

AN INTRAPSYCHIC DEVELOPMENTAL SCHEMA FOR NARCISSISTIC DISTURBANCE

WARREN KINSTON, LONDON

The concept of narcissism was examined in a previous paper (Kinston, 1980) where it was argued that the term 'narcissism' should be left undefined to function as an ideogram (Lichtenstein, 1964). Two aspects of narcissism were disentangled and defined as 'object narcissism' and 'self-narcissism'. This paper demonstrates the links between these two concepts which, from a developmental perspective, will be seen to be like two sides of a coin.

DUALITY OF NARCISSISM

Definitions and the literature review provided in Kinston (1980) focused mainly on self-narcissism. Activity, mental or physical, is defined as self-narcissistic in so far as it serves to maintain a self-representation which is integrated, has continuity over time and can be given a positive value (Stolorow, 1975). Disturbances in self-narcissism are associated with the intrapsychic presence of negatively-valued self-images. Narcissistic vulnerability can then be understood to refer to the ease of evocation of such self-images. Persons wish to rid themselves (their psyches) of these self-images and this is often the source of pathological behaviour and of the wish to change.

Object-narcissism requires some further elaboration in this paper. It refers to a primitive object relationship in which separateness is denied, the object is destroyed and the emotional dependent needy part of the person is deprived of support and nourishment. The characteristic self-sufficiency, denial of need and indifference to a meaningful other have been claimed to cast a shadow over prognosis (A. Freud, 1969; Modell,

1975). The existence of these phenomena was noted by Ferenczi (1933) and their purpose, to obviate frustration and envy or hate, was developed by Rosenfeld (1964) and elaborated by other Kleinian psychoanalysts. Lying, stealing and other forms of dishonest or cheating activity have been described as means for obtaining the wanted emotional supplies. Narcissistic vulnerability can then be understood in another way—as the ease of activation of this form of object relationship. (To avoid confusion between the object relations of object narcissism and other forms of object relations, the latter will be referred to as self/object relations.)

In the previous paper, I pointed out that self-narcissism could be reduced to (i.e. solely seen as) object-narcissism when it appeared in the transference because at such times the analyst-as-a-person seemed to be absent or obliterated. In a not dissimilar fashion, object-narcissism can be reduced to self-narcissism. Kohut (1971) in his claim that disturbances in self-narcissism reflect fixation at a level of normal primitive or infantile narcissism appears to have done just that (Hanly & Masson, 1976).

Kernberg (1976), among others, has pointed to Kohut's neglect of object relations implicit in such phenomena as idealization. In his view narcissistic disorder depends on a distorted self-representation which has lost some of its own important aspects and which is modelled on a pathogenic internalized object. Kernberg uses Kohut's term 'grandiose self' to refer to the most severe form of narcissistic pathology due to a condensation and fusion of self-images with idealized object images to defend against primitive disturbed object relations, i.e. the

apparent self-narcissism of grandiosity and idealization covers the object-narcissism of pathological fusion of self- and object-representation. This 'grandiose self' of Kernberg resembles the 'ideal ego' of Lagache (1958) and Nunberg (1932) or the 'narcissistic organization' of Meltzer (1973) and Rosenfeld (1964)—all of whom stress the maintenance of omnipotence as the crucial narcissistic effort and the destructiveness of the state for the self and the object.

One approach to counter the emphasis on a single concept, *either* self-narcissism *or* object-narcissism, is that of Lachmann & Stolorow (1976) who suggested that these two notions might be more applicable in different patients. It is not a big step to suggest that duality is the rule even within patients. In my previous paper (1980), I reported that the phenomena of self-narcissism and object-narcissism were to be found during the analysis of all patients and were part of normal psychic functioning. However the nature and basis of this duality was not examined.

The essential duality of narcissism is not a new or unorthodox discovery, it was most clearly discussed by Andreas-Salome in 1921 (transl. 1962). She distinguished between narcissism linked to 'self-love' (self-narcissism) and narcissism linked to the loss of individuality and an omnipotent union with nature (object-narcissism). She also saw clearly the roots of object-narcissistic activity in self-narcissistic phenomena. For example, she wrote 'as the object is more and more unreservedly magnified, the more does the object behind its manifest symbolic form remain undernourished and devitalised' (p. 12). Winnicott used the term 'narcissism' infrequently. However his writing appears to sanction such a duality (Winnicott, 1960). Object-narcissism is represented by the 'false self', a structure which contains part of the environment and keeps the 'true self' from relationships. His 'true self' is a concept subsumed by self-narcissism; it is described as 'central and powered by the instincts' (p. 140) i.e. the correlate of the self in self/object relations.

This paper will emphasize the interlocking of *self-narcissism* and *object-narcissism* and their connexion with *self/object relations* using clinical material and developmental reconstruction. These three concepts will be referred to as the 'three perspectives' of the object relations model.

CLINICAL DISTINCTIONS

This paper emerged from work with patients showing narcissistic disturbance in the context of neurotic or character disorders. Such patients complain of numerous narcissistic symptoms including difficulty in social interaction, lack of self-confidence, fear of rejection, low self-esteem, a sense of inferiority, feelings of uselessness, self-hatred and self-doubt. These require the same investigation and understanding as was previously accorded to neurotic symptoms. It is necessary to clarify the three perspectives of the object-relations model to explain narcissistic symptoms.

During psychoanalysis the self/object relations, object narcissism and self-narcissism of patients manifest with the development of inappropriately intense and apparently realistic experiences. Psychoanalysts can distinguish which of the three perspectives is most prominent in the transference at any particular time. Self/object relations appear as sexual, aggressive and dependency wishes directed towards the analyst. The classical transference neurosis is a complex set of self/object relations. Object-narcissism appears as states of confusion with the analyst or indifference to him, or (retrospectively) as collusive pseudo-analysis. This is often associated with evidence of dishonesty, the patient's overvaluation of his own activity in the analysis, or relating using a false-self or a delegate. Self-narcissism is manifested by the patient's experience of the analysis and analyst as highly important, even vital, for himself and his well-being. During analyses, the analysand's self-feeling becomes vulnerable to any minor change in the routine of analysis or alteration in the analytic attitude. The continuity and rhythm of the sessions, the analyst's attitude of benevolence and respect, and the sense of order produced by meaningful interpretations are some of the factors inherent in analytic technique which serve to maintain the continuity, coherence and positive valuation of the analysand's self-representation. Persistently non-cooperative or indifferent patients (even in states of object-narcissism) automatically obtain this self-narcissistic sustenance.

Despite the impression given above, there is of course no one-to-one correspondence between surface manifestations and underlying psycho-

dynamics. The analyst's integrative and empathic capacities remain central to this clinical judgement. Any phenomenon, if taken literally and in isolation, can fit into any of the three perspectives. Consider a woman relating to the analyst as if he were her penis. From the viewpoint of object-narcissism, the woman is denying the reality of the analyst's existence as a person and so is cutting herself off from what he can give her as an analyst. From the viewpoint of self-narcissism, the woman may feel incomplete and imperfect without a penis and the experience of the analyst as her penis restores her sense of well-being, self-respect and wholeness. Further analysis might well reveal that this is her father's penis turned to at her disappointment with mother at the time of weaning. This last is a description in terms of self/object relations.

The controversy surrounding many narcissistic problems can be resolved in this way.

Session with Mrs A

After a momentary uncomfortable pause, she began the session with anxiety-free associations in which she overtly requested guidance and support but covertly attempted to set up a rivalrous sexual engagement.

I ignored both the conscious and pre-conscious material and only remarked on her initial momentary anxiety. She made a vague response and I interpreted, on a hunch, that the blankness of my expression had disturbed her self-feeling. She said: 'Yes. I suddenly didn't know who I was.' Her associations moved on to her self-consciousness in this new activity of psychotherapy and then to feeling uncomfortable.

She described an experience of a spider-fly relationship with me and talked of her wish to please me. I reflected her anxiety by interpreting the wish to please as a defence against the paranoid anxiety.

She became dismissive and then was suddenly very comfortable saying, more to herself than to me, that she really did not need anyone. I commented that in a previous session she had seemed to resent the idea that I might affect her emotionally in any way.

She responded by describing how she had hurt someone recently without meaning to. Her fears of hurting me were then interpreted and this led on to her wishes to be loved and cuddled.

And then to her tendency to hide this because of her vulnerability and shyness.

Interpersonal calamities, intrapsychic confusion, identity disturbances and various manoeuvres such as deadness, idealization, lying, stealing and perversion are narcissistic *qua* self-narcissism in so far as they are a rescue operation for the sense of well-being and the continuity and integrity of the self-representation. They are narcissistic *qua* object-narcissism in so far as they aim to depersonalize or dehumanize the self or object, or to cut off the emotional aspect of the self from psychic nourishment and relatedness.

The three perspectives are distinct and necessary for comprehension of the analytic process within the object-relations model. Patients can move between them defensively during a single session or creatively during an analysis. Rapid shifts are evident in a session from the commencement of therapy with a woman who presented with the symptom of being excessively irrational for four days every month.

Commentary

Defensive self/object relating which avoids the crucial current concern: starting therapy.

Interpretation of self-narcissism.

This is confirmed and then the current concern is expressed.

Deeper paranoid self/object relationship emerges.

Object-narcissism with destruction of therapy; loss of both discomfort and self-awareness. Focus on object-narcissism to indicate it is equally 'grist for the mill'.

Return to self/object relating with greater tolerance of experience.

Return to self-narcissism.

A whole psychoanalysis can sometimes be seen in phases in which a particular perspective dominates. Mrs J completed an analysis successfully over four years. After the initial weeks of getting familiar with psychoanalysis and myself, she entered a phase of infantile dependency for about six months (self/object relations) before moving into a period of confusion which after some months led to being indifferent to the analyst and then relating via a delegate (object-narcissism). This resolved after a further nine months following a dream in which she was a baby supported by a pair of hands while eating her own faeces. The next phase focused on her oedipal relation with her father (self/object relations), mixed with a work on her negative attitudes about herself (self-narcissism). The final twelve months prior to the decision to terminate centred on her hatred, rage and jealousy towards her mother (self/object relations).

To summarize: self/object relations, self-narcissism and object-narcissism are different but related clinical and theoretical perspectives which are not usefully reduced to each other. It is my intention now to demonstrate in more detail the developmental and clinical interplay of these perspectives.

DEVELOPMENTAL RECONSTRUCTION

Many details of the nature of childhood development which results in narcissistic disturbance have been worked out over the past two decades by Mahler, Spitz, Winnicott, Kohut and others. I wish to emphasize only those aspects which demonstrate the close link between self-narcissism and object-narcissism and to clarify the process as part of normal development.

It is not known which the child develops first: a sense of self or a sense of object. Probably the question is pointless or philosophically suspect. However, it is certain that the child can and usually does exist psychically before birth, even before conception, in the minds of the parents. After birth, parental preoccupation, particularly the 'primary maternal preoccupation' is a powerful statement of the existence and importance of the infant as a person. Making this positively-valued personalization of the infant a possession of the infant is a crucial parental task.

As currently accepted, if contact with the object/environment is an experience of the baby, produced and later willed by the baby but mediated via maternal empathy, activity leads to effectiveness and the infant starts to become a person and to develop self-awareness and self-observation. These early maternally-invested experiences of the child result in core self-images which are the precursor of the self-representation. If contact is in the form of an impingement, i.e. unrelated to the infant's state, needs or spontaneous gesture, the activity is a reaction and has no root in personal impulse. Hence it is the precursor of, among other things, mindless destruction and object-narcissism. At the instant of such a contact, there is no mental resting place for experience and the self-image, non-invested by the mother, is one of non-existence. Both types of contact are common to the development of all human beings.

Every mother brings to her growing infant expectations, ideas and unconscious needs. Inevitably a number of these will be inaccurate or inappropriate for the child. However, mothers are willing to tune in and the infants can make themselves heard. Usually a mother quickly gathers that an infant has characteristics of its own and she modifies her ideas and wishes. This recognition by the mother of the separateness of the child is the essential ingredient for the appropriate development by the child of the illusion of omnipotence. Mothers are not without needs to which the infant can adapt; Lichtenstein (1961) has described how, through maternal responsiveness, child and mother reflect each other's needs and one of the infinite ways of being human is actualized.

If the mother is unable to recognize the child as separate, i.e. if in some crucial aspects the mother either cannot or does not choose to modify her approach to the child, impingement inevitably occurs. When the mother suffers a narcissistic disturbance and repeatedly and excessively requires the infant to function or to respond to meet *her* needs, perhaps to prevent her becoming symptomatic, then the scene is set for narcissistic disturbance in later life. The child is incapable at an early stage of responding to and mastering the maternal ministrations which disrupt his inner state, and simultaneously he is unable to turn to the outer world for assistance and relief. There is

a breakdown of the illusion of omnipotence, traumatization and the experience of hatred and helpless rage. The infant develops primitive techniques of mastery such as denial, retreat to fantasy and projective identification. With repeated intrusion, the child may develop a 'false self-structure' (Winnicott, 1960) or a 'narcissistic organization' (Meltzer, 1973). Once this occurs, it becomes much more difficult or even impossible for satisfying experiences to be internalized and so ego formation is disturbed.

For the purpose of this paper, it is necessary to focus on that stage of development in which self-object differentiation is occurring. The mother's use of the infant for her own purposes carries an implicit rejection of the child in its uniqueness. Prior to the phase of individuation, this is either simply irrelevant or a source of profound distress or traumatization. However with maturation and the development of cognitive capacities, the child finds itself faced with a choice. He either meshes in with mother, i.e. psychically fuses with her by becoming an extension of her, or he asserts his separateness and autonomy. But separation is just what the narcissistically-disturbed mother cannot and will not tolerate. The paradox is obvious: maternal acceptance (manifestly) is actually maternal rejection (latently) and individuation leads to absolute maternal rejection.

The child has no inevitable or natural compromise between the two discrete and undesirable alternatives, and it seems reasonable to assume that each is experienced. Fusion with the parent, i.e. subserving the parent's needs and suppressing its own, reduces friction and leads to the gain of love and approval. In addition compliance increases the parent's sense of well-being leading to joy, even ecstasy, which may be sexually tinged, and in which the child shares. The other course, self-assertion, leads at the very least to the loss of acknowledgement, approval and love, and possibly to being ignored. The independent behaviour proclaims separateness and inevitably induces in the parent pain, depression and resentment. Maturation and autonomy have their own pleasures but they take place in a painful interpersonal context.

Various courses of action may ensue: rather than becoming depressed and despairing, the parent may become coercive and punitive to

obtain the needed relationship and the child may respond to this in a variety of ways. Alternatively the child may develop attention-getting disruptive behaviour to which the parent may respond variously. If open conflict does not develop, withdrawal and detachment may mark the relationship, possibly in association with neurotic or antisocial disturbance. Another way in which the child may protect itself in the face of a parent whose distortions are more overt is by saying in effect 'your attributions and communications are obviously untrue . . . it's best that I ignore them . . . they are meaningless and have no relation to me'. Whatever the choice, whatever the *sequelae*, the child becomes lonely and feels lost and confused.

ADULT SYMPTOMATOLOGY

We can now briefly return to characteristic narcissistic symptoms and discern their childhood origins. Rejection is probably the most central feature: either as fear of rejection and self-rejection (self-narcissism) or as rejection of others or by others (object-narcissism). The components of rejection phenomena can be summarized:

(a) the implicit and/or explicit rejection by the parent of authentic self-assertive gestures or experiences, (b) identification with the rejecting parent, (c) primary self-rejection associated with the infantile tendency to rid the self of what is bad/unpleasurable, (d) secondary self-rejection associated with perception of ego immaturity and incompetence (i.e. failure to meet ideals of functioning) and (e) defences against any of the above, such as reversal (passive-into-active).

The negative-valuation by the parent and absence of maternal investment in the child's experience are precursors of identity disturbances, feelings of uncertainty and self-doubt, and low or fluctuating self-esteem. Such parental action combined with an apparent inability to elicit appropriate material behaviour and the breakdown of the illusion of omnipotence on the part of the child, leads to a pervasive sense of inadequacy and lack of self-confidence. When the parent fails to recognize, respond to and soothe the child, his world, inside and out, becomes unpleasurable and hatred of the object and self results.

This is not to deny or minimize the child's own contribution, or the importance of fantasy and primary process. It is just that to understand these phenomena '*it is not possible to state what takes place by reference to the infant alone*' (Winnicott, 1960, p. 145). It is essential to appreciate that, at a certain developmental stage, each maternal act which inappropriately treats the child as an extension of herself weakens the child's sense of competence and increases its use of defensive omnipotence. At the same time it weakens the child's basic security and sense of trust in the object, in the self (autonomy and self-regulation), in the self as reflected by the object, and in the self's perception of the object. The child is disposed to increased vigilance, excessive attention to the environment, and hyperempathy (interpersonal oversensitivity); and to defences against these states.

Whether symptoms have been fashioned more under the influence of self-narcissism or object narcissism can only be determined during psychoanalysis.

PSYCHOANALYTIC FEATURES

The patient in analysis displays phenomena which he does not complain of as symptoms but which are regarded by the analyst as signs of narcissistic disturbance. Using the interactional scenario portrayed above, many of these can be understood.

The urge to fusion with relief from conflict, defensive isolation with meaningless or compliant behaviour and self-withdrawal are the roots of object-narcissism, performed in the service of self-narcissism (the wish for love and approval). The non-authentic production of behaviour which triggered mother's responses of well-being and inevitably led to their excessive valuation appears in a psychoanalysis as grandiosity, controlling manipulations, fantasies of preferring infant faeces to maternal breast and pathological omnipotence. Such action which profoundly disrupted the child's perception of himself and his needs and interfered with his sense of continuous existence results in empty, meaningless sessions.

Attempts to separate and individuate became linked with painful states of loss of love and approval which coloured the resulting self-image.

The child's *intrapsychic* guilt and omnipotent fantasy of damaging his parents became reinforced by repeated *intersubjective* actualizations. Pain coloured both the negatively-valued self-images and the awareness of the exploitative relationship with the mother. In analysis separateness is avoided, separations are unbearable, and the human reality of the patient-analyst relationship cannot be experienced. The childhood defence of automatic outward compliance, while hiding the 'true self' away, remains a natural means to reduce the pain and horror of self/object relations.

Instead of the mother-child interaction regulating the child's well-being and the mother obtaining self-esteem from her self/object relations with the child, the mother's object-narcissism provoked a complementary object-narcissism on the part of the child. The child then regulated its own sense of well-being by destroying its own experience and producing well-being in the parent. This manifests in analysis as a lack of growth in response to analytic interpretive work and sometimes a persistent search for the magic button (= nipple) or lever (= penis) which will produce a response from the analyst. In other words, the ground for a positively-valued existence and a meaningful analytic relationship is lost when instead of a genuine self/object relationship there is only the charade of object-narcissism.

CLINICAL INTERPLAY OF PERSPECTIVES

The developmental schema suggests (and was inevitably derived from) a particular interplay between the perspectives in the analytic process. In Kinston (1980) a detailed clinical example described a male patient, initially in a state of object-narcissism, receiving an intervention aimed at bringing his self-narcissistic disturbance into consciousness, and subsequently relating more personally with the development of a negative transference. This transition, from object-narcissism through interpretation of latent self-narcissistic disturbance to emergence of negative transference, is a typical pattern.

The reverse transition is also to be expected. When negatively-valued self-images become prominent during an analysis, the patient will opt for states of object-narcissism rather than self/

object relating, regardless of the destructive consequences. In the following example taken from the end of the second year of analysis, the move from object-narcissism to self/object relating is accidentally provoked by the analyst. The analysand, Miss B explains patiently to him that she regards her experience as a bad thing and hence cannot tolerate a self-object relation; despite this a depth self/object relation then emerges.

Case illustration: Miss B

For some weeks she had been talking in the session in a fashion which precluded meaningful interpretations. She referred to my silence but was not concerned about it and neither of us was uncomfortable. I wrote in my notes: 'This is too good to be true'. Her talk was mildly interesting and there was no sense that she needed anything from me. The intrapsychic activity underlying this state of object-narcissism was confirmed on the day prior to the session to be reported when, after a silence, she concluded the session with: 'Lying here like this, I feel like a (Egyptian) mummy'. The puns and associations to 'lying' and 'mummy' were in my mind the following day.

On this day, I thought that she pressed the door-buzzer only once instead of her usual signal of two buzzes so there was a delay before I let her in. She began talking about some external event much as on the previous days, so I raised the subject of the door-buzzing. She said that she had buzzed twice but that I had delayed answering and went on in an irritable tone: 'Do I have to discuss the door-bell? What does it matter? I buzzed twice. At least I thought I did. There was a slight delay and then you let me in. I wondered what happened and felt anxious. Perhaps you weren't there. Perhaps I did the wrong thing and didn't press twice. It doesn't mean anything.' It was clearly impossible to fathom what actually had happened so I inwardly registered the sense of confusion and, to Miss B, commented on her angry and critical mood. She responded with denials and rationalizations culminating in the assertion that she was in the wrong. I suggested that the anxiety she had felt outside was associated with her anger with me and the thought that I was in the wrong. She accepted this and the session proceeded as follows.

Dr K: To avoid being angry with me, you come in and attack the whole analytic procedure. You say that things don't matter and they don't mean anything. But you know that the whole of analysis is about meaning.

Ms B: But there was no conscious intention in that. If I'd come in and been angry that would have been different.

Dr K: You prefer a course of action which, as a side effect, is totally destructive and means that nothing can happen or exist to facing your anger and wish to attack me.

Ms B: I can't accept that I get angry if I'm kept waiting thirty seconds. I won't have it. I can't assimilate it. The only way I can think that I could manage to know it—would be by distorting things and saying that it's not really a bad thing to be like that but a good thing.

(Silence)

Last night I was thinking of the people where I work—and they're all so false—behaving like little goody two-shoes. Underneath they are really nasty.

I then suggested that her good behaviour in the past weeks was a cover-up. When the truth came out like that morning, she did not want to know. But the consequences of this was the destruction of the analysis. She was silent. The session finished a little later. The next day she came with a complex dream and the sessions came alive again.

The typical transition from object narcissism is evident. Once the patient is in a state of self-narcissism, shown by her awareness that her transient experience, an angry self, is a 'bad thing', the hidden long-standing negative transference, nastiness to the analyst, emerges in a form susceptible of interpretation and leading to change and development in the analysis.

CONCLUSION

This paper has sought to demonstrate that disturbances in self-feeling and a person's self-images are fundamentally interlinked with a type of object relationship referred to as object-

narcissism. From psychoanalytic observations reported in this paper and another (Kinston, 1980) the inter-relationship between self-narcissism, object-narcissism and self/object relating can be stated in two ways:

(a) The move from object-narcissism to self/object relating is associated with the appearance and tolerance of negatively-valued self-images.

(b) Self/object relating is not stable in the presence of self-narcissism disturbance, and tends to revert to object-narcissism.

A particular aspect of the developmental intrapsychic and interactional scenario has been reconstructed in the light of current theories of the developmental precursors of adult narcissistic pathology.

At the beginning of the paper, two definitions of narcissistic vulnerability were required. It can now be seen that these are two ways of saying the same thing. Narcissistic vulnerability defined as the ease of evocation of negatively-valued self-images is identical to narcissistic vulnerability defined as the ease of activation of object-narcissism. This is because object-narcissism is an habitual response to the emergence of negatively-valued self-images.

Transitions between object-narcissism and self-narcissism-cum-self/object relations are associated with affective alterations and characteristic sexual and aggressive release. The phenomena are well known to psychoanalysts and have been described in detail in the literature (Winnicott, 1950; Meltzer, 1973; A. Freud, 1966). I will discuss these transitions further in my next paper; however, it will be clear by now that in my view it is not useful to reduce narcissism to a form or component of instinctual activity.

SUMMARY

Self/object relations, self-narcissism and object-narcissism are clinical and metapsychological perspectives which can be usefully distinguished by psychoanalysts. Their interconnexions are examined using clinical material and developmental reconstructions. Current views of the developmental precursors of adult narcissistic disturbance are accepted and re-

stated to illustrate the child's dilemma as to whether to maintain self/object relating at the cost of bearing a negative self-valuation, or whether to participate expediently, pleasurably and self-destructively in maternal object-narcissism. This manifests during psychoanalysis as instability of self/object relating with oscillations between self-narcissism and object-narcissism. Psychoanalytic material is presented to demonstrate characteristic alterations in the transference.

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TRANSLATIONS OF SUMMARY

Les relations d'objet du moi, le narcissisme du moi et le narcissisme d'objet sont des perspectives cliniques et métapsychologiques qui peuvent être différenciées utilement par les analystes. Leurs interconnexions sont examinées en employant du matériel clinique et des reconstructions du développement. Des points de vue actuels des précurseurs de la perturbation narcissique adulte sont acceptés et continuent à illustrer le dilemme de l'enfant, c'est-à-dire, la question se pose entre maintenir les relations d'objet du moi au prix de soutenir une évaluation du moi négative ou bien de participer convenablement, agréablement et égo-destructivement dans le narcissisme d'objet maternel. Ceci est mis en évidence pendant la psychanalyse comme un manque de stabilité des relations d'objet du moi avec des oscillations entre le narcissisme du moi et le narcissisme d'objet. Du matériel psychanalytique est présenté pour montrer des perturbations caractéristiques dans le transfert.

Selbst/Objekt Beziehungen, Selbstnarzissmus und Objekt-narzissmus stellen klinische und metapsychologische Perspektiven dar, die von Psychoanalytikern in nützlicher Weise unterschieden werden können. Ihre Verschränkungen werden anhand von klinischem Material und entwicklungs-mässigen Rekonstruktionen untersucht. Derzeitige Ansichten über die entwicklungs-mässigen Vorläufer narzisstischer Störungen in Erwachsenen werden bestätigt und vorgetragen, um das Dilemma eines Kindes zu verdeutlichen, ob es nun eine Selbst/Objekt Form der Beziehung auf Kosten einer negativen Selbsteinschätzung aufrecht erhalten soll, oder ob es eher lustvoll und selbstzerstörend am mütterlichen Objekt-narzissmus teilhaben soll. Dies zeigt sich in einer Analyse in einem unstablen Selbst/Objekt-Beziehen, mit Schwankungen zwischen Selbst-narzissmus und Objekt-narzissmus. Psychoanalytisches Material wird vorgetragen, um typische Veränderungen in der Übertragung aufzuzeigen.

Es útil que los psicoanalistas vean en las relaciones yo/objeto, en el auto-narcisismo y el narcisismo del objeto, perspectivas clínicas y metapsicológicas diferenciadas. Examinamos las interconexiones que éstas presentan por medio de material clínico y de reconstrucciones evolutivas. Aceptamos el punto de vista vigente respecto de los precursores

evolutivos del problema del narcisismo adulto y lo reafirmamos para ilustrar el dilema del niño entre mantener la relación yo/objeto a costa de soportar un auto-juicio negativo, o participar con placer y de modo autodestructivo en el narcisismo del objeto materno. Esto se manifiesta

durante el psicoanálisis como inestabilidad en la relación yo/objeto con oscilaciones entre autonarcisismo y narcisismo del objeto. Presentamos material psicoanalítico para demostrar las alteraciones características de la transferencia.

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Brunel Institute of Organisation and Social Studies
Brunel University
Uxbridge
Middlesex UB8 3PH
(MS. received April 1981)

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