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## On the Metapsychology of Narcissistic Pathology

*Alan J. Eisnitz, M.D.* ⓘ

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The current presentation follows from these earlier considerations and uses the concept of the self representation (Jacobson, 1964) as its frame of reference. Several major advantages seem to result from this approach, some with considerable therapeutic importance. First, the significance of intrapsychic cathectic shifts is underscored, allowing a clearer view and appreciation of the internal instability and

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ON THE METAPSYCHOLOGY  
OF NARCISSISTIC  
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ALAN J. EISNITZ, M.D.

IN AN EARLIER PAPER (Eisnitz, 1969) I proposed a modification of Freud's (1914) classification of object choice. I suggested that narcissistic object choice be defined as that wherein the major cathexis is directed to the self representation, and attachment object choice as that wherein the major cathexis is directed to the object representation. In this formulation, the emphasis is placed on the intrapsychic cathexes and representations. Most object choices can then be seen to represent a mixture of both types, although, typically, one or the other element is predominant.

The current presentation follows from these earlier considerations and uses the concept of the self representation (Jacobson, 1964) as its frame of reference. Several major advantages seem to result from this approach, some with considerable therapeutic importance. First, the significance of intrapsychic cathectic shifts is underscored, allowing a clearer view and appreciation of the internal instability and flux that exists with narcissistic conflict. In particular, this approach emphasizes the role of internally directed aggression. Second, object choice is seen to develop along both narcissistic and attachment paths. Narcissistic object choice and attachment object choice are most typically intertwined developmentally and at any given moment in the history of an object relationship. Whereas at any one time either the narcissistic or the attachment elements may predominate, attempts to separate them completely either in therapy or in theory are artificial. Third, con-

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Downstate Psychoanalytic Institute, Department of Psychiatry, Downstate Medical Center, New York, New York.

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cepts such as the grandiose self, so useful in a descriptive way, are, in this formulation, viewed as expressions of an intense intrapsychic struggle, that is, as part of a process, rather than as a well-established and relatively stable structure.

Proceeding from this frame of reference, a discussion of narcissistic conflict, narcissistic defenses, and narcissistic pathology seems to be in order. Narcissistic conflict and pathology occur even in mature personalities and in any clinical syndrome, including the classical transference neuroses. It is misleading to emphasize only the connection of narcissistic pathology with early stages of development and severe ego restriction, even though this may often be the situation, particularly in more severe cases. I think it preferable to consider the degree of narcissistic pathology in every patient. The problem then becomes not one of deciding only whether or not a major narcissistic disorder exists, but rather one of evaluating the degree of narcissistic pathology as it exists in the particular patient. In the course of the discussion, I shall consider aspects of both prognosis and problems of technique.

A *narcissistic conflict* can be defined in simple terms as occurring whenever the stability of the self representation is threatened. For a fuller understanding of this, perhaps it might be wise to review the concept of the self representation as it is employed here. It is viewed with the emphasis placed upon intrapsychic cathexes, both fluctuating and stable. In a most complex fashion, its organization is established and maintained primarily within the system ego. The sense of self normally results from the relatively stable basic organization of the self representation, yet, at the same time, the ability to function effectively in a variety of situations requires flexibility within the self representation and the capacity for the cathexis of different aspects within it. In different areas of functioning, different ego faculties and functions or the same ego faculties and functions may be used, but with different qualitative aspects of their use emphasized. At any given moment the functions of the ego are more or less at the disposal of one or another aspect of the self representation. This aspect of the self representation gives to these ego functions an organization and a quality which may be relatively different from the quality of those functions at other times. For example, when functioning as a psychoanalyst, a particular aspect of the self representation, i.e., oneself

as analyst, becomes dominant and organizes and directs the ways inner and outer directed perception, memory, language, thinking, etc. are employed. With one's family, the very same ego functions are employed in qualitatively different ways. Under the influence of the father or mother or husband or wife aspect of the self representation, thinking involves much more goal-directed, secondary-process activity; the perception of emotion or fantasy is probably not nearly as prevalent on a conscious level, but avenues of discharge of emotion are undoubtedly afforded greater accessibility. Even if we assume that both of these aspects of the self representation, i.e., parent and analyst, are relatively conflict-free, it is possible to conceive of conflict between them. A common example is the difficulty in working as an analyst with uninterrupted attention when a family problem or illness is creating tension. Conflicts like these are relatively transient and reversible, but there are others connected with unconscious conflict that are more serious.

Whereas the ego directs shifts in cathexis within the self representation, the superego provides a necessary sanction function which enables the process to proceed smoothly. If a particular aspect of the self representation is connected with forbidden unconscious wishes, the superego causes aggression to be mobilized and directed against that aspect of the self representation. It is beyond the scope of this presentation to consider the development of the ego-superego system in detail, but its importance is crucial. The superego constantly scans the cathexis of the self representation, both sanctioning and to some extent directing the process. It has both a supportive libidinal as well as a prohibitive aggressive function. Its development in general follows the path from external to internal, with precursors of the superego dependent upon what are at first primitive and global identifications with the supportive and prohibiting objects. With maturation and individuation, the identifications become more selective and ultimately, with the working through of the Oedipus, the oedipal identifications allow for the internalization of these processes. The establishment of a stable sexual identity and the establishment of the superego as an internalized structure are concomitant parts of the process. This step is necessary both for the establishment of an internalized system for the regulation of self-esteem and for the regulation of the cathexis of the self representation.

At least two trends in this process deserve special emphasis. First, the direction of development from external to internal, and second, the trend from more instinctualized to relatively less instinctualized processes. The more mature ego-superego organization is less dependent upon instinctually intense relationships and operates with fewer instinctualized energies. In particular, the degree of aggressivization of the superego diminishes with development.

Because consolidation of the self representation depends on oedipal identifications, it is not difficult to see how even relatively late conflict, or conflict at any level of development, can result in disturbance and instability. Obviously, the more disturbance there has been with the processes of separation and individuation and the more immature the ego organization, the less stable will be the self representation and the greater the likelihood that there will be serious instability within it. In such cases, the narcissistic pathology can be anticipated to be far greater. Aspects of the self representation may be split, fragmentation of the self representation can occur, archaic grandiose aspects of the self representation may be revived, magic identification with idealized objects that possess the longed-for qualities of the self may arise. At such times, object relations may be primarily in the service of restoring stability to the self representation through providing the missing qualities by identification, or by magical control (or defenses against these processes), or by having undesirable aspects of the self representation projected onto them. It is cases like these which fall at the end of the spectrum of the most severe and major narcissistic disorders. Unfortunately, the emphasis in the literature has been mostly upon this type of narcissistic pathology.

At the other end of the spectrum are those patients in whom the narcissistic threat does not reach the crisis stage. The instability of the self representation is transient and reversible and does not involve a fixed distorting influence upon ego function or object relations. For example, a patient in analysis for a study inhibition is becoming increasingly successful and is coming dangerously close to entering his father's profession. He develops considerable anxiety about his eyes as an equivalent of his castration anxiety. Very clearly, a narcissistic conflict has arisen. He is able to continue with his studies, but shows increasing evidence of unconscious homosexual conflict as a result of negative oedipal identification. Within the

self representation, aggression is directed against the masculine aspect, while there is a defensive increase in cathexis of unacceptable feminine aspects. He continues to do well in his studies, but has fantasies of his girl friend's falling in love with a classmate and actually tends to bring the two together. It can be seen that he has partially projected an unacceptable feminine aspect of himself to his girl friend in an attempt to bolster his more acceptable masculine self representation. This acting out must be regarded as a narcissistic defense; object relations take on more qualities of narcissistic object choice. All of this is, however, relatively minor; it is both reversible and transient. On the other hand, if the narcissistic conflict is more threatening, narcissistic aspects of object relations can become prevalent and characteristic. The objects are shunned or else must be available to bolster the threatened self representation.

Sometimes, careful and lengthy study is required to recognize that what appears at first to be major narcissistic pathology is based upon relatively late (developmentally) conflict. The pressure of normal adolescence, for example, characteristically produces considerable, and sometimes dramatic, narcissistic conflict.

To summarize, the self representation is depicted as having a basic intrapsychic stability and constancy that contributes to the sense of identity and the feeling of self. Within the organization of the self representation are various subdivisions, some of which are quite highly organized themselves. These various aspects of the self representation have ego functions and modes of adaptation at their disposal and qualitatively influence the way in which the various ego functions are employed. Aspects of the self representation are both conscious and unconscious and may be more or less closely connected with instinctual drive derivatives. Some aspects of the self representation operate with more instinctualized energies than do others. On reflection, it can be seen that the self representation deals with aspects of the present, of the past, and also of the future. When one or another aspect of the self representation receives increased cathexis it tends to become the dominant one and is given first call upon the ego's faculties.

Viewed from this perspective, *narcissistic conflict* exists whenever the stability of the self representation is threatened, that is when different aspects of the self representation vie for dominance,

when they represent incompatible aims, or when any part of the self representation becomes so cathected with instinctualized energy that, in itself, it represents a danger. This last may occur because of a close connection with instinctual drive derivatives, or when the particular aspect of the self representation is otherwise flooded with instinctualized energy, as, for example, aggression directed by the superego. Narcissistic conflict can, of course, be normal and is, in fact, part of everyday life.

*Narcissistic defenses* are those methods which are employed to ease narcissistic conflict. The major narcissistic defense, if it can be regarded as a defense, is, of course, the synthetic function of the ego and its capacity to mediate among the conflicting strivings to which it is subject. Other narcissistic defenses are part and parcel of normal adaptation, as, for example, the striving to overcome frustration or trauma. Normal object relations, normal problem solving, and effective functioning may aid narcissistic defenses and stability. When adequately handled, narcissistic frustration is a major stimulus to growth. Attempts at denial of undesired or threatening aspects of the self representation, regression and splits within the self representation, projection of undesired aspects, primitive identification, exploitation of the object for narcissistic gain, are all examples of narcissistic defenses which more readily result in pathology.

*Narcissistic pathology* occurs when the employment of narcissistic defenses results in restriction or impairment of ego functions, notably maintenance of adequate object relations, disturbances in identity, or the regulation of self-esteem. "As if" personality, psychopathy, perversion, addictions, severe masochistic disorders, are some of the syndromes in which narcissistic defenses and pathology are prevalent and play an important role in the clinical syndrome. It must be re-emphasized, however, that there is scarcely a psychoanalysis in which attention to narcissistic conflict and defense is not merited.

Since the establishment of a stable self representation is dependent upon the consolidation of oedipal and post-oedipal identification processes, it can be anticipated that narcissistic problems can be seen in even the so-called classical neuroses. Sometimes, relatively healthy personalities can show narcissistic pathology which appears superficially to be rather dramatic. On the other

hand, significant difficulty early in life, particularly during the separation-individuation phases, and particularly when it results in ego impairment, is far more likely to produce severe narcissistic pathology. It is also apparent, on reflection, that if consolidation of the self representation is dependent upon working through of oedipal conflicts, then all preoedipal conflicts should have significant narcissistic components. Indeed, this is the case. The anal-sadistic attitude of dominating and controlling the object and sometimes treating it as if it were a part of the self, after the fashion of the feces, not only expresses instinctual drive derivatives, but may also be the vehicle of significant narcissistic defenses in which the object must be magically controlled. This can sometimes be the factor that promotes the almost unassailable rigidity of some obsessional characters. A careful examination of the object relationship will show that sometimes in such cases the object's availability for domination is a far more important quality than is any personal quality upon which an ambivalent love may be based. Similarly, the so-called oral demandingness and possessiveness of the object may be expressions of narcissistic needs to magically possess the object, usually by means of incorporation, in order that the self representation may be supplemented. According to the level of the prevalent conflict, the object may represent the wished-for penis, feces, or breast.

A few words about prognosis and treatment—assuming for purposes of discussion that the patients fall within the neurotic category.

It is most important to evaluate motivation, i.e., the patient must come for himself. At least to some extent, treatment should be for a "me," rather than for a patient who is acting solely as an extension of a parent or mate or someone else. Secondly, his treatment goal preferably should involve some conscious desire for realistic change, rather than simply the fulfillment of a narcissistic goal. He must show some capacity for reflection and insight.

In general, the more the indications of successful development, of course, the better the prognosis. There should be areas of intact and capable functioning that are relatively independent of narcissistic conflict. Preferably, there should be indications of internalization of superego function, with some capacity for guilt (Kernberg, 1970) and relatively stable ideals, as opposed to a predominant

emphasis on pleasing, fearing punishment from and borrowing ideals from external sources. The more indications of conflict at the oedipal level, the better the prognosis. While it is to be expected that there will be significant fluctuations in self-esteem, it is preferable that some estimate of the peaks and valleys be made, so that they are judged to be within the limits which can be sustained during an analysis. As a corollary, the prognosis is better in those cases where levels of ambivalence are not too marked. Extreme rage reactions or indications of strong destructive feelings toward the self are not good signs.

Working on the premise that for the most part analysis can release potential which exists but that it cannot introduce capacities which are not present, it is important to obtain an accurate estimate of the capacity for object relations. In at least the relatively nonconflicted areas, there should be some capacity for sustained object relations. These might be found on a relatively good level with work colleagues, for example, or a patient may show good relations with his or her children. It is a good sign if the history shows some areas of good object relations. The possibility of displaced parent relationships, the capacity for friendships should be sought. Finally, the history should be checked for indications of the reaction to loss if this has occurred, or to significant narcissistic frustration. It is a good prognostic sign if there is some constancy of ideals and ego style which survives such an event.

The development of the treatment process itself also must be used as a guide to prognosis. Kohut (1971) has beautifully illuminated, although in very schematic fashion, some of the characteristic elements that appear in the transference in the analysis of narcissistic conflict. Recognition of these or other transference elements, however, is not sufficient; the sooner there are indications of some level of therapeutic alliance, the better the prognosis. Without the appearance of a willingness to work toward a therapeutic goal, even symptomatic improvement becomes unimportant, for it may result from the restoration of narcissistic balance that the analytic relationship provides, and may be entirely dependent upon the maintenance of that relationship.

Most of my experience is with patients who perhaps have not been quite as seriously disturbed as some of those described in the literature. While obviously a great deal of attention must be given

to the elaboration and working through of narcissistic defenses, I have not been aware that the analysis could be divided into separate phases of this kind of work and separate phases in which object-related wishes and conflict were then analyzed. I have found the analysis to deal with narcissistic defenses and narcissistic object choice; as these are worked through, more typical conflicts related to the attachment type of object choice appear. These two elements appear most characteristically in fluctuating and intertwined fashion, reflecting the natural state of intertwining of elements of narcissistic object choice and attachment object choice. As the patient moves closer to forbidden object-directed wishes, narcissistic conflict may again mobilize narcissistic defenses. I find this is a most important prognostic sign, and one generally favorable. Very long periods devoted exclusively to narcissistic defenses and without any evidence of transference strivings based on attachment type object choices is not encouraging.

It is most important to recognize this fluctuation between the narcissistic object choice and defenses and the object choice of the attachment type. The analyst who decides that his patient is too fragile or too narcissistic to deal with material relating to attachment object choice conflicts may in fact be repeating the trauma which his patients experienced during their developing years. Very often these patients have been treated as narcissistic extensions of their parents. Such parents so frequently have refused to acknowledge the patients' independent strivings that it would seem a most significant error for the analyst to repeat. If so, rage invariably results, although it often may be masked by a dependent need to please the analyst.

Particularly careful attention must be paid to the analysis of all "unusual" analytic events. By these I mean not only the separations and other "negatives," but also those transactions between analyst and patient such as schedule changes, chance meetings between patient and analyst, or fee changes, i.e., anything which can become an instinctualized event.

Finally, I would urge that, in every analysis, any particularly strong and persistent resistance be examined for the possibility of narcissistic components. I would like to call attention to two resistances often derived from a narcissistic defense. I single these out because they are relatively common and this aspect of them

has not been emphasized. The first is that of the patient who is extremely vague about feelings, perhaps to the extreme where he is confused and unsure about them most of the time. A narcissistic aspect of this kind of resistance is that, by avoiding clear recognition of feelings, the patient blurs the distance between himself and his analyst and can maintain the illusion of a narcissistic bond. The second resistance is illustrated by the patient who goes on at length in descriptions of current events, often with detailed accounts of conversations and incidents. This interference with free association may have the narcissistic aim of making the analyst an ever-present admiring onlooker or an omnipotent referee, implicitly on the patient's side.

A young woman entered analysis for feelings of lack of confidence in many of her activities and feelings of unsureness about herself. It soon became apparent that frequently she felt empty and incomplete. In the analysis she had difficulty in reporting her feelings in relation to things about which she spoke because she was rarely aware of what she actually felt. She often stated that she knew what she was supposed to feel, that is, what I or other people with whom she was involved would expect her emotional response to be, but that she herself was not actually aware of her feelings. In her accounts, she seemed quite perceptive of other people's reactions, and her anticipation of what they expected of her seemed most reasonable. There were other indications that she used the defense of not knowing—that is, not perceiving—her emotional reactions in order to avoid the feared possibility that she would somehow displease people important to her and thereby risk losing them. This lack of awareness of her emotions received considerable tactful attention in the analysis. In the seventh month of the analysis she reported the following dream: "I was on a high diving board. There were people sitting around as if an exhibition was taking place. There were rocks all around the pool. The diving board did not extend over the pool, but seemed to be along the side of it. Finally I dove and woke up. I don't know if I landed on the rocks or in the pool. When I woke up I was not upset the way I am sometimes when I wake up from a dream." She went on to report a number of associations to the dream, but the most important concerned some 'silly' thoughts and sensations she had during the session. It is not necessary here to go into detail about these,

which were not in themselves unusual or of any apparent special importance at this time. Their main significance was that they provided an opportunity to observe directly her struggle to be aware of her feelings and the strong defenses against this. On the basis of the dream and her associations, I was able to show her how fearful she was of taking the plunge and letting herself and me become aware of her feelings. I related this to her fear that she would re-experience the contempt with which her mother had so often responded to her during her childhood. (The swimming pool had led to recollections of such scenes.) She responded with associations about an event at age 12, which involved both of her parents' becoming quite self-absorbed and preoccupied and, in effect, lost to her. In her next session she reported a dream in which she was playing bridge. She saw that she had very good hearts, good enough to make a bid, but she had to leave the room. When she returned, the game had gone on without her; now she no longer had the good hearts, but had diamonds instead; she and her partner lost. Her sister and brother yelled at her, claiming that she played stupidly. Her associations led to a heart motif on her daughter's lunch box and also a heart design on her child's pajamas. Each of these in turn involved associations about kisses and embraces between herself and her child on parting and reunion, i.e., leaving for school and returning, or saying goodnight and then seeing each other again in the morning. In fact, the brother and sister in the dream repeatedly excluded my patient from their childhood games. Her mother was an avid bridge player, an interest that frequently took her away from home during the daytime, with the patient turned over to unsympathetic housekeepers. I could show the patient how she had to avoid her feelings and wishes to love and be close, just as she walked away from the strong heart hand and avoided making a bid in the dream. I related this again to her feelings that her mother rejected her love and suggested that the thoughts with which she had struggled in the previous session might have been connected with such feelings about me that she was fearful of acknowledging. I cannot report that this interpretation was followed by a dramatic change and a full-blown typical transference neurosis. Nevertheless, the analytic relationship became a much more meaningful one, and the patient was able to embark on steps which brought her closer to her feelings outside the analysis as well as

in it. The vagueness and unsureness she experienced in relation to her own emotions was intended to protect her against the repetition of a particularly painful feeling of rejection by her mother. Unsure of her feelings, she could maintain the illusion that she need not fear losing the people who were important to her by revealing her unacceptable feelings. By not having feelings and by doing what was expected of her, she felt protected against loss. Fusion fantasies also served this purpose.

Another patient usually went on at great length reporting tales of her daily activities, with accounts of what she said to her boy friend, to her other friends, what they said to her, etc. Sometimes these accounts took up most of a session. This kind of resistance is not infrequently seen in obsessional patients, but in this narcissistic young woman it had a different quality. Its meaning became clearer one day early in the second year of her analysis, when she reported a dream in which a friend is writing a book which has detailed descriptions of the main characters and their activities. As the friend is about to leave, the patient bites off a piece of the manuscript and swallows it. Her associations dealt with losses of various kinds, ranging from fingernails to valuable possessions to people she loved. She last saw the friend in the dream at dinner and reported some associations about eating habits. Her detailed reporting seemed to have the meaning of an oral incorporation (the biting of the manuscript) in order to forestall the loss of any of her treasured objects. In the analysis, the reporting of all the details allowed her to incorporate her analyst whom she could then experience as a constant onlooker to her activities who always admired and sided with her.

Each of these patients demonstrated a not uncommon resistance to analysis which, in these cases, served as a narcissistic defense by the establishment of a narcissistic relationship with the analyst who was to serve as an admiring onlooker who would always be available with no threat of loss. In each case it was important to recognize the meaning of the defense. As it turned out, in each case the analyst represented a penis which the patients attempted to acquire by means of an oral incorporation of a pre-oedipal phallic mother. The resistance served the purpose of establishing this oral narcissistic bond with me. When, particularly in the second case, transference wishes based more upon the attach-

ment type of object choice and related to oedipal wishes were mobilized, there was an upsurge of the old resistance. To have dealt only with its narcissistic aspects and not to have recognized the relationship to the oedipal wishes would have been extremely damaging. An approach which recognized the intertwining of both the narcissistic and attachment type object choices was necessary.

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125 East 87th Street  
New York, N.Y. 10028