availability of selfobjects in childhood thus leads to the establishing of inner structure which 'neutralises' narcissism, preventing its emergence in crude infantile forms and channelling it into more mature forms. The potential re-emergence of 'unneutralised' crude narcissistic desires may be highly threatening to a person's psychological equilibrium.

#### *Psychoeconomic trauma*

Another feature of Kohut's account is his observation that an absence of adequate selfobject experiences in the childhood of patients may

result in a deficiency of structures for 'self-soothing'. Such people are, therefore, 'thin-skinned', easily hurt and offended, prone to overwhelming shame, and their fears and worries tend to expand, becoming boundless and catastrophic. Kohut notes that these patients are subject to recurrent traumatic states, both in analysis and daily life. He comments:

At such times the focus of the analysis shifts temporarily to a near-exclusive consideration of the overburdenedness of the psyche, i.e. to a consideration of the existing psychoeconomic imbalance. (Kohut 1971: 230)

Patients with narcissistic disturbance are excessively prone to feelings of shame. Kohut gives the example of exaggerated shame reactions to the memory of committing a *faux pas*:

His mind returns again and again to the painful moment, in the attempt to eradicate the reality of the incident by magical means, i.e. to undo it. Simultaneously the patient may angrily wish to do away with himself in order to wipe out the tormenting memory in this fashion. (Kohut 1971: 231)

He emphasises the importance of the analyst's tolerance of the patient's repeated recounting of the painful event:

For long periods the analyst must participate empathically in the psychic imbalance from which the patient suffers; he must show understanding for the patient's painful embarrassment and for his anger that the act that has been committed cannot be undone. (Kohut 1971: 231)

Kohut points out that often the traumatic states may be precipitated by events within the analysis. Paradoxically, it may be precisely those interpretations which are empathic and correct that give rise to psychoeconomic trauma. Although these effects might superficially give the impression of a negative therapeutic reaction, due to unconscious guilt or envy, this is not the case. Kohut gives an example of a patient who, in talking about his restless loneliness, mentioned that his mother had seemed to dislike her own body and would recoil from physical closeness. The analyst had commented that the patient's rest-



lessness seemed to relate to his never having learned to experience himself as 'loving, loveable and touchable'. The patient responded with excitement, declaring 'Crash! Bang! You hit it!', and shortly afterwards became tearful. The following day he arrived in a dishevelled, excited and disturbed state, reporting that he had been unable to sleep. He also mentioned grossly sexual fantasies about his (female) analyst, dreams of eating breasts, and a variety of bizarre images and fantasies. Kohut explains this as follows:

In essence the patient's traumatic state was due to the fact that he had reacted with overstimulation and excitement to the analyst's correct interpretation. His vulnerable psyche could not handle the satisfaction of a need (or the fulfilment of a wish) that had existed since childhood: the correct empathic response of an all-important figure in his environment. (Kohut 1971: 234)

Kohut advises that the most helpful response to these traumatic states is for the analyst to explain to the patient that the understanding attained in the previous session, and the fulfilment of the wish for (empathic) understanding, had been overexciting.

Kohut's explanation of narcissistic anxieties is always set, essentially, in terms of psychoeconomic threat: the destabilising potential of narcissistic energies, sensations and images which have not been moderated, harnessed, socialised and integrated into the ego through the transmuted crucible of selfobject experiences. He writes:

The danger against which the ego defends itself by keeping the archaic grandiose self dissociated and/or in repression is the dedifferentiating influx of unneutralised narcissistic libido (towards which the threatened ego reacts with anxious excitement) and the intrusion of archaic images of a fragmented body self (which the ego elaborates in the form of hypochondriacal preoccupations). (Kohut 1971: 152)

Thus Kohut describes the central anxiety in the narcissistic disorders as the fear of the disorganising intrusion of early forms of narcissism and their energies. Within this spectrum he specifies four particular anxieties: (1) the fear of the loss of the reality self through ecstatic merger with the idealised parent imago (or quasi-religious regressions involving a sense of merger with God); (2) the fear of loss of contact

with reality through grandiose excitements; (3) shame and self-consciousness; (4) hypochondriacal anxieties.

An important point regarding narcissistic anxieties is that they often possess a *vague* quality, making them difficult to perceive with clarity. Kohut contrasts this with Oedipal anxieties in which—for example—there is a fear of being killed or mutilated by an adversary of superior strength. Even where Oedipal anxieties are expressed in regressive pre-Oedipal imagery, the movement of the analytic material will be towards the elaboration of a *specific* fear. In the case of narcissistic anxieties, however, the longer the analytic work proceeds, the vaguer the content may appear to become. Kohut observes:

The patient may ultimately speak of vague physical pressures and tensions, or of fears of loss of contact, of contentless, stimulating anxious excitement, etc., and he may begin to talk about childhood moments of being alone, of not quite feeling alive, and the like. (Kohut 1971: 154)

The inherent vagueness of narcissistic anxieties may have meant that prior to the provision of Kohut's conceptual lens, it was not possible for most analysts to grasp these.

#### *Horizontal and vertical splits*

Kohut describes two groups of patients in which a failed integration of the grandiose self formed the basis of the disturbance. The groups differ according to the prevalence of *repression* or *dissociation*, which Kohut described—respectively—as 'horizontal' and 'vertical' splits in the mind (see Figure 1, above).

In the first group, the grandiose self exists primarily in a repressed state. This repression might be described as a 'horizontal' split (between consciousness and unconsciousness). The reality ego is thereby deprived of narcissistic nutriment from 'deeper' sources of narcissistic energy, resulting in symptoms of 'narcissistic deficiency', such as diminished self-confidence, vague depressions, absence of zest for work, and lack of initiative.

In the second group, the psychological situation is similar to the first, in that there may be a repressed grandiose self beneath a horizontal split, giving rise to the symptoms described above. However, this mental structure is complicated by the coexistence of an unmodi-



fied grandiose self, present *alongside* the reality ego, but kept apart from it by a 'vertical' split. Here Kohut is describing the defence of *dissociation* which (since the mid-1980s) is commonly discussed in connection with severe trauma-based dissociative disorders, such as multiple personality disorder (Mollon 1996). This dissociated grandiose self—which may be present in consciousness—is derived from the mother's narcissistic investment in her child. The mother might have been greatly admiring of her child, but only so long as he/she was fulfilling the mother's own narcissistic aspirations, and not necessarily if the child was pursuing an independent agenda. In this way the child's authentic, grandiose self might have become quite neglected and rejected. The overt grandiosity, based upon the mother's narcissism, may give rise to attitudes of arrogance, vanity, boastfulness, and imperate assertiveness. These overtly grandiose attitudes would coexist or alternate with symptoms of narcissistic depletion—such as low self-esteem, lethargy, and vague depression. Consequently, the person's overtly expressed attitudes might seem quite inconsistent.

Kohut saw dissociation—or 'vertical splitting'—as particularly characteristic of narcissistic disorders. He wrote:

In the narcissistic personality disturbances (including especially certain perversions) we are not dealing with the isolation of circumscribed contents from one another, or with the isolation of ideation from affects, but with the side-by-side existence of disparate personality attitudes with different goal structures, different pleasure aims, different moral and aesthetic values. (Kohut 1971: 183)

*The function of the analyst in bringing about therapeutic progress*

The analyst's task is not to gratify the patient's narcissistic demands, nor to educate the grandiose sector of the psyche, nor to exhort the patient to give up his/her narcissism. Instead the analyst's stance is one of 'acceptance which stresses the phase-appropriateness of these demands within the context of the transference revival of an archaic state' (Kohut 1971: 179).

As a result of this accepting stance, patients in whom there is a combination of vertical and horizontal splits begin to encounter their repressed narcissistic needs:

The patient will then come face to face with formerly unrecognized defences which had protected him against the discovery that, despite the seemingly self-assured assertion of narcissistic claims by one sector of his psyche, the most centrally significant sector of his personality is deprived of the influx of self-esteem-sustaining narcissistic libido. (Kohut 1971: 179)

Kohut gives the example of 'case J', a man who—for some time into the analysis—displayed only a flagrant grandiosity and exhibitionism. During one session he mentioned, casually, that after shaving in the mornings he would carefully rinse his razor and clean the sink before washing and drying his face. Kohut noted that although the account itself seemed irrelevant, it was presented in a slightly arrogant and intense fashion. In retrospect, this became the first indication of the presence of a hidden area of the patient's personality. Gradually they came to understand that the patient's *overt* vanity and arrogance was linked to his mother's acclaim for various performances in which he was shown off for the advancement of *her* self-esteem:

[This] noisily displayed grandiose-exhibitionistic sector of his personality had occupied throughout his life the conscious centre of the psychic stage. Yet it was not fully real to him, provided no lasting satisfaction, and remained split off from the coexisting, more centrally located sector of his psyche in which he experienced those vague depressions coupled with shame and hypochondria that had motivated him to seek psychoanalytic help. (Kohut 1971: 180-181)

The shaving habit, in which performance of fastidious washing of his razor and the basin took precedence over attendance to his face, was an endopsychic replica of his need for his mother's acceptance of his displayed body-self and her rejection of this. Kohut notes that:

Gradually, and against strong resistances (motivated by deep shame, fear of overstimulation, fear of traumatic disappointment), the narcissistic transference began to centre around his need to have his body-mind-self confirmed by the analyst's admiring acceptance. (Kohut 1971: 182)



Kohut and the patient came to understand that a crucial fear for the patient was that the analyst might value the patient only as a vehicle for the analyst's own aggrandisement, and would reject the patient if he displayed his own initiative in relation to his body and mind. The patient gradually became aware of his hitherto repressed yearning for acceptance of his 'archaic, unmodified grandiose-exhibitionistic body-self' (Kohut 1971: 182), a yearning which had been hidden by the noisy display of narcissistic demands expressed through a vertically split-off sector of his personality. As these wishes were worked through and integrated, the patient was able to arrive at a position where—as he humorously put it—he could 'prefer my face to the razor' (Kohut 1971: 183).

It is surely a remarkable and subtle insight by Kohut that openly displayed grandiosity may be essentially false, in that it does not relate truly to the patient's deeper core but is derived from narcissistic use of the patient by a parent—and that hidden behind this is a more authentic need to display and to be admired. During the 1970s Kohut's theory was often compared and contrasted with the work of Kernberg. However, a close reading of Kernberg (for example, Kernberg 1974) will reveal that although he adopted Kohut's term 'the grandiose self', he refers only to conscious grandiosity, and was describing the state of affairs represented only by the left side of Figure 1—the vertically split-off sector containing overt grandiosity, related to the mother's narcissistic use of the child's performance.

Kohut advises that the first stage of analytic work in these conditions is directed at undoing the vertical split (at the points marked '1' in Figure 1), so that the reality ego is able to know and control the formerly uncurbed narcissism which finds expression in the split-off sector. There is a significant sentence in Kohut's note explaining his diagram, which suggests a point that is not made particularly explicit in the rest of the text:

The narcissistic energies which are thus prevented from finding expression in the vertically split-off sector (left side of the diagram) now reinforce the narcissistic pressure against the repression barrier (right side of the diagram). (Kohut 1971: 185)

It is as if Kohut is saying that the narcissistic energies leak away through the vertical split, leaving the main personality depleted. He implies that the mother's narcissistic use of the child hijacks (rather

than nurtures) the child's narcissistic energies, leaving a rupture in the psyche through which there is continual leakage. Analytic work at the vertical split heals the rupture and stems the leak. Work can then take place at the horizontal split (at the points marked '2' in Figure 1), where the now enhanced energetic pressure pushes the repressed, true narcissistic wishes through the repression barrier.

According to Kohut, the correct analytic stance is one in which the infantile narcissistic needs are activated and brought into consciousness whilst not gratified on an infantile level. The analytic work, of transference interpretations and genetic reconstructions, prevents regressive evasion of the narcissistic needs either through re-repression (horizontal split) or through re-exclusion (vertical split). This stance allows the narcissistic energies to proceed in only one direction, toward maturation and integration into the reality-oriented ego. The positive benefits of this are an increase in realistic self-esteem, enjoyment of success, the harnessing of fantasies of achievement into realistic plans, as well as the development of qualities such as humour, empathy, wisdom and creativity.

#### *The place of Kohut's model in relation to other psychoanalytic models and theories*

Kohut's theory of narcissism, as outlined in 1971, is unique. He views narcissistic anxieties and tensions not as the result of conflict in relation to the superego, or the ego ideal, or the external world of other people. Instead he explains these anxieties as due to the threatening intrusion of unmodified ('unneutralised') infantile narcissistic strivings which would overwhelm the ego—a psychoeconomic trauma. This formulation is possible because of Kohut's insight that narcissism has its own line of development. The therapeutic aim can thus be seen in terms of the transformation of narcissism from primitive into more mature forms. This transformation depends absolutely on the transmuting availability of selfobjects; the patient *cannot* transform his/her narcissism without this external help. Thus Kohut's is not a model of purely intrapsychic disturbance, but embraces the notion of a child in an environment which forms a *system* with the child's mind. Later, some of Kohut's followers (Stolorow, Atwood and Brandchaft 1994) developed these ideas and presented their 'intersubjective approach' which sought to dispel the 'myth of the isolated mind'.



Kohut's model of narcissism has its roots partly in Freud's 'On Narcissism', but his emphasis upon the role of the environmental response to the child places him in the tradition of Hartmann and other American ego psychologists who described the ego developing within an 'average expectable environment'. (see, for example, Hartmann 1958.) In terms of British psychoanalytic writing, the theorist to whom he is closest is Winnicott, who similarly wrote with great sensitivity on the subtle aspects of the mother's response to the child, which he described as the 'facilitating environment' (Winnicott 1990). Like Kohut, Winnicott understood how the child's own innate blueprint for development might be derailed by pressures to perform for the mother's gratification, resulting in a false self. However, whilst there are thirteen citations and eleven references to Hartmann in Kohut's book of 1971, there are only two citations of Winnicott and one reference. Kohut's work has to be understood against an American historical context.

One other British theorist in the Kleinian tradition—superficially very different, but with important points of contact with Kohut—is Bion. His model of the mother's response to the crying infant has much in common with Kohut's concept of the selfobject (Mollon 1986b). According to Bion (for example, Bion 1977) the baby's scream of distress embodies a fantasy of projectively expelling the 'bad thing' (hunger, cold, fear, etc.). The mother, through her thoughtful and receptive attentiveness (her empathy), figures out what is causing the distress and responds appropriately, thus returning the projection in a modified, detoxified form. The projected 'screamed out' object is caught and returned as *thought*. Thus Bion regarded projective identification not merely as a phantasy (as Klein had described it) but as an interaction which forms the basis of thinking and communication. Bion was describing the mother not as a love object, but as the provider of *functions* necessary to support her infant's developing psyche. According to Bion, the mother's failure to receive, think about and detoxify the infant's emotions—perhaps even adding her own anxiety—results in the infant being deprived of meaningful communication and left with 'nameless dread'. Perhaps this 'nameless dread' has something in common with the state of fragmentation of the mind-body-self, and resulting hypochondriacal anxiety, which Kohut describes as the earliest position on the line of development of narcissism. For Kohut, regression to the fragmented mind-body-self is precipitated by empathic failures in the selfobject realm.

When compared with other models of narcissistic disturbance, Kohut's can be seen to embrace far more phenomena than that of any other theorist (Mollon 1993: 103). Not surprisingly, therefore, his work became the doorway onto the radically new formulation of psychoanalysis known as 'self psychology'. This became part of the broad trend towards intersubjective and relational perspectives which began to transform the American psychoanalytic landscape. By the end of his life and his last book (1984), Kohut had completed his personal transmutation of classical psychoanalysis.