

CHAPTER FIVE

The Oedipus Complex and the Psychology of the Self

Miss V. was an artist in her early forties. The investigation of penis envy had played a considerable role in a previous analysis, and her low self-esteem and tendency toward feelings of discouragement and hopelessness had been interpreted in accordance with Freud's formulation (1937) that the woman's inability to accept her femaleness constitutes the bedrock of analysis—in other words, that the patient was still yearning to acquire a penis and that her hopelessness related to her inability to reach this goal. During the third year of Miss V.'s analysis with me, she dreamed that she was standing over a toilet urinating and, vaguely, that someone was watching her from behind.¹ Her first associations concerned the fact

¹ With regard to the allusion to the transference (someone watching from behind), which is not important in the present context, I will merely say that the vague image of the analyst is the point of convergence for two lines of associations—the first leading to the need for the constructive presence of the self-object father, the second leading to the fear of the destructive presence of the self-object mother.

that she had had similar dreams in her previous analysis, which, in combination with many other bathroom dreams, had led to the repeated interpretation that she wanted to have a penis and to urinate standing up like a boy. Then she spoke about her previous analyst, a woman who held very strong beliefs about the correctness of her interpretations and had presented them with a certitude that allowed for no doubt from the side of the patient. The associations next turned to the patient's voyeuristic interests, in particular to her interest in her father when he was in the bathroom; and she remembered clearly (as she had always remembered) that as a little girl she had yearned to see her father's body, especially his genitals. The patient became silent, and, when I asked her what she was thinking and feeling, said that she felt depressed, diffusely anxious, and hopeless. On the basis of her preceding associations and the broad knowledge about her personality and childhood I had acquired over the years, I ventured the opinion that the dream and her associations constituted a point of convergence between her feelings about the analysis and the analyst and some crucial issues of her childhood experiences. And I added that I thought that her dream of urinating standing up and her wish to see the father's penis were not primarily related to sexual matters, but to her need—familiar from other memories that had emerged in preceding sessions—to extricate herself from her relation with her bizarre and emotionally shallow mother and to turn toward her emotionally more responsive and down-to-earth father. The associations elicited by these remarks brought us some unexpected confirmatory memories. The tip of the iceberg was the memory that her mother had warned her never to sit down on a toilet outside their own house

because of vaguely defined dangers having to do with dirt, infections, bacteria, and the like. The most important understanding, furthermore, to which these associations led was that these fears which were inculcated into the child did not in their essence relate to sexual wishes and conflicts concerning anal or phallic-genital drives but to the mother's hidden paranoid outlook on the whole world. The toilet seat was the world—an inimical, dangerous, infected world. And the child's healthy move toward the world—in sexual and nonsexual directions—was made impossible by the infiltration of the mother's paranoid beliefs into the child's psychic organization. Her wish to see her father's penis was the sexualized rendition of her attempt to turn to him for a positive, vigorous, nonparanoid attitude toward the world. And her essential wish in the analysis was not primarily the wish to obtain a penis-baby from an oedipal father, but to gain his support in order to overcome her mother's influence over her so that she could "sit down on the toilet," that is, to gain his support to be in direct and strong contact with the world. She wanted from him psychological structures that would allow her to be joyful and alive in sexual and nonsexual areas of experience, not shallow, empty, and suspicious like her mother.

The preceding case vignette, illustrating the shift in the meaning of clinical data—in my opinion a shift toward a deeper and more encompassing meaning—when we approach them from the point of view of a self struggling to maintain its cohesion—i.e., from the point of view of a self motivated by disintegration anxiety—rather than from the point of view of a psychic apparatus trying to deal with drives and structural conflict—i.e., from the point of view of an ego motivated by castration anxiety—raises certain theoretical questions.

Freud described and explained the child's oedipal experiences in conformance with his general theoretical outlook—an outlook he had adopted from the physical sciences of his day—in terms of forces (drives), counterforces (defenses), and interaction of forces (compromise formations, such as the symptoms of the psychoneuroses) within a hypothetical space (the psychic apparatus). Two principles will guide us in our task of re-evaluating the Oedipus complex from the point of view of the psychology of the self: that we are not questioning the data of Freud's discovery, but the adequacy of the theoretical framework into which they were put and, thus, their significance; and that we are not necessarily denying the truth of the classical theory of the central position of the Oedipus complex, but only the universal applicability of this theory. We are, in other words, employing the approach I referred to earlier (p. xv) as the psychological principle of complementarity, a term meant to indicate that the explanation of the psychological field may require not one but two (or more) theoretical frameworks.²

The classical theory of drives and objects explains a good deal about the child's oedipal experiences; par excellence it explains the child's conflicts and, in particular, the child's guilt. But it falls short in providing an adequate framework for some of the most important experiences of man, those that relate to the development and vicissitudes of his self. To be explicit: notwithstanding the admirable effort by generations of psychoanalysts to extend the theories of drives and defenses and of the structures of the psychic apparatus to their utmost limits—including the ultimate heroic attempt by Freud (1920)

² Edelheit has recently (1976) applied the concept of complementarity to the "relationship between psychological description and neurophysiological description."

to give the drive theory a cosmological dimension—these theories fail to do justice to the experiences that relate to the crucially important task of building and maintaining a cohesive nuclear self (with the correlated joy of achieving this goal and the correlated nameless mortification [cf. Eidelberg, 1959] of not achieving it) and, secondarily, to the experiences that relate to the crucially important striving of the nuclear self, once it is laid down, to express its basic patterns (with the correlated triumph and dejection at having succeeded or failed in this end). As I said earlier, drive theory and its developments explain Guilty Man, but they do not explain Tragic Man.

Our examination of the Oedipus complex in the light of the preceding considerations can best be approached from two different sides. We must first ask how the disturbances of the self and the oedipal psychoneuroses are related to each other; and we must then ask whether—and if so, how—our conception of the Oedipus complex itself is altered when it is seen from the point of view of the psychology of the self.

We turn first to the question of how the disturbances of the self and the oedipal neuroses are related to each other.

There exist in theory—and indeed in practice—two possibilities: (1) the emotional retreat from the conflicts and anxieties of the oedipal period may lead to the chronic adoption of defensively held narcissistic positions; and, in the obverse, (2) the mortification to which the child is exposed by feeling that his self is fragmenting or lacking in vitality may lead him to the chronic adoption of defensively held oedipal positions. I have elsewhere (1972, p. 369) referred to the first group of disturbances as pseudonarcissistic disorders and to the second group as

pseudotransference neuroses. To this schematic classification I will add here that, apart from the clear-cut instances of layered pathology (i.e., the pseudonarcissistic and the pseudotransference disorders), there exist also mixed forms in which primary narcissistic pathology and oedipal pathology are present side by side and are activated in the transference, either alternately or successively. These cases, however, are not frequent. In my clinical experience, at any rate, I have found to my surprise that cases of pure pathology are much more frequent than those of truly mixed pathology. Finally, I should say that for the investigation of *the relation* between self pathology and structural pathology (though not for the investigation of the disorders of the self per se) the framework of classical metapsychology should be more or less adequate—just as it is adequate for the traditional drive-psychological investigations of the relation between oedipal and preoedipal psychopathology.

We turn now to our second question: whether—and if so: how?—our conception of the Oedipus complex itself is altered when it is evaluated from the point of view of the psychology of the self.

I must ask the reader's forbearance if, to lay the groundwork for my attempt to reply to this question, I present a summary of the classical position in order to bring certain of its features into sharp relief. The classical position holds that, after an important series of preliminary steps, the child enters a psychological stage in which, on the basis of intrinsic psychological factors (such as drive maturation), it is inexorably drawn into a psychological situation—sexual desire for the heterosexual parent, rivalrous murderous wishes toward the homogenital parent—that confronts it with conflicts

which it cannot solve on the basis of conscious choice and decisions through external action, but to which it responds by massive autoplasmic adaptations. As a result of these events the psychic apparatus undergoes certain important changes: the repression of the desire for the heterogenital object is decisively important among the factors that determine the form and content of the id; the internalization of the imago of the hated homogenital rival plays the same role vis-à-vis the form and content of the superego. If the archaic structures are not firmly walled off from the ego and the modulating action of the intercalated semipermeable psychic structures is insufficient, then a central focus of psychopathology is established: the infantile (oedipal) neurosis. The latter may itself quickly be walled off, either temporarily or permanently (i.e., the entrenchment of the manifestations of a neurosis is prevented or delayed), and thus the ego is given some room for its learning tasks—though at a price in available energy. But in many instances the infantile neurosis will make its influence felt in childhood, with the deleterious absence of a clear-cut latency period. Under these circumstances the expansion of the range of intellectual and social learning is halted. In summary, then, classical analysis depicts the unsolvable aspects of the oedipal situation and sees the ensuing pathological consequences as due to the inability of the psychic apparatus to deal with the conflicts.

Psychological health, too, although less emphasized in the classical formulations, can be defined in oedipal terms. It is established by virtue of the ability of the psychic apparatus to deal with the conflicts by instituting effective autoplasmic changes—a well-functioning psychic organization is established that can cope with the prob-

lems of adaptation. If, in other words, the barriers vis-à-vis the repressed id and superego are not only firm but also appropriately permeable, i.e., if the forces of the archaic id and superego are either securely walled off or neutralized by intercalated psychic structures, then the ego can function autonomously—a new phase of psychological development begins, relatively undisturbed by infantile sexuality and aggression: the ego is ready to confront a broadened range of intellectual and social problems—the child goes to school.

It does not indicate any lack of respect for the great explanatory power of the classical formulations, or any lack of appreciation for their beauty and elegance, when I affirm now that it is possible, from the viewpoint of the psychology of the self in the narrower sense—i.e., from the viewpoint of a theory that considers the self as a content of the mental apparatus (see pp. xv, 132, 206 above)—to enrich the classical theory by adding a self-psychological dimension. To state explicitly what has been implicit all along: the presence of a firm self is a precondition for the experience of the Oedipus complex. Unless the child sees himself as a delimited, abiding, independent center of initiative, he is unable to experience the object-instinctual desires that lead to the conflicts and secondary adaptations of the oedipal period. Furthermore, if we acknowledge the presence of an active self during the oedipal period, then our conception of the oedipal strivings themselves, as well as of the functions of the psychic structures that are the heirs of the oedipal experience, will reflect psychic reality more accurately. As I pointed out earlier, however, we can within certain clearly defined limits (e.g., in psychopathology, with regard to the area of structural disorders; in normal functioning, with

regard to the area of conscious and preconscious psychic conflict) explain psychological life in a satisfactory manner on the basis of explanations that disregard the self. Once more aphoristically: Because the self is present on both sides of structural conflicts, it can be left out of the equation.

But, having summarized the classical position, we have now arrived at the crucial point of our considerations: the scrutiny of the significance of the Oedipus complex from the point of view of the psychology of the self in its broader sense, i.e., from the point of view of a psychology in which the concept of the self is supraordinated to that of the mental apparatus and its agencies.

Occasionally a distinct but brief oedipal phase appears in the transference at the end of many years of analytic work that was focused entirely on working through the relation between the self and the self-objects. In earlier years I simply assumed I was dealing with the revival of an oedipal conflict from childhood, that a developmental level, a *phase* tentatively reached in childhood, had been shattered by phase-specific fears and had led to a defensive, regressive retreat. But after several similar experiences, I have come to change my mind. I now believe it highly probable that these oedipal constellations are new, that they are a positive result of a consolidation of the self never before achieved, that they are not a transference repetition. I have formed my view on the basis of these observations: First, the analysand experiences the terminal oedipal phase in these instances almost entirely in terms of fantasies about the analyst and the analyst's family, and, while some associations may allude to a parental triangle, no intensely charged memory systems concerning oedipal conflicts in childhood are ac-

tivated. Second—and this observation is of crucial evidential significance—despite some simultaneous anxiety, the brief oedipal phase is accompanied by a warm glow of joy—a joy that has all the earmarks of an emotionality that accompanies a maturational or a developmental achievement. I take the license of supporting my argument by retelling a lovely anecdote Freud told long ago, in a different context (1900, p. 157), of the girl who was yearning to be married. On being told that her suitor “had a violent temper and would be sure to beat her if they were married,” she replied: “If only he'd begun beating me already!” The same attitude so charmingly portrayed in this little story prevails in the narcissistic personality disturbances and in other primary disturbances of the self vis-à-vis the conflicts that emanate from the Oedipus complex. Any person afflicted with serious threats to the continuity, the consolidation, the firmness of the self will experience the Oedipus complex, despite its anxieties and conflicts, as a joyfully accepted reality, and he will say, with the girl in Freud's story, “if only I'd already begun to suffer the anxieties and conflicts of the oedipal period.”

It is evident that, seen from the point of view of self psychology in the broader sense of the term, our focus is drawn to the positive aspects of the oedipal period. True enough, the classical theory is fully compatible with an appreciation of the positive features of the oedipal experience. But it sees the positive qualities that the psychic apparatus acquires at that period as the result of the oedipal experience, not as a primary, intrinsic aspect of the experience itself. Or to state it in other words: classical theory is limited by its focus on structural conflict and the structural neuroses. Psychoanalytic theory will come

closer to fulfilling its legitimate aspirations of becoming an encompassing general psychology if it now expands its borders and places the classical findings and explanations within the supraordinated framework of a psychology of the self.

Let me now give a description of the oedipal phase from the point of view of self psychology. Reconstructing the experiential world of the oedipal child on the basis of those instances in which an oedipal phase is reached *de novo* at the end of an analysis of a case of narcissistic personality disorder that had achieved the restoration of a formerly fragmentation- and discontinuity-prone self, we can say that if a child enters the oedipal phase with a firm, cohesive, continuous self, he will then experience assertive-possessive, affectionate-sexual desires for the heterogenital parent and assertive, self-confident, competitive feelings vis-à-vis the parent of the same sex. We must immediately add, however, that it would be psychologically misleading to consider the child's oedipal experiences in isolation. As was true with regard to earlier phases of development, the child's experiences during the oedipal phase become understandable only when they are considered within the matrix of the empathic, partially empathic, or unempathic responses from the side of the self-object aspects of his environment.

The affectionate desire and the assertive-competitive rivalry of the oedipal child will be responded to by normally empathic parents in two ways. The parents will react to the sexual desires and to the competitive rivalry of the child by becoming sexually stimulated and counteraggressive, and, at the same time, they will react with joy and pride to the child's developmental achievement, to his vigor and assertiveness. Although under normal cir-

cumstances these seemingly inconsistent parental attitudes are fused, I will in the following discuss them as if they could be neatly separated.

Concerning the first-mentioned parental responses, little needs to be said—indeed, little can be said that is not implicitly contained in the teachings of classical analysis, or, to say the least, that is not easily integrated with the classical tenets concerning this phase of development. We will say then that the empathic heterogenital parent will, consciously or preconsciously, grasp the fact of having become the target of the child's libidinal desires and will respond in an aim-inhibited libidinal fashion to the child's advances. The homogenital parent, too, will consciously or preconsciously grasp the fact of having become the target of the child's rivalrous aggression and will respond in aim-inhibited counteraggression to the child's hostility. It is evident that both the parents' correct perception of the child's intentions and the fact that their appropriate responses are aim-inhibited are important with regard to the child's growing capacity to integrate his libidinal and aggressive strivings—that, in terms of mental-apparatus psychology, the child acquires psychic structures that modulate drive expression. It is clearly deleterious for the child's maturing psychic apparatus if the parental responses to the oedipal manifestations are grossly sexual or grossly counteraggressive. But, apart from declaring these extremes unacceptable, we must admit that a wide variety of parental responses should be regarded as—even if not actively promoting health and development—at least nonpathogenic and not interfering with psychic development. We shall consider parental responses that can be characterized in this way as lying within the normal range of parental behavior. Thus,

within the limits indicated, we can say that a whole spectrum of parental responses lies within the realm of normalcy. In patriarchally organized groups, for example, the parental attitudes toward the oedipal boy foster, as a result of his oedipal experiences, the development of a mental apparatus that is characterized by a firm superego and a set of strong masculine ideals. This type may be specifically adapted to the tasks of a frontier society or at least to a society in which the values of a frontier society still hold sway. Parental attitudes in groups in which gender differentiation has lessened, may produce, in consequence of different responses to the oedipal child, girls whose superego firmness and ideals correspond more to that normally found in boys of the patriarchal group. And such girls may well be specifically adapted to the tasks of a society that is nonexpansive—perhaps the societies of the stabilized populations of tomorrow.

These are broad issues that I will discuss later on—covering areas, I might add, where the cooperation of sociologists and psychoanalysts is indispensable—but on which, in the present context, I need not expand. I will only say here once more that the developments I have sketched out can be described in terms of a slightly extended classical metapsychology—in other words, the results of our brief survey of the normal oedipal situation can be presented in terms of self psychology in the narrower sense of the term. We can in this way give an explicit self-psychological dimension to our formulations; the essence of the classical position, however—the formulation that the beneficial result of a successfully lived-through oedipal phase is a firm mental apparatus—remains unchanged.

There is also no need here to focus on the failures of these developments, described by classical analysis in terms of the weakness of the borders of the psychic macrostructures that make up the mental apparatus, or in terms of their regression, or both. However modifying and enriching the introduction of self psychology in the narrower sense of the term might be, the end result remains that of classical analysis: a conception of man as endowed with either a well-functioning or a malfunctioning psychic apparatus—of man spurred on by his drives and shackled by castration anxiety and guilt. It is, to repeat once more, a concept that, in the narrow clinical field, does adequate justice to the problems of the structural neuroses, and, in the broad arena of societal and historical development, encompasses the conflicts of *Guilty Man*.

We are now turning to the discussion of a topic that—I might affirm this fact at the beginning—is not encompassed by the framework of classical theory, not even when it is given greater depth through the addition of self psychology in the narrow sense of the term: we shall examine the second aspect of the responses of normal (in the sense of being nonpathogenic) parents to their oedipal children. What, we ask, is the essence of parental nonpathogenicity during the oedipal period? As I said earlier, it is given by the crucially significant fact that, amalgamated to their sexual and aggressive reactions, normal parents experience joy and pride concerning the developmental progress of their oedipal children.

While these important responses from the parents of the oedipal child are comparatively silent, especially when they are deep-rooted and genuine, they are nevertheless all-pervasive. They are an expression of the fact

that the parental selves are fully consolidated, that the parental selves have formed stable patterns of ambitions and ideals, and that the parental selves are experiencing the unrolling of the expression of these patterns along a finite life curve that leads from a preparative beginning through an active, productive, creative middle to a fulfilled end. It makes no difference at which point of the life curve the parental selves are during the oedipal phase of the child; so long as the pattern of the parental self is clearly designed and well consolidated and is in the process of expressing itself, the fulfilling peak and the fulfilled end are already implied. The oedipal child then is the beneficiary of the fact that the parents are in narcissistic balance. If the little boy, for example, feels that his father looks upon him proudly as a chip off the old block and allows him to merge with him and with his adult greatness, then his oedipal phase will be a decisive step in self-consolidation and self-pattern-firming, including the laying down of one of the several variants of integrated maleness—despite the unavoidable frustrations of his sexual and competitive aspirations and despite the unavoidable conflicts caused by ambivalence and mutilation fears. If, however, this aspect of the parental echo is absent during the oedipal phase, the child's oedipal conflicts will, even in the absence of grossly distorted parental responses to the child's libidinal and aggressive strivings, take on a malignant quality. Distorted parental responses are, moreover, also likely to occur under these circumstances. Parents who are not able to establish empathic contact with the developing self of the child will, in other words, tend to see the constituents of the child's oedipal aspirations in isolation—they will tend to see (even though generally only preconsciously) alarming

sexuality and alarming hostility in the child instead of larger configurations of assertive affection and assertive competition—with the result that the child's oedipal conflicts will become intensified—just as a mother whose own self is poorly consolidated will react to the feces and the anal region and not to the total vigorous, proudly assertive anal-phase self of her child. A mother whose self is well consolidated, however, will not experience in isolation the object-libidinal and narcissistic (exhibitionistic) constituents which, alloyed with nonsexual constituents, make up the little boy's total oedipal self; and she will therefore not react to them either with intense sexual responses or by defending against them—just as she had not responded by focusing her exclusive attention on the feces of her proudly assertive anal-phase child. She will respond in both instances to the total cohesive and vigorous self. And the normal father will not respond with intense counteraggressions (either directly or defensively) to the constituents of aggression (whether they support object-libidinal or narcissistic strivings) that are alloyed with his little boy's total oedipal self, just as he would not have reacted by focusing his exclusive attention on the child's developing musculature when the child proudly displayed his newly discovered ability to crawl, to stand, to walk.

✓ And what is the result of these self-cohesion-furthering attitudes of the parental self-objects vis-à-vis their oedipal child—how does a child who is the recipient of these wholesome responses experience his oedipal phase? What, in other words, is the Oedipus complex of the child who has entered the oedipal phase with a firmly cohesive self and who is surrounded by parents who themselves have healthy cohesive and continuous selves? It is

my impression, on the basis of inferences that I believe can be drawn from the observation of the quasi-oedipal phase at the end of some successful analyses of narcissistic personality disorders, that the normal child's oedipal experiences—however intense the desire for the heterogenital parent, however serious the narcissistic injuries at recognizing the impossibility of their fulfillment; however intense the competition with the homogenital parent, and however paralyzing the correlated castration anxiety—contain, from the beginning and persisting throughout, an admixture of deep joy that, while unrelated to the content of the Oedipus complex in the traditional sense, is of the utmost developmental significance within the framework of the psychology of the self. I believe, again on the basis of inferences drawn from the observation of the terminal phase of certain successfully analyzed cases of narcissistic personality disorder, that this joy is fed from two sources. Let me here, somewhat artificially, separate them one from the other in order to elucidate the composition of the amalgam of the essentially unitary experience. They are: (1) the child's inner awareness of a significant forward move into a psychological realm of new and exciting experiences, and—of even greater importance—(2) his participation in the glow of pride and joy that emanates from the parental self-objects despite—indeed, also because of—their recognition of the content of their child's oedipal desires.

It is true, of course, that many parents are limited in their capacity to respond only with optimal empathic failures to their oedipal children—that many respond with overt or covert seductiveness (or with defenses against such tendencies) and that many respond with overt or covert hostility (or, again, with the correlated defenses).

It was one of Freud's greatest achievements to have discovered these facts. And his courage in revealing his own death wishes toward his son (1900, pp. 558-560) must be counted among the examples of heroism in science. But are the reactions of a genius, with his near-inescapable enormous narcissistic involvement in his own creativeness, representative examples of optimal parental attitudes?³ I think they are not. The optimal parent is on neither end of the spectrum of self organizations. He is not the genius whose self is absorbed by his creative activities and whose self extensions relate only to his work and to those people who can be experienced by him as aspects of his work. Nor is he the borderline personality or the schizoid or paranoid personality—one of the parents, in other words, whose fragmented or fragmentation-prone selves are closed to that empathic merger with their children that would allow them to delight in their children's growth and assertiveness. Optimal parents—again I should rather say: optimally failing parents—are people who, despite their stimulation by and competition with the rising generation, are also sufficiently in touch with the pulse of life, accept themselves sufficiently as transient participants in the ongoing stream of life, to be able to experience the growth of the next generation with unforced nondefensive joy.⁴

³ I believe that the investigation of the narcissistic disturbances of the sons of many great men could be fruitfully pursued in the context of their father's creative narcissism (cf. Hirschmann, 1932, p. 151) rather than from the traditional viewpoint of competition and failure. Why did so many of them fare poorly? And why did some of them escape this fate?

⁴ A symbolic rendition of those parental figures who cannot experience themselves as participants in a meaningfully transient life is contained in the myths that depict the inability to die (the stories of *The Flying Dutchman* and of *The Wandering Jew*).

Classical metapsychology, the psychology of large-scale inner forces clashing with each other, illuminated and explained a vast area of human psychic life that had heretofore been covered by darkness. The excitement, however, that we felt as the recipients of the new insights has made us reluctant to face the fact that the new system left a significant and important layer of human experience essentially untouched. True, we tried to apply the theories that stood us in such good stead with regard to the transference neuroses, man in conflict, Guilty Man, also to this other level of human experience. But I believe that we have not succeeded—indeed, I believe that by relying on the classical conceptual armamentarium we could not have succeeded. Classical theory cannot illuminate the essence of fractured, enfeebled, discontinuous human existence: it cannot explain the essence of the schizophrenic's fragmentation, the struggle of the patient who suffers from a narcissistic personality disorder to reassemble himself, the despair—the guiltless despair, I stress—of those who in late middle age discover that the basic patterns of their self as laid down in their nuclear ambitions and ideals have not been realized. Dynamic-structural metapsychology does not do justice to these problems of man, cannot encompass the problems of Tragic Man.

It is in the light of these considerations that the re-evaluation of Freud's great discovery must be understood. Seen from the point of view of classical analysis, the oedipal phase is par excellence the nucleus of neurosis; seen from the point of view of the psychology of the self in the broad sense of the term, the Oedipus complex—whether or not it leaves the individual beset by guilt and prone to neurosis—is the matrix in which an import-

ant contribution to the firming of the independent self takes place, enabling it to follow its own pattern with greater security than before.

These formulations do not imply a contrast between a pessimistic and an optimistic philosophy. Classical metapsychology, on the one hand, can, of course, describe the Oedipus complex as the psychological battleground from which the lucky child emerges with a firmly organized mental apparatus that will enable him to lead a life unhampered by paralyzing conflicts and neurosis. And self psychology, on the other hand, can stress the ultimate failure in the formation and consolidation of the self at this period. As I said earlier, realism prompted me to adopt the negative terms Guilty Man and Tragic Man because man's failures in both realms do overshadow his successes. But, while self psychology takes cognizance of the self-destroying potentialities of an oedipal phase lived out in a matrix of parental self-objects who are not in touch with the tragic aspects of life, and while classical metapsychology takes cognizance of the wholesome structuralization of the psychic apparatus that results from the successfully transacted oedipal phase, the emphasis in self psychology is—and for good reasons—more on the growth-promoting aspects of this period and in classical conflict psychology more on the pathogenic ones.

The Re-evaluated Oedipus Complex—and Beyond

If we take into account that the oedipal situation cannot even become genuinely engaged without the presence of a previously consolidated self, it becomes clear that the oedipal period is more apt to be the breed-

ing ground for paralyzing neurotic conflicts than a central focus for serious self disturbances. The self is already well on its way, we might say; and while a shakily formed self may perhaps not be able to weather the storms of this period, particularly when the oedipal self-objects are cold and destructive, and while a nuclear self already firmly laid down will now receive an important imprint determining its shape—it will par excellence henceforth be more definitely a male or female self—the oedipal phase is nevertheless not the pivotal point regarding the fate of the self that it is with regard to the formation of the psychic apparatus.

Is there, then, a point in the child's life as significant with regard to the early development of the self as is, with regard to early psychosexual development, according to classical psychoanalytic theory, the point at which the Oedipus complex comes to its resolution? All I can say, on the basis of reconstructions from the material obtained in the analysis of adults, is that, if such a point exists, it would be much earlier in psychological life than that at which the oedipal period turns into latency. Having given this admittedly imprecise reply, however, I do not feel inclined to commit myself further—not only because I think that a more precise answer, if any, would have to come from child analysts and analytically trained observers of children, but especially because I do not want self psychology to be hampered by the confining effect of an overly concrete and seemingly definitive presentation—a fallacy, I might add, to which analysis had indeed regrettably been exposed by the dramatic term Oedipus complex, however excusable an evocatively concrete nomenclature might be, considering the pioneering atmosphere of the period in which it was introduced.

But while I am thus reluctant to dramatize the establishment of the self by specifying a definite point at which it is said to be born, I believe that there is, later in life, a specific point that can be seen as crucially significant—a point in the life curve of the self at which a final crucial test determines whether the previous development had failed or had succeeded. Is young adulthood the crisis that faces the self with its most severe test? The incidence of the most destructive disorders in this realm, the schizophrenias soon after the age of twenty, would support this view. But I am inclined to put the pivotal point even later—to late middle age when, nearing the ultimate decline, we ask ourselves whether we have been true to our innermost design. This is the time of utmost hopelessness for some, of utter lethargy, of that depression without guilt and self-directed aggression, which overtakes those who feel that they have failed and cannot remedy the failure in the time and with the energies still at their disposal. The suicides of this period are not the expression of a punitive superego, but a remedial act—the wish to wipe out the unbearable sense of mortification and nameless shame imposed by the ultimate recognition of a failure of all-encompassing magnitude.

It is easy to see against this background that the psychology of the self provides us now with the means of explaining a related fact which, to my mind, has hitherto been unexplained, even though it has, I believe, been recognized by analysts for a long time. Some people can live fulfilling, creative lives, despite the presence of serious neurotic conflict—even, sometimes, despite the presence of a near-crippling neurotic disease. And, in the obverse, there are others, who despite the absence of neurotic conflict, are not protected against succumbing

to the feeling of the meaninglessness of their existence, including, in the field of psychopathology proper, of succumbing to the agony of the hopelessness and lethargy of pervasive empty depression—specifically, as I said before, of certain depressions of later middle life.

I will even entertain the hope that the psychology of the self will some day be able to explain the fact that some people regard the inevitability of death as proof that life is utterly meaningless—the only redeeming feature being man's pride in his capacity to face life's meaninglessness without embellishing it—while others can accept death as an integral part of a meaningful life.

There are those, of course, who might say that the aforementioned issues are not a legitimate subject matter of science; that by dealing with them we are leaving the areas that can be illuminated through scientific research and are entering the foggy regions of metaphysics. I disagree. Such issues as experiencing life as meaningless despite external success, experiencing life as meaningful despite external failure, the sense of a triumphant death or of a barren survival, are legitimate targets of scientific psychological investigation because they are not nebulous abstract speculations but the content of intense experiences that can be observed, via empathy, inside and outside the clinical situation. True, these phenomena are not encompassed within the framework of a science that looks upon the mind as an apparatus that processes biological drives. But must we therefore conclude that an additional theoretical framework with another concept of mind cannot serve us here? It can—and, I will stress once more: it does so without discarding the old.

It will now be obvious, too, why self psychology does not assign a person's basic ambitions and basic ideals to

his mental apparatus, specifically, to id and superego, but considers them, as I said, the two poles of his self. As seen from the point of view of the psychology of the self in the broad sense of the term, they are the essential constituents of that nuclear tension-arc which, having become independent of the genetic factors that determined its specific shape and content, strives only, once it has been formed, to live out its intrinsic potentialities.

In summary, then: The (sexual and destructive) id and the (inhibiting-prohibiting) superego are constituents of the mental apparatus of Guilty Man. Nuclear ambitions and ideals are the poles of the self; between them stretches the tension arc that forms the center of the pursuits of Tragic Man. The conflictual aspects of the Oedipus complex are the genetic focus of the development of Guilty Man and of the genesis of the psychoneuroses; the nonconflictual aspects of the Oedipus complex are a step in the development of Tragic Man and in the genesis of the disorders of the self. The conceptualizations of mental-apparatus psychology are adequate in explaining structural neurosis and guilt-depression—in short, the psychic disturbances and conflicts of Guilty Man. The psychology of the self is needed to explain the pathology of the fragmented self (from schizophrenia to narcissistic personality disorder) and of the depleted self (empty depression, i.e., the world of unmirrored ambitions, the world devoid of ideals)—in short, the psychic disturbances and struggles of Tragic Man.

Let us now move for a moment beyond clinical issues and examine, in the light of self psychology, a problem I confronted many years ago (Kohut, 1959, pp. 479-482) and found unmanageable. It gives me some satisfaction to see that the pieces of a puzzle that had stumped me

then, now fall into place. Being at that time fully committed to the traditional acceptance of the fact that the domain where the authority of absolute determinism holds sway was unlimited, and clinging to Freud's model of the mind depicted as an apparatus that processes forces within a hypothetical space, I could find no place for the psychological activities that go by the name of choice, decision, and free will—even though I knew that these were empirically observable phenomena. I was already firmly convinced then that introspection and empathy were important instruments of observation in the science that deals with complex mental states—that indeed these operations *define* the science and its theories, that the field of psychoanalytic depth psychology *is* the dimension of reality that is perceived via introspection and empathy. And I knew, therefore, that the phenomena of choice, decision, and free will, being observable via introspection and empathy, were legitimate inhabitants of the psychological aspects of reality which are the domain of the depth psychologist. Still, I had to acknowledge that the theoretical framework at my disposal—classical mental-apparatus psychology, which conceived of the mind as a reacting machine—could not accommodate them within its realm.

Determinism holds limitless sway so long as the observer conceives of man's psychological activities as being performed in analogy with the processes in the external world that are explainable with the aid of the laws of classical physics. This is mental-apparatus psychology, governed by the laws of psychic determinism—and it explains a great deal. But while it is thus true that many psychological activities and interactions lend themselves to being satisfactorily explained within this framework, it

is equally true that there are some phenomena that require for their explanation the positing of a psychic configuration—the self—that, *whatever the history of its formation*, has become a center of initiative: a unit that tries to follow its own course. The physicist's outlook on the aspects of reality that he investigates—"external" reality—is similarly governed by two contrasting theories: the processes *within* the boundaries of the known universe can be explained in the terms of cause-and-effect or probability theory (analogous to the work performed by and the processes taking place within the mental apparatus); the universe *in toto*, on the other hand—*however it came into being*—is conceived as a unit that runs its course from energetic disequilibrium toward ultimate energetic equilibrium and total quiescence (analogous to the course taken by the self throughout the lifetime of each individual).

But let us now return from our excursion into the realm of experience-distant theory to the more experience-near area that is the central target of our present inquiry: the re-evaluation of the significance of the Oedipus complex in the light of the psychology of the self. Our investigations here have thus far led us to one result: from the point of view of the psychology of the self we will look upon the oedipal period more as a source of potential strength than weakness. By itself, this shift in emphasis does not connote a disagreement with the classical formulation, it means merely that we are looking on the same childhood experiences from a new side, and recognize that the previously discovered facts take on an additional, a changed significance. But is this shift in emphasis concerning the significance of the oedipal events the only result of our re-evaluation of this period in the light of self

psychology? Or does the new viewpoint lead us also to a different perception of the very content of the child's oedipal experiences? I must admit that I cannot give a definitive answer to this question. Does the psychology of the self, in other words, simply add a new dimension to our grasp of the experiences of the oedipal child because it permits us to take into account the support, or the lack of support, of the self-objects during this period? Or do the conceptualizations of self psychology cast doubt on the essential correctness of the oedipal reconstructions themselves?

I will not carry coals to Newcastle by giving the evidence—transference reconstructions, the observation of the behavior of children, the analysis of myths and works of art—that support the traditional view of the oedipal drama. But I believe that the analysis of the oedipal phase in the terminal stage of some cases of narcissistic personality disorders does cast serious doubt concerning the accuracy of our descriptions of the normal oedipal phase. I shall say no more here than that our observations of a joyfully entered quasi-oedipal phase should prompt us to re-examine our traditional conceptions in the light of the question whether the Oedipus complex of classical analysis that we take to be a ubiquitous human experience⁵ is not in fact already the manifestation of a pathological development, at least of one *in statu nascendi*? Could it not be, we should ask, that the normal Oedipus complex is less violent, less anxious, less deeply narcissistically wounding than we have come to believe—that it is

⁵ I am here not complicating the issue by taking into account the culturists' point of view that the Oedipus complex of classical analysis belongs only to certain organizations of society.

altogether more exhilarating and, to speak in the language of mental-apparatus Guilty Man, even more pleasurable? Could it not be that we have considered the dramatic desires and anxieties of the oedipal child as normal events when, in fact, they are the child's reactions to empathy failures from the side of the self-object environment of the oedipal phase?

We know that the self-objects' failures to be empathic with the whole self of the young child has disintegrating results, that in consequence of the incapacity of the self-objects to respond to the whole self, the complex experiential configurations of which it is originally made up begin to fragment, and that, in further consequence, isolated drive experiences (and conflicts about them) begin to manifest themselves. We need think only of the lonely masturbation of the unresponded-to pre-oedipal child and of his secondary conflicts about his masturbation, to see these conditions clearly. Could it not be that the same conditions prevail with regard to the oedipal child? That it is only the self of the child whose self-objects are severely out of touch with his newly forward-moving oedipal self that begins to break apart? That it is only the self of the child whose primary affectionate and competitive assertiveness is not responded to that is then dominated by unassimilated lust and hostility? That, in other words, the dramatic, conflict-ridden Oedipus complex of classical analysis, with its perception of a child whose aspirations are crumbling under the impact of castration fear, is not a primary maturational necessity but only the frequent result of frequently occurring failures from the side of narcissistically disturbed parents? As I said before, I do not know the answer to these questions with certainty, but I do know that analysts

must take a fresh look at the experiences of their patients in the oedipal transference and that analytically trained observers should re-evaluate the behavior of children during the oedipal phase with these questions in mind.

CHAPTER SIX

*The Psychology of the Self
and the Psychoanalytic Situation*

The theoretical framework that defines our understanding of psychopathology and normal psychology will influence not only our specific technical activities (especially with regard to the content of our interpretations), but also, via subtle innuendos and gross moves, our general attitude vis-à-vis analytic process and patient. The point of view, for example, taken with regard to such seemingly esoteric questions as whether it is correct to say that man is born helpless because he is not born with a significantly functioning ego apparatus—rather than that he is born powerful because a milieu of empathic self-objects *is* indeed his self—or whether man's untamed drives are the primary units in the world of complex mental states with which introspective-empathic depth psychology deals—rather than that the primary units are *ab initio* the complex experiences and action patterns of a self/self-object unit—is closely connected with the attitude (manifested in concrete behavior) that the depth-