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The narcissism of depression or the depression of narcissism and adolescence

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Abstract *Despite the fact that it has long been recognised that narcissism can contribute to depression, we have become accustomed to referring to depression mostly in terms of a neurotic disturbance. The author highlights the difference between the narcissistic elements in depression, which is based on guilt, and the graver narcissistic depression, which is governed by shame. He attempts to define the elements that constitute 'narcissistic depression' where primal psychic mechanisms rule, and stresses the importance of recognising this form of depression if it is to be dealt with appropriately. The author focuses on adolescence, during which, he believes, this type of narcissistic depression is predominant. In the presentation of two cases of psychoanalytic psychotherapy of adolescents, he seeks to analyse this psychopathology, looking particularly at how it affects therapeutic techniques.*

Keywords Narcissism; depression; adolescents; shame; guilt.

The role of narcissism in depression has long been the focus of attention albeit in different contexts. Freud (1917) used it to explain the mechanism of depression itself, where there is narcissistic identification with the object that is lost and subsequent internal emptiness resulting from the loss. Weiss (1944) wrote about the narcissistic nature of melancholy. Jacobson (1946) wrote about narcissistic breakdown in depression, arguing for the existence of narcissistic identification with partial or whole fusion of the self and the representation of the object. In relation to psychotic depression, which we would term major depression or even melancholy, Jacobson mentioned the fusion of a primitive 'magical' identification with fantasies of oral incorporation. Bibring (1953) suggested that in depression there are narcissistic ambitions, which are accompanied by oral or phallic elements and result in the reduction of self-respect. Deutsch (1951) referred to elements of narcissism and oral incorporation and identification with the ideal of the ego in depression. Fenichel (1945) also argued that in depression narcissism is of an oral nature, with a 'demandingness' as well as greed for being loved and with a reduction of self-respect. Klein (1940) called attention to the pre-genital roots of depression. The subject identifies with the object,

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wishes to control it omnipotently and gains sadistic satisfaction from this. Klein pointed out that the search for the ideal object and increased envy towards the idealised qualities invested in the object, is experienced as persecuting through projective identification.

There have been extensive descriptions of narcissism in relation to depressive disorders (Lax, 1989; Miller, 1979; Wright *et al.*, 1989) but they are beyond the scope of this article. For a long time, however, either because other aspects of depression were in the spotlight or because of the overriding focus on guilt (and, therefore, at a genital–neurotic level of disturbance), the literature treated depression as a homogeneous neurotic entity, although there were a few authors who referred to the narcissistic basis of depression either explicitly (Anthony, 1983: 151–65; Ladame, 1987; Miller, 1979) or implicitly (Rosenfeld, 1959).

As time went on, the narcissistic elements of depression increasingly became the focus of attention, either through the developing interest about narcissistic pathologies or through the identification of shame as a fundamental aspect of life and psychopathology. In addition to the superego depression involving guilt (Lewis, 1986; Wright *et al.*, 1989), the literature started to focus on and understand the different types of depression as being based mostly on the feeling of shame connected with the ego-ideal and, therefore, with an earlier narcissistic pathology.

The narcissistic nature of many types of depression has been studied from several different angles. Palacio Espaca (2002), for instance, distinguished between para-psychotic, para-depressive and para-neurotic depression, depending on the quality and intensity of affects experienced by the ego, the extent of the fantasies of destruction of the object and the extent of destruction of the object. In the first two, the emphasis is on the narcissistic elements that dominate and are linked to the ego-ideal. In para-depressive depression, the patient denies the guilt, which thus becomes unconscious, and there is a massive repression of aggression in an effort to keep the conflict internal. The ability to symbolise is reduced and patients often resort to manic defences using the narcissistic function and projective identifications with idealised objects.

In an enlightening article, Bleichmar (1996) illustrated the paths that depression might take as it develops, taking into account internal as well as environmental factors. Bleichmar provides a table showing how most paths end up in narcissistic traumata and deficiencies that result in narcissistic rather than guilt-based forms of depression. In another article, Milrod (1988) concluded that 'in depression there is always a disturbance in the field of narcissism'.

Blatt and Zuroff (1992) reviewed recent research on depression from different schools of thought and concluded that there are two main forms of depression. There is 'Dependent' depression in which the primary issues are loss and abandonment; and 'Introverted' depression in which the primary issues are failure, guilt and a disturbed sense of autonomy and self-worth. Dependent depression is characterised by loneliness, helplessness, weakness, difficulty in expressing anger for fear of additional loss and mechanisms of denial and a search for a better (mainly object directed) substitute object. Introverted depression is characterised by self-judgment, feelings of worthlessness, inferiority, failure and guilt. People with this kind of depression constantly strive for perfection and accomplishments and might be judgmental and aggressive towards others. Elements of the ideal ego and narcissism are identifiable.

Although adolescent and adult depressive reactions are often considered identical (Green, 1965; Lorand, 1967), there are actually some differences in clinical presentation and treatment. Depressed adolescents might not display classic symptoms but may rather appear lazy, bored, underachievers, dropouts and possibly involved in minor delinquency etc. They may also present with signs of confused ego identity and a fragile self-esteem, which is easily hurt by the slightest suspicion of criticism (Tulipan, 1981).

At this point, it is important to remember that the ego-ideal is formed early on and originates from the ideal ego of early age, which is dominated by fantasies of omnipotence (Schneider, 1988). It develops as an identification through the introjection of the real and imaginary expectations of primary objects regarding everything the person themselves ought to accomplish. Failure to achieve this impossible narcissistic goal results in feelings of shame, humiliation and dishonour that can be extremely intense and are usually of a pre-genital type. As is well known, the superego develops in relation to the real or imaginary prohibitions that are established concerning things that should not be done or thought. Failure to respond to the demands of the superego results in feelings of guilt. In brief, shame concerns everything the individual ought to have done but did not, while guilt concerns what he or she should not have done but did.

Shame can give rise to: rage against the undervalued self, the desire for the subject to disappear and become invisible and fight or flight tendencies. There are traces of it in paranoia and in anality, and it may involve physical manifestations through the autonomous nervous system. Shame can be complex and masked by guilt but if there is no therapeutic process there will be no reparation process, since developmentally it belongs to an earlier pre genital stage (Anastasopoulos, 1997).

In defining the narcissistic origin of depression, there are a number of issues we need to look at more closely, including the significance of the link between elements of the ego-ideal with a feeling of shame and, consequently; the need for reassurance by others, the use of defence mechanisms that are mostly primitive, such as projective identification, acting out, reaction formation and denial. Very often, there is a rigid maladjusted ego with little tolerance for frustration and intense envy towards anything good that others have. When you are narcissistic, you want it all and when you cannot have it, the unfulfilled desire, the feeling of weakness and inadequate coping skills motivate envious rage. There is a tendency, therefore, to project the bad elements that are considered not to belong to the self (Shengold, 1994). Envy generally involves two individuals (dyadic relationships) where one is the idealised object that is experienced as unfair, depriving the other of whatever they do not have. This leads to the development of destructive aggression and is developmentally related to the paranoid–schizoid position.

A narcissistic individual is very vulnerable to depression because their self-worth is dependent upon constant external affirmation. Their realistic self is often neglected in favour of an image they feel they have to defend and because they feel intense envy towards those who have what they themselves desire and cannot achieve. Intense aggression is split from the libido and so cannot be neutralised. A breakdown may result from professional failure, emotional failure, signs of aging, illness, physical disability or the failings of those close to them who are seen as narcissistic extensions of themselves.

It is generally agreed that in depression there is a tendency for splitting and projection of the good parts onto the idealised object, leading to further impoverishment of the

self. There are therefore two conditions. First there is depression functioning at the level of object constancy, i.e. the depressive position. Here the real or imaginary loss is experienced in the context of the relationship to a whole object. Guilt anxiety is mobilised in relation to the voluntary or involuntary damage that might have been caused to the object. There is an unconscious link back to previous earlier losses. The extent of the depression will depend upon the upon the overall organisation of the subject's mental life and in particular the severity of recent losses, which in turn will depend on how successfully early losses have been dealt with, although there is always a relative degree of narcissistic damage and psychic imbalance. Reparation processes, however, are potentially active and supported by relatively advanced defence mechanisms and the subject's ability to relate reciprocally with external objects. This type of situation can be characterised by the involvement of narcissistic elements but at the core, there is a more advanced level of object relations with a whole object (*narcissism of depression*).

Secondly, there is the depression that an individual with a narcissistic structure might display in a spectrum covering the existence of clear narcissistic elements in the psychic structure through to the extremes of narcissistic disturbance. The loss here is taken as a structural one that threatens the whole of the individual's psychic cohesion. The mechanisms that are mobilised aim to:

1) Restore the value of the narcissistically cathected object, the undervaluation of which inevitably results in undervaluation of the self.
2) Project negative contents at the price of persecution anxiety and impoverishment of the functions of the ego and the image of self.
3) Where both are weak, there is an unbearable sense of loss and primal annihilation anxiety and nullification which often leads to suicide attempts to alleviate these anxieties.

The distinction is, of course, schematic and in reality, elements from each category, often mixed with elements of guilt from earlier parts of the self, might coexist. In these situations, we can speak of *narcissistic depression*.

Adolescence: narcissism and depression

Nowadays, the close-knit social groups that at one time surrounded and supported the individual are lacking. Equally lacking in post-modern society are clear-cut perspectives of adulthood for the adolescent to see. The search for identity has become harder for the adolescent. They may, therefore, sometimes resort to extremist groups that will give them a grandiose identity and self-worth, especially when they are confronted with the demands of an ideal ego. This becomes especially pressing when they abandon the world of dependency upon their parents. Coming into contact with reality, without the sense of parental support, the adolescent suffers narcissistic injury, experiencing weakness because stripped of fantasies of omnipotence. Under certain conditions of internal or external pressure, it is often exceptionally hard for the adolescent to construct a self-image while under pressure from the mental pain of disharmony between the real and the ideal self.

Adolescents are more prone to depressive reactions, precisely because of their narcissistic vulnerability. Although the incidence of major depressive disorder is no higher amongst adolescents than adults, depression in adolescence is associated with higher rates of suicide and serious psychosocial deficits. It also greatly increases the probability of depression or substance abuse during young adulthood (Levinsohn and Clarke, 1999). Adolescents are subjected to instinctual and environmental demands at the same time as losing parental protection and moving towards forming external object relations. It might not be irrelevant that at this age we see a more severe picture without the prognostic consequences that the same clinical picture would have in adulthood. In addition, there are parental narcissistic demands that implicitly or explicitly, consciously or unconsciously tend to idealise their children, impelling them to achieve more and more.

In adolescents often see the hedonistic, self-destructive characteristics that their narcissistic type of depression might take on. These are the moments when, through acting out, they feel they become grandiose, tragic heroes because they cannot be the heroes that the ego-ideal is pressing them to be. Ladame (1987) notes that depressive and narcissistic adolescents lack a balanced self and object representation, which would help them to regulate their relationship with external objects, and tend to make archaic primary identifications where self and object are more or less fused.

Lorand (1967) emphasises the formation of ego-ideal disturbances in the development of depressive conditions in adolescents and the effect this has on the construction of an identity. In the depressed adolescent, we see a connection between the confused identity of self and the early identifications, which play a decisive part in the quality of the ideal of the ego as it is being formed. Anthony (1970) distinguishes two types of depression in adolescence:

1) Mostly pre-Oedipal psychopathology with a disharmony of the ego and ideal of the ego and the consequential effects on self-esteem, shame, inferiority, insufficiency, weakness and narcissistic object relations, orality and dependency (narcissistic in nature).
2) Mostly Oedipal with guilt and moral masochism, linked to the punishing superego, introverted aggression and hatred (neurotic in nature).

I will now try to describe two clinical cases of adolescent narcissistic depression.

Clinical depression

Alex was a 20-year-old student, who, at the time of first being seen, had a problem with acne. He was referred for disorganising anxiety during exams in which, however, he consistently excelled. His non-existent love life, perfectionism, rigid social behaviour with tendency to flight, passivity in dealing with challenges and an intolerable feeling of guilt, accompanied by all the active symptoms of depression (depressive affect, somatisation, idea of worthlessness, masochistic tendencies, sleep disturbances) were soon revealed.

Alex's parents had a loveless marriage, with the mother feeling regret a few months after the wedding and subsequently trapped in the relationship. She was a mild, exceptionally industrious, supportive person with dreams for her children but without

being controlling or overprotective. The father, from descriptions of him, seemed to have at the least a narcissistic disturbance with ideas of omnipotence. He was aggressive, sadistically rejecting, envious towards everyone, egocentric and with elements of perversion.

The first year of twice-weekly sessions were difficult, with Alex mobilising obsessive defences, rationalisation, intellectualisation and showing difficulty with any type of symbolic or psychological thought. Nonetheless, a strong transference developed, which permitted the therapy to continue.

In the second year, the elements of narcissistic identification with his father and all his agony in responding to his ideals through hard work started to unfold, but every time he achieved something, there was always something else that he had not accomplished. This rapidly destroyed any satisfaction and he would sink back into depression and self-blame.

In this phase of therapy, Alex was particularly defensive and reluctant to reveal more personal issues about himself. There was an intense feeling of guilt, which we had to negotiate step by step, since otherwise he would never open up and an accidental mass 'exposure' could have caused panic and flight or breakdown. He felt guilty about betraying his parents and revealing family issues, which also touched on the feeling that if the only group to which he belonged was endangered and disappeared, then he would disappear with it. I soon, in the transference, took on the form of the idealised good and strong father who had what Alex desired from himself and from his father: success, warmth, understanding, power, the ability to be conciliatory. This would often throw him into despair, either afraid that he would never be worthy enough to win the love of such a father or terrified that I might abandon him.

As we were exploring his relations with the introjected parental objects – violently splitting between each other – new elements started to appear. Alex managed to 'connect' with a female student he had met in the neighbourhood. His fear of incompetence subsided and he managed to have a relationship with her, tortured, however, by self-judgmental crises with ideas of worthlessness and the wish to flee. The girl proved to be gentle and supportive, something that initially relieved him but then led him to underestimate her as not aggressive or dominant enough. When he discovered that she had had a previous affair with a young man who was older than him and who had treated her badly and left her, Alex intensely projected onto this other man the image of his father. The girl's ex-boyfriend was turned into a persecuting object about whom Alex had murderous fantasies. Then Alex's powerless anger fantastically and verbally turned against the girl. All this took place in a climate of depressive mood, with feelings of failure and consistently low self-worth.

What follows is a short excerpt from the work during that period:

> Alex tells how, having managed to take a weekend off to spend with his girlfriend, they made love and the condom broke. In his panic he called his mother who suggested that the girl take the 'morning after' pill to interrupt any conception. As he described his feelings of guilt and agony as he tried to make his way through the snow from the mountain resort to the nearest city, on a Sunday, and the sense of humiliation and incompetence that the situation evoked in him, his mood started to

shift. He said, '*Of course that would never happen to you. You've got experience. Besides, I often think you're laughing at me, since you can have any girl you want. I know you're thinking how useless I am. I feel like breaking everything in here, in your tidy world, because you have everything, you don't care about me, you feel contempt for me*.'

I intervened, interpreting the situation as the shock he had received making him feel humiliated before his almighty, aggressively antagonistic father. No matter what he does he feels under examination by him and that he sees in me his father, a figure of envy and hatred. Alex then softened a little. It appeared that my interpretation has helped him to differentiate the projection from the internalised persecuting object and perhaps also himself from it. With a lot of pain, he started expressing his grievance against his father's rejecting stance, rejecting everything he did. In the end, he was almost in tears.

In the following session, Alex was particularly unapproachable, aggressive and closed towards me, as if he regretted having exposed himself during the previous session and feeling it as some sort of repetition of the abuse he suffered at his father's hands. In this case, as in many others, it took the work of several sessions to find common ground between us.

Elements of destructive envy gradually also turned against the therapist, who had been put in the place of the idealised father. His attacks during the therapeutic process were violent and seemed to be a continual threat to progress and the continuation of therapy, with the possible result of a negative therapeutic reaction and termination of our work.

During that time, he revealed a history of sexual abuse by his father between the ages of 11 and 13 years of age, which gave rise to a particular pain and it took us about two months to be able to describe it fully. There were moments when he touched the limits of loss of reality control, displaying a clear paranoid ideation.

This phase lasted about eight months, making me doubt whether he would recover and making me wonder whether I had handled his therapy correctly or had done something awfully wrong. At that time, he displayed an intense envy for people who were successful, and had erotic relations and deprecation for all those he considered inferior. These elements organised an extremely authoritarian way of speaking, filled with hatred and with an idealisation of violence and power that made me feel he was particularly vulnerable to certain extremist ideologies and subsequent acting out. He also addressed himself directly to me and indirectly to the parents of the girl he loved as representatives of a foolish, weak and incompetent left. I felt that the part of him that had identified with the fiercer part of the persecutory father was being expressed in a sort of identification with the aggressor.

What helped me to avoid countertransference reactions during that period were strong feelings of sympathy towards this talented and multiply abused adolescent. I often thought that we were on the brink of violent acting out and wondered if the target would be me, his father or his girlfriend and her parents. In the end, this acting out appeared in the form of his abandoning his dissertation and joining the army to do his national service.

During the remaining trimester, he sank into greater depression, with some signs of relief from the narcissistic rage he held inside. Shame and persecution were gradually being replaced by rapprochement and an expression of care and sadness; rage and envy by the desire to approach the other and a greater ability to recognise the good in himself and those who surrounded him. The swing of the pendulum between submissiveness and megalomania grew smaller. He was able to cry during sessions, be reconciled with his girlfriend and his mother, and distance himself from his father. I then understood that he had switched from being in a narcissistic depressive state to a depression that included elements of mourning for his losses and a real potential for reparation. The sporadic meetings we had had during his national service reassured me that there was a developmental change in Alex's psychopathology.

Tom was significantly different in some ways and very similar in others. He was also referred for low self-esteem due to a rapid drop in academic performance over the previous two years. He was a charming young man of 16, an only child, quiet with gentle manners and particularly articulate and intelligent. His personal history was that of a very shy child, isolated from his peers, dedicated to school and to sports. He flourished only during the summer holidays when he looked for and joined a group of older children who accepted him as a gifted younger friend. Two years earlier, during the summer, he had had his first erotic relationship with a girl two years older than him. This relationship seemed to have bolstered him giving him a narcissistic boost. On returning to school, his appearance and style had changed and he soon succeeded in becoming particularly popular. '*No one knew me before, now everyone does. I talk to everyone, I belong to a lot of groups*.' This was counterbalanced by his complete disregard for classes and anything to do with them. The effect on his performance was dramatic and the likelihood of his being able to continue studying after 'graduating' from the school, increasingly improbable.

Tom's parents had an intensely ambivalent relationship. They had frequent serious fights that had long suggested they were at risk of divorcing. Both had completed higher studies and worked in the fields of art and the social sciences. The father, however, held a more prestigious position. They were cooperative and sensitive people with strong personalities, the father being of a sweeter and milder disposition than the stronger, more authoritarian mother.

At the beginning of our work together, I could not help but like this slim, charming adolescent with his rich vocabulary and the courage to find the source of the discontent and dysthymia he felt without knowing where it came from. From the beginning, beneath a fragile, bashful, quick-thinking social façade there was a feeling of sadness and loss, as if something inside were missing. He quickly trusted me and dialogue with him was reminiscent of talking to someone far more mature. I later realised that Tom's self was a mix of mature parts and other more childish ones with dependency needs and anxieties. The breach in his parents' relationship did not help him feel supported and contained by them as a couple.

Tom's indifference to and detachment from his schoolwork alongside his inability to focus on study were in striking contrast with his potential. Similarly, his lack of any ambition or planning for the future was in contrast with his ability to correctly judge and consider problems in depth. I was quickly led to see his attitude as a self-destructive

function aimed against his parents, particularly his father. This became clearer when his deep admiration for an idealised father – in reality both remarkable and capable – surfaced. In Tom's mind, what he had to do was outshine the idealised father. As he failed to achieve that goal, he projected his ideal onto his parents, introjected it as a demand and in all probability amplified their own projected ambitions. Along with admiration, he felt intense hostility, which ended up destroying that in himself which he felt his parents valued as especially important. It appeared to be an attempt, through a destructive (envious) attack, to distance himself from anything that belonged to his parents' (especially his father's) set of values. He was also particularly intolerant to any discussion or remark made at home, to which he responded with confrontational indifference or a refusal to participate and then burst out in a violent attack against objects, including his favourite guitar, which he destroyed.

The existence of intense persecuting aggression was also confirmed by his development of the phobia of travelling by plane, ship, car or lifts. Most significant was his intense anxiety-phobia that he might be the victim of a violent attack by people of his own age on the street, which originated from an actual incident of threats and theft. He ended up not daring to go far from his house, even in daylight. Just how much the punishing fantasies of annihilation originating from the relations with the idealised father were implicated in this behaviour can be understood from the following. My attempts to work through and interpret his phobic anxiety in relation to aggressive fantasies had failed even though he had admitted that they might be true. On one occasion, however, when discussing his phobia, he said how afraid he was of being attacked and beaten up and I responded '*So what? What will happen if we accept that you might get beaten up*?' He looked amazed, as if this possibility had never crossed his mind. His fear was significantly reduced from that moment on.

Tom had a strong narcissistic investment in his appearance, which was purposely untidy. He got maximum reassurance from being popular with girls. Every failed or broken relationship took the form of a traumatic narcissistic experience from which he would slowly recover with the help of a new relationship. Deep down, while Tom anxiously tried to avoid any identification with the idealised father, he resorted to introverted destructive aggressiveness that eventually prevented him from developing his own identity. He thus ended up looking for reassurance from his environment, a reassurance that proved inadequate and short-lived, throwing him deeper into a dead end of sadness and self-destruction with death wishes.

Tom suffered in an exceptionally internal way, avoiding revealing anything that might show how much he was suffering and what he was experiencing without being able to stop it. Every revelation of weakness caused him additional shame and mental pain. He appeared to be constantly inhibited, unable to organise anything or able to dare to do anything that he did not know in advance he could accomplish. He reached the point of seeking relief by purposely getting himself into a state of almost non-existence, such as playing computer games for hours on end, watching TV or sometimes simply being emotionally detached.

Even on a transference level, although he never missed a session and I felt I was the only person he could talk to about very personal issues, he never once mentioned or commented upon any reference I might have made to feelings to which our relationship

might have given rise. More recently, after two years of psychotherapeutic work, he said, '*Come to think of it, this is the only place I want to come to, only here can I really talk*.'

Working with him was slow and laborious. There were long, hurt silences, moments when he recognised being in complete confusion, when verbally and extra-verbally he expressed intense pain for his weakness and inability to compete for anything or to test his skills.

This condition reached its culmination towards the end of the second year of therapy. On the one hand he was able to understand sufficiently – and not only intellectually – what was happening to him, but on the other hand he appeared to be facing a wave of self-destructiveness that tended to reduce his worthless self to nothing, to strike the final blow at the object of investment and expectations of his parents. He seemed to sink deeper into a state of disorganisation and self-destruction. His girlfriend, on whom he depended and in whom he found reassurance, left him after discovering he'd had a short relationship with another girl at the same time. He had let her find out in self-destructive narcissistic negligence. He was the worst student in the school and the exams that would decide his future were approaching. His friends were planning their studies and future without including him. Two of his best friends distanced themselves from him. He looked desperate. In our session, he seemed to have given up completely and ambivalently suggested reducing our sessions so he would have time to study. I told him that our work and relationship seemed to be the only thing he had not as yet attacked and destroyed, and that was what he was attempting to do. I suggested that perhaps this was a test of what 'I' as a parent value more and that through his actions he wanted us both to sink into a total inability to create anything at all. He looked crushed. He talked about how much he wanted to destroy everything at home because he could not stand feeling so useless. He did not want to see his father. He could not stand the sight of him. He hated him. He often wished that something magical could happen so that everything would start over again. He was ashamed of coming to therapy and felt incapable of using it and benefiting from it. This was the content of a number of sessions that he seemed to be able to use, despite what he said. He stated, '*I have now reached rock bottom. Since I'm not considering suicide, there is nothing else left to destroy. So whatever I do from now on can only be better than this*.'

Recently, painfully and through intense effort, he has started organising himself with regards to his schoolwork. He has shown a significant improvement and started being happy when he manages to improve his performance. He has also started considering the future after graduation and recognised the dependent, fused nature of his relationships with girls and friends. Even more impressive is the fact that he has started becoming functional and mobilising his creativity, working towards what, for the time being, is an unstable balance. He characteristically said, '*I'm afraid of ruining it by talking about it but I feel like I'm rediscovering my old self. I'm happy when I succeed. I'm happy I'm not the last in school*.'

Discussion

Alex lived since birth with a father who was sadistic, envious and authoritarian, and who nullified and subjugated him. The main issue and source of his depression and his poor

self-image, was the traumatic experience of sexual abuse that took place between the ages of 11 and 14 when he finally refused to accept its continuation. Crying, Alex spoke with hatred of his father and of his desire to kill him. At other times, he identified with the idealised negative model of the father and sought external targets on whom to vent his own sadism and envy. In essence, he felt that others lead a better life. His excellence as a scholarship student offered him no sense of worth. It is simply what was owed to his never-satisfied, always judgmental and extremely demanding father.

A narcissistic type of depression, as in Alex's case, might result from traumatic experiences relating to external reality, such as prolonged cohabitation with a sadistic and tyrannical personality at an early age. The creation of traumatic tension disconnects the destructiveness from fusion with the libido and turns it against the self. There is a regression from the incompletely dealt with depressive position and its tendency to ambivalence, to the paranoid schizoid position with splitting off of the destructive parts. The inability to be supported by the ideal object leads to the projection of envy and destructiveness, which leads to ideas of persecution.

Bleichmar (1996) mentions that the continuous underestimation of the object reduces its value as a motivational narcissistic stimulus. This results in the subject's narcissism being challenged, especially when it is significantly dependent on the object, in order to maintain some sort of balance in self-esteem. Consequently, support for the object's feeling of personal worth is reduced and that sets the foundations for depression due to narcissistic depletion: the individual is deprived of the sources of narcissistic affirmation and satisfaction from the environment. This is particularly visible, in both cases, in their relationships with girls.

Alex's self-image was fragmented into conflicting parts that were related to the identification and introjection of elements of the mother and father. His desire for sexual dominance and dominance over his girlfriend, who acted as a motherly figure, was instantly replaced by fear of abandonment and the belief that no woman would ever be interested in him. The mother herself has been idealised as a saint, a person against whom anger is out of the question. Sometimes he expressed his bitterness at her choice to marry '*that man*,' and her absence and inability to protect him. Immediately afterwards the depression increased in intensity.

The difficulty in countertransference affected two areas. Firstly, the intensity and complex nature of the transference, with idealisation, envy, projective identification, unbearable mental pain and aggression, which often lead to the creation of an emotional dead-end or feelings that were hard to manage. Secondly, the feelings of anger and hate that I often felt towards his father stemmed from my own parental status and my desire to assume the role of saviour towards Alex. That made it much harder to control my judgmental thoughts about the father, which were born out of rage for his actions, so putting me in danger of resorting to acting out and identifying with the adolescent rather than sustaining the insults and pressure I took from Alex.

Tom, on the other hand, had two parents interested in him who were much less disturbed. There was always a liberal spirit of understanding and culture in his home. However, there appears to have been a lot of repressed aggression, which the parents covered over with a blanket of culture and reason. The source of the disturbance here seems to have been the conflicting relationship between the parents and a certain degree

of depression in them as well as their unconscious expectations of and investment in Tom.

Being an only child in an environment that set high goals and standards of accomplishments seemed to be particularly burdensome to his psychic development. The mother's inherent authoritarianism was in contrast to the father who, though not powerless, had more childlike facets and was more tolerant. This seems to have contributed to the development of castration anxiety and a sense of shame towards girls. This was later transformed into seeking affirmation from girls who were either strictly narcissistic objects or else the relationship with them became demanding and dependent, giving rise to a tension that replaced all other interests.

In the countertransference, I felt intense sadness for the self-destructive path Tom was on. I felt I was a powerless spectator, witnessing his predetermined destructive course. This angered me as well, which made the experience of Tom's attack on his father and his values clearer to me. For a strongly narcissistic person, when their grandiose desires and goals are not fulfilled, they experience their weakness in identifying with the idealised object as humiliating and this leads to depression. Within that framework, they react with an aggressiveness that at times borders on narcissistic rage towards the objects of desire (Kohut, 1972). Tom's depression was based on powerless rage and envy mostly relating to achieving and the unspoken expectations that he should excel intellectually. Narcissism looks for that which the person does not have and is unsatisfied by that which the person does have and is a suitable foundation for the development of envy. All Tom's powerless aggression seemed to have turned against anything his parents valued and against the instrument of their satisfaction, himself. He thus simultaneously gave himself the outlet of 'inexistence,' exiling from his life and mind anything concerning studies and studying. While as an individual he was particularly gifted, it was as if all the skills manifested during our sessions did not exist outside them. It seemed as if he needed the external stimuli and 'permission' to be able to express them.

When dealing with depression, the experience of the patient is almost always that they are suffering some sort of narcissistic damage. Perhaps the crucial structural question is whether concern with the state of the object or with the worth of the self dominates. In the first case, in the realm of the depressive position, guilt from the destructive attacks that the object experiences in fantasy dominates and there is additional concern about the failure to live up to narcissistic demands. This is the essence of *neurotic depression* with 'the shadow of the object.' Guilt predominates, leaving space for a sense of power and autonomy (Wright *et al.*, 1989). In the second case, aggression is enviously turned against the external objects, towards which, however, possessive relationships apply. This means that the depreciation of their value and their underestimation results in undervaluation of the self, emotional deprivation, narcissistic void and depression. In this case, whenever counterbalancing mechanisms are mobilised they seek to restore the value of the subject, without caring about the object, which is sought as a narcissistic supplement. In these situations, we speak of *narcissistic depression*.

Some of the main characteristics of adolescence are: intense narcissism, with its oscillating grandiosity and self-denigration with dominance of the ego-ideal over the superego, the increase of aggression, the regression to narcissistic use of objects, the

weakness of the ego in containing extremely intense anxiety and the tendency to project and act out. With these elements it is to be expected that the proportional incidence of narcissistic depression will be high, something which is not generally taken into consideration. The existence of a narcissistic type of depression in an adolescent does not necessarily predict a personality disorder, as might be expected in an adult. These are the developmental dynamics that construct the narcissistic background in the majority of cases of adolescent depression.

I have presented two examples that exemplified different routes to narcissistic depression in adolescence. The first was based on the cohabitation with a parent of sadistic–narcissistic pathology and the traumatic experience of abuse though, apart from the inevitable damage to the psychic structure, the main pathology was that of depression. The second concerned an adolescent whose environmental conditions were much less disturbed but where the arousal of the ideal of the ego and the projections of expectations from an unbalanced environment created a narcissistic breach, the response to which was also depression.

In Alex's case, it was the partial identification with the aggressor that led to the creation of a pathological ideal of the self, which included the aggressor (Lax, 1989). Consequently, that led him to feel hatred towards himself and anything related to him or which was reflected in him. The ideal of the ego was becoming persecuting and demanding and led to the inability to develop an identity or any autonomy. The wounded narcissism resulted in a constant search for external affirmation that was never enough. His relations with his body were very poor and ended up in almost total inhibition, relating to intense castration anxiety. Envy was also strong and in combination with the introverted destructive aggression further intensified the elements of depression. Guilt existed at a secondary, more mature, level, in particular after a degree of disentanglement from the idealised positive or negative object.

The coexistence of guilt and shame is frequent and it complicates any effort to identify the underlying disturbance. Even though envy is an early element of development, it has been proven that in depression there can be guilt-producing envy as well as a coexistence of elements of envy and guilt when the former becomes, even just partially, conscious. Spillius (1993) mentions that an ego-dystonic envy, which coexists with concern for the object, produces guilt and it is that kind of envy that she believes to be treatable.

Laverde-Rubio (2004), amongst others, supports the idea that envy is caused by the realisation of the difference and asymmetry between subject and object and that unconscious envy can be perceived as mental pain and a feeling of injustice by the subject.

Feldman and DePaola (1994) build further on the Kleinian view of envy. They stress that the object of envy is not the good, but the ideal, omnipotent object and that the inability to identify with it is a loss that cannot be mourned. They suggest that envy is a complex feeling, which fully develops in the depressive position, where it undergoes a relative differentiation between subject and object. It stems from the loss of an omnipotent, ideal object (breast, mother), leading to a sense of violent loss, theft or deprivation from the object and results in a breach of the idealised narcissistic self and the sense of security and well-being that might accompany it.

In Tom, the demands of the ideal of the ego led to similar inhibition and an inability to become self-sufficient. The envy was milder but again through introverted aggression it resulted in self-destructiveness. His poor self-image also led him to a constant search for affirmation from external objects that were either idealised or undervalued.

The prolongation of depression led to the abandonment of desire and a reduction in thought and emotion. The existence of intense anxiety also led to phobias because his inability to fulfil his desires permeated his whole image of self, resulting in a diminution of confidence in his own abilities and a resulting increase in his sense of danger from the environment (Bleichmar, 1996). These factors were very apparent in Tom's attitude.

Common to the depression of both adolescents were the mechanisms of projective identification and acting out, with intense persecution anxieties, the narcissistic foundations and organisation of the pathology with an inability to become independent and anxieties of fusion with the object.

Narcissistic damage might result from an inability to respond at the desired level in the development of self-image (Milrod, 1988), or from an inability to live up to the moral values of the ideal of the ego or from a relationship with a highly ambivalent object that involved loss of love, which lead to a decrease in libidinal investment in the self and loss of self-respect (Blatt and Zuroff, 1992).

Technical consequences

It is well known that psychotherapy with adolescents is difficult. It requires a great deal of flexibility, endurance, sensitivity and understanding. However, I believe that the psychoanalytical psychotherapist will benefit greatly, particularly in therapy with adolescents, if he works with the parameters of narcissism in depression in mind.

My experience is that increased narcissism, with strong elements of searching and fulfilment of the ego-ideal, especially during the adolescent stage of seeking independence, makes these subjects particularly vulnerable to a narcissistic type of depressive disturbance. Most adolescent depressions are ruled by shame and early defence mechanisms. I believe the increasing number of suicide attempts and the high percentage of fatalities reflects this. It is my opinion that focusing on the feelings of shame and the ideal of the ego offers a more valid access to the core of the problem. In contrast, focusing on the detection of guilt and superego elements can either have little response or be used as a defence against early narcissistic anxiety. Issues such as envy, seeking an identity and a paranoid attitude could also remain untouched or at a secondary level.

The patient has to rebuild his relationship with himself and towards objects and he also has to mourn the weakness of the idealised external and internalised object. In addition, shame is a much older and much more hurtful experience than guilt. For someone to be ashamed of being ashamed is a characteristic that increases the difficulty of grappling with the problem. Characteristically, moments after the revelation regarding his father's sexual abuse, Alex said, in a state of guilt where his confession should have been a relief rather than shame-inducing, '*I am very ashamed to tell you this. Now I am doubly ashamed. I feel I'm being humiliated all over again. I hate you for being a*

witness to this shame of mine.' Men in general have a harder time sharing feelings of inferiority and humiliation and, in these patients, the issues of self-confidence, self-definition and proof of competence are even greater.

Clarifying what sort of depression we are working with helps us to define roughly the severity of the situation and so organise our therapeutic strategy. My experience is that more of a narcissistic disturbance type of approach is required than that indicated for neurotic-type depression. I believe that this way we come into contact with (and through the countertransference attune to) the core of the adolescent's pathology, significantly aiding in alleviating the persecutory anxiety and relieving the intolerable and unapproachable loneliness of narcissism. Any other approach runs the risk of trying to treat something quite different to the core of the adolescent's problem. At best we might end up with an interminable therapy or a failure to 'match' therapist and patient who are 'speaking a different language.' For example, Tom also felt guilt for all his spiteful indirect attacks against his father but this was only revealed and became significant for Tom during the third year of his therapy. Over the first two years, the struggle was mostly related to gaining an identity, his feelings of inadequacy and the defences he resorted to in order to counterbalance the feeling of being inadequate and in danger of the self breaking down.

Generally speaking, the factors that play an important role in therapy include ability, patience, sensitivity and imagination, all factors that are decisive for working on character disturbances (Schafer, 1982). But I believe that the patient–therapist match is even more crucial (Kantrowitz, 1995), specifically the personal history and personality of the therapist and the ability to permit these to come to the surface and then use them flexibly in the psychotherapeutic relationship. The therapist needs to be able to accept projections and assimilate them and to accept becoming the ideal and envied object in order to understand and so help the adolescent to appreciate what is going on inside himself, this means increased countertransference capacities. It is useful to examine the distortions of reality and the contradictions in the adolescent's experiences in order to recognise ego-dystonic elements and look into unconscious motives and conflicts. This knowledge often causes intense feelings of sadness and rage but it helps in reaching completion and finding a meaning for the situation in which the adolescent is living. This was more obvious for Alex. When we had reached the point of touching sensitive issues, his speech often became near-delirious, moving from self-pity and self-underestimation to accusations that I was undermining and manipulating him for my own benefit and satisfaction. He could then turn once more against himself with a nihilistic attitude of giving up and self-destructiveness. In this kind of situation, it was much more effective to confront him first with the distortion of reality that his anxiety was causing and then to interpret the cycle of shame > threat > narcissistic breakdown > envy > persecution > guilt > introjection of aggression.

During the analytic exploration, the therapist might be perceived as repeating parental demands and this may cause the adolescent anxiety, thinking he will be asked to give up part of himself. It took Tom several months to trust me and be sure that I was not there to judge his performance or express my disappointment at his wasted abilities and talents or similar. This obviously portrayed the transference of feelings from the

parents, particularly the father, through which he re-experienced childhood memories of assertions, frustration and threats of the withdrawal of love if unrealistic parental demands were not fulfilled.

The father figure is obviously of paramount importance for boys and an internalised object with whom they identify. The father figure also functions as a 'buffer' between the child and the mother. This is quite clearly described by Blos (1974) when he talks about the resolution of the negative (reverse) Oedipus complex during adolescence. But the presence of a benevolent father is also seen as crucial for the internalisation of a creative parental couple, the separation from the dyadic relationship with the mother and the development of a thinking mental space (Etchegoyen, 2002).

As already mentioned, the issue of countertransference is also an important one. In a case like Alex's, I felt that what was most difficult was needing to control my own anger towards the father so that I could better understand the pathological elements that belonged to Alex and help him. I needed to avoid both of us becoming a couple of frustrated and acting out adolescents. With Tom, on the other hand, the problem was avoiding being identified with the father, which generated in me feelings of anger, great sadness and helplessness by being a spectator to a predetermined self-destruction of the adolescent. I believe the conflict is a result of failing to have a healthy identification with the father; it is as though the adolescent's intense narcissism clashes with the model of a sadistic, narcissistic, persecution or over-idealised father and the development of a separate identity is made impossible. Other solutions are desperately sought, such as identification with the aggressive or sadistic parent or withdrawing from his ideals or alternatively turning towards the mother, with all the pre-genital or Oedipal anxieties that this implies.

In this situation, the paternal figure is sought with whom the relationship can be repeated. As I mentioned in a previous paper (Anastasopoulos, 2004), the psychic area where we (the therapists) have been emotionally traumatised and have managed to repair the damage, is the area in which we can function most effectively in psychoanalytic psychotherapy. In my opinion, this is generally linked with the choice of psychoanalysis as a profession. A psychotherapist, who is treating adolescents of the same sex, should allow himself to experience fully everything that the therapeutic relationship and countertransference evokes (revival of hurtful personal experiences, narcissistic wounds etc.). In this way, the therapist who is open to complementary identification, who offers himself for projective identifications and allows himself to experience them, might have a certain advantage in terms of approaching and resolving the conflict.

Through collaboration with female colleagues, I have learned indirectly that they deal with similar issues in their work with girls suffering from a narcissistic type of depression. I do not know what would happen if I were to treat an adolescent girl, but it is certainly not by chance that in both cases reported here, as in other cases, it was the adolescent's request that they see a male therapist.

I believe that in adolescence (although this is not invariably the case), because issues of identity are touched upon, when narcissistic traumas that result in a depressive disturbance occur, most of the problems tend to focus around the mechanisms of identification with the same sex. It is therefore important that each detail of the

patient–therapist relationship be carefully studied, both consciously and unconsciously. It is as if every pore of the adolescent self is open and with great sensitivity and fear seeks grounds for connection with the parental object whom they are called to trust and whose rules and limitations they are asked to follow. At this level, a good match aided by the therapist's ability and experience are fundamental but a good outcome will also rely on the therapist's underlying unquantifiable personal qualities.

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References

ANASTASOPOULOS, D. (1997) 'Shame in psychotherapy with adolescents'. *Journal of Child Psychotherapy*, 23 (1): 103–23.

ANASTASOPOULOS, D. (2004) 'Introduction'. In ANASTASOPOULOS, D. and PAPANICOLAOU, E. (eds) *The Therapist at Work. Personal Factors Affecting the Analytic Process.* London: Karnac.

ANTHONY, J. (1970) 'Two contrasting types of adolescent depression and their treatment'. *American Journal of Psychotherapy*, 18: 841–59.

ANTHONY, J. (1983) 'Depression in adolescence: a psychodynamic approach to nosology'. In GOLOMBEK, H. and GARFINKEL, B. (eds) *The Adolescent and Mood Disturbance.* New York: International Universities Press.

BIBRING, E. (1953) 'The mechanism of depression'. In *Affective Disorders.* New York: International Universities Press.

BLATT, S. and ZUROFF, D. (1992) 'Interpersonal relatedness and self-definition: two prototypes for depression'. *Clinical Psychology Review*, 12: 527–62.

BLEICHMAR, H. (1996) 'Some subtypes of depression and their implications for psychoanalytic treatment'. *International Journal of Psycho-Analysis*, 77: 935–61.

BLOS, P. (1974) 'The genealogy of the ego ideal'. In BLOS, T. (1982) *The Adolescent passage*, 3rd reprint. New York: International Universities Press.

DEUTCH, H. (1951) 'Abstract of panel discussion of mania and hypomania'. *Bulletin of the American Psychoanalytic Association*, 7 (3).

ETCHEGOYEN, A. (2002) 'Psychoanalytic ideas about fathers'. In TROWEL, J. and ETCHEGOYEN, A. (eds) *The Importance of Fathers, a Psychoanalytic Re-evaluation.* London: Brunner-Routledge.

FELDMAN, E. and DE PAOLA, H. (1994) 'An investigation into the psychoanalytic concept of envy'. *International Journal of Psycho-Analysis*, 75: 217–34.

FENICHEL, O. (1945) 'The psychoanalytic theory of neurosis'. In *XVII Depression and Mania.* London: Kegan Paul, 1977.

FREUD, S. (1917) 'Mourning and melancholia'. SE 14: 237–58.

GREEN, M. (1965) 'Depression in adolescence'. *Journal of Contemporary Psychoanalysis*, 2: 42–47.

JACOBSON, E. (1946) 'The effect of disappointment on the ego and superego formation in normal and depressive development'. *The Psychoanalytic Review*, 33: 129–47.

KANTROWITZ, J. (1995) 'The beneficial aspects of the patient–analyst match: factors in addition to clinical acumen and therapeutic skill that contribute to psychological change'. *International Journal of Psycho-Analysis*, 76: 299–313.

KLEIN, M. (1940) 'Mourning and its relation to manic-depressive states'. In KLEIN, M. (ed.) *Love, Guilt and Reparation and Other Works 1921–1945.* London: The Hogarth Press, 1981.

KOHUT, H. (1972) 'Thoughts on narcissism and narcissistic rage'. *Psychoanalytic Study of the Child*, 2: 360–400.

LADAME, F. (1987) 'Depressive adolescents, pathological narcissism and therapeutic failures'. In FEINSTEIN, S., ESMAN, A.H., LOONEY, J.G. and ORVIN, G.H. (eds) *Adolescent Psychiatry* 14. Chicago and London: The University of Chicago Press.

LAVERDE-RUBIO, E. (2004) 'Envy: one or many? *International Journal of Psycho-Analysis*, 85: 401–18.

LAX, R. (1989) 'The narcissistic investment in pathological traits and narcissistic depression; some implications for treatment. *International Journal of Psycho-Analysis*, 70: 81–90.

LEVINSOHN, P. and CLARK, G. (1999) 'Psychosocial treatments for adolescent depression'. *Clinical Psychology Review*, 16: 329–42.

LEWIS, H. (1986). 'The role of shame in depression'. In RUTTER, M., IZARD, C. E. and READ, P.B. (eds) *Depression in young people* (pp. 325–330). New York: Guilford.

LORAND, S. (1967) 'Adolescent depression 1'. *International Journal of Psycho-Analysis*, 48: 53–60.

MILLER, A. (1979) 'Depression and grandiosity as related forms of narcissistic disturbance'. *International Review of Psycho-Analysis*, 6: 61–76.

MILROD, D. (1988) 'A current view of the psychoanalytic theory of depression- with notes on the role of identification, orality and anxiety'. *Psychoanalytic Study of the Child*, 43: 83–99.

PALACIO ESPASA, F. (2002) 'Considerations on depressive conflict and its different levels of intensity. Implications for technique'. *International Journal of Psycho-Analysis*, 83: 825–36.

ROSENFELD, H. (1959) 'An investigation into the psychoanalytic theory of depression'. *International Journal of Psycho-Analysis*, 40: 105–29.

SCHAFER, R. (1982) 'Problems of technique in character analysis'. *Bulletin, the Association for Psychoanalytic Medicine*, 21: 91–9.

SCHNEIDER, M. (1988) 'Primary envy and the creation of the ego ideal'. *International Journal of Psycho-Analysis*, 15: 319–29.

SHENGOLD, L. (1994) 'Envy and malignant envy'. *Psychoanalytic Quarterly*, 63: 615–40.

SPILLIUS, E.B. (1993) 'Varieties of envious experience'. *International Journal of Psycho-Analysis*, 74: 1199–1213.

TULIPAN, A. (1981) 'Psychotherapy with depressed adolescents – a personal interpersonal approach'. *Journal of Contemporary Psychoanalysis*, 17: 28–53.

WEISS, E. (1944) 'Clinical aspect of depression'. *Psychoanalytic Quarterly*, 13: 445–61.

WRIGHT, F., O'LEARY, J. and BALKIN, J. (1989) 'Shame, guilt, narcissism and depression'. *Psychoanalytic Psychology*, 6: 217–30.