

Narcissism: Is It Still a Useful Psychoanalytic Concept?¹

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Introduction

Writing this paper I was fighting against the deadline Tamara had set. Time was running out, and I had to use every free minute for my writing. But then there was the TV transmission of the football game England against Germany. Should I stick to my work or should I give in to the temptation and watch the game in the company of my son and his friends? As it happens so often sin was stronger than duty. I watched the game and in addition I also attended an open-air concert in the evening. You may describe my behaviour as a victory of the pleasure principle over the reality principle or as kind of a manic defence. But you can subsume it under the heading of narcissism too. I was plunging into a merging experience with a group of young guys in front of a TV set, drinking beer, identifying with a team, regressing to a somewhat dedifferentiated level of functioning, losing thereby clear borders between subject and object, having in mind mainly my own well-being. The classic open-air concert offered me the experience of merging with the music and an enthusiastic audience in a mild summer night – an experience you can easily describe as primary narcissistic.

I did not choose this little story just to have an introduction to my presentation. I want to show that the words narcissism and narcissistic invade our thinking and speaking to a degree we often hardly are aware of. We use them to describe normal or deviant psychological phenomena. We use them in more casual but also more stringent professional discourse. Often they have a slightly devaluing or critical undertone. They are so widespread and often so loosely used that they seem to have lost their descriptive and discriminatory power. My main objective in this presentation will be to clarify the use of the term narcissism and to test its usefulness.

Let me start with two short clinical examples. Usually we prefer to call them “vignettes” – I think mainly because this term sounds more sophisticated and tickles our sense of self. It is a narcissistic phenomenon. Mr. A is a shy nice young man of thirty years. Sexually he is almost a virgin, seems to be untouchable, and cultivates behind his friendly facade a Peter Pan identity. Inhibited in his social behaviour he nevertheless can be secretly very arrogant. Sometimes in his analysis I lost hope to get into real emotional contact with him. Depending on their theoretical background some analysts would call him narcissistic, some more schizoid. Despite the initial difficulties contact with him deepened during his analysis. His internal world opened up, and behind the narcissistic surface a threatening realm of persecuting objects became visible. Internal object relations no longer only seemed to be of a shallow and self-satisfying nature. They showed predominantly a threatening character. He revealed more and more the sado-masochistic nature of his masturbatory sexual life. The analysis ended prematurely because Mr. A could not afford any longer to finance it. In the last months he showed in his transference a richer and more differentiated object relatedness than had appeared before. This was not only due to his developing capacity for relating to objects, but also to the lessening narcissistic defences which had hitherto served to ward off the impact of objects on his internal life.

Mr. B is an artist in his sixties who sought treatment because of a deteriorating marriage. He had been left by his mistress and tried to cope with the impact of growing older on his creative work. He showed strong narcissistic character traits. In the countertransference I often felt like an audience admiring the achievements of a great artist without being able to fully understand him. As in Mr. A's case the analytic relationship deepened with the approaching termination. And like the former he ended his analysis for financial reasons. He did not want to accept any money from his wife. In the last phase of analysis he became more reachable, and I felt as a whole person relating to him. Persecuting

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elements became visible too. He felt his creativity endangered by my influence. But also feelings of loss and separation entered the scene.

Why do I start my presentation with these two sketchy vignettes? It is not because these two cases are especially interesting or extraordinary. They are examples of everyday analytic practice demonstrating patients with narcissistic character traits. What I want to stress is that narcissism always is associated with a complex, but pathological object relatedness. There is no antinomy between narcissism and object relations. There is no self without an object. And vice versa there is no object without a self. It is time here to go back to the roots and have a look at the Greek myth that gave narcissism its name. Driven by pride and arrogance the beautiful youth Narcissus rejected all those who fell in love with him. He was finally punished by the goddess Nemesis who made him fall in love with his own mirror image. He could not get away from his reflected image in a brook and ended up dying there. In tales of the myth often it is omitted that Narcissus owes his life to the rape of his mother, the nymph Leirioppe, by the river god Kephissos. Later his mother asked the seer Teiresias whether her son would live a long life. He answered: "If he will never know himself." It is interesting to see the role of object relations in this story. There is a rape at the beginning of Narcissus' life. Then he grows up without a father, rejects people who love him, and finally dies because he falls in love with his own reflected image, which is quite different from loving himself. As Teiresias prophesied Narcissus dies after he recognizes the truth, that his love object has no independent existence.

On Narcissism: an introduction

Studying this myth would lead to a discussion of many questions central to the topic of narcissism. But before proceeding on this path I want to invite you to have a look at the centre-piece of our thinking about narcissism during this Summer School. It is Freud's seminal paper "On Narcissism: An Introduction". This essay from almost 100 years ago is a fascinating mixture of deep insight standing the test of time, sharp clinical observation, bold speculation about the human mind and its development, and theories which have been proven false and should be eliminated from our corpus of concepts. It is a key paper every student of psychoanalysis should have thoroughly read. Moreover it introduces into a typical difficulty one has to overcome when reading Freud: taking into consideration at which stage of his thinking he develops his theories. In 1914 he had not yet introduced aggression into his theorizing. And if you take for example his complex theorizing about the quality of psychic energy implied in the development of autoerotism, primary narcissism and narcissism you can neglect it as it represents his controversies with Jung which are no longer relevant. And you can discard his speculations about autoerotism and primary narcissism too, because we know nowadays that these phases do not exist. There is a specific difficulty among psychoanalysts to get rid of outworn concepts which are no longer useful. Sometimes we preserve them too long, creating thus a confusion of concepts and terminology.

What is still alive and valid of Freud's paper? He introduced the concept of narcissism as libidinal cathexis of the self into psychoanalysis bridging the areas of symptomatology, psychopathology and normal psychology. He conceptualizes the formation of the ego-ideal as heir of the infantile narcissism. The child has to give up the illusion of being powerful and omnipotent and sets up an ideal self one is no longer but strives to be. He describes the main types of object choice, the narcissistic and the anaclitic type. And he characterizes three sources of self-esteem: some remnant of the infantile narcissism, fulfilling the demands of the ego-ideal and getting satisfaction out of object relations. It is fascinating to see how Freud by seemingly contradictory sentences intuitively grasps the essence of the intricate dialectics between object relations and narcissism. "Complete object-love of the attachment type is, properly speaking, characteristic of the male. It displays the marked sexual overvaluation which is doubtless derived from the child's original narcissism and thus corresponds to a transference of that narcissism to the sexual object."(p 87) Besides the fact that this statement about the difference between the love of a man and a woman is no longer tenable, Freud underlines how interwoven object love and narcissism are. This dialectic of object love and narcissism also becomes

apparent in his description of parents' love of their children. "Parental love, which is so moving and at bottom so childish, is nothing but the parents' narcissism born again, which, transformed into object-love, unmistakably reveals its former nature." (p 90) Freud wrote his essay in 1914. Since then many books and papers have been published about narcissism. Does a consensus among analysts exist nowadays as to what we really mean by the term? Is there a common ground of understanding and conceptualization? To answer this question we can proceed along the three lines of symptoms, psychodynamics and normal psychology.

Symptoms

Psychoanalysts usually are not experts in painstakingly describing symptoms or syndromes. They are more experts in discovering structures and psychodynamic patterns. Therefore one sometimes can get the impression that different authors write about different syndromes, often not exactly differentiating between psychoses and other psychic disturbances. In any case we do not use any more Freud's differentiation between transference neuroses and narcissistic neuroses, the latter ones being not analyzable because they were supposed not to be able to develop a transference. Are diagnostic manuals helpful in our search for clinical narcissistic syndromes? We find a "narcissistic personality disorder" (NPD) in the American diagnostic manual DSM-IV. Nine diagnostic criteria are specified, which describe a certain personality in rather derogatory and valuing terms: Grandiose sense of self-importance, living in a dream world, demanding, feeling entitled, exploitative, lacking empathy etc. This does not resemble a reliable scientific classification. Moreover ICD-10, the European equivalent of DSM-IV, does not have any special category for NPD. It seems that the descriptive diagnosis of a NPD heavily bears on cultural and social stereotypes and prejudices. A behaviour which would be judged as extremely self-centred in a Buddhist society could be quite normal in the Western world. So the phenomenological approach to a clinical entity named "narcissism" proves to be quite disappointing. Therefore let's turn to the field of psychodynamics which is the domain of psychoanalysis.

Psychodynamics

The original concept of the self being cathected at the expense of the object and vice versa is not sufficient to describe the full range of narcissistic phenomena. Freud used it to understand megalomania in psychoses, hypochondria and infatuation. But the chronic pain-patient for example uses his retreat towards his body in order to enact various object relations with his nurses and medical doctors. And the hypochondriac is performing multiple internalized object relations in the system of his "sick" organs. Every analyst trying to understand narcissism has to take into account the complex balance regulating a person's relationship with himself and with his objects. Following Quinodoz one can discern two main tendencies among psychoanalysts dealing with the issue of narcissism. "Some follow Freud's conception of primary narcissism, with the idea that there exists a phase at the beginning of life in which the infant has as yet no knowledge of the object." "Others feel that object relations exist from the very beginning of life" (p 132) and that a primary narcissistic phase does not exist. To the first group belong Anna Freud, Margaret Mahler, D.W. Winnicott, Michael Balint and Heinz Kohut. The second group is represented among others by Melanie Klein, Hanna Segal, Herbert Rosenfeld, André Green and Otto Kernberg. This seems to be a clear-cut difference between the two groups. But in their daily analytic practice analysts usually do not stick dogmatically to certain theories. Nowadays most analysts assume a certain degree of object-relatedness from birth on. And different technical approaches to narcissistic patients differ not so much according to different "schools", but reflect the individual stance of analysts who most often choose their models and concepts more or less eclectically. Kohut's self-psychology is an exception from this rule. He assumed a developmental line of narcissism differentiated from that of object relations. In my view the psychoanalytic school of thought he founded shows some serious flaws. The intricate relationship between narcissism and object relations is not appreciated enough, and the role of aggression and

destructive impulses in the human mind is minimized. But one of Kohut's merits consists in furthering a more permissive, truly analytic attitude towards narcissistic phenomena which otherwise can be easily morally devalued and denigrated.

Here I want to come back to my still unanswered question: From the point of view of psychodynamics is there a common denominator of narcissistic pathology agreed upon by most analysts? Many analysts would share the idea that at the core of a narcissistic personality there is an integrated, although highly pathological grandiose self, which Kernberg 1975, (p 266) characterizes as follows: "A pathological condensation of some aspects of the real self (the 'specialness' of the child reinforced by early experience), the ideal self (The fantasies and self images of power, wealth, omniscience, and beauty which compensated the small child for the experience of severe oral frustration, rage and envy) and the ideal object (the fantasy of an ever-giving, ever-loving and accepting parent, in contrast to the child's experience in reality; a replacement of the devalued real parental object)." This is a typical Kernberg definition with his emphasis on oral rage and envy. In this regard analysts could differ considering different cases and pathologies. Rosenfeld (1971) was one of the first to study the destructive aspects of narcissism. He drew a vivid picture of the internal world of some narcissists with its split off, destructive internal object relations. He chose the image of a powerful mafia gang to describe the destructive narcissism of some patients. Images like this one are very evocative and seducing. Once I supervised a colleague who had just read Rosenfeld's paper. And all of a sudden she discovered in her patient's material this famous mafia gang. Analyzing narcissistic patients often is very burdensome. This may invite to seek help in the literature and being attracted by dramatic images like Rosenfeld's or by seemingly very organized and clear elaborations of narcissistic pathology as in Kernberg's publications. But the real cases of daily practice often resist being squeezed into a well organized system of categories and levels of psychopathology even if it was invented by an author with rich clinical experience like Kernberg.

The grandiose self of narcissistic patients serves the purpose of defending against the experience of being dependent on other objects. It becomes manifest in the transference. A typical narcissistic patient is not able to depend on the analyst, because such dependency is experienced as humiliation. The narcissistic structure may vary in severity from one patient to another. There are patients with some defences against dependency. And we may be confronted with patients showing the existence of a full-blown grandiose self.

Does a typical aetiology exist which is specific for the development of a narcissistic personality? Authors ponder on core constellations in early childhood. But I do not think that a consensus is possible. This is similar to all the other pathological developments. We do not yet know enough about these complex processes. Only the finding that we always discover severely disturbed early object relations is on solid ground. Narcissus was born as the result of a rape and grew up without a father and without siblings.

Normal narcissism

After this excursion into psychopathology we may seek for manifestations of normal narcissism, if there are any. Psychoanalysts are specifically searching for transitions from the normal to the pathological realm. And the reader of Freud's essay can enjoy these masterly transitions and their intellectual brilliancy. Of course there is a normal narcissism. For developing and preserving psychic health it is indispensable to balance the love for oneself and for the other. In our present time where object relations theory is governing the psychoanalytic discourse narcissistic aspects of patients often tend to be neglected or, even worse, devalued. A young analysand starts taking boxing lessons. On the one hand this can be understood as his attempt to strengthen himself in his oedipal fight against the analyst-father. But on the other hand it must also be seen as his attempt to develop a sense of his body, to feel himself, his strength and vigour, to grow in self-esteem. Of course both aspects are constantly intermingling. Two aspects are especially relevant for psychoanalytic training and psychoanalytic groups. A candidate in psychoanalytic training usually undergoes a considerable regression in his training analysis. Moreover he is obliged while presenting his cases to show a considerable part of

his personality and his character. Both may make him vulnerable to narcissistic blows. And one knows that narcissistic injuries retain their destructive power for ever if not worked through properly. Deadly destructive conflicts and developments in psychoanalytic institutes often owe their power to such early injuries. We should be very sensitive to narcissistic vulnerabilities of candidates and colleagues and show sufficient concern. The second aspect refers to the following possibility. Narcissists can be very attractive and successful. And it may happen that such a person is admitted to the psychoanalytic training. He may succeed in splitting off his narcissistic part from the analytic process in his personal analysis. Later on he may engage in the institute's group dynamics and his unaltered narcissism may influence the institute in a very destructive way. In any case we should familiarize with our own narcissism and that of our colleagues.

If you listened carefully to my last sentences you will have noticed that I always used the male pronouns *he* and *his* instead of also referring to *she* and *her*. This seems to be politically incorrect. And the non-discrimination committee of the PIEE could have reprimanded me. But unwillingly I made a fact explicit. Narcissistic psychopathology indeed seems to be a male domain. Pregnancy and infant and child care may represent a defensive compensation against narcissistic self-absorption (Lester, 2000). By the way this is just the contrary of what Freud said about women and narcissism.

Conclusion

Instead of the usual conclusion and repetition of what I already said before I want to refer to a developmental narrative Henseler told about our way from primary narcissism till adult equilibrium between self and object. He conceptualizes primary narcissism as the earliest phase of object relatedness. These early object relations are not as differentiated as those of adult life. But this phase is not a paradise-like merger with Mother without experiencing any tension. Later in life we can indulge in fantasies of fusion, of being one with some primary object. But these states of mind are no returns to a really lived through paradise. They are based on a fantasy of a wished for state of primary narcissism we never really lived through. The little child has to cope with the Other in the course of his development. Idealising and internalising may be means to cope with the otherness of the object. Failing of this process may lead to the development of not manageable hate and envy. The separateness of the object may then be denied combined with massive projective identifications and other defences of the paranoid-schizoid position. One can conceptualize projective identification as a narcissistic aggressive object cathexis. The object I hate carries in it part of myself I cannot tolerate. The whole array of narcissistic character traits may then develop. The alternative would be to adopt a third position, to acknowledge the other as an independent person and to recognize him as a unique object I can be curious to understand. Thus hate may be transformed into respect and envy into admiration.

This short developmental sketch shows how the inability to cope with the otherness of the object may lead to severe narcissistic character pathology. Longing for primary narcissistic states in later life can be understood as normal regressive phenomenon. It may contribute to psychic health. But it is not a return to something one has really lived through.

The question remains: Is narcissism still a useful psychoanalytic concept? Basically the answer is *YES*, but with some precautions. It is difficult and problematic to define a syndrome or cluster of symptoms as a narcissistic personality disorder. But this is shared with other syndromes too. More successful is the attempt to identify some characteristic psychodynamic patterns. If one uses the word narcissism or narcissistic in clinical context one should always try to explain what one really has in mind using this term. The same applies to normal psychology. Loosely as it is often used the term narcissism is nevertheless indispensable. We should pay more attention to the way we use it in clinical discourse. Perhaps this will lead to more conceptual clarity.

Bibliography

Freud, S. (1914) On Narcissism: an Introduction. Standard Edition, Vol14.

Henseler, H. (2000) Narzißmus als Beziehungsform. In Sandler J., Rotmann, M.: Über Freuds „Zur Einführung des Narzißmus“, fromann-holzboog, Stuttgart.

Kernberg, O. (1975) Borderline Conditions And Pathological Narcissism. Jason Aronson. New York.

Kernberg, O. (2007) The Almost Untreatable Narcissistic Patient. JAPA 55, 503-539.

Lester, E.P. (2000) Normal and Pathological Narcissism in Women. Essays in Honour of Arnold Cooper, 87-93.

Quinodoz, J.-M. (2005) Reading Freud. Routledge, New York.

Rosenfeld, H. (1971) A Clinical Approach to the Psychoanalytic Theory of the Life and death Instincts: An Investigation Into the Aggressive Aspects of Narcissism. Int J Psycho-Anal, 169-178.