Schwartz, L. (1974). Narcissistic Personality Disorders—A Clinical Discussion. J. Amer. Psychoanal. Assn., 22:292-306.

Journal of the American Psychoanalytic Association

(1974). Journal of the American Psychoanalytic Association, 22:292-306

Narcissistic Personality Disorders—A Clinical Discussion

Lester Schwartz, M.D. ⓘ

IT SEEMS TO ME that two major questions emerge from current studies and debates on the subject of narcissism. First, is it clinically valid to describe a separate category of cases defined as narcissistic personality disorders? Second, if such cases do indeed exist, are their transference evolutions significantly different from those of the classical transference neuroses?

Clinical Criteria

My clinical impression is that there *is* a category of cases with personality disorders that might best be considered from the viewpoint of narcissistic pathology. The cases I wish to consider are those with gross narcissistic difficulties, although it is clear that narcissistic disorders and phenomena may appear at all psychological levels, including states of health.

The diagnostic question particularly needs clarification at this point, because both Kernberg (1974) and Kohut (1971) carefully limit their treatment observations to specific clinical situations. Although there may be some over

[This is a summary or excerpt from the full text of the book or article. The full text of the document is available to subscribers.]

NARCISSISTIC PERSONALITY DISORDERS—A CLINICAL DISCUSSION

LESTER SCHWARTZ, M.D.

IT SEEMS TO ME that two major questions emerge from current studies and debates on the subject of narcissism. First, is it clinically valid to describe a separate category of cases defined as narcissistic personality disorders? Second, if such cases do indeed exist, are their transference evolutions significantly different from those of the classical transference neuroses?

Clinical Criteria

My clinical impression is that there *is* a category of cases with personality disorders that might best be considered from the viewpoint of narcissistic pathology. The cases I wish to consider are those with gross narcissistic difficulties, although it is clear that narcissistic disorders and phenomena may appear at all psychological levels, including states of health.

The diagnostic question particularly needs clarification at this point, because both Kernberg (1974) and Kohut (1971) carefully limit their treatment observations to specific clinical situations. Although there may be some overlap, my impression is that they write about significantly different patient groups. Both, of course, describe cases in which narcissistic phenomena are of central con-

This is a revised version of a paper presented at the Panel "Techniques and Prognosis in Narcissistic Disorders" at the meeting of the American Psychoanalytic Association in December 1972. I wish to thank the members of the New York Psychoanalytic Institute's Kris Study Group on Narcissism, whose discussions led to many of the ideas treated in this paper. Special thanks to Drs. Sheldon Bach and Mark Grunes, whose criticism and suggestions were most useful.

cern for long periods, if not throughout the treatment. Kernberg's patients, particularly, demonstrate rigid narcissistic defenses against early disturbances in object relations—many of them sound like paranoid characters with façades of cold, aloof grandiosity. Kohut (1971) concentrates on developmental difficulties and arrests in what he considers to be a separate line of narcissistic development. Kohut has particularly stressed the differences between his category of narcissistic pathology and those character neuroses in which regressive compensatory narcissistic or grandiose defenses are employed against instinctual conflicts involving early objects. Narcissistic personality disorders, then, may occupy an intermediate position between the classical transference neuroses with relatively intact ego functioning and stable self representations and the psychotic disorders with their potential for massive, not easily reversible self-object dedifferentiation. Major disturbances in object relations are, of course, also present in cases of narcissistic personality disorder, but the narcissistic pathology is so extensive and overriding as to pre-empt the major clinical focus. In addition, these patients demonstrate a particular kind of object relations, vividly described by Kohut (1971) as self-objects in which objects exist principally to serve some purpose of the self, either to reflect its grandeur, execute some function, or provide some quality needed for the self's perfection. These patients may present themselves with characteristic vague complaints, but I would stress the profound disturbances they encounter in their experience of themselves. Frequently, such experiences which may be intensely terrifying, appear fully only after much defensive superstructure has been analyzed away. They may then show extraordinary vacillations in their self-esteem based on trivial external provocations, or complain of a sense of emptiness and lack of direction; they may find themselves confronting the experience of absence of a self altogether with panic-ridden complaints that it is as if no one is there. They may experience breaks of a sense of continuity in their lives, or long-standing feelings of disorientation. Seemingly minor symptoms related to confusion about time-sense or spatiality may be cues to a deeper chronic confusion about the self in relation to its world. The feeling that one is playing a role or play-acting may be prominent. These are not simply modes of presenting oneself to psychiatrists, or transient

experiences which come up in every analysis. They are persistent, chronic, and seem to be characteristic of the patient's personality. They are, in other words, structural ego defects. Various difficulties may center about self-stimulating, self-delimiting, or self-aggressive phenomena, which may superficially resemble obsessive-compulsive rituals or rigidly maintained character traits. Persistent and absorbing preoccupation is reported with how one appears to others—both literally and metaphorically. Body surface phenomena may also be prominent, including a tendency to skin disorders, irregularity of skin sensations, changes in body temperature, blushing and blanching. Clinicians have long known that many cases of perversions, addictions, or marked acting out mask severe underlying narcissistic personality disorders.

In evaluating these cases, differentiating them from phallic or oedipal level neurosis, it is important to weigh the patient's description of his psychological state. Rangell (1954) made such an attempt when he tried to distinguish those global disturbances in the sense of self seen in disordered states of narcissism from those primarily related to oedipal-level castration anxiety.

Clearly, it is not the manifest complaint that should primarily concern us here. A patient may tell us of being empty, based on an unconscious fantasy of lacking a penis or baby, and yet be found to have a rich inner life in terms of fantasies and objects. Another patient may present similar complaints or no concrete complaints in this area at all, and be found, indeed, to suffer from a chronic sense of defect in his total self-experience, which precludes significant object ties or object-directed fantasy. Similarly, a patient may tell of lack of direction based on unconscious fantasies of defects in the urinary stream and yet manifest clear-cut evidence of purpose and goal directedness. Another may or may not offer such complaints and clearly show a chronic drifting or a total dependence on the outside world to indicate what to do next. Again, we must distinguish fears of "falling to pieces" based on masochistic dismemberment fantasies from those of narcissistic patients who experience overwhelming panic about deeply disorganizing dissociative phenomena which approach psychoticlike decompensations.

Some comments about difficulties in case selection. First of all, there is, I believe, real confusion in our field at this point about

what characterizes narcissistic personality disorders; secondly, experienced analysts may exclude overly narcissistic patients from their case load (or dismiss consideration of narcissistic phenomena), often considering them unanalyzable. Younger analysts—with fewer cases to choose from, particularly in these days of dwindling analytic referrals—may be, of necessity, bolder in taking on such cases. A kind of generation gap leads to experiences with quite different kinds of case material. This situation is further complicated by the fact that analysts in other settings who have been working with rather severe narcissistic disorders, such as members of the English school—Guntrip (1969), Winnicott (1958, 1965), etc.—communicate in a frame of reference quite different from ours. The same is true of those workers in the field of borderline and psychotic patients, such as Searles (1965), who have been studying primitive narcissistic phenomena in a theoretical framework that has left little room for integration with classical analytic theory, particularly with reference to ego psychology.

There is, I believe, a potential body of data on psychotherapeutic (as opposed to psychoanalytic) management of disorders that fall within the narcissistic range. Inherent in the doctor-patient relationship and in many of the superficial psychotherapies is an implicit tending to narcissistic needs—even if these are not explicitly taken up with the patient or are not included in the theoretical armamentarium of the therapist. Again, most of the cases judged "too narcissistic" go to the least experienced, often least psychodynamically oriented therapists and thus escape the net of competent analytic investigation.

Are There Specific and Different Transference Manifestations in These Cases?

Obviously, this question arises out of Kohut's (1966, 1968, 1971) work in particular. As yet we have too little adequate information to provide a clear-cut answer. Kohut's case material is suggestive, but its schematization for heuristic purposes precludes the kind of detailed study that would permit definitive resolution of such questions. His discussion of dreams and fantasies seems to overemphasize manifest content. Associative material is omitted which might confirm or deny the author's propositions. Obviously, we need case

studies of adults and children, which would make additional analytic data available.

Again, based on my own clinical experiences, the concept of split-off primitive self-object images which emerge spontaneously during analysis (if they are not discouraged) and are reflected in specific "narcissistic" transference phenomena has been useful and productive in working with these cases. Also useful has been the idea of a separate line of narcissistic development which can resume in the mainstream of the ego once these primitive structures have become conscious and worked through. It is too early to tell if Kohut's formulations of early narcissistic structures characterize a decisive stage in human growth—seen universally—or whether his narcissistic structures, the grandiose self and idealized self-object, appear even in childhood, primarily in response to early narcissistic injuries or defects in separation-individuation (Mahler, 1968). There does seem to be a growing body of evidence that early narcissistic injury leads to the hypertrophy of fixed narcissistic positions and defenses in which fantasies of the perfection and omnipotence of the self or an ideal object become of central importance.

Indeed, these phenomena were beautifully described by A. Reich (1953, 1954, 1960) as well as in Jacobson's (1964, 1971) important studies of primitive magic identifications present in narcissistic disorders.

Central to Kohut's formulation is the idea that maturation of the self image and ego ideal into normal ego and superego structures has been stopped by the splitting off—or repression—of primitive omnipotent self-object images. These may crystallize into hypercathected conscious grandiose self-images which defend against threatened self-fragmentation or against unacceptable ideal self-object formations. Or, grandiose self-images may remain repressed, with the danger of their emergence as an alien, "crazy" primitive part of the self that threatens to break out of control. I would stress the primitive reality testing implicit in this archaic split-off part of the self and shall have more to say on this point later.

In my experience, these omnipotent fantasies seem regularly to involve unconsciously identifying the self with or fusing with omnipotent breast-phallus fantasies concerning preoedipal parent images. The self, which is so close to the body image, is identified

with the breast-phallus, via the body-phallus equation (Lewin, 1933; Arlow 1951, 1961). Greenacre (1953, 1956) has described related phenomena in her papers on overvaluation and awe of the paternal phallus. There may be a heightened emphasis on masturbation where one's own penis is taken as a narcissistic self-object and masturbation fantasies are a denial in fantasy of specific narcissistic defects. There is, of course, often evidence of intense castration anxiety. But the danger to the self and to the penis (or to the imaginary penis in women) shade into each other. The threat of castration then is annihilation of the self. This heightened emphasis on fusion with omnipotent part objects may already be a sign of early narcissistic vulnerability. Disruption of early narcissistic equilibrium leads to massive discharge of narcissistic rage. The denial in fantasy—"See, I really do possess the magic breast-phallus"—serves to defend against the mobilization of this rage and the exposure of the narcissistically vulnerable self. Such formulations we are familar with; it is unclear whether Kohut's grandiose self and idealized object transference are not, after all, another way of describing fantasies about fusion with and exhibition of these omnipotent part objects as belonging either to the self or to an idealized other. In any event, Kohut seems to omit considerations of early identifications in his narcissistic structures.

I have been interested in the question of narcissistic pathology and sadomasochism. As Bach and I pointed out in our paper on the Marquis de Sade (Bach & Schwartz, 1972), the omnipotence of the threatened grandiose self is affirmed particularly in primitive sadistic fantasies, just as the failing idealized image is attested to by masochistic submission to it. Here again, as in the breast-phallus fantasies, one can see the struggle to deny in fantasy (or in action) states of narcissistic disequilibrium. Hypothetically, both persistent magic breast-phallus fantasies as seen in perversions or severe character pathology and fixed sadomasochistic fantasies may best be understood in the context of disturbances in early specifically narcissistic development. It is, in any event, these arrests and disruptions in early narcissistic development and their sequelae to which Kohut's work calls particular attention.

The following description of the course of an analysis illustrates some considerations about one variety of narcissistic disorder.

Of course, the narcissistic phenomena in the case have been stressed.

Case Summary

A 33-year-old businessman has been in analysis for four years. His complaints were of a vague general sense of discomfort, a pervasive need to see himself as superior to others, and a lack of direction in his life other than to impress whomever he was in contact with at the moment. The immediate precipitating event of his seeking analysis was his surprising discovery of the extent of his disturbance when his roommate married. It was as if someone or something had been taken away from him. Earlier in his life, he had found himself drifting from one academic field to another without any sense that decisions came from him. Everyone around him seemed the same; life seemed futile and meaningless; he continously felt as if he were playing a game. Being very bright, he had performed well in school and now in the family business, but to what purpose he could not tell. He dated without satisfaction, primarily to have pretty girls to show off with. He had almost no meaningful social or human contact. This had been the case since the death, when he was 13, of an older man, a friend of his father, to whom he had felt close.

His parents had emigrated from Europe, both were from well-known, monied, Jewish families. His mother worked as an executive in the family business until he was four, when she stayed home to care for a new baby. Before that, the patient had been cared for by a succession of unsatisfactory maids and a grandmother who spoke a melange of languages. When he was a child, he was endlessly confused about language. He recalled often waiting at the window, with a "tragic" face, for his mother's return. Sometime after his fourth year, he recalled having an imaginary companion who floated in the air. Before doing anything, he had to consult him. No one received any kisses from the patient unless the companion approved. His mother, a self-centered woman, ran the family; the father, although a successful businessman, was like a robot of hers, as were the children.

In the analysis, the patient was extraordinarily dependent for cues about how to impress me. His "image" depended on his try-

ing to please me. My not providing cues led to a mounting sense of disorientation, confusion, and panic. Although he was conscious of no emotion in relation to other people, there were various muscular, respiratory, and circulatory sensations that arose when emotion ought ordinarily be expected. Multiple hypochondriacal fears centered on these sensations. Much later on, these were interpreted as somatic equivalents to storms of feeling appearing particularly after separation and disappointments. He started dating a girl, and began to report that when she left, he felt as if he weren't there. At other times, he ruminated about whether anything existed away from him. He considered that I was in an ideal, emotionless state, and had fantasies that we thought of each other simultaneously throughout the day; he expected that analysis would provide him with "an ultimate magical mechanism." After six months, he could reveal that he had wished for me to be the ideal of his adolescence —"like a computer, it would know all the actions in the world and could predict everything." As it became clear to him that analysis could not supply this, he became increasingly desperate.

A scene in a play in which a woman made a man grovel fascinated him. Gradually, wishes to be a girl filled the sessions. At the same time, he thought of me as a woman; he heard me walk in with high heels. Exciting, crazy fantasies occurred of how a powerful woman would take him over—he would become mindless, and she would whip him. Now, mounting rages began to appear openly. He feared that without direction he would become beserk and murder someone. Such states arose especially with week-end separations and holidays. He attempted, through his facial expressions, to make me magically appear (as he had with his mother in his childhood). For the next two years in the analysis, his wish to be an omnipotent "supergirl" preoccupied him. The earlier fantasies of the sadistic woman whipping men had heralded this development. He would see sexy, "fierce looking" girls on the street and become flooded with a combination of sexual tension and rage. These girls had breasts which drove men crazy, but they also had penises. At first, these were external narcissistic objects—later, they were acknowledged as part of himself. Over many months, he spun out fantasies in which he and I moved in and out of this magic role. He often feared that he would go crazy; frequently he experienced

intense confusion, floating sensations, trancelike states, in which any part of his body could be metamorphosed into a genital. Feelings of unreality were prevalent.

He would vacillate between states of sadistically tinged activity, as this omnipotent-omnisexual being, and others when he felt like a toy, a cute jack-in-the-box, there only to bob up and down on command. In the active role, his wish was to get me to confirm his magical attractiveness, to fall in love with him, and then for him to torment and leave me; in the passive role, to be my abject creature.

Memories of the imaginary companion now emerged. He turned out to be a small version of the father with whom the patient never made a satisfactory identification. Even his name had been a nickname from his father's youth. The patient now began to identify himself with a snake, to see himself walking cockily down the street with everyone running after him. At this point, an interpretation of his wish to identify with the father's penis (which could be equated with the imaginary companion) could be made. At the same time, his teasing, tormenting behavior could be seen as an identification with the powerful, sadistic, phallic mother who constantly left and frustrated him—a turning of tables. He became the siren who seduced and destroyed men.

Over long periods of time, these omnipotent fantasies took such hold of him that they seemed utterly ego-syntonic, verging on the delusional. He gradually became aware that he had never questioned his underlying assumption that women (and he as a "supergirl") possessed some fantastic, irresistible power. He did not want to be aware it was a fantasy—"I don't want to analyze it; I want to have fun." In retrospect, he could see that this had been there all along, but he never knew it was the most important, the only important thing in his life. For some time, he couldn't imagine living without this idea; it became clear how much it protected him from intense wishes to fuse with other people, states of overwhelming rage and of terrible helplessness. Periods of mourning then alternated with fresh expressions of the wish to be a "supergirl." However, as the months and years went by, he turned more and more to real relationships. His parents, who had been unidimensional cardboard figures, began to flesh out. He now had friends and a girl friend toward whom his tender feelings deep-

ened, and gradually he was able to express feelings of appreciation and gratitude to me. As he began to act in an openly masculine way, he expressed fears that this would mean getting the father's penis, destroying the father, and being destroyed. There were many indications that he attempted to *become* my penis (and his father's) to ward off this danger.

By the end of the four-year period, he is planning to marry; he feels loving toward his fiancée and is now able to channel his outstanding energy and intelligence into a variety of activities. Now, shortly before termination, he recalls long-cherished childhood images of himself, which predate his fourth year, as a superior being—a "little prince" born with a special destiny, dressed in sparkling white—who was too important to love anyone, who could only love himself.

Doubtless, the case material could be conceptualized from an object-relations point of view. Seen from the perspective of narcissism, the course of this analysis demonstrates how the frustrations of the patient's wish to be an omnipotent computerlike ideal through his contact with me as an idealized object led to the emergence of a primitive bisexual omnipotent self image (a hypercathected grandiose self), which combined part elements of all the figures in his early life. Then the predominant transference role in which I was cast was that of either a mirror to the exhibition of his grandiosity or an alter ego who participated in the same omnipotence. At the end of the analysis, classical transference manifestations have appeared, pertaining to issues of castration anxiety. What has seemed vital in his generally successful analysis has been to allow him to evolve these grandiose fantasies (of a hypercathected grandiose self), eventually working them through in a manner akin to mourning. In the process, there seemed to be a concomitant access of energy added to his "self" and an unfolding of object libido.

Several interesting features emerge; one is the imaginary companion, which seems to have some compensatory function in the presence of narcissistic injury (Bach, 1971); second is the fact that by the end of the analysis, he has recovered memories of childhood grandiose fantasies. These fantasies preceded the hypercathected grandiose fantasies; revealed with embarrassment, they were long concealed, treasured recollections. One might speculate,

following Kohut, that it was the parents' unemphatic defective mirroring experiences vis-à-vis these normal grandiose fantasies that led to the hypercathected grandiose self.

Another feature of this case was the overriding importance that the central omnipotent fantasies and their alter-ego transference manifestations assumed for the patient. I have noted this in other analytic situations in which a narcissistic self-object becomes mobilized. During this long period (and I would stress that these are structured, not transient, phenomena), as another patient expressed it, "the analysis isn't part of my life—it *is* my life." It is invested with an immense overvaluation and awe. So it was for this patient—life would cease over week-ends, to be resumed with the analytic appointments. Now, near termination, he comments that I am still too important a person in his life, but I am gradually wearing off. Searles (1965) has described a similar phenomenon in work with chronic psychotic patients, when, for some period of time, the *patient* assumed a role of peculiar, absorbing importance in the life of the therapist.

I have seen other cases that I considered to be narcissistic personality disorders in which rigid defenses are set up *against* the mobilization of a self-object transference of an idealizing kind. The patient denies in fantasy and action that the analyst has any possible significance to him and utterly devalues him as a defense against his coming to have overwhelming and frightening importance.

F. L. Landau in a personal communication has pointed out the similarity between these transferences and extreme "romanticized" love. Both states involve overestimations. I suspect that some of our earlier psychoanalytic views about falling in love—when the object becomes of such paramount importance that the self seems barely to exist—refer more to the reactivation of archaic narcissistic fantasies involving idealized self-objects than to the distribution of primarily object-libidinal cathexis. Instances of fanatically jealous possessiveness may relate to the same phenomenon.

A technical question arose in this case and in others I have treated. Analytic hours had to be adjusted to fit in with his frequently changing schedule. It was obvious to the patient that I made a special effort to see him regularly. With other narcissistic patients, questions of fee might require realistic adjustments, which the patient might interpret as *special* consideration. When the pa-

tient was finally able to express loving and appreciative feelings, he could finally acknowledge that I had demonstrated my commitment to the treatment by making what seemed like special efforts. Eventually, this could be analyzed in terms of the patient's need for special treatment—and his inability to recognize and acknowledge that anyone could inconvenience himself for someone else. In each of the cases I have in mind, realistic factors in the patients' life seemed to require flexibility on my part in order for the treatment to proceed—other issues of "narcissistic entitlement" could then be worked out against a backdrop of the handling of these realistic issues.

Other Specific Technical Considerations

A certain therapeutic stance follows from recognizing that the patient requires a particular fixed grandiose or idealizing manifestation for good reason and will maintain it until he feels safe enough to give it up. As we all know, the patient's requirement that he or the analyst be perfect puts a considerable strain on the treatment situation; his extraordinary vulnerability requires, in particular, that quality of *tact* in the analyst which is not always easy to specify. These patients may experience analysis with its passivity and admission of imperfection as intolerably humiliating. The analyst must be prepared to wait through storms of rage, long withdrawal, and seemingly endless contempt.

During these long phases, one must work with what seems like the flimsiest of therapeutic alliances. It is not until a great deal of narcissistic energy has been redirected that higher narcissistic functions can come into play. Then, with growing self-observation, humor, and the pleasure of being able to view himself as a more mature person who *can* perceive himself with some objectivity, the patient can more actively enter a therapeutic alliance. At this point, the therapist can see the patient as having significantly changed from earlier fixed narcissistic positions.

In particular, I believe we have to study further the defective reality testing in these cases. Perhaps in childhood there is enough impairment in reality testing so that oedipal dangers seem *too real* to be mastered; Spruiell's (1974) statement that the narcissist thinks he has won the oedipal struggle implies a defect in reality testing

—but if he believes he has won, what does he also believe about potential retaliation by the vanquished?

Possibly then, another way of understanding Kohut's clinical phenomena is that one must allow for the defect in reality testing in the narcissistic sector until its roots can be discerned and analyzed and more mature reality testing comes into play. Meanwhile, oedipal issues should not be prematurely interpreted. Isn't this the central technical question?

Questions have arisen about the role of aggression in narcissistic disorders. Intense, primitive rage, obviously prevalent in these cases, can be triggered off by any insult to the presumed perfection and omnipotence of the self. There is a particularly unneutralized quality about this rage; a ferocity, a pervasiveness, and a tendency for it to linger that often considerably strains or disrupts the analytic process. One simply has to wait until a storm passes. I would add that the rage itself has an organizing effect, as if in place of narcissistic continuity, the rage offers at least restitutive possibilities. Rage stems from multiple sources genetically. In cases where early disturbed mother-child interactions are prominent, obviously both "object directed" and "narcissistic" disturbances are seen. Spiteful retaliation is directed against a mother perceived as withholding or devouring. Kernberg (1974), particularly, has stressed this aspect. But "narcissistic rage," in Kohut's terms, is also present as the patient experiences threats to the integrity of his grandiose self and to his independent existence by a mother who is not capable of phase-appropriate empathic mirroring and who does not allow the child to grow into an autonomous being. The emphasis on one or another aspect of the disturbed mother-child interaction as seen in the transference depends of course on the vicissitudes of the transference situation. In addition, awareness of the possibility of early narcissistic disturbance may alert the analyst to focus on pathological self experience which might otherwise be ignored.

A word on prognosis: obviously we are hardly in a position to make long-range statements about the effectiveness of treatment in these cases. It is difficult enough to talk about prognosis regarding psychoanalytic treatment of classical neurosis in which we have so many years of experience. One impression, however, I might mention. In those cases who have fared best, there was reactivation of

early self-object constellations which were played out in the transference, gradually to be transformed into abiding and absorbing sublimated interests in work, some aspect of creativity, or a cause. One could still discern the narcissistic quality of this outcome, but it was clearly on a more mature narcissistic level. In some cases, although there had been marked improvements in object relations, one could predict that work, art, political involvement, etc. would have a central, preoccupying position in the patient's life. It may be that Freud's epigram about health—the ability to work and love—expresses the most balanced view of a fortunate outcome of psychoanalysis. I am not sure we ought to cavil should in these cases, the balance tip more to one side (an investment in one's own achievements and interests), if the possibility is now open for some fulfillment on the object-libidinal side as well.

Summary

Two questions were raised: First, can we differentiate cases of narcissistic personality disorder? Second, if there is a separate category of such cases, are there clear-cut narcissistic transference phenomena? Material has been presented supportive of the position that predominantly narcissistic disorders can be described and that it is useful to consider narcissistic transference developments. Special emphasis has been placed on early magic breast-phallus fantasies and primitive sadomasochistic fantasies as indicators of specifically narcissistic pathology. The role of defective reality testing was touched on. A number of technical issues were also raised.

REFERENCES

Arlow, J. (1951), The consecration of the prophet. *Psychoanal. Quart.*, 20:374–397.

——— (1961), Ego psychology and the study of mythology. *This Journal*, 9:371–391.

Bach, S. (1971), Notes on some imaginary companions. *The Psychoanalytic Study of the Child*, 26:159–171. New York: Quadrangle Press.

——— & Schwartz, L. (1972), A dream of the Marquis de Sade. *This Journal*, 20:451–474.

Greenacre, P. (1953), Penis awe and its relation to penis envy. In: *Emotional Growth*. New York: International Universities Press, 1971, pp. 31–49.

(1956), Experiences of awe in childhood. In: *Emotional Growth*. New York: International Universities Press, 1971, pp. 67–92.

Guntrip, H. (1969), *Schizoid Phenomena, Object Relations and the Self.* New York: International Universities Press.

Jacobson, E. (1964). *The Self and the Object World.* New York: International Universities Press.

——— (1971), *Depression.* New York: International Universities Press.

Kernberg, O. (1970), Factors in the psychoanalytic treatment of narcissistic personalities. *This Journal,* 18:51–85.

——— (1974), Contrasting viewpoints regarding the nature and psychoanalytic treatment of narcissistic personalities: a preliminary communication. *This Journal,* 22: 255–267.

Kohut, H. (1966), Forms and transformations of narcissism. *This Journal,* 14:243–272.

——— (1968), The psychoanalytic treatment of narcissistic personality disorders. *The Psychoanalytic Study of the Child,* 23:86–113. New York: International Universities Press.

——— (1971), *The Analysis of the Self.* New York: International Universities Press.

Lewin, B. (1933), The body as phallus. In: *Selected Writings.* New York: Psychoanalytic Quarterly, Inc., 1973, pp. 28–47.

Mahler, M. (1968), *On Human Symbiosis and the Vicissitudes of Individuation.* New York: International Universities Press.

Rangell, L. (1954), The psychology of poise. *Internat. J. Psycho-Anal.,* 35:313–332.

Reich, A. (1953), Narcissistic object choice in women. In: *Psychoanalytic Contributions.* New York: International Universities Press, 1973, pp. 209–235.

——— (1960), Pathological forms of self-esteem regulation. In: *Psychoanalytic Contributions.* New York: International Universities Press, 1973, pp. 288–311.

Searles, H. (1965), *Collected Papers on Schizophrenia and Related Subjects.* New York: International Universities Press.

Spruiell, V. (1974), Theories of the treatment of narcissistic personalities. *This Journal,* 22: 268–278.

Winnicott, D. W. (1958), *Collected Papers.* New York: Basic Books.

——— (1965), *Ego Distortions in Terms of True and False Self, the Maturational Processes, and the Facilitating Environment.* New York: International Universities Press.

Submitted October, 1973
322 Central Park West
New York, New York 10025