

Narcissistic Adolescents' Object Relations

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This article describes how narcissistic adolescent's needs for admiration and fusion are driven by primitive fears of annihilation and dependency. Freudian, British object relations, and interpersonal views of extreme adolescent narcissism are compared, and a case vignette is presented to emphasize the importance of an active analytic engagement with narcissistic adolescent patients.

These adolescents unknowingly fear and seek being held in awe in the analytic relationship. Family psychopathology perpetuates the narcissistic adolescent's defensive reliance on grandiosity, entitlement, and the addiction to being admired. In contrast to the less disturbed adolescent, the severely disturbed narcissistic adolescent uses the admirer to sustain grandiosity and to maintain body image cohesion and ego integrity.

I threw a plate into the street, and was overjoyed to see it go to bits so merrily. ... My neighbors continued to signify their approval and I was delighted to have amused them. ...

—Sigmund Freud, quoting Goethe

The ubiquitous desire for attention readily finds its way into becoming a mainstay of the narcissistic adolescent's character organization. Out of the richness of narcissistic phenomena, the youth with this type of character trend broadens the recurring wish for admiration into a dominant, fixed defensive process. This article examines narcissistic adolescents' compulsive quest for admiration and merger, which is driven by their need to ward off primitive fears of dependency and annihilation. My main objective is to describe narcissistic adolescents' efforts to compel the analyst into a transference object relationship in which the patient fears

and seeks being held in awe. Another primary aim is to contrast Freudian, British object relations, and interpersonal views of narcissistic youths' intransigent self-involvement and their dread of their internalized attachments. The approach I have chosen to this subject entails a case presentation that I use to illustrate these patients' object relations and character traits. As a part of this exploration, I also emphasize that family processes strengthen the narcissistic adolescent's compensatory reliance on admiration and grandiosity. In the latter part of this article, I briefly refer to Masud Khan's (1972) ideas about narcissistic affects and to Harry Stack Sullivan's (1953) concept of participant-observation as the basis for a therapeutic approach with narcissistic adolescent patients. Analytic work with narcissistic adolescents requires an active, although not exclusively interpretative, engagement that focuses on the clinical inquiry and the therapeutic interaction.

INTRODUCTION

The Freudian, interpersonal, and object relations theories of metapsychology have concentrated on different concepts to account for narcissistic adolescents' need for fusion with an admiring object. Theorists from each psychoanalytic orientation have noted these patients' insouciant self-centeredness, their projection of their demandingness, and their mercurial anger at their admirers' unavailability. For the extremely narcissistic youth, exploitative contact with an admirer becomes a driven compulsion that masks deflated grandiosity and low self-esteem. When the absence of an admirer is most deeply felt by adolescents with severe narcissistic trends, denied feelings of worthlessness and emptiness bring forth their underlying melancholic anxieties. For these adolescents, the feeling of being momentarily recognized and admired assuages their brittle self-esteem, which has been eroded by family psychopathology. Such narcissistic preoccupations have been categorized as the result of the adolescent's libidinal fixation with the body (Freud, 1914), extreme orality and a pathological self-structure (Kernberg, 1975), the outcome of efforts to preserve the grandiose self (Kohut, 1971), and the manifestations of a narcissistic, phallic exhibitionism (Reich, 1933).

The parents of narcissistic adolescents often behave as though their teenager's individuation represents a narcissistic insult. The internalization of humiliation and disdainful family interactions deepens the narcissistic adolescent's defensive reliance on grandiosity and entitlement. Due to both their family's rejections, and their own fragile self-esteem, these adolescents' needs for recognition and attention are gradually transformed into an all-consuming preoccupation with admiration. As these adolescents remain entangled in the pathological family process, they grow more dependent on friends and romantic partners to satisfy their need to be recognized and held in awe. The parents of adolescents who have narcissistic character disorders have been found to exhibit failures in self-esteem regulation, to

expect perfection, and to use their adolescents to preserve their own psychic structure (Berkowitz, Shapiro, Zinner, & Shapiro, 1974). By their incessant need to be the center of attention, such parents unwittingly tip the scale of the adolescent's narcissistic balance in favor of a falsely inflated self-image that is incompatible with realistic aspirations (Blos, 1979; Egan & Kernberg, 1984). Kohut's (1971, 1972) work schematized narcissistic parents' inability to facilitate idealizations and their reluctance to permit any discovery of their own shortcomings. Narcissistic adolescents' character consolidation occurs against the background of this type of family pathology.

Freudian Views of Narcissistic Character Trends

Freud's luminous work first recorded narcissistic adolescents' primary reliance on admiration to fuel their defensive self-aggrandizement. In Freud's (1914) essay on narcissism, he wrote that people with this type of personality were characterized by a self-infatuation that supported the withdrawal of libido from external objects. He conceived of their consequent erotic fixation and their character pathology as rendering them unsuitable for analytic treatment. Freud posited a stage of primary narcissism before the establishment of object relations. In his view, normal adolescent narcissism represents a stage of increased autoerotism and a decathexis of the infantile love objects. Extreme, or pathological, narcissism is incompatible with mature object relations. The ego ideal becomes the adolescent's replacement for the shattered illusion of omnipotence and the lost narcissism of childhood. Mature erotic love erases the vestiges of adolescent narcissistic attachments by transferring narcissism onto the object. In contemporary Freudian theory, pathogenic elements of oedipal and preoedipal conflict are said to be reactivated by the demands of late adolescence. Furthermore, the character changes of late adolescence have been depicted as taking form with the final alliance of the id, ego, and superego, in which the Oedipus complex is resolved. With the final structuring of the personality during late adolescence, passive, dependent demands on the object are revived. During this period of heightened adolescent narcissism, oedipal strivings may serve as a defense against narcissistic injuries (Grunberger, 1971). In his amplification of Freudian libido theory, Erikson (1956) noted that middle and late adolescents' self-esteem maintenance was part of the process of the formation of the ego identity. The intense wish to be the constant center of attention was determined, by Erikson, to be an example of regression in the service of "as if" identities. In addition to Erikson, several other Freudian ego psychologists have thematically paired the characterological outcome of late adolescence with self-esteem disturbances.

Hartmann's (1958) concept of the neutralization of sexual and aggressive drives contained a view of narcissistic development that extended Freud's theory. According to Hartmann (1958), narcissistic character trends resulted from a cathexis of

self-representations in which there was a greater libidinal investment of self-images. Heightened narcissism amounted to a libidinal cathexis of the self. Although Hartmann's reworking of structural theory did not emphasize narcissism in adolescence, Jacobson (1964) did stress adolescents' shifts in narcissism as a result of their adjustments to castration anxiety. Jacobson assigned both defensive functioning in the face of trauma, and self-esteem maintenance, to the superego. Her work on early idealization and the ego ideal predated Kohut's ideas about the existence of an independent line of narcissistic development. Blos (1962, 1979) argued that, for male patients, narcissistic character disorders were best understood as a pathology of prolonged adolescent overvaluation of the mind and the body. His theoretical position has come the closest to an object relations perspective. Yet, in the aftermath of Erikson's, Hartmann's, and Jacobson's modifications of Freudian drive theory, threats to adolescents' self-esteem have been understood more in terms of structural problems and instinctual danger than in terms of either internalized object relations or family processes. Additional Freudian investigations of narcissistic adolescents' intrapsychic conflicts have been provided by Bleiberg (1987), Chavis (1990), Settlage (1977), and Spruiell (1975).

Relational and Interpersonal Theories of Narcissistic Character Trends

From Klein (1935/1964) and Fairbairn's (1952) points of view, narcissistic adolescents were unduly embroiled in struggles with both depressive anxiety and schizoid-paranoid dynamics. In Kleinian theory, pathological narcissism reflected a retreat from inner annihilation and the envious spoiling of the breast. Prior to Klein's work, Freud's ideas about intense feelings of envy had led to his hypothesis that envy was dynamically interwoven with paranoia and conflicts about sexual object choice. Reich (1933) elaborated a classical Freudian approach to narcissistic character traits that had some bearing on contemporary views of internal object relationships in narcissistic character trends. Reich claimed that a narcissistic barrier, which was inherent in neurotic defenses, increases all resistances to the psychoanalytic process. He suggested that the analyst, as a transference figure, is always experienced as the enemy of patients' self-esteem.

This notion of a narcissistic component to resistance paralleled Sullivan's (1953, 1956) emphasis on failures in empathy as the stimulus for both the developmental transmission of anxiety and the destructive increase in patients' anxiety during psychotherapy. An active analytic presence with adolescent patients, which included the importance of developing an inquiry, was implicit in Sullivan's model of participant observation. Interpersonal analysts have preferred this concept of participant observation to either the therapeutic alliance, or the working alliance (Chrzanowski, 1979; Hirsch & Aron, 1991). Narcissistic character traits were

sketched, in Sullivan's systemic understanding of damaged self-esteem, as predominately preadolescent, egocentric expectations of unlimited service. Fromm-Reichman's (1959) accounting of adolescents' loneliness provided another interpersonal explanation for their heightened narcissism.

Both Horney and Fromm linked narcissism to a sterile, neurotic character orientation which made little allowance for relatedness and productivity. Horney (1939, 1951) offered a thoughtful critique of Freud's theory of narcissism which was remarkably similar to Kohut's later views of narcissistic development. For Horney (as well as Sullivan and Fromm), narcissism was a very salient feature of neurosis, in that the neurotic child substitutes admiration and an inflated self-importance for love and emotional security. Fromm (1973) maintained that the narcissist combines the receptive character's longings for a magical incorporated object, with the marketing character's disregard for his or her inner qualities. According to both Fromm and Horney, relinquishing narcissism required the dissolution of incestuous childhood ties that provided security. The neurotic's identification with the dictatorial demands of an unrealistic, idealized self-image accounted for narcissistic vulnerability to depression and volatile self-esteem.

Kohut (1971, 1972) believed that traumatic deflations of the young child's omnipotence and grandiosity result in fixations with the grandiose self and the idealized parental image. Such deprived adolescents were designated, by Kohut, as being "mirror hungry," because during adolescence they craved the mirroring they missed in early childhood. Winnicott (1971) similarly viewed the child's damaged self-esteem as an outcome of developmental failures in the use of the mother's face, as a precursor of the mirror. Unlike Horney and Sullivan, Kohut postulated a vertical split in these adolescent's personalities, which explained their vacillation between grandiosity and diminished self-esteem. Kohut's outline of development departed from Freudian developmental theory, and his self psychological clinical theory differed from Freud's approach by its emphasis on analyzing resistances to the narcissistic transferences. A character organization that is based on self-inflation, exhibitionism, and exploitation has also been described by neo-Freudian interpersonal theorists as the outgrowth of excessive neurotic insecurity and dependency (Horney, 1937, 1951). In interpersonal theory, narcissism has been portrayed not as a distinct character type, but as the core problem of damaged self-esteem in all neurotic character organization (Barnett, 1980). The patient whom I now discuss displayed many of these characterological tendencies along with an intense dread of both early object relationships and adolescent mourning.

CASE ILLUSTRATION

I refer to a particular session that occurred during the beginning period of my work with a 17-year-old boy. The session exemplified typically adolescent issues in the

midst of an emerging narcissistic character organization. It documented the patient's struggle with deficits in his body image, his underlying shame, and his fragile sense of identity. My discussion of the session stresses that this boy's impelling need for admiration and his incipient grandiosity were expressions of both his ongoing experience in the family, and his primitive anxieties in relation to internalized objects.

The patient, whom I call Sam, displayed the consummate self-absorption and other characteristics of adolescents who have narcissistic character disorders, such as excessive variability in self-esteem, a confused self-image, and a chronic need for admiration of physical and mental attributes. Despite these traits, he did not cultivate either serious antisocial tendencies or an imperious sense of entitlement and contempt for others. The tendency to demand special treatment was present in nascent form in Sam's interactions. Nevertheless, he had ethical values and ideals, and his relationships hinted at considerable empathy. Sam lacked the marked exploitativeness and insensitivity that are diagnostic indications of pathological narcissism in youngsters who demean other people by compelling them to serve as a gratifying audience.

Presenting Complaints

Sam asked to begin treatment in his third year of high school because of his deteriorating relationship with his parents and his use of alcohol. He was an intelligent, articulate boy whose reported inability to tolerate any criticism and need for constant attention suggested narcissistic personality features. In the first interview, Sam told me of his increasing worry about his previously sporadic alcohol use. His drinking was fast becoming a more frequent habit that paralleled his growing addiction to love objects. Left to his own devices, Sam's social successes and academic achievements proved insufficient to protect him from depressive self-devaluation and emptiness. Sam was a highly productive, well-organized person despite his affective lability and fragile self-esteem. He maintained an A average in high school, led an active social life, and worked at a part-time job on weekends. Sam lived with his compassionate, depressed mother, his highly narcissistic father, and his three younger siblings. Although adolescents commonly undergo fluctuations in self-esteem, Sam's self-esteem varied dramatically according to the attentiveness of his friends. He was overly sensitive to shifts in his friends' moods and availability. Too often, he exhausted himself socially due to his inability to retain the mental image and the feeling of enjoyment of others' company. His sexual life reflected adolescent doubts about his sexual capability superimposed upon a strong need for symbiotic closeness with his female friends. Sam unconsciously viewed sexual contact through the prism of fusion, annihilation anxiety, and the terror of an infantile reliance on his girlfriend. Despite his high intelligence

and his capacity for self-reflection, Sam lacked insight into his degree of dependence and his counterphobic sexual longings. Although Sam could be gregarious and charming, his solitary depressive moods occasionally resonated with self-hatred, couched in suicidal ideation. Hysterical components were also apparent, such as self-dramatization and the impulsive discharge of tension filled moments of an affective overload.

Clinical Material

During one particular session, this patient's depressive anxiety and manic posture emerged clearly in relation to his staggering need for approval and admiration. Taken as a whole, the themes of the session pointed to the repressed anxiety, and the rich complexity of Sam's character traits, near the final stage of his adolescent development. The excerpts from the session, which are listed next, detail Sam's experience at a party with his girlfriend, and they include several of my interventions. My interventions in the session alternated between listening, asking questions which helped Sam focus his feelings, and analyzing my reactions to his pleas for responsiveness.

Then just some time along the night there were a couple of competitions. You know like she was still playing tough. I couldn't have her that way. Like she would act like she didn't care. And rather than me, almost like treating me a little like shit. Rather than me treating, you know like kissing up to her. I would kind of act the same way. So we kind of ignored each other. We play that game with each other, which kind of got out of hand. But there were things that got her mad like, you know what I mean? Before, everything was great, everything was great. Like everyone knew me and I knew everybody. So she was impressed by that because everybody kept saying hello. A girl came running up to me, gave me like two kisses on the cheek, you know, everybody was really in a happy mood.

The thing that kind of might have ruined it was when I went to the bathroom. You know I washed my hands, I took a piece of paper, I dropped the piece of paper, then when I went to pick it up I banged my head on the sink. And, I got a pretty big gash in my head. I mean I still have it. I don't know if you want to see it. But it's pretty big. It's like about two, three inches. And you know I needed stitches but when I hit my head I didn't think it was that bad. I didn't think it was that bad at all. I just thought it was, I mean I got the gash because I hit a sharp object. And you know, the first thing I said to myself is like I'm not going to let anything ruin ... the night. And I was worried about my hair. Like I didn't care about the cut. I hung out for like five-ten minutes and it stopped bleeding.

And then I just kind of looked at a friend who asked “What’s the matter? What’s the matter?” So I told him, but I whispered it. And then Liz was kind of curious about what’s going on, so I told her anyway. . . . And I was like, it didn’t bother me at all, the cut. I handled it. And it wasn’t that painful, I mean it hurt in a little way. She worried more about it than I did, so that was kind of getting me annoyed.

Like I said, it kind of threw everything off track. Kind of ruined it just a little bit. And you know she was worried and everybody else was kind of worried. I wasn’t. I was the only person that really wasn’t worried.

Even though we could have pursued Sam’s idealized self image, his distancing and his potential perception of me as being disinterested and neglectful, I asked him what was it about Liz’s concern that got him annoyed.

She was too concerned. You know. Rather than having fun she was more concerned about my cut than me. You know I really didn’t, I didn’t want to deal with the cut until tomorrow. The least she could have done was not to have told me that I was just trying to be brave. I’m not trying to be brave, I just didn’t want to think about it. I mean what are we doing to do? Go to the hospital and ruin the night? I mean the night’s here we might as well not think about it until tomorrow.

Later in the session, I asked Sam to describe his feelings about himself, in relation to Liz.

Well, I was disappointed for not getting the attention I wanted. Sometimes we talked about it . . . I’m aware that sometimes I want so much love because it’s this emptiness. Because I was always ignored when I was little, as far as the love from my parents went. There’s this emptiness inside me that no matter how much I’m going to love somebody, it almost seems that my love is never fulfilled. I have to realize that. But at the same time, I think that what’s really going to help is that if I see Liz or whoever, I have to realize that when I hang out with . . . because I was reading something about the way lovers should be, and it should be being aware of each other’s parts, but never holding them. Never giving it away to the other person. Being yourself first. Learning how to get along with the other person at the same time. In other words, never giving yourself away to the other person. Always holding yourself back . . . I kind of realize that. You know like me and Liz were getting really close after the party. I almost sensed that closeness. The first thing I said to myself is the fact that we had that experience brought us closer. It wasn’t so much that we spent so much time together. It was an intense moment. Then I was saying to myself, maybe I don’t need her that much. We

had an argument that Saturday and she came over with a friend and I was ignoring her. I was drunk, you know I was drunk that whole weekend, and I felt bad about myself. Cause I worked out so hard, I felt like I looked so small. That's the other thing, that's a big part that bothered me this week.

I just feel that I'm a lot skinnier and smaller than people think I am, because I'm always wearing baggy clothes. I'm always trying to make myself look big. I'm afraid they're not going to get what they really want to expect. If I see somebody and they got a scar on their face, right away that to me says. You know it kind of turns me off a little bit when that person says, oooo, that's disgusting. And although, that person might be your friend, that scar has an effect on you, just a little bit. So I feel like if my arms are too skinny or my legs are too skinny and I feel like a wimp, it's going to deplete the relationship. They won't think of me as much. So it's like me losing the value of myself.

After some additional material, Sam returned to his feelings about his body and his feelings about being seen undressed. By that point, it seemed that his need for admiration had fused with both his wish to satisfy me as his distracted mother, and his need for vigilance against his father's hostile intrusiveness.

In my fantasies ... I thought I was going to be the biggest guy on the beach. A hunk, every girl's dream. And between relationships I wanted to do that. I want to have this great body so the girls aren't disappointed. So like for myself I want to look great, but at the same time I don't want to disappoint them. I always feel like I'm a pleaser to the girls. Like if I have sexual intercourse with somebody, I feel like I have to please the girl first before I can please myself. I'm a satisfier, not a self-satisfier. I'm afraid that she's not going to be satisfied with my body.

There's a theory I've been thinking about the whole week. I'm saying to myself, two people think like me. And I've been having a hard time judging myself, looking in the mirror. Looking at my body and I'm not satisfied with it so nobody else can be satisfied with it. But I don't know, I'm saying two people think like me. Well I can look at my friend and think well, he's pretty big, look at him. Then I look at him and go, he's tiny. So people do have the judgement of a person, if he's small or not. That's what I'm afraid of.

My response was to ask Sam for his thoughts about feeling small and weak. His acknowledgment that this feeling had been a highly defended aspect of his self image led to further depressive feelings.

So I'm judging myself in a very negative way. I'm trying to figure out how that has an effect on people. I think it has a lot to do with the bad feelings

that I have about myself. You know all the bad things I experienced. I feel like shit, like there is something wrong with me.

This summer there's so much pressure on the way I look. Because we're spending so much time outside. You know right away there's an almost instant reminder, the fact that I look worse as soon as I get a little sun. It almost had an instant relationship to all the bad feelings I had with the beach. I remember one thing, I use to go there a lot. I used to try to sun bathe. And I'd look at myself and think ... Oh, man my face looks so ugly. You know I hated that. And that brings back all the bad things, that fight I had with Liz. So the beach, or anything outside, sunbathing, whatever has me being disappointed in myself. It's me being disappointed in myself. It brings back all these memories. It brings back all these memories, and I'm also afraid of the memories it's going to create for people right now. Like as far as Liz and her being disappointed with the way I look.

There's a real loneliness about it. I don't want to socialize, I have a hard time ... I drank Friday. It has an effect on me the next day because I drank. So then, I feel like if I drank the next day, I really don't have that much to say. I'm isolated and everything in my head is blocked. So, I figured I'd get back into it just by drinking.

At that point there was silence. After several shifts in his associations and changes of the subject, Sam later spoke of his slightly improved relationship with his mother.

As the treatment progressed beyond this session, Sam increasingly felt the impact of his unconscious dialogue with preoccupied admirers who failed to treat him as an object of devotion. My discussion of this session stresses Sam's wish for admiration in the transference, and it offers Freudian, interpersonal, and object relations approaches to organizing the clinical material. Each model has much to offer our understanding of this kind of patient's emotional life.

DISCUSSION

Early in this session, my questions underscored Sam's defensive anger and his lack of insight into his persecutory affects and arrogant demandingness. My more directive questions linked his alcohol use with his vulnerability to lapses in self-esteem and his panic about identity loss. Although Sam had initially made little assessment of either his drinking or his flight from depression, he came to connect his alcohol use with his anger and his anxiety about feeling flawed and unlovable. Even though my questions did not directly challenge Sam's talking, as a resistance they aimed to help him experience his affective states and to trace the unconscious motives for his defensive strategies.

Several times in the session, Sam referred to a minor physical injury as a metaphor for psychic injury, somatic preoccupations, and anxiety about disintegra-

tion. By his own account, Sam's body image had become a depository for feelings of worthlessness and compensatory grandiosity. Sam's vacillating feelings about his body, which were poured out in other sessions, evoked memories of feelings of envy and disruptions of admiration for his body self. He eventually recognized a fear of being seen naked, which surpassed castration anxiety. This fear combined an early, anxiety-filled wish for parental admiration of his body and developmental interferences with body image consolidation (Greenacre, 1958). Sam's poorly articulated fantasy about suicide conveyed his hatred of his own neediness as well as his frustration at his failure to excite attention and admiration. His complaints about his girlfriend broached his feelings of deprivation and betrayal, as well as his perception of himself as a victimized hero. Sam's oedipal feelings were not always well organized, but his relationships with women were largely governed by the expectation of humiliation. Although I did not interpret it at the time, it seemed that Sam utilized the session to express his internalized anger and his transference wish to feel deeply acknowledged. Such wishes were threatening, not only because of the late adolescent's defenses against dependency needs and desires for nurturance, but also because of their evocation of homosexual anxieties in relation to the negative oedipal father. Sam's statements about his disappointment in his girlfriend contained a transference reference to the limitations of my ability to admire him, and to protect him from instances of inner disorganization. Many of Sam's interactions with his friends, and much of the unconscious communication in the sessions, expressed the hurt and rage of this renewed search for a failed inner relationship.

In a study of the family experience of suicidal adolescents with narcissistic character features, Shapiro and Freedman (1985) reported similar characterological problems and family dynamic issues. Insufficient maternal involvement with their infantile bodies led, during latency, to these youngsters' feelings of hopelessness and fantasies of self-sufficiency. Following the stresses and dependency conflicts of puberty, their envy of others, and hatred at never having been special, came closer to consciousness. My principal contention about narcissistic adolescents' families has been that parental narcissism perpetuates projective processes that express devaluation and humiliation. Feelings of rage, shame, and emptiness are strikingly significant in their reactivation of these adolescent's dissociated anxieties. Such feelings evoke the desperation of early abandonments, which shapes suicidal despair. Ongoing family interactions reinforce, throughout adolescence, narcissistic defenses against the damaged self-esteem and the primitive anxieties that underlie the emergent character organization.

Transference—Countertransference

At the onset of Sam's treatment, I had indicated that it was necessary for him to experience the mourning and depressive moods which were implicit in his feelings

of emptiness. Sam's outbursts of temper and demandingness typically were externalized and projected. Sam tried to merge with others, however, when they provided him with consistent approval and admiration. Prior to the session just described, Sam's rage at his mother had gradually come to light as a much earlier issue than his resentment of his father's bullying. Sam's transferential desperation stemmed from an unsatisfied preoedipal need to be fully recognized and defined by his parents' responses. Freud first described such a fixation as a narcissistic enslavement to the object, which could be projected onto an audience.

At the beginning of our work, Sam's dread of dependency and humiliation had been displaced onto a fear of what he perceived to be my power over him. Sam felt terrified that I would either humiliate and destroy him, or surreptitiously force him to dismiss his feelings of anger and his perceptions of his family. On the surface, his fear of my illusory power filled him with a foreboding that masked his terror of helplessness and dependency. The wish for admiration and fusion beneath this fear was repeatedly played out in Sam's relationships, as well as in the transference-countertransference exchanges. Sam gradually became aware of the extent of his self-devaluation and self-contempt, as I alternately became his preoccupied mother and his demanding father in the transference. Sam's dissociated wishes for attention and admiration acquired more specific meanings as they occurred in our interaction. His inevitable disappointments in me enriched his capacity to tolerate disappointments in himself and others without devaluation and shame or the need for constant admiration.

At a point in one of the following sessions, I asked Sam to consider if his hatred of his mother might have been the result of both his unacknowledged dependency needs, and his fear that he could be invaded and robbed of his perceptions. I had wondered earlier whether the young child Sam might have merged with his mother out of disappointment, as well as fear of his own oedipal hatred and his aversion to his father. Despite his dependency leanings and his search for comfort and admiration, Sam's greatest fear was of an utter dependency on a lethal, intrusive, internalized parent, who would be unresponsive and unavailable to him as an auxiliary ego.

One aspect of my countertransference was initially surprising. At first, it was puzzling that I was envious of Sam's charm and the reported glory of his social successes. It was unsettling for me to realize that I felt competitive with Sam for the attentions of his female admirers. Sam's envy interfered with the duration and the intensity of his attachments. His apparent fear of my envy and competitiveness contributed to his uncertainty about my capacity to withstand his mistrust without deliberate retaliations. He both envied and felt relieved by my efforts, and by his girlfriend's attempts, to resist his demands for a perfect attentiveness. From an object relations perspective, my envy and jealousy of Sam made sense as an expression of my depressive response to his depressive position and his paranoid-schizoid conflicts. On an interpersonal level, Sam initially retreated from

emotional contact with me in his pursuit of perfection, but not to the extent of the unmitigated narcissist. My competitive feelings reflected an originally unrecognized identification with Sam's father's hostility and his hyperbolic role in the family transactions. Sam's difficulty in admiring either his father or me added to his problems with integrating stable, positive self-images. Denigrations and competitive taunts were frequently used by Sam's father as weapons to subvert Sam's efforts to individuate and to negotiate a *détente* with his mother. Sam had memories of being enticed by his father into a mutual admiration that was abruptly and unpredictably replaced by commonplace humiliations. Sam's need to excite admiration, and the transference-countertransference exchanges of envy in the sessions, both illustrated Sullivan's view of participant-observation as continuous processes of mutual influence. These exacerbations of envy likewise suggested Klein's hypothesis about the dynamic tie of envy to primitive anxiety during the paranoid-schizoid position.

As I have noted, Sam's character traits slanted his misperceptions of interpersonal interactions as much as they organized his sexual and aggressive conflicts. His narcissistic features also consisted of well-practiced, unconscious responses to the destructiveness of the past and present family psychopathology. His character trends were simultaneously composed of characteristic defensive maneuvers against the dreaded experience of annihilation, abandonment, and humiliation.

CASE SUMMARY

By the time of the session just described, Sam's depressive tendencies and self-esteem problems had come to acquire the beginning status of narcissistic character traits. These traits reflected the underlying affective states and longstanding relational configurations I have described. Thus, Sam's demandingness, his hypersensitivity, and his lapses in self-esteem all reiterated the legacy of his internal object ties and the continuing family process. Sam's episodic bouts of drinking were related dynamically to his defensive denial of mourning and his depressive moods. They kept at bay his painful feelings of loss, and his disappointment in himself, whenever he began to feel the effects of an admirer's absence. Sam struggled to overcome his identifications with his mother's self-devaluation and his father's humiliating attacks. Nevertheless, the strength of Sam's identifications with his father's bluster, and his mother's hopelessness, added to his frenetic retreat from the fear of humiliation and dependency. His incipient grandiosity similarly defended him against the threat of being humiliated and annihilated.

Because of Sam's hysterical components, he vacillated during dysphoric moods, between private states of dispassionate gloom and public displays of self-dramatization. Sam's developing sense of entitlement stemmed from multi-determined feelings of inadequacy that were frequently reinforced by his father's disapproval

and his mother's unresponsiveness. As a result of Sam's desperate longings for attention and his impulsivity, his behavior elicited responses from people that were akin to his mother's withdrawal and his father's hostile intrusiveness. All of these difficulties galvanized the ferocious intensity of Sam's need for attention. His transactions with the interpersonal world, and the world of inner objects, were mediated by a narcissistic, albeit hysterical, character organization.

Sam's rudimentary progress in treatment was suggested during this session by his spontaneously identifying his depressive moods and his exhibitionistic tendencies with memories of feeling isolated and abandoned in the family. Sam began to internalize the analytic process of empathic inquiry, and to find his petulant exhibitions of narcissistic pique increasingly dystonic. Near the end of the session, Sam started to discuss ephemeral periods of calm that had previously eluded him. During moments in subsequent sessions when I felt less competitive, Sam began to allow himself to feel dependent and to experience the nucleus of a peaceful self-containment. He eventually began to tolerate silence and feelings of loneliness in the transference. In keeping with instances of his newfound inner harmony during a phase of treatment that lasted about two years, Sam experienced less reactivity and less manic pressure to be constantly engaging. As Sam achieved greater self-other differentiation, there was less of an addiction to the pursuit of admiration and greater mutuality in his relationships. Sam succeeded with aplomb in using the therapeutic process to deal with his underlying depressive trends, and to achieve a more clearly defined identity and self-representation. This concise case presentation has drawn attention to characterological factors that contributed to a protean narcissistic vulnerability.

Further Relevant Literature

Freud first singled out both the attention-seeking aspects of children's drives and the instability of the narcissist's grandiose fantasies. On the basis of Anna Freud's (1937) work with defensive processes, the importance of the narcissist's identification with the humilator has been emphasized as a characterological defense against the fear of humiliation (Adler, 1986; Rothstein, 1984). From a Freudian perspective, Settlage (1977) also documented narcissistic adolescents' transference manifestations of abandonment anxiety and plummeting self-esteem, which, he felt, were the aftereffects of an infantile rapprochement crisis. My overall understanding of treatment issues with narcissistic adolescents has been enhanced by the Freudian, interpersonal, and object relations clinical models, including Horney's and Kohut's formulations about self-idealization and self-abnegation. My close monitoring of Sam's self-esteem reiterated elements of technique that resembled both the self psychology and the interpersonal clinical models. However, the analytic work with this patient was most informed by Sullivan's concept of

participant-observation and by Khan's ideas about patients' symbiotic enticement of the analyst in the transference.

In a study of narcissistic adolescents' transference patterns, Tylim (1978) emphasized the importance of one of Kohut's chief ideas. Tylim supported Kohut's belief that the cathexis of either the grandiose self, or the idealized parental image, curtailed narcissistic patients' degree of fragmentation. In Kohut's discussion of his theory's allegiance to classical Freudian metapsychology, he advocated reliance on interpretative reconstruction of empathic failures in the transference (Goldberg, 1985). However, in contrast to the interpersonal treatment model, Kohut cautioned against the use of questions as a technique which was inconsistent with analytic work in the empathic mode.

Klein's (1935/1964) formative influence on Winnicott's and Khan's ideas about self-esteem was keenly present in her account of the role of the manic defense in controlling internal objects. Enlarging of Klein's views in an entirely new direction, Winnicott's descriptions of self-esteem disturbances considered early failures in the use of the mother as a mirror of the self. Like Sullivan and Klein, Winnicott (1956a, 1956b) used the term *primitive anxiety* to refer to profound threats to ego integrity resulting from what he termed, "infantile responses to impingement." Based on Winnicott's contributions, Khan depicted the compelling affectivity of narcissistic adolescents and young adults who revealed symbiotic relatedness. Early overindulgence followed by deprivation, in his view, led such adolescents to failures in modulating aggression and in separation-individuation. Khan (1972, 1974) later revised his position with the realization that the narcissist's symbiotic relatedness constitutes a defense against regression to an infantile resourceless dependency. In a subsequent article, Khan (1989) described the dynamics of a 22-year-old "as if" youth, who, like Sam, employed his aggression to strengthen his narcissistic ideal of perfection. Ameliorative states of regression and dependency have been discussed extensively by Balint (1968) and Bion (1967), as well as by Fairbairn, Khan, and Winnicott.

CONCLUSION

According to Ovid's version of the Narcissus myth, Narcissus killed himself out of despair that his reflected self-image turned out to be an illusion. Adolescents with narcissistic character traits suffer from acute sensitivities to rejection along with an almost omnipotent need to control others' availability. Narcissistic adolescents' efforts to preserve the fragile feeling of being acknowledged give way to an habitual need for admiration. Family transactions involving fears of annihilation and humiliation augment these adolescents' wishes to become the continuous object of admiration and devotion. In its less extreme form, their longing to be recognized and validated can be understood as a universal occurrence. In its

ultimate manifestations, their need to be admired reflects both a pathological dependency and a breakdown in the differentiation of self and object images. For the less disturbed adolescent with narcissistic features, the admirer is used to obtain approval and the validation of acceptability. The severely disturbed narcissistic adolescent utilizes the admirer to solidify self representations, to maintain grandiosity, and to ward off threats to body and ego integrity. One might ask if a clinical inquiry, which is central to the interpersonal treatment model, interferes with the disturbed narcissistic adolescent's ability to idealize or to feel catastrophic threats and to breakdown in the transference. On the contrary, it seems that the analyst's responses and failures allow the patient to develop sufficient trust to relive the dangers of dependency and annihilation. It has been my impression that by the willingness to ask questions, as well as to interpret, analysts allow adolescent patients to come to grips with the enactments of their dependency needs and deficits, as well as their dreaded internalized object relations. The establishment of a clinical inquiry redresses narcissistic adolescents' self-deceptions and their compelling needs for vigilant attention, both inside and outside of the transference.

During analytic treatment, adolescents with narcissistic character disturbances reveal both family and intrapsychic aspects of their underlying addiction to feeling admired. Addictive proclivities defend them against a depressive core of poorly differentiated states and preverbal, primitive anxieties that their families help perpetuate. Goethe's early memory of his histrionic display captured the symbolism of the narcissistic youth's need for the perfect audience to sustain self-esteem. The exceedingly great degree of the highly narcissistic youth's need for admiration dooms the object to fail in transforming the self. According to Freud, morbid adolescent self-preoccupation results from a pathology of narcissism in which libido remained within the self. In interpersonal theory, narcissism has been said to emerge in different neurotic forms in relation to the dominant character trend, but narcissistic phenomena always occur in proportion to the damage to the self. For Klein and her followers, the need for self-and object images of perfection originate in infantile anxiety about disintegration. The yearnings of the depressed ego arise from the fantasy of having smashed the object into bits, and from a sense of futility about its reconstruction. As a consequence of Freud's clinical articles and his treatise on narcissism, his expanded discussion of character trends foreshadowed crucial themes in the psychoanalytic models of adolescents' character analysis.

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