

DEPRESSION AND GRANDIOSITY AS RELATED FORMS OF NARCISSISTIC DISTURBANCES

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INTRODUCTION

I would like to present some ideas which have occurred to me over the years in the course of my analytic work. This work has included analyses, supervision and many interviews with people who have been looking for an analyst, and whom I have seen for one or two sessions. In these short encounters, the tragedy of each individual destiny can often be seen with moving clarity and intensity. What is described as depression, and experienced as emptiness, futility, fear of impoverishment and loneliness, is frequently recognizable as the tragedy of loss of the self, or alienation from the self, which is seen regularly in our generation and society. Thanks to years of reconstructive work with my analysands, I think I have come nearer to the child origins of this alienation from the self.

The observations of early mother-child interaction recorded by M. Mahler, R. Spitz, and J. Robertson, confirmed my suppositions. On reading Winnicott I felt on familiar ground and encouraged to continue along this path. Lastly, H. Kohut's studies on narcissism, especially his concept of *narcissistic cathexis*, helped me to conceptualize the relationships I had discovered.

In what follows I shall dispense with the meta-psychological language of structure theory and try to develop the connections I want to show on the basis of the mother-child relationship. Obviously a large part of the events here described take place intrapsychically, but an object relationship precedes every internalization and its language seems to me to be emotionally truer, and, for many analysts, more understandable.

A. THE VICISSITUDES OF NARCISSISTIC NEEDS

According to H. Kohut (1971), an object is narcissistically cathected when we experience it not as the centre of its own activity but as a part of ourselves. If the object does not behave in the way in which we expect or wish, we may at times be immeasurably disappointed or offended, almost as if an arm ceased to obey us, or a function that we take for granted (such as memory) lets us down. This sudden loss of control can also lead to intense narcissistic rage.

This sort of attitude is met far more frequently in adults than one might imagine, however much we like to regard it as pathological, unrealistic or egocentric. At the beginning of life, however, it is the only attitude possible. Not only during the phase of primary narcissism (the symbiotic phase) but also after the gradual separation between self- and object-representations, does the mother normally remain a narcissistically cathected object, a function of the developing individual.

Every child has a legitimate narcissistic need to be noticed, understood, taken seriously, and respected by its mother. In the first weeks and months of life it has to have the mother at its disposal, must be able to use her and to be mirrored by her. This is beautifully illustrated in one of Winnicott's images: the mother gazes at the baby in her arms, and the baby gazes at its mother's face and finds itself therein . . . provided that the mother is really looking at the unique, small, helpless being and not projecting her own introjects on to the child, nor her own expectations, fears and plans for the child. In that case, the child would not find itself in its

mother's face but rather the mother's own predicaments. It would remain without a mirror, and for the rest of its life would be seeking this mirror in vain.

i. Healthy narcissism

If a child is lucky enough to grow up with a mirroring mother, who allows herself to be cathected narcissistically, who is at the child's disposal, that is, who allows herself to be 'made use of' as a function of the child's narcissistic development, as M. Mahler (1968) says, then a healthy self-feeling can gradually develop in the growing child. Ideally this should be a mother who can also provide the necessary emotional climate and understanding of the child's needs. But even a mother who is not especially warm-hearted can make this development possible, if she only refrains from preventing it. This enables the child to acquire from other people what its mother lacks. Various investigations have shown the incredible ability which a healthy child displays in making use of the smallest affective 'nourishment' (stimulation) to be found in its surroundings.

I regard as a healthy self-feeling, the unquestioned *certainty* that the feelings and wishes which one experiences are a *part of one's self*. This certainty is not something based upon reflection, but is there like one's own pulse, which one does not notice as long as it functions normally.

This automatic, natural contact with his own emotions and wishes gives an individual strength and *self esteem*. He may live out his feelings, be sad, despairing or in need of help, without fear of making the introjected mother insecure. He can allow himself to be afraid when he is threatened, or angry when his wishes are not fulfilled. He knows not only what he does not want, but also what he does, and is able to express this, irrespective of whether he will be loved or hated for it.

I will now enumerate some characteristics of a successful narcissistic development but would like to make it clear that here, as also later on, I am describing constructions of phenomena which are only approximated in reality. Instead of 'healthy narcissism', it would be possible also to speak of inner freedom and vitality.

1. *Aggressive impulses* could be neutralized because they did not upset the confidence and self esteem of the mother.

2. *Strivings towards autonomy* were not experienced as an attack.

3. The child was allowed to experience and express 'ordinary' impulses (such as jealousy, rage, defiance) because his mother did not require him to be 'special', for instance to represent her own ethical attitudes.

4. There was no need to please anybody (under optimal conditions) and the child could develop and *exhibit* whatever was active in him during each developmental phase.

5. He could use his parents because they were independent of him.

6. These preconditions enabled him to *separate self- and object-representations* successfully.

7. Being able to display ambivalent feelings, the child could learn to regard both his self and the object as '*both good and bad*', and did not need to split off the 'good' from the 'bad' object.

8. *Object love* was made possible because the parents also loved the child as a separate object.

9. Provided there were phase-appropriate and non-traumatic frustrations, the child was able to *integrate* his narcissistic needs and did not have to resort to repression or splitting.

10. This integration made their transformation possible, as well as the development of a drive regulating matrix, based on the child's own *trial and error experiences*.

ii. Narcissistic disturbance

What happens if the mother not only is unable to take over the narcissistic functions for the child, but also, as very often happens, is herself in need of narcissistic supplies? Quite unconsciously and counter to her own good intentions, the mother then tries to assuage her own narcissistic needs through her child, i.e. *she cathects him narcissistically*. This does not rule out strong affection. On the contrary, the mother often loves her child as her self-object, passionately, but not in the way he needs to be loved. Among other things, therefore, the continuity and constancy that would be so important, are missing from this love, but above

all, also the framework within which the child could experience *his* feelings and *his* emotions. Instead, he develops something which the mother needs, and which certainly saves his life (the mother's love) at the time, but nevertheless may prevent him, throughout his life, from being himself. The literature speaks, in this connection, of the 'false self' (D. Winnicott, 1971) or of the 'as if' mechanism (M. Mahler, 1968).

In such cases the natural narcissistic needs appropriate to the child's age, as described above, cannot be integrated into the developing personality, but are split off, partially repressed, and retain their archaic form which makes their later integration still more difficult.

M. Mahler (1968) writes: 'It is the specific unconscious need of the mother that activates, out of the infant's infinite potentialities, those in particular that create for each mother "the child" who reflects her own unique and individual needs.' In other words, the mother communicates a 'mirrored frame-work' in infinitely varied ways to which the infant's primitive self accommodates itself. If her primary occupation with her child, i.e. her mirroring function during the period of early childhood, is *unpredictable, insecure, anxiety-ridden or hostile*, or if her confidence in herself as a mother is shaken, then the child has to face the period of individuation without a reliable frame-work for *emotional* checking back to his symbiotic partner. The result is a disturbance in his primitive 'self-feeling'.

With two exceptions, the mothers of all my patients had a narcissistic disturbance, were extremely insecure and often suffered from depression. The child, an only one or often the first-born, was the narcissistically cathected object. What these mothers had once failed to find in their own mothers, they were able to find in their children; someone at their disposal who can be used as an echo, who can be controlled, is completely centred on them, will never desert them, and offers full attention and admiration. If the child's demands become too great (as once did those of her own mother) she is no longer so defenceless, does not allow herself to be tyrannized; she can *bring the child up* in such a way that it neither cries nor disturbs her. At last she can make sure that she receives consideration and respect.

This can be illustrated best with an example. A patient who herself had four children, brought only scanty memories of her own mother. At the beginning of treatment she described her as an affectionate, warm-hearted woman who spoke to her 'openly about her own troubles' at an early age, who was very concerned for her own children and sacrificed herself for her family. She must have had the ability to empathize with other people, for she was often asked for advice by others within the sect to which the family belonged. The patient reported that her mother had always been especially proud of her daughter. She was now old and invalided, and the patient was very concerned about her health. She often dreamed that something had happened to her mother and woke with great anxiety.

During the further course of the analysis, this picture of her mother changed as a consequence of the emotions which arose in the transference. Above all, when the period of toilet training entered the analysis, she experienced her mother in me as domineering, demanding, controlling, manipulating, bad, cold, stupid, petty, obsessional, touchy, easily offended, over-wrought, false and hard to please. Even if this picture included the projection of her long-dammed-up anger, many childhood memories did in fact include these characteristics.

It was only in the course of the analysis, during which she re-enacted a great deal from her childhood, that this patient could discover what her mother was really like, through observing her own relationship to her children. Towards the end, she felt that when her mother had felt insecure in relation to her, she had in fact often been cold and treated her badly. Her anxious concern for the child had been a reaction formation to ward off her aggression and envy. Since the mother had often been humiliated as a child she needed to be valued by her daughter. Gradually, the two pictures of the loving mother and of the wicked witch were united into that of a single human being whose weakness, insecurity and over-sensitivity made it necessary for her to have her child at her disposal. The mother, who apparently functioned as well, was herself basically still a child in her relationship to her own child. The daughter, on the other hand, took over the

understanding and caring role until, with her own children, she discovered the demanding child within herself who seemed compelled to press others into her service.

Not all children of narcissistically deprived mothers have to suffer from such a disturbance. The siblings can usually obtain a certain freedom when one child has already accepted this role. Children who have a nurse or another stranger caring for them from the beginning are usually freer to develop in their own way because they are less often the object of narcissistic cathexis.

In his novel *The Lily in the Valley*, Honoré de Balzac described his childhood. His mother preferred his brother, gave Honoré first into the care of a nurse and then sent him away to school. He suffered greatly and all his life he courted his mother in the guise of different women. But perhaps he was fortunate that *this mother* did not use him as a glorification of herself. The very hopelessness of his wooing gave him the possibility of developing *his own* emotional wealth and the ability to develop freely his exceptional capacity for suffering. Perhaps the same is true of Vincent van Gogh, whose mother, throughout her life, mourned and idealized the *first* Vincent who had died very young (H. Nagera, 1967).

The narcissistically cathected child has the possibility to develop his intellectual capacities undisturbed but not the world of his emotions, and this has far-reaching consequences for his well-being. The intellect assumes a supportive function of incalculable value in strengthening the defence mechanisms, but behind it the narcissistic disturbance can deepen.

In fact, various mixed forms and nuances of narcissistic disturbances can be found. For the sake of clarity I shall try to describe two extreme forms, of which I consider one to be the reverse of the other: grandiosity and depression. Behind manifest grandiosity, depression is constantly lurking, and hiding behind a depressive mood there are often unconscious (or conscious but split off) fantasies of grandiosity. In fact, grandiosity is the defence against depression and depression is the defence against the real pain over the loss of the self.

1. Grandiosity

The person who is 'grandiose' is admired everywhere and needs this admiration, indeed cannot live without it. He *must* perform brilliantly everything he undertakes, which he is surely capable of doing (otherwise he just does not attempt it). He admires himself as well—on account of his qualities: his beauty, cleverness, talents; and on account of his success and achievements. Woe betide if one of them fails him, for then the catastrophe of a severe depression is imminent. It is usually considered normal that sick or aged people who have suffered a great loss, or, for example, women at the time of the menopause, should become depressive. There are, however, other personalities who can tolerate the loss of beauty, health, youth, or loved ones, and although they mourn them they do so without depression. In contrast, there are those with great gifts, often precisely the most gifted, who suffer from severe depression. One is free from depression when self-esteem is based on the authenticity of one's own feelings and not on the possession of certain qualities.

The collapse of self-esteem in a 'grandiose' person shows clearly how it had been hanging in the air, '*hanging from a balloon*' (dream of a female patient). The balloon flew very high in a good wind but then suddenly got a hole and then lay like a ragged fragment on the ground. Something that is genuine and which could have given strength later on, had never been developed.

The partners (including sexual partners) of a 'grandiose' person are also narcissistically cathected. The others are there to admire him and he himself is constantly occupied, body and soul, with gaining this admiration. This is how his torturing dependence shows itself. The childhood trauma is repeated: he is always the child whom his mother admires, but at the same time he senses that so long as it is his qualities which are being admired, he is not loved for the person he really is at any given time. Dangerously close to pride in the child, shame is concealed, lest it should fail to fulfil the expectations.

In a field study from Chestnut Lodge in 1954, the family backgrounds of 12 patients with manic-depressive psychosis were examined. The results strongly confirm the conclusions I have reached, by other means, about the aetiology of depression, and, as I believe, of narcissistic disturbances as a whole.

All the patients came from families who were socially isolated and felt themselves to be too little respected in their neighbourhood. They therefore made special efforts to increase their prestige with their neighbours through conformity and outstanding achievements. The child who later became ill had been assigned a special role in this effort. He was supposed to guarantee the family honour, and was loved only in proportion to the degree to which he was able to fulfil the demands of this family ideal by *means of his special abilities, talents, his beauty, etc.* (my italics). If he failed in this he was punished by being cold-shouldered or thrown out of the family group, and by the knowledge that he had brought great shame on his people' (M. Eicke-Spengler, 1977, p. 1104). I have found a similar social isolation in the families of my patients but I saw this as the result, rather than the cause, of the parents' narcissistic disturbance.

It is thus impossible for the grandiose person to cut the tragic link between admiration and love. In his compulsion to repeat he seeks insatiably for admiration, of which he never gets enough because admiration is not the same thing as love. It is only a substitute gratification of the primary needs for respect, understanding and being taken seriously, which have remained unconscious.

When Kernberg (1974) spoke of the remarkably strong envy shown by narcissistically disturbed patients in a discussion group at the Paris Congress in 1973, he remarked, almost as an aside: 'These people are envious of everything, even of other people's object relations.' Do we not have to assume that it is precisely there that the unconscious roots of their excessive envy are to be found? A patient once said she had the feeling that she had always

been walking on stilts. Is somebody who always has to walk on stilts not bound to be constantly envious of those who can walk on their own legs, even if they seem to him to be smaller and more 'ordinary' than he is himself? And is he not bound to carry dammed-up rage within himself, against those who have made him afraid to walk without stilts? In this way, envy of other things can appear, the result of the defence mechanism of displacement. Basically he is envious of healthy people because they do not have to make a constant effort to earn admiration, and because they do not have to do something in order to impress, one way or the other, but are free to be 'average'.

Manifest grandiosity, especially in the erotic sphere, is often described as 'phallic narcissism'. The women with the structure and pathogenesis described here usually attained their 'special position' in the sexual sphere during the oedipal phase or even earlier (in cases where the mother was emotionally replaced by the father). They had been specially predestined to this by their development during the pre-oedipal period as narcissistic show-pieces of the mother. If seductive behaviour on the father's side is added, then the woman is forced, by the compulsion to repeat, to go on looking for a special position in her relationships to men. She also has to repress the painful rivalry of the oedipal triangle in order to maintain the fantasy of her favoured position with her father. The inability to develop genuine object love is also narcissistically mortifying, since being a *complete* woman, i.e. being capable of loving, is part of her ambition. Paradoxically, she owes this to her introjected and subsequently transformed mother as well.

Things may be simpler with the so-called 'phallic man'. He is his mother's *special* son and, in the seduction situation, her preferred sexual object.¹ The 'phallic man' is forced to be a really splendid fellow if he wants to feel like a man at all. However, as soon as he has to be something specific and is not allowed to be what he really is, he loses, understandably, his sense of self. He then tries all the more to blow up his

¹ Cf on the aetiology of perversion, Chasseguet-Smirgel (1973): denial of the generation gap and overcoming the

narcissistic insult in boys who feel themselves to be superior to their fathers.

self-esteem which again leads to narcissistic weakening and so on *ad infinitum*. Fellini's 'Casanova' portrayed this person and his anguish most impressively.

The grandiose person is never really free, (1) because he is excessively dependent on admiration from the object, and (2) because his self-respect is dependent on qualities, functions and achievements which can suddenly fail.

2. Depression as the Reverse of Grandiosity

In the group of patients known to me, depression was coupled with grandiosity in many ways.

(a) Depression sometimes appeared when grandiosity broke down as a result of sickness, disablement or ageing. The source of external narcissistic supplies, for example, gradually dried up in the case of an unmarried woman as she grew older. She no longer received, from men, constant confirmation of her attractiveness which had had a directly supportive function as a substitute for the missing mirroring by her mother.

Superficially, her despair about getting old seemed to be due to the absence of sexual contacts but, at a deeper level, early pre-oedipal fears of being abandoned (stemming from the symbiotic phase) were being aroused, and this woman had no new conquests with which to counteract them. All her substitute mirrors were broken, and she again stood helpless and confused like the small girl once did before her mother's face in which she had not found herself but her mother's confusion.

The so-called 'phallic narcissistic men' can experience their ageing in a similar way even if a new love affair may seem to create the illusion of their youth for a time and in this way introduce brief manic phases into the early

stages of the depression caused by their ageing.

(b) This combination of alternating phases of grandiosity and depression can be seen in many other people. They are the two sides of the medal which could be described as the 'false self', a medal which was actually once given for achievements.

An actor, for example, on the evening of his success, can play before an enthusiastic audience and experience feelings of heavenly greatness and almightiness. Nevertheless, his sense of emptiness and of futility, even of shame and anger, can return the next morning if his happiness the previous night was due not only to his creative activity in playing and expressing the part, but also, and above all, was rooted in the substitute satisfaction of old needs for echoing, mirroring and being seen and understood. If his success the previous night only serves as the denial of childhood frustrations, then, like every substitute, it can only bring momentary satiation. In fact, proper satiation is no longer possible since the time for that is irrevocably past. The former child no longer exists, nor do the former parents. The present parents—if they are still alive—are now old and dependent, have no power over their son any more, are delighted with his success and with his infrequent visits. In the present, the son enjoys *success and recognition* but these things cannot offer him more than they are, they cannot fill the old gap. Again, as long as this is denied with the help of illusion, that is, in the intoxication of success, the old wound cannot heal. Depression comes close to it, but only mourning what was missed, *missed at the crucial time*, can lead to real healing.²

(c) Continuous outstanding achievements may sometimes enable an individual to maintain the illusion of constant attention and availability of his self-object (whose absence, in his

² A remark of Igor Stravinsky's can be cited as an example of successful mourning: 'I am convinced that it was my misfortune that my father was spiritually very distant from me and that even my mother had no love for me. When my oldest brother died unexpectedly (without my mother transferring her feelings from him on to me and my father, also, remaining as reserved as ever) I resolved that one day I would show them. Now this day has come and gone. No-one remembers this day but me, who was its only witness.' This is in marked contrast to the statement by

Samuel Beckett: 'One could say that I had a happy childhood, although I showed little talent for being happy. My parents did all that can be done to make a child happy, but I often felt very lonely.' (Both quotations are from an article by H. Mueller-Braunschweig, 1974.) Here the childhood drama has been fully introjected, and idealization of the parents was maintained with the help of denial, but the boundless isolation of his childhood found expression in Beckett's plays.

early childhood, had made him deny his own emotional reactions). Such a person is usually able to ward off threatening depression with increased brilliance, thereby deceiving both himself and those around him. However, he quite often chooses a marriage partner who either already has strong depressive traits or at least within their marriage unconsciously takes over and enacts the depressive components of the grandiose partner. This means that *the depression is outside*. The grandiose one can look after his 'poor' partner, protect him like a child, feel himself to be strong and indispensable, and thus gain another supporting pillar for the building of his own personality which actually has no secure foundations and is dependent on the supporting pillars of success, achievement, 'strength' and, above all, of denying his own childhood world of feeling.

(d) Lastly, depression can be experienced as a constant and overt dejection which appears to be unrelated to grandiosity. However, the repressed or split-off fantasies of grandiosity of the depressive are easily discovered, for example in his moral masochism. He has especially severe standards which apply only to himself. In other people he accepts without question thoughts and actions which, in himself, he would consider mean or bad when measured against his high ego ideal. Others are allowed to be 'ordinary', but he himself may not.

Although the outward picture of depression is diametrically opposite to that of grandiosity and has a quality which expresses the tragedy of the loss of self to a great extent, both have the same roots in the narcissistic disturbance. Both are indications of an *inner prison*, because the grandiose and the depressive individuals are *compelled* to fulfil the introjected mother's expectations: whereas the grandiose person is her successful child, the depressive sees himself as a failure.

They have several points in common:

1. A 'false self' which has led to the loss of the potential 'true self'.
2. A fragility of self-esteem which is based on the possibility of realising the 'false self' because of a lack of confidence in one's own feelings and wishes.

3. Perfectionism, a very high ego ideal.
4. Denial of the rejected feelings (the missing of a shadow in Narcissus' reflected image).
5. A preponderance of narcissistic cathexes of objects.
6. An enormous fear of loss of love and therefore a great readiness to conform.
7. Envy of the healthy.
8. Strong aggression which is split off and therefore not neutralized.
9. Over-sensitivity.
10. A readiness to feel shame and guilt.
11. Restlessness.

Thus depression can be understood as a sign of the loss of self and consists of a denial of one's own emotional reactions and feelings. This denial begins in the service of an absolutely essential adaptation during childhood, to avoid losing the object's love. Subsequently, it continues under the influence of the introjects. That is the reason why depression indicates a very early disturbance. There had been a deficit, right in the beginning at infancy, in certain affective areas which would have been necessary for stable self-confidence. From the reconstructions available through analyses, I have gained the impression that there are children who have not been free to experience the very earliest feelings such as discontent, anger, rage, pain, even hunger and, of course, enjoyment of their own bodies.

Discontentment and anger had aroused uncertainty in the mother over her maternal role; pain made her anxious. The enjoyment of their bodies sometimes produced envy, sometimes shame about 'what other people would think' or else it disturbed the mother's reaction formations (A. Miller, 1971). Thus, under certain circumstances, a child may learn very early what it is not allowed to feel, lest it runs the risk of losing its mother's love.

A patient in her fourth year of analysis came to a session several weeks after the birth of her third child and told me how free and alive she felt with this baby, compared with the two previous ones. With them she had constantly felt that excessive demands were made on her, that she was a prisoner and that the child took

advantage of and 'exploited' her so that she rebelled against his justified demands and, at the same time, felt that this was very bad of her; as in depression she was separated from her true self. She thought this might have been rebellion against her mother's demands for now she experiences nothing of this sort. The love for which she had then struggled now came of its own accord. She could enjoy her unity with this child and with herself. Then she spoke of her mother in the following words:

'I was the jewel in my mother's crown. She often said: "Maja can be relied upon, she will cope." And I did cope, I brought up the smaller children for her so that she could get on with her professional career. She became more and more famous, but I never saw her happy. How often I longed for her in the evenings. The little ones cried and I comforted them but I myself never cried. Who would have wanted a crying child? I could only win my mother's love if I was competent, understanding and controlled, if I never questioned her actions nor showed her how much I missed her; that would have limited her freedom which she needed so much. That would have turned her against me. At that time, nobody ever would have thought that this quiet, competent, useful Maja could be so lonely and have suffered so much. What could I do but be proud of my mother and help her?

The deeper the hole in my mother's heart was, the bigger the jewels in her crown needed to be. My poor mother needed these jewels because, at base, all her activity served only to suppress something in herself, perhaps a longing, I don't know. . . . Perhaps *she* would have discovered it if she had been fortunate to be a mother in more than a biological sense. It is not her fault. She tried so hard. But she had not been given the gift.

And how all of this repeated itself with Peter! How many empty hours my child had to spend with the maids so that I could get my diploma, which only took me further away from him and from myself. How often I deserted him without seeing what I was doing to him, because I had never been able to experience my own sense of being deserted? Only now do I begin to realize what motherhood without crown or jewels or a halo can be like.'

A German magazine for women (which tries

to speak openly of truths that have been tabooed) published a reader's letter in which the tragic story of her experience of motherhood was told without camouflage. It is in the nature of the problem that she could not really experience either her own tragedy or that of her child, since her own emotionally inaccessible childhood was the real beginning of the story. Her report ends with the following passage: 'And then the breast-feeding! The baby was put to the breast all wrong and soon my nipples were all bitten. God, how that hurt. Just two hours and then it was back; another one . . . the same . . . while it was sucking there, I was crying and swearing above it. It was so terrible that soon I couldn't eat any more and had a temperature of 40°. Then I was allowed to wean it and suddenly felt better. It was a long time before I noticed any maternal feelings. I wouldn't have minded if the baby had died. And everybody expected me to be happy. In despair I telephoned a friend who said that I'd get fond of it in time through being busy with it and having it around all the time. But that did not happen either. I only *began to be fond* of it when I could go back to work and only saw it when I came home, as a *distraction and toy*, so to speak. But quite honestly, a little dog would have been just as good. Now that he is gradually getting bigger and I see that *I can train him and that he is devoted to me and trusts me*, I am beginning to develop *tender feelings* for him and am glad that he is there. [My italics.]

I have written all this because I think it is a good thing that someone should, at last, say that there is no such thing as mother love—not to speak of a maternal instinct' ('Emma', July 1977).

B. THE MYTH OF NARCISSUS

The myth of Narcissus actually shows the tragedy of the narcissistic disturbance. Reflected in the water, Narcissus falls in love with his own beautiful face, which his mother was surely proud of. The nymph Echo also answers the young man's calls because she is in love with his beauty, like the mothers of our patients. Echo's answering calls deceive Narcissus. His reflection deceives him as well since it only shows his perfect, wonderful side and not the other sides.

His back view, for example, and his shadow remain hidden from him; they do not belong to and are cut off from his beloved reflection.

This stage of rapture can be compared with grandiosity, just as the next (the consuming longing for himself) can be likened to depression. Narcissus wanted to be *nothing but the beautiful youth*. He denied his true self, wanted to be at one with the beautiful picture. This leads to a giving up of himself, to death or, in Ovid's version, to being changed into a flower. This death is the logical consequence of the fixation to the false self. It is not only the 'beautiful', 'good' and pleasant feelings that make us really *alive*, deepen our existence and give us crucial insights but often precisely the unacceptable and unadapted ones which we would prefer to escape from: impotence, shame, envy, jealousy, confusion and mourning. These feelings can be experienced in the analyst's room and grow beyond their archaic form there. In this way this room is also a mirror of the analysand's inner world which is much richer than the 'beautiful countenance'!

Narcissus was *in love with* his idealized picture, but neither the grandiose nor the depressive 'Narcissus' can *really love* himself. His passion for his false self not only makes object love impossible but also love towards the one person who is fully entrusted to his care—namely, himself.

C. DEPRESSIVE PHASES DURING ANALYSIS

A grandiose person only looks for an analyst if depressive episodes come to his aid. As long as the grandiose defence is effective, this form of narcissistic disturbance exerts no pressure through visible suffering, except when other members of the family (spouse or children) have to seek psychotherapeutic help for depression or psychosomatic disorders. In our analytic work, we encounter grandiosity coupled with depression. On the other hand, we see depression in almost all our patients, either in the form of a manifest illness or in distinct phases of depressive moods. These phases can have different functions.

i. Signal function

Every analyst is familiar with sessions where the patient arrives complaining of depression and later leaves the consulting room in tears but much relieved and free from depression. Perhaps he has been able to experience a long-dammed-up rage against his mother, or to express his mistrust of the analyst's superiority, or, to feel for the first time, his sadness over the many lost years of his life during which he did not really live, or his anger over the impending holidays and separation. It is irrelevant which of these feelings are involved; the important thing is that they could be experienced. The depression had signalled their proximity but also their denial. The analytic session enabled the feelings to break through and then the depression disappeared. Such a mood can be an indication that parts of the self which had been rejected (feelings, fantasies, wishes, fears) have become stronger without finding discharge in grandiosity.

ii. Self-denial

There are some patients who, after coming close to the core of their selves in a session and feeling content and understood, organize a party or something else equally unimportant to them at that moment, where they feel empty and inadequate again. After a few days they complain of *self-alienation* and *emptiness*, again of having lost the way to themselves. Here the patient has actively, though unconsciously, provoked a situation which shows the repetition of what used to happen to him as a child: when he could really sense himself in play, feeling creative in Winnicott's sense, he would be asked to do something 'more sensible', to achieve something, and his world, which was just beginning to unfold, would be *overthrown*. These patients, even as children, probably reacted to this by withdrawing their feelings and by becoming depressed.

iii. The accumulation of strong, hidden feelings

Patients who are no longer depressive sometimes have depressive phases which may last several weeks before *strong emotions* from their childhood break through. It is as though

the depression had held back the affect. When it can be experienced, insight and associations related to the primary objects follow, often accompanied by significant dreams. The patient feels fully alive again until a new depressive phase signals something new. This may be expressed in the following fashion: 'I don't feel myself any more. How can it happen that I should lose myself again? I have no connection with what is within me. It is all hopeless. . . It will never be any better. Everything is pointless. I am longing for my former sense of being alive.' An aggressive outbreak may follow, with reproaches against the analyst, and only after this outbreak does a new link become clear and new vitality is felt.

iv. The struggle with the introjects

During an analysis there are also times of depressive moods after the patient has started to resist the demands of his introjects, e.g. for demands for achievement, but has not yet fully freed himself from them. Then he lands again in the cul-de-sac of *pointlessly excessive demands* which he is making on himself and only becomes aware of this when a depressive mood arises. This finds expression in the following way, for instance: 'Yesterday I was so happy, my work went easily, I was able to do more work for the exam than I had planned for the whole week. Then I thought I must take advantage of this good mood and do another chapter in the evening. I worked all evening but without any enthusiasm and next day I couldn't do any more. I felt such an idiot, nothing stayed in my head. I didn't want to see anyone either, it felt like the depressions I used to have. Then I "turned the pages back" and found where it had begun. I had spoiled my pleasure as soon as I made myself do more and more. And why? Then I remembered how my mother used to say: "You have done that beautifully, now you could just do this as well. . . ." I got angry and left the books alone. I suddenly trusted myself to know when I was ready to work again. And, of course, I did too. But the depression went sooner—at the point where I noticed that I had bowled myself over again.'

D. THE INNER PRISON AND ANALYTIC WORK

Probably everybody knows from his own experience about depressive moods which can, of course, also express or hide themselves in psychosomatic suffering. If one pays attention it is easy to see that they regularly appear and check spontaneity when an impulse or undesirable feeling is suppressed. If an adult, for example, cannot experience mourning when he loses somebody dear to him but tries to distract himself from his sadness, or if he suppresses and hides from himself his indignation over an idealized friend's behaviour from fear of losing his friendship, he must reckon with the probability of depression (unless his grandiose defence is constantly at his disposal). When he begins to pay attention to these connections in his analysis he can benefit from his depression and use it to learn the truth about himself.

A child does not yet have this possibility. He cannot yet see through his mechanism of self-deception and, on the other hand, he is far more threatened than an adult by the intensity of his feelings if he does not have a holding, empathic environment. Winnicott compared the infant's world of feeling with that of a psychotic and there is something convincing about this comparison. What they have in common, in addition to the lack of structuring, is the extreme intensity of feeling which is otherwise to be found only in puberty. But the recollection of the pains of puberty, of not being able to understand or to place our own impulses is usually more accessible than the first narcissistic traumata which are often hidden behind the picture of an idyllic childhood or even behind an almost complete amnesia. This is perhaps one reason why adults less often look back nostalgically to the time of their puberty than to that of their childhood. The mixture of longing, expectation and fear of disappointment which, for most people, accompanies the festivities they have known from their childhood, can perhaps be explained by their search for the intensity of feeling they knew in childhood which they cannot regain.

It is precisely because a child's feelings are so strong that they cannot be repressed without serious consequences. The stronger a prisoner

is, the thicker the prison walls have to be, which impede or completely prevent later emotional growth.

Once a patient has experienced a few times in the course of his analysis, that the breakthrough of intense early-childhood feelings (characterized by the specific quality of non-comprehension) can relieve a long period of depression, this experience will bring about a gradual change in his way of approaching 'undesired' feelings, above all those of pain. He discovers that he is no longer compelled to follow the former pattern of disappointment, suppression of pain and depression, since he now has another possibility of dealing with disappointment, namely, that of experiencing the pain. In this way he at least gains access to his earlier experiences, i.e. to the parts of himself and of his fate that were previously hidden from him.

A patient, in the closing phase of his analysis, expressed it thus: 'It was not the beautiful or pleasant feelings which gave me new insight but the ones against which I had fought most strongly: feelings which made me experience myself as shabby, petty, mean, helpless, humiliated, demanding, resentful or confused. And above all sad and lonely. However, it was precisely from these experiences, which I had avoided for so long, that I gained the certainty of understanding, stemming from the core of my being, something which I could not have learnt from any book!'

This patient was describing the process of *creative insight* in psychoanalysis. Interpretations play an important part in this process. They can accompany it, support ('hold') and encourage, but they can also disturb, hamper and delay, or even prevent it or reduce it to mere intellectual insight. A patient with narcissistic problems is all too ready to give up his own pleasure in discovery and self-expression and accommodate himself to his analyst's concepts—from fear of losing the latter's affection, understanding and empathy for which he has been waiting all his life. Because of his early experiences with his mother, he cannot believe that this need not necessarily be so. If he gives way to this fear and adapts himself, the analysis slides over into the sphere of the 'false self' and the truth remains hidden and

undeveloped. It is therefore extremely important that the analyst does not cathect the patient narcissistically, that is, his own needs should not impel him to formulate connections which the patient himself is *discovering with the help of his own feelings*. Otherwise he is in danger of behaving like a friend who brings some good food to a prisoner in his cell, at the precise moment when he has the opportunity of escaping, perhaps to spend his first night without shelter and hungry, but nevertheless in freedom. Since this step into unknown territory requires a great deal of courage in the first instance, it can happen that the prisoner, comforting himself with his food and shelter, misses his chance and stays in prison.

Recognizing the fragility of a creative process obviously does not mean that the analyst must adopt a mostly silent and hurtful attitude but merely that he must exercise care in this respect. Provided that the analyst respects the analysand's need to discover things for himself, it is possible, for example, that his compulsion to repeat can be of good service to his creative self-discovery, especially if its indirect communications are understood. This will come about through producing a variety of new situations through which an old, unremembered situation can, for the first time, be consciously experienced in its fullest tragedy and then finally be mourned. It is part of the dialectic of the mourning process that such experiences both encourage and are dependent on self-discovery (A. Miller, 1979).

Grandiosity is the counterpart of depression *within the narcissistic disturbance*. The patient can therefore be freed from his depression for a while if the psycho-therapist knows how to let him share in his own grandiosity, that is, when he can enable the patient to feel big and strong as a part of the idealized therapist. The narcissistic disturbance then appears in a different guise for a while even though it still exists. Achieving *freedom from both forms* of narcissistic disturbance in analysis is hardly possible without deeply-felt mourning. This ability to mourn, i.e. to give up the illusion of his 'happy' childhood, can restore vitality and creativity to the depressive, and (if he comes to analysis at all) free the grandiose person from

the exertions of and dependence on his Sisyphean task. If a person is able, during this long process, to experience that he was never 'loved' as a child for what he was but for his achievements, success and good qualities, and that he sacrificed his childhood for this 'love', this will shake him very deeply, but one day he will feel the desire to end this courtship. He will discover in himself a need to live according to his 'true self' and no longer be forced to earn love, a love which, at root, still leaves him empty-handed since it is given to the 'false self' which he has begun to relinquish.

The true opposite of depression is not gaiety or absence of pain, but vitality, i.e. the freedom to experience feelings which are spontaneous. It is part of the kaleidoscope of life that these feelings are not only cheerful, 'beautiful' and 'good' but that they can display the whole scale of human experience, including envy, jealousy, rage, disgust, greed, despair, and mourning. But this freedom cannot be achieved if childhood roots are cut off. Access to the 'true self' is thus only possible, for a person with narcissistic problems, when he no longer has to be afraid of the intense 'psychotic' emotional world of his early childhood. Once he has experienced it during the analytic process, it is no longer strange and threatening and need no longer be hidden behind the prison walls of illusion.

A good deal of advice for dealing with depressive patients (e.g. turning his aggression from the inner to the outer world) has a clearly manipulative character. S. Levin, for example, suggested that one should demonstrate to the patient that 'his hopelessness is not rational' or make him aware of his 'oversensitivity' (R. Fischer, 1976). In my opinion, such a procedure will only strengthen the 'false self' and emotional conformity, i.e. basically reinforce the depression too. If we don't want to do that then we must take *all* his feelings seriously. It is precisely his over-sensitivity, shame and self-reproach (how often a depressive patient knows that he reacts over-sensitively and how much does he reproach himself for it) which form a *continuous thread throughout his analysis* even before we understand what they really relate to. The more unrealistic such feelings are and the less they fit present reality, the more clearly they show that they are concerned with unremem-

bered situations from the past which are still to be discovered. If, however, the feeling concerned is not experienced but reasoned away, the discovery cannot take place and depression will be triumphant.

After a long depressive phase, accompanied by suicidal thoughts, a 40-year-old patient was at last able to experience her violent, very early, ambivalence in the transference. This was not immediately followed by visible relief but by a period full of mourning and tears. At the end of this period she said: 'The world has not changed, there is so much evil and meanness all around me, and I see it even more clearly than before. Nevertheless, for the first time I find life really worth living. Perhaps this is because, for the first time, I have the feeling that I am really *living my own life*. And that is an exciting adventure. On the other hand, I can understand my suicidal ideas better now, especially those I had in my youth—it seemed pointless to carry on because in a way I had always been living a life that wasn't mine, that I didn't want and that I was ready to throw away.'

E. A SOCIAL ASPECT OF DEPRESSION

One might ask whether adaptation must necessarily lead to depression. Is it not possible, and are there no examples of emotionally conforming individuals living quite happily? There are such examples, and above all there were more in the past, for depression is a disease of our time. Within a culture which was shielded from other value systems, such as that of orthodox Jewry in the ghetto, or negro families in the southern states a hundred years ago, an adapted individual was not autonomous and did not have his own individual sense of identity (in our sense) which could have given support, but he did feel supported by the group. The sense of being a 'devout Jew' or a 'loyal slave' gave him a measure of security in this world. Of course, there were some exceptions, people for whom that was not sufficient and who were strong enough to break away. Today it is hardly possible for any group to remain as isolated from others who have different values. This means it is necessary for the individual to find his support in himself if he is not to become the victim of various interests and ideologies.

This strength within himself, i.e. through access to his own real needs and feelings and the possibility of expressing them, thus becomes crucially important for him on the one hand, and on the other is made enormously more difficult through living in contact with various different value systems. These factors can probably explain the rapid increase of depression in our time and also the fascination with groups.

Within the partially adapted child there are latent powers which resist this adaptation. As the child grows, particularly in puberty, these powers attach themselves to new values, which are often opposed to those of the parents, and thus they create new ideals which they try to put into practice. Since this attempt is nevertheless not rooted in awareness of his own true needs and feelings, the adolescent accepts and *conforms to the new ideals* in a similar way to that which he previously adopted in relation to his parents. He again gives up and denies his true self in order to be accepted and loved by the heirs of the primary objects (whether in his ego-ideal or in the group). But all that is of little avail against depression. This person is not really himself, nor does he know or love himself: he does everything to make a narcissistically cathected object love him, in the way he once, as a child, so urgently needed it. But whatever could not be experienced at the right time in the past, can never be attained later on.

There are innumerable examples of this and I would like to include two of them:

1. A young woman wants to free herself from her patriarchal family in which her mother was completely subjected by the father. She marries a submissive man and seems to behave quite differently from her mother. Her husband allows her to bring her lovers into the house. She does not permit herself any feelings of jealousy or tenderness and wants to have relations with a number of men without any emotional ties, so that she can feel as autonomous as a man. Her need to be 'progressive' goes so far that she allows her partners to abuse and humiliate her as they wish, and suppresses all her feelings of mortification and anger in the belief that this makes her modern and free from prejudice. In

this way she carries over both her childhood obedience and her mother's submissiveness into these relationships. At times she suffers from severe depression.

2. A patient from an African family grew up alone with his mother after his father had died whilst he was still a very small boy. His mother insists on certain conventions and does not allow the child to be aware of his narcissistic and libidinal needs in any way, let alone express them. On the other hand, she regularly massages his penis until puberty, ostensibly on medical advice. As an adult her son leaves his mother and her world and marries an attractive European with a quite different background. Is it due to chance or to his unerring instinct that this woman not only torments and humiliates him but also undermines his confidence to an extreme degree, he being quite unable to stand up to her or leave her? This sado-masochistic marriage, like the other example, represents an attempt to break away from the parents' social system with the help of another one. The patient was certainly able to free himself from the mother of his adolescence but he remained emotionally tied to the oedipal and pre-oedipal mother whose role was taken over by his wife as long as he was not able to experience the feelings from that period. In his analysis he encountered his original ambivalence. It was terribly painful for him to realize the extent to which he had needed his mother as a child and at the same time had felt abused in his helplessness; how much he had loved her, hated her and been entirely at her mercy. The patient experienced these feelings after four years of analysis, with the result that he no longer needed his wife's perversions and could separate from her. At the same time he was able to see her far more realistically, including her positive sides.

F. POINTS OF CONTACT WITH SOME THEORIES OF DEPRESSION

When we conceptualize depression as the giving-up of one's real self in the service of maintaining object love, we can find within this view the main elements of the most important theories of depression:

1. Freud's factor of *impoverishment* of the ego is, of course, centrally contained in this

concept, allowing for the fact that, at the time of writing 'Mourning and Melancholia' (1917), he used the term 'ego' in the sense in which we now use the term 'self'.

2. What Abraham (1912) described as *turning aggression against the self* is equally closely related to the idea of loss of the self which I tried to describe. The 'destruction' of feelings, needs and fantasies which are unwelcome to the primary object is an aggressive act against the self. The feelings which are 'killed' by the depressive may vary according to the child's specific situation—they are not merely linked to aggressive impulses.

3. Sandler and Joffe (1965) (cf. also Joffe & Sandler, 1965) define depression as a possible *reaction to psychic pain* caused by the discrepancy between the actual and the ideal self-representation. Congruity of these representations leads to a feeling of well-being. In the language of object relations that would mean: the ideal self-representation is the heir of the primary objects whose approval and love ensure a sense of well-being, just as the discrepancy brings the danger of loss of love. If this pain could be risked and experienced there would be no depression, but for that a 'holding' environment would have been necessary.

4. Finally, according to E. Jacobson (1971), the conditions for a depressive development arise when loss of the ideal object is denied. Loss here does not only mean real separation from the self-object, or disappointment which is traumatic if it is not phase-appropriate, but also the unavailability of the self-object.

The narcissistically disturbed patient did not have a self-object at his disposal during the symbiotic phase, nor a 'usable' object in Winnicott's sense (1971), i.e. one which would have survived its own destruction. Both the depressive and the grandiose person *deny this reality completely* by living as though the availability of the self-object could still be salvaged: the grandiose person, through the illusion of achievement and the depressive through his constant fear of losing the self-object. Neither of them can accept the truth that this loss or this unavailability has *already happened* in the past, and that *no effort whatsoever can ever change this fact*.

SUMMARY

Whereas 'healthy narcissism' can be characterized as the full access to the true self, the narcissistic disturbance can be understood as a fixation on a 'false' or incomplete self. This fixation can be seen as the intra-psychic heir to the narcissistic cathexis of the child by his parents. In order to maintain the object's love, these children developed only those capacities which they felt their parents needed and admired. The unacceptable feelings had to be hidden from the environment and from themselves in order to avoid rejection or shame. This selective function is then taken over by the introjects. If anger, envy, despair and other undesirable feelings cannot be avoided completely, they have to be split off and cannot be integrated which leads to a marked impoverishment of the personality.

This loss of important parts of the self can be denied by grandiosity or can find expression through depression. The grandiosity, once based on the hope of reaching the real object, is later continued in an intense struggle with the introjects. Yet, if there is an awakening of a greater sense of reality, the defensive function of grandiosity breaks down in a depression. And now there is a greater awareness of the real state of affairs. Nevertheless, the depressed person feels like an empty house, still defending against pain.

Clinical vignettes illustrate how the newly-freed ability to mourn and to face pain leads to the dissipation of the depression and allows the patient to feel the genuine intensity of the life processes.

TRANSLATIONS OF SUMMARY

Tandis que le 'narcissisme sain' peut être vu comme l'accès complet au vrai 'self', on peut considérer la perturbation narcissique comme une fixation à un 'self' faux ou incomplet. Cette fixation peut être vue comme l'héritage psychique de l'investissement narcissique de l'enfant par ses parents. A fin de conserver l'amour de l'objet, ces enfants n'ont développé que ces aspects qu'ils savaient être nécessaires et admirés par leurs parents. Les sentiments indésirables devaient être cachés à l'environnement et à eux mêmes pour éviter le rejet ou la honte. Cette fonction sélective est prise après par les objets introjectés. Si la rage, l'envie, le désespoir et d'autres sentiments indésirables ne peuvent pas être évités complètement, ils doivent être clivés et ne peuvent pas être intégrés, ce qui produit un grand appauvrissement de la personnalité.

Cette perte des aspects importants du 'self' peut être niée à l'aide de la grandeur ou bien elle peut s'exprimer à travers la dépression. La grandeur, qui était basée jadis sur l'espoir d'atteindre l'objet réel, continue plus tard dans une bataille intense avec les objets introjetés. Ou, s'il y a un réveil d'un sens plus grand de réalité, la fonction défensive de la grandeur craque et devient dépression. Et alors il s'opère une plus grande prise de conscience du véritable état de choses. Cependant, la personne déprimée se sent encore comme une maison vide, se défendant encore contre la douleur.

Des vignettes cliniques montrent comment la capacité de deuil récemment libérée et la capacité d'affronter la douleur conduisent à une dissipation de la dépression et permettent au patient de ressentir l'intensité authentique des processus de la vie.

Im Unterschied zum 'gesunden Narzissmus', der sich durch den freien Zugang zur eigenen, in der Kindheit wurzelnden Gefühlswelt charakterisieren lässt, wird die 'narzisstische Störung' als eine Fixierung auf das 'falsche' oder unvollständige Selbst, nämlich auf die 'gute' und 'schöne' Seite der eigenen Person verstanden. Diese Fixierung, die in der Verliebtheit des Narzissus in sein schönes Antlitz ohne Schatten ihren bildhaften Ausdruck findet, kann als das intrapsychische Erbe der narzisstischen Besetzung des Kindes durch die Eltern gesehen werden. Im Dienste der Erhaltung der Objektliebe entwickeln diese Kinder ihre von den Eltern gebrauchten und bewunderten Fähigkeiten zur grossen Brillanz und verbergen—aus Angst vor Ablehnung oder Beschämung—die unerwünschten Gefühle sowohl vor den anderen wie vor sich selber. Diese selektive Funktion übernehmen später die Introjekte. Auch wenn die verpönten Gefühle wie Zorn, Neid, Verweilung, Ohnmacht nicht ganz vermieden werden können, so bleiben sie doch abgespalten und können nicht integriert werden, wodurch die Persönlichkeit einen erheblichen Selbstverlust erleidet.

Dieser Selbstverlust kann in der Grandiosität erfolgreich verleugnet werden oder in der Depression seinen Ausdruck finden. Die Grandiosität beruht auf der Illusion, die einst so notwendige Verfügbarkeit des nun introjizierten primären Objektes doch noch mit Leistung zu erreichen, was an die Anstrengungen des Sisyphos erinnert. Die Sprache der

depressiven Symptomatik hingegen kommt dem wahren Sachverhalt näher, obwohl auch hier der eigentliche Schmerz verleugnet bleibt. Muss ein Mensch den grössten und vitalsten Teil seiner wahren Gefühle eliminieren, so gleicht er tatsächlich einem entleerten, unbewohnten, verarmten Haus, sofern ihm die Abwehr durch Grandiosität nicht mehr zur Verfügung steht.

An klinischen Beispielen wird gezeigt, wie sich durch die wiedergewonnene Fähigkeit zu trauern und die bisher gefürchteten Gefühle zu erleben die Depression auflöst und einer echten Erlebnisintensität Platz macht.

Si el 'narcisismo sano' puede ser considerado como una introducción completa al sí mismo ('self') verdadero, la perturbación narcisista puede ser entendida como una fijación en un sí mismo 'falso' o incompleto. Esta fijación puede ser vista como el heredero intrapsíquico a la catexis narcisista del niño por sus padres. Para conservar el amor del objeto, estos niños han desarrollado sólo aquellas capacidades que, a su entender, sus padres necesitaban y admiraban. Los sentimientos inaceptables tuvieron que ser ocultados al medio ambiente y a sí mismos para evitar el rechazo y la vergüenza. Esta función selectiva pasa después a los objetos introyectados. Si la cólera, la envidia, la desesperación y demás sentimientos indeseables no pueden ser evitados por completo, deben ser escindidos entonces y no pueden ser integrados, lo cual lleva a un marcado empobrecimiento de la personalidad.

Esta pérdida de partes importantes del sí mismo ('self') puede ser negada mediante la grandeza, o es expresada a través de la depresión. La grandeza, que una vez se basó en la esperanza de alcanzar el objeto real, es prolongada en una batalla intensa con los objetos introyectados. Sin embargo, si ocurre un despertar de un mayor sentido de la realidad, la función defensiva de la grandeza se resquebraja y se convierte en depresión. Entonces, hay una mayor conciencia del verdadero estado de la situación. No obstante, la persona deprimida se siente como una casa vacía y se defiende aun contra el dolor.

Algunos ejemplos clínicos ayudan a ilustrar cómo la capacidad de duelo y de afrontar el dolor (capacidades apenas recientemente liberadas) conduce a la disipación de la depresión y permite al paciente sentir la intensidad genuina de los procesos de la vida.

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