

## **Narcissism: The Problem(s) of Being a Self in Relation to Others**

September 7 - October 26, 2018 (8 weeks)

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The term 'narcissism' is used to describe a seemingly disparate array of phenomena in both psychoanalysis and popular culture (e.g. a normal phase of childhood development, a pathological form of object relationship, an essential component of 'healthy' self-esteem/self-interest, a malignant character type, etc). What is central in all things dubbed 'narcissistic' has something to do with *the self* — the process of developing a sense of self; the impact of injuries to the self or sense of self during development and in later life, and the complex problem(s) of being a 'self' in relation to 'others'. Freud's struggle to explain various 'narcissistic' phenomena ultimately forced him to revise his original libido theory and replace it with the structural model. However, Freud never articulated a theory of the development of the self, per se, and his intrapsychic conflict model of psychopathology and symptom formation did not specifically address problems of the self in relation to others. Various analysts that followed Freud found it essential to conceptualize a theory of the self and a theory of object relations in order to better understand early developmental processes, as well as clinical narcissism in analytic practice. The primary goal of this course is to explore these various models to develop our own understanding of clinical narcissism and to refine our technical approach based on these formulations.

We will start by reading the ancient myth of *Narcissus and Echo* which, not surprisingly, contains elements of ALL of the major psychoanalytic theories regarding clinical narcissism if read from different thematic vantage points (though these more subtle subplots often go unrecognized). The most manifest and widely known feature of the myth is the tragic demise of Narcissus — a beautiful youth so captivated by his own image in a reflecting pool that he is eventually destroyed by his own self-regard. Freud uses this element of the myth as the prototype for his theory of development in his 1914 paper '*On Narcissism: An Introduction*'. He postulates a developmental sequence in which all libido is originally directed toward the ego (primary narcissism), and only later in development does the libidinal cathexis begin to shift toward objects. Within this framework, Freud understood various clinical phenomena (e.g. psychosis) to result from libido being withdrawn from external objects 'like an amoeba withdraws its pseudopodia' and directed back toward the ego (a phenomenon he called secondary narcissism in this text). Freud understands the psychotic to be

like the mythical Narcissus — someone who has cut himself off from the world of external objects and is consumed with megalomaniacal ‘self-love’ (secondary narcissism superimposed on the original state of primary narcissism which is never completely abandoned).

However, the myth of *Narcissus and Echo* is far more complex in its entirety than is evident in this well-known snapshot of its final scene. As we will attempt to explore in this course, many of its more subtle themes prove essential in our current psychoanalytic understanding of clinical narcissism and its origins. The following is a summary of Ovid’s version of *Narcissus and Echo* (other versions emphasize/omit different elements):

Summary of Ovid’s *Narcissus and Echo*:

Narcissus was the product of the rape of Liriope (a water spirit) by Cephisus (a river god). Liriope wanted to know the fate of her young son, and asked the renowned seer Tiresias whether Narcissus would live a long life. Tiresias mysteriously replied, “as long as he does not know himself.” Narcissus grew into a beautiful young hunter pursued by many suitors, all of whom he rejected with derision (prompting one young man to pray to the goddess Nemesis to avenge his humiliation). Most prominent and persistent among Narcissus’ suitors was the wood nymph Echo, whose presence Narcissus tolerated (even encouraged) as long as she remained hidden and repeated his own words back to him. When Echo revealed herself to Narcissus in bodily form, he scornfully threw off her attempted embrace and ordered her away. Nevertheless, she stayed with him to the end —echoing his final lament as he wasted away, absorbed by his own unattainable image in the reflecting pool. Echo then withered away herself and became a disembodied spirit whose forlorn repeat forever stands as a reminder of this tragedy.

In this fuller account, Echo, and the relationship between Narcissus and Echo figure quite prominently, raising the idea that the narcissist is actually quite reliant on the presence of a particular type of object (in contradiction to Freud’s view of the narcissist/psychotic as completely cut off from objects). Also of significance is the enigmatic comment by Tiresias about what it means to ‘know oneself’ which directs us to think about the role of fantasy, primitive intrapsychic defenses, and subjectivity. Finally, there is the traumatic and *non-human* origin of Narcissus (conception via the rape of a spirit by a god) which raises the question of the impact of early trauma on the developing self and object relations. All of these themes point the way toward complex and thorny aspects of narcissism in our

clinical work: (1) A particular type of object relationship that can come to envelop the treatment (symbolized by Narcissus and Echo); (2) The reliance on primitive defenses of 'not knowing oneself' (splitting of the ego, projection, projective identification). This projective mode of object-relating is felt to be necessary for continued survival and protection of the fantasied version of the self (illustrated in Tiresias' dire warning regarding the perils of Narcissus coming to 'know himself'); (3) The fateful impact of early trauma (Narcissus' traumatic conception) in creating a permanent alienation from the self (aka dissociation) such that Narcissus does not actually recognize himself in his own reflection; (4) An undefined but formative association between trauma and the barrier around contact with 'others' (represented in the traumatic union between spirit and deity producing a son who was incapable of real contact with actual *human* objects). This course will highlight the contributions of various psychoanalytic writers as they attempt to develop theory and technique to grapple with these challenging clinical phenomena.

Freud's original contribution (*'On Narcissism'*) is considered pivotal in his own theorizing for many reasons — one of which is his new emphasis on the importance of the specific 'object' of the libidinal drives in creating various clinical conditions. 'Object choice' had been downplayed in his earlier theory which emphasized the simple frustration or gratification of the libidinal drives in the formation of character and symptoms. Though this shift toward recognizing the importance of objects (and the structuring role of identification with objects) helped Freud to address a number of clinical phenomena which he previously could not explain by drive frustration/gratification alone, many subsequent psychoanalytic thinkers would argue Freud's new models did not go far enough toward accounting for the importance of object relations in developmental health and psychopathology.

Furthermore, even after the substantive revisions which culminated in the theory of the life and death drives and the structural model proposed in *'The Ego and the Id'*, Freud never developed a theory of the development of the 'self' or the 'subject' in its own right. 'Self-representation' was understood to be a function of the ego alongside other ego functions such as reality-testing, defense mechanisms, the capacity to represent objects, etc. For many psychoanalytic thinkers, the absence of a coherent theory of the self and subjectivity (as distinct from the ego and its capacities) proved to be an insurmountable limitation in their attempts to deal with what they considered to be clinical disorders of the self in their patients.

What followed was the birth of new theories of object relations which focused on the structuring qualities of the relationship between self and object in normal development and in psychopathology/psychological health. Other theorists focused more specifically on the development of the self/sense of self and, in particular, the impact of trauma on this developmental line.

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**This brief course will attempt to introduce some of the key contributors in the field to help us formulate our own clinical understanding of narcissism in our work:**

**Weeks 1-2: Introduction to Narcissism as a Clinical Concept & Narcissism in Freud**

We will begin by articulating our own clinical understanding of narcissism and relating this clinical experience to the evolution of the concept of narcissism in psychoanalytic theory. The myth of *Narcissus and Echo* (which can be read from different vantage points as described above) will serve as the starting point for our exploration of this subject. The remainder of the first 2 weeks will then be devoted to understanding narcissism as introduced and developed by Freud. For this task, we will rely on the help of W. Barranger (who tracks the use of the term 'narcissism' throughout Freud's writings in its varying and often contradictory forms) and Yorke (who offers a detailed exegesis of Freud's seminal paper '*On Narcissism: an Introduction*' which proves pivotal in the theoretical developments that were to follow).

Readings:

**Week 1: September 7, 2018**

**\*\*start by reading the Introduction in the syllabus (above) which will provide some orientation to the course and the Week 1 discussion\*\***

Ovid (translated by AD Melville, 1986) *Narcissus and Echo*, Metamorphoses, New York: Oxford University Press, pp. 61-6. **[Reader]**

Barranger, W (1991) *Narcissism in Freud*, in Freud's 'On Narcissism: An Introduction', edited by J Sandler, E Spector Person, P. Fonagy. New Haven & London: Yale University Press, pp. 105-30. **[Reader]**

## **Week 2: September 14, 2018**

Freud, S (1914) On Narcissism: An Introduction, *SE 14*: 72-102. **[PEP]**

Yorke, C (1991) *Freud's On Narcissism: A Teaching Text*, in Freud's 'On Narcissism: An Introduction', edited by J Sandler, E Spector Person, P Fonagy. New Haven & London: Yale University Press, pp. 35-53.  
**[Reader]**

## **Week 3: Development of the 'Self' from the Perspective of Ego Psychology (Mahler) and Self Psychology (Kohut)**

Margaret Mahler was a psychiatrist and psychoanalyst who studied child development and childhood psychosis. Working within the Ego Psychology tradition at the New York Psychoanalytic in the 1940s, Mahler developed her separation-individuation model which describes her theory of how an infant transitions from a state of symbiotic dependency to the beginnings of a differentiated sense of self. Mahler's model made significant room for the impact of real-life objects and the quality of infant care on the particular self-representations that emerge.

From a different perspective, Kohut put forward a theory of "the side-by-side existence of separate developmental lines in the narcissistic and in the object-instinctual realms in the child". In Kohut's view, narcissism is not a developmental fixation point along the way to healthy object relations; nor is it a stage to which the ego regresses in times of frustration in the object world. According to Kohut, narcissism persists into maturity (alongside object relations) and is essential for psychological health in the adult.

We will read Marjorie Taggart White who reviews the enormous contributions of Margaret Mahler and integrates them with Kohut's theories of self-psychology. We will also read Kohut in his own words on the value of narcissism and the resultant implications for the clinical handling of narcissistic rage. Both theorists emphasize the crucial role of supportive, facilitating parents (and therapists) who 'hold' and 'mirror' the child's/patient's developing sense of self. Kohut, in particular, recommends a technical approach which validates the narcissistic rage and entitlement that so often dominate the treatment of narcissistic patients — an approach he feels is vital for the transformation of archaic narcissistic structures into healthy mature narcissism. Both Mahler and Kohut emphasize

the instrumental role of early trauma in the formation of pathological narcissism (represented in the myth of Narcissus and Echo by the traumatic conception of Narcissus).

### Readings:

#### **Week 3: September 21, 2018**

White, MT (1980) Self Relations, Object Relations, and Pathological Narcissism, *The Psychoanalytic Review*, 67: 3-23. [PEP]

Kohut, H (1972) Thoughts on Narcissism and Narcissistic Rage, *Psychoanalytic Study of the Child*, 27: 360-400. [PEP]

#### **Week 4 & 5: Kleinian and Post-Kleinian Object Relations Theories**

Melanie Klein was the first to present a novel and coherent model which positioned object relations at the core of psychological development and psychopathology. In *Notes on Some Schizoid Mechanisms* (Week 4), Klein suggests that a rudimentary sense of self and other are first built up via a cycle of projection and introjection governed by the life/death drives. According to Klein, this process is initially governed entirely by a need to ward off primitive and overwhelming anxieties via splitting and projection, thereby creating an unstable and ever-changing sense of self and other (i.e. psychological experiences are split into good and bad; intolerable experiences are projected onto the “other”; the “self” consists of experiences deemed tolerable in that moment, etc).

Over time, progress is made toward increasing integration (driven by the life instinct, according to Klein). The developing psyche is then able to tolerate an increasing range of psychological experience including painful affects such as loss, guilt, envy, aggression, separation anxiety, etc. If all goes well, this increased tolerance of what can be contained within the ‘self’ reduces the pressure to project these unwelcome impulses/affects onto the “other”. A more stable sense of ‘self’, ‘other’ and ‘self-other’ object relationships is thus established, wherein the self can be “known”, even in its weaknesses, limitations, and vulnerabilities. If this process goes awry, there is a persistence of a self-other mode of relating that relies heavily on projection/projective identification and a need to “not know” various aspects of the self. Thus, we are able to recognize a deeper meaning in Tiresias’ prophecy that “knowing oneself” is lethal

to the sense of 'self' that characterizes primitive narcissistic object relations. The Kleinian model of development (and narcissistic pathology) underscores the protective function of projection against this perceived threat. These themes are further elaborated in Klein's paper *Envy and Gratitude* (also Week 4) which particularly emphasizes the role of destructive envy in narcissistic pathology.

Following Klein to a large extent, Rosenfeld (Week 5) and Maldonado (in the optional reading) emphasize a particular type of narcissistic object relationship (akin to Narcissus and Echo) that often manifests in treatment. Rosenfeld elaborates his understanding of the negative therapeutic reaction in the transference-countertransference dynamic, understood as an inability to tolerate the vulnerability of healthy dependency on the analyst (à la Narcissus' rejection of Echo). In this model, even the analyst's help is perceived as a threat because it is too 'other'. The negative therapeutic reaction results from a pathological organization that interferes with the patient receiving the analyst's help, and in this way, a state of narcissistic isolation is preserved. In the optional reading, Maldonado writes about a special form of 'resistance' seen in the treatment of clinical narcissism (a dynamic which relies on triumphant rejection of the other to maintain a sense of self). Each author suggests a particular technical stance aimed at elucidating and transforming this underlying narcissistic type of object relationship.

#### Readings:

##### **Week 4: September 28, 2018**

Klein, M (1946) *Notes on Some Schizoid Mechanisms* (Chapter 1) in *Envy and Gratitude and Other Works*. London: The Hogarth Press, pp. 1-24. **[PEP]**

Klein, M (1957) *Envy and Gratitude* (Chapter 10) in *Envy and Gratitude and Other Works*. London: The Hogarth Press, pp. 141-76. **[PEP]**

##### **Week 5: October 5, 2018**

Rosenfeld, H (1987) *Narcissistic Patients with Negative Therapeutic Reactions* (Chapter 5) in *Impasse and Interpretation*, London & New York: Routledge, pp. 85-104. **[PEP]**

Rosenfeld, H (1987) *Destructive Narcissism and the Death Instinct (Chapter 6)* in *Impasse and Interpretation*, London & New York: Routledge, pp. 105-33. **[PEP]**

[Optional reading for this section: Maldonado, JL (1999) Narcissistic Resistances In The Analytic Experience. *IJP*, 80: 1131- 46]

### **Weeks 6 & 7: Other Models for the Development of the 'Self' and the Impact of Trauma on the Formation of a Sense of Self**

Winnicott (Week 7) describes his own model of development of the self that relies heavily on a good-enough early holding environment which facilitates the growth of the infant by not impinging with its own ('narcissistic') demands. In a good-enough holding environment, the psyche-soma becomes integrated and a True Self has the potential to emerge. In an impinging environment (which imposes demands to satisfy the environment-object's narcissism), the developing psyche becomes disconnected from the soma, and a reactive 'mind-psyche' develops in order to manage the external demand. This formulation represents another version of 'not knowing oneself' (False Self dissociation from the True Self) which is understood to result from traumatic failures of the early environment.

Ferenczi (Week 6) describes an 'identification with the aggressor' in response to early trauma that differs from Anna Freud's later usage of the term (which emphasizes a motivation to 'feel powerful' rather than powerless in the face of a perceived threat). In contrast, Ferenczi conceptualizes a response to early trauma which involves the dissolution of the self and its replacement by the introjected aggressor (or, alternatively, replacement by a version of the self designed to appease the aggressor). Survival and safety are sought through the mechanism of attempted merger with the other (and the aggressor that is now within). Whereas clinically the patient may appear extremely narcissistic in character (cold-hearted, cruel and unempathic toward the experience of others), this presentation is understood to result from an inability to "know" that one has been the victim of violent abuse at the hands of narcissistic others. The trauma has caused an interruption in the development of the patient's sense of 'self' as a subject (thereby impairing the capacity to represent this experience from the subjective point of view). Until this representation occurs, the experience lives on

as a dissociated aspect of the self which is *acted out* rather than *subjectively felt*. Again, this is notably different from Anna Freud's idea that the unconscious motivation in an identification-with-the-aggressor defense is to 'feel powerful'. For Ferenczi, the patient is not in a position to subjectively 'feel' anything in this dissociated state.

We will read Frankel (who describes Ferenczi's perspective) and several papers by Winnicott which focus on the essential elements of development of a sense of self, and the impact of traumatic impingements. Both Winnicott and Ferenczi allude to dissociation secondary to non-represented early experience — a particular form of "not knowing oneself" that results from not being able to represent one's own experience as a self due to the threat of overwhelming trauma. This "not knowing" is implemented via a particular form of dissociation and, in some cases, "becoming someone else" (i.e. a False Self, the Aggressor, etc), which underscores the devastating effect of trauma on the development of a coherent and 'true' sense of self. These formulations are notably different from Klein's perspective that what is 'not knowable' is one's own aggressive or inappropriate impulses derived from the death drive. They are also obviously different from Freud's original conception of narcissistic pathology as resulting from re-distribution of libido.

Readings:

**Week 6: October 12, 2018**

Frankel, J (2002) Exploring Ferenczi's Concept of Identification with the Aggressor: Its Role in Trauma, Everyday Life and the Therapeutic Relationship, *Psychoanalytic Dialogues* 12: 101-39. [PEP]

[optional background: Ferenczi, S. (1949). Confusion of the Tongues Between the Adult and the Child—(The Language of Tenderness and of Passion). *IJP.*, 30: 225-230]

**Week 7: October 19, 2018**

Winnicott, DW (1945) Primitive Emotional Development, *IJP*, 26: 137-43. [PEP]

Winnicott, DW (1971) *Playing: Creative Activity and the Search for the Self (Chapter 4)*, in Playing and Reality, London & New York: Routledge, pp. 71-86. [PEP]

[optional review: Winnicott, DW (1960) *Ego Distortion in Terms of True and False Self (Chapter 12)*, in The Maturational Processes and the Facilitating Environment, London & New York: Karanac, pp. 140-52.]

### **Week 8: But What About Me? (Analytic Narcissism)**

It goes without saying that our own narcissism is a factor in all of our work, and yet, too often in our clinical discussions, we actually don't say much about it at all. In many cases, we are blind (unconsciously or willfully) to the ubiquitous influence of our own narcissistic needs and desires — inclined to attribute things to the 'other' that are really our own. While our own experience of narcissistic desire and narcissistic injury can be useful as an empathic bridge to some of our patients' most intensely painful experiences, the analytic situation is particularly ripe for enactments that are rooted in the narcissism of the analyst. In this final week, we will read Mitch Wilson's paper on analytic desire, which focuses on the goals we explicitly or implicitly hold for our patients and their impact on the treatment. We will also read a paper by Judith Chused which focuses on the inherent narcissistic vulnerability we feel as human beings, and the way this affects our patients and our work as analysts. Hopefully these papers will serve as a catalyst for us to reflect on our own cases and to discuss the role our narcissism plays.

Readings:

#### **Week 8: October 26, 2018**

Wilson, M (2003) The Analyst's Desire and the Problem of Narcissistic Resistances, *Amer Psychoanal Assoc*, 51: 71-99. [PEP]

Chused, JF (2012) The Analyst's Narcissism, *J Amer Psychoanal Assoc*, 60: 899-915. [PEP]

