Heinz kohut's theories and practice



Heinz Kohut: The Man and His Work

Although not as well known as his contemporary Sigmund Freud, Heinz Kohut is equally famous among his peers for his exploration of narcissism and the client's need for empathy and understanding from his or her therapist. The aim of this paper is to describe the theory and practice of Heinz Kohut and his influence over the author's practice, both describing the psychological mechanisms that drove Kohut to this line of thinking along with brief vignettes of the author's own psychobiography that led her to include some of his theory into her work with clients.

Usually, far more is known about a psychoanalyst's work than about his life or persona. Scholars have found it useful to examine the life of a theorist to gain insight into how he may have come to the conclusions he had, especially as there is currently no grand unified theory of therapy. In one of Kohut's biographies, Siegel (1996) described him as a walking contradiction that has more than a healthy dose of self-love.

"Kohut seemed a strange mixture of aloof, aristocratic and almost puritanical austerity in a warmly responsive and considerate person. He was a very private person and was careful how he let himself appear in public. I never saw him sloppily dressed and I know that he corrected and edited his writings again and again before he was satisfied to release them for publication. He was properly discreet about his health and few of his friends knew that during the last decade of his life he was suffering from a chronic leukaemia in remission. Long before the contemporary popularity of exercise and jogging, Kohut ran, not jogged, his prescribed miles several times a week. He ate sparingly to maintain a trim figure."

Another biographer described him as someone with a profound zest for life that often 'enraged people or hurt them badly with his intense narcissism (Strozier 2004, p. 12). Perhaps he noticed these traits quite strongly in himself which is why he became fixated on creating a theory of development with narcissism at the core. As a perfectionist, he carefully controlled how others would perceive himself as Siegel stated above. This fastidiousness may have stemmed from his personal history. As the child of two German Jews living under the sword of Damocles that was Adolf Hitler, and the German Imperium of the early twentieth century, the family had to assimilate as best as they possibly could into the society. Europe had long been hostile toward the Jewish Diaspora and conformity was a matter of life and death. Thus, there is a need to develop two selves: the public self and the private self. According to Strozier's biography, in addition to his legal name, he also had a separate name to be used within the confines of his religious community (2004).

His further study of the development of narcissism originated in the wholesale rejection of the academic community when he sought to begin his didactic analysis, in order to eventually become a psychoanalyst. The committee cited his narcissism as a bar to entry but his biographer noted that there were several narcissistic psychoanalysts in the 1940's and suggested that his rejection may have been linked to his rather unorthodox sexual practices (Strozier 2004).

In the time that he flourished, he and a few of his contemporaries placed a strong emphasis on the importance of the therapist's relationship with the client. First is the premise of non-defensiveness. The adoption of an open posture enables the clients to open up and speak freely without fear of being rejected or humiliated, even if the client should express reservations about the therapist herself (Kahn 1997). Although this is extremely difficult to achieve in practice because therapists, like the general population, have ' sore spots' and strong value systems that they usually defend quite vigorously. However, once the therapist learns non-defensiveness, the client would feel comfortable speaking about any issue because she feels that her therapist would unconditionally support her. In early psychoanalysis, taking such a humanistic stance was seen as a bold move as psychoanalysts were careful to cultivate a detached, observational role—ensuring a noticeable emotional distance between therapist and patient. Especially obvious, was the notion of authority—that because the therapist was the expert, his interpretation (as most psychoanalysts at the time were male) was unquestionably correct in the mind of the patient. Kohut fell into the trap himself until he finally stopped and listened to an especially difficult client. In his notes. he writes:

I was inclined to argue with the patient about the correctness of my interpretations and to suspect the presence of stubborn hidden resistances... For a long time I insisted... that the patient's reproaches related to specific transference fantasies and wishes on the Oedipal level...She became [even more] violently angry, and furiously accused me of undermining her...and... wrecking her analysis (Kohut qt. Kahn 1997, p. 89).

As it turned out, those so-called resistances were his client's attempts to communicate the reality of her childhood and being constantly misunderstood and ignored. This breakthrough could not have come until Kohut stopped offering interpretations and started to truly hear where she was coming from. While this was one of his more important breakthroughs in the practice of modern therapy, his theory of on the development of the self had drawn many admirers and critics, as he views the development of narcissism with the growth of the self as one-and-the-same. However, a healthy sense of self-love is necessary to flourish, many psychologists and lay-people view narcissism as a pathological elevation of the self at the expense of others at worst, or at best a defence-mechanism against low-self esteem.

On Self-Psychology

According to Kohut, the grandiose self is the 'child's second attempt to regain the lost blissful state by creating a sense of perfection within the self. In this effort, all imperfection is assigned to the world outside' (Siegel 1996, p. 86). For a child's psyche, this is a survival mechanism as acknowledging imperfection or flaws within the self causes tremendous amount of psychic pain. This was especially true for one of my clients. Over time, we discovered that she could only feel worthy of respect by projecting this 'grandiose self'-image' of success and invincibility—not because she necessarily believes she is superior to others, but because she fears rejection by her peers and contempt from her subordinates should people discover who she really was. According to Kohut, clinging to the grandiose self usually happens if a child's primary caretaker is not very empathic or the child has been exposed

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trauma at this time (Siegel 2006). Part of her therapy includes discovering who this self is. Because she had constructed several layers of false identity, she does not know who she is, as her self-concept was buried in shame, humiliation, and neglect. Most of the patients in the author's work have exhibited signs of an 'injured grandiose self', which necessitated a heavy emphasis on empathy and a mirror-transference over the course of treatment.

Applying the Theory: A Case Study

For the sake of privacy, no one's name would be released, so this paper will refer to the author's client as Nadia. She had been in therapy for several weeks because she had experienced a series of unfortunate events, which made her reflect further upon her life. Her relationships have unhealthy patterns where a suitor would appear to put her on a pedestal during the courtship phase and then when things became settled, she would break off the relationship in search of the next man that would make her feel as special. She has lapsed into a deep depression because her life had taken a course other than what she had envisioned her ' destiny' would entail with respect to her career and acquiring certain status symbols (i. e. house and nice car). She withdrew from family and friends not able to face the humiliation that comes with life's setbacks, partially because she would always speak of how wonderful her life was. Meeting her own expectations and those of her family had become a compulsion as it served to validate her existence and her superiority over others that were somewhat less driven.

The author's role in the interaction is small, but significant. With patients such as Nadia, it is just necessary to listen and establish a sense of twinship —that is, cultivate the feeling that she and I are very similar, having very similar expectations of life. Initially, those seeking therapy are searching for someone to validate them and human nature being what it is, they will not feel understood by someone that seems drastically different confiding in those that are most like themselves, but this tendency is even more pronounced in the narcissist. The client must feel that it is all right to share her feelings; because she is certain that they would be understood unconditionally. According to Kohut, in the mirror/alter-ego transference: " The patient experiences you as like himself; his thoughts seem to be present in you also, and what's going on in him he feels is going on in you too. When he feels distant, you are distant from him too. When he is enraged, he feels you are enraged too" (Kohut, Tolpin & Topin, 1996, p. 34). Intriguingly enough, narcissism often provides the patient an unparalleled degree of connectedness as she views the other as an extension of herself and loves her because she loves herself. Conversely, she may hate her therapist because she may reflect back aspects of herself that she does not like. Sometimes, when the client no longer views the therapist as a mirror-object, but another person, the therapy sessions would end because she would no longer take any narcissistic pleasure in understanding herself, however that separation may signal the beginning of deeper changes to come. According to Kohut, once the client becomes subconsciously aware that the therapist and client are two separate entities, she proceeds to narcissistic projection where she projects aspects of herself unto the therapist (Kohut, Tolpin & Tolpin 1996). The therapist then must work through the reasons why her

client is sending forth those particular emotions and then encourage her to reflect upon her emotions and the events of the past that brought them out and caused the client to project those emotions onto her, whether those emotions are positive or negative.

Reflections

To a small extent, the therapist must attempt to keep this interest in play as long as possible for significant change to occur. That does not necessarily mean that a client will be cured—in fact, a cure may not be desirable because narcissism is often necessary for life in the competitive, individualistic cultures of Western nations. This is not a rare practice for psychotherapists to control how they are perceived by their clients, as it is often necessary to project an image of competence as well as physical and mental health in order to increase credibility with them. However, there is the danger of seeming intimidating and unapproachable because clients usually cannot relate to someone that seems perfectly conscientious and undisturbed by the world at all times. They need a mirror to reflect and validate a more empowered version of their self-images. This is where empathy becomes all the more significant in practice. The therapist must always maintain her image as a competent professional, but she should be able to convey that she is capable of putting herself into another's situation and then helping her clients from a position of strength.

Biography

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