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# Narcissism and Superego Development

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**MANY CONTEMPORARY DISCUSSIONS ABOUT narcissism and narcissistic disturbances focus chiefly on the importance of pathogenic environmental influences during early childhood.** Consequently, the role of the superego and its precursors in these disturbances and in the regulation of self-esteem has been relatively neglected. We therefore propose to review Freud's and more current concepts of narcissism as they are relevant to the superego, and to examine the early steps in superego development, including pertinent gender differences. In presenting a developmental framework for the superego, we shall highlight the ways in which emerging psychic structure interacts with and influences the perception of the environment and is influenced by it, and emphasize the relevance of these early steps to later disturbances in self-esteem regulation. **Our focus will be on the links between early superego development and particular aspects of narcissism.** We shall remark briefly on certain current the

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# ON THE PSYCHOPATHOLOGY OF NARCISSISM A CLINICAL APPROACH<sup>1</sup>

By

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Freud was pessimistic about the psycho-analytic approach to the narcissistic neuroses. He felt that people suffering from these diseases had no capacity for transference, or only insufficient remnants of one. He described the resistance of these patients as a stone wall which cannot be got over, and said that they turn from the physician not in hostility but in indifference. Many analysts have tried to develop methods of analysis which would deal with narcissistic patients—I am thinking of Waelder (1925), Clark (1933), and later Fromm-Reichmann (1943, 1947), Bion (1962), Rosenfeld, and others. The majority of analysts who have treated narcissistic patients have disagreed with Freud's view that there was no transference. As the transference is the main vehicle for any analytic investigation, it seems essential for the understanding of narcissism that the behaviour of the narcissist in the analytic transference situation should be minutely observed.

Franz Cohn (1940) suggested that the sharp distinction between transference neurosis and narcissistic neurosis should be disregarded. He felt that the transference in the narcissistic neurosis is of a primitive or rudimentary type—for example, there are often serious difficulties in distinguishing between subject and object—and he stresses the introjection and projection of destructive tendencies in oral and anal terms in relation to the analyst. Stone (1954) described transferences which are 'literally narcissistic', where the analyst is confused with the self or is like the self in all respects: the therapist and the patient alternately seem to be parts of each other. He stresses both the primitive destructiveness and the need to experience the analyst as an omnipotent, godlike figure, and suggests that, in the patient's fantasy about the analyst's omnipotence, guilt about primitive destructive aggression plays an important part.

Many of the observations made by Cohn (1940) and Stone (1954) seem to come close to my own investigation. I notice that in their description of the narcissistic transferences the terms primary and secondary narcissism are not used. Instead we meet with such terms as omnipotence, confusion of the self and objects, introjection of objects, projection of aggression into objects, insatiable demands towards objects, and nullification. The use of these terms in describing narcissistic patients seems valuable, but it appears to me important and necessary to define more clearly the nature of the relation to objects in narcissism and the particular defence mechanisms related to them. This may be a contradiction in terms, because for many analysts primary narcissism implies an objectless state. But we should remember that Freud regarded the oceanic feeling, the longing for union with God or the Universe, as a primary narcissistic experience. Federn (1929) in discussing primary narcissism describes the baby's craving for the mother's breast, but suggests that the object is as yet not external to the ego feeling. Abraham (1924) discusses limitless narcissism as a relation to an object in which, while the object is incorporated, the individual pays no attention whatever to the interests of his object, but destroys it without the least hesitation. Balint (1960) went so far as to suggest that what Freud described as primary narcissism should be called primary object love. I myself believe that much confusion would be avoided if we were to recognize that the many clinically observable conditions which resemble Freud's description of primary narcissism are in fact primitive object relations.

In narcissistic object relations omnipotence plays a prominent part. The object, usually a part-object, the breast, may be omnipotently incorporated, which implies that it is treated as

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the infant's possession; or the mother or breast are used as containers into which are omnipotently projected the parts of the self which are felt to be undesirable as they cause pain or anxiety.

Identification is an important factor in narcissistic object relations. It may take place by introjection or by projection. When the object is omnipotently incorporated, the self becomes so identified with the incorporated object that all separate identity or any boundary between self and object is denied. In projective identification parts of the self omnipotently enter an object, for example the mother, to take over certain qualities which would be experienced as desirable, and therefore claim to be the object or part-object. Identification by introjection and by projection usually occur simultaneously.

In narcissistic object relations defences against any recognition of separateness between self and object play a predominant part. Awareness of separation would lead to feelings of dependence on an object and therefore to anxiety. Dependence on an object implies love for and recognition of the value of the object, which leads to aggression, anxiety, and pain because of the inevitable frustrations and their consequences. In addition dependence stimulates envy, when the goodness of the object is recognized. The omnipotent narcissistic object relations therefore obviate both the aggressive feelings caused by frustration and any awareness of envy. When the infant omnipotently possesses the mother's breast, the breast cannot frustrate him or arouse his envy. Envy is particularly unbearable to the infant and increases the difficulty in admitting dependence and frustration. It seems that the strength and persistence of omnipotent narcissistic object relations are closely related to the strength of the infant's envy. Envy has omnipotent qualities; it seems that it contributes to the omnipotence of the narcissistic object relations while the envy itself may be simultaneously split off and denied. In my clinical observations of narcissistic patients the projection of undesirable qualities into the object plays an important part. The analyst is often pictured in dreams and fantasies as a lavatory or lap. This relationship implies that any disturbing feeling or sensation can immediately be evacuated into the object without any concern for it, the object being generally devalued. In severe narcissistic disturbances we can invariably see the maintenance of a rigid defence against any awareness of psychic reality, since

any anxiety which is aroused by conflicts between parts of the self or between self and reality is immediately evacuated. The anxiety which is thus defended against is mainly of a paranoid nature, since narcissistic object relations date from earliest infancy when anxiety is predominantly paranoid.

Clinically, narcissistic object relations often appear to the analyst and are also experienced by the patient as very ideal and desirable object relations. For example the relation to the lavatory/mother in the analysis is frequently felt as ideal, because the patient feels relieved when everything unpleasant can be immediately discharged into the analyst during a session. When the patient claims to possess the analysis, as the feeding breast, he gives himself credit for all the analyst's satisfactory interpretations, a situation which is experienced as perfect or ideal because it increases the patient's feeling during the analytic session that he is good and important. Sometimes narcissistic patients picture themselves in a mutually satisfactory ideal relationship with the analyst where the identity of patient and analyst is not differentiated, a situation reminiscent of Freud's description of the oceanic feeling. Another instance of narcissistic idealization is the patient who feels that he is loved by everyone, or demands to be loved by everyone, because he is so lovable. All these patients seem to have in common the feeling that they contain all the goodness which would otherwise be experienced in a relationship to an object. We usually encounter simultaneously a highly idealized self image, which dominates the analytic situation, and anything interfering with this picture is rigorously defended against and omnipotently denied.

I shall now illustrate some of the problems related to severe narcissism by bringing case material from a patient who showed a marked narcissistic transference without being overtly psychotic. There is nothing in the patient's history which would seem to account for his persistent narcissistic attitude. He is the son of fairly wealthy parents, and he has two sisters. He had apparently always managed superficially to get on quite well with people, and was successful at school because of his high intelligence. When he started treatment he had just married and he had some difficulties with his wife. Apart from an occasional feeling of oneness with her he was very jealous and intensely preoccupied with her relations with other people, men and women. The analysis



revealed the depth of the patient's narcissism, his lack of emotional contact with other people, and, as a result, the lack of pleasure in his life which made him envious of everybody. He particularly envied his wife who, he felt, was far more capable than he was of enjoying relations with people, including himself. When I first saw the patient he appeared slightly withdrawn from reality and from other people, and had a vaguely superior and patronizing attitude which he tried to disguise. He admitted that he occasionally felt frustrated in personal relations, with friends and his young wife, but generally he blamed them for any difficulty which arose. He was very interested in being analysed in spite of the fact that he did not feel that he really needed analysis. He pictured himself almost immediately as the perfect patient who made enormous progress, but in fact he could make very little proper use of the analysis. He constantly projected his problems into his wife or other people, including the analyst, and was quite unable to experience them as belonging to himself. He enjoyed interpreting his own dreams in detail and explaining his thoughts and feelings, but any conflict, anxiety, or depression which emerged was so quickly discharged that it could barely be experienced. He did not resent interpretations, but on the contrary took them up quickly and talked about them in his own way, feeling very self-satisfied with his knowledge since he did not feel that the analyst had made any contribution. His attitude made it extremely difficult to effect any change in his personality, so that one felt up against a stone wall in a way reminiscent of Freud's description. Behind this stone wall there seemed to be omnipotence hiding hostility and envy, completely denied by the patient and difficult to demonstrate in the analytic material. After I had shown him again and again his avoidance of any close contact with myself or with his own feelings, particularly hostility towards me, he came to a session saying that he now wanted to get closer to his problems. He then told me a dream in which he and others were travelling in a very fast train. He suddenly saw a kind of surrealist machine land near the train and send out towards it a wide ray of very dangerous fire. Luckily the train escaped this attack by quickly moving away, but there was a feeling that the attack would be repeated. The patient felt that this machine was sent over from Russia by a man who had apparently lived in England before but felt bitter and revengeful because of

some ill treatment which he believed he had received. There was a feeling in the dream that some widespread attacks were going to be made on various places in England, mainly hotels with such names as Royal, Royalty, Majestic, Palace, etc., and yet that the attacks were being directed against his parents. There also seemed to be a food shortage. Two girls were in the train with him. In another part of the dream there were a number of girls leaning against a stone wall and prostituting themselves because of the food shortage. He approached one of them and said 'Would you like a customer?' but she only laughed, and he felt disappointed, since his approach was made seriously. In his associations he thought that the Russian must be associated with himself, as he felt sympathy with him as though the Russian had a right to make these attacks. He thought he must have hated his parents to be important and therefore felt slighted by them. He thought that the Russian must have wanted to be the most important person himself and that the attacks were a result of his feeling humiliated and therefore resentful. The patient had very little emotional reaction to the dream.

The dream shows very clearly the omnipotent virulence of an extremely hostile omnipotent part of his personality which makes attacks both on the important superior parents and on a part of himself. The reason for the attack is obviously derived from his babyhood envy of the important grown-ups because the parents, in his associations, are accused of humiliating him and making him feel small. It is also clear in the dream that the Russian has a paranoid grudge, which is an admission of his own paranoid attitude which is consciously denied. The train which moves quickly to avoid any contact with the destructive rays is related to his train of thought and his own self containing the two breasts (girls). In fact he prides himself on being able to move extremely quickly and cleverly, and so in his thoughts being able to avoid any contact with his destructive self. The dream implies that making contact with the analyst as an important parental figure arouses dangerous, envious, paranoid impulses. It is interesting in the dream, that the envious paranoid Russian is placed in the distance, while the destructiveness emanating from him influences the patient's train of thought, his contacts and relations to his parents and women. The dream shows clearly how in narcissistic relationships envy is split off and kept away from self-awareness, and at the same



time the patient's destructiveness keeps his object relations devalued and so enables him to by-pass his difficulties. An interesting feature in the dream is the food shortage which makes the girls into prostitutes. This implies that the importance of the breast is denied, and women are devalued into prostitutes, who, lacking food or breasts, cannot feed themselves and therefore have to come to the patient to get money for food: this would also indicate a projection of the dependence into the prostitutes.

As the patient had started the session by saying that he had made up his mind to get on with the analysis, in other words wanted to come closer to me, it is clear that the dream reveals not only his attitude to women but to the analyst also. He deals with his fear of being rejected by me by approaching me—in a superior way turning me into a prostitute. It is interesting that the prostitutes lean against a stone wall, which would confirm that the stone wall of the narcissistic transference has to be linked with narcissistic object relations, which are emerging in the analysis.

Following this dream the patient's aggressive superiority towards the analyst was more openly admitted in dreams and associations, but his desire to possess the analysis and feel that it was his own creation was only admitted openly after the following dream. The patient was shopping, and was offered a special kind of salt packed in self-made containers. It was much cheaper than ordinary salt, only ninepence for four pounds. He asked the storekeeper whether it was as good as ordinary salt. In spite of the storekeeper's assurance that it was perfectly all right, the patient himself did not believe it. On leaving the shop it took him about two hours to get home, and he felt guilty because he was afraid that his wife would be waiting anxiously for him. The patient remarked that he had had to buy salt the day before because they had run out of it. He felt sure that the salt must have something to do with the analysis, as four pounds reminded him of coming four times a week to his sessions. He stressed that the salt was so much cheaper because obviously the people had made it up themselves. I could show the patient in this dream that ostensibly he comes to me to have analysis, but he maintains that what he gets from me is his own self-made version of the analysis which he pretends to himself is as good as the ordinary analysis. He obviously tries in the dream to get reassurance from the shopkeeper-analyst that this is right and normal, but he

admits that he does not really believe this himself. Staying out late implies a projection into his wife of his feelings of dependence and the anxiety about having to wait. The dream illustrates that the patient has not as yet admitted to himself his dependence on me; it is denied and projected, and this continuously leads to acting out. I would like to add here the general meaning of the self-made version of the analysis, which is clearly represented in this dream, because it plays a very important part in the analysis of many narcissistic patients. While ostensibly the narcissistic patient maintains that he has a superior and sometimes more creative breast in his possession, which gives him better analysis and food than the mother-analyst could ever produce, careful analysis reveals that this highly valued possession of the patient represents his own faeces which have always been highly idealized, a fact carefully concealed by the patient. The unmasking of the situation, while it may temporarily lead to the patient's feeling severely deflated, is essential if real relations to external and internal objects are ever to be established.

In a later dream the patient illustrates how he entirely reverses the relationship to the analyst by omnipotent projective identifications. In the dream the patient was a doctor holding a surgery. He had a cake, and four women were coming to see him. He suspected that these women were only pretending that they were ill in order to get attention. There was some trouble on the roof of the house and he was starting to repair it. A noise was heard of something falling down, or of hammering, and at the first sound the women quickly withdrew, afraid that something might fall on them. In his associations the patient described the women as fat and greedy. The dream shows in an undisguised way that the patient has put himself in the role of the analyst who not only possesses the cake—the breast—but also does the reparative work. His own greedy attitude of simply wanting to get food from the analysis without really admitting that he is ill, and withdrawing from me quickly whenever I make an interpretation which might touch him, is projected on to the four women who, as often before, represent the analysis or the analyst (cf. the four pounds of salt). We notice that in the dream the patient has become more appreciative of the analyst and the reparative work of the analysis, and feels critical of his own greedy demands on the analyst and of his constant



withdrawals whenever he hears an interpretation which he feels is good. However, he evacuates entirely his unsatisfactory attitude into the analyst, who in the dream is changed into the patient's unsatisfactory self, while he takes over the role of the analyst whom he admires.

I shall now go on to discuss some of the more practical considerations in the analysis of narcissistic patients. A powerful resistance in their analysis is derived from their superior omnipotent attitude, which denies any need for dependence and the anxieties related to it. This behaviour is often extremely repetitive, and there are many alternative versions which are used by the narcissistic patient. The intelligent narcissist often uses his intellectual insight to agree verbally with the analyst and recapitulates in his own words what has been analysed in previous sessions. This behaviour not only blocks any contact and progress, but is an example of the narcissistic object relation I have been describing. The patient uses the analytic interpretations but deprives them quickly of life and meaning, so that only meaningless words are left. These words are then felt to be the patient's own possession, which he idealizes and which gives him a sense of superiority. An alternative method is shown by patients who never really accept the analyst's interpretations, but constantly develop theories, which they regard as superior versions of analysis.

In the first case the patient steals the interpretations representing the breast from the analyst/mother, turning them into faeces; he then idealizes them and feeds them back to the analyst. In the second case the patient's own theories are produced as if there were idealized faeces, which are presented as food superior to the breast, which the analyst/mother provides. The main source of this resistance and behaviour comes from the narcissistic patient's denial of envy, which is only forced into the open when he has to recognize the analyst's superiority as a feeding mother. The patient whose dreams I have discussed here gradually admitted that he had to keep vague and uncertain that it was I who actually gave him the analysis, because any real clarity about my role led to unbearable feelings of his being small, hungry, and humiliated, which he deeply resented even when I was available. Occasionally resentment broke through, and the patient felt that I had all the answers and gave him only some. Why should he listen to me or depend on me if what I gave him was not complete? This resentment was

derived from envious feelings against the analyst/mother who, possessing the breast, only feeds the child, instead of handing over the breast to him completely. At first such a breakthrough was only fleeting, and the patient guarded against such feelings by quickly putting himself into a superior position to me by thinking of something at which he excelled. There was a powerful resistance also from his ideal self-image which he was slowly able to describe in the following way: 'I want to feel good and have a perfect relation to you. Why should I admit anything bad which would spoil the good picture I have of myself, which I feel you must admire too?'

The rigid preservation of the ideal self-image blocks any progress in the analysis of narcissistic patients, because it is felt to be endangered by any insight and contact with psychic reality. The ideal self-image of the narcissistic patient may be thought of as a highly pathological structure based on the patient's omnipotence and denial of reality.

Only very slowly was the patient able to admit that the keeping up of the ideal self-image meant an elimination of all my interpretations which might endanger the perfect image of himself. He began to notice that he constantly lost contact with everything which had been discussed during the sessions. This was painful to him, but the pain was again quickly eliminated, despite the fact that it meant expulsion of the good experience with the analyst, which had led to the painful insight. This attitude is very characteristic of the narcissistic patient, and not only pain but insight is expelled again and again. For example, when my patient's need to be dependent came more to the surface, he at first projected the dependence into his wife and acted it out with her by creating a situation where she was depressed and in need. He then explained to her the reasons why she was depressed, and became angry when she did not immediately understand his interpretations and behave properly. However, he gradually became aware that this expulsion of his dependence, and thus insight, constantly created more difficulties and frustrations in his life. We discovered that whenever the patient acknowledged any real understanding about himself and tried not to project his feelings, he became anxious and depressed. At that moment he became confused and he heard himself saying, 'This is dangerous', in response to which he again expelled the anxiety, depression, and insight. I then showed



him that what was endangered in such a situation was not his sane or good self but his omnipotent mad self. This struck him very forcibly, and he said it felt to him like driving in his car and coming up against a red light. This of course was a danger signal to stop, but he felt that his danger signal made him feel that he wanted merely to accelerate to get through the red light without stopping, in other words to get through the danger of being confronted with sanity and reality and back into his idealized omnipotent position.

*Clinical Prognosis.* The clinical result of the analysis of a narcissistic patient depends on the degree to which he is gradually able to acknowledge the relationship to the analyst, representing the mother in the feeding situation. This implies an overcoming of some of the problems I have been describing and therefore a recognition of separation and frustration and a working through of what Melanie Klein has called the depressive position. We have also to take into account that some narcissistic patients

have often a less narcissistic, a more normal object-directed part of the personality, and improvement has to be measured in terms of the integration of the narcissistic parts of the personality with this. To bring about an improvement, the omnipotent narcissism of the patient and all the aspects related to it have to be laid bare in detail during the analytic process and to be integrated with the more normally concerned part of the patient. It is this part of the analysis which seems to be so unbearable. Splitting results again and again when either the normal or the omnipotent parts of the self are denied. Often the attempt at integration fails because mechanisms related to the omnipotent narcissistic self suddenly take over control of the normal self in an attempt to divert or expel the painful recognition. However, there are patients who gradually succeed in their struggles against narcissistic omnipotence, and this should encourage us as analysts to continue our research into the clinical and theoretical problems of narcissism.

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