

The destruction of time in pathological narcissism

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This paper describes the characteristics of subjective time (in contrast to objective time), with particular reference to a specific form of pathological experience and relation to the passage of time in patients with narcissistic personality undergoing psychoanalytic treatment. The clinical manifestations and technical approach to this pathology of time experience are outlined in the context of illustrative clinical vignettes.

Keywords: denial of death, denial of time, eternity and absence of time, illusion of permanence, life cycle, narcissism, negative therapeutic reaction, omnipotence, time destruction, time experience

Introduction

As Elliot Jacques (1982) pointed out in his overview of psychoanalytic views of the experience of time, it is important to keep in mind the difference between objective time as a scientific concept characterized by the uniformity of linear intervals as defined by the units of measurement of time, on the one hand, and the subjective sense of time, that has very different characteristics, on the other. The subjective experience of the duration of time is irregular and depends on multiple psychological factors.

Throughout the life cycle a remarkable yet gradual change occurs in the subjective experience of the duration of time. The multitude of early experiences that bombard the infant and small child gradually settle into longer cycles between the past and the future, such as, for example, the long time in between weekends, and the endless time between birthdays, thus taking on a quality of ‘endless time’, the correlate to the naturally assumed permanence of childhood. With developing growth and maturity, and a more predictable succession of tasks and personal investments, cycles of past experience seem to accelerate. The expectation of future developments, that are now more firmly embedded in consciousness by the individual’s own life trajectory, planning and task investments, matched with active work toward the transformation of such a projected future into the present, decreases the subjective experience of the duration of time so that it seems to be passing more rapidly. There is a clearer sense of what to expect in the future, and a sharp linkage between past experience and its

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expected repetition. The sense of acceleration of the passing of time increases with age, and becomes a significant conscious experience in old age (Hartocollis, 1983). Now time 'flies'.

Happy moments, 'stellar experiences', while seeming to pass too quickly, nonetheless build up as happy memories, creating a sense of life lived intensely, that extends the sense of duration of time across the life span. The opposite development characterizes traumatic experiences. Severe trauma has multiple influences on the subjective sense of time depending on the nature and duration of the traumatic experience. In the case of acute, brief situations when the trauma is the product of willful aggression, there will be an almost intolerable sense of extension of time during the traumatic experience itself, with a fixation to the trauma that, by repetitive 'flashbacks', extends the subjectively experienced duration of the trauma. The long-range effect of this situation leads to a 'time stood still' quality related to reverberating unconscious processes that reduce, retrospectively, the experience of time, particularly that of time lived after the traumatic experience. Thus, for example, a couple who were assaulted, robbed and controlled with threats to their life over a period of hours, had a grossly distorted subjective experience of extension of the duration of the event, with a post-traumatic stress disorder, fixation to the trauma over a period of many months, and a retrospective sense of shrinkage of the time after the trauma over one to three years. It was "as if it happened yesterday".

For extended periods of willfully induced traumatic circumstances, for example, racial persecution, concentration camp imprisonment or extended periods of physical or sexual abuse, the effect is even more powerful: the dominance of the unconscious consequences of the traumatic situation reduce the capacity for significant new investments and, with it, the loss of a generation of new experiences that otherwise would enrich the experience of passage of time.

In these last examples of cognitive and traumatic influences on the sense of time, the function of memory of an accumulated life experience becomes important. This is, in fact, a complementary dimension of the experience of time, the sense of time lived intensely. The more significant the investment in meaningful and gratifying relationships and activities, the more the moment seems to fly by, but, by the same token, there grows a sense of time having been lived and an enrichment of the total life experience. If, to the contrary, such a meaningful commitment to investments in work, art, social engagements and, as we shall see in more detail, to intimate relations, is missed, experience of life lived shrinks, and life itself may seem to be near its end, accompanied by a frightening sense of the brevity of time lived.

The pathologically persistent dominance of primitive dissociation or splitting operations (that characterize the early stage of development) in the syndrome of identity diffusion characteristic of severe personality disorders leads not only to the threatening reactivation of dreaded bad experiences that have to be avoided or denied, but also to search for idealized ones that, in turn, cannot be reactivated fully because the reality of the experience of object relations does not ever totally fulfill that idealized world. All this reduces the possibility of integrating new experiences, and condemns the individual to repeatedly relive a subjectively unchanging world of dreaded and fleetingly idealized experiences. As a result, under such pathological circumstances, repetition compulsion condenses the sense of lived time;

new experiences cannot be integrated normally; traumatic situations are recreated that require constant attention to the immediate environment and do not permit new, gratifying experiences to build up a significant past. Repetition compulsion has many sources and functions: but one consequence relevant here is the implied denial of the passage of time: 'nothing has changed, the repetition indicates that time is frozen.' The duration of time shrinks, in contrast to what happens with the deepening of emotional relationships that characterizes normal identity (the depressive position). This shrinkage of time is even more accentuated in the case of patients with narcissistic personality disorders. Here, the devaluation of significant others as a defense against unconscious envy is reflected in the dismantling of internalized object relations. The pathological grandiose self is experienced in isolation, and self-esteem regulation is dependent on the external admiration from others, rather than on the security of an internalized world of significant object relations. The failure to develop significant object relations results in a chronically empty internal world, depleted of emotionally deep and meaningful experiences, that condenses, retrospectively, the experience of time: nothing memorable has happened in the past, except the ongoing efforts to shore up self-esteem and confirm the grandiosity of the self. The narcissistic patients will often find themselves 'waking up' at age 40, 50 or 60 with a desperate sense of years lost.

In contrast, integrated whole object relations permit the build-up of a lived past, the sense of duration of time lived expands, and a desired, imagined future extends it further. Internalized relations with loved and gratifying others determine the time-framed memories of interactions, real and fantasized, in contrast to the rigid and static memories of stereotyped others with whom no joint history was built up, and no duration of time invested in such interactional sequence is established. Guilt and reparation of past aggression, mourning the lost idealization of the past, the reinforcement of the sense of a good self by gratifying preconscious and unconscious relationships with significant others fill up life and time. Life, then, is experienced as intense and hopeful; the future holds the expectation for ongoing good experiences, all of which reinforces self-esteem, zestful optimism, and the affirmation of life.

Identity itself develops further in this context, as identity of childhood expands throughout adulthood with the internalization of identifications with significant parental objects at different stages of their life, so that a future can be projected in which one's identity is partially modeled upon the identity of an older generation of strongly invested parental figures and mentors. The acceptance of one's own past and the resolution of early oedipal and pre-oedipal conflicts permit identification with one's own children, so that the total life experience is enriched by a projected future and a reliving of an accepted past in its creative re-creation and modification with a younger generation. Identity, in short, simultaneously expands toward future and past, and that, in turn, enriches life experience in the sense of life lived intensively, while subjective time expands accordingly.

These developments are relevant for the psychology and pathology of the aging process. The expansion of identity implies the capacity for identification with past and future generations, their interests, struggles, and experiences, and provides a sense of continuity of life. In contrast, the failure of this process to form normal identity with its corresponding time dimension, together with a

sense of the shrinking of time in the aging process referred to before, may bring about an increased fear of death. Narcissistic personalities frequently experience, in later decades of life, a sense of not having lived sufficiently, that life has gone by without leaving traces of the past. The experiences of shrinkage of time, in these cases, may bring about an intense and growing fear of death, a sense of unfairness of the brevity of their life as they experience it. This fear is also related to infantile fears of abandonment and loneliness, and a deep feeling of the senselessness of life – which predominate when there is an absence of investment in love, work, ideals, children, and values. The functions of ideology, religion, art and culture as vehicles for creation of values, as well as of human communication and a sense of the continuity of humanity, cannot be internalized fully under circumstances of identity diffusion and the structural dominance of a pathological grandiose self. In contrast, investment in one's own lived history and in the history of those one is involved with, and the transcendence of this investment into a general sense of historical continuity provide a reinforcing context to the sense of living and of having lived a full life.

A particularly painful experience of 'lost time' may become part of the mourning process, both normal and pathological. Guilt feelings stirred up in the mourning process over not having fully lived the time that was available with the loved person who has been lost (a normal expression of the depressive position) is experienced with much more severity in pathological mourning. In narcissistic personalities this may take the form of a complete absence of normal mourning, a denial of guilt feelings that cannot be tolerated because of their potentially frightening intensity, or else the emergence of paranoid behavior reflecting the projection of intolerable guilt feelings.

Normal mourning, as Melanie Klein (1940) observed, always involves guilt feelings as an essential aspect of the activation and reworking of the depressive position. The death of a beloved person always illuminates, retrospectively, the infinite number of lost occasions and possibilities of expanding the intimate communication with the lost person, the time that could have been lived together and was not, the feelings of love that were not expressed, in short, the total value of that relationship that could not be actualized under the impact of daily routines not overshadowed by the awareness of death, of a final separation.

Rabbi Moshe Berger (personal communication) has stated that all loving relationships are finite, while their loss through death initiates an infinite absence, which only now illuminates all possible aspects and values of the relationship, in contrast to the necessarily limited awareness of them during the deceased loved person's life with us. Only the infinite absence permits us to become fully aware of all the implications, meanings and possibilities of a finite relationship. Such awareness heightens the regret and guilt over the 'waste' of objective time with the loved one and, under optimal circumstances, will induce, in the mourning person, a heightened subjective experience of the time lived with the lost love object. This process is often blocked in the case of narcissistic personalities, for whom the awareness of guilt, regret and dependency threatens to overwhelm the pathological grandiose self.

Hartocollis (2003) has described the regressive effects of timelessness induced by free association, and the counteracting effect of the precision, the consistency of

duration, and the regularity of the analytic sessions. The unconscious denial of the dependency on the analyst characteristic of narcissistic patients transforms the relationship with him into a static, self-indulging focus on internal processes, fantasies and wishes that are not linked to the time-generating mutuality of a changing object relation. This may not be perceived by the analyst over a period of time. Thus, the regressive effect of the method of free association is significantly increased in the treatment of narcissistic personalities: here the timelessness of analysis lends itself to express one specific aspect of narcissistic pathology. The invitation to free associate, with its explicit discouragement of 'prepared agendas' and related moves toward action, is often misinterpreted as an invitation to passivity that narcissistic patients unconsciously translate as a projection of all responsibility on the analyst, and a defiant expectation of gratification from him ... and his defeat.

The dominant pathology of the time experience of narcissistic personalities derives from the destruction of their internalized world of object relations, a result of the development of a pathological grandiose self that incorporates real and idealized representations of self and others. This leads to the devaluation of others who otherwise would generate envy, and the resulting lack of internalization of gratifying relationships with significant others brings about an impoverishment of the internal world, with its absence of time-bound meaningful interactions in depth. In replacement of such experiences, these patients experience the need for immediate gratification from external sources, be it admiration from others, triumph and success as recognized in the external world that confirms their narcissistic superiority, or, if none of these are available, an escape in depersonalized sexual relations, drugs, alcohol or other sources of immediate excitement (Kernberg, 1984, 1992).

This stark picture is modified by the fact that many narcissistic personalities do not suffer from such a total destruction of the world of internalized object relations, and are able, for example, to obtain both narcissistic gratification while making an important investment in relation to their children, onto whom they project their own narcissistic needs. A particular task, talent, or social function at which they excel may generate social recognition and gratification, but also provide them with an intrinsic pleasure derived from an investment in such an object. There are, however, cases where, even in the face of apparently well-preserved social functioning, the absence of investment in relations with others, and the resulting sense of internal emptiness are significant features. These cases are often well compensated as long as success at work, a profession, or other social endeavors provide them with adequate narcissistic gratification, but who suffer greatly with illness, retirement, loss of power or recognition. The sense of a lack of lived experiences, with the implicit shrinkage of the duration of time is an important aspect of their sense of emptiness and fear, an intuition of the waste of time.

In psychoanalytic treatment, narcissistic patients typically evince their defenses against dependency on the analyst by an unconscious devaluation of what they receive from him/her, thus warding off envy of the therapist they need. This process may bring about a stubborn resistance against change, as interpretations fall on sterile ground. Here there is an active, unconscious effort that 'nothing should happen', the direct expression of a self-destructive triumph over the

analyst, that reinforces the regressive effects of free association in them. It is as if time was standing still in the analysis, and patients typically complain at such points that nothing is helping them. This shrinkage of time, however, may correspond to a still deeper transference development, the unconscious desire that time does indeed stand still. One aspect of the function of the grandiose self is precisely the denial of the passage of time, the fantasy of eternal youth, and the very denial of death as an ultimate threat to their grandiosity. While the fantasy of eternal youth and the denial of death may be a universal manifestation of normal infantile narcissism, in the narcissistic personality it becomes grossly exaggerated, an aspect of the pathological grandiose self that interferes seriously with a realistic adaptation to the objective passage of time. All this reinforces the function of the unconscious destruction of time in the analytic relationship of such patients, the assertion of their invulnerability to the influence of the treatment, the defeat of the analyst's work as an expression of unconscious envy of him. The emptying out of the narcissistic patient's life experiences during analysis, in fantasy, becomes a triumph over the analyst's capacity to influence them. A. Green (2007) has pointed to the function of repetition compulsion, when it is employed as a form of 'murder of time', as an expression of the death drive. This certainly applies to some cases of narcissistic personalities.

One narcissistic patient, a successful businessman, entered psychoanalytic treatment, four sessions a week, because of the incapacity to commit himself to a satisfactory relationship with women. After a lengthy period of indecisiveness regarding marriage, he did marry a woman following a brief infatuation, that proved as dissatisfying and 'boring' as all other relationships. He presented himself as a shrewd and superior businessman, but was easily upset by minor slights or lack of consideration on the part of others, contemptuous of friends and family, particularly of the family of his wife. He was consistently surprised by the intense social life that his wife had with her family, while he felt only resentment and devaluation toward various members of his own family, including his parents. It struck him that he had great difficulty in remembering not only names, but also faces and the very existence of people whom he had met throughout his high school and college years, and later on during the time of travel abroad and vacations. He had a perfect memory for all aspects of his business, was an expert in a certain historical style of furniture, and could judge authenticity in origins and styles. He was superficially friendly – as long as he felt admired – and, although numerous business associates had attempted to establish a more personal relationship with him, he was unable to involve himself in anything beyond direct business negotiations. With a strong sense that his marital life was not satisfactory, he had attempted to establish relations with other women, but soon discovered in them limitations, became bored with them, and went on to the next. His only major symptom, other than a chronic degree of anxiety, was a fear of death and related hypochondriacal concerns, and anxious ruminations over his getting old without ever having lived. He had a clear sense that time had passed him by, that he had not really lived, that his death would mean having been cheated out of life before he had a chance to live it meaningfully.

His success as a major athlete in the past was related to his interest in sports but, once his own active participation was no longer possible, he devalued the

interest of the sports he had been involved with as well. He had described his mother as a dominant, overly anxious person, hypochondriacal, concerned over his, her only son's, health, but he had no memory of any interactions with her other than her controlling his appearance, eating patterns, behavior and health. Father, a rather unsuccessful businessman, was despised by my patient, and he saw the purpose of his own life in not letting himself be exploited and defeated as he felt his father had been in his business interventions.

In this patient's analysis, the development of a typical narcissistic resistance against involvement in the transference was expressed as a 'matter of fact' dominance of immediate, realistic concerns in this patient's life, with almost total absence of any phantasy material, and no reference to, nor curiosity about the analyst. He saw analysis as an opportunity to resolve his business-related preoccupations, and tended to dismiss the interpretations of the analyst as bookish and theoretical. At the same time, he always felt pressed for time, everything had to be resolved rapidly, and he resented the 'timelessness' of his sessions, namely, the analyst's patiently listening to free associations instead of indicating courses of action the patient might pursue. He distrusted the value of the analyst's comments as much as the importance of what might come to the patient's mind. Nothing was going on in his analysis, he proclaimed triumphantly, while rejecting most interventions of the analyst. And yet he seemed willing to come to sessions punctually without question. He reiterated his conviction that he had no feelings for the analyst: analysis was a special business dealing ...

Thus, fear over the emptiness of time not spent in business considerations or practical life situations coincided with the emptying out of meaningful interactions in his sessions: he was always in a hurry, and nothing seemed to happen in his emotional life. Gradually, focus on his hypochondriacal fear, and his fear of death began to uncover his dread over a lack of anything emotionally moving in his life, and eventually intense envy of the analyst as somebody he feared had a rich life experience.

In one session, after complaining at length that nothing was changing in his life, that he was still bored with his wife and dissatisfied with the lack of excitement in everyday experiences, he suddenly laughed and said that he had an image of me sitting puzzled in my chair, unable to help him, yet condemned to be sitting like that for an infinite number of hours. He went on to say that he, actually, was young enough to find new exciting experiences, while I was aging, and time was passing me by while I was stuck in a questionable profession. I pointed out to him that, in that fantasy, he remained eternally young with unlimited possibilities, while I, in addition to failing him, would be struck with old age, and with good reasons to envy his youth.

The patient became anxious, wondered whether I was angry at him, and, later in the session, realized that, in fact, he had felt angry in the past session because of a new book authored by me that he had discovered on my desk. I then pointed out that it became clearer why, at this point, the thought of lack of progress and waste of time in his analysis had not upset him ... Only after many months of this development, after working through his intense envy of the analyst, emerged wishes for an idealized relationship with a powerful father, forbidden because it contained wishes for a homosexual relation that he was

terribly afraid of. Eventually, the tolerance of his homosexual feelings brought back wishes for friendship in his early adolescence, and fears of being rejected by another boy whom he was deeply invested in. Now more lively memories of his past could be elicited in his associations. But, behind longing for a previously repressed, dependent relationship with a good father emerged his deep disappointment in mother, and distrust and hatred of women. He gradually became aware of a profound resentment of all women because he thought they were so self-sufficient and did not need anybody else, that it would be dangerous to look for other than a temporary sexual relation with them. The conflict around unconscious envy of the analyst now emerged as an expression of his hatred of mother, the deep distrust of depending on her, and the resentment of her power to soothe and to mistreat him. Now the unconscious triumph over me, by asserting my impotence to touch and to change him, could be explored in the hours. Only toward the end of the treatment did oedipal issues of competitiveness with me become prominent, a sense of triumph over me because he was significantly younger than me, and, in this context, an awareness of the fear of death as an expression of the projection of his unconscious rivalry wishes to eliminate me, and a sense of oedipal defeat.

In the context of these developments, this patient began to experience a profound regret for missed opportunities, friends whom he had rejected, women whom he had not been able to appreciate, and, above all, his neglect and devaluation of his wife's capacity for investment and love that had made him feel terribly envious and inferior. He now began to enjoy his daily life with her that he had taken for granted before, as well as relations with friends and family. He found new interests in travel with his wife, and lost the chronic sense of emptiness together with the fear of death as a confirmation of the uselessness of his life. He was no longer chronically rushing from one encounter to another, and could enjoy, for the first time, a contemplative attitude toward his wife and friends.

Another narcissistic patient, also in psychoanalytic treatment, four sessions a week, a man in his mid-20s with an extraordinary talent as a painter and as a specialist in the Spanish language, had spent years in both these fields, earning early recognition and applause, and stimulation to continue in one of these careers, but was unable to engage in the work required in order to progress technically nor to depend on other experts in order to develop his own technique at a more mature level. His envious resentment of those who would have been able to teach him made him devalue both areas of his expertise and, in the end, abandon them with resentment of those who were successful in them, and the painful awareness that he had not achieved anything nor obtained any gratification in areas of those talents in which he had invested more than 10 years of his life. He consulted because he felt uncertain what profession to select at that point, and, in fact, was working in a subordinate function in a field totally unrelated to his learning experiences. He deprecated his present work, but could not decide what else to do. He was depressed and neglectful of his appearance. Rather soon, in the treatment, he recognized a sense of superiority, of expectations to rise to the top without the effort of a long road ahead of him. Here a sense of destruction of time emerged at a point when he realized that the fantasy that he was going to be eternally young and promising, and

that, therefore, nothing was lost by avoiding the learning opportunities that would have required, as he saw it, a humiliating sense of not being perfect. The fantasy that he was young and had 'all the roads to the future' open to him broke down when confronted with the reality of the success of all those whom he had considered inferior to him, and who now were making creative changes in their lives. For a long time, his image of the analyst was one of a passive, 'resigned' mediocrity, who could only do the same thing all the time. The awareness that the analyst's interpretations reflected active, creative efforts to understand and to help the patient came as a serious blow; the fact that time advanced, was finite, and could be wasted and lost, was a painful new experience.

Still another narcissistic patient, in psychoanalytic psychotherapy, three sessions a week, a woman from an aristocratic European environment who only wished to get involved with leading members of that social group, devalued and dismissed all those lovers who were not part of that group. Now in her late 40s, she began to experience the wish to get married, and for the first time began to question the haughty way in which she had treated men, and her triumphant enjoyment of her seductive capacity without having been able to relate in depth to any of the men she was involved with. Her sense of an empty, wasted life triggered a severe depression that brought her to treatment. That sense reflected her successive abandonment of work and interests she had not been able to sustain because of the envy of those who were ahead of her, and the endless repetition of her disappointments in all the men she met – mostly narcissistic personalities whose perceived grandiosity had attracted her at first – and the lack of meaningful, ongoing relations in depth. She expressed very concretely her terror and sense of loss that she had become 40 years of age without having had a sense of really living that long: where had the time gone between a turbulent adolescence through 20 years of routine parties and social engagements?

The most severe cases in which destruction of time becomes dominant are those who almost willfully destroy their opportunities, and manage, eventually, to attach themselves to highly destructive partners, with whom they establish a sado-masochistic relationship that, in turn, tends to further reduce their possibilities and potential. Couples of this type may hold on to an eternal repetition of self-defeating fights and mutual accusations, thus neglecting the impoverishment of their life through this fixation to a destructive object. The absence of the sense of the passage of time may be expressed in the unrelenting fixation to a relationship in which the patient binds another person to himself or herself, in an unconscious need to maintain a fantasy relationship that, while destructive to both parties, replaces a real one, sometimes over many years without any real content or interaction. In some cases, what looks on the surface as being in love with an unavailable person turns out to be a disguised self-condemnation to loneliness and emptiness as time seems to collapse in the permanent uncertainty of their lives. Ruminating over months – and years! – over whether or not they should have engaged in a certain love relationship may dramatically obscure their awareness of the passage of time.

In the analysis of patients where the destruction of time is an expression of narcissistic denial of the reality of the passage of time and severely restricts the possibilities of life, unconsciously the patient may repeat the pattern of

destructiveness of object relations in the transference by maintaining himself in an analytic situation that, on the surface, is supposed to treat his difficulties, but that, unconsciously, is used to maintain the equilibrium of narcissistic emptiness and triumph over a parental figure, the analyst who is trying to help the patient get out of this bind. The unconscious use of the destruction of time as a triumph over the analyst while also expressing the fantasy of an available eternity of life to the narcissistic patient may, initially, escape the analyst's attention; the patient may, unconsciously, tease the analyst with apparent changes that prove their lack of substance throughout time. In the early stages of the analysis of such patients, what grabs one's attention is the superficiality of relations with significant others. The patient may describe the personality of people he is involved with in rather behavioral, even categorical fashion, but it is almost impossible for the analyst to get a real image of such other persons. This feature is, of course, quite typical for all narcissistic personalities, who have enormous difficulty in an assessment in depth and in the development of significant relationships with others, but here the degree of trivialization of the descriptions, and the endless repetition of the same content reaches a very high degree, so that it is as if the patient was relating to robots with repetitive behaviors that, for some strange reason, fascinate the patient.

Efforts to raise questions about this kind of information are typically met, not only with the patient's sense of puzzlement, fear of being criticized, and the need to defend the 'realistic' way in which he relates to others, but it opens up the transference analysis of similar developments with the analyst, who may be perceived as being interested in the patient for the analyst's own benefit or his wishes to be a successful therapist, but without any real interest in the patient. The lack of reflection of the patient outside the sessions on what is being discussed in the hours, is striking. Any active effort of the analyst to provide some degree of depth to the work acquires the characteristic of a 'first session,' as if the analysis is just starting at that point. This situation also reflects the patient's subjective timelessness in the hours, as if objective time spent in the hours is magically going to help him even if, in fact, nothing inside the patient really changes. These are also patients who, precisely because nothing is happening in the hours, easily get bored or even fall asleep, and, of course, use whatever information they have about 'active therapies' of one kind or another to demand a change in the analyst's approach. This feature of the transference may have a discouraging effect on the analyst: it is as if the analysis is starting all over again and again.

The destruction of time may take many forms. Some patients seem to 'learn' everything they hear from the analyst, associate to the interpretations in ways that may appear to be confirmatory of them, including the emergence of new, relevant material, conveying an emotional reception of what evolves in the session. But nothing evolves after the session. They maintain perfect memory of what was said, and of their reaction, but do not evince any further curiosity about it, so that, weeks later, the same material may be presented as if it were the first time in which it came up.

At times, the patient questions what had evolved during a particular session, but without sharing these questions with the analyst for quite some time. Other people with whom the patient shares what transpired in the session will disagree with the

analyst's observations. Or simple 'forgetting' occurs, particularly of central points focused upon in the sessions. There are patients who experience a depersonalization during the sessions, as if they were listening and reacting to issues involving somebody else, even being able to communicate this experience to the analyst without any change in it.

The lack of these patients' reflections on their thoughts and feelings, on the analyst's comments, and on their own incapacity to reflect on what they were helped to become aware of in the sessions are a consistent aspect of their relation to the analyst and his interpretations. They may become aware of intense envy of the analyst, and, while their envy becomes conscious, their efforts to neutralize it by a lack of response to the analyst's efforts to help them remains unconscious.

The analyst's countertransference may be the dominant instrument signaling an alarm reaction faced with the stagnation of the treatment. The patient's incapacity to depend on the analyst may gradually threaten to undermine his commitment to the patient. Aggression in the countertransference may be the only indication of massive projective identification of resentful rage of an envied parental object on the part of the patient. The subliminal expression of such countertransference reaction in interpretive comments may be triumphantly interpreted by the patient as the analyst's 'loss of patience', and therefore, the analyst's problem!

Lengthy stalemates may develop, with the analyst's oscillating internally between efforts to find new ways to deal with the stalemate in interpretive fashion, and the impulse to set limits to the time in which such a total lack of movement of the treatment should be tolerated. The question, whether the secondary gain of the defeat of the analyst's efforts reinforces the patient's commitment to the denial of the passage of time sufficiently to condemn the treatment to failure, may become an acute concern for the analyst. An internal rejection of the patient, reflecting a projective counter-identification with the patient's defensive denial of his needs for dependency may complicate the countertransference.

The solution to this complication is the analysis of the very unavailability to the patient of the analyst as a person, as somebody who thinks, reacts, reflects and is touched by what is going on in the sessions, and can be generalized to the same unavailability to the patient of everybody else. Very often what can be found at a deeper level is the unconscious identification of the patient with a parental object that treated the patient as an object without an internal life, so that the patient treats the analyst as he was treated by his parental object, and expects the analyst, of course, to treat him in the same way. If the analyst treats him very differently from the way he was treated in the past, a new world opens up that the patient may experience as painfully illustrating the contrary nature of the terrible deprivation from his past. The pain over a frustrating, empty, past childhood is very difficult for the patient to tolerate, and may stimulate envy of the analyst for not having been subjected to such a terrible past experience. To begin to depend on the analyst under such conditions may be experienced by the patient as a terribly humiliating defeat, and this reaction may induce regressive cycles of withdrawals and disrupted periods of dependency on the analyst.

Because psychoanalysis is such a long-term treatment, and these patients may be strangely satisfied by regularly coming to the sessions in spite of no discernible progress, all the while giving the appearance of freely associating to varying types of situations, feelings, and understandings, they may unconsciously gratify the analyst's wishes for a dependent relationship on the part of a patient who, apparently, makes no demands and has no expectations for change other than those sudden outbursts of interests in 'active treatments'. Not infrequently, after a period of time, the analyst may be tempted to move the treatment into a more supportive direction, thus, in turn, gratifying the patient's need to receive narcissistic gratification by this personal 'trainer'. After a period of time, the development of uneasiness and guilt feelings in the analyst over the growing awareness of an absence of progress may, in fact, paralyze him regarding any efforts to 'start all over again', that is, to risk the activation of a new 'first session', in which the unavailability of the patient to the analyst and of the analyst to the patient can be explored.

Naturally, the general 'safety measures' that serve to indicate whether or not the analysis is progressing may alert the analyst to what is happening, and help him face this extremely difficult situation. These measures include the question of what the patient does with the interpretations, how they affect the patient from one session to the next, what changes, if any, are occurring in the transference and in the countertransference. In this regard, the awareness and the analysis of chronic countertransference developments become relevant in these cases, where the analyst gradually discovers that nothing seems to be happening except the objective passage of time, without the patient being disturbed by this changeless passage of time.

It is important, faced with a patient where active destruction of time seems to be a significant expression of unconscious destructiveness and self-destructiveness, that the analyst tolerates an experience in himself of impatience in every session, while mustering a great degree of patience to deal with the situation over an extended period of time. This impatience within each session might be reflected in a consistent, active effort to deal with the patient's lack of deepening the present object relationship, and exploration of what it means in terms of transference and countertransference developments. Such impatience runs counter to a misunderstood overextension of the principle of analyzing 'without memory or desire', as Bion (1967) had formulated it in the past. That healthy principle of a neutral analytic attitude runs the risk of being co-opted here into the destructive developments of the transference. I believe that the psychoanalyst has a responsibility to attempt to help the patient, and this responsibility includes an optimal use of the time of each session, and is not to be considered a form of '*furor sanandis*'.

The destruction of time as an expression of the destruction of the internalized relations with significant others may find a dangerous collusion in an analytic approach in which the healthy aspects of the analyst's patience and the long-lasting nature of psychoanalytic treatment are contaminated by the unconscious identification of the analyst with a certain culture of psychoanalytic institutes to extend all educational and supervisory processes to the greatest length possible. The analytic culture in some institutes tolerates and fosters analyses of a duration extending beyond 10 or even 20 years, and discourages candidates from

'impatience' to graduate and become fully independent. Such cultures may reinforce the delay in diagnosing the narcissistic pathology in analytic treatment we are considering. This may lead to a quiet acceptance of an apparently endless analytic process in which there may be intense fireworks, but no real deepening of the emotional investments related by the patient and actualized in the transference/countertransference bind. An unconscious collusion between a narcissistic patient and the analyst regarding the 'timelessness' of analysis may be particularly dangerous under these circumstances. The destruction of time may, at times, be another expression of the syndrome of the 'dead mother' described by André Green (1993), the unconscious identification with and link to a severely depressed mother experienced as a dead one, that presents itself usually, however, in patients who look much more severely ill on the surface. Typically, in the patients discussed by André Green, the devaluing behavior, the manifest derogatory indifference, and the stubborn rejection of everything the analyst has to offer are quite evident from the beginning of treatment. In the case of narcissistic patients, to the contrary, a surface friendliness, a social easiness, an apparently much more successful social life and even an apparently intimate one may dominate, so that the destruction of time that goes with a deep unavailability of significant object relations may take time to come to the concerned attention of the analyst.

In conclusion, the destruction of time in narcissistic pathology may serve various functions: the expression of unconscious envy of the analyst, the denial of the unavailability of the grandiose self to any change, the simple consequence of the unconscious destruction of internalized object relations that would fill objective time with meaning, and whose absence shrinks subjective time and condemns the patient to the experience of an empty life.

Translations of summary

Die Zerstörung der Zeit im pathologischen Narzissmus. Dieser Beitrag beschreibt die Charakteristika der subjektiven (im Gegensatz zur objektiven) Zeit mit besonderem Bezug auf eine spezifische Form des pathologischen Zeiterlebens und der Beziehung zum Fortgang der Zeit bei Patienten mit narzisstischer Persönlichkeit, die sich in psychoanalytischer Behandlung befinden. Die klinischen Manifestationen dieses pathologischen Zeiterlebens und seine technische Handhabung werden im Kontext einer illustrativen klinischen Vignette erläutert.

La destrucción del tiempo en el narcisismo patológico. Este artículo describe las características del tiempo subjetivo (en contraste con el tiempo objetivo), con particular referencia a una forma específica de experiencia patológica y en relación al paso del tiempo en pacientes con personalidad narcisista que están sometidos a tratamiento psicoanalítico. Las manifestaciones clínicas y el enfoque técnico a esta patología de la experiencia del tiempo están delineados en el contexto de viñetas clínicas ilustrativas.

La destruction du temps dans le narcissisme pathologique. Cet article décrit les caractéristiques du temps subjectif (en opposition avec le temps objectif), avec une mention particulière pour une forme spécifique de vécu et de relation au temps qui passe pathologiques chez les patients de personnalité narcissique en cours de traitement psychanalytique. Les manifestations cliniques et l'approche technique de cette pathologie du vécu temporel sont soulignées à l'aide de vignettes cliniques explicatives.

La distruzione del tempo nel narcisismo patologico. Questo articolo descrive le caratteristiche del tempo soggettivo (che si oppone a quello oggettivo), con particolare riferimento a una forma specifica di percepire lo scorrere del tempo, e il rapportarsi ad esso in modo patologico. Tale forma viene riscontrata in pazienti con personalità narcisistica che affrontano un trattamento psicoanalitico. Le manifestazioni cliniche e l'approccio tecnico a questa modalità patologica di sperimentare il tempo vengono tracciate nel contesto di casi clinici illustrativi.

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