Psychoanalytic Theories of the Self:
Clinical Perspectives
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Introduction

It is a pleasure to address a group of students here in Germany, many of whom will become psychologists in the future. It is especially a pleasure to address students who may become researchers and teachers in our field.

In my own country there is a great gap between the field of psychology as it is taught and practiced in the university, and psychology as it is taught in the professional schools and institutes which train most of the psychologists who become psychotherapists in the United States. It would appear that people with quite different interests and preoccupations are drawn to these very different facets of our profession. Psychotherapists as a group seem to have given up on academic psychology as having little relevance to their practices. At the same time, it is my impression that academic psychologists tend to view psychotherapists as relying on theories and techniques which are insufficiently rigorous and for which there is little formal empirical support. There are those who regard this as a serious problem and those who regard the two pursuits as separate disciplines whose goals and methods are entirely dissimilar. Perhaps most unfortunate is that the intense training in both disciplines produces psychologists who know little of the work of others outside their specialized field. I hope to address this gap today by giving you an overview of contemporary psychoanalytic thinking as it relates to ways of conceptualizing the self.

Because I cannot claim expertise in the field of social psychology, I will not attempt to compare social psychology theories with psychoanalytic theories. Instead, my goal will be to enlarge your understanding of psychoanalytic theories relevant to the self and perhaps instill in you an interest in learning more. I will have to leave further integration

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of these ideas to your future discussion in class. However, I do hope these ideas have some value and interest for you and that they stimulate your thought.

I address you as a clinical psychologist and as a psychoanalyst for whom the most pressing day-to-day work problems have to do not with research and general psychology, but with clinical work. Here the central problem is how to understand and be of help to individuals presenting very particular personal problems. These problems typically revolve around specific forms of depression, anxiety, family and relationship problems, and problems in identity. Psychoanalytic theories have grown out of this attempt to understand and help. I do not know in any ultimate sense whether our theories are "true", but I do know from experience that they are useful and usually helpful in addressing some of the deepest aspects of the human struggle.

My purpose today is to tell you something about our ideas of the self, the place of the concept in our theory, and the uses to which it is put in clinical practice. I will emphasize clinical theory as opposed to metapsychology. I should also emphasize that I will not be providing a comprehensive and scholarly summary, but instead will be presenting a selective, and ultimately personal, perspective. While my views will not be unusual, they should also not be understood as representing every analyst. For convenience, I will use the term "psychoanalyst" to refer both to those who do formal psychoanalysis (typically four times a week with use of the couch), and to those who practice psychotherapy from a psychoanalytic perspective. You will also discover that I will be using the term "self" rather loosely, since, to jump ahead, the concept itself has no single clear definition within psychoanalytic theory.

Overview of Psychoanalytic Assumptions

The intellectual and institutional history of the psychoanalytic movement is rife with controversial theoretical, institutional, and personal disagreement, conflict, splits, and animosities. Psychoanalysis has not been in the past, and is not in the present a monolithic discipline, but rather a diverse collection of theories and techniques which are sometimes compatible and sometime incompatible. While at the moment the economic and cultural climate in the United States is extremely unfavorable to the practice of

psychoanalysis, paradoxically, the growth of new institutes and a review of the literature indicate that the field is as vibrant and creative as at any time in the 100 years since Freud. New developments and elaborations continue the diversity. I will caution you that this presentation does not explore many of the important differences and disagreements, but instead focuses more on the commonalties.

Psychoanalysts do share some common assumptions about the nature of the mind, and the nature of psychoanalytic treatment. The primary shared assumption is that subjective emotional experience, cognitive functioning and interpersonal relating are powerfully influenced by unconscious factors. Depending on the focus of the theory, these unconscious factors include drives, structures, functions, fantasies, memories and interpersonal templates, all of which give rise to defenses and adaptations.

From a clinical standpoint, it is usually when defenses and adaptations are inadequate, or have costly side effects, that patients seek help. In other words, patients do not typically seek help for unconscious problems. Rather, they seek help for conscious problems which they are unable to fully resolve because the origins are unconscious and therefore cannot be dealt with by the rational adult part of the personality. The theories of psychoanalysis arise out of an attempt to understand and deal with the rest of the person.

The Four Psychologies

Unlike most other fields of psychology, psychoanalysis is a multi-modal theoretical system, with several different models of the mind. Analysts informally refer to four primary divisions of theoretical models. These are the so-called classical drive theory, ego psychology, object relations, and self-psychology. Although many analysts and institutions declare allegiance to one of these models, I will follow the lead of others and present these to you as theories which attempt to build models of four different areas of development and functioning, each with their own motivational forces, developmental challenges, psychological functioning, and clinical difficulties. Although human beings are, of course, not really divided into four different pieces, these models attempt to complex clinical phenomena by looking at four different conceptual psychological domains. Although these four psychologies now co-exist, historically they developed in a

sequential manner, each building upon earlier models. As you will see, the two most recently developed models, object relations and self-psychology speak most directly to the nature and the problems of the self. But I will begin by reviewing the classical Freudian model.

Drive Psychology

Sigmund Freud was born into a scientific age in which the physical sciences were dominated by Newtonian physics and the social sciences and humanities were absorbing the impact of Charles Darwin's ideas. Darwin's *Origin of the Species* had been published in 1858, just a few years before Freud's birth, and had erased the clear distinction between human and animal nature. Whereas Homo Sapiens had previously been granted a privileged, semi-divine position in nature, the human being now became simply another animal. It was perhaps expectable then, that Freud directed his exploration to the primitive animalistic forces involved in human functioning. This led him to a conception of human beings as struggling with primary, biologically driven motivations which were inherently anti-social and required taming through socialization as a precursor to civilization.

Freud's human is an animal forced with the necessity of coming to terms with both its animal nature and with civilization (internalized in the superego). Thus, he was interested in discovering the nature of the basic drives and their psychological fate in the person required to negotiate the demands of the drives, the demands of external reality, and the demands of social prohibition internalized as the superego. Freud does not actually address his work to "the self", but instead seems to take it for granted that something like a self exists. He was not interested in the formation of the self in the way we might conceptualize it today, nor was he particularly interested in the relation of the self to the outside world or its formation in a social context. He was more interested in what was going on "inside the self" so to speak, and, in particular, in the conflicts that arise within the self.

Subsequent theoreticians have suggested that this was in part a reflection of him not being capable of being interested in everything at once, but also a reflection of his

cultural milieu. Freud was born into the world of middle-class Europe in the repressive, anti-sexual culture of the late nineteenth century. He was also born into a more or less intact family with reasonably reliable (even if conflictual) relationships. Thus, the cultural milieu and early life experiences so common to patients coming of age in fragmented families and post-modern culture were not part of his personal experience, nor his own pathology. Whatever the self might be, it could be taken as a given. Furthermore, he progressively restricted the types of patients that he thought were suitable for analysis and, as a result, the forms of pathology he worked with intensively did not seem to demand a concept of the self in his developmental and clinical theory. For Freud, what we consider the self, was loosely subsumed as an aspect of the ego.

Ego Psychology

Freud did, however, need a conception of the ego that was involved in repression, thought, defenses, and adaptation. Late in his life, (Freud,1923), he fully developed his model of the tri-partite mind consisting of (in their awkward translation to English), id, ego, and superego.

With drive psychology as a background, the second wave of analysts were free to turn their attention toward a detailed account of the functioning of the ego. Clinical experience pushed them in this direction. For example, it was obvious that adaptation to external reality was an observable fact, and patients often demonstrated a capacity to make something creative and constructive out of internal and external adversity. Freud was also aware that people could make use of analysis, synthesis and integration and that a push toward mastery seemed to be a native feature of human functioning. The work of the early child analysts, especially Anna Freud also drew attention to the role played by the desire for mastery as it influences childhood development. The result was a theory of the ego, its development, and its functions. Ego psychologists developed complex accounts of defense, adaptation, synthesis, mastery, and other ego functions, but the existence of a self was still taken as a given.

Object Relations Psychology

The conceptual work of these first two theoretical models, drive psychology and ego psychology may be viewed as an attempt to recognize the biology of the organism in

psychological theory. But what was notably absent from these models was attention to the impact of relationships with others on development. It is rather striking today to read Freud's famous case histories and to see how little his patients' relationships with others are addressed. One gets the sense that Freud is dealing simply with a one-person psychological domain, and one comes away with little idea about what sort of relationships these patients actually had with mothers, fathers, siblings, friends, and lovers. The formal movement towards an intrapsychic conception of this dimension of human experience arrived with the so-called "object relations" theories.

Let me say something about the use of the word "object" because sometimes students often wonder why such an impersonal word is used to describe people. Actually, the word "object" is not used to designate real people in the patient's life, but rather, to designate an internal representation of the other in the psyche. The word "object" is essential because it acknowledges the difference between who an "other" might actually be in the external world, and the way we experience them internally. Thus, an object is not a person, but rather a psychic structure through which actual persons are perceived. The internal object develops from a combination of actual experiences with the "other" and the emotional understanding we are able to bring to these experiences. There is not a one-to-one correspondence between the internal object and the external person.

Now it is important to state that there is not a single object relations theory, but rather that this is an umbrella term which includes several very different sub-theories. Some are anchored in Freudian concepts of the drives (for example, Melanie Klein), while others drastically revise or reject Freud. Ronald Fairbairn, a Scottish psychoanalyst who coined the term "object relations", radically rejected an important aspect of Freudian theory. For Freud, the infant only emerges from a total primary narcissism, and begins to turn toward others because that is necessary for gratification of libido following the pleasure principle (das Lustprinzip) to which he gave primacy. Fairbairn (1943), on the other hand, argued that the primary motivation for the infant was attachment. In his oft-quoted aphorism he stated, "Libido is object-seeking, not pleasure seeking". In spite of many differences, however, object relations theories share an interest in how the self and

other first come to be differentiated, how the consequent internal representations are elaborated, and the impact of these internal templates on actual relationships.

Much off the interest in object relations emerged from direct infant-parent observation and work with children. An attempt was made to integrate attachment theory with ideas about the development of internal representations of the self and other. From a developmental perspective, the theories of Margaret Mahler play an important role here. Mahler and her co-workers used infant observation and clinical experience to describe the gradual development of a sense of self as separate from the mother. They hypothesized that in the earliest developmental phase, the infant is unaware of the existence of a difference between itself and the mother. The first developmental task involves first an unfolding and consolidation of the differentiation between self and other, and then later the gradual emotional separation process from the other.

Within object relations theories, there is the idea that actual experiences with the mother or primary caretaker are filtered through the immature emotional and cognitive processing capacities of the infant resulting in very fundamental, though not necessarily realistic, intrapsychic templates. Gradually, the infant and child develop basic internal representations of the "self" and the "other" and the emotional relationship that binds them. For example, a relatively good developmental outcome would be the development of a self-representation in which the infant feels important, effective, and responded to by an "other" who is interested, attentive and loving. There are good feelings between them. Alternately, a poor outcome may result in a self-representation as needy, hungry, desperate and therefore angry, and an "other" that is distant, emotionally rejecting, withholding, and angry at the infant for being demanding. One can see that such experiential templates would begin to develop from the earliest experiences of caretaking, such as feeding at the breast.

The clinical interest in these self and object representations arises because it quickly becomes obvious that people do not enter relationships with others without powerful conscious and unconscious expectations. Secondly, it also seems from clinical work, that there is frequently a difference between conscious and unconscious expectations.

Regarding the concept of the self, one sees that within object relations theories it makes little sense to talk of the self as something that exists independently. Rather it is a concept that exists dialectically with the concept of the other. They are mutually linked and create each other. The self is always something related to by an other, and vice versa.

This sort of concept of the self, then, is not defined by a series of traits, interests, or conscious attitudes, but rather it is defined by the person's deepest and most basic expectations of others. It is also important to reiterate that the internal representation of self and other is not simply a "learning from experience". That is, from the perspective of an outside observer, there is not a simple one-to-one correspondence between what happens to infant and the consequent internal object relational paradigms. The child's own powerful emotional needs, immature ego, and as yet physiologically undeveloped cognitive apparatus virtually ensure distortion of experience from the frame of reference of an adult. As a simple example, a mother who is depressed or pre-occupied with her own difficulties is not represented as a "troubled" mother; she is registered as a" bad" mother who refuses to meet the child's needs.

What defines contemporary object relations theory then, in addition to an organization of mental life around drives, defenses, and conflicts, is a view of mental life that is organized around self and object representations and their relations and repetitions in the interpersonal sphere.

Two areas of clinical work began to lay down the foundations for concepts concerning the actual impact of others on the development of the self. The first came from the work of Harry Stack Sullivan, Frieda Fromm Reichman and their followers in the so-called "Interpersonal School". These clinicians began to use psychoanalytic ideas to investigate the importance of actual experiences with primary caretakers. Their work was primarily with schizophrenics who had been viewed by Freud as unanalyzable due to a faulty sense of a self with indeterminate boundaries. The second area was the work of Heinz Kohut and his Self-Psychology to which I now turn.

Self-Psychology

As you can see so far, historically, psychoanalytic attention to the self had so far been an offshoot of attention to relationships between self and other. Heinz Kohut developed a formal psychology of the self (1971 1977, 1979, 1984). It is a psychology of the subjective states of the person, built around parental inputs. Until the last 10 years of his life, Kohut practiced as a classically trained analyst but grew dissatisfied with the usefulness of classical theory in addressing the problems of the patients he was seeing. He came to feel that many patients he was treating could not be comprehended as having a definite sense of self within which they were experiencing neurotic conflict over their wishes and drives. What he saw in early childhood was a period of vitality, creativity, and exuberance all of which were missing in many of his adult patients who seemed to be leading lives devoid of meaning and excitement. He became interested in the fate of this infantile vitality and robust self-regard. His clinical experience led him to gradually break away from the mainstream of traditional psychoanalysis and develop a theory of "normal narcissism" in the development of the self.

According to Kohut, healthy self-experiences evolve within a developmental context of what he called "selfobject" experiences. Selfobject (a single word) is a term coined by Kohut to indicate that the child needs the caretaker to perform certain functions which it cannot yet provide for itself. When these functions are provided adequately, and this includes a certain amount of failure on the part of the caretaker which he terms "optimal failure" or "optimal frustration", the child gradually internalizes these parental functions.

The first type of experience requires selfobjects that confirm the child's innate sense of vigor and vitality, looking upon the child with joy and approval. This he terms the need for a "mirroring selfobject". The second type of developmentally necessary experience requires the child's involvement with powerful others to whom the child can look up to and with whom he can merge in an image of calmness and omnipotence. This he terms the need for an "idealizing selfobject". Finally, Kohut felt that healthy development requires experiences with selfobjects who in their openness and similarity with the child, evoke a sense of essential similarity and likeness between the child and themselves. This he referred to as the need for "twinship".

Thus, for self-psychologists who follow Kohut, the self is that part of the personality which is evoked and sustained by a constant supply of responsiveness from the functioning of selfobjects. Metaphorically, the self is viewed as a structure, because like a structure, it is consistent over time and changes only very slowly. Like all structures, it can be thought of as made of parts which fit well together, or as one that can fall apart easily. Self-psychologists speak therefore of a self that is cohesive if put together well, or at other times of a self that is fragile and fragments easily.

From this viewpoint, if a person is to feel good about himself, if he is to have a secure sense of self, good self-esteem, and function smoothly without unusual anxiety or depression, he must experience himself as surrounded by the responsiveness of others. For Kohut, this is not only true in early development, but throughout the life cycle. Although with maturation, the person can internalize many of the selfobject functions previously provided by the caretakers, there is always a need for selfobjects, regardless of age and regardless of emotional and developmental maturity.

In line with these ideas, Kohut was interested in how patients who have not developed a cohesive sense of self can make use of therapy to develop further. As you know, much of psychoanalytic work revolves around the transference, that is the unconscious aspects of the patient's inner life that play out in relationship to the analyst. In contrast to classical theories of transference which focus on the distorting aspects of the patient's transference to the analyst, Kohut emphasized that there were certain types of transferences which need to be allowed to flourish and should not be interpreted away. These three transferences parallel the three needs described above: mirroring, idealizing and twinship. From the self-psychology perspective, what is curative about psychotherapy is two-fold: first, the therapist actually functions as a selfobject thereby meeting some of the patient's needs thereby enabling the patient to move forward developmentally; secondly, the therapist keeps careful track of the patient's emotional reactions to not having selfobject needs met, particularly in the treatment relationship where the patient will inevitably experience the failure of the therapist to be exactly what

is needed when it is needed. This allows for a gradual understanding and working-through of momentary collapses of a stable, vital sense of self. Thus, Kohut's system is a model of the mind, a model of development, and a model of clinical treatment for disorders of the self.

Sullivan and Winnicott

Finally, I would like to say just a few words about Harry Stack Sullivan (1953) and D. W. Winnicott, two theoreticians whose clinical theories I also find useful with my patients when thinking about the self. Although approaching the issue from different directions, both were concerned with certain ways in which the patient becomes alienated from himself.

Harry Stack Sullivan was an American psychiatrist whose theoretical ideas form what is termed "interpersonal psychoanalysis". Beginning with his work with schizophrenics, a group of patients considered untreatable by classical analysts, Sullivan was struck by how sensitive his patients were to their interpersonal environment. Although their communications were often bizarre, indirect, and disguised, he observed that they were exquisitely aware of other people. Sullivan became convinced that to understand psychopathology, the individual is not the proper unit of study. Human beings are inseparable from their interpersonal field. Sullivan's theorizing increasingly focused on anxiety as the crucial factor shaping experiences of the self.

In contrast to Freud, Sullivan's infant is not asocial or bestial and in need of taming. Instead, the infant is biologically wired in such a way as to be drawn naturally into social interaction. The primary emotional problem, however, is that of anxiety. Whereas fear is a response to something definite, for example, a loud noise or pain from hunger, anxiety, according to Sullivan, has no focus and does not arise from increasing tension in the baby. Anxiety is picked up from other people. We are all aware that feeling states are contagious, and Sullivan depicts the baby as being extraordinarily sensitive to any show of anxiety on the part of the primary caregivers. Because anxiety for Sullivan is such a fundamentally distressing and disorganizing affect, the first basic differentiation for the infant is between anxious states and non-anxious states. Little by little, the infant comes

to the startling realization that some of his activities and emotional states make the caretaker anxious, for example playing with the genitals, or feeling intense anger. Activities which result in peaceful, approving responses from the caretaker become organized as a "good me". Activities which evoke mild anxiety in the caregiver become a "bad me". Activities which provoke intense anxiety in the caregivers are gradually relegated to a state of "not-me".

Sullivan talks about the development of a more active set of process which he terms the "self-system". The self-system's central purpose is to minimize anxiety by steering activities away from gestures and behaviors associated with rising anxiety in the child's caregivers (and hence the child). Each person develops a set of complex, unconscious or covert, rapid series of "security operations" to steer us away from points of anxiety. These security operations effectively delimit the subjective state of self which can be experienced comfortably. Thus, one of the central techniques of the Sullivanian therapist must be to increase awareness of the operation of these security operations and to track the ways in which they give rise to the presenting symptoms or problems. Ultimately, the goal would be for the patient to increase the sector of their personality considered "good me".

Finally, I will turn to Donald Winnicott (1953, 1954, 1956, 1958), a well-known British pediatrician who became a psychoanalyst later in his career. His experience with infants and mothers led him to develop some interesting ideas about the development of what he termed the "false self". He was intrigued by the kind of patient who didn't feel like a person. Winnicott saw the quality of the infant's experience in the earliest months of the maternal environment to be crucial to the emergence of personhood. "False self" disorders in his opinion were "environmental deficiency diseases". A "good-enough" mother creates what Winnicott termed a "holding environment" in which the baby's needs are met with neither too much intrusion, nor with too much neglect. In this protected state, the baby is able to develop a sense of objective omnipotence, to imagine, for example, that the breast is there because his own wish has created it. It is the natural and exquisitely empathic preoccupation with the baby that characterizes the mother's state

during pregnancy, and for some time after birth, which allows the infant this essential illusion. Winnicott terms this state in the mother "maternal preoccupation". As the mother gradually returns to her previous state, somewhat more interested again in her own comforts, her own sense of personhood, and her own concerns, the infant gradually learns that he is dependent and not omnipotent, but the temporary experience of subjective omnipotence remains a valuable legacy. It enables the growing child to experience his own spontaneously emerging desires and gestures as important, as deeply meaningful, even though they must be adapted to life with other people. In this way, objective reality and subjective reality come to co-exist. If this initial period of subjective omnipotence does not exist, either because the mother fails to be there emotionally for the infant, or alternately, because she intrudes upon the infant's experience by being excessively present, there is great potential for damage. The child is forced into a premature concern with the external world and the development and consolidation of subjectivity, that is, self-experience is cramped. A radical split develops within the self between genuine wellsprings of desire and meaning (the true self), and a compliant self (false self) which is fashioned out of the premature necessity of dealing with the external world. The purpose of analysis for such patients from Winnicott's view, is to offer an experience in which nothing is demanded, and the aborted self-development can be resume and the true self allowed to emerge.

Concluding Comments

In conclusion, as you can see, psychoanalysts are interested in the self, but their interest is not in a series of attributes and attitudes, but rather on the self as a metaphorical structure that develops primarily out of interpersonal interactions that become represented intra-psychically. In a pragmatic way we might say that perhaps there are three levels of questions concerning the self. Who am I that I want others to know (social self)? Who am I further that only I know (private self)? Who am I that I do not yet know myself to be (unconscious self)? Clearly psychoanalysts, although arriving at no consistent or final definition of the self, have directed themselves primarily to the latter.

Finally, it is important to remember that all current ideas of the self, both those in social psychology and those in psychoanalysis are by no means merely neutral, scientific, or objective accounts of the data. In a fundamental sense one might argue that what we call data is viewed as such because of a priori assumptions which cannot be escaped. We must remember that we are attempting to talk about the self, while ourselves being selves formed in a particular moment, and in a particular period of Western culture. I will mention in passing an aspect of the work of the famous French psychoanalyst, Jacque Lacan. Although I am not prepared to discuss his theories today, I can tell you that the desirable outcome of Lacanian analysis is certainly not a firm sense of true self, but rather the profound realization that the self is in itself a fiction and a social illusion. Lacan's work is consistent with certain accounts by those in the field of history. Most historians place the modern sense of a bounded, masterful, individual self as something which begins only sometime in the sixteenth century. There have been many configurations of the Western self over the last 2,500 years, and most of them have resembled the communal self of non-Western cultures more than the highly individualistic self of the current era. Perhaps some of you have attempted to read the work of Jacques Lacan, the French psychoanalyst. I would like to refer you to a recent book by a colleague of mine, Phillip Cushman, entitled *Constructing the Self, Constructing America: A Cultural History of Psychotherapy* (1995). I think this book is an excellent starting point for a consideration of the way economic and social demands have influenced the ways we define and experience what we loosely call the self.

**References for this and all other presentations are listed on a separate PDF*