

Echo, Self-object and Love
By Martin S. Bergmann

I would like to open this presentation with an observation that I trust you will agree with, namely that happy people do not ask for therapy. I believe we can go even further and say that even unhappy people do not seek our help as long as their conflicting wishes are in a state of equilibrium. Only when the equilibrium is interrupted for inner or outer reasons do they seek our help. Equilibrium can be disturbed by the loss of a love object, by the death of some one significant, by a failure of an important and hopeful aim to materialize, a catastrophic loss of self-esteem, a new illness, or even positive events such as the birth of a child. Freud (1916) told us that it is even possible to be wrecked by success. Equilibrium can be disturbed by events coming from the outer world or events coming from inner developments. The interruption of the equilibrium may be the first thing we learn about a new patient and may often be the first interpretation we make of a patient. The therapist may say, "I understand that you are seeking therapy because...." Thus the therapeutic process starts. The precipitating cause that created the disequilibrium is not always conscious to those who seek our help.

Patients narrate their life stories; while they are so engaged, we are trying to build up in our mind the inner images of our patients. Only if we have such inner pictures and if the inner pictures are reasonably close to the psychic reality of our patients can the work of understanding and interpreting be productive.

In our wish to understand patients we rely on data from four different sources. The first is from what patients tell us about their current emotional life, their loves, jealousies and hates, their relationships of work and the strength of the ambivalence in the relationships. The second source of data are genetic in nature: what patients tell us about their childhood and early

relationships, their traumatic experiences, the nature of their early fantasies, when the fixation points of their development took place. We learn the family constellation and the special variants of the Oedipal relationship, whether positive or negative, whether the father or the mother were the significant love objects. Important as well is how close patients were to their mothers and how patients went through the separation-individuation phases of early childhood. The third source of information is what we learn from the evolution of patients' feelings towards us, the so-called transference information. We may also derive information from a fourth source: our feelings about our patients and our counter-transference. This source of data has to be handled with greater care, for our counter-transference may say more about us than about our patients, but it is a valuable additional source of information. In addition, we must be careful not to confuse a counter-transference towards the patient with our own unresolved transferences projected on the patient. The task of the therapist is to carefully collect the data from the four sources and create an inner image of the patient. The therapist's next task is to examine whether the data from the four sources fit together and whether they form a strong *Gestalt* or whether they contradict each other, leaving large unexplained gaps. The neglect of any one of these sources of information can lead to a blind spot that may interfere with effective treatment. To my knowledge, there is no simple way of teaching how to combine the four sources of information, and it is here that the creativity of the therapist is so important.

I have described the listening process as if it was free from disturbances, but that is not always the case. If the therapist has many empty hours, there is the anxiety over whether the patient will stay. Beginning therapists may wonder if they are up to the task and if they understand the patient. If the therapist is older and more experienced and has all the patients he or she needs, there are other worried, such as, "Am I entitled at this age to accept new patients?"

Is my memory still good enough?" When, later in this presentation, I discuss "Echo needs" and "self-object needs" you will see how they intrude and may disturb the listening process.

You are all familiar with the fact that psychoanalysis today is divided into many schools, each one built on different models. If one examines these schools from a historical perspective, as I tried to do in 2000 and in 2004, one soon discovers that the strongest disagreements are around issues that the psychoanalytic interview cannot clarify. On the topic of narcissism the best-known differences are those between Kohut and Kernberg and their followers. I will not go into this debate since this will be the topic of Dr. Richard's paper. I only want to state that I have developed a historical perspective that, if accepted, will contribute to lowering the high temperature in which these debates are carried out. It is based on the recognition that during its history psychoanalysis has developed a number of models.

Now that psychoanalysis is over 100 years old, the many models of treatment that have evolved over this century, particularly when they have not been clearly articulated, are in danger of evoking anxiety, especially among younger practitioners.

A brief review of the leading models will illustrate what I mean. Freud articulated the first model in 1895 in "Studies on Hysteria." It assumes that hysteria was caused in adults principally the father's seduction of the daughter. This seduction had been repressed but it is subject to recall under hypnosis. It should not only be recalled, but also abreacted, that is, re-experienced with the full affect, and this abreaction brings cure. Going back to the Greek concept of catharsis, this method was called the "cathartic method." Some aspects of this technique are still with us; we still believe that to various degrees catharses of the trauma are helpful.

The second period was ushered in by "The Interpretation of Dreams" in 1900 and "Three Contributions to the Theory of Sexuality" in 1905. It is generally referred to as the topographic

point of view. Freud now emphasizes that it was during this phase that he recognized the enormous role that the unconscious plays in our lives. It assumed a period of infantile sexuality followed by a period of latency, which in turn replaced by puberty leading to adult sexuality. Infantile sexuality culminates in the Oedipus complex. The Oedipus complex can take two forms, positive and negative. The Oedipus complex is called positive when the sexual wishes of the child go to the parent of the opposite gender and is called negative when the parent of the same gender is preferred. In some patients we find the two opposing structures operating at the same time or at different stages in the development. It was during this period that the two important discoveries of castration anxiety in boys and penis envy in girls were discovered and both genders were understood to be in danger of stopping mental development by becoming fixated on one or another of the “pregenital fixations.” In this view the ideal human being keeps on growing and developing throughout life and “fixation of the libido” is the enemy of growth. Cure, in this phase, is achieved by making the unconscious conscious, and this is achieved in treatment largely by the transformation of the infantile neurosis into a transference neurosis. A great deal from this second phase of psychoanalytic development is still used. During treatment an interaction between infantile neurosis, adult neurosis and transference neurosis takes place. Making the unconscious conscious is still believed to be one of the major aims of psychoanalytic treatment, although the mere act of making conscious is no longer sufficient and requires the aid of considerable “working through” to be effective. The uncovering of the relationship between infantile and adult neuroses and transference neurosis still occupies a major part of therapeutic work.

Freud also initiated the third period, called in Europe the “second topographic point of view” and in the U.S. the “structural point of view.” The emphasis now shifted to the recognition

of the role of intrapsychic conflict. It visualized psychic structure as consisting of superego, ego and id, with the ego fearing the power of the superego or the power of the id. These three structures struggle for supremacy. In this model, the patient seeking psychoanalytic help is one whose ego is not strong enough to stand up to the two opponents. The emphasis is on intrapsychic conflict and the analyst's task is to come to the aid of the beleaguered ego and help the ego to establish a compromise solution more favorable to itself. Two additional ideas play a role in this stage of development: the ego needs the help of the analyst not only in the battle against superego and id, but also to overcome the crippling effects of the mechanisms of defense. These defense mechanisms were initiated by the ego but later made themselves independent of the will of the ego, the way a field commander sometimes makes himself independent of the central government. The other major addition of this phase was giving greater recognition to the role of aggression. Freud began to see mental illness as originating in the conflict between Eros, the life drive, and the death drive.

The fourth major model originated with Melanie Klein. Klein accepted Freud's death instinct and postulated that it is particularly strong in earliest infancy. The crushing amount of aggression leads the infant to project the aggression on the caretaker and the projected aggression creates anxiety; this represents the first phase of infancy: the paranoid position. With good maternal care and love from the mother, the infant develops remorse over this aggression and reaches the depressive position, in which the infant makes reparation for this aggression. Most acts of benevolence and artistic productions are undertaken out of the wish to make reparation.

Melanie Klein's attitude towards the structure of the unconscious was significantly different from that of Freud. She introduced into psychoanalysis the immense role that internalized objects play and therefore she is often seen as the originator of object relations

theory. Internalized objects have more aggression than the external object had, because they contain the aggression of the real object as well as the aggression of the child towards the parental object. These internalized objects should not be confused with either id wishes or superego wishes. While they are internal they should not be confused with classical psychic structures. In some ways they resemble emigrants who refuse to become citizens. These internalized objects play a greater role in borderline and psychotic patients than in neurosis. Unlike a neurotic who deals with superego and id wishes, the borderline patient can say, "My father and my mother are fighting within me."

In my experience severely disturbed patients can be substantially helped if they can create imaginary conversations with one or the other internalized object. The therapist can say to the patient, "Do you think you could speak directly to the mother within you?" When the patient has succeeded in speaking to the internalized object, the therapist may ask, "And what did she answer?" If this imaginary dialogue continues over some period, it will lead to crying, forgiving the parent and considerable relief. What this technique aims at is to establish a communication between the object representation and the self-representation, replacing the typical frozen relationship between these two.

A fifth model is that of self-psychology. Self-psychology originated in the work of Heinz Kohut (1913-1981). We know now that his paper "The Two Analyses of Mr. Z" (1939) represents his Freudian analysis and his own subsequent psychological self-analysis. We know, therefore, that the impetus for self-psychology came from the failure of a Freudian analysis. Whether we agree with Kohut or not, that fact that he was able to transform a disappointment into a creative endeavor of a new school is a sign of a high capacity for sublimation.

Like the Kleinian model, it was originally designed to understand and treat analytic patients that were unable to use the traditional Freudian models. As its name already suggests, it puts the need for a cohesive self at the center of its interest. A self that lacks cohesion is in danger of fragmentation. A cohesive self develops slowly out of interaction between the infant and adults who function as self-objects. The need for self-objects manifests itself already in the infant's life. The self-object is needed for mirroring, to serve the need for idealization that begins quite early. The self-object is also necessary for feelings of twinship as well for adversarial relationships, which teach that to disagree is not necessarily to lose the other's love or respect. Under favorable conditions partners can use each other as self-objects successfully, but usually the self-object relationship only goes one way. The child is entitled to use the parent as a self-object but if the parents need a certain kind of a child as a self-object, difficulties will emerge for the child. (Of particular significance to Kohut's thinking is the concept of phase-appropriate self-objects. Certain self-object needs, like mirroring or idealization, are strongly felt in a particular stage of development, and if they are not met the need to fulfill them remains and the adult will seek in the mate a self-object that will finish the work that the original self-object failed to meet.) When the original self-objects failed the child, the therapist can and often must function as a self-object to enable the patient to make up for the deficiency of the original self-object. To accomplish her or his job therapists should bring within themselves a capacity for both introspection and empathy. Under favorable conditions the need for self-objects diminishes and the capacity for object relations increases, but the need for self-objects probably never disappears entirely; they are needed throughout the life cycle.

Ideally, the therapist has at her or his command all five of these models and much more; which model the therapist chooses should depend, preferably, on the therapeutic situation and the

personality of the patient. In reality most therapists are more at home with one or the other of these models and interprets according to the school in which they were trained.

Taken together these five models offer the therapist a great wealth of ideas that can be helpful to a great variety of patients. However, because of the power of the aggressive drive, the various schools of psychoanalysis tend to teach only a limited number of models. When therapists work only within one model, they are spared the agony of deciding which model is the most appropriate in the given clinical situation, but the cost is high in terms of the freedom of choice to select the most appropriate model.

With these preliminaries, I come to the core of my presentation. I will make use of the self-object concept within the traditional psychoanalytic frame of reference.

I. Echo

The credit for bringing Narcissus together with Echo goes to Ovid. Ovid was a Roman poet whose influence on Western thought was very great. He was the first to write a book on the subject of love and to give us the legend of Narcissus. Ovid's influence on Shakespeare was very great, and we can make him the patron saint of this symposium.

According to Ovid, Narcissus was a youth of wondrous beauty. His mother, the nymph Leirope, was ravished by the river god Kephissos, who encircled her with his winding streams. Leirope consulted with the prophet Tireseas as to whether Narcissus would reach old age. The seer answered, "Only if he never knows himself." Edwards (1977) pointed out that the significance of the seer's answer (*si se non noverit*) was Ovid's ironical reversal of the classic Greek ideal "Know thyself," inscribed on the temple in Delphi.

The beautiful youth has many suitors, men, women, water nymphs, and mountain nymphs. He rebuffs them all. One of the dejected suitors prayed to Nemesis, the goddess of vengeance, imploring her to afflict Narcissus with the pain he had caused those who loved him. Nemesis granted the wish.

Among those enflamed by love for Narcissus was the unhappy nymph Echo. Echo's story is of special relevance to the myth. While Jupiter was dallying with nymphs, Juno, driven by jealousy, went looking for him. Echo detained her with stories long enough for Jupiter to escape. As a punishment, Juno condemned her to be unable to converse, never to be able to utter the first word, but also never able to remain silent when someone else was talking. This is how Ovid describes her meeting with Narcissus:

Out of the woods she came with arms all ready to fling around his neck, but he retreated: "Keep your hands off," he cried, "and don't touch me. I would die before I would give you a chance at me." "I'd give you a chance at me," is all that poor Echo could reply. (*Metamorphosis*, Book III, Humphries translation)

You will notice that the nymph has some residual power to decide where she would begin to echo. She uses this power to communicate her feelings. She repeats only what she wishes to communicate.

Returning from the hunt, exhausted from the summer heat, Narcissus reaches a fountain whose waters are unruffled, never having been disturbed by man or beast. He looks into the smooth and silvery water, and while he quenches his thirst, a new thirst seizes him, for now he is smitten by love for the image that stares at him from the water. At first, he does not recognize the image as his own. Then comes the moment of truth: "I am him." From this crucial phrase, he knows that it is his own reflection he is in love with. Still, he cannot tear himself away and succumbs to the fire that consumes. Even at the banks of the Styx (the river that in Greek mythology segregates the dead and is their abode), he gazes into the water at his own image.

Before he dies, Echo once more appears to him, but is unable to tear him away from his own image. When those who loved him wish to give Narcissus a proper burial, they discover that a flower with a saffron colored rim and white petals had appeared on the spot where he died. The flower is still named after him. (Bunker, 1947, noted the etymological relationship between “Narcissus” and “narcotic.” The flower was believed to have a stupefying vapor that could induce a death-like sleep. He also noted that the name daffodil, a genetic variant of the narcissistic flower, derives its name from the Greek *asphodel*, the abode of the departed souls.)

It is evident that Ovid brought together two legends: the legend of Narcissus, who fell in love with his own image, and the legend of Echo, who could not initiate speech but only repeat what was told to her, although, you remember, she knows exactly where to begin her echoing. It was Freud who taught us to read myths and fairy tales as containing psychological truths. He himself had discovered the Oedipus complex and named it after another Greek legendary figure. Freud, in a famous letter written on October 15, 1897 to his friend Wilhelm Fliess, revealed

It is by no means easy. Being totally honest with oneself is a good exercise. A single idea of general value dawned on me. I have found, in my own case too, [the phenomenon of] being in love with my mother and jealous of my father, and I now consider it a universal even in early childhood, even if not so early as in children who have been made hysterical. (Similar to the invention of parentage [family romance] in paranoia – heroes, founders of religion. If this is so, we can understand the gripping power of *Oedipus Rex* Everyone in the audience was once a budding Oedipus in fantasy and each recoils in horror from the dream fulfillment here transplanted into reality, with the full quantity of repression which separates his infantile state from his present one (Masson p. 272).

We can say that both Sophocles and Shakespeare acted as midwives to Freud’s great discovery of the universality of the Oedipus complex.

After this detour, I return to Echo. Across the 2,000 years that separate us from Ovid it is not possible to know whether the poet brought Narcissus and Echo together because he understood the deeper connection between the two or whether it is only we who, through Freud’s

work, learned to ascribe psychological meaning to myths and ascribe to Ovid psychological wisdom. Let me remind you of Karl Abraham's famous statement that dreams are private myths and myths collective dreams.

We can now interpret the myth to mean that Echo, who has no personality of her own and can only reflect what is given to her, is in competition with the translucent image of Narcissus reflected in the water. She loses in this competition. The wisdom that I attribute to Ovid is that he understood in some intuitive way that Echo makes a minimum demand on the narcissist for object relations and when he cannot even relate to Echo he is doomed to die by his effort to make love to himself.

If we assume that there are women who, out of reasons of their own and never speak their own thoughts and only echo the words and thoughts of their lovers, do such women have a chance to establish a relationship with narcissistic a man who can only tolerate hearing his own voice? Can we assume that such women are easier for narcissists to tolerate than women who have their own minds? If this trend of thought has validity, Narcissus' refusal of Echo's love was a sign that he was incapable of entering the lease demanding of all human relationships.

Kings in ancient times and politicians today are also in danger of surrounding themselves with "Echoes," now called "yes men." The secret of the "Echoes" success is the flattery they offer the narcissist. Shakespeare called flattery the "monarch's plague" (Sonnet 114).

Chekhov, in a masterly short story called "The Darling," describes an echo woman. She marries a number of times, and her interests and philosophy alter completely with every new love without a trace of an inner struggle. When she is married to a coal merchant she speaks of the pleasure of sitting at the fire place and when she is married to the owner of a theater she cannot understand why people do not make more use of the theater. At the end of her life she is

in love with a student and speaks of the harshness of teachers giving their students so much homework.

We owe to Anna Freud and Hartmann the differentiation between need-gratifying object, where the need predominates and any object that meets this need is welcome, and object constancy, where the infant needs the object to gratify its needs and only that one person can meet the need. The need for an echo is closer to object constancy since so far as we wish for an echo; it is one specific person whom we wish to make an echo. However, “real objects” also have needs of their own that the narcissist has difficulty in granting. The opposite question is harder to answer: why would anyone wish to be only an echo to some one else? The high degree of conformity that we encounter so often tells us that there is a real fear of being oneself, because that means to be alive without support, and for many it implies the loss of childhood.

In real life we encounter both “Echo women” and “Echo men.” The Echo woman comes close to what Helene Deutsch called the “As if;” in popular language they are called “people pleasers,” hardly ever disagreeing with anyone, always adapting to the situation and lacking strong convictions.

II. Self-object relationship

Freud has taught us (1905 p. 202) that what seems like finding a new love object is in fact refinding, and that it is not the excellence of the love object that attracts but the unconscious similarity to the original love object. Hence Freud’s famous statement that in love “all finding is refinding.” This is well and good if the original love object was satisfactory; if, however, the original love object failed to satisfy the needs of the child as self-object, a new person will be sought to satisfy these needs and the need to refind will then clash with the need to find a new

self-object. The need to re-find and the need to find what one never had are at the core of much conflict in relationships.

In neurosis, one of the ways of solving this problem is to embark on a project of re-finding and then proceeding to transform the object found. Such patients, in analysis, often discover that they did not fall in love with the person but with the project of transforming the deficient object into the object needed. When, in the course of psychotherapy, this need becomes clear, the emptiness of the relationship becomes exposed. In *Pygmalion* (the basis of the musical *My Fair Lady*) George Bernard Shaw described how a relationship based on such an improvement project can turn into real love, but in real life this is less likely to happen.

In terms of psychoanalytic ego psychology, the function assigned to a self-object relationship is to help perform or complete an ego function that was not taken care of in the interaction with the parents or others, the original self-objects. Historically it so happened that at the time when Kohut was developing his self-psychology in Chicago, Margaret Mahler in New York was developing her ideas that the infant must go through first a period of merger with the mother and then through a number of subphases to reach a stage of individuation-separation from the mother. Mahler and Kohut became rivals, but if we, looking back, we can bring the two together to say that the first task of the mother as a self-object is to enable the infant to have a symbiotic stage and that the yearning for a love relationship in adulthood will always contain some symbiotic needs. A few months later the same mother has very different self-object needs to fulfill, namely to welcome the child's wishes for independence and individuation, which often include a powerful need to go through what Spitz called the "No phase." We need not be surprised if many mothers fail in their efforts to fulfill one or another of such diverse self-object functions.

A self-object is not necessarily a love object. Some self-objects owe their position more to the aggressive drive than to libido. At times the self-object relationships can be in conflict with a love relationship. One of my patients fell in love with a woman but at the same time felt he could not live without his wife. The feeling that one does not necessarily love but cannot live without a person is one of the main characteristics of a self-object relationship.

A typical example is men and women who become promiscuous only after they are married; they need the safety of the marriage to venture into other relationships. Psychologically they repeat the individuation-separation that did not go well in their childhood. Because such men and women are indifferent to the needs of the other they are classified as narcissists, but in my opinion they should also be understood as seeking to complete a need for self-object function that has not taken place.

The incomplete separation individuation phases are at the core of much unhappiness in love relationships. If they have not been successfully met they will be repeated in adulthood. Once the mate has been found the need to separate may be resumed. Now when this need enters into a fixation point and the repetition compulsion, the result will be a permanent relationship with promiscuity.

When the separation individuation process has not been successfully traversed it will manifest itself also in a social anxiety. Such men and women feel uncomfortable when they are at a party without their spouses. When the parents themselves are anxious and see the child as a self-object for their own security this pushing of the child towards a premature caretaker role will also interfere with the normal separation individuation.

An awareness of the concept self-object relationship can also lead us to another way of understanding our role as therapists. By stressing the need to free associate, to say everything

that occurs to the patient, and not to be afraid of hurting our feelings, we offer ourselves to our patients as a new self-object. Narcissistic patients often take advantage of the “basic rule” simply to discharge upon the therapist piled up aggression. However, under more favorable conditions we can see a self-object relationship transforming itself into an object relationship. When that happens a very sincere concern for the therapist’s well-being can be observed in our patients. I am familiar with one such “miracle,” when a withdrawn, schizoid and narcissistic patient sends flowers to the therapist when the therapist is sick and unable to see the patient. The illness of the therapist is a profound disturbance to the self-object relationship. If, instead of feeling abandoned, the patient is capable of sending flowers, the self-object relationship may have undergone change into a realistic object relationship. Indeed, to observe the transformation of a self-object relationship into an object relationship is one of the satisfactions our profession offers.

The analysis of many narcissistic patients shows three distinct phases. In the first phase fear of the analyst and fear of dependency on her or him prevail. During this phase self-object demands are often made but rage ensues because the therapist is not the right self-object the patient needs. If the therapist is too complying, too good a self-object, the rage may not come out. Kohut tended to avoid this rageful period and the ultimate avoidance of this rage is more comfortable for some therapists, but not in the best interests of the patient. In the second phase the analyst is slowly accepted not as a person in his or her own right but as a self-object that can fulfill specific self-object needs. Finally, in the third phase, the narcissistic patient slowly recognizes that the therapist is a separate human being with her or his own qualities, human qualities. When that happens the patient is no longer a narcissistic patient.

Let me now bring together some of the ideas on the relationship between narcissism and love relationships. On the lowest level of functioning we find those narcissists who cannot even relate to Echo. These men and women have sexual relationships but have never been in love. All the libido they can summon is inverted in the self; their sexuality is masturbating in nature. On the next level we find those who can relate but cannot tolerate any independence or needs that do not relate to themselves; for them “echo” relationships are possible. On the third level are those who can relate but need the other primarily as a reparatory object to make up for their self-object deficiencies. On the next level an object relationship is truly possible; narcissistic vulnerabilities may remain but narcissism as the core problem has been overcome.

In a love relationship lovers either meet or fail to meet the self-object needs of the other. At their best self-objects promote growth, but in many instances they cannot resolve the fixation point out of which the need for the self-object emerged. Whether there are love relationships that are not based on self-object needs is an intriguing question.

Freud’s paper “Mourning and Melancholia” (1917) is one of the high points in the development of psychoanalysis. It became customary to see “Mourning and Melancholia” as Freud’s transition to object relations, particularly his famous phrase that “the shadow of the object has fallen upon the Ego.” The mourner knows what he or she has lost and is therefore capable of object relations. The melancholic does not know what has been lost and, in contrast to the mourner, is not capable of mourning. In that paper Freud drew a rather sharp line of demarcation between mourning and melancholia. In mourning, the individual knows what object has been lost and consciously mourns the loss. The mourning process typically comes to an end at a certain time. I recall a patient telling me, “I am not a widow any more,” and indeed a short time later she began to date. By contrast, a melancholic feels a sense of loss but cannot tell us

what has been lost; the loss is unconscious. Working with depressed patients, it is often the task of the therapy to find what the melancholic has lost. In subsequent developments, when object relations gained prominence, Freud called melancholia a narcissistic illness. Freud maintained a strict division between mourning and melancholia, but Volkan has shown that there exists an intermediate group midway between them, which he designated the “perpetual mourner.” Such a person mourns but is incapable of bringing the mourning to an end. Volkan also noticed that perpetual mourners feel that they are entitled for compensation for their perpetual mourning and leaders often exploit this need to seek political compensation.

A year before Freud published “Mourning and Melancholia” he published a short but very significant paper, “On Transience.” The paper deals with a trip Freud took with Lou Andreas-Salomé and the famous poet Rilke. The landscape was very beautiful but Rilke could not enjoy the trip because he could not forget that all this beauty was not permanent but only transient. This led Freud to the realization that acceptance of our mortality is connected with our capacity to mourn. The capacity to mourn is a capacity we have to acquire if we are able to enjoy life in spite of its transient quality. Because narcissistic patients are so poor in their object relationships, they cannot tolerate the idea of the transience of their lives. I recall a patient telling me that she felt sure that before she died a pill that would prevent her dying would be discovered. Such a pill runs against the very definition that life is impossible without death and the very existence of death defines what our life is about. We are the only species on earth to know that we will die. This knowledge has contributed to the creation of the most enduring works of art but many people cannot accept their mortality. To many people the idea of their mortality is intolerable. To deny death is to fall short of being fully human; to make peace with our mortality is one of the important tasks of psychotherapy.

To this very interesting history I will add a new building block. The self-object, being part of the self, also cannot be mourned. Therefore the loss of a self-object relationship leads to melancholia and not to mourning. Kohut believed that self-object relationships remain distinct from object relationships, but if we accept that with maturation self-objects can be reintegrated with the rest of psychoanalysis this gives us a useful chapter in our therapeutic work, and this line of thinking leads to the incorporation of self-psychology into traditional psychoanalysis.

Bibliography

- Bergmann, M.S., ed. (2000) *The Hartmann Era*. New York: Other Press.
- Bergmann, M.S., ed. (2004) *Understanding Dissidence and Controversy in the History of Psychoanalysis*. New York: Other Press.
- Bunker, H.S. (1947), Narcissus: a psychoanalytic note. *Psychoanalysis and the Social Sciences* 1: 159-162.
- Edwards, C.R. (1977), The Narcissus Myth in Spenser's poetry. *Studies in Philology*, 74: 63-88.
- Freud, S. (1905), Three Contributions to the Theory of Sexuality. Standard Edition 7, pp. 125-245.
- Freud, S. (1916), On Transience. Standard Edition 14, pp. 303-307.
- Freud, S. (1917), Mourning and melancholia. Standard Edition 14, pp. 237-260.
- Humphries, R., trans. (1955), *Ovid Metamorphoses*. Bloomington, Indiana: Indiana University Press.
- Kohut, H. (1977), *The Restoration of the Self*. New York: International University Press.
- Masson, J.M., trans. and ed. (1985), *The Complete Letters of Sigmund Freud to Wilhelm Fliess 1887-1904*. Cambridge, Massachusetts: The Belknap Press of Harvard University Press.
- Volkan, V. (2007), Not Letting Go: From Individual Perennial Mourners To Societies With Entitlement Ideologies. In *Mourning and Melancholia Essays*, forthcoming from the International Psychoanalytic Association.