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The Mirror and the Mask—*On Narcissism and Psychoanalytic Growth*[1]

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Introduction

TRYING TO EXTRACT SOME COHERENT view of narcissism from the ongoing controversy in the current psychoanalytic literature is somewhat like trying to chill Russian vodka by adding ice cubes; it is possible to do it, but the soul of the experience is diluted. Levenson's (1978, p. 16) suggestion that "it may not be the truth arrived at as much as the manner of arriving at the truth which is the essence of therapy", leads me to wonder if it may likewise be said that it is not the definition of narcissism arrived at as much as the struggle to arrive at one, which is the essence of recent progress in psychoanalytic thought. The struggle contains within it, an emerging shift in perspective that has begun to influence our conceptions of clinical diagnosis, the nature of human development, psychoanalytic metatheory, and the parameters of psychoanalytic treatment itself.

During the past two decades there has been a gradual but consistent movement of the mainstream of psychoanalysis in the direction of field theory, and toward the interpersonal context as the medium of both normal maturation and therapeutic change (See Bromberg, 1979a). This has brought the developmental models of psychopathology and analytic technique into closer harmony than ever before, and has focused attention on the growth of "self" as inseparable from the interrelationship of "self and other", whether in the parental environment or the therapeutic environment.

Analysts have been studying how the interpersonal field mediates the process by which self and object representations are born and internally structured; how inadequacy of interpersonal experience during various phases of maturation can lead to structural pathology of the representational world itself; how this structural pathology can lead to specific forms of character disorders traditionally considered untreatable by psychoanalysis; and how a psychoanalytic relationship with such patients might indeed be possible from a field theory orientation.

As one outcome of this paradigm shift, the subject of narcissism has become as currently fascinating and humanly real as it has formerly been wooden and artificial. The metapsychological "puppet", like Pinocchio, has come alive and gained a "self". In so doing it has become more interesting to psychoanalysts as an issue of treatment approach and as a clinical data base supplementing hysteria, than as the original construct shaped by Freud (1914) to account for certain aspects of theory.

The narcissistic personality has become accessible, as a live human being, to psychoanalytic treatment; but the term "narcissism" is now more vague and ambiguous as a hypothetical construct and as a nosological entity—"the narcissistic personality disorder". It has in fact become almost a kind of operational watershed which is used to describe those individuals whose object relations are characteristic of the developmental level of mental representation that Anna Freud (1969) calls "need satisfying", that Mahler (1972) describes as "magical omnipotence", and that Immanuel Kant might consider a systematic violation of his categorical imperative; individuals who experience other people as a means to an end rather than as an end in themselves. The defining qualities are most often described in the psychoanalytic literature as a triad of vanity, exhibitionism, and arrogant ingratitude, which for better or worse (Lasch, 1979, p. 33), is what the word "narcissism" has come to mean in popular usage.

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[1]The central theme of this essay draws upon ideas from an earlier unpublished paper, *Current psychological concepts of narcissism,* presented May 1978 at a symposium chaired by Edgar Levenson, entitled *Narcissism: Between The Mirror and The Mask,* sponsored jointly by the Brooklyn College School of Social Science, and The William Alanson White Psychoanalytic Institute. The author gratefully acknowledges Dr. Levenson's generosity in allowing him to borrow the conference title.
Also incorporated here are aspects of an invited discussion (Bromberg, 1979c) of David Schecter's (1980) paper, *Early Developmental Roots of Anxiety,* presented at The American Academy of Psychoanalysis, November 1979.

Bach (1977, p. 209) describes what it feels like from behind the analyst's couch as "… talking into the wind or writing on the sand, only to have one's words effaced moments later by the waves. The patient either welcomes or resents the analyst's words (and) frequently does not even register the actual content. A session which seems to have led to a certain understanding or experience of some kind may, 24 hours later, be totally forgotten."

It is a quality of unrelatedness which represents the failure in development of a spontaneous, stable, taken-for-granted self experience. The individual tends not to feel himself at the center of his own life. He is prevented from full involvement in living because he is developmentally stuck between "the mirror and the mask"—a reflected appraisal of himself, or a disguised search for one, through which the self finds or seeks affirmation of its own significance. Living becomes a process of controlling the environment and other people from behind a mask. When successful it is exhilirating; when unsuccessful there is boredom, anxiety, resentment, and emptiness. But the critical fact is that an ongoing sense of full involvement in life is missing, often without awareness. The intrinsic experience of accomplishment is transformed into one of manipulation, exploitation, and a vague feeling of fooling people. A state of well-being becomes the goal of living rather than its characteristic quality, and the moment to moment sense of being has little relevance other than as a preparation for the next moment. Existence becomes either a search or a waiting period for that moment not yet here when real life and true love will begin. The present is always imperfect in and of itself.

What keeps the person going, and often able to manage the external appearance of a relatively well-functioning life, is an internal structure referred to in the psychoanalytic literature as a "grandiose self" (Kernberg, 1975); (Kohut, 1971), (1972), (1977). Its main job is to be perfect (See Rothstein, 1980); that is, to achieve approbation, to never be dependent, and to never feel lacking in any way. Although there is theoretical disagreement as to how this "grandiose self" is established, most analysts pretty much concur that it conceals beneath it a self image described by Kernberg (1975) as

a hungry, enraged, empty self, full of impotent anger at being frustrated, and fearful of a world which seems as hateful and revengeful as the patient himself (p. 233) … The greatest fear of these patients is to be dependent on anybody else because to depend means to hate, envy, and expose themselves to the danger of being exploited, mistreated, and frustrated (p. 235).

Consequently, any confrontation with this self image of perfection evokes an immediate need to protect it, and the other person is typically greeted with either an increased dose of disdainful aloofness or with self-righteous rage. This often poses a bit of a problem for mates, lovers, employers, friends, and analysts, should they tend to be more than a "need-satisfying object".

The picture I have been presenting is that of pathological narcissism. Whether such a thing as "normal" narcissism can be said to exist as a distinct entity is currently a controversial issue. Ernest Becker (1973) has presented a particularly compelling sociological position which examines and recasts the psychoanalytic theory of neurosis in the context of man's need to cope with existential anxiety.

"In man", Becker states (pp. 3–6),

a working level of narcissism is inseparable from self-esteem, from a basic sense of self-worth … it is all too absorbing and relentless to be an aberration; it expresses the heart of the creature: the desire to stand out, to be the one in creation. When you combine natural narcissism with the basic need for self-esteem, you create a creature who has to feel himself an object of primary value: first in the universe, representing in himself all of life.

Man, he says, is hopelessly absorbed with himself, and "… if everyone honestly admitted his urge to be a hero it would be a devastating release of truth". But the truth about one's need for a sense of personal heroism is not easy to admit, and thus, "… to become conscious of what one is doing to earn his feelings of heroism is the main self-analytic problem of life".

Becker is not taking a position that narcissism is psychiatrically healthy; rather that it is an inevitable and essential form of madness which protects us from the greater clinical madness of having to fully apprehend our own mortality in an ongoing way. As he sees it, our normal narcissism spares us from having "… to live a whole lifetime with the fate of death haunting one's dreams" (p. 27); a truth which if fully faced would literally drive man insane. What psychoanalysis has done, Becker asserts, is to reveal to us the complex intrapsychic and interpersonal penalties of denying the truth of man's condition. The psychological and social costs of pretending to be other than what we are is called "neurosis".

Pathological narcissism, in this framework, is one of the particular characterological tolls that is increasingly being paid by man in contemporary society as he tries to deny his apprehension of non-being. At its core, it describes a sense of self lacking sufficient inner resources to give meaning to life simply through living it fully. Man's relentless need to validate the "self" as the goal of living may be the form of personality disorder that most fascinates psychoanalysts in our time because the experience of meaninglessness may be the context in which the feeling of non-being most typically expresses itself in our time. Peter Marin (1975) in fact believes that in current society "… the self replaces community, relation, neighbor, chance, or God", and sees the culturally prevailing psychological character organization as what he labels "the new narcissism".

Psychoanalytically, it can be argued that in line with Becker's perspective on the nature of the human condition, the potential for normal as well as pathological narcissism is co-existent with birth. Mahler (1972, p. 333) states that the developmental need for a separation-individuation process is based in part upon the fact that "the biological birth of the human infant and the psychological birth of the individual are not coincident in time. The former is a dramatic and readily observable, well-circumscribed event; the latter, a slowly unfolding intrapsychic process. For the more or less normal adult, the experience of being both fully 'in' and at the same time basically separate from the 'world out there' is among the givens of life that are taken for granted." But she also acknowledges (p. 338) that starting with birth and regardless of the adaptability of the outside environment, the human being is engaged in an "… eternal struggle against both fusion and isolation. One could regard the entire life cycle as constituting a more or less successful process of distancing from and introjection of the lost symbiotic mother, an eternal longing for the actual or fantasied 'ideal state of self', with the latter standing for a symbiotic fusion with the 'all good' symbiotic mother, who was at one time part of the self in a blissful state of well-being". In other words, simply because unlike other animals, our psychological birth takes place after our physical birth and outside of the uterus rather than inside of it, psychological maturation is inherently traumatic to some degree, and the security of the "self" is never fully stable. The potential for narcissistic pathology—difficulty in being both fully "in" and at the same time basically separate from "the world out there"—is therefore present from birth but need not develop into a characterological aggrandizement of the "self" in adulthood.

Freud's (1911) example of a situation in which the pleasure principle reigns supreme and the reality of the external world is excluded, was "a bird's egg with its food supply enclosed in its shell". Ferenczi (1913) expanded on Freud's statement that the prototype of the pleasure principle was in this self-contained existence where no stimuli from the outside can impinge, and asserted that it is in fact the period of life spent in the womb which, as a stage of human development, totally represents Freud's example. It is this stage, Ferenczi argued, which truly defines omnipotence. It is not the state of having all of one's needs met, but a state in which one doesn't even need to need. It is the state of total self-sufficiency. Glatzer & Evans (1977, pp. 89–90) formulate Ferenczi's view as follows: "The clear implication of this first stage … this period of unconditional omnipotence … is that growing up is painful quite apart from the nature of the environment. The unconscious fiction of the frustrating 'outside' is ineluctable and universal. It is the inevitable consequence of being born. The cardinal importance of Ferenczi's contribution is this: The reactive rage of the child to not being fed is not due merely to the fact that he is hungry; he is more likely to be depressed. The main cause of his anger is that his illusion of self-sufficiency is constantly being shattered".

The parallel is striking between this idea of traumatic loss of omnipotence, and Becker's existential view of narcissism in man as "… the toll that his pretense of sanity takes as he tries to deny his true condition" (Becker, 1973, p. 30). What is called the "grandiose self" structure may be thus seen as a core patterning of self-other representation designed to protect the illusion of self-sufficiency at all costs, because in pathological narcissism it is also disguising the individual's lack of a fully individuated identity. The way in which such patients use detachment as an ego defense is illustrative. Schecter (1978, p. 82) points out that in most character structures the detachment defense attempts to convert the fear of being abandoned, an ego-passive fear, to an active movement away from relationship; the consequence is that the greater the depth of detachment, the greater will be the sense of futility; i.e., no hope for a "good relationship". In the case of pathological narcissism, however, it is my belief (Bromberg, 1979b, p. 597) that the emptiness and futility that accompany detachment do not come from the lack of hope for a "good relationship", but as a functional consequence of dimly recognizing a need for any relationship at all. The "futility" is most directly an experience of "ego depletion". It is a felt "inadequacy" of the grandiose self elicited in these individuals by evidence that they lack anything that is not contained in themselves; it is, in effect, a temporary unmasking of theillusion of self-sufficiency.

Whether we accept Becker's premise that the basis of narcissism is man's need to deny mortality by an illusion of total self-sufficiency (which he calls "heroism"), his viewpoint is paradigmatically consistent with that of Sullivan (1953), (1964a), (1964b) and Fromm (1947), (1956), (1964), and follows the direction in which interpersonal psychoanalysis and object relations theory seems to be moving; i.e., towards the concept that all narcissistic pathology is, fundamentally, mental activity designed by a grandiose interpersonal self representation to preserve its structural stability, and to maintain, protect, or restore its experience of well-being (See Schafer, 1968, pp. 191–193); (Stolorow, 1975, p. 179); (Sandler & Sandler, 1978, pp. 291–295); (Horner, 1979, p. 32). Becker's formulation also resonates in an equally striking, although conceptually distinct way, with Kohut's (1971), (1972) position that narcissism and narcissistic rage are developmentally normal, and given the proper early environment should lead to healthy assertiveness, to a firm sense of self esteem, and to a relatively well integrated balance between feeling both in the world and separate from it. Becker (1973, p. 22) states:

> *The child who is well nourished and loved develops, as we said, a sense of magical omnipotence, a sense of his own indestructibility, a feeling of proven power and secure support. He can imagine himself, deep down, to be eternal. We might say that his repression of the idea of his own death is made easy for him because he is fortified against it in his very narcissistic vitality.*

The clinical problem confronting contemporary psychoanalysis, however, is not metaphysical, and is no myth, even though it allegedly all started with one.

The Problem of Analyzability

It has been written that the nymph Echo had fallen in love with a handsome youth named Narcissus, who unfortunately loved nobody but himself. Echo, however, had her own problems. She had been previously punished by a jealous goddess and had lost the gift of forming her own words, so that she could from then on only repeat the words of others. As Narcissus bent to drink one day in a quiet pool, he noticed in the mirroring surface of the water, the handsomest face he had ever seen. "I love you", said Narcissus to the handsome face. "I love you", repeated Echo eagerly as she stood behind him. But Narcissus neither saw nor heard her, being spellbound by the reflection in the water. He sat smiling at himself, forgetting to eat or drink, until he wasted away and died. This, by one account (D'Aulaire & D'Aulaire, 1962) may be the first recorded instance of premature termination due to an unresolved mirror transference.

The descendents of Narcissus now lie upon an analytic couch, as self-absorbed as ever, while behind them, as in the myth, sit the determined but still frustrated counterparts of Echo, trying to be heard. Old narcissism or "new narcissism", it's still not easy. In some ways, though, we have progressed since that fatal day at the pool. Psychoanalysts have begun to recognize that the solution to the problem is not located solely in the patient, and that perhaps Echo and Narcissus were less than an ideal match. One might even go as far as to suggest that Echo was working under an unnecessary handicap of her own.

Psychoanalysts, in order to practice psychoanalysis as defined by its agreed upon parameters, are bound by a particular stance which like Echo's, may have handicapped them in facilitating structural growth in narcissistic patients. Echo's burden was not just that she could only repeat what she heard, but that in so doing, she too was unable to exist as a person in her own right and thereby unable to know whether Narcissus could be reached by a different approach.

Analysts have more or less agreed that narcissistic disorders are difficult to treat and that the so-called "unmodified psychoanalytic situation" doesn't do the job. Gedo (1977, p. 792), for example, states that "In effect, no consensus has yet been reached about the appropriate analytic response to the transference manifestations of the grandiose self. Everyone is in agreement, however, about the absolute necessity of responding to these infantile claims with maximal tact and empathy … any failure in this regard is inevitably followed by humiliation and outrage".

In discussing the analyzability of narcissistic personality disorders, Rothstein (1982, pp. 177–178) accurately observes that certain of these patients lack the ego assets to enable them to participate in an analytic process that is relatively independent of what the analyst contributes through his own personality and approach to the patient. Because, however, these ego assets are in his view "essential prerequisites" for a genuine analytic experience, their core psychopathology is inaccessible to interpretation and these patients are deemed unanalyzable inasmuch as their pre-existing personality structure requires more than the unmodified psychoanalytic situation. "Interpretive attempts to facilitate a working through process can evoke psychotic regressions (and) serious acting-out, sometimes including rapid disruption of the working relationship". This emphasis, Rothstein argues, is important because

there are subjects who can accommodate to an analytic situation but whose analytic processes rarely develop past the regressive internalization of the analyst as a reparative narcissistically invested introject characteristic of mid-phase process. These subjects may experience significant therapeutic benefit from such a relationship. However, where reparative or 'transmuting' internalization gained in the non-verbal 'mirroring', 'holding', or 'containing' ambiance is the primary mode of therapeutic action, a therapeutic rather than analytic result had been achieved.

In other words, the prognosis for a successful analytic outcome is tied directly to a model of treatment in which the primary mode of therapeutic action is held to be that of interpretation. The patients he describes are considered unanalyzable because he feels them to be characterologically unable to utilize verbal interpretation, and able to benefit therapeutically only from "mirroring"—from "swallowing whole" the analyst's non-verbal positive attitude and unconditional acceptance.

Perhaps so. But once again, might not the problem as well as the solution be located in the nature of the relationship between Echo and Narcissus, rather than in Narcissus alone? The issue of whether interpretation or internalization of the analyst is the "genuine" agent of analytic growth may not only be irrelevant (See Strachey, 1934); (Friedman, 1978), but may itself lead the analyst, like Echo, to a technique which fulfills its own prophesy of analytic failure.

The patient's sovereign need to control the object from behind a mask, often precludes an ability to "work" in the transference; i.e., to directly experience and report, as material, ongoing thoughts and feelings about the analyst and the process itself. The need to protect the stability of the grandiose self requires that he ward off any experience that leads to relinquishing his narcissistically invested representation of the analyst and the analytic situation. Right from the start, therefore, there is a frequent challenge to the conditions and formal structure of the analysis itself, in order to prevent direct experience of the transference. By the establishment of narcissistic transference configurations, the patient limits the analyst's ability to create an analytic setting which might lead to transference regression and any experience of needing more from the analyst than he is getting. The patient's only initial hope of success in treatment is that which unconsciously guides the rest of his life—to perform for the analyst and be rewarded by "cure". The analyst is therefore typically under pressure to bend his analytic structure and his approach regarding such issues as frequency of sessions, use of the couch, payment of bills, and his own characteristic level of responsiveness.

If the analyst holds a strong commitment to the concept of an "unmodified psychoanalytic situation", then any compromises he may make out of "therapeutic necessity" are simultaneously processed as "resistances" to a "genuine" analysis that has not yet begun, and which must be interpreted when the timing seems right. For certain types of patients this perspective is appropriate and most often leads to a successful outcome, but for others—narcissistic disorders in particular—it may work against its own intent and can potentially become a significant factor in either treatment impasse or a premature diagnosis of unanalyzability.

The goal of getting the patient to experience and acknowledge an ongoing transference process and to work with it analytically, is indeed the central issue. But the heart of the pathology in these patients focuses upon that being their most fundamental inability; to be both "in the world" and "separate from it" at the same time, without endangering the one internal structure they depend upon for a sense of identity—the grandiose self. The wish for the patient to enter into a "real" analysis is not in itself untherapeutic, inappropriate, or even countertransferential in the narrow use of the term; but with narcissistic disorders it is a perspective which, if too important to the analyst, may easily become the unconscious focal point which the patient holds onto in order to remain safely stuck between the mirror and the mask. As long as interpretations, no matter how tactfully administered, are directed towards the patient's transference resistance, the patient will process the experience as though the analyst were another version of a self-interested, narcissistic parental figure who is more interested in getting the patient to meet his own needs than in helping the patient. In order to ward off this perception of the analyst, the narcissistic transference configurations will become even more impenetrable or more brittle. The patient will, in other words, respond with either increased idealization of the analyst, with increased detachment, or with a marginal transference psychosis.

The clinical dilemma is genuine. There are indeed patients who, at least for long periods of time, react to interpretations only as personal feelings held by the analyst, and from the unmodified analytic stance are unanalyzable when they seem to have a serious potential for ego-disorganization or acting-out in response to this stance. If for the moment we reduce the priority of whether what we are doing conforms to the more orthodox definition of psychoanalysis, then much of the apparent disagreement becomes secondary to an approach which is potentially reconcilable with the majority of analytic viewpoints, though it most directly reflects the influence of the interpersonal position and object relations theory. It is based upon looking at the analytic situation as an open, empathic, interpersonal matrix within which the patient's representational world has maximal opportunity to become systematically repatterned and restructured at increasingly higher development levels. It is a perspective which has its deepest roots in the pioneer work of many different analysts at different points in the history of psychoanalysis, and represents a common thread linking the otherwise diverse schools of thought represented by such seminal authors as Ferenczi (1909), (1929), Strachy (1934), Sullivan (1953), Thompson (1956), Fairbairn (1952), (1954), Guntrip (1961), (1968), Winnicott (1965), Gitelson (1962), and Balint (1968).

Ernest Becker's (1964) treatise on what he views as the post-scientistic "revolution in psychiatry" captures this orientation particularly vividly and without recourse to the theoretical constructs of any one school of psychoanalysis.

> *The patient is not struggling against himself, against forces deep within his animal nature. He is struggling rather against the loss of his world, of the whole range of action and objects that he so laboriously fashioned during his early training. He is fighting, in sum, against the subversion of himself in the only world that he knows. Each object is as much a part of him as is the built-in behavior pattern for transacting with the object. Each action is as much within his nature as the self-feeling he derives from initiating or contemplating that action. Each rule for behavior is as much as part of him as is his metabolism, the forward momentum of his life processes (p. 170)... The individual would have an easy time changing his early 'inauthentic' style if he could somehow disengage his own commitment to it. But rules, objects, and self-feeling are fused—takentogether they constitute one's 'world'. How is one to relinquish his world unless he first gains a new one? This is thebasic problem of personality change (p. 179).*

He then addresses an issue which encapsulates the dilemma faced by analysts in attempting to treat narcissistic disorders; the patient's lack of an observing ego which can disembed itself sufficiently from its own world to be able to examine with the analyst the structure he is most in danger of losing should be become too clearly aware of it.

> *Some individuals are fortunate in their early training... The result is that they have their own feeling of value pretty much in hand, so to speak... Hence they can 'back off' from any particular object and examine it critically; they are not bound to narrow action needs. To be able to withdraw from any action-commitment long enough to appraise it critically needs the secure possession of one's own positive self-feeling... The self-image does not depend hopelessly on any one object, or on any unquestionable rule... Obviously this strength will be absent where ... the rules are uncritically and inextricably fused with a particular concrete object (pp. 179–180).*

Here in this final sentence is the kernel of the issue of analyzability. Individuals for whom interpersonal rules are rigidly fused with a particular concrete object representation, bring to the analytic situation a core representation of "self" which is fused equally concretely to the same interpersonal unit. Such individuals do not possess a core identity which is stable enough in its own right and flexible enough for them to 'back off' and observe themselves in the analytic process while still being immersed in it. They cannot "work" in the transference until they free themselves, at least to some degree, from the particular concrete object or part-object (Fairbairn, 1952) representation which defines their basic feeling of self-value.

For patients suffering from pathological narcissism, the "grandiose self" representation is developmentally fused to the "need-satisfying object" by a set of interpersonal operations designed to prevent the object from being little more than a mirror, and to keep the true nature of those operations "masked". The analyst and the analytic situation are primarily external versions of that concrete mental representation, and it is thus extremely difficult to help such patients mobilize their own power of critical observation to examine their narcissistic transference configurations objectively. They cannot, in Becker's terms, genuinely work on "relinquishing their old world" without a "new one" being felt as at least within their grasp. From this orientation, one aspect of the analytic process is to facilitate the patient's development of the necessary mental structure to most fully utilize it. The analytic relationship is thus the most potentially powerful and subtle instrument in the treatment process. It represents a therapeutic environment which can be flexibly adapted to the patient's developmental level and its variability, rather than a fixed set of roles to which a patient must be able to accommodate or the analyst must "modify" if the patient does not possess the "prerequisite ego assets".

The analyst is committed to an approach rather than being bound to a technique. He does not need to make a choice independent of any particular patient, between interpretation as mutative and mirroring as reparative. The therapeutic action of the analytic process is seen as containing for all patients both elements as necessary and intrinsic parts of the interpersonal field which mediates it. For any given patient, however, the relative significance of each element in the overall field will initially depend upon the developmental level of mental structure that defines his core identity. For some patients the ability to fully utilize the analytic situation will then depend upon how much growth has occurred in the establishment of a stable sense of separate identity, while for others (the traditional "good" analytic patient) it is not an issue.

Pine (1979) makes the distinction between affects which are transformed from earlier affects (such as traumatic anxiety into signal anxiety), and affects which are created when the inner psychological structure is right for it. He refers most specifically to affect states that "… crystallize around the child's acquisition of self-other differentiation …" and are "… first born at later stages in the developmental process when the psychological conditions for their emergence are met. These psychological conditions involve new learnings—new acquisitions of mental life …" (p. 93). In my view this is equally pertinent as a treatment issue where a sufficient sense of separate core identity is not present to begin with in the analysis. It implies the developmental necessity of an initial period in treatment that allows the creation of the "right inner psychological structure" upon which later acquisitions can be built. By being able to utilize the presence and emotional availability of the analyst, the patient is given a setting in which he can begin to build this "prerequisite" structure and slowly "heal" the developmentally fixated source of anxiety associated with the insufficient maturation of autonomous tension-reducing patterns of self and object representations; i.e., a core identity whose stability is relatively independent of external nourishment. In the case of pathological narcissism, before the patient can develop a genuine working alliance and the ability to value and conceptually utilize new experience of himself conveyed through another person, he must first modify the sovereignty of the grandiose self enough to permit another person to exist as a separate entity in his representational world. Without this, he is, as Rothstein (1982) argues, primarily dependent upon mirroring as a means of mediating anxiety, and will continue to ward off any experience discrepant with his self-image of needing nothing beyond what is already part of him or within his perfect ability to control in the narcissistically invested "other".

For such patients the growth of anxiety-tolerance is central to the analytic process. It moves hand-in-hand with the development of "self" and self-structuring, and is one of the key variables which determines the initial capacity of these individuals to work in the transference. It is also an ego function which should show dramatic improvement if the analytic work is accomplishing its main task. The goal of the work, as in any analysis, is for personality growth to be self-perpetuating; that is, for the patient to internalize the analyst's analytic function as an aspect of his ego autonomy (Loewald, 1960). This achievement depends upon the ability of the analysis to free the patient from the grip of the narcissistic transference as the primary source of ego-sustenance, and from the fear of ego-depletion (or "non-being") as the most powerful developmental line of anxiety.

The Question of Anxiety and the Development of "Self"

In light of the above, it is of interest to consider the possibility that the development of anxiety-tolerance and higher level "self-other" mental representation during treatment may have a parallel in normal cognitive-emotional maturation in early life that is especially relevant for these patients. Schecter (1980) presents the view that we can concieve of each form of infantile anxiety—anxiety by contagion, separation anxiety, stranger anxiety, anxiety through loss of love, castration anxiety, and superego anxiety—as constituting the beginning of a developmental line which runs through childhood into adulthood. He suggests, as Pine has, that the quality of the original form of each type of anxiety is related to the developmental level of psychic structure that exists at that time, and that although each earlier line of anxiety is modified or "healed" by the subsequent development of new structure or maturation of older structure, the particular quality of the original experience continues to resonate throughout the life cycle to varying degrees for any given individual.

This orientation is particularly useful in differentiating the analytic treatment approach most suited to patients for whom an individuated core identity is taken for granted, from the approach most facilitating to patients such as narcissistic disorders, for whom it is a task to be completed through the work of the analysis itself. In this latter group of patients, the most profound source of anxiety at the onset of treatment has its origin prior to the full development of the ego and of intrapsychic conflict, and prior to the evolution of higher level ego defenses. It arises from a need to protect the fragile, poorly differentiated "self" from the threat of potential annihilation by internal and external experience that it is not yet autonomous enough to integrate, and which is thus felt as impinging, or "strange". Schecter, in fact, considers the most powerful line of anxiety that emerges in analysis to be a derivative of the early experience of stranger anxiety;

> *…it becomes clear that much of what we call resistance in psychoanalytic therapy has to do with anxiety connected with the conscious discovery of strange, new, ego-alien aspects of the self, of significant object-persons, and of their relationships (p. 551).*

Stranger anxiety as a developmental line of affect has not easily fit into Freud's theory of anxiety until now; that is, until the recent new respect being paid to the structural aspects of the separation-individuation process, and to the interpersonal context which mediates the normal "healing" of more primitive sources of anxiety as later structure develops. In this sense it also helps to bridge a conceptual gap between Freud's theory of anxiety as an affect derived from motivational conflict, and Sullivan's theory of anxiety as an affect derived from structural disequilibrium of the "self".

When it does occur overtly, stranger anxiety is normally seen in infants of about seven to eight months of age, which is approximately the point in cognitive development at which there is the first evidence that an object concept has begun to develop. Fraiberg (1969) calls it the beginning of "recognition memory". Even though the infant at that point cannot be said to have a true internalized mental representation of the object since its image cannot be evoked when the object is absent, it is the beginning of the process through which the gradual loss of omnipotence becomes attached to the outside world which the infant gradually comes to accept and call "reality' It begins here because here is where the cognitive structure is first born that allows an outside and an inside to be created. The existence of this new mental structure therefore becomes in and of itself a potential source of a new line of anxiety associated with threat to "self" because "self" now begins to have a representation which organizes experience viz a viz an object. In other words, as the process of separation-individuation continues, the source of anxiety shifts slowly (or sometimes abruptly) from separation to individuation; that is, to the "self" and its own ego defenses or security operations. The greater the development of an interpersonally differentiated self and object, the more the experience of individuation and its higher level ego defenses rather than the illusion of non-separateness, mediates the integrity of the "self".

What we see as eight month stranger anxiety may be the most observable instance of failure of the interpersonal matrix to smoothly mediate the infant's rudimentary transition to a differentiated experience of "self"; it may occur in those infants for whom the birth of this new mental structure precipitates a fall from perfection which is too abrupt and thereby too discordant with previous mental organization. In this light, it would tend to be traumatic because, as Sandler (1977) suggests, the perception of "other" evokes a too discrete recognition of a non-gratifying constellation of images as "not mother"; "strangeness" and "the stranger" thus become an intolerable threat to the integrity of the newly hatching self. External reality which is too discrepant with the experience of self-contained gratification (omnipotence), reinforces the need to retain the security of omnipotent self-containment by controlling rather than internalizing reality. It is the beginning, one might say, of Narcissus and Echo at the pool; the incapacity to "take in" anything that isn't an extension of the grandiose self. It may also be the beginning of the difficulty which inhibits the normal development of more mature modes of anxiety mediation, interpersonal relatedness, and self-growth. It occurs at a time during the separation-individuation process that optimal development of self and object representation is, according to Mahler (1968, p. 20), dependent upon "… the child's achievement of separate functioning in the presence and emotional availability of the mother". "Even in this situation", Mahler states, "this process by its very nature continually confronts the toddler with minimal threats of object loss." Trauma during this "early practising subphase" (seven to ten months of age) interferes with what Mahler describes (1972, p. 336) as the infants later capacity for "… exchanging some of his magical omnipotence for autonomy and developing self-esteem". As an adult he will thus tend to retain this early vulnerability to anxiety from a developmental source which has never "healed"; and if the developmental arrest is severe enough, his "…inflated, omnipotent self-object representation is the nucleus of the grandiose self which obtains in cases of pathological narcissism …" (Horner, 1979, p. 32).

What, then, is the most useful analytic approach in treating these individuals suffering from pathological narcissism? How does the patient ever reach the point where there is enough genuine relatedness to the analyst to form what is usually called an analyzable transference neurosis? Or to put it more operationally, how does the analysis enable the patient to assimilate anything from the analyst that he hears as less than flattering, without the grandiose self organizing the experience?

Treatment: The Integration of Mirroring and The Dissolution of The Mask

Before addressing the above question in the context of pathological narcissism, it might be useful to briefly consider my approach to the same question as it pertains to the general interpersonal model of psychoanalytic treatment (Bromberg, 1980a, pp. 243–245); (1980b, pp. 230–232). What makes the patient "trust" the analyst sufficiently to engage in a joint dismantling of his protective system with the same person who transferentially is the source of most immediate danger? Sullivan's answer (1953, pp. 152–154); (1954, pp. 217–239) was that the analyst works much like a sensitive musician; responsive to where the patient is on a gradient of anxiety, and trying to maintain it at an optimally minimal level—low enough so that the patient's defenses do not foreclose analytic inquiry, but high enough so that thedefensive structure itself can be identified and explored.

In my experience, this description of keeping a finger on the pulse of the patient's level of self esteem is accurate and valuable, but incomplete; it does not address the overall quality of the patient-analyst bond, which unlike that of other relationships of minimal anxiety, allows an extraordinary degree of growth to be possible. I have suggested that the nature of this bond involves a controlled but consuming immersion by the patient in something positive, as much as it does a responsiveness to the absence of something negative. This aspect can be looked at in my view, as a shared empathic matrix between patient and analyst which, as Settlage (1977) has described, reaffirms the patient's precognitive or preverbal sense of core identity, and leads to the feeling of being "understood" as a potential cognitive bridge to being able to understand the analyst even with regard to things he does not wish to "understand". It is an ego-regulated derivative of what Sullivan (1953, pp. 37–41) depicts as the first interpersonal affirmation of core identity in the life cycle—a synchronicity between the needtension level in the infant and the mother's responsiveness to it.

In conjunction with an appropriate working level of anxiety, it is this empathic matrix which, in my opinion, allows an analysis to take place. Tolpin (1971) puts it as follows: "By re-creating the merger and the maternal functions on which it depends, the psyche establishes an auxiliary pathway for the acquisition of tension-reducing mental structure" (p. 347). The important issue to recognize with regard to the analytic situation is that it is not a return to symbiosis, but the re-creation in the analysis of the transitional mental structure through which communication with the analyst includes the growing ability to become to himself what he experiences the analyst is to him. In a skillfully conducted analysis, the patient's "self" does not use this experience as a crutch, but is enabled by its existence to, as Tolpin puts it, "… perform soothing operations for itself, but now without the need for the illusory external soother" (p. 329). It is only as part of the ability to internalize the soothing function that the patient is able to utilize the analysis in its fullest sense as Rangell (1979, p. 102) describes it; "… a constant series of microidentifications … with the analyzing function of the analyst …". In this light I have suggested (Bromberg, the possible advantage of viewing the interpersonal approach to analytic treatment as follows:

> *… a process of analytic inquiry mediated by maximal responsiveness to the interplay between a gradient of anxiety and a gradient of empathy. This conception has a distinct advantage over that of the 'therapeutic alliance' or the 'working alliance'. Both of these latter formulations depend on the notion of an extra-analytic bond (either global or specific) which is somehow more 'real' than the transferential bond, and has continued to remain a thorn in the side of analytic theory. Furthermore, the conception of an empathy gradient is a variable rather than a static element, and can thus deal with a much broader spectrum of psychopathology without having to modify the definition of psychoanalysis. It encompasses the fluctuating need for the analytic relationship to be more or less 'personal', for the level of empathic contact to be more or less 'deep'; and it encompasses the capacity of the patient to be more or less 'suitable' for psychoanalysis. Finally, it removes the need to introduce another 'parameter' such as an 'analytic holding environment' (Winnicott, 1955–1956); (Modell, 1978) so as to conceptualize the fact that patients with more severe ego pathology require greater adaptational responsiveness from the therapist in the earlier stages of analytic treatment.*

It is thus my view that regardless of who the patient is, ego growth and the ability to mature through mastering internal conflict and frustration, require an analytic setting which meets the ego's earlier and more basic need for affirmation. The need for such a setting is obviously greater in patients who begin with greater ego impairment. Ego pathology such as severe pathological narcissism does not, in this view, require a different form of treatment; it requires a greater sophistication and personal maturity on the part of the analyst in adapting to the patient's shifting need for affirmation in a way which enriches rather than contaminates the analytic field.

Affirmation, or mirroring, as ingredients in the analytic process, do not preclude interpretation as long as one accepts the idea that what needs to be interpreted can extend beyond the orthodox meaning of the term and need not focus only upon transference and resistance. When Winnicott (1971, p. 141), for example, states that "…psychoanalysis has been developed as a highly specialized form of playing in the service of communication with oneself and others", he is offering "playing" as a metaphor, not as a substitute for interpretation. It is a climate in which the timely and creative use of interpretation can flourish so as to maximize the patient's own creative use of the analytic experience.

There are those narcissistic disorders for whom traditional interpretation at certain stages in their analysis cannot be distinguished by them from acts of negative attribution by parental figures. The act of interpretation is indistinguishable from an attempt by the "all-knowing" parent to disqualify their reality and leave them with nothing but whatever selfishness and failure is being attributed to their behavior at that moment. These are individuals for whom the content of an interpretation directed towards a resistance will be processed as a sign of the analyst's narcissism; an instance of non-responsiveness to them, and a failure to appreciate or value them simply for who they are. The ability of these patients to eventually work in the transference is an inch by inch process, the final stage of which is the capacity to percieve a transference resistance as a transference resistance.

For certain of these individuals more than others, analytic success depends upon being able to participate in an initial period of undefinable length, in which the analysis partially protects them from stark reality which they cannot integrate, while performing its broader function of mediating their transition to a more mature and differentiated level of self and object representation (See Winnicott, 1951) capable of mediating and changing its own "reality". During this period, what Schecter (1980) calls "strangeness anxiety" stems more from the threat of failure to control the analyst and the analytic situation—failure of the grandiose self—than from having to deal with material which evokes specific areas of intrapsychic conflict. "Resistance" during this transitional period is better understood as a global defense against precipitous undermining of the "old world" rather than as an effort to ward off new insight.

It is a period in which the patient's fantasy is that there is no need for him to work; no need for him to obtain anything for himself, and that in spite of this the analyst has the power to make the analysis succeed. The proper balance between empathy and anxiety during this period is, as I see it, an analytic approach which begins to subtly challenge this fantasy without seriously threatening the patient's ability to use it to the degree he needs it transferentially. I do not share Modell's (1976) view that during this phase the patient's "cocoon" fantasy must remain unchallenged and that he will simply hatch out of it organically, nor do I agree with Kohut's (1971) similar position that narcissistic transference configurations will undergo a natural developmental evolution if the empathic "ambiance" is right. Both of these perspectives, in my view, underemphasize the fact that the patient is an adult whose ego functions are underdeveloped within a human relationship, and that he is not simply an infant in disguise. Interpretive work of a certain kind can and must be attempted right from the beginning if "empathy" is to have any meaning beyond a quasi-artificial technical maneuver designed to hopefully recapitulate infancy and repair what was originally lacking.

The empathy-anxiety balance begins highly weighted on the side of empathy. Interpretations made during this phase are of two types which tend to overlap; neither is directed towards transference resistance or analytic resistance in general, but are not thereby valueless. Their therapeutic action is simply of a different order but to my way of thinking is every bit as "analytic" as interpretation aimed at promoting insight. At this stage, however, their analytic value has less to do with their accuracy than with the patient feeling understood. The first form of interpretation is one which Horner (1979) refers to as "structuralizing interpretation"; i.e., responding to the issue of the patient's valid need for the existing self and object structure, rather than responding to the content through which the need for that structure is being expressed at that moment. In the early phase of treatment this helps to introduce the patient to his character structure as a functional part of his personality and not simply as a piece of "illness" for which he is being blamed under the pretense of being "helped". For example, highlighting the use of detachment or self-containment as a means of avoiding the experience of inadequacy when he needs more than he can get, is a formulation that the patient can often accept and even begin to work with on a surface level without it threatening the narcissistic base of the transference itself. The general purpose of this form of interpretation is to accustom the

patient to looking at himself from outside as part of an interpersonal process, but without any threat to the "mask" which he still needs in order to work at all. The second type of interpretation does address content and looks at the patient's behavior, but tries to avoid bringing the issues prematurely into the transference. Attempting to get the patient to report the minute details of specific external events and interactions, although often an ordeal for patient and analyst, is frequently a source of important movement during this phase of treatment. The goal at this stage is not to examine his transference resistance as manifested in trying to avoid the details, but to try and provide enough mirroring and understanding of his discomfort in pushing himself, that he is secure enough to take the risk. The more details he discloses, the more he becomes the agent of his own self-awareness. Through revealing details he would otherwise have omitted in order to maintain control over his self-image from behind his mask, aspects of his personality emerge which he can sometimes pick up on his own, and which can sometimes even be underscored by the analyst without the patient having to accept the analyst's reality before he is ready. Overall, the analytic approach during this early phase of treatment is one of attempting to keep the patient working at a tolerable level of frustration through maximal verbal and non-verbal responsiveness to his need to be accepted and understood on his own terms.[2] It is a stage of maximum empathy and minimum confrontation, but with sufficient anxiety to get most of the core issues out on the table.

As the patient's regressive experience deepens through the analyst's ability to protect the core fantasy of entitlement from precipitous empathic disruption in the transference, the yearnings that had been initially warded off by the illusion of self-sufficiency and idealization of the analyst gradually become more manifest in the treatment situation itself, and the balance between the gradients of empathy and anxiety begins to tilt in the opposite direction. This ushers in what might be considered the beginning of a new phase which is more confrontational but also more "real". The issue of what factors will most productively lead to this new phase is one which evokes serious differences of opinion among the various psychoanalytic schools of thought.

While for certain less seriously impaired individuals the relatively smooth evolution described by Kohut does seemingly occur, my own view is that for the larger group of more severe narcissistic disorders it is less a smooth transition than a genuinely new phase which is initiated by a certain amount of "pushing". The "pushing", which is confrontational in form, is not only needed but is developmentally facilitating in itself. It enables these patients to inch themselves out of their core fantasy of entitlement by mobilizing their newborn observing ego and focusing it not simply upon their external life, but upon the narcissistic transference itself. It is at this point that the patient's integration of mirroring is allowed to work in its own behalf. Its therapeutic value is no longer simply an aid to the acquisition of new mental structure, but is now aiding the patient's ability to use this new structure in the dissolution of the mask. It is here where I agree with Rothstein (1982, p. 177) that "…it is not the ability to establish stable narcissistic transference configurations that renders a subject analyzable. Rather it is the analysand's ability to work these through". The onset of this shift, in my experience, doesn't depend simply on how long the analyst can personally tolerate the patient's unrelatedness and self-centeredness. As the patient's narcissistic demands become more manifest in the treatment situation the analyst will become more confronting because not only is there more to confront, but also because a bridge to this new level of "reality" (See Bromberg, 1980b) has been laid by having addressed these same issues nontransferentially that now begin to be experienced and identified in the here-and-now of the patient-analyst relationship. Little by little, this permits a gradual and systematic interpretation of the underlying feelings of entitlement, and the emergence of genuine affect and a new sense of personal authenticity. The rage, emptiness, and despair that have been warded off by the grandiose self now start to be felt and mastered.

This phase marks what some schools of thought would call the *genuine* analytic work. Most prominent, especially at its onset, is intense rage in the transference. With some patients there is also concurrent movement into and out of the thin area between transference neurosis and transference psychosis, often accompanied by periods of acting-out. On the surface it may seem that at this juncture we are simply back at the pool with Echo and Narcissus. Why should one hope for an analytic outcome rather than a transference psychosis or termination? The patient is being confronted and is enraged. What makes it therapeutic simply because it is being done by an analyst? The answer, I think, is that the analyst, unlike Echo, is not out for his own self-interest, and that at this point the patient knows it at least dimly. Because of the initial phase the patient has a beginning capacity to feel another person as a separate entity and has already started to look at himself in an interpersonal context with some objectivity. They have a history together which Echo and Narcissus did not have, and if the confrontations and interpretations are

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[2] Lawrence Friedman (personal communication) has wryly referred to the process as "smuggling interpretations across narcissistic lines".

being introduced gradually and empathically, the rage itself should support the individuation process, the analysis of the underlying fantasy of entitlement, and the dissolution of the mask. The rage, and often the envy, that have been attendant upon the denied yearnings, become gradually integrated as normal assertiveness and self-regard3 as a growing sense of separateness, a therapeutic alliance, and a communicable and analyzable transference experience begins to develop. There is more and more a sense of two people being present as the patient gradually begins to accept and even enjoy the fact that he has a responsibility for the analytic work. There is less fear of losing the mask and consequently less dread of working in the transference. Interpretation and the active taking in of ideas from a perspective other than one's own becomes less a source of "strangeness anxiety". It becomes more a part of the patient's total affective thrill in his own growth rather than an impinging threat to be warded off.

This approach is independent of the analyst's personal metapsychology. It does not demand that the analyst hold the view that there are separate categories of patients: the transferences neuroses, for whom unmodified psychoanalysis resolves intrapsychic conflict; and those patients with preoedipal ego impairment (narcissistic, borderline, schizoid, and character disorders) for whom modified psychoanalysis repairs damaged structure. It can accommodate, for example, Kernberg's view of narcissistic transferences as defenses against an almost inborn infantile rage, as well as Kohut's position that they are interferences or fixation points in a normal developmental process. The value of this approach is that it is exactly that … an approach. It does not predetermine technique. It does not require the analyst to feel he is being nonanalytic if he allows a transference configuration to remain uninterpreted during a particular phase of treatment for a particular patient, nor does it require that he should allow it to do so, simply because his own analytic metatheory demands it. What it does demand is that the analyst have an ego development rationale from which he works, within which he can flexibly conceptualize the various stages of growth during the analytic process, including psychosexual growth if this is a metaphor he uses.

I am suggesting that many difficult narcissistic disorders might be analyzable if the treatment begins with a stage of analysis managed without the imposition of a classical interpretive stance or the belief that it is only this stance which truly defines psychoanalysis. Such patients may then gradually become more accessible and available to hearing what they do not want to hear without the narcissistic would having to be prevented at all costs. I do not, however, believe that all individuals suffering from pathological narcissism are analyzable. In my opinion there are patients who are unanalyzable regardless of approach, and others whose particular impairment in ego development will limit how far they may be able to go in analysis. Early psychopathology is a major factor as is the potential for psychotic transference, but I prefer to use these data in determining the approach to the analytic work rather than as a diagnostic criterion of analyzability.

As to the question of how effective psychoanalysis can be at its best, in treating narcissistic disorders, I don't think we really know. I believe there is little question that we are in part fighting against cultural forces as well as intrapsychic ones, although I do not feel that culture creates pathological narcissism. I tend to agree with Kernberg (1975) that it is pretty much a developmental outcome related to parenting, but I suspect that its increased incidence culturally (Marin, 1975); (Lasch, 1979) and part of the difficulty in treating it in therapy, is influenced by our socioeconomic milieu in the following way:

Talking about psychopathology is just one metaphor among other possible metaphors to describe the same phenomenon. What we call pathological narcissism someone else might not feel is an illness at all … that the person just needs to "grow up". In one way, of course, it is quite true. "Narcissistic psychopathology" is a way of saying that an individual is stuck at a particular level of emotional and interpersonal development, and manages to maintain his self esteem only at the expense of further growth. Growth can come about only under conditions that will allow a person to experience himself in some way that is different. It requires an environment which tends to facilitate the acceptance and integration of unpleasant but accurate experience of oneself that would otherwise be discarded because it is too discordant with one's interpersonal self representation. Psychoanalysis is an attempt to create a controlled environment which will accomplish this systematically. It is clearly not the only way that people who have been fixated at early levels of development can grow. Religion, an important friendship at a crucial moment, in fact any important relationship if it is the right one at the right time, can often get the process moving again. Narcissistic personalities are no different than any other personality organization in this regard. A positive change in the natural environment at critical times can create influences which will foster concern, tenderness, relatedness, and appreciation. But in a social climate where the opposite characteristics tend to be almost institutionalized politically and economically, the grandiose self has a natural ally to support its already

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[3] See Winnicott (1950, pp. 204–218); (1971, pp. 86–94) and Kohut (1972, pp. 378–397) for a fuller theoretical elaboration of this issue.

powerful claim to sovereignty. Thus, a relationship, including an analytic one, which might in a different cultural atmosphere help a person with severe narcissistic pathology see himself objectively, will tend to have less impact if in the larger scheme of things he can secretly say to himself: "We are all out for ourselves anyway". In spite of this, however, I believe that the new psychoanalytic emphasis on the whole person in an interpersonal context, is a vitalizing force which can only make psychoanalysis more open to its own continuing development, and its potential for treating serious character pathology increasingly broader.

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