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# On the Prognosis and Treatment of Narcissism

Arnold I. Goldberg, M.D. 

EVERY MUCH APPRECIATE the opportunity afforded me to participate in the panel on the prognosis and treatment of narcissistic disorders. I hope to illustrate how the work of Heinz Kohut directly follows from and expands upon the basic knowledge given to us by Freud in his work on narcissism. The title of this panel is somewhat slanted, insofar as it seems to regard narcissism as a disorder in need of treatment. **Kohut's position is that narcissism per se is a part of normal development and has not only pathological and primitive forms, but mature ones as well.**

The analytic investigation of disorders of narcissism reverberates in our daily activity in all psychoanalytic work. One cannot hope to cover all the relevant issues in this enormous field. At the outset, however, I would like to review some basic definitions and perhaps offer a reorientation. The first definition to be discussed is that of the *narcissistic object*. In Freud's 1914 paper, that definition was offered as des

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ON THE PROGNOSIS  
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ARNOLD I. GOLDBERG, M.D.

I VERY MUCH APPRECIATE the opportunity afforded me to participate in the panel on the prognosis and treatment of narcissistic disorders. I hope to illustrate how the work of Heinz Kohut directly follows from and expands upon the basic knowledge given to us by Freud in his work on narcissism. The title of this panel is somewhat slanted, insofar as it seems to regard narcissism as a disorder in need of treatment. Kohut's position is that narcissism *per se* is a part of normal development and has not only pathological and primitive forms, but mature ones as well.

The analytic investigation of disorders of narcissism reverberates in our daily activity in all psychoanalytic work. One cannot hope to cover all the relevant issues in this enormous field. At the outset, however, I would like to review some basic definitions and perhaps offer a reorientation. The first definition to be discussed is that of the *narcissistic object*. In Freud's 1914 paper, that definition was offered as descriptive of an object choice modeled upon an aspect of the self (what it was or is or would like to be) or upon someone who was considered a part of oneself; i.e., the narcissistic object is seen or experienced as part of the self and, more specifically, as an object that performs a function for the self. The position of an observer who notes an interpersonal activity is always that of seeing objects interacting. Thus, a social psychological approach to object relations bypasses the psychological meaning of objects to

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Attending Psychiatrist, The Institute for Psychiatric and Psychosomatic Research and Training, Michael Reese Hospital.

one another. Objects, which necessarily function as some sort of self regulator are, however, in this scheme of Freud's, narcissistic.

Growth and development imply significant points at which separation from such narcissistic objects may be optimally achieved without fragmentation or disorganization. Development thus proceeds via the narcissistic object. Two decisive developmental stages have been extrapolated from the progressive and regressive swings that Kohut sees as lying in the center of the narcissistic transferences and the working-through process. These swings are between cohesion and fragmentation, and they reflect: (1) an early stage, preceding the formation of the self, in which the various mental and somatic activities of the child are experienced as separate and distinct from one another, and (2) a later stage during which the various activities are increasingly experienced as parts of a new cohesive structure, the self. Freud's distinction between a stage of autoerotism and a stage of narcissism may be understood as the drive-psychological analogues of these developmental stages postulated by Kohut. Another elaboration of this developmental sequence is that of Glover, who postulates separate or isolated ego nuclei which coalesce into an integrated whole.

Outside of analytic reconstruction, this latter stage of cohesion may be seen as a totality of response to the person, i.e., the mother responding to the child as a whole, rather than to isolated aspects of the child (I illustrate this later in a clinical example). In an analysis this developmental sequence is manifested in regressive swings that are evidence of breakdown or fragmentation as, for instance, in hypochondria or bodily delusion. One also sees progressive movement toward consolidation, organized around the person of the analyst, who is included in the web or matrix of the self.

The further implication of this idea is that there is a separate developmental line for narcissism. Thus, one can expect progression and maturation along this line, rather than conceiving of narcissism as developing into object love. Levels of narcissism from primitive to mature are noted; from archaic idealizations to mature ideals, for example, and from primitive grandiosity to wholesome pride in performance. During this range of narcissistic growth the other person is still utilized as a regulator. The experiencing of others as part of the self extends from the early stages of union with the mothering figure; through the struggles of separation, wherein the

child painstakingly takes over his own caretaking; to the exquisite sensitivities of the phallic-oedipal period, wherein others are both part of the self as well as distinct objects; and on to the adult, who is never free from needing others in order to know himself. In this line of development, as in others, can be seen a variety of painful experiences that later become repressed or otherwise defended against, as well as the eventual emergence of derivatives of these earlier stages. In a nutshell, narcissism has a development of its own, a pathology of its own, and requires a treatment of its own.

Kohut's statement, that the antithesis of narcissism is not the object relation but object love, is a deceptively simple but very pertinent clarification. That is to say, the significance of my own present posture is that I can utilize others to regulate my self and my self-esteem in certain areas in my life, and I can simultaneously participate in the vicissitudes of object love or hate. Such a parallel consideration confirms that phases may run alongside one another, and so, too, narcissism and object love have side-by-side existences and development that are not mutually exclusive. From this, one can derive a redefinition of the entire spectrum of psychopathology based on disorders of narcissism as well as of object libidinal and aggressive striving. This can lead to a reorientation of our thinking regarding both the treatment and prognosis of disorders of narcissism, as well as that of the classical neurotic disorders.

Only after teasing apart disorders of narcissism from those of object love and hate can we approach a rational treatment of these disorders. The fundamental contributions of Kohut are primarily clinical in that he devised and developed a systematic psychoanalytic treatment of narcissistic personality disorders. The painstaking examination of clinical data then allowed him to clarify the theoretical underpinnings. He then arrived at the concepts mentioned above, i.e., that narcissism develops and matures without necessarily changing over into object love, and the transference manifestations in these analyses illustrate the use of the analyst as an object experienced as part of the self and not as an imago of a separate individual in an oedipal configuration.

Before one can discuss prognosis and treatment, a clearer consideration of the pathological picture is required. Narcissism is ubiquitous and is a predominant element in many classical neuroses,

as well as being the major core of the narcissistic neuroses or psychoses. The group of disorders to which Kohut has directed his attention is not that of the psychoses or borderline states, but the broad category of narcissistic personality disorders. These are patients suffering from disorders of the self or what has been called an insufficient consolidation of the self. The manifestations of these problems are feelings of emptiness, lack of initiative and/or hyperexcitability, a variety of sexually perverse activities, and a diffuse sensitivity or vulnerability to people around them. To be sure, the overt clinical phenomena are not clear-cut guidelines to an analytic assessment; only the pattern of transference developments in an analytic experience is able to pinpoint the crux of the pathology. The patients, however, are not generally those considered to be borderline, in whom one sees regressive swings to psychotic episodes. Rather, the regressions that may occur are short-lived with a ready reconsolidation of the self. Indeed, the patients often grouped together as borderline or latent psychotics are those who developmentally parallel the pre-narcissistic or autoerotic stage. A cohesive self that maintains a sense of continuity has not been established or has been broken up, and the symptomatology of these patients hides this fact. Other patients who defend themselves in a schizoid manner of withdrawal or distancing are those who protect themselves against the potential breakup of this nuclear narcissistic structure. Such patients are not usually considered suitable for psychoanalytic treatment.

The criteria for analyzability in terms of latent or overt psychoses are by no means affected by Kohut's contributions, which apply to the analysis of narcissistic personality disorders. At the other end of the spectrum of psychopathology, the narcissistic issues often seen as resistances in a classical neurotic problem present the same problems of analysis as always. Indeed, they call for extra care lest one misinterpret an extremely narcissistically defended individual as having a core problem of self-esteem.

There are a wide variety of individuals heretofore not felt to have been accessible to analysis because of "extreme narcissistic fixation" who now, in this perspective, can be considered eminently analyzable by the classical psychoanalytic method. No parameters are necessary. No technical changes are called for. Nothing that deviates from the classical analytic tools of interpretation and re-

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construction is indicated. All one needs to do is refrain from misinterpreting the needs for narcissistic objects as libidinal striving and/or as defensive regressions from oedipal issues. In fact, there is no doubt that gifted analysts have for years had success with analyses of such patients, but there has not been a firm clinical theoretical orientation to the problem, one which is transmissible to students and which allows for a deepened understanding of personality as a whole.

Some investigators have noted the correlation between the capacity for mourning and/or depression and analyzability. The quality of sadness or grief or bereavement over the loss of a loved one is sometimes cited as a crucial determinant for the capacity to establish transferences. Narcissistic individuals are considered to have a better prognosis if they can mourn or become depressed, but this quality is often at a minimum in these patients. In "Mourning and Melancholia," Freud said: "He [the melancholic] has lost his self respect . . . The analogy with mourning led us to conclude that he had suffered a loss in regard to his ego [read self]." The narcissistic individual suffers from melancholia rather than mourning, and, as Freud said: "The complex behaves like an open wound."

The usual historical stumbling blocks to a systematic clinical theory of psychoanalysis have been defects in our understanding, technical in nature, both in the sense of the competence and knowledge of the individual analyst and of the limits of the method per se. Whether or not these limits have been reached is of common concern to us all. Yet the history of psychoanalysis thus far has been of gradual accumulation of knowledge which increases the competence of the practitioner and better delineates what the theory can or cannot do. There still seems to be room for both increasing our individual competence and better defining our theory.

### *Clinical Example*

The patient to be discussed will be presented primarily in terms of the treatment process and I shall minimize the presentation of much clinical material.

This patient is a 30-year-old professional man who came to analysis because of feelings of emptiness and tiredness, because his wife insisted that he get help for his general inattentiveness to her,

and because of a long-standing sexual problem of premature ejaculation. The patient's father is an eminently unsuccessful man in that he came from a rich and famous family but settled into a clerk's job where he remained for many years. The patient's mother is aggressive and moderately successful, and clearly "dominated" the family for many years. The patient's older brother is schizophrenic. The patient feels that some peculiarity was evident in his brother for as long as he can remember, although the overt psychosis was a phenomenon of early adulthood. He has a younger sister of whom he is fond and who seems happily married.

The patient remembers his early life as one of extreme anxiety and loneliness alternating with heroic athletic feats. His mother was overjoyed at his accomplishments, out of touch with his anxiety, and of little help for his loneliness. Father is remembered as a quiet, unobtrusive man who frequently "tuned out." Patient recalls many devices and maneuvers to evoke responses from this strange but loving man who was often peculiarly inaccessible. The beginning of analysis reflected the conviction that the analyst didn't listen or was reading a paper and had to be turned on with anecdotes or minor entertainments. The patient also displayed a somewhat typical beginning stance for patients with narcissistic core problems, i.e., for long periods, he treated the analyst as if he were of no importance or significance. As Kernberg (1970) has illustrated, the patient seemed to convey an attitude of devaluing the analysis and denying the analyst's importance. These seemingly contradictory points: i.e., it was vitally necessary for me to give my undivided attention, but I could almost as easily be casually disregarded or ignored, are perhaps the clearest and most accurate indicator of the narcissistic relationship with the analyst. The phenomenon may even reflect a schematic picture of the patient's psyche. Telling patients directly how it feels to be treated this way is usually an unnecessary educational measure, since they have already heard this elsewhere. However, an interpretation directed to the failures of the analyst to serve in this narcissistic relationship often allows for a broadening and deepening of the analytic process. This particular man slowly worked through what may be considered a defense in the form of a disavowal to a more stable narcissistic transference. Instead of treating me as if I did not exist, he began to attribute moods and thoughts to me.

This was characterized by the patient's entering an hour with an announcement of how *I* felt. My initial reaction was to deny the happiness or grouchiness or tiredness or whatever he had assigned to me. After a while it became clear that *I*, as a separate person, had nothing to do with his judgement, that this was how *he* felt and that *I* was but a mirror for him or, at times, his twin. This more or less stable transference allowed for a variety of extremely significant and charged fantasies of grandiosity to emerge. The listless, apathetic, and preoccupied man at work lived in fantasy alongside a hidden, great, supremely skilled, and devastatingly effective personality. These fantasies were terribly exciting and fearful, sometimes hardly controllable, and often handled by a massive inhibition which showed superficially as a depression or depletion. This picture of psychic functioning is clarified by Kohut's concept of a vertical split in the psyche, as opposed to the horizontal split of repression.

Reconstruction of this patient's early childhood as the basis for the adult picture revealed a child encouraged to greatness and specialness, with little opportunity to modulate and regulate this ambition vis-à-vis an empathic interacting adult. Father had no capacity to feel for the charged excitement of the little boy running in to report on the day's events. Mother could listen and applaud only the heroic athletic feats (he recalled how pleased she was at his skiing down an almost impossibly steep slope as a very young boy—something he now thinks he should have been forbidden to try), but she was too agitated to be with him when he returned sick and frightened from a new school he attended at about the same age. This kind of mother can only respond definitively to certain selected functions and therefore does not aid in integrating disparate parts of the self. Hence, as an adult, the patient showed some effective outstanding achievements, some repressed and frightening grandiose fantasies, and some inhibition of preconscious grandiosity. The swings in analysis were from regressive temporary fragmentation to a vulnerable integrated self-concept utilizing the analyst. For all of this, *I* was there to listen, to reflect in words, and sometimes to allow fantasies of merger. There was little if any love or hate for me as a rival or competitor, nor was *I* experienced as a distinct, separate person.

The significant changes that occurred in this analysis are il-

lustrative of Kohut's thesis that, with working through in analysis, the nonintegrated aspects of the grandiose self become included into the adult personality in a tamed form and the energies are harnessed in the service of the mature sector of the ego. The patient changed primarily in his work, developing a capacity to enjoy what he was doing and an enthusiasm for his activities that often made him feel, in his words, "10 feet tall."

His premature ejaculation was seen to be a reflection of his fragile and vulnerable self: a symptom that denoted sexual activity as a performance he felt demanded greatness, was sometimes too exciting, and an arena for possible painful humiliation. He eventually divorced his wife and married someone who was less ambitious, more supportive, and, especially, less critical of his self-centeredness.

This sketch of the analysis is for the purpose of highlighting some of the basic concepts involved in the treatment of narcissistic personality disorders. The transference manifestations here were those of a mirror or twinship involving the grandiose self. Kohut has delineated the subgroups or variants of this particular form of transference (the mirror, with subgroups of merger, twinship, and mirror in the narrow sense) as well as those of a somewhat different and separate group of narcissistic transferences called the idealizing transferences. The latter, as a resurgence of the idealized parental imago, may predominate or may interact with the phases of development of the grandiose self in the regressive and progressive swings seen in the working-through process of analyses. The idealized parental imago deals with aspects of development closer to object differentiation, but it is seen to some extent in all analytic efforts with these patients. This particular man gave some evidence of idealization in his analysis, but for the most part it was expressed in apprentice-like relationships with outstanding men in his profession, and much of it was modified in the course of analysis without direct re-enactment with the analyst.

Kohut's concept of transmuting internalization clarifies the phase-specific taking in of nontraumatic manageable functions from the analyst, who until then had functioned as a part of the self. An internal regulating system takes over such functions, and the original need for external objects for support is changed to internal psychic structure.

One of the patient's early dreams concerned his being confronted by robots or mechanical men, and this filled him with anxiety. The associations were to the men he knew (father, friends, and the analyst) who responded to him without feeling and who frightened him. The dream reflected an empathic failure: a failure of the analyst to understand the patient. The patient experiences such failure as a loss or absence of the analyst. Later, he had a dream of rushing up to a man at a church wedding to introduce himself; the man was slightly amused at his enthusiasm, and the patient felt hurt and deflated. This was associated to the patient's feeling that the analyst had not been properly enthusiastic in welcoming him after a vacation—another failure of the analyst as a narcissistic object. In this instance the narcissistic equilibrium was more easily re-established. There was an ongoing development of his need to feel connected in order to feel complete and full. He imagined the analyst as a balloon that inflates and deflates, and he likewise felt blown up and therefore vulnerable, or collapsing in fear and retreat.

From the early merging to the inevitable separation, the patient internalizes the analyst's function or presence in the working-through process of the analysis. The analyst serves the needs of the patient in the area of self-continuity until the patient can do so for himself. Interpretations are often most meaningful after the inevitable failures of the analyst to understand the patient, as these recall to the patient his parents' shortcomings in empathically comprehending the needs of the child. No attempt is made to soothe or comfort the agitated and angry patient for empathic failures: only an interpretation after the fact is indicated.

This brief sketch might also allow for some mention of the countertransference problems encountered in patients with narcissistic personality disorders. These problems are usually in the narcissistic realm, but they belong to the analyst rather than to the patient. The relative lack of object libidinal and aggressive feeling may lead to a corresponding hunger in the analyst, awakening his need to be recognized or appreciated. No audience can maintain its interest for long if the presentation is repetitive or autistic or genuinely holds no interest for the listener. The analyst, too, becomes bored or restless or wants to cry out, "What about me and my feelings?" The patient wants attention, concern, understanding,

and sometimes enthusiasm; and we may respond with preoccupation and/or resentment. Kohut has delineated the specific counterreactions to the expectable transference manifestations, and although experienced analysts have no doubt lived with and understood these countertransference feelings for many years, we now seem to have a clinical theory which encompasses and explains them.

These patients can also be trying to the analyst in their demand that he be sensitive and attuned to their often seemingly petty narcissistic injuries: the insults, rebuffs, hurts, and humiliations of everyday life. In a seemingly microscopic re-enactment of Freud's description of the traumatic neuroses, the injury to the self is repeated again and again in an attempt to heal it, to master it, sometimes to change or undo it. The patient seems to need an almost endless repetition, with no hope of going on to other material. One must recognize that there is a realistic need for this, similar to that of the child who needs to tell an empathic parent of his fall and his hurt, and to have it made better, often by a minute scrutiny of the scratch as well as the associated area, be it physical or emotional. It is often a surprise and irritant to the analyst to learn of the enormous pain and the associated rage that occurs in reaction to what seems to be a trivial matter that should be easily shrugged off. To be sure, these patients can forgive with their reality ego, but they cannot, nor should they be expected to, forget in the vulnerable narcissistic sector of their psyche.

All these considerations go beyond the analysis of narcissistic personality disorders per se and apply to all analyses, inasmuch as maturation of narcissism occurs in every analysis, and the analyst's awareness of these factors will reduce the propensity to educate patients or to belittle them when faced with some evidence of an early narcissistic posture. Kohut has commented on the attitude to narcissism that has subtly pervaded much of psychoanalysis: a pejorative one that extols love and altruism and denigrates self-centeredness.

The question of prognosis in cases of narcissistic personality disorder must direct itself to this value judgement. Successful analyses of patients with pathology in the narcissistic realm leads to maturation along the narcissistic line of development. There is more pride and enthusiasm in activities and accomplishments, re-

placing listlessness and emptiness. Sometimes we see transformations of narcissism in the areas of creativity or humor or some variant of self-knowledge that Kohut has described. The primitive grandiosity is internalized in the ego matrix of psychic structure; the archaic idealization is transformed into the idealizing function of the super-ego. Relatively little change, however, may result in the arena of object love, save that from the more general well-being of the personality. Realistic self-esteem and the capacity to admire others are the therapeutic aims of our work with these patients. A proper appreciation of the line of development of narcissism clarifies the nature of the progress with psychoanalytic treatment of narcissistic personality disorders.

#### *Implications for Psychoanalytic Theory*

The systematic approach to the treatment of narcissistic personality disorders as presented by Kohut is entirely within the framework and spirit of present-day psychoanalytic theory. The overriding importance of the self as a content of the ego closer to experience, however, might strain the applicability of structural theory to the clinical phenomena. In a recent panel in San Francisco, John Gedo presented our joint work about the concept of utilizing several models of psychic activity to describe varied psychological material. In a forthcoming book, Gedo and I expand on our view that analytic work with narcissistic disorders can be better appreciated by using models of self and object interaction in a developmental series. This merely restates what many of those writing on the self have implied. The work of Sandler and Rosenblatt on the representational world (1962) would be an end point or the mature adult picture in such a developmental series.

A danger does exist, I think, in concentrating on the relationship of self to objects, and that is the danger of remaining in the arena of social (or Sullivanian) psychology, or, in another sense, of restricting our observations to the preconscious and conscious sectors. Perhaps the ubiquitous preoccupation with the problems of identity reflect this error. There is a vast literature in both psychoanalytic and nonpsychoanalytic journals and books on the concept of the self. To the extent that one merely transposes social interaction or interpersonal relations to the intrapsychic world, no new dimension is added. A depth psychology involves an investigation of

the development of these structures, as evidenced, for example, in the work of Jacobson. A depth psychology also insists upon investigating the underlying fantasies and drive vicissitudes that lead to the formation of psychic structures. And, finally, a depth psychology concerns itself with the unconscious (repressed or disavowed) aspects of the self as they operate in the adult personality. No analysis of narcissistic personality disorders can rest without consideration of the genetic and dynamic factors in the formation and maintenance of the pathological pictures.

A psychiatric journal, reporting on a poll not long ago, indicated that Kohut's work on narcissism was among the most meaningful of recent contributions to psychoanalysis. This poll was conducted before publication of his book *The Analysis of the Self* (1971). Its implications for treatment, as well as for a potential expansion of psychoanalytic theory, are impressive. At the least, we have gained a new dimension in understanding a segment of our patient population. At most, we may have entered an era productive of a whole new set of insights which will strain theory as it now stands and perhaps lead to a new segment of theory—the psychology of the self.

William James describes three phases through which every new theory passes: its critics first condemn it as absurd, then dismiss it as trivial and obvious, and finally claim it as their own discovery. The same applies to the phases of psychoanalysis as repressed material is worked through. No matter how we traverse the first two phases, I am sure Dr. Kohut hopes that we will end by making this our own discovery.

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30 North Michigan Avenue  
Chicago  
Illinois 60602