THE PSYCHOANALYTIC UNDERSTANDING OF NARCISSISTIC AND BORDERLINE PERSONALITY DISORDERS: ADVANCES IN DEVELOPMENTAL THEORY

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PSYCHOANALYST THEORETICIANS—NOTABLY Greenacre (1960, 1967, 1971), Jacobson (1964), Kernberg (1966, 1974, 1975), Kohut (1971), and Mahler (Mahler and Furer, 1968; Mahler et al., 1975)—have over the past decade provided us with a still expanding theory of earliest psychic development which is enabling a hitherto not possible understanding of the psychopathology of the more severe psychologic disorders. Witness Blum's (1974) re-examination and reformulation of Freud's case of the Wolf Man as being, in today's terms, not an infantile neurosis but a borderline condition with episodes of infantile psychosis. Drawing on Mahler's separation-individuation theory (Mahler, 1971), Blum emphasizes the possibly greater impact of a serious and extended malaria on the patient at eighteen months of age than of the primal scene

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experience, as it was reconstructed during his analysis with Freud as an adult. Blum postulates that, in addition to parental psychopathology, the malarial infection, because of its disruption of the separation-individuation process during the rapprochement subphase, would have led to disturbance in the then rapidly developing ego functions having to do with the establishment of the basic mood and the related capacity for trust or distrust, and with language and secondary process (pp. 733-734). Blum relates the Wolf Man's ego disturbance, narcissistic disorder, and vulnerability to severe regression to the infantile developmental disruption.

Analysts are thus engaged in a new effort at defining the pathogenesis, the pathologic formations, and the means of treatment of narcissistic, borderline, and psychotic disorders. The potential for such definition rests upon the precise correlation of traumatic experience during the first years of life with the newly delineated phases of *primary psychic development* and the specific emerging developmental attainments these comprehend: self-object differentiation; core identity and the sense of self; autonomous and experientially shaped basic ego functions; early defensive and adaptive mechanisms and modes; initial control and modulation of drive and affect expressions; libidinal object constancy; initial capacity for one-to-one relationship.

Recent advances in psychoanalytic knowledge have been derived, in the main, from work by psychoanalysts in three areas. The widening scope of psychoanalysis in its clinical application accounts for two of these, namely, an ever increasing experience in the analytic treatment of narcissistic and borderline personality disorders in adults and children, and a similarly expanding experience in the analytic treatment of very young children, under the age of three years. In both instances, the resulting theoretical formulations about early psychic development are based primarily upon the process of reconstruction. Even the psychologically disturbed two- or three-year-old has a psychogenetic past. In the ana-

lytic treatment of a young child, however, one has a much closer view of the beginnings of formation of psychic structure and function, of the innate and experiential developmental factors and influences, normative and traumatic, that shape personality in healthy or pathologic directions. The third area of work is that of direct observational studies of the development of children during the first three years of life, work such as Mahler's, which I shall be citing in the body of this paper.

The Reconstructive and the Direct Observational Approaches

Each of the mentioned approaches, the reconstructive and the direct observational, has its merits and its limitations. The reconstructive or retrospective view from the analytic situation provides an understanding of the vicissitudes of development over time and of the eventual outcome of the impact of traumatic experience. This understanding cannot be equalled through attempting to predict the future results of currently known trauma in the developing child. On the other hand, the reconstructive formulation of the precise nature and timing of trauma and of the details of the normal developmental progression is, although impressive, unable to approximate these delineations as gained *in statu nascendi* from direct observation. It seems evident that the approaches are complementary to rather than in conflict with each other, and that both of them are valuable and essential to a full psychoanalytic understanding. Indeed, Freud observed as much in 1905: "Psychoanalytic investigation, reaching back into childhood from a later time, and contemporary observation of children combine to indicate to us still other regularly active sources of sexual excitation. The direct observation of children has the disadvantage of working upon data which are easily misunderstandable; psycho-analysis is made difficult by the fact that it can only reach its data, as well as its conclusions, after long detours. But by co-operation the two methods can

attain a satisfactory degree of certainty in their findings" (p. 201). And Ernst Kris (1950) stated that the data furnished by direct observation has attained the dignity of an analytic study proper and become increasingly capable of integration with material derived from reconstruction in the analysis of adults and children.

Yet, the psychoanalytic legitimacy of direct observational studies of development has, in contradiction of these views, been held in question. Although later in agreement with Kris, Anna Freud (1958) at first felt that such work would be useful merely in proving or disproving the correctness of analytic reconstructions, but would not break new ground. Currently, and bearing on the topic under consideration, Kohut (1971) has expressed himself on this issue in a comparison of his and Mahler's conceptual frameworks. He characterizes his formulations as being in conformance with psychoanalytic metapsychology, requiring the empathic reconstruction of childhood experiences through their revival in the transference. He sees Mahler's formulations as belonging to the realm of "psychoanalytic interactionalism," having their basis in the sociobiologic framework of the child in interaction with the environment. "Mahler observes the behavior of small children; I reconstruct their inner life on the basis of transference reactivations" (p. 219).

Central to Kohut's comparison is the premise that child observation cannot lead to the formulation of metapsychological theory because it does not involve empathy with the introspection of the child and it does not give access to the psychic organization of the child. Kohut's delineation of direct observational studies of young children as being in the realm of sociobiologic psychoanalytic interactionalism and the resulting premise do not, though, do justice to such studies as they are conducted by analysts. Although the position of the analyst observer in the developmental observational situation is not the same as in the analytic situation and the data are also in some ways different, the observing instrument (ana-

lyzing instrument), the conceptual frames of reference regarding the nature of the human psyche, and the modes of thought and understanding—in short, the knowledge, orientation, and skills of the analyst, including the capacity of the psychoanalyst researcher for introspective empathy with the observed child and parent—remain the same. On these grounds, Mahler's conceptualization of the intrapsychic *process of separation-individuation*, as distinguished from her description of overtly observable *separation-individuation behavior*, is both psychoanalytic and metapsychological.

A statement by Kernberg comparing his and Kohut's conceptualizations provides the basis for a further comment on the issue of reconstruction versus direct observation. Kernberg stresses that the concept *quality of object relations* should be used to refer to the quality of intrapsychic object relations, that is, to the depth of the patient's internal relations with others, rather than to the extent of his involvement in social interactions. He suggests that this clarification may be particularly relevant in discussing Kohut's work because Kohut tends to use the term *object relations* in its behavioral rather than intrapsychic sense (Kernberg, 1975, p. 308). Kernberg thus perceives Kohut to be using the term object relations in an interactional behavioral sense and, by implication, to be in this instance outside the traditional observing position of the analyst—the very position in which Kohut places himself vis à vis Mahler. Perhaps the seeming inconsistency is due to the fact that the analyst, figuratively, occupies both of the described positions, both inside and outside the psychic organization of the observed individual.

I cite Kernberg's definition because it seems to reflect the commonly held view that thinking in behavioral terms is antithetical to and mutually exclusive with thinking in intrapsychic terms and is therefore inimical to psychoanalysis. Because the findings of direct observational studies rest in part on behavioral data, they tend to be bracketed by the same, I believe, erroneous view. It is evident that intrapsychic object

relations develop and become internalized as a result of experience with external objects, whether during childhood development or during the course of analytic treatment. To be interested in the nature of the infantile relationship and interaction with the external love object, and to study the developmental process of internalization is not to be disinterested in or fail to appreciate the importance of the psychoanalytic focus on the intrapsychic end result.

Invaluable as it is, the genetic, reconstructive approach has limitations with regard to those aspects of development, particularly infantile development, that are subsequently condensed, telescoped, integrated, synthesized, or transformed so as to be difficult to perceive in the analysis of the older child or adult. The lack of capacity during the preverbal and preoedipal phases for conscious memory and full verbal symbolization tends to preclude the clear representation of earliest psychic experience in the analytic situation, thus seriously handicapping reconstruction of those phases. Psychoanalytically based empathic observation of interpersonal behavior during this developmental period, along with a study of its determinants, is thus essential to a complete and accurate psychoanalytic understanding of the initial development of object relations and of psychic structure, and to the process of reconstruction in the treatment of disorders whose psychopathology involves these areas of development.

Theoretical Considerations

The distinction between narcissistic and borderline disorders in terms of differences in their specific determinants and psychopathologies has not yet been adequately drawn. As one possibility, these differences may prove to be due to a difference in the timing of traumatic experience in the developmental sequence. The generally held clinical impression that borderline disorders are more severe than narcissistic disorders

may be accounted for by a developmentally earlier, and therefore more devastating, trauma in the borderline disorder. A second possibility is that the difference between these two conditions will be explained by the degree of traumatic impact and the extremity of defensive response. And thirdly, the difference may come to be understood in terms of the area of personality involved in developmental arrest and pathologic formation, for example, involvement of the sense of self and identity as these can be distinguished from ego capacities and functions per se.

In any case, the potential for defining the psychopathology of these severe disorders would appear to rest, as was expressed earlier, upon the precise correlation of psychic trauma with the newly delineated phases and emerging developmental attainments of primary psychic development. My own evolving understanding of the genesis of narcissistic and borderline disorders stems from the experience of concurrently analyzing adults, adolescents, and young children. I have found that the comparison of psychopathology as fully formed in the adult, as temporarily "exploded" apart in the adolescent, and as in the process of formation in the preoedipal and oedipal child becomes much more meaningful when viewed from the perspective of emerging developmental theory.

I have found Mahler's separation-individuation theory to be especially helpful in understanding the disorders under consideration. I will therefore set forth the developmental issues and attainments of the rapprochement subphase preparatory to demonstrating their clinical pertinence. I choose to focus on but one contribution from among the many that constitute the psychoanalytic view of early psychic development because Mahler's formulations, in addition to their explanatory power, offer a detailed conceptualization of the early developmental progression. They are also, in support of my earlier arguments, derived largely from direct observational studies of normal, preoedipal children.

The Rapprochement Subphase[1]

The rapprochement subphase, which spans about age twelve to 22 months, is the third of four subphases in the separation-individuation process. It is preceded by the differentiation and practicing phases, and followed by the phase termed *on the way to object constancy.*

The relative lack of separation anxiety and obliviousness to the mother's presence characteristic of the practicing phase is, in the rapprochement phase, replaced by an acutely heightened separation anxiety and active approaches to the mother, along with a seemingly constant concern with her whereabouts. Advancing cognitive development has made the toddler acutely aware of his physical separateness from his mother. This awareness, when combined with his now practiced ability to move away from his mother, introduces the double-edged threat of losing the mother or being lost from her.

In addition, as the excitement attendant to locomotion and the assumption of upright posture wanes, the toddler's collisions with the unyielding and hurtful world of physical reality and with the demands of socialization in the form of parental discipline have made him uncomfortably aware both of his vulnerability and relative helplessness and his dependency on the big and powerful adult. Metaphorically speaking, he begins to realize that it is not he, the fly on the side of the chariot wheel, that so powerfully raises the huge following cloud of dust, but the chariot wheel itself. His developmentally normal sense of omnipotence, implicit in the dual oneness of the symbiotic phase, is thus threatened and necessarily deflated.

The toddler's situation is complicated further by his anger and rage toward the parent who, as he experiences it, fails to protect him from physical hurt, frustrates his hitherto

[1] Some of the material presented here is excerpted and adapted from an earlier paper on separation-individuation theory (Settlage, 1974a).

mostly unfrustrated wants, and makes new demands on him, as in saying "No" and in toilet training. The anger of the child toward the very object he loves, whom he now realizes he desperately needs, only enhances separation concerns and the threat of loss.

The described plight of the child accounts, then, for a heightened separation anxiety and constitutes, when highly charged, what Mahler (1972) has termed the rapprochement crisis. "The junior toddler gradually realizes that his love objects (his parents) are separate individuals with their own individual interests. He must gradually and painfully give up his delusion of his own grandeur, often through dramatic fights with mother, less so it seemed to us, with father. This is a crossroad that we have termed the 'rapprochement crisis' " (p. 495).

In Mahler's view, adequate resolution of the issues of this subphase enables the child to move firmly toward the attainment of object constancy. Failure to resolve these issues can, depending upon the degree of failure, lead either to the establishment of a nidus of intrapsychic conflict predisposing to neurosis, or to faulty or incomplete structural development predisposing to narcissistic or borderline disorders (1972, pp. 494, 504).

Crucial to the healthy resolution of the developmental issues of the rapprochement subphase is the continued libidinal availability of the mother. The child's sense of omnipotence and control associated with the symbiotic phase, rather than being deflated precipitously and overwhelmingly, needs to be gradually replaced by belief in and enjoyment of his own rapidly developing ego capacities, by a developing sense of autonomy. Hence, the child's great emotional investment in eliciting the mother's interest, in sharing things with her, and in her power. He needs her affirmation of him in his changing and expanding sense of self and identity, her validation of his continuing importance to her, of his developing skills and abilities, of his urges and feelings and their acceptability and

manageability, and of the continuity of his old and new self in her eyes. A too sudden deflation of his sense of omnipotence and control tends to evoke the grandiose view of the self and idealization of the omnipotent parent, the narcissistic defenses described by both Kohut (1971) and Mahler (1971).

It is especially important that the mother continue to be empathically tolerant of the child's behavior and libidinally available to him in the face of apparent regression from the independent behavior of the practicing subphase to the clinging behavior of the rapprochement subphase, as well as in the face of the often intense ambivalence and stubborn defiance that result from the anger and rage mobilized by disciplinary frustration and its intrusion on autonomy. A supportive maternal response affirms the previously developed sense of trust and helps the child amalgamate libidinal and aggressive urges toward the love object in the attainment of libidinal object constancy. At the same time, it is essential that the mother recognize and accept the child's developmental need to become increasingly separate and independent. Despite his clinging behavior and wish for reassurance, the child can no longer be a part of the mother, subservient to her wishes and predilections. The mother must let the child individuate. In this connection, Mahler (1972) makes the important observation that the father, as a familiar but different love object, serves to help the child resist the powerful attraction to the symbiotic partner in the move toward increasing autonomy.

Focusing more pointedly on the intrapsychic processes, the rapprochement subphase is concerned largely with initial internalization and beginning structure formation, these under the circumstance of awareness of separateness and its implications and in the face of the anxiety it engenders. The first need is reaffirmation, through interaction with the mother, of the precognitive or preverbal sense of core identity. Also, as the child proceeds through this subphase, an increasing differentiation of self- and object representations

normally takes place. The originally comingled, primary narcissistic cathexes of the "self" and the mother in the symbiotic dual unity is sorted out and transformed into secondary narcissistic self- and object cathexis. As these differentiations take place, the sense of well-being characteristic of the preverbal period becomes, in effect, the nucleus for the sense of self-esteem. As is true of his sense of identity, the child's self-esteem is also tied to his mother's continued acceptance and approval of him. As anger and aggression come to the fore, the mother's tolerance and appropriately dosed assistance in managing the child's impulses and hostility is essential to the cathexis of self- and object representations with neutralized energy.

The successful transition of the rapprochement subphase is crucial to the ultimate attainment of libidinal object constancy. In defining object constancy, it is necessary to distinguish object constancy as a psychoanalytic concept from Piaget's concept of object permanency. According to Piaget (1954), the child acquires the concept that an object is permanent, even when out of sight, through four successive stages spanning from about nine to twenty months of age (pp. 13-96). Piaget's concept of object permanence is derived from study of the child's relationship to inanimate objects and is framed in purely intellectual cognitive terms. The psychoanalytic concept of object constancy includes, in addition to the permanence of cognitive representation, the permanence of the intrapsychic representation of the human love object in libidinal and affective terms. The internalized representation of the love object, initially the mother, continues to be libidinally cathected in the face of both absence of the object and anger toward the object. The intrapsychic representation of the love object includes images of the object as both loving and disapproving and as both loved and hated, as good and bad. Although ambivalently regarded, the object representation persists.

Mahler et al. (1975, p. 111) postulates therefore that ob-

ject constancy has its libidinal and affective beginnings in infancy in the myriad of experiences with the mother that lead to the establishment of the precognitive sense of basic trust. On the other hand, it is not attained until about 36 months of age or later, more than a year after the establishment of object permanence in Piaget's sense. As a matter of fact, Mahler, in agreement with Hartmann (Mahler et al., 1975, p. 112), feels that the attainment of object constancy is not absolute but relative—a degree of vulnerability and a need for reaffirmation, albeit by new love objects, continuing throughout the life cycle.

It is during the rapprochement subphase that the earlier and developmentally normal tendency to avoid anxiety by separating the good from the bad representations of the love object—the prototype of the defense of splitting—is replaced by repression. In Mahler's view, which is in agreement with that of Kernberg (1966, pp. 247-249; 1975, pp. 25-30), splitting as a means of dealing with the conflicted and incompatible affects of love and anger toward the love object, is a transitory defense which yields later to the defense of repression. Mahler (Mahler et al., 1975, p. 211) postulates that the defense of splitting drops out toward the end of the second year of life when the bulk of the infantile hostility toward the parent is submerged by repression, with only a normal degree of ambivalence remaining operative thereafter.

Mahler (1966) places another important developmental issue within the rapprochement subphase. She believes that the described predicament of the child results in the establishment of a basic depressive response or mood as a normal part of the human condition. "... the collapse of the child's belief in his own omnipotence, with his uncertainty about the emotional availability of the parents, creates the so-called 'hostile dependency' upon and ambivalence toward the parents. This ambivalence seems to call for the early pathological defense mechanisms of splitting the good and bad mother images and of turning aggression against the self;

these result in a feeling of helplessness, which, as Bibring (1953) has emphasized, creates the basic depressive affect" (p. 162). Mahler understands the most favorable resolution of this depressive response as probably entailing grief and sadness as part of a mourning of the loss of the "good," need-satisfying symbiotic mother (p. 163).

In summary, the main intrapsychic, phase-specific developmental tasks of the rapprochement subphase, which also constitute the areas of vulnerability in the rapprochement crisis, are: (1) mastery of the cognitively intensified separation anxiety; (2) affirmation of the sense of basic trust; (3) gradual deflation and relinquishment of the sense of omnipotence experienced in the symbiotic dual unity with the mother; (4) gradual compensation for the deflated sense of omnipotence through development of the child's burgeoning ego capacities and sense of autonomy; (5) a firming up of the core sense of self; (6) establishment of a sense of capability for ego control and modulation of strong libidinal and aggressive urges and affects (e.g., infantile rage); (7) healing the developmentally normal tendency to maintain the relation with the love object by splitting it into a "good" and a "bad" object, thus also healing the corresponding intrapsychic split; and (8) supplanting the splitting defense with repression as the later defensive means of curbing unacceptable affects and impulses toward the love objects.

Clinical Considerations

My focus here is narrowed to questions and issues encountered in the treatment of narcissistic personality disorders. I shall attempt to demonstrate the mainly rapprochement-subphase origin of clinical phenomena extrapolated from the analytic treatments of a preoedipal child and an adolescent. Narcissistic disorders are, in my clinical experience, more severe than neurotic but less severe than borderline disorders. Individuals with narcissistic disorders do not generally suffer

from severe ego defects in thought processes, in reality testing and reality judgment, or in delineation of body-ego boundaries and of self from other. And they are usually capable of functioning quite well in the area of work responsibilities. Yet they have major difficulty in regulating affects and self-esteem, in maintaining a cohesive sense of self, and in their capacity for intimacy in full object relations. What might account for this in psychogenetic terms?

The lack of ego deficit and the generally good functional capacity suggest that the mother-infant relation had a favorable beginning. The first year of life—in Mahler's terms, the normal autistic and symbiotic phases and the subphases of differentiation and practicing—would therefore have been reasonably satisfactory, allowing for adequate primary ego development and adequate self-object differentiation. Difficulty arising thereafter during the rapprochement subphase could account, though, for the later clinically observable deficit in self-esteem and sense of self, and the longing for but fear of intimacy in object relations. It has been noted, both clinically and in direct observational studies, that some mothers can quite capably minister to the needs of the infant when he is totally dependent and appreciatively responsive, but have difficulty in meeting the developmental needs of the toddler with his now individuating assertive personality and his resistance to control and discipline. A mother with this kind of problem can, defensively, temporarily withdraw emotional support from the discipline-protesting child, abandoning him effectively to his already intense impulses and affects. Or she can respond, because of her own poorly modulated anxiety, with abrupt, unempathic, and excessively strong and frighteningly overwhelming expressions of anger and assertions of control over the child's behavior. In either case, the mother's not being libidinally and helpfully available to the child poses the threat of intrapsychic loss (Mahler and Furer, 1968, pp. 225-226), potentially engendering a severe rapprochement crisis.

Two Case Illustrations

An excerpt from the treatment of a three-year-old girl offers a speculative illustration of this possible genetic situation. In addition to her primary presenting symptom of severe chronic constipation, this child suffered from intense separation anxiety, a morbid fear of being injured, and an associated lack of normal initiative and aggressiveness. Her mother had a long-standing severe separation problem of her own and a very low tolerance for angry or aggressive displays.

A major transference issue in the analysis represented failure in the separation-individuation process, with resulting tenuous libidinal object constancy and vulnerability to severe separation anxiety. The related theme in my little patient's play was concerned with a stuffed dog who was repeatedly being lost and found because the owner carelessly dropped the leash, the transference role assigned to the analyst. In one particular session, well into the treatment, the child became increasingly excited as she played out her story. Suddenly and impulsively, she had the dog, which here represented her angry urges, bite an obnoxiously bossy figure in the play. She abruptly dropped the evolving story and began a new story, which ended shortly in the death and burial under a pile of wooden blocks of the play figure that had, from the beginning of the treatment, represented the child patient. At the end of this session, as the mother was speaking to the analyst affirming the next appointment, the patient made a gesture of biting herself on the wrist. In a subsequent exploration with the mother of the child's biting behavior, she recalled a hitherto unreported but significant fact. Between nine and 24 months of age, the child had quite regularly resorted to biting herself on the wrist in response to the mother's slapping her lightly but angrily on the bottom to get her to hold still during diapering.

This child had thus begun at that early age to curb the expression of her angry urges and affects by directing them

toward herself rather than her mother because she was afraid of jeopardizing her relation with her mother. Her self-imposed restraint was by age three well supported defensively and on the way to becoming part of personality structure. In the therapeutic atmosphere of the analytic situation, she allowed her excitement and her aggressive feelings to get out of hand, and the biting occurred. Her three-year-old view of the consequence is revealed in the immediately ensuing death of her symbolically represented self. Were such a failure in modulated self-regulation of urges and affects to persist, it would, to my mind, make for an excessive and eventually characterologic continued dependence on the environment for regulation. This would in turn interfere with the development of the child's capacity for regulation of self-esteem and for one-to-one relations as an increasingly psychologically independent being. The intrapsychically blocked aggression would furthermore make for problems in establishing and monitoring close and intimate relationships. This little patient might thus have been on the way to a narcissistic personality disorder.

A genetic-dynamic configuration similar to that of the three-year-old patient was discernible in an eighteen-year-old college dropout. This late adolescent girl was totally and intensely but unsuccessfully preoccupied with her wish to establish and maintain friendships with male and female peers, a preoccupation that precluded the effective use of her very good intelligence in academic studies. She was also engaged in intermittent angry conflict with her parents, protesting their infringement on her autonomy and independence while being psychologically still very dependent upon and therefore tied to them.

An apparently comfortable, satisfactory infancy was disrupted when the mother became pregnant with the brother to be born when the patient was eighteen months old. With this second pregnancy, the mother became seriously depressed, but continued to function as housekeeper and

caretaker of her child. Although the depression was overtly the consequence of repressed anger in reaction to her husband's frequent absences on business trips, it had its roots in the mother's unresolved loss experiences in her own separation-individuation phase of development.

Beginning at about ten months of age, the patient became terribly distressed whenever the mother left her, even if only to go to an adjacent room. With the advent of crawling, and later with toddling, the patient, still upset and crying in protest, would, to the mother's great frustration, pursue her everywhere. In consequence, the playpen was employed for physical restraint. The still distressed child was, as a result, left to cope with her strong and thereby intensified affects without external help. After several months, the distressed behavior subsided. When the brother was born, the mother's depression deepened, and the patient, now in the anal and rapprochement phases, manifested angry, demanding, obstreperous behavior, again for a few months. The mother, through her own treatment which began at that time, recognized that she had, in her depressed withdrawn state, been emotionally quite unavailable to her child, even though adequately meeting her physical needs.

The patient's development proceeded well during the oedipal and latency stages. She became in fact a model child, tractable, cooperative, seemingly social, and an excellent student in the elementary grades, fully engaged in developing her emerging skills and capacities. With the advent of puberty, however, this model child became angry, rebellious, provocative, and demanding of her parents and her teachers. Her formerly excellent school performance dropped substantially, and she maintained a marginal college entrance grade point level, not from ambition and work but because of her truly superior intelligence. Her social relationships also fell apart, and it was at this time that the described preoccupation with peer relationships had its beginning.

As could later be formulated from the data gained in

treatment, the patient had, during the period between ten and about 24 months of age, twice "solved" the problem of her helplessness and her angry feelings toward her mother by curbing her anger, as did my three-year-old patient. She, too, had sacrificed autonomy and self-regulation to the priority need of maintaining the relation with the mother. As a result, though, she remained, through the oedipal and latency years, unduly psychologically dependent on her parents as external regulatory egos. Puberty forecast and thrust upon the patient the adolescent tasks of experiencing and managing the normally heightened sexual and aggressive urges and feelings, and of attaining true independence and autonomy for the pending move into adulthood. The development and resolution of these phase-specific issues was complicated and aggravated, however, by the unresolved rapprochement crisis and the dyadically distorted and also unresolved oedipal conflict, which were reawakened and readdressed, again unsuccessfully. The move away from home to college deprived the patient of the resented and rejected, but in fact still needed, external supportive regulation, and her intrapsychic equilibrium was sufficiently disturbed to cause a collapse in her ability to function.

In the treatment begun at age eighteen, it was learned that the patient initiated relationships from a position of intense inner need for emotional exchange, but with her feelings paradoxically kept out of the relationship. The position was one of vulnerable dependence on the sought object, wherein her need for love and her wishful fantasies of involvement were in conflict with her fear of her rage should her wishes be disappointed. Her attempted solution was to turn off her anger and aggression, thus counting naïvely on the object's being totally trustworthy. But because her aggressive affects were not available to her, her ability to monitor and judge the safety of the relationship was impaired—aggressive affects being essential to the function of signal anxiety—and also prevented her from making the kind of

healthy aggressive confrontation that might straighten out the relationship. She was therefore doubly vulnerable to exploitation and hurt. When she finally allowed herself to perceive that the object was not trustworthy, she would break off the relationship in a fit of rage at the now totally bad and hated object. Then would ensue a hurtful sense of having been abandoned, a plummeting sense of self-esteem, and a state of withdrawal and depression characterized by feelings of emptiness, loneliness, and despair. She epitomized this state as one in which she had lost her sense of "center."

The described pattern, which reflects a defensive splitting, was of course expressed in and understood through the transference. The patient's anticipation of being again woefully hurt and suffering feelings of loss made her extremely cautious in the treatment, and the transference developed only slowly. Her caution and the delicacy of the treatment process were exemplified by the communicative mode evolved during the introductory, face-to-face phase of the treatment. Although not simply resistant and clearly wanting involvement, as evidence by her alert, even penetrating, observation of the analyst, she did not initiate the sessions, but remained silent and refused to speak until I spoke. Once I had spoken, she then participated verbally in the treatment.

The first step toward understanding this behavior was my later realization that I had, in meeting the patient's requirement, resorted to observing her facial and postural expressions and gestures, commenting then on her apparent state or mood. It also became evident that her nonverbal behavior, except at times of conscious or unconscious resistance, communicated how she felt. Still later, as a result of the analytic work, we understood the purpose of this way of beginning the sessions. If my opening comment was empathically correct, she then felt assured that I was still interested in helping her and that I had not changed and become a different person—that I was, in short, constant. It was then safe for her to proceed.

Although the transference ultimately developed fully and with all of the intensity of primitive, inadequately modulated affects, its doing so required the parallel development of a real, as opposed to idealized, sense of trust, this arising out of the analytic relationship and experience. Throughout the analysis, the developing trust was, however, very fragile and vulnerable to the slightest failures of empathy on the part of the analyst. In the final phases of the treatment, an unwitting lapse on my part into a defensive reaction to an aspect of the now intensely demanding transference triggered rageful homicidal and suicidal fantasies. By then, such fantasies could be both experienced and communicated because of a sufficient sense of the relationship being sustained—of object constancy—despite the hurt and anger.

The patient's fully developed transference plight in the analytic relationship, which sought to reproduce the same struggle she was currently having with her parents, revealed itself as that of an adolescent harboring, in addition to the usual adolescent conflicts, a child in the rapprochement crisis. She felt that I had omniscient powers and that she could not survive without me; and she resented her relative helplessness and rebelled against the dependency. She wanted desperately to be on her own and do for herself, but feared the consequent sense of emptiness and loneliness and vacillation between the polar states of being either feelingless or overwhelmed by feelings. A major objective of the therapeutic process was the alleviation of the rapprochement-crisis feelings of vulnerability and helplessness, experienced in relation to both the object and the power of her own untamed impulses and affects.

This objective was gradually achieved through the patient's insistence on what amounted to being in control of the situation and thus the focus and pace of the process. Once she began her verbal participation, she objected most vigorously to questions or comments from me, particularly so in the beginning phase of treatment, experiencing them as intrusions

on her autonomy. If I then assumed a lower profile, she demanded with equal vigor that I speak up and help out. She monitored the time in the treatment sessions literally to the second, insisting that whatever time was lost, due, for example, to a late start, be made up as proof of my good motives and my concern for her. She repeatedly checked the remaining time in the session so that she, not I, could declare that the ending was at hand. She also regularly ended her work on the couch a minute or two before the close of the session, this to get herself together emotionally and in a state of control suitable to leave and re-enter the outside world. When her associations to a dream enabled me to make an interpretation that she had not seen coming, which was seldom the case, she became terribly upset, feeling that I had willfully and with malice intruded on her autonomy and emotional equilibrium. Depending upon her mood, I either should or should not ask her about how she was feeling, and she would or would not respond, stating that feelings were just not available to her or complaining, alternatively, that my office was insufficiently isolated and soundproofed for her to voice her feelings in their full intensity. In all of this there was the constant concern that I was either withdrawing my interest from her in my silent presence behind the couch or straining with impatience to take over and force my egocentric, self-serving, and inaccurate understanding upon her.

Control and autonomy in the treatment situation were similarly important to the three-year-old patient. She announced the play activity of the day and began issuing instructions as she entered the office, doing so in a "bossy" way that brooked no deviation or lack of compliance on my part, at least early in the treatment. When I, out of my adult reserve and preference for economy of effort, suggested eminently sensible ways of containing the play within closer bounds than she chose, she rejected my proposals out of hand, sulked, and threatened to leave if I persisted. She also, as is not uncommon with children in analysis, drowned me out or covered her ears

so as not to hear me. This was, as I see it, done in anticipation of the intrusion on her control, not only over me, but over her inner self, that might result from my comment or interpretation. Her play was in fact replete with episodes designed to re-experience and master life's intrusions upon the autonomy of the child. She repeatedly played that she was an infant closing her eyes against bright lights, or a child trying to cope with loud noises such as sirens, or with being made to go to sleep, or being forced to eat, to take medicine, to receive an injection, to go to the toilet, etc. Given her symptomatic concerns about control and autonomy, it was a clear sign of her readiness for termination when she one day ambled aimlessly into the office, slouched against my couch, said she had nothing in mind to do today, and asked me for suggestions.

Discussion

Psychoanalytic understanding derived from and illuminated by direct observational studies of developing children—here, Mahler's separation-individuation theory—can be further conveyed through discussion of the issue of control and autonomy as a part of the analytic process. The control which these patients exercised over the analyst in his analytic functioning can be understood as serving the developing task of self-regulation, a first level of which is attained during the rapprochement subphase of the separation-individuation process. Control over the analyst serves the dual purpose of avoiding external traumatic intrusion over the patient's psychic functioning and, therefore, of maintaining control over the internal emotional equilibrium. The maintenance of internal equilibrium keeps the ego from being overwhelmed from within and thus furthers the development of ego autonomy. Because the analyst is experienced by the patient as respecting the need for autonomy and not as overly powerful or overwhelming, independence is similarly furthered. It is

noteworthy that respect for the patient's need for ego autonomy has from the very beginning been embodied in the analytic method, as is exemplified by Freud's abandonment of hypnosis in favor of free association. Although designed to diminish repressive control over unconscious mental content, the technique of free association also clearly places the control over the associative process in the hands of the patient. This same respect is demonstrated in the technique of defense analysis, developed later (see, for example, Settlage, 1974b).

The psychoanalytic treatment of neurosis modifies psychic structure by resolution of intrapsychic conflict among the id, ego, and superego elements of psychic structure. Although the same is also accomplished in the treatment of narcissistic and borderline disorders, psychoanalysis is currently addressing the controversial question of whether the analytic method and process can, in these disorders (and perhaps in the neuroses as well), promote the development of psychic structure. (See, for example, Kohut, 1971, pp. 100-108 and 165-168.) To my mind, the understanding and concepts presented in the herein described treatment favor the process of internalization and formation of psychic structure through identification with the analytic functions of the analyst—e.g., empathy, observation and introspection, understanding and insight, abstinence from gratification in favor of delay, ego control, and modulation of urges and impulses—as these functions contribute to expansion of the patient's capacity for psychic regulation. Such temporarily provided external auxiliary ego functions of the analyst (Loewenstein, 1967, p. 800) are, in analogy to the child-parent developmental relationship (Loewald, 1960), relinquished as self-regulation is gradually achieved through their internalization.

Internalization was similarly involved in the furtherance of the development of libidinal object constancy in these patients. The three-year-old patient re-enacted in the transference her anxiety that her aggressive acts could turn an

affectionate, loving mother into an angry, hating mother. Early on, a suddenly injected warning from me to prevent her from unwittingly bumping her head on an open desk drawer caused an immediate shift from comfortable, although aggressively active, fantasy play to a panicky flight across the playroom with an anxious cry for her mother. As a result of numerous subsequent testings of my anger and their interpretation, she could, toward the end of the analysis, engage in forthrightly provocative acts of messiness in further reliving her transference past, but now with little anxiety and a sly smile that conveyed her trust that I would not hurt or overwhelm her in my limit-setting response. An important parallel aspect of the analytic process involved not only the acceptance of the patient's feelings toward me, but their being verbally identified and labeled (Katan, 1961).

The adolescent patient dealt similarly with her feelings, also through the transference. With regard to both her positive libidinal feelings and her angry, rageful feelings, it was necessary that I convey my empathy, not only as it is normally reflected in an accurate interpretation, but also by directly acknowledging and characterizing her feelings. Short of this, she was not sure that her feelings were real, or acceptable, or even usual human feelings, let alone useful and manageable in relationships. Here, too, repeated and increasingly intense transference episodes, wherein her feelings were thus empathically acknowledged, led to a gradual building of trust in the analyst and a correlated internal sense of self-acceptance and self-control, a sense of self with a more stable "center." At the same time, her relations with parents and peers also improved.

In theoretical terms, it appears that the analyst's over-all constancy and analytic participation in the process of ego mastery over impulses and affects helped these patients achieve a better amalgamation of their libidinal and aggressive strivings, which, along with relinquishment of the tendency toward splitting, enabled a greater sense of object

and self-constancy. This was accomplished despite the fact that the intensity and primitivity of the transference demands of such patients severely test analytic neutrality, objectivity, and empathy, sometimes evoking temporarily undiscerned countertransference responses inimical to constancy.

The presented developmentally-derived formulation of trust being, in these cases, the result of analytic process suggests reconsideration of the concept of therapeutic alliance. With neurotic patients, the capacity for trust is regarded as a *sine qua non* for such alliance, basic trust having been reinforced during the separation-individuation process (see, for example, Zetzel, 1965). In narcissistic and borderline patients, such trust is lacking, and the capacity for trust appears to be more an outcome than a precondition of treatment. The long-term motivated involvement of such patients in analytic treatment must rest, therefore, on other bases: perhaps on residual basic trust, or on basic or primordial transference (from a satisfactory symbiotic relationship), or on the still obscure determinants of attitudes of hope and perseverance.

Psychoanalysis is also addressing another controversial question, namely, whether psychoanalytic process is at one and the same time therapeutic process and developmental process (Loewald, 1960; Zetzel, 1965; Fleming, 1975; Greenacre, 1975). Here, too, the presented concepts and clinical material support the affirmative view, suggesting that the undoing of psychopathology and the furtherance of development proceed hand in hand. As Loewald (1960) observes, the developmental aspect has always been a part of analytic process, although not well discerned or defined in the treatment of neuroses. It takes on a new importance, however, and demands definition when the analytic method addresses not only the problem of resolution of conflict within psychic structure, but that of development of structure. It is thus necessary to continue to study and understand development and developmental process, and to define and determine the

limits of the presented analogy between the analytic situation and the developmental situation. In my own attempts to contribute to such an undertaking (Settlage, 1976), this paper included, I have found it essential to distinguish between the basic concepts and precepts of the analytic method and the techniques for their implementation, as was proposed in the 1974 Position Paper of the Preparatory Commission on Child Analysis (Goodman, 1977, p. 84). The analyst can thus function technically as a temporary auxiliary ego while adhering, at the same time, to the precept of abstention from gratification of the patient's libidinal as opposed to ego needs (Settlage and Spielman, in prep.). Through the combination of the expression of needs and anticipations in the transference and the analyst's neutrality toward them, the patient can have an experience different from the one he had with the parent in the original developmental situation. This is not, however, because the analyst has abandoned the analytic posture and actively assumed a parental role or parental rather than analytic attitudes. The transference is, as usual, interpreted to provide insight into its genetic origins and is not manipulated or allowed to remain unconscious. These conditions assure analytic change and answer the expected objection that the developmental aspect of the analytic process, as I have called it, is not an analytic but a corrective emotional experience in the pejorative meaning of that term.

Summary

I have reviewed and supported the proposition that theory building in psychoanalysis requires the careful correlation and meaningful interpenetration of the data and hypotheses from both the reconstructive and direct observational approaches. In illustration of this premise, I postulated that failure to achieve age-adequate self-regulation and ego autonomy during the rapprochement subphase of the separation-individuation process contributes crucially to the pathogenesis of

narcissistic and borderline disorders. I have also described the rapprochement subphase of the separation-individuation process and attempted to draw some correlations between it and the psychological formations characteristic of narcissistic personality disorders. Clinical material from the analyses of a three-year-old girl and an eighteen-year-old girl was employed to demonstrate the genetic origin of such pathology and to illustrate some facets of analytic process in the treatment of a narcissistic personality disorder. Lastly, I noted and supported the controversial concepts of structure formation as a result of psychoanalytic treatment, and of analytic process as being both therapeutic and developmental. In these attempts, I have been viewing mostly familiar concepts and clinical experience mainly from the perspective provided by advances in the psychoanalytic theory of early psychic development.

REFERENCES

Bibring, E. (1953), The mechanism of depression. In: *Affective Disorders,* ed. P. Greenacre. New York: International Universities Press, pp. 13-48.

Blum, H. P. (1974), The borderline childhood of the Wolf Man. *This Journal,* 23:721-742.

Fleming, J. (1975), Some observations on object constancy in the psychoanalysis of adults. *This Journal,* 23:743-759.

Freud, A. (1958), Child observation and prediction of development: A Memorial Lecture in honor of Ernst Kris. *The Writings of Anna Freud,* 5:102-135. New York: International Universities Press, 1969.

Freud, S. (1905), Three essays on the theory of sexuality. *Standard Edition,* 7:135-243. London: Hogarth Press, 1953.

Goodman, S. (1977), *Psychoanalytic Education and Research: The Current Situation and Future Possibilities.* New York: International Universities Press.

Greenacre, P. (1960), Considerations regarding the parent-infant relationship. In: *Emotional Growth.* New York: International Universities Press, 1971, pp. 199-224.

______ (1967), The influence of infantile trauma on genetic patterns. In: *Emotional Growth.* New York: International Universities Press, 1971, pp. 260-299.

______ (1971), Notes on the influence and contribution of ego psychology to the practice of psychoanalysis. In: *Separation-Individuation: Essays in Honor of Margaret S. Mahler,* ed. J. B. McDevitt & C. F. Settlage. New York: International Universities Press, pp. 171-200.

______ (1975), On reconstruction. *This Journal,* 23:693-712.

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

Katan, A. (1961), Some thoughts about the role of verbalization in early childhood. *The Psychoanalytic Study of the Child,* 16:184-188. New York: International Universities Press.

Kernberg, O. F. (1966), Structural derivatives of object relationships. *Internat. J. Psycho-Anal.,* 47:236-253.

______ (1974), Contrasting viewpoints regarding the nature and psychoanalytic treatment of narcissistic personalities. *This Journal,* 22:255-267.

______ (1975), *Borderline Conditions and Pathological Narcissism.* New York: Jason Aronson.

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

Kris, E. (1950), Notes on the development and on some current problems of psychoanalytic child psychology. In: *Selected Papers.* New Haven: Yale University Press, 1975, pp. 54-79.

Loewald, H. (1960), On the therapeutic action of psychoanalysis. *Internat. J. Psycho-Anal.,* 41:16-33.

Loewenstein, R. M. (1967), Defensive organization and autonomous ego function. *This Journal,* 15:795-809.

Mahler, M. S. (1966), Notes on the development of basic moods: The depressive affect. In: *Psychoanalysis, a General Psychology,* ed. R. M. Loewenstein, et al. New York: International Universities Press, pp. 152-168.

______ (1971), A study of the separation-individuation process: And its possible application to borderline phenomena in the psychoanalytic situation. *The Psychoanalytic Study of the Child,* 26:403-424. New York: Quadrangle Books.

______ (1972), The rapprochement subphase of the separation-individuation process. *Psychoanal. Quart.,* 41:487-506.

______ & Furer, M. (1968), *On Human Symbiosis and the Vicissitudes of Individuation: Volume 1, Infantile Psychosis.* New York: International Universities Press.

______ Pine, F., & Bergman, A. (1975), *The Psychological Birth of the Human Infant: Symbiosis and Individuation.* New York: Basic Books.

Piaget, J. (1954), *The Construction of Reality in the Child.* New York: Basic Books.

Settlage, C. F. (1974a), Danger signals in the separation-individuation process; The observations and formulations of Margaret S. Mahler. In: *The Infant at Risk.* New York: Intercontinental Medical Books Corporation.

______ (1974b), The technique of defense analysis in the psychoanalysis of an early adolescent. In: *The Analyst and the Adolescent at Work,* ed. M. Harley. New York: Quadrangle, pp. 3-39.

______ (1976), The contribution of child analysis to the training in adult analysis: A commentary on the 6th Pre-Congress Conference on Training of the International Psycho-Analytical Association. *Internat. J. Psycho-Anal.,* 57:205-210.

______ & Spielman, P. M. (in prep.), On the psychogenesis and psychoanalytic treatment of faulty structural development. Presented at the Meetings of the Association for Child Psychoanalysis, Bal Harbor, Fla. (Under revision prior to submission for publication).

Zetzel, E. R. (1965), A developmental model and the theory of therapy. In: *The Capacity for Emotional Growth*. New York: International Universities Press, 1973, pp. 246-270.

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