

**'TO ENLIVEN HER WAS MY LIVING':
THOUGHTS ON COMPLIANCE AND SACRIFICE
AS CONSEQUENCES OF MALIGNANT IDENTIFICATION
WITH A NARCISSISTIC PARENT**

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ABSTRACT This paper explores the dynamics involved for children growing up with a narcissistic parent. It suggests that as a consequence of a malignant identification children resort to compliance and sacrifice in varying degrees. Compliance, as part of the sacrificial dynamic, also serves as a means for identification, which in the absence of other emotional nurturance the infant and later the child is reluctant to relinquish. Drawing on the personal and professional experiences of both D.W. Winnicott and H.J.S. Guntrip the paper discusses the underlying conflict between absorption into and abandonment from the narcissistic parent. The psychotherapeutic relationship offers a space to acknowledge the systematic interconnectedness that is at the heart of the malignant identification and the terrible dependency involved. Through a good personal relationship a benign identification with the therapist can begin to replace what was previously so strongly held onto. Brief extracts from two incomplete psychotherapies with young men are used to illustrate certain aspects of the therapeutic work involved.

Introduction

In this paper I explore the dynamic involved when a child feels the need to sacrifice a large part of themselves for the sake of their narcissistic parent. I suggest that this includes compliance as well as sacrifice. As the infant complies with the parent's narcissism so the infant's true self is sacrificed, goes into hiding and is protected by a false compliant self. What needs to be emphasized as part of the sacrificial dynamic is that the compliance also serves as a means for identification, which in the absence of other emotional nurturance the infant and later the child is reluctant to relinquish. There is then an underlying conflict involving an anxious struggle between absorption by and abandonment from this malignant identification. The longing to separate and the fear of survival if separation takes place creates a terrible

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A similar dynamic as between Donald Winnicott and his mother Elizabeth is found in the experiences of Harry Guntrip with his mother Harriet. W.R.D. Fairbairn called Guntrip's identification with the suffering, martyrish aspect of his mother Harriet a 'Crucifixion neurosis'.

He must not upset her or add to her burdens, but share in her suffering: the sacrificial service of the 'devoted son', whilst inwardly he was secretly preparing to break away – only to find himself tied to her in the depths by 'separation anxiety', that compelled him to identify with her again. (Hazell 1996, p. 125)

The dilemma between absorption and separation (cf. 'the core complex', Glasser 1992; and reworked as 'the encaptive conflict' in the context of self-destructive behaviour, Gardner 2001) is vividly pictured by Guntrip in his 'basic problem of dying on mother's lap . . . absorption into mother, and dying as a separate person' (Hazell 1996, p. 268).

Throughout his life Guntrip struggled to understand his earliest experiences with his mother and to disidentify from her. Aged 3½ years he witnessed his younger brother Percy lying dead and naked on his mother's lap. This trauma led to Guntrip's collapse 10 days later, 18 months of psychosomatic illness and influenced the rest of his life. His later analysis with Winnicott, after his treatment with Fairbairn, allowed a benign identification with an analyst who understood only too well that psychic death is the result of the lack of a maternal relationship, whether through narcissism, depression or a combination of both that leads to the mother's emotional absence and inability to relate to the infant. Guntrip's amnesia about the events both before and surrounding Percy's death lifted after Winnicott's death, and in a series of dreams he saw and realized the narcissism of the 'faceless depersonalized mother and the black depressed mother, who totally failed to relate' (Hazell 1994, p. 365, my emphasis).

As both Guntrip and Winnicott understood, personally and professionally, compliance and sacrifice overlap and can be seen as increasingly desperate ways of trying to hold on to the parent, achieve some sort of gratification and avoid the painful conflict of separation. In this context they are the consequences of malignant identification with a narcissistic parent unable to relate through loving. Clearly compliance involves a sacrifice in the inner life of the growing child. The compliant self demands that the 'true self' of the child is exiled. If, however, the compliance proves insufficient and the parent becomes ill, or damaged in some way, then the identification may need to be fully adhered to. At an unconscious level the destructive potential of repressed anger in the compliant child leads to greater anxiety and conflict which sometimes can only be relieved by turning the murderous rage against the self. In such situations the sacrifice of dying – certainly metaphorically and sometimes literally – may appear to become the route to enlivening and/or keeping alive the other.

Growing Up With a Narcissistic Parent

If you had a narcissist for a parent, you lived in a world governed by whim enforced without mercy . . . having a narcissist as a mother is a lot like living under the supervision of a 6-year-old. (Narcissistic Personality Disorder web page)

The psychoanalytic understanding of the concept of narcissism is complex and rich (e.g. Schwartz-Salant 1982; Sandler *et al.* 1991; Mollon 1993), seen as both an aspect of normal development and as pathology. We can trace changes in Freud's writing through his early thinking between 1909–1914, on the stages of autoerotism to narcissism to object-love; then to his 1915 paper where he makes various alterations to his understanding of the first stage of narcissism; to his later modifications in 1923 in 'The ego and the id' on the movement from primary narcissism to secondary narcissism. Narcissism is predominantly explored by Freud as a stage of psychic development, albeit a stage where one may become stuck. It is generally understood as a state of infatuation with one's idea of oneself, but also as the absence of love for others (Smith 1995).

Object-relations theory posits that the capacity for object-relations is inevitably diminished in the narcissist usually through extreme privation in their earliest experiences, or early trauma and the way the person responded to a painful past. In other words narcissism is not understood as innately present but seen more as a result of environmental deficit (cf. Fairbairn 1952; Symington 1993).

Attachment theory in its significant contribution to the relational model of therapy helps us understand not only the emotional deprivation and lack of secure base within the narcissistic parent themselves, but also the resultant enmeshment in the child, deriving from an insecure-ambivalent attachment to the inconsistent parent. Attachment theory emphasizes the pattern of underlying fear of intimacy alongside neediness. 'Here the clinging self is a false self in that aggression and autonomy are denied for fear they would be unacceptable and so drive away the secure base. The ambivalent individual denies part of himself in order to maintain links with the object' (Holmes 2000, p. 166).

Whilst the developmental understanding rightly suggests that we are all party to narcissism, narcissistic moments, and wounds to our narcissism, I want to focus on the implications for growing up with a parent who can be seen as narcissistically disturbed in the sense of their consistent inability to relate to the emotional needs of the child, and to realize the child as a person in their own right. Clinical experience also suggests that the narcissistically disturbed parent can be prey to times of depression and 'feeling down' which promote anxiety in the enmeshed child. Cooper and Maxwell (1995) suggest five criteria to understand the description 'narcissistically disturbed', which I paraphrase: a grandiose sense of self-importance or uniqueness; pre-occupation with phantasies of unlimited success and so on; exhibitionism – with

the person requiring constant attention and admiration; indifference or narcissistic rage in response to criticism or defeat; and disturbed interpersonal relationships, which may include two of the following: entitlement (expectation of special favours without assuming reciprocal responsibilities), interpersonal exploitativeness, lack of empathy and need to control, and relationships that alternate between extremes of over-idealization and devaluation (p. 18). Narcissistic personality disorder, as a psychiatric category, is often hard to distinguish from other personality disorders but the analytic view of Kernberg (1984), as discussed by Bateman and Holmes, suggests it as a more mature but no less therapeutically problematic variant of borderline personality disorder. 'Real intersubjectivity is obliterated in an attempt to avoid feelings of rage, disappointment, envy, contempt and despair' (Bateman & Holmes 1995, p. 227).

This emphasis on the poverty and disturbance of 'real intersubjectivity' and object-relating is relevant to this paper. The anti-relational quality of the narcissistic person is destructive in all social structures, especially in the family (as noted by Guntrip's insight about his mother quoted earlier), and Symington (1993) reminds us that one of the ways that narcissism operates is to destroy separateness (pp. 10, 18). According to Cooper and Maxwell, when narcissistic patients become parents, clinical evidence shows that they cannot foster the process of separate development: 'They disempower their children, experiencing them merely as extensions of themselves' (Cooper & Maxwell 1995, p. 27). It is this quality that causes such problems and has such implications especially around later actual separations.

One internet author in her discussion of the traits of people with narcissistic personality disorder writes even more frankly and outside the framework of academic discourse: 'They are incapable of loving conduct towards anyone or anything . . . There is only one way to please a narcissist (and it won't please you); that is, to indulge their every whim, cater to their tiniest impulses, bend to their views on every little thing'. Her solution is equally straightforward: 'There's only one way to get decent treatment from narcissists: keep your distance' (<http://www.halcyon.com/jmashmun/npd>). However, having a narcissist as a parent, means that 'keeping your distance' is not usually an option for the child whilst growing up, but it can start to become an option during adolescence.

Both the theoretical and the clinical findings stress the lack of self-knowledge and fragile sense of self in the narcissist. This then leads to confusion in relationship with extremes of hypersymbiotic or asymbiotic bonding, undifferentiated boundaries and what Raphael-Leff refers to as 'manipulative exploitation and parasitic relationships' (1995, p. 79). In Raphael-Leff's discussion of the internalization of parental narcissism she posits two ways of thinking about this as aspects of what she calls the competitive parental economy. One is the situation in which children grow up as parental appendages or 'dolls in a box'; the second is the 'squeezed

balloon' syndrome where parental need eclipses awareness of their own. 'What both stances share is an unconscious belief in *systematic interconnectedness of the parental/child pool of vital resources*' (Raphael-Leff 1995, pp. 87–8). Here, I suggest, we have another variant of *the master–slave dyad* with some of the same unconscious dynamics of ties that bind and ambivalences.

The Move from Unconscious Belief in 'Systematic Interconnectedness' to Conscious Realization of 'Terrible Dependency'

The 'systematic interconnectedness' between narcissistic parent and child described by Raphael-Leff is part of a malignant identification. The phrase a 'terrible dependency' is used by Shengold (1999) when he describes the need for damaged and abused patients to become conscious of their own state of mind. This includes those who have been emotionally, sexually and physically abused in childhood and who have survived homes where crazy, cruel or capricious, and, I add here, *narcissistically disturbed parents were in charge of a totalitarian family ambience*. A home that Shengold, borrowing the phrase from Randall Jarrell, calls 'one of God's concentration camps' (1999, p. 12).

For patients in psychotherapy the necessary and crucial step in their self-discovery is to acknowledge the terrible dependency involved in this malignant identification, in other words, a gradual appreciation of both the experienced benefits and deficits of the identification. This can only be understood and reversed in the context of a good personal relationship and a gradually awakening benign identification with the psychotherapist. As with all our patients but especially so with this group, such identification requires us as therapists to permit intimate identification as well as keep our distance, approaching at a pace the patient can tolerate. *If the dependency can be transferred onto the therapist and then worked with and through, there is the chance for the patient to slowly build up internal foundations of him or herself as a separate entity with a separate existence and separate needs and wants, and a healthy self-interest*. Jeremy Hazell (Personal communication) refers to the lost core of the self and reminds us that we as psychotherapists are needed by the patient to see more of this lost core of the self in them than they can see themselves. Psychotherapy becomes in part an introduction to the relinquished part of the self.

Recognizing the extent of dependency involves bringing to consciousness the strength of the identification, and the fear of letting go and losing the mental image of the caring parent. Armstrong-Perlman (1994) discusses how patients have felt 'real' in the relationship they are about to lose, but have not been able to perceive or register how narcissistically damaged their others are. 'Such patients often assume that, if only they can repress the intensity of their own needs and adapt themselves to the needs of others,

their relationships offer hope, whatever the costs of personal submission' (p. 224). She also reminds us that the person is 'fixated' to this object choice and way of functioning, and that Fairbairn stressed the maintenance of the relationship for the psychic survival of the infant. The intolerable situation is dealt with by internalization:

With a view to controlling the unsatisfying object, [the child] employs the defensive process of internalization to remove it [the recognition of mother as a bad object] from outer reality, where it eludes his control, to the sphere of inner reality, where it offers prospects of being more amenable to control in the role of the internal object. (Fairbairn 1951, p. 172)

The roots of compliance and sacrifice are found in the struggle of the infant to avoid too drastic a retreat into a feared but desperately needed infantile dependence which is needed as the precursor of integration and growth. Originally the infant, and then the patient, under the anxiety of loss and fear of disintegration cling all the more to the internal bad object(s). Therefore the process of uncovering and bringing to conscious awareness the nature of the relationship is heavily resisted and brings with it the threat of collapse. Certainly in time there may develop further perception about the parent's narcissism in the light of the patient's developing self-awareness, and even some compassion, alongside therapeutic space to explore the part played or not by the other parent, if relevant, and the implications for an appreciation of the oedipal aspects that may be involved.

Both clinical situations described below involved an emotionally insecure mother who needed for her mental well-being – for her narcissistic balance – that her son behave and respond in a particular manner. It was also clear that in each case the son was highly dependent on the enmeshed attachment to mother in the absence of any benign identification with another significant figure. Something much needed was 'gained' through the pain of the relationship. In both instances the father was not available. The first vignette is of a single parent mother and an adolescent; the second vignette is of a young man in his early twenties with an elderly mother and a rather remote, critical father. Referral for psychotherapy in both was precipitated by the crises brought on by the threat of separation and leaving home. Both patients had responded to and perceived from childhood the necessity to take on, at an unconscious level, the part assigned to them. If they did this, then they were 'loved' and experienced being needed. The conflict arose for both alongside the possibility of change. Both parent and child have an 'interest' in keeping the situation going – the parent who has found self-object confirmation in their child's 'false self', and the child who without his or her own internal structures and sense of internal needs is now so exiled from their 'true self' that they are dependent on the parent's affirmation. In both psychotherapies this vital interconnectedness was brought into conscious awareness and some measure of recognition of the dependency and identification was achieved, but for different reasons continuing the

treatment through to a substantive state of independence was not possible. The material chosen is used to illustrate particular aspects relevant to this discussion.

Vignette 1: Uncovering the Degree of Compliance

Aged 15 Ashley went everywhere with his mother although in his view only when she wanted him to. They moved houses frequently. He had no friends of his own, and his long-standing school phobia had deteriorated to the point where professionals had been alerted, and Ashley was offered psychotherapy – twice a week for a period of nearly three years. As a baby Ashley had been cared for by a succession of au pairs as there had been many separations from his mother Katie when her work took her abroad. His father living in Australia had little contact. Over the years Katie had sent Ashley to various alternative therapies – including re-birthing, past life therapy, hypnotherapy and massage – often she too had taken part. For many years he had accompanied his mother socially and had developed a stilted way of managing conversations with adults – always turning to her for affirmation.

I'm going to select two aspects of my work to discuss in the context of this paper. The first is the issue around reliability; the second a dream that both revealed the underlying conflict and that probably precipitated the ending of the therapy.

With encouragement and away from his mother, Ashley soon began to speak more freely and to recognize and name his feelings. He could talk about what was happening at home and how he would like it to be different in a slow rather wooden manner, but needed my affirmation – only responding when I spoke. It felt as if 'no one was home' (as indeed there hadn't been during his infancy) and he showed little vitality. However, around issues of timekeeping he did show some interest and self-determination. Ashley could come early or late or not at all but rarely on time and sometimes on the wrong day. I tried to understand with him why this was. In the context of many months of thinking about the problem Ashley told me that he felt unsafe. He said that, at any moment that suited her, his mother might leave him – as she in fact had and did. He remembered with strong feeling being tricked by her to attend a summer camp while she worked abroad, her promise to return on a certain day proved false and Ashley had become hysterical and so distraught that he had had to be tranquillized. In turn he now identified with this inconsistency and could randomly refuse to do what she wanted or could behave morosely in order to upset her. He took pleasure in seeing his impact on her. This transference was clearly brought to the therapy as was his fear of my reliability and abandonment. Ashley commented the first session after the first break, 'You're here!' Through the management of the timing of sessions Ashley's 'terrible dependency' started to be brought into consciousness.

Ashley's demand to change the times of sessions, sometimes for no good reason, replicated his mother's random behaviour, but I think it was also partly a way of managing his fear of absorption into me. The first few times this happened Ashley came over to my chair where I was looking at my diary and over my shoulder pointed to a possible time when he could come. He had no internalized expectation of privacy or boundary or what might suit the other person. Talking as best we could about such issues proved useful in showing the difference between being with his mother and with me, and experiencing a new way of relating. Over time Ashley did speak about some feelings of concern and empathy over what I might think about him, and what I might feel when he was unreliable. Inevitably this was also in part aggressive and further identification with the original aggressor, but it was possible to discuss that and his sense of his impact upon me.

The underlying conflict in Ashley was addressed in a dream shortly before his mother suddenly decided to move both of them to France. The two events may have been connected. Ashley had missed the previous session and had not telephoned to explain, a habit that he had usually managed to hold on to from the second year of therapy. When he next came he was furious with his mother threatening to take her to the Council for not providing him with a 'proper home'. Ashley often invoked the 'Council' as the powerful father who would finally intervene between him and his mother. He said he wanted to tell me a dream he had had after he and Katie had rowed again about who would cook the tea the night before the missed session.

I am with Katie in a huge, dark wood – there are trees everywhere – all around and above me. But there's also a high cliff, I'm walking to the top and there are trees growing up the cliff – then Katie says she can't go up and starts to go down though she is very near the top. She slips and falls and as she falls she turns into this bird – a beautiful bird – I think she will be ok and fly up, but then she turns back into Katie and falls with a thud. The cliff is so steep that people are tiny at the bottom you can hardly hear them, but I heard the thud.

Ashley said he was horrified by the dream and the accident that happened to Katie. He'd told the dream to her and she'd said that he was growing up and trying to get rid of her. I suggested that perhaps he hadn't wanted to come and talk to me after the dream. Ashley agreed and said he found it worrying to think that he could be so cross with his mother that he might wish her dead. His murderous impulses were the missing bits of the dream as they were covert and implicit, but Ashley recognized them enough to name them. The underlying conflict was demonstrated by the two movements taken by the bird-mother in Ashley's dreaming mind. The creative movement suggested that Ashley could let go of the malignant identification with his mother leaving them both free and autonomous. The underlying conflict was brought to consciousness as he saw that she might 'fly away' from him – how suddenly he could lose her, but she also inhibited him from 'walking to the top'. The second movement showed the outcome of

separation leading to destruction. The sheer process of separation was so steep that if he looked he saw that deep down he was very tiny and very frightened by the power of what he had done – the ‘thud’ of his hostility. Perhaps also he could sense his mother’s inner deadness beneath the ‘beautiful bird’ self, that paralleled his own inner world.

I understood the degree of compliance involved in the systematic interconnectedness between Ashley and Katie as a form of ‘narcissistic identification’, inevitably malignant. Freud explains this as a solution to conflict with the loved person who then need not be given up (1917 [1915], p. 249), and whose own ego is subjected to all the hostility and vengefulness which have been aimed at the object (1917, p. 427). It also seemed in part similar to that discussed by Meltzer who in his exploration of a new form of narcissistic identification that he calls ‘adhesive identification’ describes children who ‘somehow were having difficulty in conceptualizing or experiencing a space that could be closed. In a space that can’t be closed there is just no space at all’ (Meltzer 1975, p. 300). In other words, the force of the intrusion by his mother, and Ashley’s corresponding need to adhesively identify with her, left no inner space for Ashley’s internal values.

Vignette 2: Thinking About Sacrificial Desire

Philip, a young man in his early twenties, came into therapy following a period of depression and an attempted suicide. He had dropped out of college after a few months and returned home. Whilst he was away his mother, now in her early sixties, had been diagnosed with a degenerative disorder and was understandably depressed. In this second vignette I want to briefly highlight one aspect of an incomplete twice weekly psychotherapy with Philip. This is the systematic interconnectedness between him and his narcissistic mother. This was partially revealed in his conscious desire to wear her clothes and keep close to her in the reality of his relationship with her, and his unconscious need to sacrifice himself to keep her alive and happy.

Philip was adopted at the age of 2 months after some time in a foster home. Shortly after he was adopted Marian, Philip’s adoptive mother, unexpectedly conceived and so at 15 months Philip had a brother, David. Marian repeatedly told Philip, ‘You brought me life, and you gave David life’. Philip remembered saying as a child, ‘I would die for you, mummy’, and his mother’s response, ‘You must live for your mother’. Philip now experienced his mother as powerful, dominant, opinionated, and absorbed in bringing up her sons to be a credit to her. It seemed that Philip tried very hard to ‘live’ for his mother and be how she wanted him to be, but this was difficult for him as he told me he was not tall and good looking like his brother David who had left home and was academically very successful. Philip’s father was distant and critical – an unapproachable figure.

After some time in therapy Philip told me about the strong desire he had had since early adolescence to wear his mother's clothes. As he spoke about his feelings it seemed as if he longed to be right inside her and yet in his absorption preserve part of himself from her. He described it as, 'when I'm with her, "I" seem to just fade away – she sort of takes me over'. It seemed that, in contrast, by enveloping himself in her clothes and under his own control, Philip could retain his self-representation and still remain close to mother. He said, 'I know I've got her clothes on, but it's really "me" inside.' Stoller describes the dynamic as 'When I am like a female, dressed in her clothes and appearing to be like her, have I nonetheless escaped the danger? Am I still a male . . .?' (1985, p. 30). It is also worth noting here the absence of any good relationship between Philip and his father that might have mitigated the engulfing mother-son relationship and the confusion that Philip experienced (cf. Limentani 1991).

Philip was in deep conflict with Marian his mother. Underneath was a fury at the takeover by his mother and yet this hostility could not be expressed in case she was harmed by the strength of his feelings. When Marian became ill and depressed just after Philip left home, Philip's guilt and fear became overwhelming. He spoke of wondering whether if he died she might recover and live. He found her symptoms too painful to see and although bound to her longed to break free. A more drastic solution than wearing her clothes was needed to what was now an encaptive conflict (Gardner 2001). Philip could identify with Marian's depression through his depression, but as her health deteriorated the memory of 'giving her life' and the idea of his sacrifice emerged. It seemed that only his death could resolve the situation, and so he would avoid the desperately mixed feelings evoked at the thought of her loss. His grandiosity, a form of identification with his mother, led to the desire for sacrifice, a desire born from hostility and desperation, not from love and generosity.

His feeling described above of being 'taken over' and 'fading away' seemed to correspond to 'envelopment' by his mother and the resultant threat of annihilation. His apparent solution is a process referred to by Glasser as simulation, which is carried out on a bodily level. 'Restricted by fears of engulfment, the transvestite child establishes his connection with his mother through identification' (Glasser 1998, p. 156). As with his transvestism Philip identified his body with the loved and hated mother. The fantasy behind the sacrificial suicide could be seen in different and possibly interdependent ways. Philip could not bear to watch the progress of his mother's illness, his bodily confusion with her led to a fused fantasy that in punishing and killing off his body that part of his self and her self would be saved. At another level her physical deterioration seriously threatened Philip's psychological integrity and he felt he could not cope without her. At a deeper level there was a possible idea of a fusion with the birth mother who remained forever young, as well as revenge on all the mothers for their

abandonment of him. The psychotherapy with Philip involved slowly unpacking some of the complexities in his relationship with Marian.

In the course of the therapy an intense transference developed that allowed some of these dynamics to emerge into consciousness. For example, Philip became very low before weekends and breaks and sent me long letters about how he was feeling. He found the idea that I saw other people extremely painful. In the countertransference I was more than usually concerned about what to wear the days that I was seeing Philip, nothing that might be seen as encouraging an erotic transference. I initially understood this as my discomfort at his desire for intimate identification, and spoke to him about his longing to have his own mother/therapist just for him. Once I knew of his transvestism I interpreted my countertransference in terms of Philip's fear of absorption into me – both as the narcissistic, depressed, older mother and also as the promiscuous, young birth mother of his fantasies.

The treatment had to end when Philip became too old to be seen in the service where I worked, and he decided to finish the therapy rather than be referred on. However, I later heard that following a further suicide attempt a year after finishing with me he was taken on by the adult mental health department and offered more treatment.

Working Towards Resolution

The therapies were far from complete, but both Ashley and Philip understood at different levels of awareness the malignant identification and the depths of their dependency on their mothers. Philip, the elder of the two young men, was better able to articulate his mixed feelings and see for himself the dilemma around separation from his mother. He was also clearer about her needs and the force of her demands upon him, although he remained confused about his need to continue to wear her clothes. Ashley found it difficult to think about feelings and establish connections in his mind. His high levels of anxiety threatened his embryonic insights. Unfortunately for both patients attempts to work further on their dilemmas in the transference and establish a benign identification were frustratingly cut short by external factors. I can only speculate that both psychotherapies would have taken several more years at least for clearer insight and firmer foundations to develop.

As Hazell's psychoanalytical biography of Harry Guntrip shows, resolution can take almost a lifetime. In 1951 the following is noted:

But most defeating was his sense that the mother he could not cope with externally, but could only internalize and identify with, was endlessly locked with him in a 'mutually destructive, crushing and absorbing . . . death embrace, but never dying'. He said to Fairbairn, 'Your analysis has shown me, in a way I had no conception of, *the terrible nature of the unconscious inner world as both static, unchanging, but also dynamic, exhausting and explosive*. No wonder its eruption makes people fall ill.' (Hazell 1996, p. 129)

The long years of analysis and self-analysis allowed the legacy of his relationship with his mother to slowly emerge into conscious realization. Resolution for Guntrip came in the last years of his life, although clearly much important work had gone on throughout the period of both analyses. In 1970 he wrote in a letter, 'I have always known that my analyses with Fairbairn and Winnicott did not always reach a definitive conclusion, but did prepare the way for it; and that somehow, sometime I would have to find my own way' (Hazell 1996, p. 311). The trigger for the resolution came as described above with dreams following the news of Winnicott's death about a year after his analysis with him had ended. Perhaps it was the experience of 'letting go' by Winnicott into death that allowed Guntrip to see behind the screen memory of his own feared inner dead baby. Paradoxically, through Winnicott's death Guntrip was freed to understand his own life and aliveness.

In conclusion, both men shared a personal and professional awareness of **the compliance and sacrifice some children can make as consequences of a malignant identification with the needs of narcissistic and depressed mothers.** Both understood that psychotherapy offers the provision and possibility of a different kind of good relationship 'that makes contact with the deeply repressed traumatized child in a way that enables one to become steadily more able to live' (Hazell 1994, p. 366). The sacrifice implicit in the expression 'to enliven her was my living' is made both in service of the mother, and for the psychic survival of the child. Attempts at resolution are inevitably frightening and seriously resisted as my work with Ashley and Philip shows. It is perhaps only much later, once a certain mature state of separation and psychic detachment has been achieved, that an **understanding of the terribly deprived inner world of the narcissistic parent** can be reached, alongside an appreciation of the parent's own unmet childhood needs.

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