THE EVOLUTION OF THE SELF IN GROUP PSYCHOTHERAPY

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THE EVOLUTION OF THE SELF IN GROUP PSYCHOTHERAPY

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by

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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DEDICATION

To my grandfather Mikhail who encouraged me to become. To my son Stephen who taught me how to become a better mother and a better therapist.

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ABSTRACT

THE EVOLUTION OF THE SELF IN GROUP PSYCHOTHERAPY

Irene Halouchko Harwood

Tragedies like Jonestown, mass rallies in Hitler's Germany, and even the response to the American Camelot, hold in common the idealization of strength in a powerful leader. The idealization seems to provide an illusory, temporary sense of strength for those who merge with the imago of the seemingly omnipotent leader.

This study sought to determine whether it was possible to identify, on the developmental continuum, the type of self that needs to merge with powerful leaders and the type of self that can maintain its own psychobiological boundaries.

To identify and understand the type of self that is prone to merger, the study used Winnicott's and Kohut's theories, since their conceptualizations of the self appeared to be the most developed. The study identified the complementary aspects of the self identified by Winnicott and Kohut. Further, using their theories, the author developed a diagrammatical representation of a developmental

evolutionary continuum of points at which the self can fixate or regress.

The points at which the different types of selves stopped in the process of evolution were identified and demonstrated within a group psychotherapy setting.

The study identified the types of self that are prone to merger as well as the type that does not merge with others, but defines itself in opposition, is not cohesive, and is limited by its repetitive, inflexible responses.

The study also identified the therapeutic environment and interventions that a clinician can offer to facilitate the evolution of a true, cohesive, and integrated self. The interventions and the therapeutic facilitating environment necessary for the self to emerge and develop were illustrated within the context of group psychotherapy, since a group situation is a microcosm of the outside world and can approximate the self's attempts to relate to other objects.

The results of this study should be of interest to clinicians concerned with understanding and treating individuals who struggle with both intrapsychic and social forces. The psychotherapist interested in the social dimension of his or her work can facilitate, for the self that is still in the process of evolution, the struggle over when to comply with the direction of another and when to stay on one's own course.

CHAPTER I

INTRODUCTION

Jonestown, the mass rallies in Hitler's Germany, and even to some degree the response to the charismatic American Camelot, hold in common an idealization of strength in a powerful leader. Along with this idealization there appears to be an unquestionable following of the leader, who appears to embody not only power but a claim to omnipotence. The worship-like adulation also seems to embody a merger with the image of the leader from which a temporary sense of strength is acquired. If there is loss of the leader, the followers are not necessarily able to maintain a personal sense of the strength which was acquired through the merger. In addition to a reversal of feelings towards the leader, often there is lack of personal direction and confusion. The last does not seem to be a result of mourning over the loss of a separate loved object, but is more akin to a feeling of emptiness, despair, and/or rage. The differentiation between mourning and other reactions to loss was made as far back as 1917 by Freud in his paper "Mourning and Melancholia."

Heinz Kohut draws attention to charismatic and messianic personalities in his paper "Creativeness, Charisma, Group Psychology" (1976). He states that Hitler, by trying to align himself with the good and the clean, not only maintained "his own heightened self-esteem, but invited the participation of the German nation in this blissful self-image through the merger with him" (p. 834). Kohut does differentiate the merging with a messianic leader from the use of an idealized figure, as Freud used Fliess during one of his most creative spells, but later was able to "dispense with the illusory sense of greatness and thus with the narcissistic relationship" (pp. 822-3). Thus the more stable personality with a creative surge is able to move in and out of an idealized relationship to the beat of its own drummer. Kohut does not go into exploring the personalities or the state of the self of those who accept the invitation for merger. The exploration of the effects of having followed the charismatic or messianic figure, he leaves to the psychoanalytic historian.

Significance of the Study

History contains numerous examples of the disastrous consequences that can ensue when masses of people blindly follow a leader. Therefore it is of both social and clinical significance to be able to understand why certain persons will follow unquestioningly a leader who represents

an embodiment of strength, and why others will not, and to determine whether common characteristics are to be found among the members of each group.

Tragedies like Jonestown provoke great social concern and are of equal interest to the social work clinician. The phenomena described have occurred within the context of group dynamics, though this does not mean that something similar cannot occur in a one-to-one relationship. The question arises whether our diagnostic theories can help us clinically identify, within the context of group dynamics, the states of the self of the personalities who have difficulty in marching to the beat of their own drummer, but can be engaged by a charismatic leader to march on behalf of his/her own omnipotent fantasy. Furthermore, it is of interest whether clinical theory can help identify the evolution of the self and the different states it passes through on the way to owning its own power and creativity.

Applicable Psychoanalytic Theories of the Self

The theories that were considered of interest in this study were the major ones that contributed towards the evolution of psychoanalytic thinking concerning the development of the self. The theories that were to be utilized were those that yielded the fullest, most personal, and most differentiated self.

Freud did not address the self as being a unique individual entity, but took it for granted in talking about self-analysis, self-esteem, and self-punishment. He focused on the ego as the mediating agent between the id and the superego, but nowhere did he really address the concept of a whole integrated person. Hartmann's (1959) contribution was to focus on the ego function of adaptation, either autoplastic or alloplastic, but he recognized that neither was truly adaptive and felt that a higher ego-function must decide what is appropriate. His theory did not clearly differentiate the biological from the personal nor consider the reciprocal mutuality of adaptive interpersonal relationships.

Klein (1952), though an early pioneer in object relations, concerned herself primarily with the internal environment of the growing infant, which she believed was determined by the infant's innate makeup. She saw the infant interacting with the environment by projecting onto the environment as well as by reintrojecting its projections. Because the reality of the human environment (Klein recognized the existence of a real object), appears to be almost incidental to the self in a paranoid-schizoid or depressed position, there appears to be little possibility for mutality with a real object. Klein's "self" appears limited in its capacity for self-direction, joy, and reciprocity by the biology of instincts, where the death instinct seems to predominate over the life instinct.

Sullivan (1953) put a greater emphasis on the concept of the self and spoke of it as a self-system and self-dynamism. Fairbairn (1954) broke away from the psyche-soma dualism, emphasizing that the human being is a psychosomatic whole, that the development of a whole ego is dependent on good object relations and that the goal of the libidinal ego is the object and not instinctual gratification. The ego and the self were seen as equivalent. Erikson (1964) followed with ego-identity studies, substituting ego forces and calling on psychoanalytic theory to relate to the whole person.

Jacobson's (1964) self, which she defined as "the whole person of an individual, including his body and body parts as well as his psychic organization and its parts" (p. 6), does not seem to create something truly personal, but relies on the partial and selective identifications with its objects. The focus on a system-ego within which the self-representations are found yields a somewhat mechanistic rather than a truly personal self.

Winnicott (1965) was the first to see the ego and the self as distinct entities. While both of them have a functional importance for him, the self also has a psychological importance. He was the first to conceptualize a whole true self as opposed to a false self that protects either a hidden true self or a virtually nonexistent one. The facilitating environment was of primary importance to him. It is

through "holding" of the undifferentiated self and by lending of its own ego that the human environment allows for continuity of being and for the emergence of creative gestures which are the basic foundations for the growing self. As a result, Winnicott's true self develops a uniqueness and the capacity to relate with other real objects.

Mahler et al. (1975), describe an ego psychology wherein life forces predominate in the developing self and wherein the human environment is relied upon for its emotional and physical availability while the human infant undergoes a psychological birth. The emphasis for Mahler's developing self is to become differentiated from its caretaking environment. This is accomplished through the ego's ability to internalize a positively cathected, inner image of the mother.

Mahler's contribution lies in her spelling out how, through behavioral responses, and through emotional and physical proximity and distance from the caretaking environment, the child's sense of being a separate individual self is established. Though Mahler does draw on Winnicott's general concepts of good-enough-mothering providing emotional and physical consistent availability in order for the child to develop both separation and individuation, there is no particular focus on how, from the beginning, the self starts acquiring something truly unique of its own, nor what

specific responses from the environment are particularly important in order for this to be accomplished.

Kohut (1971, 1977) ventured into a new psychology of the self to the extent that the self received the primary billing. His "self" left out the psychology of instincts altogether. To Kohut, the self is an abstraction, conceptualized as a psychic structure composed of self-representations. The self exists as a virtual self from the very beginning and requires both soothing of its tensions and validation of its actual attributes from its environment in order to come into full being. The self starts as a nucleus within a selfobject relationship and grows into a cohesive distinct self while changing from archaic relating to mature reciprocal relating with selfobjects. The growth towards cohesion for the self is paralleled by growth towards object love.

Purpose of the Study

It is the object of this study to identify the states of the self as they appear during evolution within a group psychotherapy setting. For this purpose Winnicott's and Kohut's concepts and definitions of the different states of the self will be utilized, since their theories of the self describe a most developed personal self existing from the beginning of life within a context of object relations. In relation to the self, Winnicott's and Kohut's theories

appear to be most developed as well as complementary and similar in many respects.

By combining both theories, it is hoped that the study will produce a more integrated conceptualization of the self, which will be illustrated by clinical material as it emerges in the interactions of group psychotherapy. An attempt will be made to draw some conclusions about which states of the self may have difficulties marching to the beat of their own drummer not only in relation to a powerful charismatic leader in the outside world, but also in relation to another group member(s), the group leader, and the entity of the group. Some further discussion will involve the nature of the group therapist's interventions to promote the continual evolution of separate selves as opposed to giving in to the regressive forces of peer pressure and identification with the group leader or other group members, a dynamic which can be very much alive within group interaction.

CHAPTER II

REVIEW OF RELEVANT CONCEPTS

Winnicott's and Kohut's Concepts of the Self

Not since the 1920's, when the profession of social work opened its folds to embrace and integrate Freud's psychoanalytic tenets, and more recently in the 1950's, when it welcomed Erik Erikson's (1950) ego psychology, which gave due recognition to the impact of the environment on the individual, has there been such an enthusiastic response to new theories. Kohut's self psychology, and maybe to a somewhat lesser extent Winnicott's English import of the middle school of object relations, have produced a responsive following.

Let us hope it is not an unquestioning devotion to charismatic psychoanalytic theorists who found new truths, but more an affirmation and recognition that within the more circumscribed ranks of psychoanalysis there is finally a recognition of what clinical social work knew all along: that the therapist should start by understanding where the client is. By listening to the client's point of view, the clinician is more likely to attain a modicum of success in

the development of a treatment relationship as well as in the goals of the treatment.

Both of these theoreticians have focused on the "self." Winnicott developed the concept of self from its previous more limited, split-up components of self and object representations to a more holistic true self, while Kohut departed from a theory of conflict and developed a new self psychology which follows a nuclear self to a state of cohesion.

Winnicott's theory grew from observational data gathered in his pediatric practice and later from reconstructive data gathered in his psychoanalytic practice. In his pediatric practice he was able to observe the evolution of the true self in the context of "good enough mothering" and derailments in the development of the self in its absence.[1]

Kohut's theory of the self emerged out of a reconstructional approach in psychoanalysis, rather than through infant-mother observation. His use of an empathic-introspectional approach in understanding transference reactions to the psychoanalyst was his primary tool. He observed that when he maintained an analytic, empathic-introspectional and understanding stance, while allowed for

---

1 Winnicott's (1960) terminology--"satisfactory maternal care, which means parental care"--translates "good enough mothering" into "good enough parenting."

the patient's point of view, the result was a gradual evolution of the self.

While these two theorists emerge out of two different theoretical frameworks, they both subscribe to the importance of the environment of objects from early life. Winnicott calls it the parent-infant relationship and Kohut the selfobject relationship. Many of Kohut's views of the emerging nuclear self seem to be translatable from Winnicott, but this has not been acknowledged publicly.

Winnicott's Concepts

Webster's New World Dictionary (1964) defines self as the identity, character, personality, individuality, or essential qualities of a given person as distinct from others. Winnicott (1963) would not disagree with this account, since he defines the self as that which feels real and is truly personal. Unlike others before him, including his predecessor Fairbairn, he is the first to make a clear distinction between self and ego. The ego was for him a definite precursor to the self. Only with the beginnings of self-awareness or self-consciousness--after the child has begun to differentiate "me" from "not-me," and her/his own feelings and perceptions from those of others--does Winnicott (1962) feel that the self has any meaning. Thus, only after ego can the self start to evolve.

Infant/Maternal Care Unit

For him, the ego develops within the infant and maternal care unit, which allows the inherited potential to experience a continuity of being. When the infant's continuity of being is not interfered with, s/he has an opportunity to come forth with her/his own productions, or what Winnicott (1960a, b, 1971a) calls creative gestures or impulses. Winnicott (1960) states that the infant could not exist without maternal care and that where one finds an infant, one finds maternal care. The only reason that the infant's ego usually is able to master and include the id is that the maternal ego is able to implement the infant's ego and thus make it powerful and stable. To Winnicott (1962) the relative strength or weakness of the ego largely depends on the mother's ability to respond appropriately to the absolute dependence of the infant at the very beginning, before the infant separates the mother from the self. When there is not good enough mothering, the maturation of the ego either fails or is distorted in important aspects. With good enough mothering in the infant-maternal care unit, the infant's ego can eventually let go of mother's ego support as mental detachment from the mother is established and differentiation into a separate personal self is achieved (Winnicott, 1960a).

For Winnicott (1962), three phenomena within the infant-maternal care unit need to exist in order for three

corresponding aspects of ego growth to take place, and without which the evolution of the self could not occur:

-Holding allows integration to occur

-Handling lets personalization emerge

-Object-presenting contributes to object-relating.

Integration from Holding

From the start, when the infant is in a state of absolute dependence, it is not only through physical holding, but through the "total environmental provision" that the mother helps gather together the ego nuclei of the infant into a feeling of integration. Winnicott (1962) offers a poetic description of the infant's quest towards the achievement of integration within the context of the holding environment:

> First comes "I" which includes "everything else is not me". Then comes "I am, I exist, I gather experiences and enrich myself and have an introjective and projective interaction with the NOT-ME, the actual world of shared reality". Add to this: "I am seen or understood to exist by someone"; and . . . "I get back (as a face seen in a mirror) the evidence I need that I have been recognized as a being" (p. 61).

It is within the context of the body ego, through the use of the skin as the "limiting membrane" or psychic boundary between the me and not-me, that the first stirrings of life and self-awareness occur for the evolving self.

Winnicott (1947) gives a sensitive description of a mother's awareness of her psychological boundaries and the special, supportive holding that her infant requires of her.

Even though he believed that "good enough mothering" is enough, in this description he reaches towards the ideal:

> Does she catch hold of her foot and drag her out of her pram and swing her up? Does she hold a cigarette with one hand and grab her with the other? No. She has quite a different way of going about it. I think she tends to give the infant warning of her approach, she puts her hands round her to gather her together before she moves her; in fact she gains the baby's cooperation before she lifts her, and then she lifts her from one place to another, from cot to shoulder . . . .
>
> The mother does not involve her baby in all her personal experiences and feelings. Sometimes her baby yells and yells till she feels like murder, yet she lifts the baby up with just the same care, without revenge--or not very much. She avoids making the baby victim of her impulsiveness.
>
> Today may be one of those days when everything goes wrong . . . . But a mother waits till she has recovered her poise before she takes up her baby, which she does with the usual gentle technique that the baby comes to know as an important part of her. Her technique is highly personal . . . . Over and over again a mother deals with her own moods, anxieties, and excitements in her own private life, reserving for her baby what belongs to the baby. This gives a foundation on which the human infant can start to build an understanding of the extremely complex thing that is a relationship between two human beings (pp. 86-87).

This vignette contains a message for the clinical social worker or psychotherapist as well. Those in the helping professions need to be aware of what resides within their own psychic boundaries, in order to contain it, and minimize inappropriate penetration into the clinical holding environment. Such self-awareness on the part of the clinician, as well as sensitivity to the unique attributes and needs of each individual patient, can contribute to a good enough holding environment in psychotherapy.

Winnicott strongly believed that the psychotherapist should provide a holding environment in which disintegration, reintegration and healing of the self could occur. In a presentation made to the Association of Social Workers in London (1963), he spells out his view of the social worker's role in providing a holding environment.

> I think of each social worker as a therapist, but not as the kind of therapist who makes the correct and well-timed interpretation that elucidates the transference neurosis. Do this if you like, but your more important function is therapy of the kind that is always being carried on by parents in correction of relative failures in environmental provision. What do such parents do? They exaggerate some parental function and keep it up for a length of time, in fact until the child has used it up and is ready to be released from special care. Special care becomes irksome once the need for it has passed.
>
> For instance, think of casework as providing a human basket. Clients put all their eggs into one basket which is you (and your agency). They take a risk, and first they must test you to see if you may be able to prove sensitive and reliable or whether you have it in you to repeat the traumatic experiences of their past. In a sense you are a frying-pan, with the frying process played backwards, so that you really do unscramble the scrambled eggs.
>
> Infant-care can almost be described in terms of holding, holding that starts off immensely simple and that steadily becomes extremely complex, yet remains, just the same, a holding. In other words, social work is based on the environmental provision that facilitates the individual's maturational process. It is simple and at the same time it is as complex as this environmental provision rapidly becomes in infant- and child-care. It is even more complex because it continues the provision to cover family care and the care of the small social unit. Always it has as its aim not a directing of the individual's life or development, but an enabling of the tendencies that are at work within the individual, leading to a natural evolution based on growth. It is emotional growth that has been delayed and

> perhaps distorted, and under proper conditions the forces that would have led to growth now lead to a disentanglement of the knot (pp. 227-228).

For Winnicott, the holding environment has another important function in the development of an integrated self. It provides the setting for the fusion of aggression and love, which in turn allows the individual to experience both ambivalence and concern as well as to feel and accept responsibility (Winnicott, 1963a). It is from this fusion that the self becomes endowed with buoyancy, vitality, and assertiveness. Winnicott uses, but does not endorse, the term "aggression," which originated in Freud's theory as a destructive force. Speaking of aggression, he explains that "the impulses of the fetus, to that which makes for movement rather than stillness to the aliveness of tissues and to the first evidence of muscular erotism. We need a term here such as life force" (1980, p. 216).

For him this positive life force could only emerge out of a loving holding environment. In the following description he uses the old term "aggression" to explain how the infant develops an appetite for joyous, lusty living:

> The important thing to note about this instinctual aggressiveness is that although it soon becomes something that can be mobilised in the service of hate, it is originally a part of appetite, or of some form of instinctual love. It is something that increases during excitement, and the exercise of it is highly pleasurable. Perhaps the word <u>greed</u> conveys more easily than any other the idea of original fusion of love and aggression (1939, pp. 170-171).

Thus, for Winnicott the word "aggression" discards the negative baggage of the death instinct. In addition, greed does not denote the destructive elements identified by Klein, but instead characterizes the infant's thirst for more of the good s/he has experienced in the holding environment.

Another function of the holding environment is to protect the infant at the beginning from experiencing unthinkable or archaic anxiety as s/he proceeds from a state of unintegration to a state of integration (Winnicott, 1962). Such protection is accomplished by attending appropriately to the care of the body as well as to the total needs of the whole little person. Unthinkable anxiety is the essence of psychotic anxieties. It is the sensation that patients report as going to pieces, falling forever, losing touch with one's body, or having no orientation.

Winnicott stressed the difference between unthinkable anxiety and disintegration. The latter he saw as a defence against a state of unintegration, where unthinkable anxiety abounds as a result of failure in holding during absence of maternal ego support. As a defense, he considered disintegration to have its positive aspects, since it is chaos produced by the infant, and therefore under his/her own control. Since disintegration is also a regression, which can only occur after a degree of integration has taken place, the infant has an opportunity to reintegrate within

the holding environment. Likewise, a patient's self can have the opportunity for reintegration and further evolution within the context of a therapeutic holding environment. On the other hand, Winnicott regarded unthinkable anxiety as unanalyzable.

When the holding environment is sufficient, the state of unintegration contrasts significantly with the lack of integration in "unthinkable anxiety." It is an unexcited state of the infant where the maternal supportive function is being taken for granted. In some preparatory notes for one of Winnicott's lectures, he gives the following description of this positive unintegrated state (1948):

> In the quiet moments let us say that there is no line but just lots of things they separate out, sky seen through trees, something to do with mother's eyes all going in and out, wandering around . . . That is an extremely valuable thing to be able to retain. Miss something without it. Something to do with being calm, restful, relaxed and feeling one with people and things when no excitement is around (p. 39).

This positive experience of unintegration is the precursor to the mature self's ability to relax, be comfortable, at peace, in harmony with oneself and with the world outside, while enjoying the solitude of being. Winnicott termed this ability as the "capacity to be alone" (1958). What is most basic to developing the capacity to be alone is sufficient experience of mother's presence during babyhood and infancy.

The reliable presence of the mother or mother substitute provides a special type of relationship for the infant that Winnicott calls "ego-relatedness":

> Ego-relatedness refers to the relationship between two people, one of whom at any rate is alone; perhaps both are alone, yet the presence of each is important to the other. I consider that if one compares the meaning of the word "like" with that of the word "love", one can see that liking is a matter of ego-relatedness, whereas loving is more a matter of id-relationships, either crude or in sublimated form . . . . It is perhaps fair to say that after satisfactory intercourse each partner is alone and contented to be alone. Being able to enjoy being alone along with another person who is alone is an experience of health (p. 31).

Thus, the beginnings of ego-relatedness are born out of the paradoxical experience of being alone in someone else's presence. Eventually, with good enough holding, the child becomes able to forego the presence of the mother and to establish an internal environment which becomes the essence of the self.

The capacity to be alone is not synonymous with loneliness or shyness; instead it goes hand in hand with a self in a state of harmony which has the desire and can make a conscious choice to join hands with another.

D. H. Lawrence speaks through Constance Chatterley in describing the capacity to be alone as opposed to a desperate attempt to merge with others (1959): "Perhaps only people who are capable of real togetherness have the look of being alone in the universe . . . . The others have a certain stickiness, they stick to the mass."

Thus, the infant while experiencing a continuity of being through its inherited potential, and acquiring at its own speed and in its own way a personal psychic reality and body scheme--within the context of a holding environment that good enough mothering provides by being consistently, reliably, and non-intrusively available--little by little gives birth to spontaneous "creative gestures" that become the bedrock of the infant's true self.

The acquired capacity to be alone may be an important variable in political and sociological phenomena as well. It may help to explain why some individuals, while political prisoners or prisoners of war, are able to retain a relatively intact sense of self after being in solitary confinement, while others feel broken. Recent examples of this are Timmerman, the Argentinean newspaper editor, who survived both solitary confinement and torture with intact spirit, in contrast to some of the hostages imprisoned in Iran who survived physically, but at a great emotional price.

Even the most integrated self can break down under severe or prolonged trauma, of course. Consequently, it is not surprising that the person who senses a lack of balance within his/her own essence or self and who lacks the important capacity to be alone may indeed need to, in Lawrence's words, "stick to the masses." Such a person may also surrender more readily to brainwashing in order to be under the guidance of and to merge with an imagined powerful

protective figure because of the great need to restore one's own sense of equilibrium and to avoid feeling whatever degree of fragmentation may be threatening him/her from within as well as without.

Psychotherapy can also be viewed as a reliance upon and even merger with a powerful imagined object. Unlike the charismatic leader or guru, the role of the psychotherapist or clinical social worker is to provide only a temporary good enough holding environment. For Winnicott, it is in this type of facilitating environment that the patient/client can reintegrate and start developing the capacity to be alone while in the presence of a reliable, consistent therapist, who both allows and promotes the expression of creative gestures without encouraging or demanding unquestioning merger.

Personalization from Handling

Personalization occurs when a close relationship is achieved between the body and the psyche and the evolving self experiences a beginning of wholeness, instead of an addition of parts. This achievement is aided through the development of the cortex. Thus, as physiological maturation takes place and the psyche finds the body as its true and proper home, the evolving self takes residence there as well. The awareness of all parts of one's body, including the sensations of one's nerve endings, can now be

experienced within a harmonious gestalt which comes as a consequence of "active and adaptive handling."

"Adaptive" means that the mother does not merely play out her own mood. If the infant is agitated, she knows how to pick the infant up in such a manner that the warmth and gentleness of her touch seems like the soothing softness of velvet to the child.

Adaptive handling for Winnicott (1969) means that the mother knows how to give her infant a sense that s/he is a whole little person existing within a safe, warm space. The baby does not know that it is made up of a collection of organs and limbs surmounted by a wobbling head. Thus, an individual who was so handled will not likely suffer from feelings of depersonalization or from feelings or somatic or emotional fragmentation. Instead, the body and the self will be experienced as a cohesive entity.

Likewise, in the therapeutic setting, it is important that the therapist's manner be such that the patient, who experiences being at loose ends, feels gathered up by the therapist's attitude and feels related to as a unique, whole human being rather than a case, a symptom, or a part-object. This can only occur when the therapist experiences his/her own sense of genuineness and completeness and is able to reach out to the patient as one whole human being to another within the appropriate psychotherapeutic context.

"Active" handling also indicates that appropriate to the mood of the child; the mother perceives and responds to her infant's gesture, senses the readiness for physical and emotional stimulation (in proportion to the infant's needs), and encourages the evolution of vital being. She, or caretaker, is vigilantly aware of the infant's still vulnerable, semipermeable boundaries of the limiting membrane, and therefore is careful not to overstimulate.

It should be mentioned that one cannot mechanically stimulate a child into a state of joy. The vitality of the caretaker, which emanates during the loving and active handling of the infant, naturally conveys a sense of aliveness and pleasurable feelings as one touches and responds to the other.

Similarly, in the psychotherapeutic setting, patients do more than take in interpretations, they process the therapist's attitude towards life as well. Thus, a therapeutic environment that conveys a presence of joy, freedom, and creativity can also stimulate hope for the same.

Object-Relating from Object-Presenting

An infant grows from a state of absolute dependence, to a state of relative dependence, and eventually towards independence. As the baby grows from absolute dependence to a state of relative dependence within the context of a good enough facilitating environment, s/he shifts from relating with objects who are subjectively conceived (which can be

experienced as part of oneself when they are not impinging), to a transitional period where through the use of symbols s/he can experience transitional objects and phenomena, and eventually can relate with objects who are objectively perceived (Winnicott, 1963a). This sequence parallels the infant's process of first being in a state of merger with mother, then little by little separating from her and starting to see her as a separate, distinct not-me.

This process can evolve naturally when the good enough holding and handling environment allows the rudimentary ego of the infant to initiate object relating. First, of course, an object must be present. The object cannot thrust itself on the infant, but must present itself in such a manner that the infant can discover it and delight in it as if it was its own spontaneous creation.

Winnicott (1964) describes how an infant creates and discovers the subjective object through the feeding situation:

> Imagine a baby who has never had a feed. Hunger turns up, and the baby is ready to conceive of something; out of need the baby is ready to create a source of satisfaction, but there is no previous experience to show the baby what to expect. If at this moment the mother places her breast where the baby is ready to expect something, and if plenty of time is allowed for the infant to feel round, with mouth and hands, and perhaps with a sense of smell, the baby "creates" just what is there to be found. The baby eventually gets the illusion that this real breast is exactly the thing that was created out of need, greed, and the first impulse of primitive loving. Sight, smell and taste register somewhere, and after a a while the baby may be creating something like the very breast

> that the mother has to offer. A thousand times the feeling has existed that what was wanted was created, and found to be there. From this develops a belief that the world can contain what is wanted and needed, with the result that the baby has hope that there is a live relationship between inner reality and external reality, between innate primary creativity and the world at large which is shared by all (p. 90).

The subjective object can only become an object by the infant experiencing dissatisfactions with the object, rather than by that object perfectly meeting every need of the growing infant. Throughout his writings Winnicott stressed the "good-enoughness" of mothering rather than perfection. A mother who anticipates the child's every need does not allow either for the creative gesture or for tolerable dissatisfactions with the object, which are necessary for separation from the object to occur.

Thus, through object presentation, a mother naturally allows for the creation of the object by allowing a child to discover the object her/himself. Winnicott (1956) believed that the initiating of feeding by touching the infant's cheek and eliciting the rooting and sucking reflexes leads to a seduction, since the reflexes betray the owner and own the infant. The infant, rather than being, starts reacting to external stimuli. If the caretaking environment consistently stimulates the infant to react and respond to external stimuli, outside the context of ego-support, a pattern of reactive doing is built up which may lead to the

emergence of a false self, unlike active being which allows for the emergence of a true self.

Consistent with Winnicott's ideas, in the psychotherapeutic setting the therapist also should wait for the patient to initiate relating. In this case, the therapist's object presentation takes on the form of being consistently, reliably available, without impinging with suggestions, interpretations, or confrontations. The therapist is available for use by the patient while the latter is discovering his/her own uniqueness. Therefore, in addition to reintegration and initiation of creative gestures, while starting to discover one's self in a continuity of being within the holding and handling environment, for the patient the relationship with the therapist can also provide the beginnings of object relating. In the culmination of successful therapy, the parting should be that of two unique selves mutually respectful of each other's individuality. For this to occur it is not necessary or important for the patient to know intimate details of the therapist's life in order to know her/him. More important, what will be known will be the genuineness, aliveness, and uniqueness of that particular, ordinary, devoted therapist.

The True and False Self

The true self starts when there is a beginning of mental organization in the individual. At this point it is little more than the summation of sensori-motor aliveness

(Winnicott, 1960b). As reviewed, the self starts only after the ego nuclei are gathered together through the good mothering of the holding and handling environment. With the beginning of personalization and with nonimpinging object-presenting, a clearer differentiation between me and not-me occurs (or between the subjective and objective object) and a self starts to emerge which is able to relate creatively and spontaneously to other objects and to the world around it. A parallel development is the capacity to use symbols; in other words, the person has the ability to live somewhere between dreams and reality and the capacity to enjoy cultural experience.

A self that is an integrated collection of experiences and details of aliveness and of feelings of realness is a true self. A true self can only emerge when impingements are held to a minimum and the creative gestures of the infant are allowed to emerge. If impingements from the environment predominate, a false self emerges instead.

The false self develops because in the beginning of life the caretaker was not able to be good enough (either through inability, lack of desire, or caretaker's own early deprivation) in understanding, allowing, or implementing the infant's sense of omnipotence when responding to the infant's gesture. Instead, in these cases, the caretaker substituted her/his own gesture, to which the infant started relating through compliance. Such continuous compliance

gives birth to the false self, whose essential feature is lack of creative originality.

At one extreme, when there is an immense split between the false and true self, are the individuals who experience great restlessness and who almost look for impingements in external reality in order to have something to react to and thus experience some sense of being or realness. They have not experienced enough soothing or continuity of being. They have a poor capacity for using symbols and a paucity of cultural appreciation. They are especially difficult to deal with therapeutically, since in the transference situation an observing ego is not always present and the therapist is experienced either as impinging or, even worse, nonexistent. If the therapist is experienced as unavailable in the context of the holding environment, disintegration, unthinkable anxiety, or depersonalization can occur. A therapist must walk a fine line between setting off unthinkable anxiety and being provoked to act or react in such a way that the patient will experience her or his response as impinging. The goal is to allow a spontaneous impulse to express itself in a creative gesture in a facilitating environment of minimum anxiety and for an inchoate self to start emerging amidst a beginning collection of creative gestures.

The function of the false self is a defensive one--that is, to hide or protect the true self. In a less extreme

situation than described above, when there is a core true self, it is hidden by a compliant false self.

Winnicott (1960b) has described the process of a false self organization moving through several steps in the direction of health and of the true self. These can be summarized as follows:

At one end of the progression, the false self sets itself up as real and appears to others. But when called upon to respond as a whole person, particularly in intimate relationships, the false self cannot since the spontaneity of the true self is hidden. In the clinical situation the true self emerges only when the therapist, through communication with the false self, demonstrates that the therapeutic environment is a facilitating one and that the creative gestures of the nascent true self will be allowed and safeguarded.

As the false self organization progresses towards health, it defends or hides the true self. In this grouping belong individuals who have developed enough of a sense of self to be aware of its potential, but whose true self can only be expressed through clinical illness (emotional or physical) which, through symptom formation, preserves the pain experienced by the emerging true self whose creative gestures were predominantly met with disapproval or impingements.

In its further progression towards health, the false self searches for conditions which will allow the true self to emerge. If conditions are extreme and there is no possibility for the cessation of exploitation of the true self, it has been known for the false self to reorganize in the extreme defence of suicide. Of course it destroys itself in the process, but protects the true self from any further exploitation.

Sometimes what looks like a true self is a self built on identifications with objects in its early environments, but this type of self still lacks that which is uniquely hers/his.

In health, the false self is manifested by politeness in social manners which cannot be maintained by a true self alone. Thus, in a healthy individual social manners represent a compromise in the true self. On the other hand, if the issue is important enough, the compromise can be readily put aside. In health, the false self also knows how to consciously and temporarily hide the true self when such extreme situations as political imprisonment and survival are at stake.

Antisocial Tendency

In contrast to a true or false self, Winnicott (1963d, e) also described a self which has suffered deprivation at the stage of relative dependence. He contrasted deprivation with privation, the latter being a failure experienced by

the infant at the early stage when s/he has no real awareness of maternal care. In contrast, at the stage of relative dependence an infant knows about dependence on an object and the environment. With a loss of the experienced good enough environment, the infant at this stage of development is able to perceive the environmental maladjustment. Even though there has been a certain degree of integration of the self, the child will develop an antisocial tendency upon experiencing failure or withdrawal of ego support, if the deprivation is so prolonged that the child cannot cope with it or keep the experience of the good enough environment alive (Winnicot, 1956b).

The antisocial tendency is an inferior organization of defences resulting from the infant's reaction to the environmental failure. The inferior organization replaces the evolution and growth of the true self through the damming up of the maturational processes (Winnicott, 1963d). The damming up is characterized by the child's loss of contact with the object as well as by the loss of the capacity to creatively find anything in the environment. As a result, a precocious yet not fully formed self assumes the control which developmentally s/he still needs to have present in the indestructible environment. When there is a slight improvement in the conditions of the environment, the deprived child's defences organize antisocial behaviors as acts of hope (Winnicott, 1967). These behaviors can range

from bed wetting, telling lies, aggressive behavior, perversions, stealing, and destructive acts to compulsive cruelty as bids to elicit attention.

Winnicott believed there was hope for both the child and adult who suffered from deprivation. In psychotherapy he saw the patient's task as hearkening back to a time preceding the deprivation, in order to rediscover the good enough object and indestructible containing environment that allowed him/her to experience his aggressive destructive impulses, and then proceeding forward to undo the fear of the confusion or even unthinkable anxiety that occurred prior to the defensive reorganization of the self. For the child, Winnicott believed that the working through of the deprivation could best be done within the family context. If no help is available during the initial antisocial acting out, the acts can take on secondary gain importance and the sense of guilt will be lost to recidivism or psychopathy, which according to Winnicott are forms of uncured delinquency.

Capacity for Concern

Unlike a developing self that has suffered deprivation and has reorganized at an inferior level to include an antisocial tendency, an evolving true self has the ability to develop the capacity for concern. The individual who possesses the capacity for concern can care about others as well as feel and accept responsibility. This capacity for

concern can only be fully achieved towards the end of the second year of life or when the individual can view another as a whole separate person. For Winnicott (1963) this capacity grows out of the fusion of aggression and love in the presence of a caretaker who is available, and who does not retaliate against and is not destroyed by the infant's aggression. Instead, the caretaker can contain the aggression and be available for the infant's reparation. Out of the fusion develops the capacity for ambivalence, and out of the reparation grows a confidence that enables the infant to hold onto tolerable anxiety, which evolves into a sense of guilt or concern for others. For Winnicott the word "concern" defines in a positive way those feelings that guilt covers in a negative way. When there is no opportunity for reparation, the capacity for concern may also be lost, leading to primitive forms of guilt, unthinkable anxiety, and such defenses as splitting and disintegration.

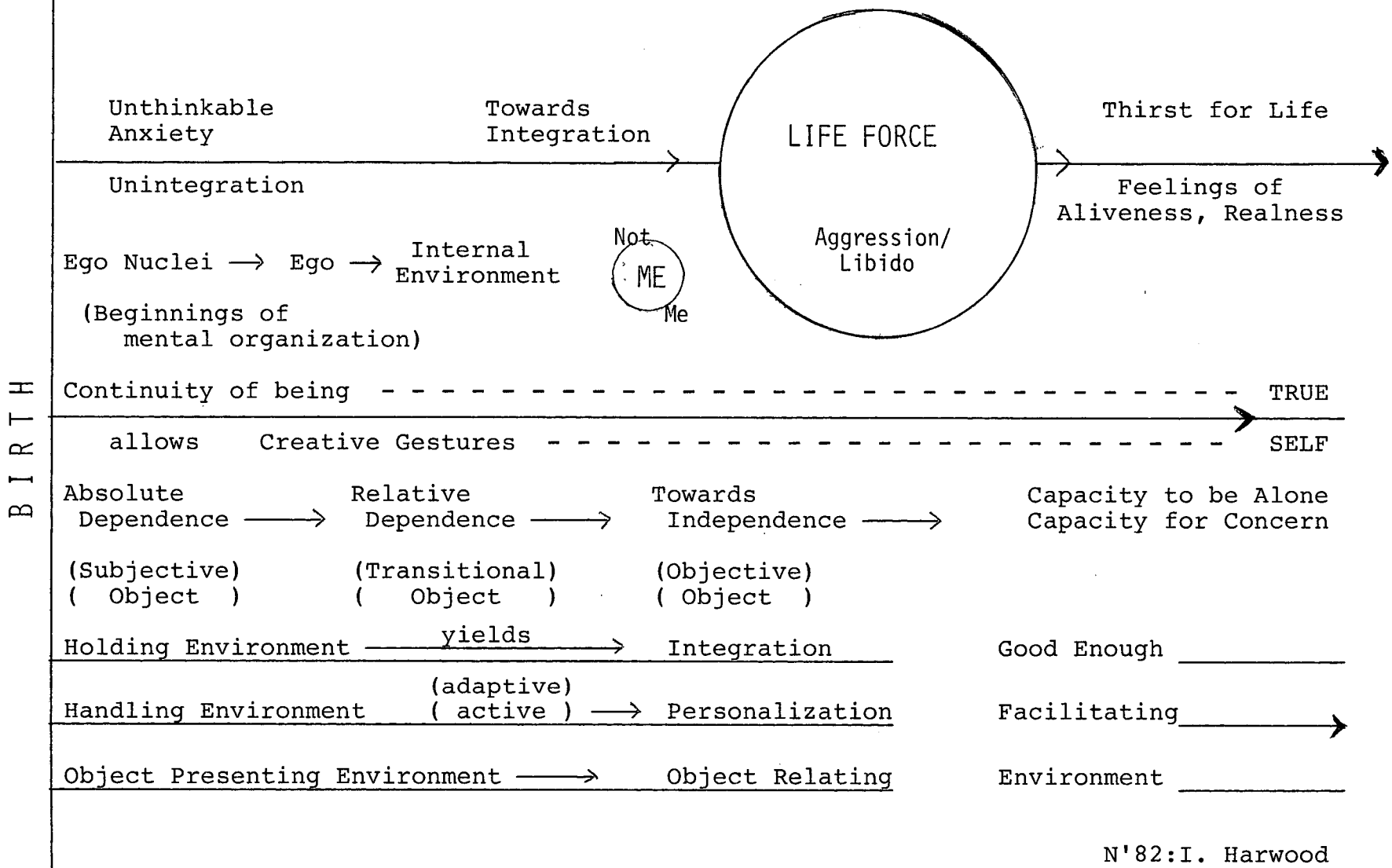
If the client has not developmentally achieved the capacity for concern, in the psychotherapeutic setting the therapist must be able to tolerate a certain amount of aggression as well as be able to receive and accept the patient's expression of reparation. It is only through the constructive and creative experiences of reparation that one can make contact with and take responsibility for one's own destructiveness (Winnicott, 1963c). Thus by taking responsibility for one's own destructiveness, the individual is

also able to free the constructive elements of aggression (or what Winnicott termed "life force"), which are necessary for work and play. The freeing of spontaneous vitality can be achieved in an indestructible good-enough therapeutic holding environment, where the psychotherapist, like the good-enough parents, provides for the client an example "not better . . . not dishonest, but tolerably decent" (Winnicott, 1963e). The continuous natural concern of the psychotherapist or social worker, in response to the patient's either constructive or destructive expressions, is to present not only an example to model or identify with but also a valuable component that becomes an integral part of the patient's life experience. In that way the patient's self concern can expand into a concern for others.

This section has focused on D. W. Winnicott's major theoretical premises about development and the evolution of the self, and has identified the implications for therapeutic understanding and interaction. The following section will attempt the same for Heinz Kohut's theoretical perspectives. In addition, the similarities and differences between Kohut's and Winnicott's theoretical positions will be identified, leading towards an integration of how these two theoretical perspectives can be used to understand and lead group practice.

DIAGRAM A

WINNICOTT'S EMERGING SELF



N'82:I. Harwood

Kohut's Concepts

Heinz Kohut's concept of the self has evolved through several stages. In the first stage, including the publication of The Analysis of the Self (1971), the self was regarded as a content of the mental apparatus, but not one of the agencies of the mind (ego, id, superego). The self was seen as an abstraction, a psychic structure with conscious and preconscious self representations. For Kohut, contradictory self representations--e.g., grandiosity and inferiority--could exist within the psyche where the ego and the id formed a continuum. The self was still viewed as an organizer, as well as an organization.

In the second stage, with the publication of The Restoration of the Self (1977), Kohut transcends his previous writings and turns to a new direction. He states that the psychology of the self in the narrower sense, in which the self is seen as a content of the mental apparatus, can still be adequate in explaining the structural neuroses and guilt depressions, the secondary disturbances of the self--the unresolved oedipal conflict--but that it cannot adequately explain self disorders. He states that a broader self psychology that can examine the genesis and development of the self in health and disease, and in which the self is viewed as the center of the psychological universe, is needed to explain the remaining pathologies of the self, the primary disturbances of the self--from schizophrenia, to

borderline states, to narcissistic personality and behavior disorders.

The third stage of Kohut's theoretical self is still in the process of evolution. His soon-to-be-published book, excerpts of which have been presented at conferences (Shane, Ornstein, 1981), as well as the writings of his followers, contends that the psychology of the self in the narrower sense, where the self is seen as a content of the mental apparatus, is no longer useful even in explaining the oedipal stage of development. The psychology of the self in the broader sense (since 1977) no longer holds the oedipal conflict as the norm, but instead replaces it with an oedipal phase.

It is now believed that if development has proceeded reasonably well up to this period (is not traumatically frustrating or overly gratifying), the oedipal phase will be characterized by vitality and joyousness. The oedipal conflict is seen as a result of fragmentation when the child's object-libidinal strivings are met by parental responses that are either grossly counteraggressive or grossly sexual. Instead, when the heterogenital parent, the object of the child's libidinal desires, is able to respond in a manner that is accepting of the child's total self while gently curbing the libidinal aim, and when the homogenital parent, the object of the child's rivalrous aggression, is able to respond also in a manner that is

accepting of the child's whole self while reasonably but firmly countering the child's rivalry, the child is able to maintain a cohesive, rather than a disintegrating, sense of self. Therefore the child is now seen as able to emerge out of the oedipal period with even a firmer sense of self, while being able to retain his/her joy and vitality and to continue developing skills, pursuing talents and following ambitions within a framework of internalized ideals. This chapter will focus on the evolving self from Kohut's 1977 point of view and beyond.

The Beginnings of the Self

At this point of its development, Kohut's theoretical self does not rely on the ego to come into being, but exists from the start as a "rudimentary self" (1977)--a self that is just beginning to appear and as yet is underdeveloped. For Kohut there can be a rudimentary self from the start because a human environment reacts to a newborn baby as a "virtual self" (1977)--a self that is treated as a physical and mental unit and as if it already had formed a self. He calls that human environment the "selfobject." During the self's earliest period of development, the human caretaking environment can be thought of as an archaic selfobject.

Self/Selfobject Unit

For Kohut the human caretaking environment or self-object can be either mother, father, or other committed

caretakers, though he usually refers to the mother as the archaic selfobject of early infancy. While Winnicott sees the child growing out of the infant/maternal care unit when a state of independence and true self is achieved, Kohut sees the archaic self/selfobject unit of early infancy and the self/selfobject relationships of childhood evolve into mature reciprocal self/selfobject relationships between cohesive selves.

Kohut spells out the unequivocal importance of self-objects at the beginning of life in order for the infant to grow into a psychological being:

> The child that is to survive psychologically is born into an empathic-responsive human milieu (of self-objects) just as he is born into an atmosphere that contains an optimal amount of oxygen if he is to survive physically (1977, p. 85).

During the early phases of mental development, before the central nervous system apparatus has matured sufficiently and before the secondary processes have been established, a large part of the psychological oxygen that the newborn requires is an optimum amount of tension regulation, since Kohut believes that the self of the infant can only be described in terms of tensions, increasing or decreasing. He strongly disagrees with the Kleinian concept that verbalizable fantasies are present in early infancy (1977, p. 101). He suggests that instead of wish, one can speak of tension, instead of wish fulfillment one can think of

tension decrease, and instead of problem solving, one has condensations and compromise formations (1959, p. 215).

Since the rudimentary self of the infant is not capable of problem solving, the archaic selfobject can provide a regulatory function by first establishing what Kohut calls an "archaic merger." Webster's New World Dictionary (1964) defines merger as an immersion or absorption of one in another. Thus, an archaic selfobject (caretaker) through the use of empathy can temporarily immerse itself into the state of the infant (while maintaining its own cohesion) in order to understand that state and to respond to it appropriately. Kohut termed such immersion "empathic introspection." For example, when through empathic immersion the selfobject has determined that the infant's own tension release has gone beyond the usual sensory-muscular discharge, it can step in to provide a regulatory function through soft reassuring verbalization or singing, through gentle holding or stroking and through containing the infant's emotional and physical discharge by its own calm presence. Since in addition to the selfobject's immersion into the infant's state, the archaic merger involves the infant's absorption of the selfobject's state of the self, the infant is able to take in the regulatory function of the archaic selfobject. The reciprocity between the infant and the selfobject Kohut calls the "matrix of mutual empathy." The regulatory function that the archaic selfobject

provides the infant is within the developmental line which will be discussed later as the "idealized parent imago" or the i.p.i.

Kohut describes the process of tension increase within the self/selfobject unit and then follows the unit to a positive resolution which results in psychic structure building for the evolving self. The sequence consists of:

> mounting anxiety (self); followed by stabilized mild anxiety--a "signal" not panic--(self-object); followed by calmness, absence of anxiety (self-object).[2] Ultimately, the psychological disintegration products that the child had begun to experience disappear (the rudimentary self is re-established), while the mother (as seen in terms of behaviorism and social psychology) readies the food, improves temperature regulation, changes diapers, etc. It is the experience of this sequence of psychological events via the merger with the empathic omnipotent selfobject that sets up the base line from which optimum (nontraumatic, phase-appropriate) failures of the selfobject lead, under normal circumstances, to structure building via transmuting internalization (1977, pp. 86-87).

It is through the process of "transmuting internalization" that psychic structure starts being built and bit by bit cements the building blocks that contribute towards the evolution of a cohesive self. Transmuting internalization and the building of psychic structure can only occur when there is phase-appropriate loss of a function that the

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2 With the publication of "The Disorders of the Self and Treatment: An Outline" (Kohut & Wolf, 1978), self psychologists have stressed the interdependent unity of self and object by dropping the hyphen that formerly separated the two elements of "selfobject."

selfobject previously carried out, when the loss occurs under circumstances of tolerable frustration, and when the psyche, rather than suffer from the loss, can retain the specific function of the selfobject by being able to internalize it. As a result of the internalization, there is new psychological structure in the evolving self, which can now perform the function that the selfobject performed for a less developed or cohesive self.

For example, as an infant develops physically and starts to utilize its newly developed capacities (turning over, crawling, walking and running) in exploring the world around it, s/he also discovers physical dangers or difficulties. When there is physical discomfort or hurt, along with injury to the child's feelings of omnipotence, the available appropriate caretaker or selfobject will initially intervene by picking the child up, reassuring gently, and even patting or kissing the part of the body that was hurt. Thus the calm, soothing response provides reassurance that the temporarily fragmenting situation will cease and psychological and physical events will return to the status quo ante.

For example, over a period of three years a child was observed who, after receiving early appropriate physical and emotional caretaking of the type described above, and as development progressed, looked for his mother when physical distress occurred. Then, as he became older, he would come to her and point to the area of distress. Once he became

verbal, he would ask his mother to pat or kiss the area in question. Still later, he was able to kiss and sooth his own hand, when he accidentally gave it a hard bump. Eventually, he graduated to reassuring himself that "the boom-boom will soon be better," thus completing the internalization process of the soothing, reassuring, and reconstituting function that the selfobject initially provided for him. Within the complementary matrix of empathy, the selfobject (who at first responded immediately when the child was an infant) was observed to gradually withhold her function of immediate intervention and protection but remain available and responsive to the child. She paved the way for his own attempts at self-soothing which began by coming and asking her directly for comfort and culminated in his difficulties under the umbrella of her availability, support, and proud recognition of his newly acquired skills. (The last action of the selfobject, in which she accurately and with pleasure recognized an actual quality of the child, comes under the developmental pole that will be discussed later as the "grandiose self.")

The role of the idealized parent imago selfobject in infancy and early childhood is to provide a protective, soothing, and regulatory function. Once the growing child has made these functions his/her own via the process of transmuting internalization, the function changes to one of providing guiding ethics or ideals. For the older child,

these ideals are acquired through the process of transmuting internalization by gradually taking in and making one's own the general breadth of ideals of the once-idealized but no longer omnipotent or perfect selfobjects.

The acquisition of one's own ideals, which in the psychology of the self occurs under the aegis of the idealized parent imago, Winnicott would consider as the capacity for concern, which he defined as the capacity to make reparation and to feel and to accept responsibility. In both Kohut's and Winnicott's definitions, this is an internal process based not on a need for tension regulation or a need to decrease anxiety, but instead on a more developed, true, or cohesive state of the self with an internal structure that is based on ideals of personal responsibility as well as a capacity for empathy with others.

In comparing Kohut's self psychology with Winnicott's theoretical formulations, there appear to be similarities between what Winnicott described as the holding and adaptive handling environments and the regulatory functions of Kohut's selfobject. For Winnicott the holding environment protected the infant from an increased tension state, which he called archaic or unthinkable anxiety, while the adaptive handling environment adjusted its response directly to the infant's emotional and physical needs. Thus, without using the term "empathic introspection" or spelling out the steps of temporary empathic immersion into the infant's state,

Winnicott takes for granted the mother's or caretaker's intuitive ability to know what the infant needs and to respond accordingly.

Kohut's archaic selfobject's own subjective sense of well-being, vitality, joy and cohesion as it touches, talks, smiles and holds the infant would be akin to Winnicott's active handling environment. On the other hand, the archaic selfobject's responses (which Winnicott might consider to be part of active handling) such as smiles, an approving gleam in the eye, or positive verbalizations, arising in direct response to an infant's unique productions (which Winnicott calls creative gestures,) are considered in the theoretical formulations of the psychology of the self under the developmental role of the "grandiose self."

What Winnicott was able to describe, in rather ideal and poetic terms, as the intuitive, loving, playful, and appropriately responsive mothering or caretaking environment, Kohut's self psychology was able to spell out in a step-by-step process as the functions of the archaic selfobject. Together, Winnicott and Kohut thus broke the ground for a new theoretical framework consisting of two parallel developmental lines that lead towards the evolution of a cohesive self.

At the early stage of development, when the baby is absolutely dependent on its environment--when Winnicott's infant does not yet differentiate "me" from "not-me"--

Kohut's archaic self experiences the archaic selfobject as part of the self. For Kohut, since the archaic selfobject is viewed as fulfilling needs for the self and not experienced as a separate object with its own needs, its maintenance and restorative functions are taken for granted. The archaic self experiences control over the archaic self-object much in the same way as a cohesive self (or adult) would regard having control over his/her own body, mind, and actions. Unlike Winnicott, for whom the nascent self grows into a separate self and evolves from a state of dependence and eventually to a state of independence, Kohut contends there will always be an interdependence since even a cohesive, mature self never totally outgrows its need for selfobjects. Instead, as the self evolves, its relationship with selfobjects evolves into mature reciprocal mutuality. Therefore, a mature self can appreciate and take in from a selfobject and also be a selfobject who gives and who enjoys being appreciated as a selfobject.

The differences between Winnicott and Kohut are based more on theoretical paradigm than on actuality. Winnicott believes that a true self grows towards independence and has the capacity to be alone, but also that the mature true self possesses the capacity to feel concern for others as well as to feel and accept responsibility. Thus, Winnicott's true self, with its capacity for concern, would be able to act as a mature reciprocal selfobject to Kohut's cohesive self.

Within the self/selfobject unit, when the selfobject fails for whatever reasons to respond empathically to the evolving self within the realm of optimum frustration, the self experiences a narcissistic injury. Depending on the degree, frequency, and impact of the lack of responsive empathy subjectively experienced by the evolving self, the effect can be momentarily disruptive (mild enfeeblement), temporarily breaking up, enfeebling, and distorting the self (narcissistic and behavior disorders), protractively breaking up a self with more or less effective defensive or compensatory structures (borderline disorders) or permanently or protractively breaking up the self (psychotic disorders).

Clinically, the patient/client's severity of reaction to an unwitting narcissistic injury inflicted by the clinician offers a diagnostic clue to the actual distortion of the self and provides a guideline for appropriate therapeutic intervention. For Kohut, the clinician, through an empathic-introspectional stance (the temporary empathic immersion into the patient/client's state while maintaining one's own cohesion) can gain access and understanding into the nature of the state of the self. The empathic-introspectional stance can also provide valuable information regarding the nature, quality, and level of development of the self and selfobject relationships.

Through the selfobject transference in the clinical situation, the patient/client will express the need for

functions that the original selfobjects have not provided adequately. Kohut and Wolf (1978) specified that a mirror transference becomes established for the narcissistic personality and behavior disorders, reactivating a need for an accepting, confirming, mirroring source and/or an idealized transference, reactivating a need to merge with a source of calmness and strength. Of all the primary disorders of the self, the narcissistic disorders are thought to have the most resilient self. In the narcissistic personality disorders, enfeeblement or distortion of the self is manifested by hypersensitivity to slights, depression, lack of vitality, or hypochondria. Likewise, in the narcissistic behavior disorders, a breakup or distortion of the self is manifested by addictions, delinquency, or perversions. For both sorts of disorders, Kohut (1977) sees the fragmentation as a temporary state. Through the selfobject transferences that emerge in the treatment situation, he sees an opportunity to reactivate the distortions in the original self/selfobject relationship and to transmute them (keeping within the realm of optimum frustration, not too traumatic or gratifying) to a new level of psychic structure through genetic interpretation and therapeutic working-through.

According to Kohut (1971, 1977) the psychoanalytic situation does not gratify the patient's early unfulfilled selfobject needs, but maintains a psychoanalytic framework of neutrality, which becomes intolerably frustrating or

fragmenting for the other primary disorders of the self (borderline, schizoid, paranoid, and psychotic personalities) which suffer from protracted or permanent breakup, enfeeblement, or serious distortion of the self. Therefore he concluded that these disorders are not analyzable.

The practice of clinical social work does not usually confine itself within the structure of classical psychoanalysis: it is more likely to proceed from its own basic tenets of psychotherapy--most notably, starting where the client is. Joseph Palombo (1976) first spelled out how the clinical social work practitioner can apply the concepts of psychoanalytic self psychology to the therapeutic framework utilized by clinical social work, thereby expanding the applicability of the psychoanalytic psychology of the self to other modalities as well as to other diagnostic categories. It should be noted that, unlike the psychoanalytic situation, in psychotherapy the clinician does not rely only on interpretations but, based on developmental diagnosis of the original deficits in the archaic self/selfobject(s) relationship, may respond in an appropriate therapeutic manner to provide a needed selfobject function that was not previously experienced or not experienced enough.

Although Palombo (1976) does not discuss the treatment of patients whom he calls the "frank psychotics" through the use of selfobject transference, he was the first of the self psychologists to hypothesize that the borderline personality

is close to the narcissistic personality and is on a developmental continuum rather than constituting a separate diagnostic category. He says: "The traditional borderline psychotics may in some cases be better understood as suffering from severe narcissistic disturbances. Their narcissistic disturbances may have been left unrecognized or untreated and thus have led to personality malformations (p. 152).

In diagnostic terms, this suggests that the evolving self experienced early trauma that was not understood or appropriately responded to. What did not happen is what Winnicott (1963b, p. 227) says parents need to do to correct a failure in the environmental provision: "exaggerate some parental function and . . . keep it up for a length of time, in fact until the child has used it up and is ready to be released from special care." In self psychological terms the specific selfobject function needs to be provided and kept up until it has been internalized and new psychic structure has been built.

Thus Palombo, as a clinical social worker in the practice of psychotherapy, anticipated a theoretical position which Brandchaft and Stolorow (1981) took later for the practice of psychoanalysis. They hold that when the psychoanalyst is able to build and maintain an empathic bridge with the initially diagnosed borderline patient, the borderline characteristics disappear and the selfobject

transference issues become more similar to those of the narcissistic personality and behavior disorders.

Thus, self psychology is now describing a nuclear self on an evolving continuum towards a mature cohesive self. The disorders of the self are also described on a developmental continuum, with fixations occurring along that continuum when the initial impairment and vulnerability in the sense of the self were not understood or were inappropriately responded to. An inappropriate response can be characterized either by deficiency or excessiveness.

Clinically, in the therapeutic self/selfobject unit, the therapist in turn can be experienced by the evolving self as an evolving selfobject who diminishes and appropriately adjusts his/her selfobject function in parallel process to the evolving self's decreasing need for particular functions, as psychic structure is built through transmuting internalizations.

Nuclear Self

The nuclear self does not exist at the beginning of life. The beginnings of a nuclear self (what Kohut and Wolf (1978, p. 419) refer to as the nascent nuclear self) start emerging between two and five months of life or during the developmental period that Mahler calls the symbiotic phase (Palombo, 1976, p. 150). It is out of the interplay between the newborn's biological givens, the rudimentary self, and the selective empathic responses of the human environment,

that the nascent nuclear self emerges. It is at this time that archaic mental contents are sorted out into self and nonself. This process is similar to what Winnicott described as the beginning of differentiation between "me" and "not-me."

While some archaic mental contents are experienced as nonself, others are retained within the self. Kohut sees those that are retained by the self and added to as early constituents of the nuclear self, which he also calls the core self. He summarizes the essential qualities of the nuclear self as follows:

> This structure is the basis for our sense of being an independent center of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in space and a continuum in time. This cohesive and enduring psychic configuration, in connection with a correlated set of talents and skills that it attracts to itself or that develops in response to the demands of the ambitions and ideals of the nuclear self, forms the central sector of the personality (1977, pp. 177-8).

Exactly when the nuclear self emerges is still a matter of speculation. Kohut and Wolf (1978, p. 417) state that it is probably during the second year of life, while Palombo (1981, p. 25) diagrammatically places the existence of a cohesive nuclear self around the thirty-sixth month of life. Kohut (1977) recommends further direct observation of children, as well as reconstructional research, to determine more precisely both how and when the constituents of the nuclear self are gathered.

Unlike Mahler, et al. (1975), who focus on the first subphase of separation-individuation (around the age of four or five months) as being the beginning of differentiation from the mother, Kohut and other self psychologists choose to focus on the continual emergence of the nuclear self.

The nuclear self is conceptualized as a bipolar structure. The nuclear ambitions fall under the pole of the "grandiose self" and the nuclear ideals fall under the pole of the "idealized parent imago." Rudimentary talents and skills, which are the natural attributes of the child, are enhanced through satisfactory or "good-enough" mirroring. Later, the natural talents and developed skills are modified by whatever ideals (or lack thereof) have emerged under the complementary pole of the idealized parent imago. For example, someone with highly developed manual dexterity, who has evolved in his/her ambitions within a context of ideals, can become a locksmith rather than a lockpicker. Kohut (1977) refers to interplay between nuclear ambitions and nuclear ideals as the "tension arc" that keeps the bipolar structure in balance.

Kohut (1977, p. 179) contends that somewhere between the second and fourth year of life, ambitions are consolidated, with ideals consolidating somewhat later between the fourth and sixth year of life. The nuclear bipolar self proceeds on the developmental continuum, through the process of transmuting internalizations, to consolidate further

during the remaining years of childhood and during adolescence to potentially emerge as a cohesive self with ambitions based on ideals and a capacity for joy, pride, enthusiasm, and self-esteem (Palombo, 1981).

Evolution of the Self

The self, which started out first as a rudimentary or archaic self in the self/selfobject unit, continues to evolve through specific mergers with available selfobjects. Within the American culture, but not necessarily in other cultures, the selfobjects are usually the parents. Evolution along parallelling developmental lines appears to be a sine qua non of self psychology--for the selfobject, the self, and the bipolar self's mergers with selfobjects.

The Selfobject

The selfobject evolves from an archaic selfobject, who initially was neither perceptually nor functionally differentiated by the infant, through progressive differentiation into a mature selfobject, who is perceived as a separate being and whose functions (though no longer experienced as part of the self which one should have control over) are not totally given up, but are accepted and reciprocated in an atmosphere of appreciative mutuality.

The Self

The self evolves progressively from a rudimentary or archaic self into a beginning or nascent nuclear self, then

to a nuclear cohesive self, and eventually into a cohesive self as it approaches or enters adulthood.

The Mergers

Though Palombo (1981, pp. 24-25) diagrammatically places the mergers under the pole of the grandiose self, Kohut (1977, p. 87) speaks of the "sequence of psychological events via the merger with the empathic omnipotent self-object," which refers both to the selfobject's responsiveness and to its strength. Consequently, the evolving self requires a different responsiveness from the selfobject(s) as it progresses through archaic, twinship, and mirroring mergers as well as internalizes (not identifies), integrating into already existing configurations, the state or values of selfobjects. The child takes in what the parents or selfobjects are and do, not what they profess to be or say that s/he should be or do.

Archaic Merger

Under the developmental line or pole of the grandiose self, through the first year, and somewhere up to the first 18 months of life, the beginning nuclear self interplays with the admiring, confirming responses of the archaic selfobjects. It is important for the selfobjects to confirm the total self of the child as well as an emerging skill or talent. Likewise, it is not only the confirmations, but the lack of confirming responses to either a specific attribute

or the total self of the child, that make the difference in whether the evolving self can own without much question a characteristic or a specific sense about itself.

While still in the archaic merger, the emerging self does not differentiate objects from self and experiences the archaic selfobjects as part of the self. When self psychologists speak of the archaic selfobject as part of the self, they are not referring to the perception or recognition of an object as being physically separate. Self psychology stresses the archaic self's experience of the functions of the archaic selfobjects as part of the self, since the selfobject functions are the very psychological oxygen that Kohut (1977) says an infant needs in order to survive. Generally, self psychologists focus on selfobject functions, not on object permanence or object constancy, though Palombo (1981, pp. 24-25) refers to them diagrammatically.

Under the developmental pole of the idealized parent imago, during the same developmental period, the archaic selfobject(s) is utilized primarily as a tension regulator. The merger of the archaic nuclear self with the archaic selfobject(s) is believed to be total (Palombo, 1981, p. 24). Through the archaic merger the infant can absorb the selfobject's state of the self--calmness or agitation, as well as the quality of the selfobject's responsiveness.

Twinship or Alter-ego Merger

At the next level of development the selfobject is

perceived as more separate from the self. Probably because of the insecurities that differentiation from the selfobject arouses, the evolving self makes demands of the selfobject(s) to be more like self. The demand for the still needed functions of the selfobject(s) is not given up. Under the pole of the grandiose self it is not unusual to hear requests for confirmation, such as, "You have brown hair, like me, right, Mommy?" or "You like to play ball, like I do, right, Daddy?" Self psychologists type this phenomenon as the twinship or alter-ego merger.

During the same 18- to 36- month period of the beginning of life, although some capacities for tension regulation are evident, the role of the selfobject, under the idealized parent imago pole, is that of soothing. During this period, along with the further development of language, symbolic thought begins. By the end of this developmental period, the nuclear cohesive self is formed unless the self is traumatized.

Once there is a cohesive nuclear self, the self continues to evolve and continues to strengthen and add to its existing psychic structure through progressive transmuting internalizations.

Mirroring Mergers

Under the pole of the grandiose self, from 36 months to five years of age, the evolving self, which by now can experience selfobjects as quite separate from the self, no

longer needs to maintain a twinship merger, but has grown into a mirroring merger with selfobjects. The child at this stage does not require the selfobjects to be, feel, or act like him/herself, but does need the mirroring function of the selfobject(s), to further confirm his/her total evolving self, achievements, goals, and values.

Throughout his writing (reflecting a bias of the traditional American culture), Kohut usually refers to the later idealized parent imago figure as the father. In the Restoration of the Self (1977), while still holding a more traditional view of early parenting, Kohut transcends his own biases regarding the nuclear cohesive self's internalizations from either parental imago:

> It is also more than likely that the earlier constituents of the self are usually predominantly derived from the relation with the maternal self-object (the mother's mirroring acceptance confirms nuclear grandiosity; her holding and carrying allows merger-experiences with the self-object's idealized omnipotence), whereas the constituents acquired later may relate to parental figures of either sex (p. 179).

Therefore, it can be assumed that if the child has not suffered a major traumatic disappointment with either parent, both parents can maintain their idealized status, whether s/he is of the same sex or of the opposite sex as the child, and the internalization of ideals, strength, and power can occur from both.

Joan Lang (1982) suggested that within the traditional American culture, during this developmental period, both

boys and girls start experiencing a "massive revision of the early idealized mother" and that the deidealization of the early omnipotent idealized object occurs because women in the larger culture are portrayed as powerless.

She suggests that this traumatic deidealization is particularly traumatic for the girl because of the same-sex identification and because the girl may feel that she, too, has only powerlessness to look forward to.

The idealization of the mother and the internalization of her powerlessness may have a negative effect on the girl's direction as well as ability to maintain her own goals and ambitions. Clinically, with women who show an arrest in the realm of the grandiose self, it is important to explore, diagnostically, whether this arrest is a result of the deidealization of women in the larger traditional culture or a result of an earlier lack of mirroring of their skills, talents, or ambitions, in order to know in what direction to orient one's clinical intervention.

Because boys identify with the father's role in society, whether in traditional or nontraditional families, their self is not affected directly by the cultural deidealization of women. Their evolving self does not have to struggle with identifying with a homogenital parent who is perceived as powerless in the wider culture, unless that parent is traumatically disappointing as a source of idealized power himself. The cultural deidealization of the once

idealized early maternal imago may, on the other hand, affect the boy's future perceptions of women, causing him to see them only as mirroring selfobjects (especially if the boy's father also perceives women in such a way), rather than seeing them also as mature selfobjects worthy of admiration for their own achievements, ideals, and strength.

During the oedipal period, three to five years, the parental imagos are related to differently by the child. Though both parents are needed to accept and confirm the oedipal strivings of the child within an appropriate familial context, both parents need to remain idealized within their sexual roles. Thus, for the oedipal boy, even though the mother gently limits his libidinal aim and redirects it toward other future objects, she confirms that his amorous ambitions are a positive indication of his growth and capacities, and will surely be welcomed by a peer of the opposite sex when he becomes older. Under the pole of the grandiose self, she reassures him that she remains a loving mother while admiring, confirming, and accepting the masculinity of the evolving self. With this type of affirmation, the mother can remain an idealized parent imago if she holds herself as a person worthy of esteem and is content with her role (traditional or nontraditional) and if the father does not undermine the worth of her role. With this positive interplay between the grandiose self of the oedipal male and the mother who remains an idealized imago,

the evolving self of the adolescent and postadolescent male may indeed look for a "girl like good old Mom."

On the other hand, the father of the oedipal boy gently curbs his son's rivalrous aggression, while admiring his developing capacities and strength. The father remains an idealized imago, a source of power and wisdom whom the son can choose to emulate. Thus the father, by allowing the son under his umbrella, lets the son know that the father can move over and that there is also room for the son to learn how to become strong and wise.

For the oedipal girl, the mother can accpet the daughter's turning her libidinal aim to the father, while curbing appropriately, though firmly, her daughter's aggressiveness. A mother who is secure in her relationship with her husband, and in other roles she has chosen, need not be threatened by her daughter's turning away from her. Instead, the enjoyment of the mother's own role, whatever it may be, can become a source of idealization for the daughter, who can also look forward to becoming a capable woman who enjoys her work.

Conversely, the father of the oedipal girl needs to accept her developing feminity while not forgetting to confirm her other growing talents, skills, and ambitions, whether they conform to his own ideals of a woman's role or not. With such affirmation of her total self, the girl can emerge from her oedipal phase while still seeing her father

as an object worthy of respect and admiration. Based on this positive interplay between her affirmed evolving grandiose self by both parental imagos, who did not become traumatically deidealized, the adolescent, and postadolescent woman as well, can continue exploring her ambitions and working towards her own goals, while confident that she will meet a peer of the opposite sex who, like her father with her mother, will be a reciprocally confirming, accepting, mature selfobject.

If the parents take care to safeguard the idealization of the roles of both sexes, the culture at large (which often undermines the power of women by traumatically deidealizing their roles and hence their power) will not be able to significantly affect the internalization of positive idealized parent imagos for a young, yet still evolving, self.

The Consolidation of Cohesion

Between five and seven years old, for both sexes, the evolving self continues through progressive transmuting internalizations. Self-confidence and self-assurance continue to consolidate under the pole of the grandiose self. There is continued but lesser dependency on idealized parental objects as other idealized objects gain importance (Palombo, 1981).

Between seven and eleven years of age there is a continued consolidation of a cohesive self. While ambitions

emerge more clearly, grandiosity is more realistically modified. There is a further redirection of idealization from parental imagos to heroic figures. With continued untraumatic affirmation from parental imagos, the evolving self can enter adolescence with a stabilized sense of self-esteem.

If the parental imagos continue their affirmation of the evolving self during the adolescent period while gently and firmly guiding in the direction of ideals, an adult self will emerge somewhere around the 18th year with a balanced sense of self-esteem, pursuing one's own ambitions within a framework of ideals, while feeling enthusiasm, joy, and pride in one's pursuits as well as in oneself.

At this point, the evolving self will have consolidated into a mature cohesive self. The adult self does not devoid itself of all selfobjects, but no longer relates to others in an archaic fashion. Selfobjects are related to as separate objects with their own goals, ambitions, and ideals. At the same time, the cohesive self has come into its own as a selfobject, and the interactions are now based on mutuality and reciprocity with appreciation and acceptance of the other's strengths as well as weaknesses.

This type of mature understanding of other mature selfobjects readies the cohesive self to enter into a possibly even more evolved state--that of becoming an archaic confirming and soothing selfobject to a brand new virtual self.

This section has focused primarily on Heinz Kohut's major theoretical premises about the development and evolution of a cohesive self. The implications for therapeutic understanding and interaction were identified. By comparing Kohut's and Winnicott's theoretical underpinnings, what seems to develop is a merger of a more integrated true and cohesive self. The following section will develop the evolution of an integrated true and cohesive self.

DIAGRAM B

EVOLUTION OF THE SELF IN SELF PSYCHOLOGY

	Beginning of life	2nd mo.	5th mo.	1 yr.	18 mos.	2 yrs.	3 yrs.	4 yrs.	5 yrs. —	7 yrs. —	11 yrs. —	18 yrs.
SELF	Tension State Archaic → Self	Nascent or Beginning Nuclear Self		→			Nuclear Cohesive Self	→		Cohesive Self	→	
IPI	Tension regulating function: (soothing-containing) →	Beginning internalization of regulatory function		→	Regulatory functions are being internalized →		Tension regulation function acquired →	IPI's needed for idealization & to provide values or ethics	→			Ideals Enthusiasm
GS	Archaic Mergers Responding: (smiling, playing with infant)		→		Twinship Mergers Selfobjects needed to be like self	→	Mirroring Mergers Selfobjects needed to confirm self		→			Self Esteem Ambitions Joy Pride
SELF-OBJECT	Archaic selfobject	- - - - - →	- - - - - →	- - - - - →	- - - - - →	- - - - - →	- - - - - →	- - - - - →	- - - - - →			Mature Self-objects
	Selfobject not perceptually or functionally differentiated →	Beginning of perceptual differentiation of selfobject--but not functional →			Beginning of functional differentiation of selfobject →		Functions of selfobjects are seen as separate from self →	Emergence of mutuality & reciprocity with self-object				Reciprocity Mutuality

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CHAPTER III

TOWARDS AN INTEGRATED SELF

By combining D. W. Winnicott's and Heinz Kohut's theoretical views of the self, the psychotherapist or clinical social worker can emerge with a theoretical framework on which to base therapeutic interventions that is more complete and thus more useful than either theory used alone.

The self comes into being first as a biological unit. As it interacts with its human environment, it emerges as a psychological entity that eventually is able to interact with and contribute to his/her social community. In short, the self that emerges has biological, psychological, and social components. The biological components are virtually determined and complete at birth, and given enough nutrition and psychological well-being, the biological self develops to its potential. The psychological self is very much dependent on its human environment to develop its personality, innate talents, skills, ambitions, ideals, and creativity. For Winnicott, the true self could only grow out of a good-enough infant-maternal care unit; and for Kohut, the cohesive self could only emerge from optimally frustrating interactions with selfobjects. Thus, the newborn infant and

later the growing child depends on provisions from and interactions with the human environment to evolve into an integrated mature self.

Individuals seek psychotherapy usually when they are unable to cope with or resolve successfully a situation, trauma, or crisis which was brought about either by external circumstances or by internal difficulties, and often by both. In most of these situations their usual coping mechanisms did not produce a satisfactory enough resolution and discomfort or distress continued. The type of coping mechanisms utilized, as well as the mode in which individuals tried to achieve or regain equilibrium to approximate their previous state of functioning or homeostasis, almost universally reflect the position of the self on the evolutionary continuum. The individuals who seek psychotherapeutic intervention most often have attempted to resolve their present unhappiness by repeating the use of mechanisms that they developed early within their human caretaking environment--e.g., denial, determination not to get angry, giving in, being a "good girl," substance-abuse, acting out, or some other stereotypic response. What they usually lack is the vital creativity that is needed to resolve an unhappy situation in a flexible and innovative way.

The following section will describe three developmental lines. The first (center line in Diagram C) describes the optimal evolution of the creative, true cohesive self within

the context of an indestructible, non-retaliating, soothing, and accurately mirroring human environment that allows an integrated self to emerge. The second (upper line in Diagram C) describes the development of the self that has suffered from a deficiency in tension regulation or has been unprotected from internal and external impingements. This developmental line represents, on a continuum, the disorders that Kohut calls the borderline and narcissistic behavior disorders and Winnicott describes as unfused aggression and antisocial behaviors with lack of concern for others. The third developmental line (lower line in Diagram C) describes the development of the self that has been overwhelmed by external impingements and/or experienced a deficiency in mirroring. This developmental line represents a continuum of Winnicott's false self and what Kohut calls the borderline and narcissistic personality disorders.

Potential for a Creative, True, Cohesive Self

The potential for vital creativity is inborn in the human infant. Whether it develops fully or only partially depends largely on the interactions with the human environment. Winnicott (1971b) believed that when a child is allowed a basis for being, a basis for a sense of self follows; thus, a natural evolution of the self occurs when the environment does not unnecessarily impinge on the infant by substituting its own impulses while curtailing or

redirecting the infant's creative gestures. Winnicott finds that a separate personal self (which acquires integration, personalization and, object-relating within the holding, handling and object-presenting environment) is formed from the building blocks of creative gestures. Each separate, personal self is structured uniquely using its own pattern, while acquiring its own shape and texture, instead of being squeezed into a mold.

Kohut (1977) does not directly address the notion of the infant's being allowed his/her creative gestures. On the other hand, when he speaks of the newborn being reacted to as a "virtual self" by the human environment, meaning as if it already had formed a self, it is assumed that the interaction from the caretaker carries within it the respect one naturally gives a formed and adult fellow human being.

In the natural evolution of the self, Winnicott stresses the infant's being allowed to <u>be</u> (without having to react); Kohut, though not disagreeing, stresses responsiveness, mirroring, and validation of the actual rudimentary or beginning self (see center line in Diagram C). Conversely, when that natural development of the self is being tampered with, Winnicott focuses on the unnecessary or excessive impingements from the environment, while Kohut focuses on deficiency in responsiveness or in soothing. Together they paint a more complete picture of what the infant and growing child needs--to say nothing of what they could well do

without. The integration of both contributions provides the clinician with significant understanding about the therapeutic environment required for the undeveloped self, in order for the development of the self to resume along the evolutionary continuum.

Need for an Indestructible, Non-Retaliating, Containing, Soothing and Accurately Mirroring Human Environment

Before an infant can offer the type of gestures which become the building blocks for that human being's uniqueness and future creativity, the infant needs to experience what Winnicott called continuity of being. An infant who is distressed and agitatedly crying is not experiencing continuity of being, but is offering a creative gesture of sorts (since it arises spontaneously), communicating its state or needs to the human environment. In order to return to the state where the infant can again experience a resumption of continuity of being, his/her homeostasis has to be restored. If the discomfort is not too great, nor prolonged beyond the point that would be optimally frustrating to that particular infant, the infant can recover on his/her own with a beginning building sense that intolerable anxiety and tension do not last forever and can be self-contained. But when an infant's distress reaches what Winnicott calls unthinkable or archaic anxiety, or what Kohut calls a panic state when the sensory-muscular discharge has gone beyond the usual, the human environment is needed to act as a protective

shield, to contain that anxiety, and to restore the infant's equilibrium. The infant's equilibrium and continuity of being can be reestablished when the human environment can act as Kohut's tension-regulator or Winnicott's container or holding environment without impinging with its own anxieties. Anxieties brought in by the human environment can be experienced by the beginning self as if s/he is destroying the environment through her/his own lack of equilibrium or as if the environment is further adding to her/his panic and sense of self-destruction or both. The human environment needs to maintain or restore its own sense of well-being before it can act as a soothing, tension-regulating container.

The above understanding of unthinkable anxieties (panic states) provides a further understanding for the clinician into what Winnicott felt was the essence of psychotic anxieties. Through the use of Kohut's empathic introspection, the clinician can temporarily immerse him/herself into the state of the patient/client in order to understand it, to understand the fear behind it, and to determine what intervention might be most appropriate to restore the equilibrium of a self that feels threatened with fragmentation or disintegration.

An individual who is in a state of crisis and has not been able to resolve it often arrives at a therapist's office in, or close to, a state of panic. In order to

provide Winnicott's containing, holding environment, as well as the tension-regulating function of Kohut's early idealized parent imago, the clinician needs to avoid joining or adding to the patient's panic and also must be able to convey the reason for it, in a kind, empathic and comprehensible manner, to the disintegrating self. To do so, the clinician, while temporarily immersing him/herself into the state of the patient/client and maintaining his/her own state of equilibrium, gathers the information needed to understand the precipitating event(s) which reactivated, for the presenting self, previous prolonged or unresolved tension-unregulated states.

The following is an example of how a containing, holding environment was established in the first interview, which consequently allowed for the beginning of therapy to occur, and eventually for a reintegration and a resumption of growth for a previously stunted self:

> A woman came for treatment in an agitated depression. She was faulting herself for not being able to work, sleep, or eat, and for being the kind of person that brought all of this on herself. It appeared that the agitation was added to by interpretations of a therapist she recently consulted which seemed to have been experienced as gross impingements. Apparently, she was told that she had low impulse control, while being controlling and manipulative. Such confrontive interpretations (whether real or experienced) further increased the burden on an already overburdened self.
>
> The therapist suggested that there must be some very good reasons why she was experiencing her current distress. The woman was able to identify that her despondency started when, because of her continuous involvements with two other men,

her boyfriend broke their engagement, a breaking that she in turn desperately tried to prevent in different ways. She felt she was losing a family (his extended family of nurturing aunts and cousins).

Through gentle questioning, the therapist determined that the client lost her mother, who died of cancer, when the former was only five years old. The child was then moved away from her relatives and subsequently placed in fourteen foster homes, since her father felt he could not look after her alone. The therapist in a soft, calm, warm and understanding manner, explained to the client that it was quite understandable how someone who had so many losses felt she could not count on any one person and how her present situation was recreating previous painful losses for her that she felt threatened her sheer existence.

By understanding the root of her agitation, the client no longer felt that she was either bad for causing her present state or about to go crazy. Now she was able to merge not only with the soothing, containing calmness of the therapist, but in addition, by experiencing the therapist's understanding of her situation and coming under the protection of an idealized parent imago, she felt assured that her distressing feelings would be contained, further understood, and hopefully reversed.

After two sessions the client seemed to regain the greater part of her previous functioning equilibrium.

Unaided, the client just described was clearly unable to contain or regulate her mounting tensions or anxieties. Her initial attempt to find a therapeutic environment to contain them for her failed, since the interpretations offered or heard seemed to further add to her panic and fragmentation; that is, she felt the therapeutic environment was destroying her as well, rather than hearing, decoding, and understanding her creative gesture for help.

When a patient/client is in a panic state, what the therapist says is often not as important as the quality and

the tone of the therapist's voice, the look on the therapist's face, and the relaxed and caring manner in which the words are offered (depicted by the therapist's body language).

A patient/client in a regressed state is similar to the young child who relies more on noncognitive sensory cues. In this state, the boundaries between self and non-self are less firm and the person experiencing a sense of panic easily merges with, or absorbs, the state of another. This situation resembles Kohut's description of the emerging self's archaic merger with an archaic selfobject, whose functions are experienced as part of the self.

Only after the above-mentioned client's gesture for help was understood and her panic contained through merging with the calm state (function) of the therapist was her continuity of being restored. Only after she was able to experience the consistency of the therapeutic holding environment was she able to consistently experience her own continuity of being, unmerge from the therapist, and begin to try out different and new creative gestures, for which she then wanted recognition and validation.

Continuity of Being Allows Creative Gestures

Within the context of the good-enough holding environment that is consistently, reliably, and nonintrusively available to the infant, psychic integration proceeds as continuity of being persists. With continuing psychic

integration, there is a beginning discovery of the self, or parts of self, along with one's own creative gestures. Winnicott considers the act of discovering and sucking one's own thumb and the self-satisfied smile that occurs after a good feeding to be creative gestures, since they are within the control of the infant.

When thumb-sucking is interfered with, either by removing the thumb or substituting a pacifier, or both, an impingement occurs that interrupts the infant's continuity of being, suggests that the infant's spontaneous impulse is wrong, and implies that the environment knows better. If the infant or child resists by again and again repeating his/her own creative gesture and the environment consistently interferes and substitutes its own, any of several possible outcomes are likely: The self may become overwhelmed; react with anxiety to further impingements; experience the substance of one's own self only in opposition to impingements and in opposition to others; or eventually comply and cease or hide its own gestures, curtailing its ability to create new gestures of its own.

It would be a most unusual infant and child that could continue producing its own array of creative gestures with assurance, without giving in, without reacting with anger in opposition, or without consistently questioning the worth of his/her own productions, if the creative gestures are interfered with, inpinged upon, or substituted for more than

occasionally, when safety or special circumstances require it. In Kohut's terminology, if the focus has usually been on active and appropriate validation or mirroring, one can construe that lack of validation of the productions of the beginning self is due not to neglect, but to inappropriate interference. Thus, to say that the evolving nuclear self is deficiently mirrored would be an understatement.

The origin of the smile is the pleased smile and the gleam in the eye that the infant sees in the face of a proud parent who delights in the growth and existence of his/her healthy infant. Gradually, the smile of the parent(s) is returned by the infant to the caretaker(s), who then mirrors it back. Thus, the revolving door of pleasurable object relations is set into motion.

One might think that it would be difficult to interfere with the creative gesture of an emerging smile. To be convinced otherwise, one only needs to spend some time in photography studios that specialize in children to see either the photographer or an anxious parent propping into a sitting position, very young infants who are then tickled, shaken, and poked, in the attempt to coax some sort of a grimacing smile, however artificial. Something is definitely lost in a self that seems to be able to produce artificial pleasure on command, but unable to experience genuine pleasure of its own. The stoic countenances found in early

photography may reflect a truer self than the omnipresent toothful smile produced for the modern camera.

A self that complies, does not resist, or identifies with the impinger develops a false self, as well as limits its possibilities for discovering something new and truly of its own. There is little room for creativity or invention if one only dutifully follows that which has been previously created. On the other hand, a self that has had a minimum of impingements will be able to experience a continuity of being from which its own vital, creative gestures will spring forth.

The following is an example of an evolving self, well on the way to establishing a real or a nuclear cohesive, as well as creative, self:

> The mother of an 18-month old boy bought for him an educational toy. It was a box designed to help toddlers learn about geometrical solid shapes and colors, and disappearing objects that could be rediscovered and retrieved through four different doors that opened upwards, downwards, and to each side. The mother, apparently eager to help the child learn new things, decided to show him how to play with the toy--or rather how to play with it "correctly." She placed the four different geometric shapes in the hollow places designated for each shape on the top of the box. She then dropped each specific shape into the hole that had been cut out to match it. After that she took out each geometric shape through the retrieving door, smiled at her child, placed the geometric shapes again in their resting places on top of the box, and encouragingly told her son, "Now, you can try it."
>
> The toddler, who was not yet able to speak in sentences, at first looked at his mother and then repeated exactly the procedure that she just finished. Before she finished smiling enthusiastically and validating him verbally, he, smiling

> and apparently quite pleased with himself, said, "Look, Mama," and then proceeded to take each geometric shape and show her that each could also be placed into the three other hidden places, if one put them in through the doors, rather than dropping them down the holes. With this, he demonstrated how he discovered that each shape could be hidden in four more ways than the single one intended by the toy manufacturers.
>
> The mother was taken aback with the creative discovery of her child. She recognized that someone who approaches a situation with an open mind and no pre-existing learning sets can discover some new ones. With great pleasure, she hugged him and told him, "You know more about learning and playing than I do and have taught me a most valuable lesson--to allow you to discover the world on your own and to help you only when you ask me or really need me to."

The child in this illustration had already been allowed to consistently offer his creative gestures in the past. Consequently, when his mother offered her substitute gesture before he was able to come up with his own, he reacted with more than mere compliance. Already, he was able to appreciate her gesture, but in addition was able to go beyond it, indicating his quick mastery of what was offered, and confidently demonstrating his own creative discovery. The mother was quick to realize the meaning of his creative gesture, and with a smile and a proud gleam in the eye, validated him both verbally and through warm physical contact. The mother's initial impingement was transmuted by the fact that she was able to empathically understand the nonverbal message of her toddler and to recognize that she acted nonempathically vis-a-vis the evolving self, by substituting her own gesture. She was further able to confirm

and take pleasure in a total self, who had a separate center of initiative.

This child had already gone beyond Kohut's twinship merger, which requires the self and selfobjects to be alike, and had also fused, in Winnicott's conceptualization, his aggression with his libido since he joyously and assertively was able to offer the creativity of his already significantly differentiated separate self. The mother was able to appreciate and confirm his creative vital self.

The clinician can learn much from the above mother-child interaction about providing an optimal holding and object-presenting environment in which patients/clients can resume the discovery of their own potential gestures. The clinician does not need to be perfect or know everything, but must be willing and open to learn from the patient/client. A previously overwhelmed or stunted self that is consistently allowed to experience continuity of being will begin to reintegrate itself into offering some new creative gestures. Previous to the reintegration, the self that has fixated on the evolutionary continuum by complying and developing a flase self needs to be first understood and responded to differently. Likewise, the self that was stunted on the evolutionary continuum and contorted itself by developing whatever defense mechanisms it felt would help it best to survive, also needs to be empathically understood and responded to uniquely.

Therefore, depending on how the emerging self has been responded to or not responded to, it organizes, or at times, disorganizes, differently. The evolving self that has not received enough soothing, holding, or containing of its own internal impingements or been protected from additional external impingements, seems to cope primarily along the developmental continuum through motor, somatic, or behavioral discharge to soothe itself and to restore some sense of internal equilibrium. From this developmental continuum evolves a self that tends to act-out, rather than act-in, and coincides closely with what Kohut (1977) described as the borderline and narcissistic behavior disorders. Winnicott (1956b, 1963d) described this type of self as having unfused aggression, exhibiting antisocial behaviors or a character disorder without the capacity for concern for others (see upper line, Diagram C).

There is yet another type of evolving self, which did not suffer from an inordinate amount of tension build-up of internal impingements or did initially receive a good-enough holding and soothing environment, but subsequently can be externally impinged upon by the very environment that originally served it well. If that occurs, the evolving self tends to bow to the deficiency or to the demands of the caretaking environment by complying and by either setting aside its own creative gestures or by losing touch with the fact that they even existed. From this developmental

continuum a self evolves that tends to be empty, to split-off, to be out of touch with parts of itself, to identify, to be depressed, or to hide its true self and potential. Again, Kohut (1977) called these the borderline and narcissistic personality disorders, while Winnicott (1960b) saw them as exemplifying a false self or a partially hidden true self (see lower line, Diagram C).

The Emerging Self Attempts to Cope with Impingements

Impingements can be either internally or externally produced. At the beginning of life, when the infant cannot yet differentiate that its sensory-muscular tensions are internally produced and cannot yet bring them under his/her own control, these tension states are experienced also as impingements.

Later in life, when the individual is able to differentiate internal from external impingements, the manner in which the person deals with the internal impingements will depend on the degree to which the person feels that impingement is under his/her control, on the duration of the impingement, and on the self's developed ability to cope with the specific impingement and its meaning.

External impingements that add to the self's anxiety only further fragment the self. External impingements that substitute the self's creative gestures with their own, deflate the self while sending it into hiding. On the other hand, not all external impingements prove to be unwelcome,

if they are optimally stimulating to the self and can come under the control of the evolving self as, for example, in Winnicott's active handling environment.

A developing self that, at the beginning of life, has not been protected by the human environment from its own impingements will have difficulty later in life either containing its feelings of frustration, tension, and/or panic or being able to maintain whatever state of its own equilibrium when it experiences the penetration of external impingements either into its psychological, physical, or socio-spatial boundaries. One may have seen, in documentary or fiction films, the extreme panic reactions of a self completely overwhelmed by anxiety when confronted with disasters such as earthquakes, war, or other unexpected externally caused violence.

Clinically, particularly when starting to work with new patients/clients, the clinical social worker needs to diagnose the panic state quickly in order to safeguard that particular unregulated self from any further impingements that cannot possibly come under his/her control, and then proceed to create a containing, indestructible, and non-retaliating human environment, both in the therapeutic environment and, whenever possible and appropriate, in the patient's/client's larger social environment. It is in the clinical social worker's historical tradition to know when to intervene into the environmental conditions of an

overwhelmed, vulnerable self who cannot do so on his/her own behalf. Only after psychological homeostasis has been established can the self begin or resume its evolution towards cohesiveness and experiencing itself as real.

An Emerging Self Copes with Internal and External Impingements and Deficient Tension Regulation: Attempts at Self-Regulation and Self-Definition

The ability to regulate one's own tensions and the manner in which they are discharged moves along on a developmental continuum. The more that an evolving self has experienced a responsive, soothing, holding, containing environment which was able to maintain its own firm boundaries without being easily destroyed or overcome by impingements, the more that the particular evolving self will be able to regulate and soothe its own tensions or discharge them appropriately, as well as maintain its own boundaries.

While Winnicott spoke of a good-enough human environment, Kohut spelled out the importance of selfobjects who are appropriately responsive to the developmental stage of the evolving self. What is appropriate and needed by an evolving self at one stage may be neither appropriate nor needed at another stage of development. To leave an infant crying for a long time while his/her disintegration continues to escalate is inappropriate; but so is responding

immediately and with effusive concern to a seven-year-old who has bumped a knee lightly on a piece of furniture.

A self that is not protected enough from impingements to experience substantial continuity of being is unlikely to be able to internalize different coping mechanisms from its environment and choose among them in order to learn how to regulate its own internal impingements or venture to deal creatively and successfully with outside impingements.

Those who have not had good-enough soothing and containing, appropriate to the specific developmental stage of the evolving self, will deal with internal or external impingements in whatever way they can hit upon. The self that has not received enough soothing or containing attempts to cope with its built-up tensions or impingements behaviorally. This type of self would fall into the general categories previously described as the borderline and narcissistic behavior disorders.

Depending on where the self is on the evolutionary continuum, it will discharge its tension or attempt to soothe it differently. The following section (upper line of Diagram C) will describe, on a developmental continuum, Winnicott's and Kohut's progressive states of the self. If no significant fixation occurs, a vital self (one that fused its aggression with its libido) will emerge. This self will be able to maintain its own boundaries while dealing with others. While appropriately and empathically considering

others, the self with a capacity to be alone will be able to hold onto its own point of view, as well as integrate a novel one, without fear that its separateness will result in damage to self or significant others.

Tension Discharge: Motorical, Behavioral

A self with very little or almost nonexistent self-regulatory capacity would be placed on the early end of the evolutionary continuum. A self that was not soothed and also experienced external impingements will not be able to regulate, modify, or keep some kind of firm boundary against a build-up of impingements, internal and/or external. This type of self may discharge its tension motorically or behaviorally. Examples of this may be conversions, as in some forms of epileptic-like seizures or different kinds of aggressive behaviors. These behaviors fall into the reactive-to-injury categories, which Kohut called fragmentation by-products of disintegrating rage.

Self Looking For or Projecting Impingements

A self that has not been soothed enough experiences great restlessness, with a predomination of diffuse anxiety. The anxiety predominates and interferes with a sense of being, and therefore with the sense of a continuous self over time and space. A self that cannot experience a continuity of being feels both restless and empty.

To modify such an unpleasant and painful state, the empty self seeks out contact with others, who by responding penetrate the semipermeable membrane of this vulnerable and empty self and who are experienced as violating and impinging upon the barely formed boundaries. While the impingements are experienced as an affront, at the same time they bring this type of self out of its emptiness and make it feel alive. Examples of this are children who bang their heads.

A self that has sufficiently differentiated self from nonself, but is restless and feels too overwhelmed by internal impingements that it cannot bring under its control, can use the early defense mechanism of projection to experience the impingement as if it were outside of itself, in order to attempt to bring it under its control or in order to find an explanation for not having it under its control. An adult example of this is the person who is always looking for a fight or feels victimized by another. By projecting outside of itself, this vulnerable self either introjects or identifies with the aggressive-impinging environment that attempted to bring the creative gestures of the infant under its own control.

Self-soothing Behaviors

A self that is close by, but somewhat further along, on the evolutionary continuum is one that makes some attempts at self-soothing. In its attempts at self-regulation it

seeks soothing behaviors involving transitional objects primarily. Examples of this may be alcoholism, drug use or abuse, fetishism, or compulsive gambling. These may be the children of the parents who propped them up with a bottle or gave them an article of some kind rather than make themselves available for comforting the child. Like people in the previous categories of self, people who fall into this one do not usually seek treatment. If circumstances bring them to therapy, the therapeutic task is for the therapeutic environment to show that it has a containing and regulatory function as well, which eventually may be internalized into being a more effective self-regulatory function.

Self that Defines Itself in Opposition

A little further along the developmental continuum, and somewhat more object-related, is a self that has differentiated between what is self and what is not self to a certain extent. These are often known as the "yes, but . . ." people. Although they may have differentiated self from other enough to know that it exists, they cannot trust or implement their own creative gestures. As quickly as anyone agrees with them or gives them any recognition for something of their own, they quickly find fault with it. If another offers something of its own creativity, they experience it as an impingement and find fault with it as well. This kind of self obtains a sense of aliveness or power from opposing others. Otherwise, it feels empty and somewhat restless,

while always dissatisfied. This self did not experience a very adequate holding environment. Instead it experienced an environment that was never quite satisfied with itself, with the evolving self, or with others. This emerging self identified with its restless and aggressive environment. Abused children who grow up to be abusive parents fall into this category.

These people are not joiners and do not seem to merge with others. No leader will be good enough for them and therefore they will not be found as casualties of Jonestown. In fact, they will be the first ones to oppose either reasonable or unreasonable rule. Because they resist indoctrination, they will resist or avoid being entrapped by any type of authority or authoritatian rule. Indeed, they usually will manage to flee and to survive.

They are difficult to treat therapeutically since the therapist's quiet manner can be experienced as much an impingement as a suggestion. Becuase the boundaries between self and nonself are not very well defined, the capacity for self-observation and self-reflection is limited. If the therapist is to have any success with them, s/he needs to walk a fine line between establishing an active handling environment (in the manner of Winnicott) to provide a sense of aliveness to these relatively empty selves and impinging upon them unnecessarily. The clinician's goal can be to allow the emergence of creative gestures that can take on a

sense of vitality in a facilitating, active, handling environment without impinging on or detracting from them through validation. If enough creative gestures are allowed to emerge that can be experienced as vital and empowered with their own energy by this particular type of self, there is a chance for removal of fixations and distortions and for a renewed progression along the developmental continuum.

Self Utilizes Sublimation and Selfobjects for Self-regulation

Discharging one's tension through socially approved channels such as sports or by soothing oneself with music are more sublimated forms of self-regulation and therefore further along on the evolutionary continuum. For Winnicott, this type of self could experience and appreciate a cultural life.

The ability to seek out a responsive, soothing object would again move the self further along the evolutionary continuum as well as affirm that there has been a containing or soothing person in that self's early history. A more cohesive self will not merely take advantage of the soothing, idealized parent imago function of selfobjects (Kohut, 1971, 1977), but will be able to value and reciprocate with the other.

Self with Lack of Concern for Others or Without Ideals

It is somewhat paradoxical to place, this far up on the developmental continuum, the type of self that manifests

antisocial behaviors. This type of self has experienced enough soothing and holding early enough to be able to consolidate its own boundaries and experience a sense of cohesiveness; it has no trouble functioning. On the other hand, because it has suffered a traumatic disappointment or loss from its early good-enough human environment, it neither develops a concern for others nor grows toward reciprocity or mutuality with others.

A self that has experienced severe deprivation or impingements thrust upon it relentlessly, after some initial good-enough psychic regulatory capacities have been internalized from its early environment, will organize itself alloplastically without empathy towards others. Because the early idealized powerful object has disappointed it traumatically, ideals are no longer meaningful.

Rather than merely comply or be overwhelmed by the impingements of the traumatic disappointment or loss and thus experience depression (a narcissistic injury), this type of self defends against the experienced impingements through mastery--by identifying with the aggressor or the traumatically disappointing object, which was experienced as having no regard for the self when the former ceased the functions that the self still needed from it. Consumer and business fraud, extreme cases of fraternity hazing of college freshmen, and the SS in Hitler's Germany span the gamut of unfortunate examples.

Winnicott (1967) felt that this type of self could be helped if it could return to and reexperience the original deprivation within the context of a good-enough indestructible, holding environment. In most cases, he warned, if recidivism has set in and the sense of guilt has been lost, treatment will be useless. Worse still, psychotherapists should also know that treating such individuals may strengthen their functioning capacities so that they can prey even more effectively on others without remorse or empathy.

The Evolving Cohesive True Self Maintains Boundaries and Does Not Fragment from Impingements

Further along and towards the end of the developmental continuum (around the age of three years) is a self that has not fixated at any of the previous points. It is in essence the same self that has gone through a good-enough evolutionary development depicted by the center line of Diagram C. It does not act out behaviorally or alloplastically against others. It possesses an appropriate assertiveness and while dealing with others, it maintains its cohesion and its ideals.

This is a self that has experienced a good-enough, consistent, holding and soothing environment that has not been traumatically disappointing. It also has been able to differentiate sufficiently from that good-enough human environment so that it is no longer significantly affected

by temporary failures of that environment. This self (unlike the one that has organized itself into an antisocial tendency), if it has suffered from some temporary significant deprivation, most likely has also benefited from a good-enough environment that temporarily exaggerated the needed functions to such an extent as to compensate the self for the initial deprivation. A cohesive, yet still not totally evolved, self possesses enough self-regulation to deal with internal impingements and does not fragment from an external impingement, does not fear it, is not afraid of dealing with it assertively, and is not afraid of destroying it while it maintains its own firm boundaries. The fusion of aggression and libido, to use Winnicott's (1950) terminology, is transformed into life force. The self embodies buoyancy, vitality, and healthy assertiveness. Future good-enough developmental experiences can further consolidate the existing psychic structure and add to it.

The following example shows how an evolving, yet significantly cohesive, young self maintains its own boundaries while questioning assertively the impingement from a temporarily disrupted good-enough environment:

> A five-year-old girl observed her father becoming somewhat agitated after several external circumstances impinged upon him. He was running late and was hurrying his daughter out the door in less than a patient manner. The girl in a rather nonplused manner asked him, "What is wrong with you today? Did you get up on the wrong side of the bed?"
>
> Though the father was spilling his annoyance and frustration onto her, her own firm sense of

> boundaries did not accept the intrusion. She was not afraid that her usual good-enough caretaking environment would become destroyed by her own reality testing or assertiveness nor that it would retaliate.
>
> The father, after being somewhat taken aback, laughed and said, "You know, you are right, I did." He then proceeded to explain the circumstances which caused him to feel overloaded and unable to regulate himself better. Though he did make his child temporarily the victim of his impulsiveness, he was able to repair the situation when confronted with it.

The above example does not fall into the category of a narcissistic injury, since the parental response was definitely within optimum frustration and therefore provided a transmuting internalization of sorts for the child (as per Kohut, 1971, 1977) adding further towards the consolidation of already existing psychic structure.

In the psychotherapeutic setting, in order for patients/clients (who suffer from either internal impingements or from an inability to have a somewhat firm boundary against external ones) to be able to build new or additional self-regulating psychic structure, they must first experience a therapeutic environment that separates out and deals with its own anxiety and aggression without imposing it on the patient/client, as well as one that can contain aggression without being destroyed and without retaliating. The therapeutic environment need not be perfect, but it needs to provide a safe holding, in which the patient/client can start differentiating internal from external impingements as well as start experiencing a therapeutic environment that

can accept responsibility while not traumatically deidealizing itself.

An Emerging Self Copes with External Impingements and Deficient Mirroring: A True Self Attempts to Emerge with Self-Esteem and Its Own Ambitions

The development of a true personal self with its own set of ambitions, based on skills, is also on a developmental continuum. When development is interfered with, by the environment substituting its own gestures or by deficiently recognizing the real qualities of the emerging self, fixation results along the continuum.

When the external impingements and the deficiency are experienced very early as well as consistently by the emerging self, the more likely it is that the self will go into hiding, take on a somatic form, develop into a false self, or at the very extreme not develop into a self at all (see lower line in Diagram C). In here fall the borderline and narcissistic personality disorders.

Disintegration and Fragmentation

At the very extreme (negative) end of the developmental line is the self that was so overwhelmed by the environment, or so lacked a good-enough adaptive and active handling environment, that it could not emerge personally at all. Some nascent selves may be biologically predetermined in such a way that even a better than average good-enough

environment may not suffice. Autistic, catatonic-like states, as well as childhood schizophrenia, may fall into the above category.

States of extreme confusion and depersonalization may also be due to the regression of an older self after exposure to numerous or severe traumas or injuries. This type of breakdown requires a calm, nonimpinging, holding therapeutic environment in which the disintegrated or fragmented self can reintegrate its fragments and regain a sense of personalization.

False Self: Appears Real, Organizes in the Mind, Based on Identifications. Self is Empty, Lacks Its Own Ambitions, Merges Archaically

A self that has had a containing, indestructible, good-enough human environment and has been able to internalize its regulating qualities is not necessarily well equipped to deal with external impingements if the initial holding soothing environment subsequently substitutes its own gestures for those of the emerging self or impinges upon the evolving self by being deficiently responsive to its discovery of its own uniqueness.

If the psychobiological predisposition of the newborn is a passive, compliant one and, especially, if the impingements or substitute gestures are presented in a manner that is pleasant, nonshocking to the state of the self, but still overwhelming, the unformed self tends to merge with the identity of the powerful or idealized object. What may look

like a real self is not. It is what Winnicott (1960b) calls a false self. Its own sense of self was never integrated into its own unique configuration nor did it develop its own unique ambitions. Instead, it is overwhelmed into complying to introject-in-toto the identity of its caretaking environment. This self tends to follow rules, regulations, and authority without question, since the self never had a chance to empower itself with enough unique, creative gestures or with enough vitality which it could use to question or to disagree with the given authority. A self whose own creative gestures were not allowed, not recognized, and not mirrored is an empty self and will remain in an archaic merger with early or later selfobjects (as per Kohut), or will look for powerful idealized selfobjects to merge with in order to fill itself up with borrowed strength, ideals, or goals.

Three closely related states of the false self emerge on the developmental continuum: (1) the false self that appears real, but is only performing, (2) the false self that organizes in the mind, and (3) the false self that is based on identifications. At the least developed stage is the self that can function by following directions mechanically, but falls short when asked to be real and to relate spontaneously in social or intimate relationships. Farther along the continuum is the self whose whole identity is vested in its intellectual functioning. Though it chooses

professions where through perseverance and hard work it attains status and recognition, it cannot fully own or enjoy its success, since it does not resonate with the rest of its empty life, which is totally split off from its high intellectual functioning. The more success this self attains, the more unreal it feels. Still farther along the continuum is the self that appears more balanced in the different aspects of living. Its balance is based on identifying almost in toto with its early objects. It relates and functions primarily by copying or mimicking those before him/her, rather than picking and choosing what it wants to internalize, in addition to whatever creative gestures it has come up with on its own.

The above type of self (selves), when removed from its own familiar cultural milieu or exposed to severe conditions of stress and struggle for survival, tends to rely on old cultural rules and has difficulty integrating new ones. Instead of looking within its own armamentarium of creative solutions, it tends to look towards a leader, a family, a religious group, a political organization, or a national identity.

In Kohut's (1971, 1977) framework, the uncohesive self needs to maintain an archaic merger with an apparent powerful idealized parent imago, from whose alleged or real strength it attains a sense of well-being and illusory power. While in this blissful merger, the relatively empty,

enfeebled self does not have to face its own powerlessness and vulnerability.

Because of its own fixation in development (which hinders the capacity to come up with several creative solutions, sort them out, integrate them, and differentiate among various shades of reality and meaning), the compliant overwhelmed self tends to settle for the offered "right solution" against other "wrong ones." When it encounters inconsistencies, this type of self tends to deal with them by splitting and compartmentalizing rather than integrating, assimilating, or finding similarities.

This typology makes it easier, though no less alarming, to comprehend why a culture that strongly emphasizes early discipline of its young, importance of ritual and tradition, and unquestioning obedience to authority, should unreflectingly and blindly join ranks behind a tyrannical, unwavering, oppressive ruler or rulers.

The "desaparecidos" in Argentina, the intellectual dissidents in the Soviet Union, the "infidels" in Khomeni's Iran, and the Jews of Hitler's Germany have been victims of different compliant cultures that tolerated the violent repression of factions identified as "impure"--politically, ideologically, religiously, and racially. The era of McCarthyism, World War II internment of citizens of Japanese ancestry, the ruthless treatment of Indians, and vestigial

reminders of slavery do not exempt the American culture from this phenomenon.

The self that has access to its own creative gestures does not automatically accept proclamations or decrees merely because they are handed down by the current authority, but checks them against its own values and reality before it proceeds to accept or challenge them. Though considered trouble-makers by the powers that be, these are often the people who revitalize stagnating or oppressive institutions and offer new directions. "Good girls" and "good boys" perpetuate; they rarely innovate.

Historically, the social work profession always attended to the environmental impact on the individual. Similarly, social work clinicians may do well to reexamine with a questioning eye the implications for human values of theoretical paradigms that primarily focus on guiding the patient/client to adapt autoplastically to existing family, educational, work, social, or political structures. Instead, the clinician can provide a therapeutic holding environment that does not demand a permanent merger with a powerful therapist, but rather offers the safety of a temporary protective environment in which each patient/client can discover the meaning and content of his/her own gestures within a context of consideration of others. An important part of this process is to allow, and if need be encourage, each patient/client to question the therapeutic environment

as well. After such a process, a more cohesive true self will be more ready to reflect, question, reject, accept, or partially agree with the larger world, while relying on its own creative, integrative perception.

Symptom Formation as Self

A self that is very close on the developmental continuum is the self that defines itself through its physical or emotional symptoms. Sometimes this also includes an identification with a significant person who was also ill.

When the symptom formation is an expression of a true self, it is the manner in which the emerging self found that it could exist without being overwhelmed by its environment or without having its creative gestures substituted, denied, or ignored. It may have also been the only manner in which the evolving and yet vulnerable self received positive attention.

A self that has not been mirrored for its vitality or assertiveness within the context of a containing, powerful environment has difficulty fusing its aggression and libido. If the only attention, validation, or mirroring it receives is during times of illness, the self experiences its realness and its goodness only through its illness. Since its vitality or aggression either is not permitted or is not viewed as positive, the life force in the aggression fragments into painful symptoms. It is through those symptoms that this particular type of self attempts to maintain its

integration. The symptoms, which contain the unacceptable assertive or aggressive elements, are now reacted to with positive concern by the otherwise unacceptive environment. This self has managed to maintain some control, by having its aggressive and libidinal elements cohabit in its symptoms while finally eliciting concern or mirroring from its significant objects for its total, yet painfully contorted, true self.

In treatment, it is important to show sensitivity to the pain or suffering that the particular self is undergoing but to do so without giving the message that the pain or the symptom is the only worthy part deserving of attention. These types of patients/clients may require something close to Winnicott's active handling environment, in which, according to readiness and need of the particular self, stimulation and encouragement of verbal aggression is present. A therapeutic holding and containing environment that is comfortable with its own total vitality and assertiveness needs not only to model that for the contorted true self, but also allow and encourage the expression of assertive aggression with the reassurance that it can be contained in that therapeutic environment which provides clear, reasonable containing boundaries.

True Self Hidden, But is Aware of Its Potential: Searches for a Twin and Emerges When Its Uniqueness is Mirrored Accurately

Farther along the developmental continuum is a true

hidden self that is aware of its own potential. At first it searches for a twin partner, not quite trusting that it is truly safe to emerge unless the significant object is like self. Later its vitality and uniqueness emerge from hiding when it feels accurately responded to, according to its own brand of uniqueness.

A self that is aware of its existence, its capacities, ambitions, skills and values often stays hidden until it finds a partner to whom to reveal its potential, goodness, or uniqueness. Its search for a twin represents the belief that only a twin--someone very much like the self--can understand or approve. In the past, most likely, this self has experienced validation or mirroring for being or acting like the significant objects; it is unlikely to have experienced validation or empathy when it was different or felt differently from the significant object. Not having experienced or internalized empathy, it may not be able in turn to feel it for others different from itself. Only after experiencing empathy from those it considers non-twins or from those it no longer perceives as twins (and therefore has differentiated) can the self start feeling and understanding what empathy is, as well as start beginning to feel it towards others.

In some cases, when a self that is aware of its potential and even of its actual hidden qualities feels it is in a hostile environment, it may continue to protect

itself and stay in hiding since it cannot find a twin or a significant person who will accurately mirror its qualities or feelings. In some extreme cases, when a hostile environment persists in devaluing or negating the real self, as during political captivity or torture, the self may choose to destroy its false self in order to preserve its true self rather than have its realness negated, subjugated, or destroyed by others. This unfortunate solution may be a result of there being no room for the expression of healthy agression and assertion, except inwardly.

Farther along the developmental continuum, a self that has experienced validation, mirroring, and empathy from a twin is ready to respect the experience with others that it perceives as different, without feeling threatened. As it continues to experience consistently a continuation of being its own unique, true self in addition to receiving validating and accurate responses to its skills, ambitions, and values, the evolving self integrates and consolidates a sense of cohesiveness.

The Evolving Cohesive True Self Achieves Personalization and Empathy While Developing Its Own Ambitions

Only after the evolving self has experienced empathy and appreciation from different others can it be persuaded that its own feelings, qualities, ambitions, skills, and values are truly valued. At this point it can become a truly personal, unique, true self. It embodies cohesion,

vitality, and self-esteem. It is capable of joy, empathy, and concern for others. It can give and take within the matrix of comfortable mutuality and reciprocity with peers. It also can extend its cohesiveness, protection, and generativity to a significant young or beginning self starting its own journey up the evolutionary continuum.

Towards an Integrated Self

In the therapeutic setting, in order to allow the emergence of the self to reach the latter stage on the evolutionary continuum, the clinician needs to provide the holding, handling, containing and object-presenting environment that accurately recognizes, promotes, and values the real attributes of the personal self. Thus, while maintaining one's own separateness and uniqueness, the social work clinician can appreciate the differentness in one's clients, allowing for the emergence of all aspects of the person without judgment, and with acceptance and understanding of their genetic roots.

Any individual embodies active, behavioral, and motorical components as well as passive, somatic, and feeling ones. In the same way that Freud suggested that the coming together of aggressive and libidinal drives makes for an integrated psychic structure, Winnicott joined a life force with the capacity for concern for a true self, while Kohut brought together tension regulation and empathy in a

cohesive self. For an integrated and unique self to emerge with the vital capacity for joy, creativity, work, and love, the therapeutic environment needs to allow and support the emergence and wedding of the active and passive components of the self.

The following chapter will apply the concepts of working towards an integrated self to group psychotherapy. It will be illustrated with clinical material.

> boundaries did not accept the intrusion. She was not afraid that her usual good-enough caretaking environment would become destroyed by her own reality testing or assertiveness nor that it would retaliate.
>
> The father, after being somewhat taken aback, laughed and said, "You know, you are right, I did." He then proceeded to explain the circumstances which caused him to feel overloaded and unable to regulate himself better. Though he did make his child temporarily the victim of his impulsiveness, he was able to repair the situation when confronted with it.

The above example does not fall into the category of a narcissistic injury, since the parental response was definitely within optimum frustration and therefore provided a transmuting internalization of sorts for the child (as per Kohut, 1971, 1977) adding further towards the consolidation of already existing psychic structure.

In the psychotherapeutic setting, in order for patients/clients (who suffer from either internal impingements or from an inability to have a somewhat firm boundary against external ones) to be able to build new or additional self-regulating psychic structure, they must first experience a therapeutic environment that separates out and deals with its own anxiety and aggression without imposing it on the patient/client, as well as one that can contain aggression without being destroyed and without retaliating. The therapeutic environment need not be perfect, but it needs to provide a safe holding, in which the patient/client can start differentiating internal from external impingements as well as start experiencing a therapeutic environment that

can accept responsibility while not traumatically deidealizing itself.

An Emerging Self Copes with External Impingements and Deficient Mirroring: A True Self Attempts to Emerge with Self-Esteem and Its Own Ambitions

The development of a true personal self with its own set of ambitions, based on skills, is also on a developmental continuum. When development is interfered with, by the environment substituting its own gestures or by deficiently recognizing the real qualities of the emerging self, fixation results along the continuum.

When the external impingements and the deficiency are experienced very early as well as consistently by the emerging self, the more likely it is that the self will go into hiding, take on a somatic form, develop into a false self, or at the very extreme not develop into a self at all (see lower line in Diagram C). In here fall the borderline and narcissistic personality disorders.

Disintegration and Fragmentation

At the very extreme (negative) end of the developmental line is the self that was so overwhelmed by the environment, or so lacked a good-enough adaptive and active handling environment, that it could not emerge personally at all. Some nascent selves may be biologically predetermined in such a way that even a better than average good-enough

environment may not suffice. Autistic, catatonic-like states, as well as childhood schizophrenia, may fall into the above category.

States of extreme confusion and depersonalization may also be due to the regression of an older self after exposure to numerous or severe traumas or injuries. This type of breakdown requires a calm, nonimpinging, holding therapeutic environment in which the disintegrated or fragmented self can reintegrate its fragments and regain a sense of personalization.

False Self: Appears Real, Organizes in the Mind, Based on Identifications. Self is Empty, Lacks Its Own Ambitions, Merges Archaically

A self that has had a containing, indestructible, good-enough human environment and has been able to internalize its regulating qualities is not necessarily well equipped to deal with external impingements if the initial holding soothing environment subsequently substitutes its own gestures for those of the emerging self or impinges upon the evolving self by being deficiently responsive to its discovery of its own uniqueness.

If the psychobiological predisposition of the newborn is a passive, compliant one and, especially, if the impingements or substitute gestures are presented in a manner that is pleasant, nonshocking to the state of the self, but still overwhelming, the unformed self tends to merge with the identity of the powerful or idealized object. What may look

like a real self is not. It is what Winnicott (1960b) calls a false self. Its own sense of self was never integrated into its own unique configuration nor did it develop its own unique ambitions. Instead, it is overwhelmed into complying to introject-in-toto the identity of its caretaking environment. This self tends to follow rules, regulations, and authority without question, since the self never had a chance to empower itself with enough unique, creative gestures or with enough vitality which it could use to question or to disagree with the given authority. A self whose own creative gestures were not allowed, not recognized, and not mirrored is an empty self and will remain in an archaic merger with early or later selfobjects (as per Kohut), or will look for powerful idealized selfobjects to merge with in order to fill itself up with borrowed strength, ideals, or goals.

Three closely related states of the false self emerge on the developmental continuum: (1) the false self that appears real, but is only performing, (2) the false self that organizes in the mind, and (3) the false self that is based on identifications. At the least developed stage is the self that can function by following directions mechanically, but falls short when asked to be real and to relate spontaneously in social or intimate relationships. Farther along the continuum is the self whose whole identity is vested in its intellectual functioning. Though it chooses

professions where through perseverance and hard work it attains status and recognition, it cannot fully own or enjoy its success, since it does not resonate with the rest of its empty life, which is totally split off from its high intellectual functioning. The more success this self attains, the more unreal it feels. Still farther along the continuum is the self that appears more balanced in the different aspects of living. Its balance is based on identifying almost in toto with its early objects. It relates and functions primarily by copying or mimicking those before him/her, rather than picking and choosing what it wants to internalize, in addition to whatever creative gestures it has come up with on its own.

The above type of self (selves), when removed from its own familiar cultural milieu or exposed to severe conditions of stress and struggle for survival, tends to rely on old cultural rules and has difficulty integrating new ones. Instead of looking within its own armamentarium of creative solutions, it tends to look towards a leader, a family, a religious group, a political organization, or a national identity.

In Kohut's (1971, 1977) framework, the uncohesive self needs to maintain an archaic merger with an apparent powerful idealized parent imago, from whose alleged or real strength it attains a sense of well-being and illusory power. While in this blissful merger, the relatively empty,

enfeebled self does not have to face its own powerlessness and vulnerability.

Because of its own fixation in development (which hinders the capacity to come up with several creative solutions, sort them out, integrate them, and differentiate among various shades of reality and meaning), the compliant overwhelmed self tends to settle for the offered "right solution" against other "wrong ones." When it encounters inconsistencies, this type of self tends to deal with them by splitting and compartmentalizing rather than integrating, assimilating, or finding similarities.

This typology makes it easier, though no less alarming, to comprehend why a culture that strongly emphasizes early discipline of its young, importance of ritual and tradition, and unquestioning obedience to authority, should unreflectingly and blindly join ranks behind a tyrannical, unwavering, oppressive ruler or rulers.

The "desaparecidos" in Argentina, the intellectual dissidents in the Soviet Union, the "infidels" in Khomeni's Iran, and the Jews of Hitler's Germany have been victims of different compliant cultures that tolerated the violent repression of factions identified as "impure"--politically, ideologically, religiously, and racially. The era of McCarthyism, World War II internment of citizens of Japanese ancestry, the ruthless treatment of Indians, and vestigial

reminders of slavery do not exempt the American culture from this phenomenon.

The self that has access to its own creative gestures does not automatically accept proclamations or decrees merely because they are handed down by the current authority, but checks them against its own values and reality before it proceeds to accept or challenge them. Though considered trouble-makers by the powers that be, these are often the people who revitalize stagnating or oppressive institutions and offer new directions. "Good girls" and "good boys" perpetuate; they rarely innovate.

Historically, the social work profession always attended to the environmental impact on the individual. Similarly, social work clinicians may do well to reexamine with a questioning eye the implications for human values of theoretical paradigms that primarily focus on guiding the patient/client to adapt autoplastically to existing family, educational, work, social, or political structures. Instead, the clinician can provide a therapeutic holding environment that does not demand a permanent merger with a powerful therapist, but rather offers the safety of a temporary protective environment in which each patient/client can discover the meaning and content of his/her own gestures within a context of consideration of others. An important part of this process is to allow, and if need be encourage, each patient/client to question the therapeutic environment

as well. After such a process, a more cohesive true self will be more ready to reflect, question, reject, accept, or partially agree with the larger world, while relying on its own creative, integrative perception.

Symptom Formation as Self

A self that is very close on the developmental continuum is the self that defines itself through its physical or emotional symptoms. Sometimes this also includes an identification with a significant person who was also ill.

When the symptom formation is an expression of a true self, it is the manner in which the emerging self found that it could exist without being overwhelmed by its environment or without having its creative gestures substituted, denied, or ignored. It may have also been the only manner in which the evolving and yet vulnerable self received positive attention.

A self that has not been mirrored for its vitality or assertiveness within the context of a containing, powerful environment has difficulty fusing its aggression and libido. If the only attention, validation, or mirroring it receives is during times of illness, the self experiences its realness and its goodness only through its illness. Since its vitality or aggression either is not permitted or is not viewed as positive, the life force in the aggression fragments into painful symptoms. It is through those symptoms that this particular type of self attempts to maintain its

integration. The symptoms, which contain the unacceptable assertive or aggressive elements, are now reacted to with positive concern by the otherwise unacceptive environment. This self has managed to maintain some control, by having its aggressive and libidinal elements cohabit in its symptoms while finally eliciting concern or mirroring from its significant objects for its total, yet painfully contorted, true self.

In treatment, it is important to show sensitivity to the pain or suffering that the particular self is undergoing but to do so without giving the message that the pain or the symptom is the only worthy part deserving of attention. These types of patients/clients may require something close to Winnicott's active handling environment, in which, according to readiness and need of the particular self, stimulation and encouragement of verbal aggression is present. A therapeutic holding and containing environment that is comfortable with its own total vitality and assertiveness needs not only to model that for the contorted true self, but also allow and encourage the expression of assertive aggression with the reassurance that it can be contained in that therapeutic environment which provides clear, reasonable containing boundaries.

True Self Hidden, But is Aware of Its Potential: Searches for a Twin and Emerges When Its Uniqueness is Mirrored Accurately

Farther along the developmental continuum is a true

hidden self that is aware of its own potential. At first it searches for a twin partner, not quite trusting that it is truly safe to emerge unless the significant object is like self. Later its vitality and uniqueness emerge from hiding when it feels accurately responded to, according to its own brand of uniqueness.

A self that is aware of its existence, its capacities, ambitions, skills and values often stays hidden until it finds a partner to whom to reveal its potential, goodness, or uniqueness. Its search for a twin represents the belief that only a twin--someone very much like the self--can understand or approve. In the past, most likely, this self has experienced validation or mirroring for being or acting like the significant objects; it is unlikely to have experienced validation or empathy when it was different or felt differently from the significant object. Not having experienced or internalized empathy, it may not be able in turn to feel it for others different from itself. Only after experiencing empathy from those it considers non-twins or from those it no longer perceives as twins (and therefore has differentiated) can the self start feeling and understanding what empathy is, as well as start beginning to feel it towards others.

In some cases, when a self that is aware of its potential and even of its actual hidden qualities feels it is in a hostile environment, it may continue to protect

itself and stay in hiding since it cannot find a twin or a significant person who will accurately mirror its qualities or feelings. In some extreme cases, when a hostile environment persists in devaluing or negating the real self, as during political captivity or torture, the self may choose to destroy its false self in order to preserve its true self rather than have its realness negated, subjugated, or destroyed by others. This unfortunate solution may be a result of there being no room for the expression of healthy agression and assertion, except inwardly.

Farther along the developmental continuum, a self that has experienced validation, mirroring, and empathy from a twin is ready to respect the experience with others that it perceives as different, without feeling threatened. As it continues to experience consistently a continuation of being its own unique, true self in addition to receiving validating and accurate responses to its skills, ambitions, and values, the evolving self integrates and consolidates a sense of cohesiveness.

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The following chapter will apply the concepts of working towards an integrated self to group psychotherapy. It will be illustrated with clinical material.

DIAGRAM C

WINNICOTT'S AND KOHUT'S CONCEPTS OF SELF: AN INTEGRATION

Reactions to: Deficient Tension Regulation / Internal & External Impingements: Lack of Holding

Self uses motorical behavior discharge

Self looking for impingements

Self defined in opposition

Self uses sublimation cultural experience

Self with lack of concern (antisocial tendency)

Integrated Self: Fuses aggression and libido, has healthy greed, has capacity for concern and to be alone

Unfused Aggression and Antisocial Behaviors Line (Winnicott)

Borderline and Narcissistic Behavior Disorders Line (Kohut)

Self uses tension discharge

Self based on projection and/or victimization

Self and self-soothing behaviors (drug intake, gambling)

Self utilizes selfobjects for soothing

Self lacks ideals

Integrated Self: Has buoyancy, healthy assertiveness, self-regulation, cohesion, ideals, basis for reciprocity with mature selfobjects

Ego Nuclei) Integration, Personalization, Obj. Relating) Holding, Handling, Object Presenting) Transitional) Object) Fusion of Aggression/Libido) Life) Force) Capacity for Concern

Continuity of being allows creative gestures in indestructible, nondestroying good-enough environment → TRUE SELF

Soothing and mirroring of grandiose self by idealized parent imago - - - - - - - - - - - - - - - - - - → COHESIVE SELF

INTEGRATED SELF

Virtual Self) Archaic Nuclear Self) Archaic Merger with Selfobjects) Twinship Mergers with Selfobjects) Mirroring Mergers with Selfobjects

→ Acquisition of psychic structure, self-regulation, self-esteem, ambitions based on ideals

Reactions to: Deficient Mirroring / External Impingements: Lack of Recognition / Substitution of Gestures

Self based on disintegration depersonalization

False self appears real, performs, complies

False self organizes in the mind (intellect)

False self based on identification

Symptom formation as self

True self hidden: aware of potential

Hidden true self emerges

Integrated Self: Real, true self achieves personalization, uniqueness, creativity

False and Hidden True Self Line (Winnicott)

Borderline and Narcissistic Personality Disorder Line (Kohut)

Self based on fragmentation regression to confusion

Self in archaic merger Empty, lacks own ambitions

Self is arrested (depression)

Self in twinship merger

Self in need of mirroring

Integrated Self: Has own ambitions, vitality, ability for joyous work and love; mutuality with mature selfobjects

N'82:I. Harwood

CHAPTER IV

GROUP PSYCHOTHERAPY AND THE EVOLVING SELF

Though Freud never led groups himself, as early as 1921 he wrote on group psychology with a particular focus on the role of the leader and how his/her ideas and personality impact on the group. The first group applications of Freud's psychoanalytic theory were done by Schilder (1936) and Wender (1936). In 1939 Kurt Lewin pioneered in his work on group dynamics. He stressed the relationship between the person and the environment and the importance of recognizing the properties and forces in the social field of the group.

During and especially after World War II, group psychotherapy developed as a viable treatment modality. Some theorists with a psychoanalytic orientation, such as Slavson (1950, 1964) focused on the individual in group psychotherapy rather than on the group as a whole. Later, Yalom (1970, 1975) kept the focus on the individual within the group and stressed the importance of interpersonal relationships (object relations) in personality development.

A contrast to these theorists is Bion (1952, 1955). Bion focused primarily on "group dynamics" and the group as a whole and contended that the group leader's interpretations

should be directed to the group and not to its individual members. Bion's "basic assumption" operating in groups describes the regressive pulls--dependency, pairing, and fight and flight--and is extremely helpful in understanding the need for merger in a not fully developed, uncohesive self. As a therapeutic treatment modality, however, Bion's approach has proven unproductive, if not harmful. Malan, Balfour, Hood, and Shooter (1976), in their follow-up study of patients treated in the Tavistock Clinic in London and the A. K. Rice Institute in the United States, where Bion's modality is utilized, reported that "patients have felt their group treatment to be a depriving and frustrating experience, which has left them with resentment toward the clinic" (pp. 1303-1315).

Regressive group patterns described by Bion have been reported in therapy groups of psychotics as well (Scheidlinger, 1982). This observation suggests that when the group leader, whose imago is the embodiment of power, authority, and idealization for group members, does not relate to each person in response to his/her actual, unique qualities, it is not surprising that regression and merger with a confused, undifferentiated group self will follow, especially for individuals who may already be prone to fragmentation or disintegration, since the essence of their self is either hidden, false, uncohesive, or unintegrated.

Thus, Bion's theoretical consideration makes a

significant contribution to group therapists' further understanding of the special attention and care they need to make in relating to each individual within the group and responding to the actual qualities of that person, in addition to fostering a group atmosphere where the self can feel safe enough to emerge and risk renewing its evolution.

Kohut (1976), who did not practice group psychotherapy, believed that the "group self," a stable association of people, is influenced by the same basic unconscious narcissistic configurations that influence individual existence. He stated that "the basic patterns of a nuclear group-self (the group's central ambitions and ideals) not only account for the continuity and the cohesion of the group, but also determine its most important actions" (p. 838). Along with Freud (1921) he believed that "group cohesion is mainly established and safeguarded with the aid of the imago of the leader" (p. 798). Thus, each self in group is similarly dependent on the human, optimally responsive, and appropriately available environment that the group psychotherapist provides, just as the infant and child are dependent on their original selfobjects for the emergence and evolution of their unique and cohesive self.

Though Winnicott's writings did not specifically extend to group dynamics or group psychotherapy, his concept of "good-enough mothering" is not unfamiliar in group psychotherapy circles and is translated as the good-enough group

caretaking environment.

Thus, individual-focused group psychotherapy provides a human caretaking environment with several people, both group members and psychotherapist. It expands Winnicott's infant/maternal care unit and increases Kohut's world of self-objects. The group not only recreates a family, but through sheer numbers alone includes the extended family as well. Because of the large number of people (8 or 9), each group member can relate to different members with various degrees of intensity. The group situation allows for parataxic distortions (family re-enactment), as well as what Kohut calls demand for selfobject functions, to be rotated from one group member to another, decreasing the intensity and intransigence of the transference that can develop in individual psychotherapy (Harwood, 1982).

Much can be gained, learned, or acquired from so many and diverse human models. The danger consists in the evolving self being overwhelmed by group pressure (as often happens in cults and even in other organizations not particularly notorious for brainwashing), introjecting or imitating another self, or becoming dependent on an idealized or charismatic person, thus giving up his/her own potential for growth, self-direction, uniqueness, and creativity. Thus, it is the therapeutic task of the group psychotherapist to identify the level of development of the evolving self, as well as its fixation on the evolutionary continuum, to

ensure that the interactions with the group members and group therapist are not intolerably frustrating, but create an environment where a previous stunted self can stretch out to resume its growth. For example, the good-natured teasing of an active handling environment is inappropriate for a self based on projection/victimization, looking for external impingements.

Advanced groups, where several members have already experienced some evolution of their previously stunted self, almost automatically create an optimum environment for growth, where each member is optimally confronted and supported in his/her particular level of struggling towards an integrated and unique self. When groups cannot create an optimum environment, when their observations are incomplete, when they are imposing their own reality, or when the level of frustration goes beyond the optimum level, the group psychotherapist must then step in (Harwood, 1982). Group members who have experienced optimum support and confrontation, which enabled them to resume the evolution of their own self, are able to interact with other group members in a similar, yet individually unique, manner of tolerance, respect, and care which they previously experienced towards themselves.

In order for the group therapist to create an optimal, growth-producing environment within which the self can emerge and evolve, s/he can start by composing the group in

a manner that will yield a variety of human interactions, characterized by similarity as well as difference, very much in the way suggested by Yalom (1970, 1975). Given such a composition, it is up to the group therapist to create and maintain an actual human environment within which each individual self can resume its evolution if it so chooses.

To maintain an optimal, growth-producing environment, Harwood (1982) suggested that new members be introduced when the entity of the group (group self) and the self of the incoming member(s) are in a state of cohesion. Otherwise, there is a potential for the fragmented state of one to set off the fragmentation of the other (particularly when the propensity towards merger is great and the boundaries of the individual or group self are not clearly defined). Because of the sheer volume and pressure of numbers, the self of the incoming member is more vulnerable to regression and fragmentation. The relative cohesion and history of the group provides a somewhat greater protection to the group self and the individual members that compose it. For that reason it is helpful or supportive to the incoming group member to enter with another. Experiencing empathy from another, by the sheer fact that both are sharing the same experience, accelerates the experience of being part of the group and of having one's feelings and experience accurately mirrored.

Winnicott's and Kohut's theoretical views on what constitutes a good-enough and optimally frustrating caretaking

environment are applicable and translatable to group psychotherapy. Winnicott's concepts of the holding, handling, object presenting, indestructible, and nonretaliating environment, as well as Kohut's constructs of archaic twinship and mirroring mergers, in addition to the grandiose self, idealized parent imago selfobjects, and the empathic introspectional stance of the therapist, translate into many therapeutic factors operating in clinical groups.

Yalom (1970, 1975) reported an unpublished study that he and his associates completed (Yalom, Tinklenberg, and Gilula), which enumerated 12 factors felt to be most curative by patients who experienced growth as a result of being in group psychotherapy. In order of importance these are: interpersonal input, catharsis, cohesiveness, insight, interpersonal output, existential awareness, universality, instillation of hope, altruism, family re-enactment, guidance, and identification. Harwood (1982) later showed the common elements between those factors and the constructs of self psychology. She pointed out how the first five curative factors in order of importance parallel self psychology constructs of mirroring (or lack of), narcissistic injury and rage, the group as an idealized parent imago, empathic introspective understanding that results in a transmuting internalization, and seeing others as mature selfobjects. She also argued that the last three factors are not necessarily curative. The last two, in fact--

guidance and identification--can encourage artificial behavior, which is the basis for the development of a false self.

The following chapter, by utilizing examples from two separate ongoing psychotherapy groups meeting once a week for two hours, will illustrate the evolving self at different points of the developmental continuum where it tries to resume its development. Utilizing Winnicott's and Kohut's concepts of the self that were brought together in Chapter III, it will be shown that at times the self does not rest at one point alone, especially when regressions or fixations have occurred. At times it embraces an old familiar place while struggling towards a new location. Simultaneously, it may attempt to achieve better self-regulation while bringing its real self out of hiding.

Along with the evolving self at different points of the developmental continuum, the clinical material and analysis will illustrate the different types of good-enough group environments and interventions, on the part of both the therapist and group members, that allow a self to evolve towards cohesion as well as towards enjoying and owning its uniqueness while trying to relate to others with reciprocity and mutual appreciation.

CHAPTER V

THE SELF EMERGES IN GROUP PSYCHOTHERAPY

A False Self Struggles with Depersonalization, Somatic Fragmentation

A self that has not experienced enough gathering together of its loose ends (both of its physical extremities and of its unthinkable anxieties) by a good-enough holding environment has difficulty achieving and maintaining personalization. Persons whose parents believed they would spoil the infant and child by picking them up, are especially prone to feelings of depersonalization and fragmentation.

Since these persons have not had enough experience of positive states of unintegration, while being supported by a good-enough holding environment, they have not had the benefit of coming forth with their own creative gestures without being overwhelmed by internal and/or external impingements. There remains a constant search for a powerful containing, soothing environment since this self has not yet developed the capacity to be alone. Entering into an archaic merger, on the other hand, can be experienced as an overwhelming of the rudimentary self and can produce feelings of fragmentation and loss of one's self (whatever there may be of it).

The following self is one that struggles with tension and with the beginning emergence of its own true self.

After her father's death, E. started having petit-mal-like seizures for which no neurological base has been found though she has undergone the appropriate neurological tests five different times. At times she experiences panic as well as a sense of being outside her own body when she walks down the street. Before her father's death she took part of his identity as well as his negative view of her. Her seizures occur at times when she experiences uncontrollable anger (in self psychological terminology), which is the by-product of disintegrating rage. The motor discharge and the depersonalized state with amnesia allow her to free herself, temporarily, from the uncomfortable, fragmenting and, seemingly to her, uncontrollable aspects of the rage.

The following edited session illustrates how the self does not quite know who it is and what it wants and therefore tends to merge with another's state and opinions. The archaic merger suggests the inability to maintain one's own boundaries and the beginning experience of fragmentation.

E: I want to bring up something that happened to me. I was on the phone with S., and she started complaining about California, so forth and so on. Then she started saying, "Well, you know, if you are not a beauty and

you are not young, you can't find a guy. And this town has nothing to offer," so forth and so on, and through a whole big trip. Okay, well, Sunday I did my thing. Monday morning I woke up and I got very frightened. I was afraid I was going to have one of those attacks. It disappeared. By the time I got to the office, I was really down. I wanted to go back to New Jersey. I got really upset and I started to cry. Then I went into the coffee room. I had an idea. I am going to write down the pros and cons of why stay here or why go back to New Jersey. Well, it wound up that I stay in California. But it also triggered off something, that I have to get rid of S. too.

N: Why? Just because of her whining and complaining?

E: Well, it's like I fell into that same pattern, I must have started feeling sorry for myself. You know I was really starting to feel down.

N: You mean because of what she said?

E: Well, I was really falling back onto that comfortable position of oh, that's true, and I didn't stick up for anything, I just went along with it. I think I felt maybe part of that, and it was like I got frightened, I was afraid of being alone. And, it's like I don't concentrate, my mind just wanders, my mind just goes into these things . . . . It happened last night again too. And again this morning. . . . It's a pretty scary feeling. It's like totally being out by yourself, alone. Also, I'm changing, which is frightening me . . . .

I was talking to the gals, at lunchtime, and one of them said to me, "You know it's none of my business but, in my opinion, I don't think she's good for you. I think she's the type that will bring you down. And you don't need that. Right now you need somebody that's kinda on the up. You're starting to get confidence, but you're not there yet."

But it is true, you know, because a lot of the time she (S.) yells at me, she makes me feel stupid. I know I am not stupid, it's

just that I don't want somebody making me feel that way. I'm not ready to do it yet . . . .

A: What is it you have to do? You said you're not ready to do it yet?

E: Well, I feel that I do have to break the friendship off. I just don't think this is a good type friendship.

A: Is your goal to break the friendship off, or is it to deal with how she makes you feel?

E: Well, both.

A: It seems like one might take care of the other. It doesn't necessarily follow that you have to end the relationship, unless you've given it a lot of thought, and you decide you just don't want to have anything more to do with her.

E: No, I haven't given it that much thought, you know it comes and goes, the feelings. It's like the same thing with M., I keep giving

them chances instead of coming back and saying hey, that's not so.

TH: What will it take to give it a lot of thought or to make up your mind?

E: I guess if she pushes me far enough.

TH: Far enough to have an attack?

E: Yes.

TH: Do you really want to have another one of those?

E: No.

N: Or far enough to stand up for yourself?! But there is also what you do about it. It's one thing to just get rid of her so you don't have to have these bad feelings anymore, and it's another thing to feel as if I don't want to be around this lady, but if I am around her and she gives me any shit, I can stand up to her and say, look lady, I don't want to listen to this, or no, I don't agree with

you, or no, that isn't my opinion, or no I'm not stupid or whatever. Somehow, I feel as if you could just get rid of her, that you're still left with all those feelings that she brings up in you, about whether you do feel stupid or inadequate, or not pretty, or whatever else it is that she yells at you about.

TH: Along with what the group is suggesting, I think that is something that you need to sort out, rather than to take J.'s suggestion, the group's or mine.

E: Sometimes I like her, and sometimes I just don't like her. I mean, she's not all bad.

J: Nobody is.

E: She is a nice person, she is a caring person, she just doesn't realize what she's doing. But then, I don't open my mouth, so I can't blame her, not totally . . . . I think it's a holdover from that old past. I think that's the biggest problem. Because I don't see her have any enthusiasm for anything. And it's like part of me, the way I used to be . . . .

I'm giving her too much power, I'm leaning on her too much, I'm depending on her too much.

TH: You know, there's a thought that strikes me, E. You said it somewhere in all this, about her being somewhat like the old part of you. Maybe, as you are changing, it's a way of holding onto some part of yourself, by holding onto S. So that you are not out there alone, too afraid of experiencing just you and the changes that you make. In that way, I think, it has to be at your own pace, when you feel comfortable. J.'s suggestion or any of ours may be okay, but they are not okay unless they feel really right for you.

R: It's like stitches, you know, as the wound heals, the stitches fall away. It just takes time to go, to make the transition.

E: Oh yeah, I don't think I'm ready to make that transition. I'm really not. But I think I also want some of my own independence. I don't like this relying on somebody, because that's an old pattern that I used to fall into. And I don't want to do that. I mean,

it's like Sunday, I cleaned up a couple things in my house, some papers I had to clear up, and I read. But I didn't feel that was okay. I felt like I had to be out there doing something. There is another part of me. Like, I have to do something on the weekends . . . . I said to myself, it's okay to stay in the house and read. There's nothing wrong with it. I mean I'm not just sitting there putting myself down. I am involved in doing something.

TH: Even if you were not doing anything and not putting yourself down, it would still be okay. Sometimes it's really nice just to sit and get hold of ourselves, and just be.

E: The past couple of weekends I have been in. I don't have to go out there just to do something.

R: Sounds to me like that's the good part of you growing and changing. Does that make sense?

TH: Say more.

R: . . . that you're happy staying home and rug-hooking, alone. That's a good part . . . . You see yourself in this other person and you can't let go of her because it's like letting go of the old shitty self. Well, this is the new part of you. Maybe you couldn't have done that before, maybe, I don't know. It just seems like it's the other side of the penny. Oh, Christ, make it a silver dollar.

E: I found out I like my apartment. I have a few things to do. I promised myself to finish decorating it, and I like it. And you know, when she gets on the phone, she's all here. I am staring at the four walls again.

R: I think you have to separate what is it that you want and what it is that S. wants you to have, or whatever, and go for what you want.

E: I have been going for what I want. But it's always that I have to bring somebody along with me . . . . You know, a partner . . . . When I was living in New Jersey, and when I started going out with my friends we started going out to the club and that started

getting a little monotonous, so I would go out and I would go to dances by myself, and sure enough I'd always meet somebody when I was by myself. It never failed. I did better when I was by myself, than with the girls. Because, I also think if somebody who is sitting next to you is negative, I guess the vibes must come out.

TH: (Jokingly) Oh, so now we're getting the answer: The reason to keep S. around is actually not to meet anybody. (E. and the group laugh.)

R: It's a protection device, really. You won't meet any murderers if you do that. (Further laughter.)

TH: (Laughingly) You mean even murderers will stay away?

R: She's (S.) even better than a doberman pinscher.

E: (Laughs heartily.) I am a pretty attractive lady, when I'm all dressed up.

TH: You know, one attractive thing about you is your smile. Like right now . . . you really have a thing about you when you feel comfortable. You are lovely.

E: (In response, E. beams for a while.)

E.'s self, which is still quite undefined, is not able to maintain its own boundaries when she receives a phone call from S. E. experiences S.'s agitation as external impingement. Her relationship with S. is similar to a relationship with an archaic selfobject. Because the state and functions of archaic selfobjects are not differentiated from those of self, S.'s agitated, unhappy, or maybe even unregulated state becomes fragmenting for E. because of the archaic merger. Her self becomes further empty and she fears further disintegration.

She tries to cope by setting up some structure by writing down pros and cons. It is an attempt at self-regulation as well as at defining, somewhat mechanically, possible goals or ambitions. Since there is no holding environment for an otherwise empty self, fear of being alone and of experiencing possibly unthinkable anxiety or a seizure begins to set in.

A supportive statement from a co-worker, who recommends possibly dropping the friendship with S., causes E. to go into another archaic merger. A false self starts complying,

but without knowing its own ambitions or wishes.

By attentively listening to and being interested in E., the group provides a holding environment. By continuing to question her about what it is she really feels and wants, the different members of the group are encouraging E. to come up with her own creative gestures, rather than merge with the states or ideas of others. The questions by the group represent an object-presenting environment of sorts, since they do not particularly recommend what the self ought to do, except to discover what it wants to do.

The therapist's intervention, reminding E. of how her self becomes overwhelmed and fragments into disintegrating rage, provides an active handling environment for the purpose of prevention. Another member picks up on the direction and suggests how E. could possibly use the mounting anger by turning it into healthy, assertive self-definition.

The therapist intervenes to differentiate integrating points of view that are in harmony with the self's wishes, so that E. does not lapse back into merging again with the therapist, a member, or the entire group as an archaic selfobject.

These interventions bring out feelings of ambivalence in E., and begin to differentiate E.'s self from S. as an old object out of the past. With this, E. also recognizes and takes responsibility for her merger.

The therapist, fearing that the sense of responsibility may turn into self blame for E., tries to maintain an optimum holding environment by suggesting to E. that she not be too hard on herself if she still needs to hold onto old parts of herself as the self evolves. The therapist's suggestion is also prompted by the recognition that if an undeveloped self too quickly tries to disclaim old parts before it has consolidated a new state that it feels it "should" have, emptiness and fear of disintegration may also follow.

After R. gives an empathic, caring example of the transitional process of healing, E. is able to respond by saying how she indeed tries to just be and do by herself rather than always merge with another. Later, though, she again reminds the group how she still needs a partner (looking for a twinship merger).

The therapist validates how it is quite all right to just be--the very state of unintegration from which Winnicott believes creative gestures emerge.

Towards the end of the discussion for E., she speaks of how she has tried being by herself comfortably. She attempts this by trying to find a responsive, holding environment as well as by beautifying herself and her surroundings. The therapist chooses this opportunity to accurately mirror an actual attribute of the self--her smile, to help the self consolidate further a positive attribute and feel

self-esteem based on real qualities of the self.

The joking laughter at the end provides the joyous holding as well as handling and object-presenting environment within which the emerging self can experience its own buoyancy, vitality, and sense of joy.

The group as a selfobject (Harwood, 1982) is addressing E. as a virtual self. The virtual self has not yet developed its own capacity for self-regulation nor has it crystallized its own ambitions. By mirroring and validating E.'s potential for developing her own goals, the group as an entity is acting as a container for tension regulation as well as representing ideals. In this particular situation the ideal presented and lived by different members of the group is for a rudimentary or emerging self to develop its own feelings and goals, rather than merge with those of others. In such a way, the group is setting the stage for E.'s nuclear (true) self to emerge.

In the following session, E. told the group how she said "No!" to S.'s invitation to a dinner. E. did not break off the relationship, but instead somewhat awkwardly and emphatically started unmerging from a selfobject that she related to archaically.

E. had also enrolled in a dance exercise class. She had chosen this new activity on her own, and was going to attend by herself.

There was some fear on E.'s part that S., like her

original archaic selfobject (father), would not tolerate E.'s somewhat defiant steps towards individuation. The group responded by again providing a holding and containing environment while applauding her steps towards self-definition. The group was quite understanding of her awkwardness and pointed out that it is not unusual when one tries something for the first time.

A Self Defined in Opposition to Others: "Yes, But . . .", Also Looks for and Projects Impingements

A self that was brought up in a very insecure, tentative human environment cannot be convinced that its creative gestures are of any particular worth. The environment that continuously deidealizes itself does not allow the evolving self to merge with its power or ideals, and, being itself so tentative, cannot validate with any conviction the actual attributes of an emerging self. Its own aggression or disintegrating tensions or rage have not been transmuted into healthy assertiveness. This type of human environment often may be the type of self that looks for or projects out impingements. Thus, when this type of self becomes a parent to a nascent self, rather than becoming a holding, containing, good-enough human environment, it blames others for its inabilities, deficiencies, and insecurities.

When the nascent self is in the archaic merger with such a parent it internalizes its insecurities and view of

the world. Because the human environment does not mirror or validate actual attributes of the evolving self that are different from the parent, the emerging self has difficulty evolving and differentiating on its own. This type of self is caught in a Catch-22 situation. Since its own uniqueness is not mirrored by the human environment, which because of its own insecurity needs to maintain an archaic merger with the emerging self, this particular emerging self can define itself only in opposition to the environment. Socially and therapeutically, this is often observed as the "yes, but . . ." person, who cannot hold onto his or her own creative gestures and is afraid to take in anyone else's suggestions because it might overwhelm the barely emerged nascent self.

U. is the only daughter of Holocaust survivors. Her mother's parents were killed, and the mother survived by hiding herself and her identity and not trusting anyone. Even today, living in an ethnically and religiously mixed, though predominantly gentile, neighborhood, she has admonished her daughter not to reveal their Jewish identity to any of her friends.

It is not surprising, then, that U.'s qualities and attributes were not mirrored by a mother who had been persecuted by external and internal impingements, and whose essence of her self, her identity and her human worth had been negated. Nor is it surprising that U. felt vulnerable

and too terrified to expose her emerging creative gestures, self, and identity to the outside world. Not having had an initial caretaking environment that recognized her unique attributes, she could not trust anyone else in the larger world to do so. She could not believe that she or her feelings would be understood or accepted, or that other people were in any way similar to her. While on one hand she wanted desperately to belong, she could not allow herself to ever feel part of a group. She seemed to be afraid of being overwhelmed or totally swallowed up. She held onto her tenuous identity as a victim (archaic merger with the archaic selfobject), for fear she might lose her total sense of self.

U. has had several therapists, all of whom she found unsatisfactory. This was her first experience with group therapy.

The following is a session in which she helplessly complains to the group that her roommate, whom she considers her best friend, is making other friends and not including her. Even when she is asked along, U. does not feel a part of the group and renders herself helpless to do anything about it. The following session also demonstrates that, though the group is quite involved with her and tries to help her by offering all kinds of suggestions, she does not feel part of this group either. Instead, she considers their suggestions as impingements and defines and maintains

her precarious self in opposition to the group.

Several group members have suggested different ways that U. could have joined in and become part of a conversation that her roommate was having with her friends. In response, U. says:

> Maybe (laughs). I was not thinking that. I did not feel like being creative.

TH: Whenever you feel you don't belong you withdraw to this terribly lonely place.

U: It's not conscious (defensively--a narcissistic injury was experienced).

TH: I know. I want to make it conscious (gently teasing). (Not much response from U.) It is a place that you go to often. It's similar to how V. felt when he said that because he hadn't been to Yosemite six times like the other people in the conversation, he couldn't contribute anything and therefore felt inferior, different.

U: I feel all the verbalizing won't change things. When you react to people you have to be spontaneous. Everybody has that, I don't.

P: (Teasingly) Only U. doesn't have it.

W: That's something I feel a lot in social situations with my friend. Most of the people she works with are Ph.D.'s. There are a couple ways I can deal with that. One is to withdraw and the other is to ask questions. If they don't want to answer them, I can walk away. I get a feeling of inadequacy too.

U: I don't feel quite that, but I have this feeling of socially being different, inadequate.

V: Do you ever ask G. to do things with you?

U: Not lately.

V: Do you wonder why I reacted the way I did in Yosemite?

U: (Does not answer.)

V: Because we weren't communicating. You got all these feelings . . . . She is your best friend . . . . What is the worst thing that

could happen if you told her how you felt?

U: After a while she won't listen. I'll be alone. I know she'd rather spend her time outside. I know her.

V: I thought you said you don't think alike.

U: We are very much alike, socially we are very different.

V: One thing that I have learned is that I cannot assume . . . .

U: She mentioned six months ago that she'll move in with her boyfriend or . . . .

V: Why don't you sit down and find out what is really important to both of you?

U: I can't sit down and tell her how freaky I feel.

TH: That's not all you feel.

U: I feel she doesn't have the ability to

communicate with me, not at the level I feel. I feel too emotional.

W: Don't you get some relief in getting it out? You don't give her a chance. You seem to want to make a relationship, but you don't seem to be wanting to put out . . . .

U: I'm vulnerable.

W: The message we are trying to put out to you is that you are not alone. It is not a unique problem. It seems unique to you, but not to the world.

U: Yeah (in a sort of agreement).

W: It is difficult to deal with. I had a dream of going into an ice cave. That is where I go when I feel bad, alone. I am trying to come out of it. When I've tested coming out, I have found out it works. I'm not totally satisfied though, because once I test it, I want everything to be OK at once. It's not that way.

U: I guess I don't feel like other people are like me--vulnerable. I feel like . . . . I'm so full of . . . like I am not normal. I have been so socially deprived. We are not at the same stage.

W: This is not a contest.

U: But I feel freaky.

V: I don't understand why you want to be friends with her. You describe her as an extremely insensitive person to you.

U: Ahh, no (in disagreement).

V: I don't understand. You say all these things and yet, in the next voice, you say quite the contrary.

U: She's just a crazy person.

V: What I am suggesting is that you have a heart to heart conversation and find out your values and whether you agree.

U: It doesn't have to do with values. G. and I get along very well, but when another person enters in, I get into competition.

TH: You are more in touch (than G.) with your vulnerability all the time. You are also unfortunately immobilized by it. You are not going to get to anything real by saying let's leave it alone.

P: Anytime anybody says anything, you answer with a yes, but . . . . Anytime anybody said G. is a good girl, you said--no, she is not really a good girl. If they said--G. is a bad girl, you said--but, she is really sweet.

U: Yes, but . . .

P: No. Listen to me. Before anybody can say anything . . . before you hear what they are saying, you have already built up a response to it. While I am talking, you are building up thoughts in your mind about what are you going to say and what's wrong with it, rather than listening to what it is . . . .

W: . . . and processing it.

P: . . . not defend it or reject it, neither one, before you understand what it is . . . .

U: It's just, but . . . . It's just such a large situation. Yes, but . . . .

P: Yes, but . . . see!

U: I'm just trying to explain it.

P: You are not taking it in and thinking about it and giving it a chance . . . .

W: . . . for a week.

V: Don't reject it, don't try to explain it out. Listen to it, hear it, work with it.

U: If someone says something about a girlfriend of mine . . . you tend to want to defend it then, before they finished talking.

P: That's not what we are talking about. We are talking about you . . . to you.

U: Right . . .

P: . . . to you. We are not talking to her. We are talking to you. Listen to what we are saying to you . . . .

P: We are not condemning anyone, we are not trying to glorify anyone. But if you don't listen, you immediately start building up defenses for them, excuses for them, explanations for them. You can't really then process the material and find out whether it has any value for you or not. OK? That's what we are trying to do--to give you something, so you can work with that, to find out what is really inside you.

U: I guess not. I have this feeling all the time, that I don't have things clear and when something is said, it is not a condition for exploring. It's a frustration. I don't feel anybody can understand it and that I can convey what I feel.

W: We understand that . . . .

P: We are there with you. We are trying to share things with you that can be helpful . . .

TH: You have not had a collection of experiences that you can use for weighing what has been said to you--so that you can judge later whether it was right or helpful.

U.'s first response to the different members' suggestions about what she could do--"I did not feel like being creative"--does not disagree with the merits of their suggestions as much as it indicates that she either did not feel as if she had enough creativity in her to try, or that she did not feel as if she wanted to try altogether. The therapist attempted to understand and address the loneliness and vulnerability in U.'s statement rather than focus on the possible defensiveness of what she said. U. does not seem to take in the empathic understanding. Instead, she seems to become defensive, saying that what she does is not conscious. Even though the therapist tried to offer some understanding for U.'s painful withdrawal, the explanation offered is experienced as an impingement and as a disapproval.

U.'s response brings up the question of whether any type of understanding will be experienced as an impingement by this kind of self, and whether it would be best altogether not to offer anything to a self that does not

experience substantial essence of its own and does not have well-defined boundaries. Maybe it would be best for a therapeutic environment not to respond at all and merely be available as a nonimpinging holding environment instead, in which, hopefully, this type of vulnerable self can begin to bring forth its own creative gestures of whatever kind.

The therapist realizes that her attempted understanding did not alleviate the burden of an overwhelmed self and may have pushed it somewhat into a more defensive position after experiencing an impingement; therefore she tries to reassure U. that she knows that U.'s actions are not necessarily conscious. She tries to alleviate U.'s possibly feeling singled out by bringing in Yalom's (1970) concept of universality and pointing out that V. also has felt he could not contribute like others.

U. emphatically stays on her course. She says she is different from others. The therapist gets the message and decides to stop offering anything or impinging any further with her offers to U.

The group, on the other hand, takes over. P. teases U. about being so different, attempting to establish an active handling environment with levity. U. does not respond. W. continues with the theme of universality that the therapist brought up by pointing out how he too also has experienced feeling different, inferior. He utilizes three of Yalom's curative factors--interpersonal input, guidance, and

identification--in sharing what he does at those times. Harwood (1982), in comparing Yalom, Tinklenberg, and Gilula's 12 curative factors to self psychology concepts, pointed out why patients would consider guidance and identification as the least curative:

> Premature guidance may consist of prodding a group member into actions that may not coincide with the needs of the nuclear self, thus encouraging artificial behavior or the development of what Winnicott (1960) called a false self. Identification is the taking of a role that would portray a false self without developing one's own unique ambitions and ideals (pp. 4-5).

U.'s response clearly shows that she is not going to become a compliant, false self. She again states that she feels different. The self struggling for its own uniqueness will not merge with another in identification. W. stops offering anything else.

At this point, V. tries to get through to U. At the beginning he asks whether she initiates first (or offers any creative gestures). Then he tries to draw her in by asking her to comment on his behavior in Yosemite. When she does not join in to respond, he spells out the universal importance of communicating clearly. U. dismisses his suggestion and the value of communicating by saying that she knows that it would not work, since she knows her friend. V. points out his own new learning or insight that one should not assume or project one's own feelings on others. He continues trying to convince her of the value of interpersonal communicating. U. gets away from the point by reiterating

that she is unique, even in her bad feelings--"freaky"--and that she cannot share that with her friend and roommate.

When the therapist tries to address the split and heal it by pointing out that there is more to her than unusual bad parts, she ignores it. The self that feels too overwhelmed tries to stick to its own course, again attesting that it is different. The therapist again decides that her interventions do not work, and decides to let the self come up with its own gestures. On the other hand, the therapist makes no attempt to impede the rest of the group from pursuing its course of trying to help, impart information, etc. Therefore, the group environment, instead of being a holding environment for this vulnerable self, continues to be an impinging environment, against which U. has to defend.

W. gives it another try. He brings in the benefits of catharsis (another significant curative factor mentioned by Yalom), communication, and a reminder of universality, along with sharing his own frustrations. U. continues to hold out behind her shield of uniqueness and of being at a different stage from others. In frustration W. retorts, "This is not a contest."

At this point V. takes up again, trying to make sense of the confusion he is experiencing. He voices how he experiences her contradictions. U. does not take any responsibility for her inconsistencies and instead places the blame on her friend for being a crazy person. He insists

that open communication could be helpful.

The therapist makes another attempt to be understanding and empathic of U.'s vulnerability and tries to provide something of a handling or object-presenting environment by suggesting that U. may want to take a risk on her own. She is ignored.

P., a veteran member of the group, has observed most of the interactions quietly. He seems to have reached the peak of his toleration and calls U. on her inconsistencies, on her "Yes, but . . ." behavior, and on her quick, ready-made defensiveness that does not allow her to hear the intent and caring content of what is being said to her.

U. holds to her course about how different she is and how frustrated she is and how nobody can really understand her. Indeed, she is right in a way: Despite their willingness to help, the group members have not fully understood how different she feels from everybody else in her predicament.

The therapist, while questioning herself for putting this very vulnerable, but seemingly functional, self into group, concludes by stating her understanding of how U. cannot trust others who care, when in the past important objects' suggestions or interventions never proved valid.

Because of U.'s high intellectual functioning and performance level (she is a college graduate who has received high grades), the group tries to reach her on a rational,

logical, and intellectual level. They have also seen her intervene logically and coherently on behalf of other members in the past. Their attempts fail since the self that is organized in the mind and the self that struggles with its own boundaries are out of touch and not integrated.

This clinical example illustrates how the caring, handling environment of a well-functioning group may not be enough, or may be too much (impinging) for a vulnerable self that needs to define itself in opposition in order to maintain whatever boundaries of an otherwise very vulnerable self still exist. The lack of appropriate intervention on the part of the group therapist to call off the otherwise caring responses, which could only be experienced as impingements by this type of vulnerable self, did not protect U. from constantly needing to react in opposition, nor did it reestablish for U. a good enough holding environment, that could be available only to her but without impinging on her. It is hard to say what would have happened if the therapist's reactions were less mirroring of U.'s vulnerability and more protective, by helping the group to redirect its energies more productively and leave U. alone.

On the other hand, it is important to point out that in each session U., on her own, always presented the group with a different problem for it to solve. The self looks for impingements. The hopeful omnipotence of the group always responded to the challenge. As time went on, though, the

cohesiveness of the group and the individual growth of each member meant that the group no longer was willing to rise to her challenge so readily, if frustration and defeat were to be their only reward. U. left the group a couple of months later. The groups' offering to U. constituted impingements instead of narcissistic injuries to this still undefined vulnerable self, because U. invited them and because her self did not deregulate from experiencing them, but instead used them to define itself in opposition and to stay true to its own course, even at the sacrifice of any further evolution.

One can postulate that people who have a self similar to U.'s will not be found in the ruins of Jonestown. This self does not become a follower, nor does it merge with any leaders. It reacts, but does not lose its own separate, oppositional position. This self manages to survive in its aloneness by not trusting others. Its constant circular struggle for preserving the boundaries of an undefined, vulnerable self prevents it from enjoying the benefits of object relations and the warmth and satisfaction that reciprocity and mutuality can bring.

A Self Attempts Regulation After Experiencing Narcissistic Injuries, Impingements, Through Self-Soothing Behavior: Drug Intake

A group member arrives late under the influence of marijuana, carrying a six-pack of beer. As he offers the

beer to anyone who may want it in the group, he opens one for himself and proceeds to drink it.

By observing the behavior alone, one might consider it as defiance or resistance. From Winnicott's theoretical framework one might see a self defining itself in opposition to authority or a self looking to collect impingements, since its behavior does not fit with the usual. From Kohut's self psychological point of view, the behavior can be understood as the self's attempt at self-soothing after deregulation occurred in the self's usual homeostasis.

This type of self usually turns to alcohol or other drugs (some turn to other types of compulsive behaviors such as gambling, vigorous cleaning, etc.) in an attempt to escape intolerable tension increase. The reason for the deregulation is usually an occurrence or interaction with an important other that is experienced as a threat, injury, or slight to the essence of the self.

Substance use or abuse is chosen for the purpose of self-regulation. The self either does not have selfobjects to turn to, is afraid of risking another injury or rejection, or never could count on significant others to be optimally available and responsive to its needs. This type of self is not likely to use sublimation as an effective means for tension regulation or release. The caretakers of this young self most likely substituted oral gratification to pacify the needs of this self, instead of providing a

holding, containing, and soothing environment for the anxious self.

A: You look like you are really strung out.

R: I'm a little tired.

A: Are you pushing yourself too hard?

R: Now it's turning into pain. I was thinking on the way here how it has been going along real well for the last three months, and now I am starting to get tired and all the little fuses are starting to pop and it's terrible, absolutely.

A: Work? Why is that?

R: No, everything is great. It's just that I can feel it kind of breaking down. I've felt in control for the last month or two and now it just seems to be slipping away from me. Like, I had a telephone call from a fella today and uh, it really kind of kicked me where it hurts so to speak, and I don't know really what it was, but I felt everything . . . . The guy got nasty with me, and it scared me,

is what it did. I was thinking about being angry again. Like there was an appraiser in the meeting and she took a shot at me. She's from the old team, in the old war days of the office; and it's funny how she remembers, and I've tried to let as much drop and just be forgotten as possible, and that was another situation, you know. I had felt really hurt, angered. The situation was . . . this gal in my office was different than this. But still my heart was beating a million miles a minute. You know I just felt out of control . . . .

I was thinking about the group, sort of like, you know . . . . What's happening? I was trying to understand where I was going, so that I wouldn't lose control and I would be able to settle myself down. I had a very important letter to write . . . .

TH: Which came first, the meeting at work or the guy on the telephone?

R: The meeting at work, the day before.

TH: And how long have you been feeling this way?

R: It's been building up.

TH: I wonder if there is something that happened in group that you haven't dealt with.

R: No, the only thing I can say is I have felt distant since I have come back, for like the last three sessions.

TH: I wonder if this had anything to do with your interactions with B?

The group continued on its course when R. came in with the beer. There were some looks, but no responses. Because of R.'s unusual behavior, some looked over to the therapist for a reaction. The therapist, though somewhat surprised by R.'s behavior, tried to understand through empathic introspection the meaning of R.'s behavior.

The therapist decided not to intervene when R. offered beer to the other members, and to wait for the emergence of relevant material that would explain his behavior. She felt it was necessary that she not react as important objects in R.'s past had reacted--negatively, that is, to what they experienced to be provocations or attention-getting actions. The usual result in these instances was to deepen R.'s sense of worthlessness, along with further deregulation or enfeeblement of the self.

After a male group member commented sympathetically on R.'s appearance and state, R., after minimizing it, admits to feeling out of control more and more over the last couple of weeks. The self cannot maintain regulation. What emerges is that R. has suffered from two sequential narcissistic injuries from two separate significant people. He also tells how he tried to bring in the imago of the group (and what he perceives to be the intellectual answer-giving or understanding function of the group), but apparently it was not very helpful.

The therapist determines the sequence of events, and it becomes obvious that the deregulation started previously to the two last injuries. She remembers back a few sessions when B. became angry with R. over what B. experienced as provocative behavior by R. with disregard for her feelings.

A Self that Feels Unacceptable, Hides The True Self, Tries to Comply, But Further Fragments and Enfeebles Itself
(Session Continues)

R: I did flash on B. as the only person who would have affected me. So I guess you have to say by default that it had something to do with it. But I can't think of what. I've been learning to just kind of adjust and I've been trying to adjust myself to help interact with B.

N: To make yourself better? To make yourself different?

R: No, it's not better, it's not been . . . . I don't think I've overreacted, I just realized that for some reason I was antagonizing B. Not so much that it was me, as much as the things that I came up with that were antagonizing her towards me.

TH: Somehow I feel that would be really infuriating to you, though--to feel you have to rein yourself in or do something to change yourself. What you were doing was something that came quite naturally to you--to speak up and say whatever you wanted to say.

R: . . . I think reining in is a good word . . .

A: . . . It's like you were afraid to say what you were feeling, what you were thinking, because you were afraid someone was going to pounce on you or hold you responsible.

N: The awful thing is that now, when you come in, you have to be someone that you are not.

You have to do something more than just saying: What I said to B. was unkind, and I am going to try to be more sensitive to her, or something like that.

E: Uh, hum (in agreement).

N: (Continues) It's like--I'm going to have to be more somebody that I'm not, in order to cope with this situation, and uh, so that people won't point their finger at me and make me feel bad, I'll change myself . . . .

TH: R., do you feel like the bad kid of the group?

R: Probably. I think I feel--the bad kid of the group, but not so much this group, as every group . . .

. . . I'm stoned as well. I think everybody knows it, but uh, I'm very easy to spot. But uh, anyways. I wanted to get stoned, and I walked to my car and I said no, I shouldn't--Irene, ta da, ta da, group, and then I got in my car and I just felt so tight, wound up and tired. I said: Well,

I'll take one hit, well, I inhaled about three times, and I haven't smoked very much dope, really, since I've started group, so the frequency is less . . .

TH: My concern is that you are feeling like the bad kid here lately and that you needed to take care of yourself with the dope and the beer, to quiet yourself down.

R: Oh, absolutely. The beer was for the dope.

TH: (Continues) In some ways you couldn't quite trust that you could come and ask the group for something that would really help you deal with your feelings. I think that having felt like the bad kid, you have pulled away from the group--from feeling you have to learn how to behave the way the teacher wants you to, or in this case, B. is the one who has become the teacher. So, you are not an equal in a way, with the rest of the people, in being able to say: This is what I want, this is what I need.

R: (Defensively) I don't think I needed the dope

to come to group to get what I needed.

A: No, but it's something you can give to yourself readily and freely, without feeling guilty about it, without feeling bad about it.

TH: In your life you have not been able to depend on people helping you deal with bad feelings . . . .

R: Well, I think that's accurate.

TH: And the way you have been feeling--like a bad kid in the group--you have distanced yourself. You don't feel in a position for the group to give you anything that you might need, either. But you know that the dope is going to give you what you need. You know the results you are going to get if you smoke. You know the stuff. On the other hand, the people in your life have been unpredictable. And certainly, the interactions that you have had with the group have felt very unpredictable for you, especially in terms of B. Because what you have

experienced is that you put out some part of you and she has found it very disagreeable . . . . When you hide a part of yourself, then you start feeling what you are hiding is bad; it's a very bad thing to have. And if you start feeling as if there's a part of you that is very bad, and you are hiding it, then you don't have all of you to deal with the world.

R: Okay. How do you explain hiding part of yourself? Why do we do it, I mean?

A: To avoid a confrontation, an unpleasant situation.

E: To avoid being the bad boy.

N: For me, I avoid wanting anything, to avoid being a spoiled kid. Because when I was growing up that was the worst thing in the world, to be a spoiled brat, because you would want things and be greedy and what a terrible thing that would be. So I hide ever wanting anything.

TH: You think, if you stopped doing it somebody would like you.

R: You know I feel like it's a Catch-22. I mean I can't go in either direction. It's like you're damned if you do and damned if you don't.

TH: Well, I think right now it feels that way; I can see how it really feels that way to you.

R: It does.

TH: For you, I think it's similar to the issue E. has. To let go some part of you is to lose yourself and not to have anything. And yet, you don't know where to go or who to be, while the part that you know how to be gets you in trouble . . . and it feels like there is nowhere to go because there is no other way that you know how to be and yet still express yourself. In a way you're struggling to release something little by little that will feel comfortable to you and yet won't threaten the loss of your integrity--so that the essence of you doesn't get lost.

E: I hope you're going to be all right to drive. I mean this drinking.

R: I'll be all right. The last thing I want to do is be the first test case for this new law. I'll be okay.

E: Are you sure?

R: Positive. That's a stupid error that I couldn't live with.

TH: Do you hear the group's concern?

R: Absolutely. I do.

TH: That goes for me too.

R: Thank you. I appreciate it. But I'll be fine. If I'm not, I'll take a walk. I'll have T. come pick me up.

The therapist remembers that R. did not have very dependable, consistent, soothing selfobjects while growing up. R. often told about getting physical abuse when he did not perform to his father's satisfaction. The external impingements and injuries confirmed for R. what he felt was

his true, bad self. In his still rather new membership, it was a struggle for R. to perceive the group or any of its members as possible soothing or understanding selfobjects. His father, in his memory, never validated him or praised him for a job well done. Only the negative was pointed out.

The therapist recognizes that if the initial injury to R.'s self-esteem came from a group member, the entire group may have become an unsafe object for R. Because of this rift, R. could not count on the group for soothing, regulating functions after receiving several other injuries outside of the group. The group lost whatever tenuous existence it had as a dependable early idealized parent imago selfobject. Therefore, it made perfect sense for R. to turn to alcohol and marijuana to soothe himself, when he felt that no one else was available to him.

The therapist realizes, after R. admits that he has tried to "adjust" himself to be more acceptable to B., that R.'s real self, which he felt was unacceptable, went into hiding. A self that complies to act like a false self does not have all of itself, and therefore all of its vitality, available to it. It is a devitalized, enfeebled self.

The therapist's first intervention is to mirror with acceptance the fragmenting rage over the injury and over having to comply in order to be acceptable.

Three group members start questioning his compliance and his trying to become something he is not. In effect

they are personifying the group's values and are saying that changing oneself for someone else's pleasure or need is not a group ideal. The group is now relating as Kohut's older idealized parent imago.

The therapist, by asking if R. is feeling like a bad kid in group, is working towards establishing the existence of a parataxic distortion from the original family of origin. R. confirms that indeed he feels his badness in every group.

This is a crucial moment in the group. Because R. has not been told he is bad, he is able to admit his also being under the influence of marijuana. He tells how he struggled with the fear of what the group would say as opposed to soothing himself with the drugs. He also tells how since starting group (previous to the rift with B.), he had used the group as a soothing selfobject more and substances less.

In return, the therapist carefully spells out to R. her empathic understanding of why R. needed to return to the use of drugs to soothe himself. She alludes to the rift with B. and the group, the narcissistic injury, the enfeeblement, the feeling of being equal to others, and the inability to ask for himself. Present actions and reactions are tied together and brought up for R.'s understanding of their genetic connections--selfobjects being undependable while oral gratifications can be counted on for soothing.

Though the above explanation seemed to make sense to R.

and he agreed with it, he remains somewhat defensive and does not quite know what to do with it. He feels trapped. He seems to have only two choices, both of them undesirable: To be his real self and therefore to be unacceptable by drawing attention to himself provocatively so as to be noticed, or to hide his real self and behave in compliance with others' demands.

The therapist can appreciate R.'s feeling of entrapment, but rather than reassure him or direct him, she feels it is most important for R. not to feel alone--that he has been misunderstood or simply not understood--as the session ends. She also realizes that he is unable to listen and retain very well under the influence of drugs. The most that can be accomplished is for R. to experience his anxiety as being somewhat contained by the calmness and caring of the group, and his dilemma understood, if not solved. The therapist guides her comments in that direction. She also draws a parallel between R's struggle and E.'s in order to remind him that he is not alone in struggling with who he is and what he wants to be. Also, R. seemed to be quite involved when E. was talking about her struggle. He was able to understand the process E. needed to go through and saw that it would take time. He was humorously supportive to E. and offered compassionate suggestions. By drawing the parallel, the therapist anticipates that R. may see the same hope for himself that he saw for E., and hopefully will be

as compassionate and patient with himself as he was with E.

At this point E. is able to return the compassion and concern for R. that she received from him earlier. She double-checks on his capacity to drive himself home. R. seems to be able to hear the concern from her and the therapist. After first reassuring her that he will be all right, he reassures her that he will call his wife to drive him home if he isn't.

R. seems to have been able to take in the protectiveness and concern of the holding and containing group environment. By being able to merge with the soothing, regulating function of the idealized parent imago--the group--he ends the session on a positive, encouraging note: He considers calling on the functions of a selfobject--his wife--to drive him home, rather than relying on his grandiosity or the grandiose state that ensued after the intake of intoxicating substances.

An Overstimulated Self Attempts Regulation Through Use of Selfobjects

R: It's like today I called Houston and I got this big deal. I should feel great, right?

N: And you can't believe you did it.

R: I can't believe I did it, number one; and

number two--I don't feel all that great, because why should anybody who's as bad as me be able to do something like that? And number three, now I've got to sell the son of a bitch. And I don't think I'm good enough to do it, so I'm going to have to break my ass to prove that I <u>can</u> do it--and I'll do it, and then I'll go out and have a good dinner because I think I deserve it, and I'll feel good for about fifteen minutes, and then I'll go back to feeling shitty. And that's why I originally came to this group: Because I find myself going on like this, getting motion sickness or something, from being up and down, up and down. I don't know whether I should shoot myself or go out and tell everybody how great I was. But the minute I tell somebody how great I was, I realize that makes me a shmuck.

TH: What you find difficult, then, is feeling inside that you really are okay--and that no matter what you do, it won't take away that feeling.

R: That's right. Some days I feel that I'm

really okay inside. And then I turn around and, you know, I realize that it's gone . . .

After last week's group I found myself fairly well immersed through the week. What happened in group last week stayed with me more than it usually does. Usually I don't remember much--maybe a real strong point, and I'll be thinking to myself, okay R., don't do things just to get stroked. Don't be a screaming asshole just so somebody pays attention to you. You don't need that. But last week I found myself really concentrating on the big lesson for me that came out--you know, that I'm not such a bad guy.

And when I took this man out to dinner on Thursday, I called him the next day. Of course, this is after I drank seventeen cups of coffee because I was so insecure, and felt so shitty that I had myself convinced he was going to give somebody else the deal. And I didn't have any control over myself. I was looking and feeling bad through the eyes of R. I said to myself, why do you feel so bad? Why so negative? I don't know. So okay, I'm feeling this way.

I couldn't control it, couldn't shut it

off. I felt terrible. Today when I called him in Houston, I felt myself all of a sudden start to vibrate. And it kept on even after I talked with the man and he said everything's fine, we've selected you, there's seven other people that didn't get selected. You know, great, hey! (Applause) I'm sitting there going Bzzzzzz-bzzzz-bzzzzz, like I was out of control.

TH: You were overstimulated.

R: . . . I think it's this feeling of being a bad boy or of not being worthy enough. Looking back now, I've gone through my whole life with the feeling of being bad, of being wrong, of being . . .

TH: If you got anything, it's as if you stole it.

R: Never being good enough.

N: And feeling you don't deserve it.

R: Absolutely. I'm sure I've said this before in group . . . that everything in life has

come easy to me. I felt guilty when you (A.) were talking about not affording dinner. You know, I feel like it comes easy to me.

A: Here's a bucket of shit, carry it around and keep it! (Laughter)

TH: Did you feel like the bad kid with us last week?

R: Yes, I said it then and I say it now.

TH: Did you feel that we treated you like a bad kid?

R: No. I felt quite good about that. I was very nervous coming here that stoned and yet I realize it was my choice whether to come that stoned.

TH: I think you tested us--

R: Probably. Probably right.

TH: (Continuing)--to see if we understood what you needed, rather than tell you that you

were not following the rules. I think it was a very significant session for you.

R: Maybe that's what I was looking for all along.

TH: What I am also struck with is that you are very different tonight.

R: I am. I am feeling very tight inside.

N: (Amazed) You seem much more comfortable!

A: There's a lot more to you. You are open, real.

N: Yeah, and you were able to tell us about not being able to get hold of yourself.

R: I think it has to do with the understanding of that bad kid, which is where I've been coming from--that's how I've been reacting. Now I can understand it. Maybe that was the gift from the group.

TH: It's not the understanding alone that was the

gift. I think the biggest gift was that you were accepted here last week and also what you needed to do was accepted . . . . In essence you needed to show us what you need to do when you feel that desperate and at loose ends . . . and nobody said you were all bad and that you shouldn't have done it. We accepted it and understood it. And I think it allowed you to let go of the crap that you use to fend off.

You really approached talking about this stuff today very openly and very vulnerably. (Therapist realizes that R. is beginning to look uncomfortable.) Can you take it in?

R: I can take it in. I wish I could kind of reverse the video in order to see myself doing it, so I could understand.

TH: Are you aware that you didn't make a joke out of it? You may have said something funny, but it was quite appropriate in context. You do have a sense of humor and nobody is telling you to get rid of that--a very nice sense of humor.

R: I hope I made some progress towards the goal I am trying to reach.

TH: (Jokingly) I think what's bothering you is that you don't know how you did it.

R: (Exclaims) I think that's absolutely RIGHT! (Everyone laughs.)

N: You have spent all those years developing those mechanisms and now, something came just naturally.

TH: (Teasingly) Now you are beginning to get the very first flavor of what happens in therapy.

R: Oh, this is great. I don't even know what herb it was. (Laughter)

N: Tonight, I sense some hope on your part. You're saying to yourself that it's not so hopeless and that "I can do something about it and maybe I'm not such a rotten kid after all." Before, I have not sensed much hope at all; it was "This is where I am, this is what I am stuck with, and the best I can do

is try to learn how to cope, how to please B., how to behave properly, and when I've learned that lesson I'll still go on being the bad kid with another layer on top of me. But it doesn't feel that way tonight. You went on talking about your feelings with hope. "Maybe I can explore this, without feeling that I am so awful."

R: Uh-hum (in agreement, then laughs). I didn't realize you had such a dismal outlook for me.

N: (Sparks back with laughter.) I didn't have such a dismal outlook for you. You did!

R: (Seriously) I didn't have any outlook, but change. I appreciate the real concerned input from everybody . . . in a positive way. I feel I have done something RIGHT. I feel embarrassed about it.

A: Embarrassed that you did something right?

R: Just embarrassed that I am getting all this praise and support, getting all this attention.

TH: Maybe the embarrassment is similar to the vibrations that you found difficult to handle. Maybe you can get it in small doses, little by little, and it will be easier to take in, to hang onto. Like B.'s lump. There is something inside of you too. Maybe it's a seed, but if it is fed enough, watered enough . . .

R: Pretty soon it will grow and push out the bad seed.

TH: I don't think there is a bad seed.

R: Maybe that's the one in my stomach.

TH: I think there is an emptiness there.

R: I think emptiness is a very appropriate word. It's a feeling that I have.

TH: If it's hollow, empty, then there must be a feeling that it must be bad.

R: Must be right on.

In this session, R. is no longer dealing with fragmentation after experiencing narcissistic injuries. Instead, he is dealing with overstimulation of the self by external impingements. The fact that these impingements are positive is irrelevant. The self cannot take them in comfortably or integrate them.

R.'s actual self is no longer in hiding. As he starts talking it becomes evident that, although the self is no longer devitalized, it is still not regulated. This time, though, R. did not turn to substances such as alcohol or drugs to achieve some regulation of tension increase; instead, he came to group with his tensions. In this session he was able to talk about how he was feeling rather than, as in previous sessions, being provocative or acting out in order to receive some attention.

As R. begins to talk, he reveals disbelief over his accomplishment. It does not feel part of him. It cannot be part of a self he considers bad. His dilemma is similar to the false self which organizes in the mind, and the more successful it becomes, the more phony it feels (Winnicott, 1960b). A self that experiences itself as phony cannot lay claim to its accomplishments. Since the self cannot feel worthy, its products are made worthless as well. As R. ends the description of his oscillating self (which soars between the heights of greatness and the pits of worthlessness), he vividly describes the predicament of what Kohut (1971)

called the grandiose self.

Even as R. describes his deregulated state in anticipation of getting the results on the anticipated contract, he shares how, though he could not particularly remember the previous session, it stayed with him throughout the week. He did hear that the group did not consider him bad.

He continues with the theme of badness. It is something that he felt all his life. Because of his "badness" he feels guilty and undeserving of the things he earns.

The therapist understands R.'s feelings of badness. Their source is the failure of R.'s self to achieve a fusion of aggression and libido, if examined from the usual psychoanalytical or Winnicott's object relations points of view. A self that did not experience its anxieties, tensions, and disintegrating rage as being contained enough by a good-enough holding, soothing, indestructible, and nonretaliating human environment cannot by itself achieve a comfortable balance between the disintegrating tensions and the life energies. In addition, the therapist is aware how R. received additional external impingements through corporal punishment which, on top of the disintegrating rage, further confirmed and cemented R.'s feeling of inherent badness.

Rather than interpret his behavior and risk the possibility of R. also experiencing additional confirmation of badness in the group, the therapist opts for enabling R. to experience being regarded acceptable within the group as he

is. The group, as the good-enough parent, is not afraid of a self's disintegrating anxieties, tensions, or rage. The group as an entity is an idealized parent imago that can understand the fragmentation and contain it without retaliation or further impinging on the self in a precarious balance.

For an unintegrated, uncohesive, and overstimulated self, excessive attention or praise is difficult to integrate and is experienced as another impingement. R.'s self has not had accurate validation of its real attributes and accomplishments. Therefore, the actual self has not been accepted and loved for just being normal or average, nor has it been proportionately praised, without unnecessary excitement or anxiety, for outstanding accomplishments.

Thus, the therapist is keeping a careful eye on how much of the mirroring and validation for being open, vulnerable, and real R.'s still precarious self can take in from the group. She does not want this self to feel overwhelmed by positive impingements. Therefore, when R. admits embarrassment over having done something "right," she realizes that the self is again becoming overstimulated and suggests to both R. and the group that maybe he needs to take in this type of nourishment in small doses.

Prior to this, the group mirrored empathically R.'s feelings of being undeserving and unworthy. When R. started being a little too hard on himself and feeling guilty for

having it a little easier financially than another man in the group, the latter handled the guilt humorously, by diffusing it within an accepting handling environment.

Having his actions and feelings understood the previous session, as well as not being viewed as the "bad kid," seems to be of major importance to R. and he regards it as a gift from the group. The fact that the group was able to take an empathic stance toward him allowed R. to have more empathy toward himself. Through merging with the ideals of the idealized parent imago--the group--he was able to transmute and internalize another view of himself and his suffering.

R. is rather perplexed about what is happening to him and the changes in him (in his manifest behavior) that others have noticed and are pointing out. He tries to grasp and understand this cognitively and intellectually. He humorously talks about reversing the video to see the difference in himself. The group plays off his humor. The therapist takes the opportunity, as with E. previously, to accurately mirror a real attribute of the self--his nice sense of humor. She differentiates how he has used it appropriately today rather than provocatively, therefore mirroring an already existing attribute of the self that R. does not have to modify. Encouraged, R. continues to display his clever humor by calling the flavor of the process that he experienced with the group--an herb.

The session nears its end with N. also mirroring back

to R. the hope she saw in him and for him. The instillation of hope is one of the factors that Yalom (1970) described as curative in group psychotherapy. After teasing back with her, R. is able to become serious and sincerely show appreciation for the group's concern. Such openness, realness, and vulnerability along with his embarrassment seem to have been made possible by the holding, handling, containing, mirroring and accepting environment of the group.

Right up to the end of the session, R. continues to display his cleverness and his humor. He draws on the therapist's imagery of a seed--representing the emerging true and cohesive self--to bring in the hope of it pushing out the bad seed (the bad self that he has been talking about for the last two sessions).

The therapist ties off the session by pointing out that what R. identifies as the bad seed in his stomach is the emptiness of a self that has not had its anxieties contained and its actual attributes mirrored.

A False Self Based on Identifications Struggles to Emerge

Almost solely because her parents opposed it, a woman of Oriental ancestry decided to live with her boyfriend who was of another ethnic minority. When she first came for therapy she was in an acute depression--the true self, aware of its potential, would prefer to destroy the false self in

order to let the true self live. Recently, human differences between herself and her boyfriend led her to decide to terminate the relationship and her current living arrangement.

In the following group session, X. shares how her mother and her culture would view the dissolution of a relationship. Other group members also deal with the issue of how they too previously followed "truths" defined by members of their family, by their cultural group, by their religion, or by some other sociopolitical group. This is an example of a false self that identifies almost in toto with significant objects in its environment (Winnicott, 1960b). It can also be seen as an example of a still uncohesive self that maintains a merger with early idealized parent imagos who do not mirror the emergence of unique qualities or ambitions in an evolving nuclear self (Kohut, 1971, 1977).

Although the focus in the session is primarily on X.'s current situation, other group members seem to resonate with the issue of having previously unquestioningly followed the beliefs of some group. The individual members talk about becoming aware and developing their own unique self, little by little as it emerges, grows, and changes. The group is cohesive in holding the group ideal that knowledge, definition, and care of the self's own needs, feelings, and ambitions is a desirable goal.

X: I still have inside me that if I'm not a strong woman like my mom, I couldn't make it (relationship) work. If I'd been strong I could have made it work, I could have done miracles--you know. Objectively, I know that it isn't so . . .

K: Do you think that the adjective strong is a good description? . . .

X: It might not be the right word . . .

K: . . . or a descriptive word for a person who endures all kinds of shit!

X: It's not the right definition, but it was a definition I was taught of strength. Strength is never give up, no matter what!

Q: Yeah?

X: You just keep on going and you <u>make it so</u>!

L: What an idea!?

K: I know exactly what you are saying and I

relate to every word that is coming out.

Q: Yeah (in agreement).

K: That is what I was taught, too, by implication--that you're strong, you can handle this, you can handle that. I found out that what I did was give up my own identity and take care of everybody and everything else. (Sarcastically) I was strong, because I didn't count. It still hurts there (points to her gut). I'm much better at it than I was.

X: And you're a failure if you don't make it--you know.

K: I know. But I really don't believe it, even though I do believe it.

TH: You are a failure if you don't pretend that you are an Amazon--an omnipotent Amazon at that. Of course, nobody tells one that one is a fool for doing this. (Laughter)

L: You are a failure if you care about your own

needs and have some.

X: You are a failure if you accept reality (laughs). That's what it comes down to.

K: But the strength really comes from saying, "I don't have to take this. I am going to do what I have to do to protect me."

Q: Mom was an in-control, out-of-control woman.

T: The loudest one is not necessarily the strongest.

X: What's happened to me is I've lived my whole life with illusions--my mother's illusions of what a woman is supposed to be. I've seen my mother fall apart--go hysterical over something very minor, and then she'll tell you about how she weathered this trouble and she weathered that struggle and she can't understand us girls because we fall apart at the drop of a hat . . . . And she didn't need psychologists when she was young, and that she went through some terrible things . . . . But to me even now, I know it's all a front.

I have the same kinds of insecurity she has, in a lot of ways.

TH: You've come by them honestly.

X: Yeah, they are passed down generation to generation . . .

I think what's happening now with me is different. I think the next step, separating from him, is going to be very important for me because that is going to be going against my culture.

TH: Which part of it?

X: The part . . . it's so wierd. In the last two months, I'm so conscious about my life. I did not used to be. Before, I lived with G. and I didn't think twice about it. Then, in the past two months I've been thinking . . .

L: Ah, therapy has really screwed you up (teasing ironically). (Laughter)

X: God, I'm living with this man, and I . . .

you know, there's no chance of us getting married, so what do I do . . . . I became aware that just living with him was going against my culture . . . Leaving is something that I'm scared of, too. It will be a struggle for me.

Q: You said it was against your culture. Is it that the woman just does not say "You get out?"

X: Never . . .

TH: Never occurs to her (the woman) that she has that choice.

X: I'm trying to think. My parents think . . . No. My mother made us feel so . . . . I knew the one thing that she was afraid of was my father leaving her. I kind of got that fear I think, that if the man goes, then there's nothing else around . . . you are no longer valid. Like my mom said, you girls can have a career and all that, but get married first, so someone can take care of you. It does not work that way anymore. I can't wait anymore . . .

K: There's some question in my mind as to conflict between what your mother says you should do, what she does, what you think you should do, and what you do . . . . Your mother says, "You know you should do this . . . and . . .

X: . . . you shouldn't do what you want to do.

K: Part of you wants to do what your mother says, but then I hear another part of you going in direct . . .

X: No, she really doesn't want me to get married or have children anyway.

K: There are actually two messages that mom gives that are diametrically opposed . . .

X: Yeah, that's my mom. Well, that's the way my mother sees it. She thinks she is in control, but I don't think my mother has ever been able to control a man. She'd like to be in control . . .

TH: I think the real issue is for you to figure

out what you want.

X: Yeah . . .

TH: You don't need any scripts from your mother, or the family, or your brothers, or the culture, or the religion . . .

X: I don't know what I want. I keep thinking God, most of the ways that I'm viewing these things are either in a feminist perspective, a socialist perspective, a Buddhist perspective, or a Japanese perspective . . . . And I know all of those little, you know, hates. And when it comes to what I want, I can't think . . . of what I want apart from all of them.

Q: Well, what about the decision of not wanting G., to be there anymore? That's you . . .

X: The decision . . . . Yeah, that is me!

Q: You know, when you said you don't know what you want . . . I don't know how anybody says, "Well, I know what I want for the next, you

know, five years of my life or the next ten years of my life." Right now, you know you want G. out, you'll just have to take it after that.

X: Yes, I think I'll know that better when he finally goes.

TH: . . . You may discover strength, too, that you didn't know you had.

Q: Knowing what you want about something . . . . Isn't that just sort of taking one step at a time, and seeing what happens and how you feel right now, what comes next and . . .

X: I just get real confused because, it's kinda like being pulled . . . and especially, with the whole belief thing. I think the rest of my life has been programmed--one belief after another. I mean, life, reality, and the world is explained in this different kind of theory. When it loses all of its labels and all of its definitions and it's just there . . . it's harder to look at.

K: May I ask you something that is very much on the subject, but completely off the subject? Did you ever take philosophy?

X: Just a semester.

K: You did. I was absolutely blown away by philosophy, because of being so locked into my little patterns. I think that was the beginning of the awakening of a lot of things in me because I couldn't comprehend what they were talking about. Because things were not . . . they didn't fit into that one little program. It blew me away! I remember getting one of my first D's or F's in that class, because the thought that things could be other than the way I had been taught to perceive them was possible--blew me away! I was wondering if we that are very, very programmed by religious things, or by ethnic things, have more difficulty than other people handling things that come in a dozen packages--because it didn't seem to affect a lot of people the way it did me.

TH: Or at least you couldn't see it then.

K: Yeah! But, when I asked around, nobody seemed to know what I was talking about.

L: It doesn't have to be a person's religious or ethnic group. I mean they choose something else, like being middle class or being clean. There are lots of things to pick.

X. is the focus primarily during this portion of the session. Her self has not rested at just one point of the developmental continuum. It has vacillated between several. Apparently, her self always had some awareness of its own potential uniqueness. In defining her actions in opposition to her mother's wishes, there is evidence of a still undefined self struggling to preserve its own separate essence. Later, at the point when she entered treatment, she was in her second suicidal depression. It was a time when she became the focus of several important selfobjects who, as she says, pulled her in different directions to be and act as they felt was appropriate according to some family-agreed-upon rules. The true self was overwhelmed at this point and could only think of preserving itself by having the false self organize its own destruction (Winnicott, 1960b).

As X. starts talking, one sees an example of a self trying to unmerge from an early idealized parent imago's definition of strength and emerge with her own. The group also works on defining what real strength is--the group as a

later idealized parent imago defines its values and ideals (Harwood, 1982).

The therapist uses humorous irony to set up a handling environment. While joking pleasantly, a serious message (similar to object presenting) about questioning omnipotence as an ideal, is presented by the therapist who establishes and safeguards the group ideals (Freud, 1921).

K. picks up the issue of real strength and proposes that it is healthy assertiveness when the self no longer needs to merge with the wishes of another that are overwhelming it and is able to protect its own needs.

X. relates how she has been overwhelmed by double messages from her mother. Her self became confused by this somewhat, but even though what her mother called her weakness was unvalidated and mirrored by her mother as something unacceptable, X. was still able to reality-test and perceive the double message. X.'s self was able to maintain enough of its own boundaries not to become totally overwhelmed by her mother's confusing messages nor to fragment from them. She ends her statement by understanding her mother's insecurity and need for a false self as well as being aware of also having similar insecurities.

The therapist's comment mirrors a self's predicament in acquiring, through early merger with an archaic selfobject, its insecurities or anxieties. X. is able to accept this and does not blame herself nor respond defensively (as U.

did when she experienced the therapist's understanding of her situation as an accusation and a narcissistic injury).

X. goes on to talk about her plans and how she realizes that she will be unmerging with her culture's (the idealized parent imago's) ideals. The false self is also trying to give up its basis of existence based on identification with early objects. She tells how in the last few months the self is becoming aware of itself and its potential, even though not yet of its ambitions.

The therapist again in a somewhat handling and object-presenting environment presents an idea (ideal) that feminine selves have a right to become aware of their own needs and act upon them regardless of the culture they come from.

X. presents an illustration of how the feminine self of her mother did not become aware of its own power and felt the need to remain merged with a powerful, protective, idealized male parent imago. K. validates or mirrors for X. the latter's experiencing her mother giving her double messages.

Though X.'s self did not fragment in confusion from these double messages, it retreated into hiding and twice it attempted to organize a suicide rather than lose its real self. The self does not have the vital energy and buoyancy to define itself assertively when it experiences being overwhelmed by early selfobjects. X.'s self is less vulnerable, for example, than U.'s, since its most important early self-

object--mother, viewed herself as a total victim while exhibiting considerable strength. X. also had the benefit of several early consistent, available, and responsive self-objects who were also available for merging, mirroring, and providing different points of view of reality.

As the group veers off in discussing X.'s mother more than X., the therapist refocuses the group's task and suggests that what is important is for X. to discover her own goals. By doing this, the therapist is also providing an object-presenting environment, since she does not suggest what X.'s goals should be, but presents an ideal which X. can lean on while creating and discovering her own. In addition, the therapist believes in X.'s potential to come up with her own creative gestures, rather than needing to rely on old identifications for direction.

X. responds by saying she is not sure what her own goals are since she has followed the perspectives of others. Z. at this time mirrors back a decision that X. presented as her own during the session. Q. instills some hope (another of Yalom et al.'s curative factors) by saying that X. will discover her own ambitions a step at a time. The therapist adds to the hopeful theme by saying that she will also discover her strength.

This portion of the session ends with K. relaying her experience in discovering that the patterns (identifications) she was following were not absolute. L. adds that a

self's need for merger or identification is not restricted to religious or cultural issues alone. A deregulated, uncohesive self, or one whose boundaries are not defined well enough, may merge with whatever ideals may be close at hand in order to establish a sense of well-being or illusory power.

Hopefully, X. will use the nonimpinging holding environment of group therapy to temporarily merge with its protectiveness of her emerging self and with its ideals of self-definition in order to come up with her own creative goals and values.

A Hidden True Self Emerges With Its Healthy Greed and Ambitions

A self on the developmental continuum towards evolution needs to have its healthy needs and ambitions validated before it can check with its ideals and determine the validity and appropriateness of its goals. A self that can do the latter can maintain its self-esteem and direction without needing to rely on a more powerful or idealized other. A self that knows its potential and ambitions may keep them hidden until the environment proves trustworthy enough not to overwhelm it with disapproval.

The fusion of aggression and libido produces healthy greed, buoyancy, and assertiveness. If healthy greed, an important and essential quality for the self, is perceived

as unacceptable by important others, a narcissistic injury occurs which in turn produces a fragmentation in the self. In its questioning of itself, the self is not integrated; it cannot enjoy a sense of goodness, nor is it therefore able to maintain its self-esteem. Not until the emerging self first has its thirst for life, healthy greed, buoyancy, and assertiveness validated by important selfobjects (to whom it has looked up to for values, ideals, and ethics), can it experience itself fully integrated and in harmony. Only after it internalizes a sense of being acceptable from its important objects, can it pursue its goals knowing that its ambitions do not rely on questionable values.

N.'s evolving self is well on its way towards cohesion and self regulation. In the following session she describes how the self regressed in being able to maintain its own self-esteem and ambitions. The regression occurred after she experienced a narcissistic injury by the fact that the therapist did not go to her birthday celebration. The therapist's declining produced a recapitulation of the family experience (Yalom, 1970) or a transference situation. In her family she was told not to want too much since she was already spoiled as an only child. The healthy greed and ambitions of an evolving self were invalidated and condemned as bad and unacceptable. The therapist's declining N.'s invitation meant that her wish was unacceptable. N.'s

healthy appetites went into hiding and N.'s self lost its homeostasis until the therapist invited the self's ambitions and desires to emerge for acceptance and validation.

In the following section N. describes her keen awareness of not being able to hold onto her wishes and self-esteem, and desperately needing approval and mirroring of her actual self, after she experiences an important object disapproving of her wants.

N: Even though I have the beginning of an explanation for it, it still feels like I'm on my own because I wanted too much. This started around my birthday and what triggered it was inviting Irene to dinner, and she couldn't come, and what I did was just sort of push it aside and say, "Oh well, I did it wrong, or I didn't say it right, or how dare I invite her because, how could you expect her to come to your dinner." I really dumped every little thing I could on me . . . . That's how I always felt when something happened to me that hurt me. I would brush it aside and say, "Oh well, no problem."

We had a session I guess after that Thursday. I talked about every little thing--about stuff that I thought was important, blah, blah, blah, and right at the end

of the session Irene said, "You know there's one thing we haven't talked about. It is how you feel about my saying no." (Laughs anxiously.)

I really felt at that moment, that I was being pushed over the edge. Not so much that I'm being pushed over the edge, but it's there and I can't avoid it any longer. It was real scary to me and it is scary to me, because . . . . You know, the one thing you said to me today was that you are not going to feel this way forever. I thought, thank goodness. I'm not going to be ashore. What it's done to me in the last couple of weeks is make me incredibly needy. The only time I feel good is when I'm getting reassurance from somebody else. So I can't do it for myself. When I get a nice letter from a friend, or when I get something from W., reassurance or I love you or whatever. Then, it's like ahhhhhh, there, I'm okay. (Sighs and winds down.)

I have not gone through that in a real long time. I've felt like I've been sort of doing a real good job of doing that for myself, and I just don't feel like I can do it

now. I feel like things are just, well, I'm exhausted. I feel tired, like I don't have any energy for it. I don't have any energy to pick myself up. I don't even want to. So, the last couple of weekends I've gone through this. W. had his son both weekends and I've been quite aware of how competitive I was with him. Almost reducing myself to his level, of saying, "Pay attention to me, give me some time." Here, his kid gets to see him two days out of the month or something, and he's saying, "Daddy, look at this, pay attention, hold my hand, sit next to me," and I am feeling jealous. And I'm thinking, "Pay attention to me, make me feel good too." I'm aware of what's going on, but I can't do anything about it. It's like, I think, why do you need this? Why do you want this so much? Why can't you tell yourself you"re okay? I go on with it and I can't. It's like somewhere I took a step in that direction and I can't go back. What's scary to me is that I have to pursue this on my own and I don't want to (anxious laughter).

E: You mean you don't want to get stuck again?

N: I don't want to get stuck. I'd like to get out of it. If I could just sort of . . .

E: Why can't you just flow with it for a while. Sometimes, you need that.

N: I guess part of what I've been doing for the last couple of weeks is really letting myself feel it. You know, it's really hard for me to admit that I could be hurt, it's hard to admit that it hurts that much and to try to understand what that meant in terms of all the disappointments of my life and all the times that I was told that you get what you get and you should be grateful for it and what you don't get, you don't deserve it anyway. So, that's what it feels like when somebody says no to me. Like, oh, shit! I made a mistake. I shouldn't have even asked for it. How could I have even asked for it? I was also thinking about what you said today. You asked me why I felt unlovable. I said something like "because I feel as if I do it wrong." What occurred to me afterwards was that--that was like all the other things of hiding badness. If I were smart enough, I

could hide whatever it was that was inside.

I was told I was an only child and therefore had all this potential for being bad, greedy! I don't remember ever asking for a sibling.

TH: As it was, you got so little.

N: The way it was presented to me: "You have so much more things than other kids do, because you don't have to share it." Jesus, if I had a sibling I would have to share this stuff! My parents would continually tell me that I couldn't have things because I would be spoiled.

E: Did you have that much?

N: No!

TH: I don't think we are just talking about material things.

N: Feelings? That kind of thing was terrifying to my parents and still is. If I ever made an attempt, it was just silenced. You

shouldn't feel that way. You should not cry, you mustn't be angry.

E: You mustn't feel these things. (Agreeing understandingly.)

A: You are sounding like you are being awfully hard on yourself. You're comparing yourself and putting yourself on the same level with his kid . . .

N: I feel that way.

A: . . . in terms of getting W.'s attention.

N: In terms of neediness, what happens . . . and I am quite aware of it now . . . Z has always been irritating to me. But, when he is most irritating is when I am feeling exactly as he is. He copies everything I do.

R: Isn't he just looking for . . .?

N: I know what he is doing. I am trying to figure out what I do. There are times that doesn't bother me. I can look at it and say,

"Poor little kid." I can be real understanding. But, it is when I am feeling needy, I don't want this kid reminding me. Because I look at him and say, "Jesus, that's just how I am feeling this minute," and I don't want to look at it.

A: You don't want to feel needy.

TH: You don't want to want.

N: I don't want to be turned down, that's part of it. The frustration of being needy is that I am not getting anything anyway from my friend. He says, "I have a cold."

R: I just say I am tired. (Laughter)

TH: The issue, I think, is to sort out whether it is just getting turned down or whether you have difficulty dealing with the idea that wanting is legitimate, because what you told us was that your parents said you shouldn't want.

N: Shouldn't want, yes.

TH: What you seem to hear in the rejection, when you get one, is that you shouldn't want. I think we need to sort out whether it is the rejection per se or your feeling that it is your wanting that brings about the rejection, since you shouldn't want in the first place.

N: I think that describes how I felt about the dinner and your turning me down. I felt I shouldn't have wanted it and so therefore, I won't feel it. I won't do it anymore. I won't get hurt anymore, I won't want it.

TH: Because, you are a bad person if you want.

N: Yes, I guess that's the way it feels. It's interesting.

A: But, you are not bad for wanting.

E: It's okay to want.

A: It's not very unlike my wanting from F.

R: (Asks N.) Do you want?

N: (Laughing enthusiastically) Yeah, yeah, yeah!

A: I have the same problem. My being rejected unvalidates my needs somehow.

N: Therefore, get rid of your needs, scratch those, because somebody else doesn't agree with it.

TH: (Towards A.) That's what happened last session between you and E. You were putting out the message, "I don't know what I want." However, you knew what you wanted, but it became shaky to want something different from someone else.

In her opening statement, N. tells the group how she experienced a narcissistic injury when the therapist did not mirror her ambitions by not accepting N.'s invitation--her healthy wants were not validated. Since to her, the rejection meant that her desires were not legitimate, her own goodness as a person came in question. A self that cannot feel comfortable with its goals and ideals will have difficulty maintaining its self-esteem. Therefore it is not surprising that N.'s self lost the self-assurance and the self-regulating capacity it has been acquiring. Since the cohesion of the self has not consolidated fully, she turns

to significant selfobjects to receive mirroring of the actual self.

Her feeling tired and exhausted are further manifestations of an enfeebled, deregulated self (depression), which experienced additional narcissistic injuries when she saw herself competing for limited supplies of attention and responsiveness (mirroring) with the child of her sick boyfriend. She tells how previous to the above injuries, for a long time now, she was able to maintain her own self-esteem and tension regulation.

In this same statement N. reveals how the wishes of the true self and therefore the essence of the true self go into hiding when it experiences its healthy greed as not responded to. There is even an attempt to comply with the expectations of archaic selfobjects by giving up one's wishes and needs. The self represses its needs, but does not deny them. Since it is still aware of them it does not become a false self, but instead it temporarily hides the true self.

N. did not really directly reveal the feelings of the true self in reaction to the experienced narcissistic injury. The therapist, observing the deregulation in the self as well as the hiding of the true self, decided to remobilize the archaic wishes of a self in need of mirroring by asking about N.'s feelings regarding the therapist's refusal of the birthday invitation. By asking how N. felt, the

therapist brings forth the validity of the narcissistic injury and the acceptance of N.'s feelings and therefore allows her to bring out of hiding the feelings of hurt and want, instilling hope that they might be understood and transmuted to a different level. In the group session those feelings are understood and accepted by a greater idealized parent imago--the group.

Towards the end of her opening statement, N. also describes how she struggled with her deregulation, wondering why she could not restore her sense of cohesion. This segment also illustrates a significantly evolved self with the ability to utilize an observing ego and to take responsibility.

E. is the first to give her some empathic understanding about her regression and in essence suggests that she should be tolerant of herself in the working through process, rather than identify with the possible view of archaic self-objects who demanded high performance.

N. accepts what E. said and adds that it is just what she has been doing. She recounts how in her childhood she was told to be grateful for the things she got and how she learned to hide with the false self that organized in the mind her wishes, her disappointments, and her hurts. She shares how she was afraid to lose what she had if she ever had a sibling. The therapist validates that she indeed did not receive very much. When E. checks out how much N.

really did have, the therapist clarifies her previous statement by saying that she was referring to more than the material things in life.

N. picks up on the therapist's comment by saying that feelings, especially negative ones, were not understood, accepted, or allowed by her parents. Therefore intense feelings were negatively validated.

A., like E. before him, suggests that N. is being hard on herself. He also is presenting the group's ideals of self tolerance and self understanding. N. continues telling about how she understands her need to see her pain reflected in another young human mirror.

The therapist feels that it is important for N. to distinguish between wanting to get away from her needs (which sends the true self into hiding) and keeping her needs and wants mobilized and accepting them as a legitimate attribute of an evolving self. N. indeed agrees that when she was turned down for her birthday celebration, the self did not give up its healthy greed. It tried to suppress the hurt first and then the original wish.

Several group members present another group value: the legitimacy of having needs, wants, and healthy greed. They also unvalidate her sense of badness over having appetite and mirror the acceptability of her total self.

R., providing the humor and joyousness of an active handling environment, asks her the true feelings of the true

self. She laughs energetically in response, with her recovered true self admitting to its healthy appetite. The self is now in touch with its assertiveness and is revitalized. The working through of its real feelings in an atmosphere of acceptance and understanding, without the redirection of its ambitions, seems to have allowed for a transmuting internalization to take place for N. The group process has also experienced cohesiveness, interpersonal input and output, insight, universality, and instillation of hope during N.'s somewhat cathartic working through of feelings from her family of origin.

A., who was carefully listening to N.'s working through, as well as caringly asking her to be more tolerant and understanding towards herself, seems to be able to utilize some of that understanding for himself. Unlike other times when he would be tyrannical towards his own unresolved issues he, with what seemed to be acceptance and understanding, states that he struggles with some of the same issues as N.

The therapist chooses to respond to A.'s statement by bringing the issue of his inability to hold onto what he wants back into the group, rather than have him talking about it in terms of his outside relationship with F. Her intervention provides an active handling environment for members within the group to try holding onto their wants while struggling to understand the competing needs of

others. At such a time, the therapist can mirror the validity of each person's needs without crowning any one member with the laurels of specialness. The group therapist, as an idealized parent imago, by respecting and validating each member's perspective, produces a therapeutic atmosphere that allows for the emergence of mutuality and reciprocity as well as self-esteem and self-respect.

The Emergence of a True, Cohesive, Integrated Self

B. came in for treatment about two and a half years prior to the following session. She was in an agitated depression and unable to function in her professional position, from which she took six months leave of absence. Her marriage of eighteen years, in which she was a compliant, dutiful, traditional wife, fell apart after her husband became involved with another woman.

In the following sessions she relays to the group her new growth and ability to take care of herself in spite of some remaining legal frustrations as a consequence of her divorce proceedings.

B: I was really feeling good about myself and from Tuesday morning to Wednesday morning I went through a lot of different feeling levels. Being just scared of what I did, fearful of how I was going to feel about

being alone. Fearful of the repercussions, of punishment, which Y. (husband) always used to lay on me. Then I started to feel proud of myself. Really proud of myself. This is the first time in my life that I have ever been really taking care of myself instead of sitting back and waiting for something to get better. You know, 18 years I sat in a marriage and waited for it to get better. And here I am, for the first time, really having done this. I mean, boy, oh boy!

TH: Say a little more about how you felt inside.

B: You must be kidding. Well, while I was feeling this fear and anxiety and something almost like regret--I can't go back now, or take back what I said--I was in touch with something inside of me, it's like an actual lump of something. It had consistency. I felt like I had grown something inside of me, that was just sort of calming me, or a feeling-level of feeling okay, and it was like an automatic pilot--I mean, it was just operating in spite of all the other mental stuff I was doing, all day and that evening. So this

thing inside of me that I became aware of Wednesday morning made me feel that it was there to stay. That no matter how rough things got and in spite of any bad times, it's part of me and this is something I've never had before in my life. Isn't that neat?

J: Oh, God!

B: That's just really--I feel it now.

N: That's really something!

TH: It's called B. It's called the real B., inside there.

During a session two weeks later B. shares with the group how she has acquired the capacity to be alone and how her cohesiveness has continued to grow and spread.

J: How do you feel about your relationship with O.?

B: Well, I feel very good about being alone again. It's not as though the relationship had ended, by any means . . . . I really

still care for him very much, but not living with his problems is fantastic. You know, I feel so free and--in spite of the awful things, and the job things--so much more filled with energy. I'm angry at these things that I can't control, but I'm happy. I feel very, very good about myself . . . . I see O. about three times a week. But I feel like I have my life back again. And I just love it. I feel in control. I really feel like I have control over the relationship, I have control over myself. I've had really, really just one very small bout of what I would call loneliness, and no panics, no frights, not anything that I used to go through years ago. I went out to dinner with a friend last night and she asked me if I was dating or if I was looking for other men and I said, no. And I started to say well, I still am dating O., and I said even if I wasn't, right now I don't have time for that. I've got so much else going on in my life. And I was surprised to hear myself say that because always before when I thought I was without a man I was wildly thinking of how can I find someone again . . .

N: It's really neat! These frustrations do go on and on. But, you know exactly where your anger belongs and what to do with it. You are not trapped by this, you are not a victim. If it's not working out, you know you have to look for something else, you have to find something that makes you feel right, that is good for you. It's really nice.

B: Before, I used to get hives for two years (when Y. was having his affair), because my anger was stored all inside . . . . There is so much that is still so shitty, but I don't know what I would do if I was the person I was three years ago when I stored everything inside. I came close to committing suicide.

E: You certainly have come a long way, I think it's really great!

B: Lot of crap is still going on. I get very angry, and a couple of times I've gotten depressed, and then I say, "Shit! What is this all about?" What I am, is really angry. Let's go back and be angry!

Now it lasts between 3 and 15 minutes

(depression), compared to 3 weeks and 15 minutes! (She laughs with delight.)

A: It sounds really great.

B. But, the inner thing . . . It's not a lump anymore, by the way. I feel it is more like a huge core that fills out the inside of my arms, and the inside of my legs, and everything.

You said, where did that lump go, when I got so upset that one time. I don't know, I think it was just expanding, at that moment. I think it was some kind of metamorphosis that was going on. Because when I looked around for it, I never did find it again. It had just sort of spread out and filled the whole inside of me with some kind of warm liquid. It's strange, but it's really how it feels.

The illustrations from the above two sessions describe the emergence of a true, cohesive and integrated self. The emergence and growth of self-regulating psychic structure that B. first experiences becomes all of her--her total self. B.'s evolved self possesses self-esteem, joy,

vitality, and healthy assertiveness.

When the self encounters frustration or injustices, it does not become enfeebled for too long. B. tells how she is no longer afraid of her anger (fusion of aggression and libido has been achieved), and she is able to turn it into power and energy that propels her to be competently assertive on her own behalf.

She no longer needs to merge with another. She is able to keep a relationship, with its problems and satisfactions, in perspective. She can care for another, experience ambivalence, and be aware of her own needs as well. The integrated self has achieved the capacity to be alone and it chooses to relate to another.

CHAPTER VI

CONCLUSIONS

It is the finding of this study that it is possible to identify the states of the self as they appear during fixation, regression, or evolution within a group psychotherapy setting. Through the utilization and integration of Winnicott's and Kohut's concepts of the self and its object environemnt, the particular states of the self were identified along with the type of good-enough environment that they required to be able to resume growth along their evolutionary continuum.

This study found that the combination of Winnicott's and Kohut's theories produces a more integrated conceptualization of the self. Winnicott's true self was able to acquire a more specific validation of its real qualities from its human caretaking environment as well as further understanding of how it copes with tensions when experiencing impingements. Kohut's cohesive self acquired more specific sensitive, as well as poetic selfobjects, who present and appropriately share their own uniqueness with another self who is also recognized as unique and creative from the very start.

The combined selectively edited clinical material of two ongoing individual-focused psychotherapy groups illustrated eight states of the self as they appeared during fixation, regression, or evolution. Also illustrated in the group setting were the related Winnicott and Kohut concepts as they appeared and as the therapist utilized them to understand the patient's situation and intervene appropriately in the therapeutic environment. Individual group members who experienced and internalized the provisions of a good-enough therapeutic environment were able to reciprocate with empathy. Yalom et al.'s curative factors, often in conjunction with Winnicott's and Kohut's therapeutic factors, were also illustrated in the clinical material and its analysis.

One of the primary focuses in the group sessions was to allow and facilitate each self to discover its own uniqueness, goals, and healthy appetites. The group as an entity took on an idealized imago status that held a strong ideal of becoming one's own person who is entitled to enjoy life within a context of consideration of others.

The study identified various types of selves, who share characteristics of the false self or the need to merge with a seemingly more powerful other to maintain their own sense of homeostasis, cohesion, or integration, because they have difficulty marching to the beat of their own drummers.

The study also identified a particular type of self:

the self that defines itself in opposition. Though this self does not seem to merge with others and appears to march to its own beat, its drummer (the unintegrated self) is still very vulnerable and is limited by its own repetitive, inflexible beat (the self is not open to integrate from its own creative gestures or offerings from its environment).

The study discussed and illustrated how a true, cohesive, and integrated self can be in touch with its own uniqueness and be flexible in utilizing its awareness, energy, and power in dealing with impingements and disappointments while regulating its own tension. This self knows its own healthy appetite, possesses self-esteem, and enjoys the products of its efforts while being able to enjoy its life with significant others based on concern and mutuality.

Relevance of the Study for Clinical Social Work as Well as Other Clinicians

Social work clinicians have always been aware of the "social" components in their "work." Therefore it is of particular importance to them (as well as to other clinicians) to be aware of the intrapsychic, interpersonal, and greater social forces that impact on the individual self. The specific impacts have historical relevance and continue to be relevant at present when the reality of Jonestown has barely faded and when other cults and quasi-religious and

political groups tempt and try to enlist the uncohesive vulnerable self (who is searching for structure and power that his/her own unregulated and most likely undefined psychological self does not possess) to march on behalf of their own charismatic drummer.

The study identified the therapeutic environment and interventions that the clinician can offer to facilitate the evolution of a true, cohesive, and integrated self. The interventions and the therapeutic facilitating environment necessary for the self to emerge and develop were illustrated within the context of group psychotherapy. The study's identified and integrated concepts, as well as the clinical group illustrations, can be utilized by all clinicians interested in further studying, understanding, and treating individual selves within the context of object relations.

This is a theoretical/exploratory study that describes several states of the self along with interventions by a specific therapist and specific group members. It is recommended that other group therapists, familiar with Winnicott's and Kohut's therapeutic concepts, attempt in future studies to identify within a group psychotherapy setting the states of the self described in this study. They may also further try to discover or identify other states of the self not yet identified, either by utilizing the concepts of this study or different theoretical frameworks. It would be of addi-

tional clinical interest to identify the therapeutic environments necessary for those states of the self, that were previously fixated or impinged upon, to resume their evolution towards uniqueness and cohesion, while developing the ability to determine when it is and when it is not appropriate to march to the beat of their own drummer.

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APPENDIX

APPENDIX

INFORMED CONSENT FORM

I, _____ hereby willingly consent
(human subject)
to participate in the Evolution of the Self in Group Psychotherapy research project of Jerome Cohen of ICSW.

I understand the procedures to be as follows:*

I am aware of the following potential risks involved in the study:*

I understand that I may withdraw from the study at any time without penalty. I understand that this study may be published and my anonymity will be protected unless I give my written consent to such disclosure.

Date:_____

Signature:_____

WITNESS:

_____

*Filled in by the subject in his or her own writing if he or she was defined to be "at risk."