

Narcissistic disorders in clinical practice

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Abstract: In this paper¹, the concept of narcissism in the psychoanalytic literature is reviewed and three uses of the term are defined, firstly, clinical narcissism, secondly, an innate force or tendency opposed to relationships and thirdly, narcissistic personality disorders. The latter can be further differentiated on the basis of the transference/counter-transference into borderline (thin-skinned), aloof (thick-skinned) and as-if (false-self) narcissistic disorders. The characteristics of each of these patterns are described. The author suggests that narcissistic disorders arise when there is a failure of containment in infancy and childhood that gives rise to an ego-destructive super-ego leading to the evolving of a narcissistic organization. The libidinal defensive organization arises when parental failure of containment is the primary factor and destructive organization when the infant has an excess of object-hostility.

Two case descriptions are given to illustrate the distinction between a predominantly destructive and a predominantly libidinal narcissistic disorder and the author suggests that both arise from the production, by projective identification, of a narcissistic relationship with an ego ideal in order to evade a relationship with a destructive parental super-ego.

Key words: Abraham, as-if personality, concept of narcissism, narcissistic disorders, negative therapeutic reaction, negativism, twin soul.

Not long ago I decided to review the concept of narcissism and the description of narcissistic disorders in the psychoanalytic literature to see how they matched up with my own clinical experience. There is probably no area of psychoanalytic literature more profuse than that on *narcissism*: it seemed endless as I worked my way through it. I have spared you most of it, quoting only that strictly relevant to my discussion but behind it is a hinterland of unquoted papers. Not only is the literature on narcissism large, it is very muddling. As well as there being different developmental models that complicate any discussion of narcissism, the confusion is further compounded because the word is used in different senses. You will forgive me, I hope, for not compounding my difficulties by trying to include any relevant Jungian literature.

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So before considering anything else I would like to clarify my *uses* of the term narcissism. I decided that the term *narcissism* is used in the psychoanalytic literature in three ways². First it denotes a turning away from interest in external figures to self-preoccupation: I will call that *clinical narcissism*. Secondly the word *narcissism* is used to describe a *force* or *innate tendency* within the personality that opposes relationships outside the self. And thirdly it is used to designate a specific group of personality dysfunctional cases called *the narcissistic disorders*.

To reiterate that, narcissism is used in the literature to describe a phenomenon found in various clinical states; it is used to refer to a force in the personality opposed to object relations and thirdly it is used to designate a group of personality disorders as narcissistic disorders.

The first sense in which it is used, to describe withdrawal from external relationships, occurs in major psychiatric syndromes, in minor psychological disorders and in everyday life. I will put that aside in order to concentrate on the other two senses of the word: one as an inner force we call *narcissism* and the other the clinical states we call *narcissistic personality disorder*.

Henri Rey described these syndromes as, 'a certain kind of personality disorder which defied classification into the two great divisions of neurosis and psychosis. We now know them as borderline, narcissistic, or schizoid personality organization' (Rey 1988, p. 203). What sufferers of these various syndromes have in common is that they cannot, at least initially, function in analysis in an ordinary way because they cannot form an ordinary transference relationship. Some remain aloof and detached, others are adherent, clamorous and concrete in their transference attachment and yet others form an unreal, compliant, relationship. But in none of these is the analyst experienced *as both significant and separate*.

The questions I will try to address are what part does narcissism as a force play in these narcissistic disorders? A second question that has been around in psychoanalysis since Rosenfeld's 1971 paper is whether there is a difference between libidinal and destructive narcissism. In order to discuss the latter I need to review briefly the history of the concept of narcissism

But before doing that I will describe how I categorize the different sorts of narcissistic disorders. A colleague who knows my papers well commented to me recently, 'you seem to have changed your idea about the borderline syndrome. You used to talk about it being on the boundary between internal and external reality and now you equate it with thin-skinned narcissism'. This is true. I gave several papers on the borderline position as one where a patient might dwell between internal and external reality, between past and present,

² In his review of Freud's use of the concept Willi Baranger offers nine senses in which the term is used and describes these in three groups of three. His three groups are not unlike those I resorted to: in one narcissism describes the form of the libido, in the second the nature of the object and in the third, the character of the person (Baranger 1991, p. 109-111).

and between paranoid-schizoid and depressive positions, with belief willingly suspended. It was based on my description of the as-if personality which I first wrote about in 1982. However the term borderline as it is most commonly used in psychoanalysis describes a particular sort of patient with a distinctive transference pattern, not a theoretical 'borderline position'. For this reason I have changed my own usage so that it is based on the direct transference/countertransference experience and on that basis I now distinguish between three types of narcissistic disorder: borderline (thin-skinned), aloof (thick-skinned) and as-if (false-self) personalities. The differentiation is not based on symptoms but on the transference/countertransference, particularly on the reaction to sharing mental and physical space.

In the first the transference is adherent and the analyst's psychic space is colonized. In the second the analyst is excluded from the patient's mental space and the feeling of exclusion is projected into the analyst. In the third category refuge is sought in *transitional space* (Winnicott 1953). This Winnicott envisages as a space between subject and object that is not the personal space of either; so there is then no impingement. He also described it as the resting place of illusion; these patients make the resting place a permanent residence.

The development of the concept of narcissism

The germs of the distinction between libidinal and destructive narcissism can be found in the history of the development of the concept. From its beginning two themes have run in contrapuntal fashion through the discourse on clinical narcissism. One theme is of narcissism as a defence *against* adverse object relations; the other theme is of narcissism as a manifestation of basic *hostility to* object relations. Even the original myth of Narcissus exists in two versions: one gives a solipsistic account, the other a traumatic explanation. Ovid's familiar account has Narcissus paying a price for his rejection as a lover of anyone other than himself, but Pausanius collected another version and in this Narcissus lost a twin sister and mistook his reflection in the pool for his lost twin. One could make a useful, though imprecise generalization, that Freud's thinking leads us to the concept of libidinal narcissism whilst Abraham's ideas, which actually preceded those of Freud, lead us to the notion of destructive narcissism. Freud made clear he saw secondary narcissism as a means of preserving or restoring love when object love appeared impossible, whilst Abraham's emphasis was on the hostility to transference objects in narcissistic disorders. Freud described self-love as substituting for mother love in narcissistic characters, whilst Abraham described envy as promoting narcissism and retarding object love.

From the beginning Abraham linked self-preoccupation to 'negativism'. 'The negativism of dementia praecox (schizophrenia) is the most complete antithesis to transference', he wrote in the first psychoanalytic paper to

address the subject (Abraham 1908, p. 71). Initially Abraham made this suggestion in a letter to Freud, whom he had yet to meet. Abraham proposed that in contrast to hysteria dementia praecox destroys the person's capacity for sexual transference, i.e. for object love' (ibid., p. 69). Abraham's notion was that the individual with this disorder turned from all love objects, reverting instead to autoerotism. Freud was clearly impressed and convinced that Abraham's theory was right.

The term *narcissism* was taken and developed by Freud from Paul Nacke and Havelock Ellis who described the attitude of someone who treated his body as a sexual object. Freud's own original contributions to narcissism began in a footnote that he added in 1910 to his 'Three essays on the theory of sexuality' in which he described *narcissistic object relations*. Theorizing about male homosexuals Freud wrote 'in the earliest years of their childhood, [they] pass through a phase of very intense but short-lived fixation to a woman (usually their mother), and that, after leaving this behind, they identify themselves with a woman and take *themselves* as their sexual object. That is to say, they proceed from a narcissistic basis and look for a young man who resembles themselves and whom *they* may love as their mothers loved *them*' (Freud 1905, p. 144–5n; italics in original).

In his 1914 paper 'On narcissism' Freud takes further his thinking on this wish for the ideal of mother-infant love. Ordinarily, falling in love, as he sees it, depletes the self in favour of the object, whose reciprocal love is the only means of remedying this haemorrhage of libido. Those unfortunate enough to find love unrequited are thus deprived of self-esteem as well as the other's love, thus suffering pain and loss of self-regard. Secondary narcissism, however, according to Freud only occurs when there is some obstacle to the fulfilment of object love for *internal reasons*. He wrote:

the satisfaction of love is impossible, and the re-enrichment of the ego can be supplied only by a withdrawal of libido from its objects. The return of the object libido to the ego and its transformation into narcissism represents, as it were, a happy love once more; and, on the other hand, it is also true that a real happy love corresponds to the primal condition in which object libido and ego libido cannot be distinguished.

(Freud 1914, pp. 99–100)

Suddenly in this last sentence we are presented by Freud with the notion that the fully fledged libidinal narcissist is in love with himself in just such a way as someone else might be 'in love' with another person. But is it really another person if 'happy love corresponds to the primal condition in which object libido and ego libido cannot be distinguished'? In this passage Freud implies that this 'primal'—'happy love'—is essentially narcissistic object love, whether pursued with another person in the external world or as a love affair with the self in the internal world. In either situation, whether it is with an external or an internal object, the positive relationship is conditional on the elimination of difference.

If this is the case then a 'narcissistic state' is not simply withdrawal from external objects to an internal object. It is a particular kind of internal object relationship in which the separate existence and particular qualities of the internal object are denied and an internal narcissistic relationship created by projective identification. This sounds like a description of an ideal relationship between self and ego ideal that has displaced the relationship between ego and super ego: twin internal souls united by a narcissistic love that might make redundant the ego's need for that love from the super-ego that Freud thought a necessary condition for living. Is a narcissistic state an evasion of the super-ego? Are narcissistic object relations an alternative to seeking love from the super-ego? If this were so, might it be prompted by fear of a hostile super-ego or by envy of a powerful, unimpeachable super-ego? I have become convinced of this in a number of cases and will describe one later in this paper.

If we follow Abraham's thinking on narcissism we find ourselves following a theme that was to culminate in Rosenfeld's concept of destructive narcissism. In his 1908 paper Abraham linked the withdrawal from object love to autoerotism in patients with dementia praecox to their negativism. In his next major contribution to the subject he suggested that the excessive self-regard of some patients was linked to contempt and hostility towards their love-objects. In his paper on 'Ejaculatio praecox', he described *Narcissism as a Source of Sexual Resistance* (Abraham 1917). '...their object love is very imperfect. Their true love-object is themselves. In accordance with Freud's view, we find... a particularly high and abnormally emotional estimation of the penis'. Abraham went further and coupled this self-love with hostile contempt for women. '...he takes revenge on every woman for the disappointments of love to which as a child his mother subjected him' (ibid., p. 297).

In his work on 'the psychogenesis of melancholia', he described *clinical narcissism* as existing in both a positive and negative form: *positive* when it is manifest as self-admiration, and *negative*, when it manifests itself as self-denigration (1924).

Two years after his description of phallic narcissism Abraham wrote the first paper that properly described narcissistic disorder as a psychoanalytic entity, 'A particular form of neurotic resistance against the psycho-analytic method' (1919). In this he described a small group of patients who could not comply with the psychoanalytic method though appearing to do so, and commented that 'it was those among my patients who had the most pronounced narcissism' (1919, pp. 304-5).

This paper of Abraham was the starting point for Rosenfeld's first major paper on narcissistic disorders in 1963. It also influenced two important papers published in 1936 that linked Abraham's description of narcissistic character disorder with the negative therapeutic reaction. One was by Joan Riviere and the other by Karen Horney. Riviere's paper (1936) brought to the previous understanding of negative reactions in analysis Klein's new theory of

the depressive position and the manic defence, and added her own concept of 'defensive organizations'. Horney emphasized their compulsive rivalry with the analyst and also their demand for unconditional love. They need affection to reassure themselves against a double anxiety—anxiety concerning awareness and expression of their own hostility, and anxiety concerning retaliation from without (Horney 1936).

Rosenfeld took further Horney's description of the patient's reaction to the analyst's work and Riviere's concept of defensive organizations. He elaborated his own theory of the 'narcissistic organization' within the personality that was opposed to real object relations and sought the allegiance of the patient by seduction, control and tyranny.

Rosenfeld thought it important to distinguish between those narcissistic states in which the libidinal aspects predominate, from those where the destructive aspects of narcissism predominate. When considering these I prefer to call the former predominantly defensive rather than libidinal. In these cases though envy, resentment and revenge do erupt when the narcissistic belief system is punctured, the effect in analysis is to enhance understanding and diminish the negativism. In contrast, in predominantly destructive narcissism, the envy is more violent and unacknowledged and there is an overwhelming wish to destroy the analyst or the self. In these cases Rosenfeld commented, 'death is idealized as a solution to all problems' (1987, pp. 106–7).

Hanna Segal describes herself as differing from Rosenfeld on the question of the differentiation of destructive and libidinal narcissism. For her there is only destructive narcissism. However she does this by confining the term to that force within narcissistic organizations that is fundamentally hostile to object relationships. 'In narcissism, life-giving relationships and healthy self-love are equally attacked', she wrote, 'envy and narcissism are like two sides of a coin' (1997, pp. 75–85). Love of the self and by implication Freud's description of the 'happy love' of narcissistic relationships she subsumes under the life instincts which she sees as basically object loving and not narcissistic. Inasmuch as she is referring to narcissism as a force within the personality I am in complete agreement with her. But unlike Hanna Segal, when I use the term narcissistic disorders I include within them a range of phenomena, some destructive, some libidinal and some defensive.

John Steiner subsumed these under his wider term 'pathological organizations' which he sees as combining defences with destructive and libidinal narcissistic forces (Steiner 1987). His awareness that there is an inevitable mixture of motives driving these narcissistic systems leads him to oppose classifying them (personal communication). Nevertheless, in my opinion, whatever the mixture and however much it might vary, the principal motive *at any one time* is either libidinal/defensive or hostile/destructive. The formation of a narcissistic object relationship can be motivated by the wish to preserve the capacity for love by making the love-object seem like the self; or it can be aimed at annihilating the separate identity of the object.

Aggression may result from either predominantly defensive or predominantly destructive narcissism. But there is a difference between fighting to retain love and the wanton violence of object hostility. In the social realm war can be defensive, and patriotic aggression can be misguided love, but genocide is neither: it is prompted by the wish to annihilate otherness. It comes from a xenocidal impulse.

I will briefly describe two patients in order to illustrate how I see this distinction. The first I would describe as suffering from a predominantly destructive narcissistic disorder and the second from a predominantly libidinal narcissistic disorder. What they have in common is the production, by projective identification, of a narcissistic relationship with an ego ideal in order to evade a relationship with a destructive, parental super-ego. In the first case however the destructiveness is carried over into the twin-relationship, this then becomes a murderous alliance, whereas in the second case it becomes a psychic retreat where primal 'happy love' is sought in mutual understanding.

Case material

Twin Self vs. Old Woman

I would like to give a brief example from the supervision of a narcissistic patient. Dr. A. particularly wanted this supervision because though the analysis had just started she already felt in considerable difficulty. Dr. A., a conscientious, skilful analyst with experience of analysing disturbed and difficult patients, could not understand her inability to establish and maintain an analytic setting with this patient.

She described a series of uncharacteristic lapses that resulted in her making concessions to her patient which she had not intended and which she immediately regretted. It made her feel the analysis was out of her control.

The patient L., a pretty young woman, consulted the analyst when she was upset by the end of a relationship with a man. She also had a history of adolescent disturbance and episodes of anorexia. She was leaving the city where she had lived with the man to return to the city where her rich father lived with his second wife and where she would have analysis. All was arranged, but when the removal men turned up on the day of her departure she sent them away and missed the plane.

Having arrived in her new home and arranged the beginning of her analysis she missed the first session. She rang to explain that she had lost the number of the consulting room. Dr. A., sensing the need to establish her analytic stance and method of work from the outset, 'firmly resolved' to discuss the question of payment for the missed session. It was the inexplicable loss of this 'firm resolve' and others that alarmed the analyst. In the event L. who was supposed to give the cheque at the end of the month failed to do so and Dr. A. to her chagrin failed to draw attention to this. Following this session the patient, who by any standards

is very wealthy, rang Dr. A. to say she could not continue the analysis as she could not afford it. Dr. A. suggested that she should come at the time of her next session and they could discuss it. The patient agreed to this and then Dr. A. to her consternation, despite her firm resolve not to talk found herself involved in a fruitless further exchange with the patient. The patient then came to the next session twenty minutes early causing some disruption in the process.

In this session L. lay on the couch, rumpling it with her restless movements, and several times left it to get sweets or tissues. What most troubled the analyst however was her own behaviour. In that session she amazed herself by agreeing to reduce the patient's fee. Her feeling that her countertransference was out of control was further increased when despite addressing this problem in self-examination in preparation for the next session, she then unwittingly went overtime with the patient, something she rarely did. It was in this session, however, that a dream the patient recounted threw some light on these events.

I had this weirdest dream, said L., I was in this house—this weird house—every dream season I have recurring dreams about a new house. This one is new—but I remember by sensory experience coming back to it from a hundred years ago. I am with another person who was my lover—or sister—or sibling, not sure what sex. I was neither male nor female—neither or both. I was protecting the other one—we lived with an old lady—we plotted to kill her. This involved staircases and something written, like a letter, apparently giving her the letter without her seeing us do so would result in her death. We needed to do that for ourselves. But six or seven years later we got busted. I know it was me in the dream—I usually don't lie—[she lies all the time added the analyst] I remember thinking this is the first time—they won't find me out. They won't find out we are executing the murder. If she, the old woman, knew she would retaliate. She was like a malicious old woman—an evil force. It was murdering not from malice but life or death for me. The reason was this internal struggle. I had this taste in my mouth like a huge wad of gum—it was cannibalism—like chewing tasteless meat.

The patient continued, 'I was nauseous this morning when I awoke, eventually I vomited'.

There is no doubt a great deal condensed in this dream. The patient herself identified the malicious old woman with her mother. I thought, in supervision, that the dream could best be used to account for what was actually taking place in the analysis and what light it might throw on the problem of repeated enactments. I suggested that if we took Dr. A. to be represented in the dream as both the 'twin soul' conspirator and also as the malicious old woman the recent events would make sense. Dr. A.'s unconscious countertransference identification with her patient was represented in the dream as the patient's 'twin soul'. The plot by the twin souls to kill the 'malicious old lady' could then be seen as an unconscious collusion between patient and analyst to kill off Dr. A.'s professional self. Several small murders had already taken place, all of which were justified in the minds of the twin souls because they believe they are in danger of being fed poisonous cannibal meat by the weird practices of psychoanalysis.

The analyst regained her usual analytic stance, only to lose it again from time to time when her patient would dramatically introduce some unexpected complication into the analysis. A pattern emerged of forward movement followed by negative therapeutic reactions. As the analysis progressed the full extent of the patient's disturbance became clearer. She has a drug problem and her episodic bulimia and vomiting is of long standing. Her bisexuality is evident both from the unfolding history and from the transference. In particular there were periods of oscillation between a homosexual erotic transference and a negative, paranoid, transference.

What I want to emphasize is my notion that the narcissistic object relations developed by this patient, the 'twin soul' relationship, is an alliance formed to oppose a murderous super-ego, represented by the 'old woman'. However the destructiveness is carried over into the narcissistic relationship. The purpose of the libidinal bond, expressed in the erotic transference, was to create an alliance whose aim was murder. A dream from eighteen months later in the analysis threw further light on this complex narcissistic organization.

Dream

The patient L. is feeding a baby with a spoon—her mother is in the room. L. is unsure whose baby it is. As she feeds the spoon becomes a fork and the fork takes off the skin from the baby's lips who then eats it. She turns to her mother for help. Her mother says, 'You do it like this'. She takes off bigger chunks of the baby's mouth with the fork and says, 'This is what the baby eats'.

Patient says there must be another way, so that the baby doesn't have to eat itself. The baby's lips are very red and firmly shut and look like genitals. Then she realized it isn't mother, it is X, a former girl friend, and that they are not feeding a baby but having sex. In real life, said the patient, she had a homosexual relationship with X. 'X', she said, 'had the ideal body—I adored it—what I mean by ideal is that she had just the body I imagined my father would have wanted a woman to have'. She added:

We were together at College. It reminds me I used to have a recurrent masturbatory phantasy at that time—in it I was watching a man with steel-toed boots kicking a woman in the genitals until the clitoris fell off.

'When I was little I believed that women got pregnant from swallowing some big round thing'.

'Food going in is good but coming out it's shit. I had another dream', she added, 'in which shit covered everything, you couldn't see anything for shit—couldn't get through to anything it was all covered in shit'.

What goes in might be good but when it comes out again it is shit that covers everything. A more apt description of the analyst's experience of sessions I could not imagine. Repeatedly I could see a pattern in which the session would begin clearly leading to a straightforward interpretation and immediate

response from the patient. This would then be lost in a welter of confusing and confused information from the patient. There are many aspects to this analysis and the dream. For my present purpose I want to focus on the patient's sexual relationship with her own ego ideal, represented by X who usurped the mother's place in the primal scene. An idyllic, illusional, narcissistically based homosexual primal scene then displaced the horrific scene between mother and child. However the persecutory phantasies follow the defensive movement and take the horrors of the infant feeding phantasy into the primal scene where they become the basis of a consciously entertained perverse, sadistic phantasy.

Predominantly libidinal or defensive narcissism

The second case was a woman, Prof. D, who was head of a successful academic department. She came seeking analysis a year after having terminated by mutual agreement a lengthy psychotherapy; at the time of that ending she felt in good shape. She came now because she was afraid of 'breaking down' completely, 'whatever that means', she said. She described being in continuous distress and obsessed by a relationship with a young man; this was not sexual but had been intellectually intimate. She thought her feelings were completely irrational and told me it had happened before with another young man in the early days of her previous treatment. Both young men were junior colleagues in the department of which she was the head. Both relationships followed the same pattern. Initially she felt they understood each other completely and were of one mind. Later she became distressed when this mutual understanding could not be sustained.

She regarded herself as happily married and her children were central to her life, but once established the relationship with the young men in her mind absorbed her attention completely. Fears that they would cease to value her and what she had given them haunted her. When anything took place that gave substance to this idea she believed herself to be a bad and worthless person. The love, admiration, respect and approval of her husband, children and friends, though it gave comfort, in no way mitigated the power of the young men's attitude over her self-regard.

The configuration underlying the obsessive relationship with the young men became clearer. She was an only child of separated parents. Her mother suffered from a severe narcissistic disorder and her father's self-centredness and vanity were legendary. In the course of analysis she was taken aback by having dreams which included a brother. In the dreams she was not surprised by the brother's presence. The figure was not anyone she had ever seen but she knew he was her brother. She had an imaginary companion throughout childhood and added that she had in adolescence an intimate but platonic friendship with a young man.

The intense emotional dependence on the young men's appreciation was in contrast to her relationship with those on whom she really depended, such as her husband. This relationship though warm was protected from her

expectations, particularly of understanding and hence from disappointment and dissatisfaction. Her transference to me followed this pattern. Though she clearly benefited when understood she did not seek it, but neither did she resist it, she simply avoided expecting it. The analytic transference like her marital relationship followed the pattern of that with her parents: it was to be preserved by her strictly limiting her expectations of it, and seeking a soul mate elsewhere. To turn in expectation of understanding to a parental object she believed would lead to negation of her own subjective existence.

This twin soul mate had an additional aspect to that of being her ideal-self. She always believed this ideal young man to be the primary love object of an ideal mother such as she had never known. In the twin relationship she was able therefore to play both parts, playing the ideal mother and by projective identification experiencing vicariously the love she had never received.

Both patients I see as having an ego-destructive super-ego, but with a difference. In L., the first patient, the super-ego figure is a murderous woman; in Prof. D. the place usually occupied by an internal mother appears to be a void; not simply an absence but a negating presence. The relationship with the super-ego is evaded in both cases by forming an attachment with the ego ideal forming a narcissistic organization. This is realized externally in a relationship with an idealized twin. In the first patient this becomes a perverse, sado-masochistic relationship, in the second the power of the super-ego is invested in the narcissistic object whose approval then becomes a matter of life and death.

The backgrounds of these two patients are similar. Both had divorced parents; both had mothers with difficulties in their maternal function and both successful fathers noted for their ruthless self-centredness. However these features were much grosser in the parents of the patient whose disorder was predominantly defensive. She was considerably less disturbed and egocentric than either of her parents, whereas the patient suffering from a predominantly destructive narcissistic disorder was significantly more disturbed than either of her parents. One can see a generational escalation in her case in contrast to a generational de-escalation in the other.

So I am suggesting that the narcissistic object relationships of the first case results in something like the infamous Bonnie and Clyde, and in the second something like Romeo and Juliet. Death lurks in both scenarios, but in one the partnership is based on a shared love of killing; in the other death is preferred to a life without the other's love.

Conclusion

In summary what I am suggesting is that narcissistic disorders arise when there is a failure of containment in infancy and childhood that gives rise to an ego destructive super-ego. A narcissistic organization is evolved using narcissistic object relationships, internal, external, or both, to evade the hostile super-ego. This may result in a predominantly libidinal organization or a predominantly

destructive narcissistic organization. I further suggested that the libidinal, defensive, organization arises when the main factor in the original failure of containment is on the parental side and the destructive organization when the major factor is an excess of object-hostility in the infant. If we use the word *narcissism* to denote this urge to annihilate otherness, the answer to the question, what part does *narcissism* play in narcissistic disorders, is that it depends on how destructive they are. If the organization is predominantly destructive, *narcissism* appears to play a large part; if it is predominantly libidinal, then infantile and childhood trauma appears to play the larger part. In the second of my two cases one could suggest that it was *destructive narcissism* of the parents that played the major part in the patient's development of a narcissistic disorder.

TRANSLATIONS OF ABSTRACT

Cet article fait une étude du concept de narcissisme dans la littérature psychanalytique; trois utilisations de ce terme sont définies: premièrement, le narcissisme clinique, secondement, la tendance ou force opposée aux relations, et troisièmement, les désordres narcissiques de la personnalité. Ces derniers peuvent être différenciés un peu plus selon le vécu du transfert et contretransfert, en désordres narcissiques limites (être susceptible), distanciés (être peu susceptible) et comme si (faux self). Les caractéristiques de chacun de ces types de schémas sont décrites. L'auteur suggère que les dysfonctionnements narcissiques se mettent en place lorsqu'il y a eu un manque de contenance dans l'enfance, pouvant donner naissance à une structure surmoïque destructrice du moi, et conduisant à l'organisation d'une structure narcissique. L'organisation défensive libidinale apparaît lorsque le manque de contenance parentale est le facteur principal, et l'organisation destructrice lorsque l'enfant a un excès d'hostilité dans la relation d'objet. L'auteur illustre à l'aide de deux présentations de cas la distinction faite entre un dysfonctionnement majoritairement destructif, et un dysfonctionnement libidinal principalement narcissique. Il suggère que les deux s'organisent à partir de l'établissement, par identification projective, d'une relation narcissique basée sur un moi idéal, ayant pour but d'éviter une relation avec un surmoi parental destructeur.

In diesem Vortrag wird das Konzept des Narzissismus in der psychoanalytischen Literatur rezensiert und drei Aspekte dieser Terminologie werden definiert: erstens, klinischer Narzissismus; zweitens, ein angeborener Zwang oder Tendenz zum Widerstand gegen jegliche Art von Beziehungen; und drittens, narzissistische Persönlichkeitsstörung. Der letztere kann zusätzlich, mit Hilfe von Übertragung/Gegenübertragung, in weitere narzissistische Störungen aufgeteilt werden: Borderline (duennhäutig), Zurückhaltung (dickhäutig) und Als-ob (falsches Selbst). Die Eigenschaften jedes dieser Muster wird beschrieben. Der Verfasser legt nahe, dass narzissistische Störungen auf ein Versagen in der Säuglings- und Kindheitsbetreuung zurückzuführen sind, aus denen dann ein ego-destruktives Super-Ego entsteht, welches wiederum zu einer narzissistischen Organisation führt. Diese libidinale Verteidigungsorganisation entsteht, wenn elterliches Versagen der primäre Grund ist, und zerstörerische Organisation wenn das Kleinkind

ein Uebermass von Objektfeindseligkeit besitzt. Zwei Patienten werden beschrieben, um die Unterschiede zwischen vorwiegend destruktiven und vorwiegend libidinalen narzisstischen Störungen zu veranschaulichen. Der Verfasser vertritt die Auffassung, dass beide durch projektive Identifikation, aus einer narzisstischen Beziehung mit einem Ego Ideal entstehen, um dadurch einer Beziehung mit einem destruktiven elterlichen Super-Ego auszuweichen.

In questo lavoro viene rivisto nella letteratura psicoanalitica il concetto di narcisismo e vengono stabiliti tre usi del termine, primo, narcisismo clinico, secondariamente una forza innata o tendenza che si oppone alle relazioni, e in terzo luogo i disturbi narcisistici di personalità. Quest'ultimo può essere ulteriormente differenziato sulla base del transfert/controtransfert in disturbi narcisistici borderline (senza pelle), distaccati (dalla pelle dura), e 'Come se' (falso sé). Vengono descritte le caratteristiche di ciascuno di questi modelli. L'autore pensa che i disturbi narcisistici insorgono quando vi è un fallimento del contenimento nell'infanzia e nella fanciullezza, che da origine a un super-io distruttivo per l'io, che porta poi allo svilupparsi di una organizzazione narcisistica: L'organizzazione lipidica difensiva insorge quando l'elemento primario è il fallimento del contenimento genitoriale e l'organizzazione distruttiva quando il bambino ha un eccesso di ostilità per l'oggetto. Vengono descritti due casi per illustrare la differenza tra un disturbo narcisistico prevalentemente distruttivo e uno prevalentemente lipidico e l'autore sostiene che entrambi insorgono dalla costruzione, per via di identificazione proiettiva, da una relazione narcisistica con un ideale dell'io per poter evitare una relazione con un super-io parentale distruttivo.

En este trabajo el concepto de narcisismo en la literatura psicoanalítica es revisado y se definen tres usos del término, primeramente, narcisismo clínico, segundamente una fuerza innata o tendencia opuesta a las relaciones y terceramente, desordenes narcisistas de la personalidad. El último puede ser aún más diferenciado sobre la base de la transferencia/contra-transferencia en los desordenes narcisistas del borderline, (thin-skinned), (thick-skinned) y Como Si, (falso-self). Se describen las características de cada uno de estos modelos. El autor sugiere que los desordenes narcisistas surgen frente al fracaso de la contención en la infancia y la niñez, esto da lugar al surgimiento de un ego-destrutivo super-ego, conduciendo al desarrollo de una organización narcisista. La defensiva organización libidinal surge cuando el fracaso de contención parental es el factor primario y la organización defensiva cuando recibe un exceso de hostilidad del objeto. Se da la descripción de dos casos para ilustrar la distinción entre el desorden narcisista predominantemente destructivo y el predominantemente libidinal y, el autor sugiere que ambos surgen de la producción, por identificación proyectiva, de una relación narcisista con un ego ideal para de esta manera poder evadir la relación con un destructivo super-ego parental.

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