

LOVE VERSUS OMNIPOTENCE: THE NARCISSISTIC DILEMMA

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In this paper I would like to explore some ideas and speculations which have, more or less, forced themselves into my awareness as a therapist and a human being struggling with the problem of maturing. In particular, certain fantasies or expectations which seem to characterize many of my patients, and which have manifested themselves in my own life, appear to have implications for understanding the treatment process and for understanding the problems in living which face all of us. The two centers about which these fantasies seem to revolve include *fusion-incorporation*, as described by Searles (1951), and *limitless omnipotence*. Both of these fantasies, I believe, have their origin in the narcissistic struggle of infancy.

The problem of narcissism has been relatively ignored in the literature of psychotherapy, although it was considered by Freud (1914) to pose a central concern for psychotherapy. Perhaps the knowledge that the "narcissistic neuroses" were held by Freud to be untreatable has discouraged the investigation of narcissism within the "transference neuroses." It certainly appears that many theorists, such as Federn (1952) and Fenichel (1945), have assumed that an "either/or" relationship exists between the transference neuroses and the narcissistic neuroses, and have thus tended to ignore the usefulness of the concept of narcissism in the understanding of the "transference neuroses." Freud, however, explicitly states that there is "... a certain reciprocity between ego-libido and object libido" (1914). Thus one could expect certain evidence of narcissistic functioning in any type of neurotic development and for these narcissistic remnants to play an active part in the interaction between therapist and patient.

Although rarely, if ever, is explicit reference made to their origin in a narcissistic fixa-

tion, many authors have described characteristic patterns of behavior which seem to fit the concept of narcissism as it is considered in this paper. For instance, the concepts of omnipotence and magical thinking, which I would consider as belonging under the rubric of narcissism, have been discussed in a wide variety of contexts (Pumpian-Mindlin (1965; W. F. Murphy 1965). Freud and subsequent authors have related these topics to the narcissistic stage of development. Searles (*op. cit.*) and Kaiser (1965) have referred, in somewhat different language, to a fantasy of fusion or incorporation, a fantasied symbiotic and primitive relationship between people whose model is the mother-child relationship in early infancy.

The twin fantasies of *fusion-incorporation* and *limitless omnipotence* appear to be present in a wide variety of kinds of people, regardless of the apparent kind of character structure. At times I have wondered if the attempt to preserve the integrity of the unconscious fantasy of omnipotence does not make necessary the subsequent development of neurotic character structure. In this sense, one could speculate that the roots of most (or at least many) patterns of neurotic life style are grounded in narcissistic fantasies and expectations. Since the narcissistic period is the most primitive of the developmental stages, a disturbance on this level could be expected to have far-reaching effects on subsequent development and adult behavioral patterns. I am primarily interested, as a therapist, in the nature and content of the *interpersonal* behavior of people trapped in the confines of narcissism. Therefore, it seems appropriate to begin by exploring the interpersonal developmental history of the narcissistic way of life.

A very early picture of the relatedness between the child and his world must include

the child's learning to value mastery or control as a means of insuring gratification. The small child meets frustration with screams of denial of the right of the world to impinge on him. The fortunate child is surrounded by enough love and acceptance that he is able occasionally to forego immediate gratification for the sake of slightly delayed but greater gratification, and, in this way, is gradually able to give up the assumption of an omnipotent and symbiotic relationship with his world in favor of learning more adequate mastery by recognition of the limits of his autonomy. To put it another way, he had developed enough confidence in the long-range benevolence of the people around him that he can at times tolerate delays; he trades the comforting but incorrect assumption of an omnipotence which promises total passive gratification now for a more frightening recognition of a real world outside himself which imposes limitation and pain but which offers opportunities for actively taking gratification. Essentially, it is the confidence of the child in the benevolence of the world (i.e., his parents) which provides sufficient positive motivation for him to move from passive, omnipotent symbiosis to a more active attempt to manipulate the world as something separate from himself.

The less fortunate child, faced with a world of inconsistent performers (i.e., his mother) who have made it impossible for him to develop confidence in long-range gratification, tends to cling to a cherished world of passive omnipotence, the model for which he has experienced as the symbiotic mother-infant relationship. The child, in effect, rebuilds the world according to his needs and attempts to deny all evidence that he is subject to a real world in which he is limited, weak and ungratified. He can hold on to the remembered fragments of good and gratifying relationships, present in almost any relationship, no matter how bad, in an attempt to form a self who has experienced acceptance and love and is thus loveable and acceptable to the world. Other interactions between himself and significant others which were frightening or overwhelming are denied or repressed. The child is thus more or less aware of a feeling of incompleteness, which is reinforced by two elements: The self itself is inadequately accepted and

thus incompletely experienced by itself, and the child has not received adequate gratification and is thus incomplete. The failure to achieve an integrated and valued self is rarely experienced, I believe, as the fault of the parents, but rather that the person himself feels inadequate or lacking in some mysterious, dimly understood but nonetheless awful way, and for this lack, in the back of his mind, he feels a terrible shame. In adults I have seen in therapy, this shame is usually connected with a feeling of isolation and loneliness, as if the person were somehow basically bad or shameful and undeserving of human respect and love. The denied and repressed "bad me" struggles toward awareness and makes the conscious "good" and partial self aware of its own dishonesty.

This is not to say that such an attitude will often be stated in so many words. Neurotic people are, of course, notorious for the wide variety of ways in which they attempt to deny or conceal their feelings, even from themselves, and this is especially true of the feeling of deep shame. But, nevertheless, I believe that the sense of shame and dishonesty, of overwhelming guilt for their own incompleteness and loneliness, characterizes their self concept. Such people are sometimes more comfortable if they can assign their shame not to themselves in totality but to some fragmented and unaccepted or ego-dystonic aspect of their behavior or being. From my standpoint, this limited shame is what is frequently referred to when the word "guilt" is used. Thus, guilt of this kind appears defensively as an attempt to cope with shame, or the total devaluation of the self, which is a kind of death.

Thus, the dilemma in which the neurotic and narcissistic person is caught involves his attempt to achieve with others a fantasied omnipotence and limitlessness which is totally impossible to attain after infancy (if it is attainable even then). The tragic consequence is that such striving and denial of real and personal limits makes impossible the attainment of more limited, but nevertheless potentially rewarding, involvement or engagement with the real interpersonal world. This is the narcissistic dilemma, and it appears to lie at the core of a great many neurotic ways of life. This dilemma has to do with the relationship

between man and his personal universe, and thus, in Frankl's (1959) term, is noetic.

What is the consequence in the interpersonal life of the adult who clings to the fantasy of omnipotence and limitlessness? What does it mean for the adult to be unable to accept or even acknowledge personal limitations or boundedness? To answer these questions we must first consider what limitations there really are on interpersonal relationships. We all know, for instance, that all human relationships are limited by their nature and must end in death or loss. No matter how hard we work at them, no matter how deeply we are committed to others, the outcome is inevitable. And no matter how much we wish it otherwise, we are separate from one another and can never become one with another person for more than the most fleeting moments. Yet the knowledge of this limitedness and separateness paradoxically makes it possible for us to recognize the reality of the other person and to respect him in his separateness.

But in the person still trapped in the dilemma of narcissism, his inability to accept these limitations and his own helplessness in the face of the workings of the universe prevent him from ever seeing anything in others but the mirror-like reflections of his own needs for symbiotic self-completion. He is driven to attempt to possess the other as an object, utterly and forever, denying the other's nature as a separate person and seeing only his capacity to fill the patient's needs, needs which, by their growth from an unattainable fantasy, are insatiable and unending. Others must exist in the patient's own universe of self or they do not exist for him at all. They must somehow bolster his false image of a powerful, boundless, and endlessly receptive self or be discarded in panic before they can become important in themselves.

Thus the narcissistic dilemma is one in which the subject is caught between two sources of pain: the pain of loss or separation, which for whatever reason seems to him greater than the possible rewards of accepting separateness and limitation, and the pain of loneliness and alienation which are the inevitable results of clinging to the fantasy of limitless omnipotence. Even to acknowledge the *necessity* of one or the other of these two

kinds of pain means to accept to some degree a limit exerted by the nature of the world, and such acknowledgement may thus be intolerable. To avoid the awareness of this pain, he may develop a number of techniques, depending on his family and developmental history past infancy, all of which have in common the refusal to give up the fantasy of omnipotence. One person, for instance, may fight his fear via reaction formation, by which means he asserts the opposite of being limited: competitive and arrogant mastery. Or he may strive for control of all his feelings by exerting mastery internally: He splits himself into good and bad parts, and combats shame with guilt, in the way usually characterized as obsessive-compulsive. In this way, he may achieve a limited tolerance for himself, although his experience may be distinctly uncomfortable. Through his cognitive narrowing and splitting, he exerts mastery and control by dividing his experience. Another person may become a shallow drifter, never completing his education, perpetually delaying all significant choices as to permanent kind of vocation, mate choice, and so on, because to make any commitment means to give up the possibility of making other commitments and is, thus, experienced (or rather avoided) as representing a limit and, therefore, a threat to the fantasied omnipotence (Pumpian-Mindlin, 1965). One price of omnipotence is paradoxically that of total guilt for everything that happens in a kind of neurotic hyper-responsibility; in its most extreme form, this dynamic may characterize the catatonic.

When the person can express his feelings of frustration at all, he may verbalize his irrational and infantile need for complete gratification by saying something like, "Why isn't the world (or a particular person) the way it *ought* to be, the way I *want* it to be?" To such a child, the parent frequently says, "You can do anything you make up your mind to do," thereby encouraging the denial of limitations which itself seems to be one of the cherished myths of American society. In the more openly narcissistic neurotics, the unconscious fantasy of symbiotic omnipotence is manifested by a dissatisfied and restless searching for something or someone who will give gratification. Such a search can take many forms,

depending on the overlying character structures: absorption with acquisition of possessions, striving for status, multiple "love" affairs, footloose wandering and frequent changes of occupation, and so on. The inevitable failure to meet the fantasied needs breeds an objectless rage against everything, a rage which increases as the years of frustration go on, and the rage itself must be dealt with by more or less neurotic defenses since there is no way in which it can be resolved without a shift in character structure. When one considers the basic mistrust present from childhood it is perhaps not at all remarkable that openly narcissistic people so frequently become paranoid if they become severely disturbed.

Ultimately the failure to resolve this dilemma in favor of a limited version of the world leads to increasing alienation and despair. Rage may be manifested as boredom with life or loneliness or depression. Paradoxically, the more capacities and potentials one has, the more acute this progression becomes because the adequate development of any skill requires the capacity to tolerate one's personal limitations. Thus, to the already crushing burden of loneliness and shame, is added guilt, through his knowledge of his failure to meet his capacities. The outcome, in Farber's expressive phrase, is "despair and the life of suicide," or else denial of the reality of the world outside the person to an extent that is usually translated as psychosis.

To allow one's self to respect and care deeply for the separateness of another human being means inevitable loss which one is helpless to prevent. Ultimately, therefore, each person, in order to become as healthy and loving a person as he is capable of becoming, must resolve the dilemma on an emotional, non-verbal level by *knowing* that death and loss are less painful than loneliness, or more positively, that the rewards of loving and, thus, meeting a basic capacity are great enough to meet the pain of loss and death.

What kind of marriages do narcissistic people make? While, obviously, the variety is as great as the variety of kinds of people there are, there seem to be certain common features by virtue of the narcissistic preconceptions about the nature of human relationships. Searles (1951) has pointed out the nature of

neurotic "love" as essentially an attempt at incorporation, a maneuver which ultimately denies the separateness and reality of the other person. In such a relationship, the other person is taken in and fused with, not as a real person but as an object, an inhabitant of the fantasy-laden, unrealistic inner world of the neurotic. All realistic differences are denied. The basic model for such a relationship is the mother-child symbiosis. It should be made clear that this is not intended to mean that the neurotic of this type is always looking for a mother. The adult neurotic is, after all, an adult, not a child. But the fantasy of magical completion or "Love at first sight," a symbiotic relationship which will make him complete and whole at last does exert a powerful pull, tending to make him search restlessly for just the "right person" for the gratification which must exist somewhere and which, by being in the right place at the right time with the right person, he can passively receive. American songs (and perhaps others) repeat this theme constantly.

The neurotic marital relationship, therefore, many times becomes a kind of game which both partners play by mutual and unconscious agreement, a game which provides both with certain gratifications and enables both to maintain the fiction of being unlimited. But this kind of socially acceptable *folie à deux* is, by its nature, unstable since it depends on mutual lies and pretense, conscious or unconscious. Therefore, of course, a drastic denial of the real nature of the relationship between them is required. Either an extremely limited and ritualistic relationship is developed which is rigidly the same at all times, and which offers satisfaction in safety, or the two persons must develop an extremely careful sensitivity for the feelings and behavior of the other, a situation in which each person behaves in a way which is least threatening to the other person. In many cases this latter course becomes extremely difficult, with each partner figuratively "walking on eggs" with the other person. One form of the latter might be the pseudo-marriage, in which each partner seeks part, or all, of their gratification outside the marriage. A common characteristic of narcissistic-neurotic marriages is that of tremendous ambivalence; each partner is caught between

being unable to give the other up because of intolerance for loss, and resentment because the other person is unable to meet all his partner's needs, to make him a whole and totally gratified person.

When such people come into therapy, they frequently give more or less vivid evidence of their difficulties in accepting the boundaries between themselves and their spouses. For instance, one will complain of his inability to make his spouse feel toward him what he wants her to feel, or will attribute various kinds of motivation to his spouse for which he has no direct evidence and typically has never asked about. Certainly, they cannot accept the limited nature of their relationship with their spouses, and are angry because there is never the total gratification which they are seeking. In therapy, their transference is initially positive, because of their hope for a good (i.e. symbiotic) mother, but very quickly the negative transference makes itself evident by increasing demandingness and/or increasing non-verbalized anger.

I think therapy with neurotics is never completed until they are on their way toward an increasing ability to accept their own limitations and to live in spite (or because) of the tragically impermanent nature of human relationships. One way this can be noted is in the willingness or ability of the patient to come to terms with his fantasy of his own death. In neurotics, the idea of death is not one of simple cessation of existence, but an unconscious narcissistically determined fantasy of complete isolation and helplessness. Such a fantasy has its roots in the child's terror of loss of its mother, an anxiety which has usually been exacerbated in the neurotic either because of the mother's rejecting attitude or because subsequent events cause the person to re-evaluate the mother as a rejecting person. Death, then, becomes the epitome of helpless loneliness and failure of all narcissistic supplies, like being locked in an empty, black room forever. Religion frequently has a major appeal for neurotics because of its reinforcement of the resurrection fantasy which can be summarized as saying that some time mother will come and take you from the dreaded permanent isolation of death. Even the notion of

hell, of being punished forever, is less awful than that of death because death is equated with marasmus. Punishment is less painful than abandonment and loneliness. Death, not life, is a nightmare from which neurotics struggle to awaken.

Thus, death is fantasied as love's alternate, the absolute and irrevocable loss of narcissistic supplies and of helplessness to obtain more. The neurotic denies this fantasy by omnipotently attempting to turn everyone and everything into an object whose purpose is to furnish him with more and better supplies, turning the idea of death into the repository for all his fears of loss, limitation and helplessness. One cannot understand the neurotic's fear of non-symbiotic love without having worked through the death/abandonment fantasy which lurks behind it. Agnar Mykle, the novelist, has put this very well:

... And it was this idea of utterness that made his head suddenly swim. Suddenly, fortuitously, he had looked into man's profoundest terror. *At the bottom of things is death.*

In that swift second he had recognized that love and death are life's two great demons. He used to think, for his knowledge of life came largely from novels, that love was light and easy, a dance on a flower-strewn bank. Now, he sat there knowing that at the bottom of love is death. (1961)

To have come to terms with the fantasy of utter loss disguised as a fear of death requires having accepted the limited nature of human existence and the limits of one's own existence on a direct and experiential level.

Such a notion is, of course, not new. Jesse Taft (1962) based many of her theories concerning the effects of time limited therapy on Rank's (1945) approach. My own approach to the importance of the capacity to accept limitations obviously owes much to Dr. Taft, and ultimately to Rank. One of the characteristics of all kinds of psychotherapy is that it involves a necessarily limited relationship, a temporary alliance between patient and therapist; perhaps this built-in limitedness, as Taft pointed out, in itself contributes to the progress of the patient toward giving up his fantasies of omnipotence. When this fantasy or set of fantasies are no longer necessary, much of the force behind the tendency of the patient to cling to his neurotic defenses dissolves or

perhaps has already dissolved, and he is ready to go on with the task of learning how to obtain gratification and development in the real world of limitation.

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