HELPING PATIENTS BY ANALYZING SELF-CRITICISM

ANTON O. KRIS, M.D.

This paper is addressed to patients' need for help with punitive self-critical attitudes. Such help has not always been sufficiently provided by psychoanalysts, owing to an unrecognized failure of neutrality. Historically, a gradual overemphasis on the concept of an unconscious sense of guilt has acted as a barrier to the appreciation of shame. An alternative concept, punitive unconscious self-criticism, which stands in contrast to constructive self-criticism and is common to the painful affects of guilt, shame, humiliation, and depression, can facilitate helpful analytic treatment. Heinz Kohut's contributions are examined. His analytic stance is differentiated from his theories of development. In the former, characterized by an affirmative attitude, he takes a position of functional neutrality toward shame and pays consistent though unstated attention to the effects of punitive unconscious self-criticism. The affirmative attitude can be employed without adoption of Kohut's self psychology, i.e., without abandoning the basic psychoanalytic approach to mental conflict and development. The concept of punitive unconscious self-criticism and the concept of divergent conflict, provide sufficient explanatory power. Clinical examples are used to illustrate these ideas.

ONE OF THE MORE DISTRESSING EXPERIENCES for psychoanalysts is to hear a patient say that he does not want psychoanalysis because he needs help. This reputation of psychoanalysis or, more precisely, of psychoanalysts for not helping—fortunately not a universal opinion—is based only in part on misunderstanding. The easy part to explain is that

Training and Supervising Analyst, Boston Psychoanalytic Institute.

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psychoanalysis aims to help through a complex process that leads to the development of insight and to the use of insight to effect behavioral change. That is, behavioral change is sought through the medium of the therapeutic process, not through direct behavior modification. For some patients, however, the indirectness of the method and the emotional demands it makes on them gives them a feeling of not being helped enough. Sometimes their urgent need for help is well justified by the extreme pain they are suffering or by the exigent demands of their current situation. You do not call an architect when your house is burning down.

The rest of the explanation, however, is more complex, more difficult to deal with, but also more interesting. In this paper I shall take up the failure of psychoanalysts over many years, roughly between the 1920's and the 1960's, to appreciate sufficiently the significance of unconscious self-criticism and to give their patients analytic help to deal with it. To put the matter most simply, I believe that analysts have regularly, though unintentionally, sided with self-punitive attitudes of the patient. This failure of neutrality on the part of analysts is in large measure the result of a systematic error in psychoanalytic theory, overuse of the concept of unconscious guilt. I prefer to employ a distinction between punitive self-criticism and constructive self-criticism, both having conscious and unconscious components.

Constructive self-criticism may seek to limit action or promote it, serving an adaptive function. It includes the effective conscience that we count upon to guide us. This function or, better, group of functions may be subject to disorders of development, as any other. Excessive self-criticism may result from anxiety. That is, a person may seek to avoid danger by becoming excessively self-critical and self-inhibiting. A variety of disorders of judgment, tolerance of tension, and self-regard may interfere with competent, constructive self-criticism. The person fails to learn from experience and, as a consequence, suffers repeated disappointments or defeats. (Such disorders

do not necessarily represent a self-punitive tendency; see, e.g., Loewenstein, 1972).

Punitive unconscious self-criticism can be recognized by its consequences: painful affects and states of deprivation. The deprivation may be small or great. It may be no more than an interruption of the associations in the analytic session when they prove too satisfying. Or it may be a characteristic interference with material satisfaction outside the analysis. I shall give some examples further on. A most important and characteristic feature of punitive unconscious self-critical attitudes is that they are readily and regularly externalized. In psychoanalytic treatment they are routinely attributed by the patient to the analyst.

A punitive unconscious self-critical attitude is common to the affects of guilt, embarrassment, shame, humiliation, and depression.[1] When people experience these painful affects, it is always on the basis of an unconscious punitive self-critical attitude, often accompanied by a conscious self-critical attitude. It is true that sometimes we say we feel guilty when, actually, we mean only that we have regrets or feel sorry, or we may say we feel depressed when we mean that we are sad, but, for the most part, when we refer to guilt, shame, humiliation, or depression, a punitive component is unconsciously at work. These affects differ from one another in the consequences anticipated, though the boundaries between them may be variable and hard to define (Brenner, 1974, 1982). My aim is to emphasize their similarity, not to minimize their differences. A consideration of the various determinants of the anticipated consequences, however, lies beyond the scope of this paper.

Gray (1973, 1986) has presented a most important perspective on the help patients need and analysts should give with the task of self-observation, including observation of superego functions (1987). This, as he says, is help for the ego as it "observes its own functioning," to quote Ernst Kris (1956,

[1]In an earlier presentation (1983b), I inadvertently equated punitive unconscious self-criticism with unconscious guilt alone. This error is an easy one to make— *caveat emptor*!

p. 267). As in previous discussions (e.g., 1982, Chapt. 6) I take these important contributions as background. My focus here is principally on superego functions, though I shall not discuss them in the terms of metapsychology.

Self-criticism, Guilt, and Shame in Freud's Writings

When Freud (1896) spelled out his theory that "*Obsessional ideas* are invariably transformed *self-reproaches* which have re-emerged from *repression*" (p. 169), self-reproach or self-criticism was linked equally to shame and to guilt, and not equated with either. Later, however, guilt appeared more and more prominently in his writings. From 1907 on, when he introduced the idea of an unconscious sense of guilt (p. 123), and increasingly thereafter, self-reproach and a sense of guilt became inseparable companions.

Freud discussed the conceptual problem of unconscious affects most fully in his paper on the unconscious (1915, p. 178). Uneasy as he evidently was with the concept of unconscious affects (see Schur, 1969, for an extensive discussion), he was so impressed by the observations that he summarized as the negative therapeutic reaction (1920, pp. 129–133; 1923, pp. 26–27, 49–50) that he eventually placed the unconscious sense of guilt in a position of theoretical eminence. A number of authors, including Rapaport (1953), Pulver (1971), Modell (1965, 1971, 1984), Basch (1976), and, especially, Schur (1966, 1969) and Brenner (1974, 1982) have provided revisions of Freud's views that make the concept of unconscious affects more acceptable. By placing central emphasis on ideas as part of affects, Schur and Brenner rehabilitated Freud's earliest formulations in the context of structural theory.

When the ego became the seat of anxiety in the 1920's, the superego, arising out of the Oedipus complex, became the seat of the unconscious sense of guilt. The influence of this position in psychoanalytic thinking was further strengthened by Freud's (1926, 1930, 1933) elaborations of the unconscious need for

punishment. In all, this became a barrier to the understanding and formulation of the significance of shame, embarrassment, and humiliation, because unconscious guilt, equated with self-reproach, was seen as the basic feeling. Shame rarely appeared in Freud's later writings.

With their new theoretical position, analysts aimed to understand the self-punitive tendencies along with the guilty desires, which represented an advance over earlier attempts merely to bring into consciousness the unacceptable desires. The concept of defense against affects was introduced in distinction to the concept of defense against instinctual drives. Later, following Berta Bornstein (see Becker, 1974) it became a principle of child analysis in the 1950's to analyze defense against affect before defense against drive. With the theoretical primacy of guilt, however, analysts failed to appreciate sufficiently the patient's inevitable view that the analyst—whose self-perception was one of neutrality—must actually agree with the self-punitive attitudes. Externalization of punitive self-critical attitudes onto the analyst in this way is virtually automatic, and the importance of shame reactions was regularly underestimated.

A host of contributors attempted to delineate the relation between shame and guilt (e.g., Piers and Singer, 1953; Nathanson, 1987). Until the seminal work of Kohut, however, most analysts assumed that unconscious guilt must be given primacy and that it holds a special relation to the unconscious need for punishment and to the Oedipus complex—despite Freud's own recognition that a sense of guilt exists prior to internalization of parental prohibitions in the formation of the superego (e.g., 1930, p. 136). Although it seems to me that Kohut made unnecessary theoretical choices, the most unfortunate and unacceptable being the virtual abandonment of conflict theory,[2] I want to turn next to the important formulations he made and

[2]See Stolorow (1985), for an alternative view.

to the challenges he posed to the prevailing psychoanalytic shibboleths of the 1960's.

Heinz Kohut's Psychoanalytic Stance

Right at the beginning of his work on narcissism, Kohut (1966, p. 244) emphasized the link between shame and "narcissistic injury," both because of "the painful affect of embarrassment or shame which accompanies them" and because of Freud's delineation of the links between shame and "exhibitionistic aspects of the pregenital drives; i.e., he pointed to potential shame as a motive for defense." (The half-dozen references to Freud's writings at that point all necessarily predate 1910, with the single exception of a nonclinical footnote from *Civilization and Its Discontents.*) At that early point in his theoretical reformulations of psychoanalysis, though already well advanced in his new clinical observations, Kohut put it this way:

> A firmly cathected, strongly idealized superego absorbs considerable amounts of narcissistic energy, a fact which lessens the personality's propensity toward narcissistic imbalance. Shame, on the other hand, arises when the ego is unable to provide a proper discharge for the exhibitionistic demands of the narcissistic [grandiose from 1968 on] self [p. 254].

Kohut was at pains, then and later, to demonstrate that while shame and its related affects appear prominently in narcissistic vulnerability, no simple substitute of shame for guilt in the standard metapsychology of psychoanalysis would be sufficient to account for narcissistic phenomena. For him, the narcissistic (grandiose) self played an essential role in the "maintenance of the homeostatic narcissistic equilibrium" (p. 255), whose failure leads to the "experience of painful shame." Attention to the grandiose self marked his radical departure in formulation.

In *The Analysis of the Self,* in 1971, shame rather than guilt

in the narcissistic disorders heads the descriptive list (p. 20). Writing of the traumatic reactions of narcissistic patients in the course of analysis, he concludes: "Their predominant tendency is to be overwhelmed by shame, i.e., they react to the breakthrough of the archaic aspects of the grandiose self, especially to its unneutralized exhibitionism" (p. 232).

Kohut's initial emphasis on shame—which gradually disappeared as he developed his self-psychological theories of the mind—seems to have been a leading component in his *revision of the psychoanalytic stance* to what he called the "empathic-introspective stance" (1977, xiii). I think that Michael Basch (1986) is right in stating that there has been: "widespread, albeit tacit, acceptance of Kohut's technique side by side with a very vocal rejection of the theoretical implications behind those same refreshingly efficacious clinical recommendations" (p. 425n). As one of the Philistines who rejects some of the recommendations and most of the theoretical implications he offered, I share with others (e.g., Schwaber, 1983; Black, 1987; Fliegel, 1987) the view that Kohut's theoretical formulations of self psychology, although they provided the framework for his radically revised psychoanalytic stance, *are not required for the adoption of this stance.* Many others, of various theoretical persuasions, had and have offered important contributions to altering the analytic stance (M. Balint, D. W Winnicott, E. Jacobson, L. Stone, H. Loewald, P. Gray, and R. Schafer). But Kohut's orientation became *consistently* more tolerant of the patient's need to love the analyst and of regression and of acting out than was common in the 1950's and 1960's. He was far less committed to the authoritarian certainty of the analyst in the analytic situation and far more open to patients' judgments than most others.

I want to demonstrate here that much of Kohut's revised stance can be encompassed by a recognition that shame reflects punitive unconscious self-criticism. That is, I wish to show that many of the technical recommendations Kohut made can be understood from the viewpoint of their impact on punitive

unconscious self-criticism.[3] It would be an error to imagine, however, that so complex and creative a reformulation as Kohut made could be reduced to one factor. I shall take up an additional aspect in the discussion of the relation between punitive unconscious self-criticism and divergent conflict.

An example that dates from the 1950's, from Kohut's first analysis of Mr. Z., offers a convenient point of departure.

> After about a year and a half, he rather abruptly became much calmer and his insistent assertion that his anger was justified because I did not understand him lessened conspicuously. When I remarked approvingly on the change and said the working through of his own narcissistic delusions was now bearing fruit, the patient rejected this explanation, but in a friendly and calm manner. He said that the change had taken place not primarily because of a change in him but because of something *I* had done. I had, he said, introduced *one* of my interpretations concerning his insatiable narcissistic demands with the phrase "Of course, it hurts when one is not given what one assumes to be one's due" [Kohut, 1979, p. 5].

Although the first analysis of Mr. Z. has been criticized as a caricature of analysis, because of the dogmatic manner in which Kohut applied Freud's theories,[4] I believe that with regard to the analysis of "insatiable narcissistic demands" Kohut's approach was not unusual in the 1950's. For example, Ernst Kris (1951), illustrating the operation of intuition in formulating interpretations, gave a remarkably similar account in which the attempt to analyze a patient's "greed" became suddenly successful when he shifted from referring to the patient's "*demand for love*" to his "*need for love*" (pp. 250–251).

[3]After this paper was completed and accepted for publication, I received the *Bulletin of the Menninger Clinic* (Vol. 53, No. 2) wherein the late Lloyd Silverman suggested a similar view of Kohut's stance (p. 141).

[4]See, for example, Ostow (1979) and Reed (1987), but also the replies by Goldberg (1980) and Leider (1988), respectively, and Schafer (1983, p. 42) and Kohut (1984, p. 84).

Kohut's revised psychoanalytic stance systematized the intuition that brought relief to these two patients. That is, he made it a central point of his new stance that the analyst's attitude to allegedly insatiable demands no longer be implicitly critical (the very first point of "Forms and Transformations of Narcissism," in 1966). He no longer approached them as undesirable behavior to be *overcome* (by suggestion or other behavioral means smuggled into analytic technique) but, from the vantage point of an "affirmative attitude" (1972, p. 363), he treated them as manifestations of mental life to be *understood* and mastered by way of an analytic process. I agree with Kohut's own view (1984, p. 208) that in doing so, he brought psychoanalytic technique to a point more closely neutral with regard to self-critical (superego) attitudes than had been the analytic practice of the time.

Kohut's concept of empathy and empathic listening forms the center of his revised analytic stance, the "empathic-introspective stance" (1977, p. xiii) or "empathic stance" (1977, p. 304). At first, he emphasized the relation of empathy and the narcissistic (later, self-object and selfobject) transferences, particularly the countertransference interferences of attitude (1966, 1968). Later, too, he emphasized the difference between his observational viewpoint and the classical viewpoint (1971, 1977, 1984), experience-near and experience-distant, as he regarded them (see Basch, 1986, for a disagreement with this terminology). I share much of Levy's (1985) criticism of the self-psychological use of the concept of empathy. The concept, ultimately, is too broad, covers too wide a territory to be of use that way. It also seems to me that empathy has been too narrowly conceived in self psychology, in that too little attention has been paid to an empathic understanding of the patient in conflict. I shall hold myself, here, however, to a discussion of the aspect of empathy that deals with the changed, noncritical attitude toward the patient's wishes, in the transference and outside it.

In Kohut's clarification and illustrations of what is meant by empathic immersion, terms such as *acceptance, acknowledg-*

ment, or *affirmation by recognition* always replace rejection or criticism. For instance, in his very first example of the reactions of an analyst to an idealizing transference, the analyst had responded to a transference that derived from a relationship to a priest by indicating that he, himself, was not Catholic. Kohut showed that this "constituted a rebuff for her and led to the stalemate" (1968, p. 105). In another context, speaking of the advantages in responding to patients' questions, he emphasized that "the analyst, by first replying to the questions and only later pointing out that his replies did not satisfy the patient, does not create artificial rejections of the analysand's need for empathic responsiveness" (1977, pp. 252–253).

There is no need to present further instances, as almost every clinical example of self psychology demonstrates the point. The question of importance, here, is whether Kohut and his followers have failed, as I believe, to take into account the significance of their stance for the neutralization of the patient's punitive unconscious self-criticism. I believe much of the success of their clinical work derives from the elements of their stance that reverse self-criticism, and from unrecognized analysis of conflicts in which punitive unconscious self-criticism represents one side.

It has often been pointed out that persistent interpretations that attribute present narcissistic pathology to failures of *parental* empathy in childhood inevitably serve to diminish *self*-criticism. It would be simplistic, however, to consider this factor the sole or even major force of Kohut's technique. Kohut always intended genetic interpretations to be made in the context of a detailed analysis of transference: "explaining to the analysand how his very narcissism leads him to a heightened sensitivity about certain specific aspects and actions of the object, the analyst" (1971, p. 228). The analyst's interpretations, he added, must be "consistently noncondemnatory" and the explanations must clarify the patient's "seemingly irrational hypersensitivity"

(p. 229; see also 1984, Chapt. 10). Punitive unconscious self-criticism, I submit, is an invariable, significant component of this irrational hypersensitivity.

Attention to punitive unconscious self-criticism soon leads the analyst to recognize that neutrality requires more than *silent* acceptance, for in the presence of punitive unconscious self-criticism, the analyst's silence is experienced as confirmation of the self-critical attitude. Similarly, in making interventions the analyst must take into account the patient's tendency to hear criticism where none is intended. All this has led me to conclude that an attitude consciously directed to preventing such self-critical reactions is required, which is, I believe, the essence of Kohut's "affirmative attitude." This component of the revised analytic stance posed and continues to pose a great challenge to the classical stance, because it questions the assumptions that define where proper analytic clarification ends and allegedly unanalytic supportive measures begin.

To sum up, although I recognize that Kohut's theories became the framework for the systematic elaboration of his analytic stance, agreement with his *attitude* to narcissism and to narcissistic reactions does not *require* acceptance of his theories of the mind and its development or of his assumptions concerning the genetic basis of the selfobject transferences. It does require a concept of a primary and independent role for shame. The narcissistic vulnerability to shame dictates the use of an "affirmative" attitude to provide *functional* neutrality—that is, neutrality defined by the patient's experience of the analyst—rather than a viewpoint of *externally descriptive* neutrality. The concept of punitive unconscious self-criticism accounts for this aspect of Kohut's stance of an affirmative attitude, but it does so—in contrast to Kohut's formulations—without abandoning either the concept of unconscious conflict or the important role of unconscious guilt.

At this point, my own views depart from Kohut's. In my previous critique of Kohut's *developmental theories* regarding nar-

cissistic phenomena (1983b), which I shall not repeat here, I described a way of formulating narcissistic phenomena that does not require abandoning formulations of internal conflict. I shall have to give a brief review of my approach before I can illustrate the explanatory power of the concept of punitive unconscious self-criticism in conjunction with divergent conflict, a concept that meets another of Kohut's significant challenges to classical psychoanalytic theory.

Narcissistic Phenomena from the Viewpoint of Free Association

In 1979 I began to report my *initial* formulations of psychoanalytic data from the viewpoint of the method of free association, as independent as possible of a theory of the *mind.* I was unable to forego, even temporarily, a hypothesis of unconscious mental life, that is, of unconscious determinants of free association. My aim was to limit *initial* formulations to relatively operational characterizations of patterns and sequences of the associations and to make correlations among the associations. Such an approach is, of course, not free of theory, for without some theory there can be neither observation nor dialogue, as Spence (1982) has convincingly demonstrated. It does, however, make far fewer initial theoretical assumptions than more customary approaches to analytic experience and reporting. It places greater initial emphasis on the method of data gathering, the method of free association, with two participants, than on a psychoanalytic theory of the mind. It makes it easier for me to evaluate what I regard as incorrect aspects of psychoanalytic theory, without having to discard the rest (Kris, 1984, 1985).

It will be necessary to repeat here, briefly, some definitions and concepts that have guided my approach, so that I can spell out my own psychoanalytic stance, for although it is relatively free of a theory of *mind* (initially), it is based on a systematic conception. It is not a substitute for a theory of mind, which I find indispensable (1982, 1983a). Rather, it can facilitate understanding the way an analyst makes use of theory.

The Method of Free Association

The method of free association is a joint effort initiated by the mutual agreement of a patient and an analyst. The patient attempts to say whatever comes to mind—thought, feeling, wish, sensation, image, memory—without conscious reservation. The relative freedom from *conscious* restriction that results from this activity is all that is meant by the term *free association.* (The term applies not only to the *method* and the *activity* but also to the sequences produced, the *free associations.*) The analyst attempts to facilitate the patient's efforts by verbal interventions (interpretations, in the broadest sense). Once the method of free association has been initiated, interferences or limitations can be observed. I have found it useful to distinguish between conscious interference with free association, which I term *reluctance,* and unconscious interference with *freedom of association,* which I term *resistance.*. (This way of defining resistance frees it from some of the usual psychoanalytic connotations, which I discuss below.) Resistance is inferred, as are all the unconscious *determinants* of the associations, which can be external or internal, conscious or unconscious.

The first aim of the method of free association is to help the patient gain increased *freedom of association,* by which I mean a relative decrease in *unconscious* limitation of the free associations, a relative decrease in resistance. Once the method of free association has been agreed upon, every communication between patient and analyst, verbal and nonverbal, is included, as the method produces the *process of free association,* the psychoanalytic process. This approach to formulation does not require a *particular* theory of the mind, and it can be used in correlation with a variety of theories.

This relatively operational approach keeps in focus the question: what are the current determinants of the associations? Two participants, two minds at work, with defined roles, both contribute determinants to the process. Further, this approach always attends to the question: how does the psychoanalytic

procedure relate to the process? The term free association, and its barbarous companion, the verb to free-associate, are usually used in psychoanalytic writing without adequately distinquishing between conscious and unconscious intentions. So, we may hear that a patient in analysis for several years is at last "really free-associating." What was the patient doing before, and how did it relate to the process and progress of the analysis? From another angle, the concept of resistance is used so broadly and imprecisely that, at times, it can be equated with oppositional attitudes or negative transference, creating a fertile region for patients to turn against themselves for "resisting" when they are doing just what they are supposed to do, that is, say what is on their minds. The definition of resistance as unconscious limitation on freedom of association releases it from its bondage to what I have called convergent conflict (1985) and facilitates the formulation of divergent conflict, with its own kind of resistance. Finally, this approach permits the determinants of the patient's reactions to the analyst to be sorted out without the premature closure that so often accompanies the early application of the concept of transference.

From the viewpoint of free association, the presence of punitive unconscious self-criticism dictates an "affirmative" attitude because otherwise the patient experiences the analyst as critical, by externalizing the self-critical attitude, creating both reluctance (conscious limitation of free association) and increased resistance (unconscious limitation of freedom of association). From another angle, neutrality means not siding with one aspect of a conflict against another, for only the patient may express preference or make such choices.

The stance of an affirmative attitude, whether expressed in terms of self psychology or in terms of the method of free association, raises the problem of how much "support" is necessary in the treatment of narcissistic patients. If the analyst draws the patient's attention to the self-imposed deprivations, does this not mean to the patient that the analyst is opposed to self-deprivation, and is not the analyst then seen as a "better

parent" than the patient's own, and is the treatment then not merely the result of suggestion? To begin with, most analysts share Hartmann's (1960) view that we espouse "health values." To accept the patient for analytic treatment is, from that viewpoint, descriptively non-neutral and a source of "suggestion," but it does not obviate the need for analysis of resistance; on the contrary, it makes it possible. Patients need that much help, as Freud recognized from the beginning of his work (Breuer and Freud, 1895, p. 301). So, too, the affirmative attitude, far from being a substitute for resistance analysis, is the *sine qua non* when punitive self-critical attitudes run high.

Narcissistic Phenomena

Punitive unconscious self-criticism very frequently becomes part of a vicious cycle of self-deprivation and excessive demandingness. This pattern is the characteristic one, in my experience, for all patients described as narcissistic (1976, 1983b). These patients, who have sustained developmental injuries, perpetuate those injuries by attitudes of "narcissistic entitlement" (Murray, 1964) for which they are silently, unconsciously self-critical, and for which they deprive themselves. Feeling deprived, but not recognizing that they themselves are the source of criticism and deprivation, they make their characteristic demands upon a world that usually responds with little sympathy. Until, perhaps, the last 15 to 20 years, the common reaction among therapists and analysts was to regard these outrageous attitudes of entitlement as infantile fixations that must be relinquished (by fiat rather than by analysis) in favor of modulated, mature alternatives. Such views, which are still too widely favored, fail to recognize that the patient actually holds conflicting attitudes, both unreasonable entitlement *and* unconscious self-criticism. Paradoxically, the more the therapist attempts to show the patient the "inappropriateness" (read "badness") of the demands, the worse things get, confirming the therapist's incorrect impression of unbridled narcissistic

wishes. The missing fact is the patient's extreme intolerance of conscious awareness of self-criticism. Typically, because of their characteristic all-or-none, black-or-white, either-or attitudes, such patients assume that if they are in *any* way culpable then they are *totally* culpable. To avoid this experience, they employ strong defensive measures (repression, denial, and projection). They regularly externalize the punitive unconscious self-criticism and believe the analyst or therapist is critical. The avoided affect is very frequently shame and humiliation rather than guilt. Then they consciously fight off the criticism or, worse, knuckle under in a state of compliance. The patient may feel trapped between expressing resentment and the fear of losing the analyst as a result. Such a limitation on free association spells doom for analytic treatment. This sequence accounts, I believe, for one aspect of the painful (but unfortunately too often justified) complaint that psychoanalysts do not help.

The analytic resolution of the vicious cycle of narcissistic phenomena requires more than the interpretation of self-criticism, though that, I believe, must come first. The self-criticism *for* insatiable demands and for failures of self-control (i.e., guilt, not only shame) and, most painful of all, the recognition that some of those transgressions cannot be accounted for or justified by deprivations of either external or internal origins, past or present, require full analytic exploration. Here, I believe, Kohut's theories may seriously mislead the analyst and restrict the analytic process from coming to grips with developmentally immature wishes and resolutions of childhood conflicts.

The formulation of narcissistic phenomena from the viewpoint of free association does not address the problem of character versus symptom or reaction pattern. Narcissistic phenomena, even when they are entrenched, should not be used to define nosological entities, for, in my experience, they may occur across a very wide spectrum of conditions. (I do, however, find it useful to employ the term narcissistic as an adjective for descriptive purposes.) Kohut's formulation of narcissistic personality disorders as a nosological entity rather than

as a psychological description has always struck me as strategically unsound (Kris, 1983b), though I recognize that it follows a well-established psychoanalytic approach, nosology according to stages in the development of libido and object relations. The theoretical developmental stage of narcissism bears far too uncertain a relation to the broad group of "narcissistic" patients to provide a reliable foundation. To put it another way, I am suggesting that attention to punitive unconscious self-criticism makes it possible to consider other aspects of mental life independently in making a diagnosis.

In my previous accounts I have linked the vicious cycle with other features regularly seen in narcissistic patients—the need for confirmation, the need to be special, and divergent conflicts. Here, I shall address the latter, and discuss the interaction between punitive unconscious self-criticism (which is always one side of a convergent conflict) and divergent conflict.

Divergent Conflicts and Punitive Unconscious Self-Criticism

In previous publications, I have introduced the idea of two kinds of conflict, convergent and divergent, which can be seen as patterns of free association. Although the term conflict is used at a variety of descriptive levels, psychoanalytic theory usually refers only to convergent conflict, in which one mental element excludes another from consciousness or from expression. Divergent conflict refers to a pair of alternatives experienced as incompatible. In a discussion of bisexuality, Freud (1908) described one such divergent pattern:

> . . . one may observe how the patient avails himself, during the analysis of the one sexual meaning, of the convenient possibility of constantly switching his associations, as though on to an adjoining track, into the field of the contrary meaning [p. 166].

The ironic word "convenient" suggests that Freud viewed the switch as a resistance. My own observations have led me to

another conclusion. When I was undertaking my first analyses, I was puzzled by abrupt shifts in the transference. What seemed to be erotic, oedipal transference wishes, with active aims, were suddenly replaced by passive wishes that seemed, at least in part, to be of preoedipal quality. The alternation between active and passive, preoedipal and oedipal, and homosexual and heterosexual wishes, and a number of others, seemed to me to form the basis of either-or dilemmas, complex interactions in mental life, composed of intersystemic and intrasystemic conflicts. Resolution of these dilemmas required that the free associations "swing back and forth between the sides" (Kris, 1977, p. 114). Later (1982, Chapt. 8; 1984), I saw this alternation of expression of the two sides as a process akin to mourning. From the beginning it seemed to me that the two kinds of conflict were regularly seen to interact with each other.

As late as 1984, when I referred to them as patterns of association that I called conflicts of ambivalence in contrast to conflicts of defense, I thought it was possible to describe divergent conflicts with the established concept of *intrasystemic* conflict. Only when I recognized (1985) that I had failed to explain my meaning to my readers did I understand that the idea of divergent forces, i.e., pulling apart in opposite directions, as in a tug of war, in contrast to the convergent forces that have been synonymous with the concept of conflict in psychoanalysis, was new. Intrasystemic conflicts were seen as convergent by other analysts, while I had, all along, pictured them as composed of divergent forces. This was especially surprising to me, because the original idea of dilemma conflicts had been introduced long before by Rangell (1963a, 1963b).

My most recent reformulation, in 1985, gave me the opportunity to demonstrate the considerable number of bipolar concepts embedded in psychoanalytic theory, starting with Freud's (1900) original view of the push-and-pull components of repression (p. 547), that do not fall under the usual concept of conflict in psychoanalysis, convergent conflict. In that paper I emphasized again the interaction of the two types of conflict

and described the differences between them along four dimensions: "the form of opposition, that is whether the elements converge or diverge; the types of resistance associated with them; the patterns of resolution; and the aspects of insight achieved in their resolution" (p. 537). By pattern of resolution I mean a process akin to mourning in the divergent conflicts in contrast to lifting of repression and the associated defenses. The insight achieved in the resolution of convergent conflicts is relatively discrete, while the insight that develops in the resolution of divergent conflicts appears gradually and is usually little more than a change of opinion: what seemed to be either-or no longer seems so. The difference with regard to resistance, however, was more difficult to describe. Where resistance in convergent conflict derives from the danger of the expression and awareness of unconscious impulses, resistance in divergent conflict is intimately linked to the either-or assumption that to express one side is to lose the other.

To make sense of all this, two further problems had to be addressed. The first was *the nature of resistance,* which has always been tied in psychoanalytic theory (though not in clinical description) to what I call convergent conflict. If resistance is restricted in this way, fundamentally as the opposition to making conscious what is unconscious, but also when it is expressed broadly as "whatever interrupts the progress of analytic work" (Freud, 1900, p. 517), the end result is foreclosure against a concept of divergent conflict. Here it was necessary to take a detour in the history of psychoanalysis, to show that somewhere between 1914 and 1916 Freud confined the term repression to the push component only, to censorship and anticathexis. The pull component was relegated to the concept of fixation (and to the concept of adhesiveness of the libido, which then lay fallow for the next 20 years). This led him to the uncharacteristic conclusion, in 1920, that "the unconscious—that is to say, 'the repressed'—offers no resistance whatever to the efforts of the treatment" (p. 19), a position he corrected in 1926 (pp. 159–160). This emendation of his earlier views, however,

did not rehabilitate the original divergent component of repression, the pull component, nor did his description of two of the five kinds of resistance he then proposed in divergent terms (resistance of the id and resistance of secondary gain from illness) receive attention. The analysis of fixations, as I have shown elsewhere (1987), remained, necessarily, limited, because fixation was not understood as one side of a divergent conflict. The adoption of the viewpoint of the method of freedom of association and the formulation of resistance as unconscious interference with freedom of association yields an unbiased position with respect to the two kinds of conflict.

The second problem was in *the psychoanalytic concept of mourning*. Here it was necessary to challenge Freud's (1917) view of mourning, which has been widely accepted by psychoanalysts, that: "Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object" (p. 244). This view describes accurately the fears of the person who cannot complete mourning. Reality, in fact, demands only the *acknowledgment* of loss, which is very different from withdrawing *all* libido. Mourning does not create loss; it permits mourners to regain those portions of themselves that are tied to the lost object and to reacquire the freedom to remember the lost object and to form identifications. Mourning is the paradigm of divergent conflict resolution—the conflict between inner integrity in the acceptance of reality and the wish to maintain the illusion of continuing relationship. It requires a painful alternation in the resolution of what Jacobson (1971, p. 82) called the "inner dichotomy" and the "vacillating attitude."

The two problems are, at bottom, one, for Freud regarded mourning as "a perfect model of an affective fixation" (1916–1917, p. 276). The concept of divergent conflict, accordingly, with its expanded concept of resistance, facilitates the analysis of fixations. Here, again, I am in agreement with the *aims* of Heinz Kohut's self-psychological conceptions. They seem to me to have an overriding goal of facilitating the analysis

of fixations. I share his often-expressed view that what he called "the penetration-to-the-unconscious-via-the-overcoming-of-resistances model" (1984, p. 113) fails to explain enough. I believe the concept of divergent conflict, however, adds sufficient explanatory power to the traditional concept of conflict to meet this challenge. I have presented extensive examples from a single case in a previous publication (1988). To illustrate this thesis further, I shall offer here several brief clinical examples of the interrelated roles of punitive unconscious self-criticism and divergent conflicts.

Clinical Illustrations

A boy of fourteen had been unable to complete his mourning for his father. He fell asleep at school and appeared moderately depressed. In psychotherapy, he gradually regained his balance, but his recovery was suddenly and dramatically advanced when he recalled an event that took place several months before his father's death, the day after his father's inoperable malignant tumor was diagnosed. At that time he had read to his father a book report on Conrad's *Lord Jim*. As he was reading the words, "Lord Jim's triumph is in death," he had thought silently: "My God, I am saying my own triumph is in your death." From that time on, feeling guilty and ashamed, he had been unable to talk honestly with his father. In that emotional sense, he had lost his father already.

In this case it was not unusual hostility to his father that accounted for the conflict of "ambivalence"— though I believe that early in adolescence, with the revival of oedipal wishes and conflicts, children are specially vulnerable to interruption of mourning if the father dies. In this case the unconscious self-criticism and anticipation of (conscious) guilt and shame would not permit the patient even to think about his father with the love and longing that were by far his dominant feelings. The normal process of mourning, which requires remembering the person who has been lost, could not proceed.

Most commonly, however, punitive unconscious self-criticism is neither so easy to track down nor so readily mastered. This is especially true where the patient's intolerance of the conscious experience of guilt leads to strong defensive measures (repression under ordinary circumstances, denial and projection under pressure). Attempts to interpret unconscious self-criticism from the viewpoint of what the patient feels self-critical *for* tend to increase the defenses in response to the threat of arousing painful affects, though eventually the patient must be helped to tolerate the painful affects sufficiently to gain necessary insight. Interpretation of punitive unconscious self-criticism from the viewpoint of its consequences, the self-deprivation the patient imposes, provides a much more reliable approach *initially* (Kris, 1983b).

In the second year of analysis a patient who felt isolated following his divorce spent a whole session speaking of a man who had been a close mentor. He described this man, who had died unexpectedly the day before, as a father figure whom he had loved. (The deep affection had also been accompanied, early in their relationship, by substantial flirtation and lustful fantasy for the man's wife, but they were not mentioned in the course of the hour at hand—and in fact, I did not learn of them until much later in the analysis.) At the end of this very moving session, he said: "Well, I've wasted another hour." Relying on a considerable background of interpreting his self-criticism, I commented, "Only you could have turned against yourself that way at a time of need. No one else would treat you so unkindly." I reminded him in this way of his habitual opposition to the satisfaction of his needs, which I had gradually helped him to recognize. There would have been no way then to link his unconscious self-criticism with his oedipal transgressions, even if I had known of them. The repeated interpretations of his self-criticism, from the viewpoint of the self-deprivations it caused, gradually led to increased tolerance of his need to be loved and cared for. Those wishes, we came to see, were also poised against a number of others in divergent conflict. For example, he feared

that giving way to being loved would lead him to surrender his autonomy, to lose his sense of self. This opposition was not a disapproval of the wishes to be cared for and loved. It was based on an unconscious conviction that he had to choose between autonomy and being loved. To be loved would mean to lose autonomy altogether. His considerable reluctance to become even casually involved with a woman was in part due to the belief—and this was no mere rationalization masking some "real" reason—that if he went out with a woman he could not keep himself from marrying her if she wanted him. The relatively satisfactory analytic resolution of this divergent conflict, one among several, required many years of analytic work, including the slow elaboration and interpretation of transference versions.

When the interpretation of a punitive self-critical attitude made from the angle of self-deprivation is accepted by the patient, as in the instance just described, the effort may nonetheless seem to be immeasurably small. This is true even when the patient feels significant relief. What has been achieved is not a stable reduction in the self-criticism. The effect can be seen (and even there, hardly in large steps) in the patient's greater ease in expressing the wishes subject to self-criticism and their paired opposites. Similarly, an interpretation that is phrased to demonstrate a divergent conflict—for example, showing a patient that he holds both a wish to remain connected to his past objects and a wish to find a new love, which he regards as incompatible—may have its effect by diminishing unconscious self-criticism for the "immature" wish to "hold on" to the old objects. Later interpretations, in the course of the analytic process, may more directly address the unconscious causes of self-criticism.

A young professional man who felt consciously very guilty over his unruly sexual appetite and other attitudes of "entitlement," would limit his larder to cans of tuna fish, which he ate without condiments. He was surprised at first and grateful when I drew his attention to the deprivation. To have attempted to

understand the *unconscious* causes for self-criticism and self-deprivation was not then possible, because the sense of humiliation, rejection, and isolation would have been too intense. Only much later, after I had repeatedly shown him his intense punitive unconscious self-criticism and under the influence of a strong, positive father transference, was it possible to connect the deprivation with the reasons for his *unconscious* self-criticism. The analysis of an overtly self-critical dream, in which signs plastered over the walls of his hotel room called him a crook and a thief, was helpful in promoting this insight, which, as is regularly the case, took a long time to establish. The self-criticism was directed, in the first place, against his wish to be treated without a fee, that is, for love. He was surely right in claiming that this was in part a wish to have me make up for his parents' failures. There was more to it than that, however. He was also self-critical for envying me and wanting to take from me what was mine. The insight and the diminution of unconscious self-criticism facilitated analysis of divergent conflicts, in this instance, between his wish to be loved and helped by his father and me and his wish to exceed his father's achievements and mine and to be entirely independent of us. That is, once he could express his envy (of which we gradually recognized a number of important genetic roots, such as childhood envy of siblings and childhood envy of his father's size, including phallic size) without feeling humiliated, he was in a position to permit the alternation of conflicting divergent wishes that is required for their resolution.

The ordinary interaction of the two kinds of conflict makes them operate as resistances for each other. The analysis of one tends to release the other for observation and understanding. Punitive unconscious self-criticism holds a most important position as one side of convergent conflicts, appearing over and over throughout an analysis, interrupting resolution of divergent conflicts. It is worth remembering that much of the time no conscious guilt appears at all, because the patient is so exquisitely sensitive to it. In those situations punitive unconscious

self-criticism must be recognized by the self-deprivations it causes.

In the treatment of these patients, my stance was the one I have described. Nonetheless, when the third of these patients came to see me, he was responding to the irritated attitude of the person who referred him, which resonated with his intense self-criticisms. He expected harsh "confrontations," and it was some time before I appreciated the influence this unexpressed expectation exerted on his attitude of reluctance toward free association. He was in a divergent conflict, between his wish to say whatever was on his mind, on the one hand, and his need to protect himself from me, on the other. The analytic situation, even without the extra influence of an external authority, always holds the potential for such a divergent conflict for the self-critical patient.

Narcissistic patients regularly present a host of unresolved divergent conflicts, which are successively resolved, partially though perhaps never completely, in the ordinary course of life by those not subject to such intense punitive self-criticism. I have tried to demonstrate on a previous occasion (1979) that some narcissistic patients enter adolescence lacking essential tools for the mastery of the inevitable divergent conflicts of that period of life between primary attachments and new relationships, independence and dependence, active and passive and homosexual and heterosexual wishes. The requisite capacities for frustration tolerance and tolerance of ambiguity led me to recognize in those patients a failure to develop, in the latency period, an alliance with an adult for the development of self-control.[5] The failure of self-control was always the cause for intense punitive unconscious self-criticism. Sometimes it would also lead to conscious self-criticism and depressive affect. This

[5]These views support Kohut's (1971) observations on the significance of disappointment in an idealized object in the latency period, and the need for what he termed an alter-ego selfobject in those developmental years (1984, p. 194), though, once again, it is not necessary to adopt his theory to appreciate the significance of this developmental finding.

punitive self-criticism contributes to preventing the alternation of associations that is required for the resolution of their divergent conflicts, in a process akin to mourning. The therapeutic pessimism of such patients, I believe, is greatly increased by their sense of the impenetrable circularity of their deficiencies. The success of the treatment hinges not only on the interpretation of self-criticism, but on a revival in the transference of the need for an alliance for self-control.

Additional Theoretical Connections

I want to demonstrate an entirely different theoretical connection among self-criticism, mourning, and divergent conflict, one that derives from Melanie Klein's concepts of the paranoid and depressive positions (1935, 1940).[6]

Grinberg (1964) writing of "Mourning for Loss of the Object and for Loss of the Self" in his paper on persecutory guilt and depressive guilt, states: "the feelings of pain and guilt—whether persecutory or depressive—brought about by the loss of parts of the self, if they become overwhelmingly strong, can impair the work of mourning" (pp. 368–369). It seems to me that he refers precisely to the observation that I have been emphasizing, that punitive unconscious self-criticism can prevent alternation of the associations, hence, mourning and the resolution of divergent conflicts.

Later, in a paper on depression and mourning (1978), Grinberg described the crossing of "the razor's edge" between psychotic personality and neurotic personality:

> During psychoanalytical treatment these patients change abruptly, as I have mentioned above, from a depressive state to another, of persecution, critical and excessively

[6]I shall not discuss here the problems I find with the Kleinian formulations. For a balanced presentation of some aspects germane to the present discussion, see Sandler and Sandler, 1987.

> demanding, putting pressure on the analyst to find an immediate solution to their problems [p. 248].

That is, to use my terms, the patients express the elements of the vicious cycle of self-criticism and self-deprivation in one state, and excessive demand in another.

> In these patients there is a marked intolerance to the absence of the object—and to the absence of those aspects of the self involved—as well as an intolerance to what this absence brings with it: intense psychic suffering. The absent object then becomes a persecutory 'non-present object' which makes its presence felt persecutorily and must therefore be promptly got rid of. For the same reason, they cannot bear separation from their analyst; moreover, when the analyst thwarts certain fantasies, he instantly acquires, even when he is present, the characteristics of an absent object through non-fulfillment of the required gratifying aspects, and becomes a threatening persecutory 'non-object' [p. 249].

The difficulties such patients encounter in mourning, Grinberg, maintains, are in contrast to normal mourning, where "the predominance of depressive guilt, together with the sublimatory tendencies for reparatory attitude, increase the creative capacity" (p. 252).

I present this formulation to demonstrate the connections between a stance of an affirmative attitude, which I believe Grinberg employs, and formulations that link unconscious self-criticism (guilt) with interrupted mourning. Naturally, the expectation of loss, which is inherent in divergent conflict, also makes a contribution, directly, to the interruption of the alternation of associations and the process akin to mourning by which such conflicts are resolved. That is, the expectation of loss, based on an unconsciously determined certainty that loss is inevitable, serves as a resistance, an interference with freedom of association.

Another connection between self-criticism and divergent conflict can be seen in the theories of Fairbairn. In his discussion of schizoid factors in the personality, Fairbairn (1952) writes:

> The devastating nature of the conflict associated with the early oral phase lies in the fact that, if it seems a terrible thing for an individual to destroy his object by hate, it seems a much more terrible thing for an individual to destroy his object by love. It is the great tragedy of the schizoid individual that his love seems to destroy; and it is because his love seems so destructive that he experiences difficulty in directing libido towards objects in outer reality. He becomes afraid to love [p. 50].

The punitive unconscious self-criticism is represented in the words "devastating," "terrible thing," "great tragedy," and "experiences such difficulty." The divergent conflicts are represented in the love-destroy and self-other dichotomies that comprise the "schizoid dilemma" (p. 51).

Trauma, Fixation, and Divergent Conflict

Punitive unconscious self-criticism plays an apparently ubiquitous role in reactions to trauma. This commonplace of clinical observation led to a formulation, developed with my colleague, Charles Magraw, that the creation of punitive unconscious self-criticism could be regarded as a defining characteristic of traumatic events (Kris, 1987). The established conceptual links in psychoanalytic theories between trauma and fixation, however modified, stress that trauma acts as a pull on mental life, that is, as a fixation. The new view of fixation as one side of a divergent conflict, pulling against the wish to move forward in the present, led us to a testable hypothesis and a tentative therapeutic recommendation that attention to punitive unconscious self-criticism and to divergent conflict could lead to a more systematic analytic approach to trauma. Accordingly, we can expect punitive unconscious self-criticism to act as a resistance,

preventing alternation of the associations necessary to achieve resolution of the traumatic fixation. Here, again, I believe, it is important to see the requirement for the analyst as a helper, because trauma is always concerned with the experience of helplessness. Our contention is that the most important help can be provided by demonstrating the punitive self-criticism to the patient—from a position of an affirmative attitude—thereby facilitating the alternation of the associations and the resolution of divergent conflict through a process akin to mourning.

This brings me to a final, speculative remark on the origins of punitive unconscious self-criticism, despite my skeptical view of generalizations based on reconstructions of early development. Usually, psychoanalytic formulations emphasize the harshness of parental attitudes toward the child who is later self-punitive. A second concept focuses on the parents' harshness toward themselves. In both instances, the child's identification with the parental attitudes is assumed to play a major role. I want to draw attention to a third interaction. I think it is most likely that punitive self-critical attitudes develop spontaneously in young children, and I believe it is a function of parents to mitigate such reactions. In this area, I believe, analysts must take up the same task, not to play a role, as parents, but to facilitate the analytic process. There is everything to gain by providing such help.

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37 Philbrick Road
Brookline, MA 02146