*Int J Psychoanal* 2006;**87**:939–51

# Seeing and being seen:

## Narcissistic pride and narcissistic humiliation

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(Final version accepted 24 November 2005)

*Seeing and being seen are important aspects of narcissism, where self-consciousness is always a feature, and one which becomes acute when a patient loses the protection of a narcissistic relationship and is obliged to tolerate a degree of separateness. Having felt hidden and protected, he now feels conspicuous and exposed to a gaze which makes him vulnerable to humiliation. This often has a devastating and unbearable quality to it, particularly when it is felt to arise in retaliation to the patient's own use of gaze to establish a superiority which allowed the patient to look down on others. The need to avoid or cut short such humiliation may be so acute that the patient cannot deal with guilt and other emotions connected with loss which might otherwise be bearable. The author argues that development is impeded unless the patient is able to gain support to make the humiliation better understood and hence better tolerated. He describes some sessions from an analysis to illustrate how, in some analytic situations, much of the patient's concern and many of his defensive manoeuvres aim to reduce or to reverse experiences of humiliation. An understanding of the mechanisms involved seemed to enable some development to proceed.*

**Keywords:** narcissistic pride, narcissistic humiliation, seeing, being seen, humiliation, shame, narcissism

### Introduction

We are all familiar with the emotions aroused when we are being observed and we know that being looked at can give rise to both pleasant and unpleasant feelings. It may result in feelings of pride, of pleasure at being admired, and of gratification of exhibitionistic impulses, but it can also lead to the extremely uncomfortable feelings of embarrassment, shame and humiliation. It is these feelings which I want to focus on in this paper because they seem to me to have an importance in clinical practice and can profoundly colour the patient's experience of analysis. Moreover, humiliation seems to have something peculiarly unbearable about it, which demands urgent relief and may be so dreaded that many patients become preoccupied with the need to deal with the experience. Some patients try to hide from view, some try to reverse the experience with attempts to elicit admiration and others try to protect themselves by inflicting humiliation on someone else. In the transference relationship, a struggle over dominance may ensue (Steiner, 1999) and here the direction of gaze is an important indicator of relative power and status. Patients feel humiliated when they feel small, dependent and looked down on, and defend themselves against such

feelings, sometimes by looking down on the analyst and sometimes by attempting to enlist the analyst to join them to look down on someone else. Patients who have achieved a narcissistic pride through introjective or projective acquisition of superiority are particularly likely to feel that their defences will be seen through and that objects who they have made to feel inferior will try to humiliate them in revenge.

Rosenfeld (1964) argued that the most important function of a narcissistic relationship is to prevent the experience of separateness between subject and object. Projective and introjective identifications enable the narcissistic patient to appropriate desirable qualities belonging to the object and to evacuate undesirable qualities, and leave him unable to develop a relationship with a truly separate object. Rather than relate to an object that is independent of himself, the narcissistic patient denies his dependence and behaves as if he, himself, already has all the qualities and nourishment he needs. If the patient loses this sense of omnipotent self-sufficiency, he comes into contact with dependent needy feelings which give rise to anxiety. If the object frustrates him, he reacts with anger and disappointment, while if he recognizes his love and dependence on the goodness of the object, he comes up against his envy. Rosenfeld described how the narcissistic object relationship provides a defence against these anxieties which emerge to confront the patient if his omnipotence is threatened.

These anxieties are a consequence of *seeing* the object more clearly as the narcissistic organization weakens or breaks down and they have generally been well recognized as important. However, at the same time, the patient also has to deal with the consequences of *being seen* and it is these which give rise to humiliation and which I focus on in this paper. I have previously described how narcissistic organizations create psychic retreats (Steiner, 1993) where the patient can hide to avoid being seen, and in this paper I discuss the situation which the patient faces when the retreat is no longer available. In these circumstances, the patient often feels prematurely pushed out to face a hostile reality before he is ready to do so, and feels himself to be observed, judged, and disapproved of.

Vision plays a central role in *seeing*, as the object comes to be observed from a distance, and also in *being seen*, where the expectation of a hostile gaze which threatens humiliation can become so prominent. Anxieties arise from *looking* and from *being looked at* and both may lead to an intensification of narcissistic defences. The situation is complicated by the way gaze can be used to re-establish the narcissistic relationship, in particular by using the eyes to enter objects to take refuge there, and to once again control and acquire the properties of the object. I describe material which suggests that it is when the eyes have been used in this way that the humiliation is particularly feared, as if the patient expects the object to respond in a vengeful way. I believe that it is this quality which gives humiliation such a priority and which may become the determining factor that drives the patient to take urgent defensive measures and which cuts short a situation where development might have been possible.

The experience of exposure takes the form of more or less extreme discomfort somewhere along a spectrum of feelings which extends from humiliation through shame to embarrassment. The importance of these feelings is attested to by the large

number of words associated with them in the English language, and, to name but a few, the patient may feel belittled, debased, defiled, degraded, demeaned, disfigured, disgraced, dishonoured, mortified, scorned, worthless and vulnerable. While there are important and subtle distinctions along the spectrum, with discomfort generally lessening as one moves from humiliation through shame to embarrassment, even those who suffer from shyness, blushing and modesty seem to seek relief with great urgency. The unbearable quality of the experience is illustrated by the descriptions typically given of humiliation, embarrassment and shame. 'I would rather die than face this again' or 'I wished the earth would open and swallow me up!' are often cited, and at least in some cultures humiliation can be a justification for revenge as well as for suicide (Benedict, 1946).

Myths, such as that of the biblical expulsion from Eden, epitomize the feeling of exposure and nakedness when the protection of paradise is lost, while fairytales, like that of the Emperor's new clothes, illustrate how narcissistic superiority can so easily collapse and be seen through. Beyond the scope of this paper is the important social and political role that humiliation plays in provoking violence and in the creation of terrorism and war (Steinberg, 1991).

There is an enormous literature on shame (Feldman, 1962; Lansky, 1996, 1997, 2005; Levine, 2005; Morrison, 1987; Nathanson, 1987; Mollon, 2003; Wurmser, 1981; Yorke, 1990) in which important issues are discussed but which are not always easy to integrate with clinical experience. Many authors make the link between shame and narcissism and some have described the unbearable quality of shame. However, it remains a subject rather neglected by Kleinian authors, so much so that Lansky can write that 'shame and its dynamics is overlooked in virtually the entire Kleinian canon' (2005, p. 456). In this paper I hope to respond to this neglect and to attempt to take account of some of the ideas put forward by others and develop these into a personal approach.

If we are to recognize these states clinically, I believe that we have to find a place for them conceptually, and, to this end, I have found Britton's formulation useful. Britton, building on his work on triangular space (1989), described how the child's relationship with *the primary object*, or *object of desire*, is complicated by an awareness of a *secondary object* which becomes an *observing object*, in particular making judgements on the child's relationship with the *primary object* (Britton, 1995, personal communication). This led me to the schematic formulation that unsatisfactory experiences with the *primary object* predominantly lead to guilt, while those in relation to the *observing object* give rise to shame. Guilt has been given much attention in relation to Klein's formulations around the depressive position (Klein, 1935, 1940; Steiner, 1992, 1993), but the role of shame in relation to the *observing object* has not been widely noted. Of course, the judgemental quality of the *observing object* is central to Freud's formulation of the Oedipus complex where the father was seen as the representative of power and authority exercising judgement and threatening punishment, ultimately in the form of castration and death. Praise or blame, and reward or punishment, are functions of the *observing object* and come to be incorporated in the classical formulation of the superego. The critical role of gaze becomes apparent when we recognize that humiliation is an important part of

the threat coming from superego figures. This humiliating aspect of the superego is well known but its ubiquity and importance is sometimes underestimated. Once we take note of it, I have found that it can be seen to play an important part in many clinical situations.

In this approach, shame is seen as playing a large role in sustaining the power of a primitive superego and in obstructing the development of the more mature superego of the depressive position. Such formulations are, of course, schematic and serve only as a conceptual guide. In reality, the situation is much more complex and, for example, the *observing object* is often represented by an observing part of the *primary object*, often in fact the mother's eyes, while the *observing object* also frequently shifts to become the *primary object* so that the shame it creates is mixed with guilt. This schematic approach can also help us to conceptualize the often confusing relationship between shame and envy. In both of these, gaze plays a central role, and the 'evil eye', while mostly a symbol of envy, can also threaten to humiliate the subject and constitutes an important aspect of what Bion has called the ego-destructive superego (Bion, 1959; Britton, 2003).

Despite the relative neglect which I mentioned, some Kleinian work *has* touched on humiliation and Rosenfeld did clearly point out its importance, especially in his later writings. He described how some patients 'feel humiliated and defeated by the revelation that it is the external object which, in reality, contains the valuable qualities that they had attributed to their own creative powers' (1987, p. 105). This is a point previously observed by Horney (1936), who recognized how common it is for a narcissistic patient to suffer humiliating narcissistic wounds in analysis and described how the patient then instinctively retaliates by trying to humiliate the analyst. A similar theme emerges in Kohut's description of the narcissistic rage which follows a narcissistic injury in which 'ridicule, contempt and conspicuous defeat' play a major role (Kohut, 1972, p. 380). In this context, Stoller (1975, pp. 64–91) suggests that an important function of perversion and pornography is to reverse feelings of humiliation. These discussions of humiliation recognize how unbearable it can be but do not explicitly link it with gaze.

Segal (2002), however, does so in a paper, which unfortunately remains unpublished. This paper deals with the role of vision in psychosis and, in it, Segal describes a patient whose 'healthy curiosity' became transformed into an omnipotent and omniscient voyeurism. As with the patient I describe, the voyeurism turned to exhibitionism because 'the whole point of using his eyes was to enter his object, to reverse the feeling of smallness, and to become an object of admiration and envy'. Although Segal did not specifically discuss humiliation, she described how her patient was particularly terrified of being seen through. Equally relevant is a paper by Riesenberg-Malcolm (1970), which gives a detailed description of a patient who seemed to protect herself from breakdown through the use of a perverse fantasy involving a mirror, in which being observed and humiliated was central. Voyeurism and exhibitionism were prominent in the fantasy and the patient stimulated curiosity in the analyst and experienced her as an excited onlooker.

The role of gaze was also focused on in a recent paper of my own on the Schreber case (Steiner, 2004) in which I pointed out that the experience of being humiliated

was a major feature of Schreber's melancholia. The humiliation gave an urgency to his need for relief and this, together with his failure to find an object who could support him in facing reality, meant that his own guilt could not be tolerated and hence could not function as an impetus for regret and reparation. A similar issue was raised in a later paper (Steiner, 2005), where I argued that, in some patients, a conflict exists between proceeding along the path towards mourning, on the one hand, and turning towards melancholia, on the other. Here again, humiliation, if it is severe and not recognized by the analyst, can tip the patient towards melancholia and delay or prevent the separateness which is required if object loss is to be faced.

Some patients who are particularly sensitive to humiliations seem vividly to relive them in their analysis and may then be unable to make progress since every development seems to them to threaten the narcissistic position which protects them. The patient is often conscious of his dread of being observed but neither he nor the analyst is always aware that ordinary aspects of the analytic setting, such as lying down on the couch, starting and stopping the session at a stated time, or being seen by other patients, can make him feel painfully exposed and observed. Sometimes even the process of being listened to and understood by the analyst, so essential to the analytic process, can give rise to similar feelings. A technical problem arises if the pain of humiliation is extreme and if it comes to be associated with any observation made by the analyst, no matter how sympathetically it may be expressed. At the same time, it tends to create guilt in the analyst since he feels he has been unable to avoid inflicting a painful humiliation on the patient.

## Clinical material

I try to look at some of these issues in some material from a patient, Mr A, who was very concerned about how he was seen and who tried hard to conceal his feelings of shyness, awkwardness and diffidence. Various childhood experiences, including depression in his mother, made him feel unsure if he was truly loved and this gave him an insecurity which he was afraid made people think there was something abnormal and different about him.

The patient was in his third year of a five-times-a-week analysis and at this time tended to deal with his feelings of humiliation through the use of a bravura of jovial exuberance which gave the incongruous impression that he was trying too hard to be something he was not. Often, this involved a kind of clowning and for a long time he persisted in trying to engage me in discussions about the weather or the unreliability of the underground. When I failed to respond, it left me feeling I had been mean to him, and it seemed to leave him feeling sheepish and put down.

I begin by looking at the way he used his eyes in his interactions with me, first as a means of overcoming barriers to my privacy in order to observe me, then to project into me, and finally to check whether or not the projection had been successful. I found these interactions interesting but uncomfortable, even though I suspected that their aim was to avoid feelings of smallness which were associated with humiliation. When the projections were successful, he seemed to feel that he could look down on me and he sought confirmation by eliciting admiration but, when they failed, he

often felt caught out and afraid that he would be accused of having been voyeuristic and intrusive. There were hints that the clowning might also function as a manic defence against deeper feelings sadness and emptiness.

He was very curious about my family and professional life and hurt that I was not more forthcoming about these. What seemed to start as an ordinary curiosity in which he used his eyes to discover things about me became transformed in his excitement into a voyeurism where he could use his eyes to enter and identify with me.

One day, he came in and mentioned that I had left my toilet door slightly ajar and that he could see through the gap that the seat was up. He had the thought that I must have been standing up to pee. At the beginning of the following session, he said that he had just used the toilet, and while peeing he thought of me standing in my toilet peeing, and he wondered if I was thinking of him while he was thinking of me. I remarked on the way he ended up seeing us as identical, and linked this with the way he seized on the gap in the door through which he could enter. He felt that he got one over me in this way and this seemed to obliterate the sense of smallness he felt while he was waiting for his session or when he felt I was looking down on him as he lay on the couch.

When he described the fantasies he had while he stood at the toilet, I thought that he wanted me to admire him and in this way to confirm that he had been successful in reversing the humiliation, but he also expected that, eventually, I would find some way of reasserting my superiority in order to put him down. I thought the important relationship was with the analyst as an *observing object*, and that he either felt put down by me or successfully able to put me down.

The theme of looking as an expression of curiosity emerged in more detail in the following session. He arrived 15 minutes late and handed me his cheque. This was the occasion in the month, he said, when, as he hands me the cheque, he can look around and see the papers on the floor beside me. However, he said he felt observed and uncomfortable when he did this, which was probably why he only gave the papers a brief glance. He went on to say there were more around my chair than he had realized. He saw a notebook and papers, and a third pile of something which was not clear. He wondered why I didn't put them on a table. Maybe I preferred to have them out of sight. The papers reminded him of old bills piled on the table in his living room. In his life, things accumulate and do not get properly organized.

I suggested that when he could look down at me he no longer felt small and inferior. He saw us as essentially similar, and if I look down on him he could look down on me, just as he had when he had spoken about us both standing at the toilet. Now he saw both of us to be surrounded by a similar disorder with things not attended to. He said the disorder reminded him of the way people assumed that his mother's depression had disturbed and upset him. He had never understood this, but now he thought that perhaps it had left him in a mess, and he remembered finding her very difficult to cope with, particularly when she behaved as if everything was normal. There were other memories of his parents' house in the North of England, including one of the dining room where his mother worked. I had previously heard vague references to her writing but never in any detail. Now he explained that she

had a special field of interest which she worked on and he described how one leaf of the dining table was covered with papers and books. There was also a typewriter and he thought that my pile of papers was an echo of that. He wondered what she did with the papers when they entertained. Maybe she cleared them up but he doubted it. Why did he never ask? Maybe a 10 year-old boy is not interested but he thinks it was not that. Maybe she did not want to talk about it.

I said that I thought that seeing my papers had stimulated his curiosity but he was aware of my reticence because I didn't answer his questions about myself and I kept private things hidden unless he took special steps to look. If he could find a gap in my defences, he could enter into an area from which he usually felt excluded. Initially, he saw us as both sitting in our mess of papers and this made him feel less vulnerable to being looked down on since we were both seen as similar. Subsequently, he was reminded of his mother and her work which made him more aware of something he could value and respect about me.

The initial interaction seemed chiefly to be with an *observing object*, and involved his usual preoccupation with humiliation which he experienced if I looked down on him and which he could reverse if he could look down on me. However, a different kind of contact emerged as the papers, and my interpretation of them, reminded him of his mother's writing. As he thought of me and his mother as people who wrote, he was aware of his lack of success in this area but now the difference between us did not seem to be so humiliating and he did not immediately try to reverse it by turning to excitement as he previously did. Here he seemed to be able to relate to the analyst as a valued object, and get in touch with memories of his mother with feelings of regret and loss.

A tolerance of difference was not easy for him to sustain, and yet it seemed to me to continue into the next session in which he described a dream in which *he was replacing floorboards in his bedroom. He wondered how they had come to be missing. At first, he put a board in the wrong way, but he soon realized that the tongue had to go into the groove. When he turned it round, it fitted but it was still too short, leaving a bit of the floor uncovered.* It made him think of his dining-room table. He had put the leaf in and had taken it out several times in the previous week because he had people for dinner. His friend Charles had helped and they had some difficulty aligning it and had to turn it the right way around so that the nipple went into the hole. I interpreted that he was aware of some asymmetry. There was a right way and a wrong way for things to fit which I had helped him with, just as his friend Charles had done.

This was a more thoughtful session and raised the possibility that a friendly analyst could help him make sense of things and help him to recognize that differences existed between, say, male and female, and between adult and child. But contact with these feelings of difference was also associated with a sense of loss, connected with the missing floorboards and the gap which remained. This gap was, however, treated very differently to the gap in the door of the toilet and seemed to represent a shift from a preoccupation with me as an *observing object* which provoked humiliation to relating to me as a primary object with whom he was able to communicate with sadness rather than with excitement.

The thoughtful mood was, however, short-lived and was replaced by an upsurge of joviality. After the weekend, he came in a striking suit, one which he wore very rarely and which stood out as something smart, cheerful and special. He had come part of the way on the train with a colleague and he was aware that he did not say where he was going, and was relieved that she did not ask. Perhaps she knew already about his analysis, or guessed that it was something embarrassing.

He then reminded me that this suit was associated with an embarrassing incident in which his jealousy of a friend had led him clumsily to intrude in a way that had nearly threatened a valued relationship. I interpreted that the clowning was his way of dealing with his fear of something more upsetting which arose when he was left out, and I suggested that he was more aware of his jealousy and of the damage his intrusive attacks can produce. I suspect that his jealousy, as well as his greater awareness of it, may have been provoked by the more thoughtful sessions of the previous few days which made him feel jealous of my capacity to enjoy my work with him.

Soon after this, he began a session with a detailed description of his struggle to cope with a relatively minor problem with the plumbing in his home. At 1 a.m., he received a text message on his mobile phone from a friend, giving suggestions, and he was surprised and realized that he must have phoned her when he was struggling with it. I think the problem put him in touch with feelings of need which he quickly got rid of and he was impressed that they had remained in his friend's mind and had in fact kept her awake.

He then mentioned that he was edgy about a piece of work he had done which had been singled out for praise at an office conference. He tried to show pleasure but found himself saying, 'Wow!' He had not expected that. 'Wow' was the word he used when he became excited and in this instance it seemed to follow a feeling of satisfaction with a work achievement. I suggested that he felt some satisfaction both at work and when he had solved the plumbing problem in his house. However, he seemed to get excited if he felt that his thoughts got into my head and, as happened with his friend, that they kept me awake with excitement and concern. If I did not become excited and anxious, he was unsure if he had got through to me and he sometimes felt he had to become an intruder to make sure that I was interested in him.

## Discussion

This clinical material supports the idea that vision plays a particular role which extends far beyond the use of the eye to take in information about the external world. Patients are vulnerable to feelings of humiliation when observed by others and this may be the starting point of a variety of defensive and aggressive manoeuvres in an attempt to reverse the humiliation. In this type of interaction, the *observing* object dominates and gaze plays a central role both as a mechanism and as a metaphor. It seems then that superiority and inferiority come to be the important issues, so that, if the patient feels looked down on, he tries to reverse this by acquiring superiority and projecting inferiority.

I have found it easier to think about vision in these clinical situations if I relate them schematically to the enormous expansion in the role of vision which takes place in both individual and phylogenetic development. In both cases, vision is made use of where formerly the senses of taste, smell, touch and proprioception would have been dominant. These proximity senses are phylogenetically older and, in the individual, it is initially through them that primitive mental mechanisms are expressed. For example, introjection is initially connected with the taking in of food while projection is linked with regurgitation, vomiting, and elimination of faeces and urine.

A reliance on the proximity senses favours a part object relationship because a degree of separateness and distance is necessary for both object and self to be seen as a whole. Even though vision provides more precise and detailed information, the relatively crude proximity senses remain important especially in our relationship with basic elements of life such as food, faeces, illness, death and sex. However, they come to be superseded in many areas by vision, and later in life they come to be associated with humiliation and shame.

If humiliation is too painful and separateness becomes unbearable, the patient may be able to recreate a sense of proximity by using the eyes to obliterate the awareness of separateness. The mechanism relies on the ability of the eye to take over some of the functions which previously relied on the proximity senses, and which are associated with part object relationships. In particular, projection and introjection now come to be mediated by the eyes, and gaze becomes capable of penetrating and can be used not only to observe the object as a whole but also to enter the object and identify with it. The excitement associated with entry transforms the child's position from that of an observer into that of a voyeur and the identification can lead to a further transformation in phantasy from a watcher at a distance to that of a participator in bodily contact. It is as if vision is then used as a proximity sense enabling a part object relationship to be re-established.

The infant also discovers that eyes have a seductive power with which he can draw the mother into a position of admiration as an important means of countering humiliation. Indeed, a relationship based on mutual admiration may develop between the infant and his mother which often becomes erotized and played out through the gaze. Sometimes the admiration can acquire delusional proportions and become a *folie à deux* (Mason, 1994; D. Steiner, 1997) and much depends on the capacity of the mother and infant to retain a contact with reality.

I believe it is possible to use some of these ideas to connect to my patient's propensity to experience almost every aspect of the analysis as a humiliation. This seemed to arise as he began to emerge from a narcissistic organization to engage with me and see me more as a whole person. For short periods, he could tolerate this but he eventually came to feel that he had been pushed out of a privileged position. This made him feel small and excluded, and he tried to deal with these feelings by reversing them. Getting into an area of my private life made him feel he could obtain what he thought of as forbidden knowledge about me, and this often led to a voyeuristic situation where he became excited through looking at me, and could re-establish a part object relationship. Because of phantasies through which he could get inside, he felt less excluded and less humiliated, and the ability to find a gap or

flaw in what he saw as my protective armour made him feel triumphant and able to look down on me.

Looking into the toilet and looking at the papers around my chair seemed to present an opening for him to observe a version of the primal scene and his phantasies seemed to indicate that he used this opportunity, first to watch me voyeuristically, and then to identify with me. He was standing peeing just as I was standing peeing and the picture of me sitting surrounded by my mess of papers corresponded to his mess of papers on his table at home.

The aim of the voyeurism was to enter and acquire those qualities he thought would be admired, and this led him to exhibit his achievement with pride expecting to elicit admiration, but always fearing that he would be seen through and humiliated. While unconsciously he was fuelling his narcissism by entering, seducing and stealing from the *primary object*, he was unable to face the resulting guilt and loss because he was primarily concerned to deal with me as an *observing object*.

However, the papers and notes beside my chair subsequently brought associations to his mother's writing which he seemed interested in and touched by. This enabled a different type of contact in which he was more able to tolerate the idea of separateness and difference. He was able to bring memories which indicated that his mother had a career of some potential and achievement which he respected and envied. His associations were also linked to loss and some regret that he had not previously discovered more about her depression as well as a fear that it was now too late. This represented a relationship with the *primary object* and he was able for a time to sustain an awareness of difference without being humiliated by it. Unlike the gap in the toilet door, the gap in the floorboards of his dream seemed connected with a sense of sadness and loss. These sessions represented what seemed to me to be an ability to use his vision to reflect an interest and a capacity to observe his object and find something of value in it. The intrusiveness lessened for a time but the contact could not be sustained, leading to another exhibitionistic session in which his striking suit reminded him of the clown theme, and cycles of contact followed by an excited intrusiveness regularly alternated. Nevertheless, even the excited clowning seemed to me to be partly understood and he was able to see how it was his jealousy which had provoked the intrusiveness which had alienated his friend. The session in which he spoke about the plumbing problem in his flat seemed also to be a mixture of excited intrusion and a recognition of something needy and dependent. He phoned his friend in something of a panic but then found he could manage and was surprised when she sent him a text message later. He then became excited that he had been able to intrude into her mind, which I linked with him thinking, 'Wow!' when he had a modest but real success in his work. Interpreting this situation seemed to enable him to take a quieter satisfaction in the fact that some progress had been achieved.

I think it is possible to see that his defensive organization did enable periods of contact which put him in touch with feelings of need and loss. These feelings involved the ability to bear a whole object relationship in which both good and bad aspects of the object and of the self are tolerated. At those times, he was able to find something of value in the analysis, but this state was difficult to sustain and he easily became

convinced of his smallness and inferiority, which meant that he experienced contact as a humiliation. There followed further attempts at reversal, turning the tables on me and pushing me into the position of the excluded observer. Progress, as always in analysis, was cyclical, with periods of development followed by regression, but it nevertheless seemed to me that something was slowly being worked through. His competitive struggle with me as an *observing object* seemed gradually to lessen and enabled him to become less preoccupied with reversing humiliation and more able to make contact with me as a person he valued. This brought him up against feelings of dependence and loss, leaving much to be worked through but allowing for a different type of contact. I thought he could tolerate longer periods of separateness when the urgent need to reverse humiliation had been better understood.

## Translations of summary

**Sehen und gesehen werden: narzisstischer Stolz und narzisstische Demütigung.** Sehen und gesehen werden sind wichtige Aspekte des Narzissmus, der immer durch Befangenheit gekennzeichnet ist. Diese Befangenheit wird akut, wenn ein Patient den Schutz einer narzisstischen Beziehung verliert und gezwungen ist, ein gewisses Maß an Getrenntheit zu tolerieren. Hat er sich zuvor versteckt und geschützt gefühlt, so fühlt er sich nun bloßgestellt und einem Blick ausgesetzt, der ihn für Demütigungen anfällig macht. Dies wird häufig als vernichtend und unerträglich erlebt, vor allem wenn der Patient es als Vergeltung dafür empfindet, dass er selbst den Blick eingesetzt hat, um eine Überlegenheit zu dokumentieren, die es ihm erlaubte, auf andere herabzuschauen. Das Bedürfnis, einer solchen Demütigung auszuweichen oder sie im Keim zu ersticken, ist unter Umständen so stark, dass der Patient sich mit den Schuldgefühlen und anderen Emotionen, die mit dem Verlust verbunden sind, der andernfalls unerträglich wäre, nicht auseinandersetzen kann. Der Autor vertritt die Ansicht, dass die Weiterentwicklung behindert wird, wenn der Patient keine Hilfe findet, um die Demütigung besser verstehen und infolgedessen besser ertragen zu können. Er beschreibt mehrere Sitzungen aus einer Analyse, um zu illustrieren, dass es dem Patienten in manchen Situationen vor allem darum geht, Demütigungserfahrungen zu minimieren oder umzudrehen, und zahlreiche seiner Abwehrmanöver im Dienste dieses Ziels stehen. Ein Verständnis der daran beteiligten Mechanismen schien eine gewisse Weiterentwicklung zu ermöglichen.

**Ver y ser visto: orgullo narcisista y humillación narcisista.** Ver y ser visto son aspectos importantes del narcisismo, donde la aguda conciencia de sí mismo es siempre una característica, que se intensifica cuando un paciente pierde la protección de una relación narcisista y se ve obligado a tolerar cierto grado de separación. Habiéndose sentido antes oculto y protegido, ahora se siente visible y expuesto a una mirada que lo vuelve vulnerable a la humillación. A menudo esta vivencia tiene un carácter devastador e insoportable, sobre todo cuando siente que surge en respuesta al uso de su propia mirada para establecer una superioridad que le permita mirar con suficiencia a los demás. La necesidad de evitar o frenar en seco esa humillación puede ser tan aguda que el paciente no pueda hacer frente a los sentimientos de culpa y a otras emociones vinculadas con la pérdida, que en otras circunstancias podrían hacerla soportable. Se argumenta que el desarrollo se ve bloqueado a menos que el paciente pueda lograr un apoyo que le permita comprender mejor la humillación y hacerla en consecuencia más tolerable. Se describen algunas sesiones de análisis para ilustrar cómo, en algunas situaciones clínicas, gran parte de la preocupación y de las maniobras defensivas del paciente tienden a reducir o a invertir determinadas experiencias vividas como humillantes. La comprensión de los mecanismos implicados parece permitir el progreso del análisis.

**Voir et être vu : fierté narcissique et humiliation narcissique.** Voir et être vu sont des aspects importants du narcissisme, dont une des caractéristiques est la conscience de soi, trait qui devient aigu lorsqu'un patient perd la protection d'une relation narcissique et se trouve contraint à tolérer un degré de séparation. S'étant senti caché et protégé, il se sent alors « visible », et exposé au regard, ce qui le rend vulnérable à l'humiliation. Celle-ci prend souvent un caractère dévastateur et insupportable, en particulier lorsqu'elle est vécue comme des représailles contre l'usage dont fait le patient de son propre regard, à savoir pour établir une supériorité qui lui permettrait de regarder les autres de haut. La nécessité d'éviter et de couper court à une telle humiliation peut prendre une intensité telle que la patient n'arrive pas à traiter sa culpabilité et les autres émotions en lien avec la perte, qui autrement pourraient être tolérables. L'auteur montre que le

développement est entravé à moins que le patient ne soit capable d'obtenir un soutien qui lui permette de mieux comprendre l'humiliation et ainsi de mieux la tolérer. Quelques séances d'analyse sont décrites de façon à illustrer comment, dans certaines situations analytiques, la plupart des efforts du patient et de ses manœuvres défensives servent à la réduction ou au renversement des vécus d'humiliation. Une compréhension des mécanismes impliqués a paru permettre la remise en route du processus développemental.

**Vedere e essere visti: Orgoglio narcisistico e umiliazione narcisistica**. Il vedere e l'essere visti sono due aspetti importanti del narcisismo, il cui tratto distintivo è una tendenza a sentimenti di coscienza di sè, che si fanno particolarmente acuti quando il paziente perde la protezione di un rapporto di natura narcisistica ed è costretto a sopportare un certo grado di separatezza. Dopo essersi sentito riparato e protetto, il paziente si sente adesso messo a nudo, esposto ad uno sguardo che lo rende vulnerabile all'umiliazione. Ciò può spesso provocare effetti devastanti e insostenibili, soprattutto se viene vissuto dal paziente come una ritorsione al suo stesso uso dello sguardo, cioè un guardare dall'alto in basso per assicurarsi una posizione di superiorità. L'esigenza di evitare o interrompere tale umiliazione può farsi così acuta che il paziente non può far fronte ai sensi di colpa e ad altre emozioni legate alla perdita, emozioni che potrebbero altrimenti essere sopportabili. Si avanza l'ipotesi che vi sia una possibilità di sviluppo solo se il paziente è in grado di trovare il sostegno necessario a rendere l'umiliazione più comprensibile e quindi più tollerabile. Viene fornita la descrizione di alcune sedute di un'analisi per illustrare come, in alcune situazioni cliniche, gran parte dell'attenzione del paziente e gran parte delle sue manovre difensive siano tese a ridurre o a capovolgere le esperienze vissute come umilianti. La comprensione dei meccanismi in gioco ha consentito all'analisi di progredire.

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