

The Wings of Icarus:—*Illusion and the Problem of Narcissism*

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ALTHOUGH HE HAD BEEN USING the term for some years prior, Freud formally introduced the concept of narcissism into psychoanalytic theory in 1914 on the heels of Jung's painful defection from the psychoanalytic community. The theory of narcissism was largely a response to the conceptual challenge posed by Jung's critique of Freudian theory. Freud's libido theory had provided a powerful and compelling account of the various forms of neurosis, tracing them through complex associative pathways of transformation and disguise, to conflicts over libidinal wishes. Jung objected to what he felt was the narrowness of this account of human motivations, arguing that other kinds of issues, totally independent of sexuality, played a central role in mental health and psychopathology, particularly in psychotic disturbances such as schizophrenia. To meet Jung's challenge and to save his larger ambitions for libido theory, Freud had to account for schizophrenia in libidinal terms, to derive it interpretively from psychosexual wishes and conflicts.

In order to bring schizophrenia within the explanatory sway of libido theory, Freud expanded his view of the nature and developmental course of psychosexuality. Libido does not originate in the array of various infantile component instincts which Freud had unveiled beneath neurotic symptomatology. These various wishes constituting infantile psychosexuality are already a secondary phase in the course of libidinal development, in which libido has taken on objects in the external world. Prior to this turn outward, Freud argued, the totality of the infant's desire is directed towards the child's own self, discharged inwards. By introducing narcissism as a pre-stage of object relations, Freud was able to generate a plausible (although misleading and inaccurate) account of schizophrenic

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phenomenology and symptomatology as the product of a libidinal regression beyond infantile parental imagoes (the fixation points for the neuroses), back to an obliviousness regarding the external world and others characteristic of an original state of primary narcissism.

The introduction of the concept of narcissism, however, had larger implications than providing a theory of schizophrenia. By granting self-love a position prior to object love and in a continual reciprocal relation to it, Freud opened up for psychodynamic consideration the whole realm of issues and phenomena pertaining to self-regard and self-esteem regulation. The concept of narcissism allowed the drive model to address itself to the kinds of questions which were to become central to subsequent relational model theorists such as Sullivan, Kohut and others—questions like: How does a person come to experience and visualize himself the way he does? How does self-regard develop, and how is it maintained? Over the subsequent history of psychoanalytic ideas, the problem of narcissism—the development and maintenance of self-image and self-esteem—has become a common realm into which all psychoanalytic theories, classical, ego-psychological, interpersonal and object-relational have forayed. Although narcissism is often discussed in connection with more severe characterological disturbances, conceptualizations of, and technical recommendation for, narcissistic phenomena have had an enormous influence on clinical practice across all diagnostic groupings.

Illusion as Defense

In unveiling narcissism as a powerful undercurrent within human experience, Freud pointed to the similarities among: the megalomania of the schizophrenic, the magical thinking of "primitive" (non-western peoples), the blinding infatuation of the lover, and the "childish," doting adulation of parents towards their offspring. The common element in these states, Freud argued, is "overvaluation"—whatever is being considered, whether in oneself or in another, is inflated in importance, its powers exaggerated, its unique perfections extolled. Thus, narcissism entails the attribution of illusory value. Freud's (1914) metaphor of the amoeba and its oscillatory protoplasm, now extending outwards into the world, now retreating back into the central body, highlights the reciprocal relationship Freud saw between engagement with reality (and other people) and narcissistic illusions. For Freud, narcissistic illusions (even when they are transferred through idealization onto love objects), ultimately draw one away from involvements with others and the gratifications they provide.

Although an explorer of the darkest, most irrational dimensions of human experience, Freud was a supreme rationalist in his sense of social, moral and scientific values. Rationality, fueled by sublimation, represents the highest and most felicitous development of the human mind. The discontents we suffer in civilization are the necessary price of its uplifting advantages. Unless impeded by neurosis, developmental progress is characterized by a movement from primary process to secondary process, from the pleasure principle to the reality principle. Psychoanalysis as a treatment facilitates this process whereby the irrational and fantastic are brought under the sway of the rational and the real—"where id was, ego shall be." In this larger context, Freud regarded narcissistic illusions as the inevitable residue of the most primitive and infantile state of mind, and therefore, as both unavoidable and dangerous. Precisely because narcissism, by definition, entails illusory overvaluation, it runs counter to reality, and beckons as an ever-tempting defensive retreat. In Freud's view, withdrawal from reality is always perilous, the ultimate threat being the total loss of connection with the real world (the schizophrenic state) and the less devastating threat posed by the vulnerable loss of self suffered by the unrequited lover, whose narcissism is transferred to the beloved and never returned.

Freud's stress on the defensive function of illusions has been largely maintained in what one might consider the mainstream of contemporary Freudian thought, although exactly what is being defended against varies in different accounts, depending on the larger set of theoretical premises which shape that account.

Kernberg (1975) combines the traditional approach to narcissism as a defense with concepts borrowed from Melanie Klein's vision of the mental life of the child. For Kernberg, pathological narcissism is the outcome of a particular primitive defensive operation, a fusion of ideal self, ideal object, and actual self images, serving as a defense against pathologically augmented oral aggression. In Kernberg's account, the infant is overloaded with primitive aggressive impulses. He experiences himself and, projectively, other people as well, as essentially sadistic, and this aggressive outlook dominates his early experience. Sticking close to Klein's account of "envy" (1957), Kernberg portrays the narcissistically-prone infant as so frustrated and hateful as to be unable to tolerate hope, the possibility of anyone offering him anything pleasurable or sustaining. So little is forthcoming, the child concludes, and with such ill-will toward him, it is better to expect nothing, to want nothing, to spoil and devalue everything that might be offered. So, a "grandiose self" is established—complete, perfect, and self-sustaining. This position serves as both an expression of and a defense against the explosive oral aggression, and the only secure resolution in a world experienced as treacherous and sinister. The maintenance of the grandiose self becomes the central psychodynamic motive, resulting in a contemptuous character style and a disdainful manner of relating to others.

Primitive idealization of others is also characteristic of personalities organized around a grandiose self, according to Kernberg, but the idealization has little to do with any real valuing of others. Rather, Kernberg's narcissistic patient projects his own grandiose self image onto others when it becomes impossible to sustain within himself, and also uses idealization as a secondary defense, along with splitting, to ward off and conceal the hateful and contemptuous devaluation of others.

In this account, narcissistic illusions have a perniciously sabotaging effect on psychoanalytic treatment. Based on the illusions of self-sufficiency and perfection of the grandiose self, they undercut the very basis on which the psychoanalytic process rests, the presumption that the analysand might gain something meaningful from someone else (in this case the analyst). Despite what might be considerable psychological suffering and a genuine interest in treatment, the analysand whose character is organized around a grandiose self cannot allow the analyst to become important enough to him to really help him. The analyst and his interpretations must be continually devalued, spoiled, to avoid catapulting the patient into a condition of overpowering longing, abject dependency and intolerable hatred and envy.

In terms of technique, Kernberg argues that transference illusions concerning either the self or the analyst must be interpreted quickly and vigorously, their unreality pointed out, their defensive purpose defined. Anything less represents a failure to deal with the subversive impact of narcissistic illusions on the analytic process itself, and seriously obstructs the possibility for any beneficial effects of the analytic treatment. This traditional emphasis on aggressive interpretation of narcissistic phenomena derives in part from the original view of "narcissistic neurosis" as unanalyzable, and narcissistic defenses as generating the most recalcitrant resistances to the analytic process (see, for example, Abraham, 1919).

Rothstein (1984) has presented a rich amalgam of dynamic formulations which he portrays as an "evolutionary" extension of Freud's structural model (from which he has deleted virtually all energetic considerations). The result is a psychodynamic account which stresses conflict among various relational motives, and puts a particular stress on the importance of the actual relationship to significant others. The most pervasive influence on Rothstein's perspective, particularly with regard to more severe disorders, is Mahler's depiction of the process of separation-individuation from an original symbiotic matrix. Hence, Rothstein's approach to narcissism is a blend of Freud's original formulations and Mahler's more contemporary view of the child's struggle for relational autonomy.

Rothstein distinguishes Freud's phenomenological portrayal of narcissism as a "felt quality of perfection" from his metapsychological treatment of narcissism (as the libidinal cathexis of the ego). Rothstein adds symbiosis to Freud's account of primary narcissism and sees narcissistic illusions as based developmentally on pre-individuated experiences of a perfect self fused with a perfect object. The loss of this original state of perfection is a severe narcissistic blow, an inevitable developmental insult which is traversed only by reinstating the lost narcissistic perfection in the ego ideal. By identifying with the narcissistically tinged images of the ego ideal, the child softens the otherwise unbearable pain of separation. "Narcissistic invested identification is the sole condition under which the id can give up its objects and is a fundamental concomitant of primary separation individuation. The pursuit of narcissistic perfection in one form or another is a defensive distortion that is a ubiquitous characteristic of the ego" (1984, p. 99). Thus, like Freud, Rothstein sees some residues of primary narcissism as inevitable, reestablished in the ego ideal. For Rothstein, with his Mahlerian perspective, the loss of infantile narcissism has an additional bite, since it represents not just the loss of grandeur and perfection, but the loss of the original symbiotic state. Accordingly, narcissistic illusions operate as defensive retreats not only from disappointments in reality in general, but also from anxiety and dreads connected with separation. For Rothstein, "narcissistic perfection is a defensive distortion of reality" (1984, p. 98). Like all defenses within the ego psychological model, narcissism itself is neither healthy nor pathological; some defenses are necessary, and serve adaptive functions within the psychic economy. Therefore, although a total relinquishment of narcissistic illusions is impossible, it is the goal of analysis, in Rothstein's view, to identify and work through the salient narcissistic investments.

Although proceeding from a very different set of basic assumptions concerning the motivational and structural underpinnings of emotional life, the major theorists within the interpersonal tradition have taken an approach to the phenomenon of illusions, the clinical implications of which, surprisingly, are often quite similar to the mainstream orthodox approach from Freud to Kernberg to Rothstein. Sullivan sees idealization as a dangerous, self-depleting security operation, and stresses the "cost" to the patient of "thinking the doctor is wonderful" (White, 1952, p. 134-5). He recommends challenging the patient's assumptions that the analyst is so different from other people, often a product of inexperience in taking risks with others, and sees extended periods of idealizations as reflecting a kind of countertransference acting out. "The effective restriction of idealization is dependent on the physician's own freedom from personality warp" (1972, p. 343). Similarly, Sullivan regards grandiosity as a dynamic for covering over feelings of insecurity through "invidious comparison" between oneself and others.

The hostile performance is in essence an accelerating spiral of desperate attempts to prop up a steadily undermined security with the result that the patient is more and more detested and avoided ... If the patient will be alert to how small he feels with anybody who seems to be at all contented or successful in any respect, then he may not have need for this hateful superiority—which is hateful in part because he hates himself so much, being unable to be what he claims to be (quoted in White, 1952, p. 138–5).

Although he does not develop an explicit technical procedure for the handling of illusions, one gets the clear message throughout Sullivan's writings that the analyst is no in way being helpful by failing to address the patient's overvaluation of either himself or the analyst. Both kinds of illusions are seen as propping up a shaky sense of self-esteem and operating as an obstacle to the development of the analysand's own resources and self-respect.

Fromm takes an even dimmer view of the place of illusion within emotional life. Fromm sees psychodynamics within the general context of certain inescapable realities of the human condition, among which are finitude and separateness. Two general kinds of responses are possible to this condition, progressive, productive responses which accept the existential realities and create meaningful ties to others, and regressive, destructive responses, based on a self-deluding denial of the realities of the human condition. Over-valuing illusions concerning self or others from whom one derives some compensatory reassurance are regressive self-deceptions within Fromm's perspective and must be dealt with as such. "For the narcissistic person, the partner is never a person in his own right or in his full reality; he exists only as a shadow of the partner's narcissistically inflated ego" (1964, p. 107). In fact, at several points Fromm accuses Sullivan, in his emphasis on protecting the analysand's need for security, of being, in effect, soft on illusions (1955, p. 30) ; (1970, p. 31). Since in Fromm's view, "... intense narcissism implies an inability to experience reality in its fullness" (1964, p. 82ftn), anything short of a continual interpretive challenge of the analysand's overvaluing illusions concerning both himself and the analyst would be an expression of counter-transferential contempt on the analyst's part, a disrespectful collusion in the analysand's flight from reality and meaning.

Thus, although deriving from very different psychodynamic traditions and assumptions, the major lines of theorizing within orthodox theory, Freudian ego psychology, and interpersonal theory all converge in an essentially similar technical approach to the clinical phenomenon of narcissistic illusions. The latter are viewed as regressive defenses against: frustration, separation, aggression, dependence, and/or despair. Transference illusions concerning either the self or the analyst must be interpreted, their unreality pointed out, their defensive purpose defined. The technical confluence of approaching illusion as defense in Sullivan and Fromm with drive model derived approaches is interesting because, as we shall see below, the larger framework of interpersonal psychoanalysis can also generate an approach with a different sort of clinical emphasis, which is capable of being integrated with other relational model theorists.

Illusion as Growth

In recent years, there has emerged an alternative view of infantile mental states and the narcissistic illusions which are thought to derive from them. The most important contributors to this very different perspective have been Winnicott and Kohut who, each in his own distinct fashion, regard infantile narcissism and subsequent narcissistic illusions in later life as the core of the self and the deepest source of creativity. Here the prototypical "narcissist" is not the child, madman or savage, but the creative artist, drawing on overvaluing illusions for inspiration.

Although he did not often write about "narcissism" per se, Winnicott's entire opus revolves around the issue which we have seen is central to that domain: the relationship between illusion and reality, between the self and the outside world. For Winnicott, the key process in early development is the establishment of a sense of the self experienced as real. Winnicott portrays the infant as becoming aware of spontaneously arising needs. The key feature of the necessary "facilitating" environment provided by the mother is her efforts to shape the environment around the child's wishes, to intuit what the child wants and provide it. The infant's experience is one of scarcely missing a beat between desire and satisfaction, between the wish for the breast and its appearance, for example. The

infant naturally assumes that his wishes produced the object of desire, that the breast, his blanket, in effect his entire world, is the product of his creation. The mother's provision and perfect accommodation to the infant's wish creates what Winnicott terms the "moment of illusion." Thus, in the earliest months of life, Winnicott's "good enough mother" is invisible, and it is precisely her invisibility which allows the infant the crucial megalomaniacal, solipsistic experience which Winnicott characterizes as the state of "subjective omnipotence." In his view, a relatively prolonged experience of subjective omnipotence is the foundation upon which a healthy self develops.

Winnicott's vision of health (which is equated with the capacity for play), entails a freedom to move back and forth between the harsh light of objective reality to the soothing ambiguities of lofty self-absorption and grandeur in subjective omnipotence. In fact, Winnicott regards the reimmersion into subjective omnipotence as the ground of creativity, in which one totally disregards external reality and develops one's illusions to the fullest. This view of the development of the self led Winnicott to redefine both the analytic situation and the analytic process. Whereas Freud saw the analytic situation in terms of abstinence (instinctual wishes emerge and find no gratification), Winnicott sees the analytic situation in terms of satisfaction, not of instinctual impulses per se, but of crucial developmental experiences, missed parental functions. The couch, the constancy of the sessions, the demeanor of the analyst—these become the "holding environment" which was not provided in infancy. Freud saw the analytic process in terms of renunciation; by bringing to light and renouncing infantile wishes, healthier and more mature forms of libidinal organization become possible. Winnicott sees the analytic process in terms of a kind of revitalization; the frozen, aborted self is able to reawaken and begin to develop as crucial ego needs are met.

Although Winnicott doesn't apply this model of treatment to the problem of narcissistic illusions per se, its implications are clear. The patient's self has been fractured and crushed by maternal impingement, creating the necessity for a premature adaptation to external reality and a disconnection from one's own subjective reality, the core of the self and the source of all potential creativity. The analyst's task is to fan the embers, to rekindle the spark. He must create an atmosphere as receptive as possible to the patient's subjectivity; he must avoid challenging the patient in any way which could be experienced as an impingement, an insistence once again on compliance with respect to external reality. Therefore, narcissistic illusions, in Winnicott's model, are neither defenses nor obstructions. The patient's illusions concerning both himself and the analyst represent the growing edge of the patient's aborted self; as good-enough-mothering entails an accommodation of the world to sustain the infant's illusion, good-enough-analysis entails an accommodation of the analytic situation to the patient's subjective reality, a "going to meet and match the moment of hope" (1945, p. 309).

The more explicit technical implications of this new understanding of the meaning of narcissistic illusions were developed by Kohut. In Kohut's account, the appearance of narcissistic illusions within the analytic situation—primitive grandiosity or idealization—represent the patient's attempt to establish crucial developmental opportunities, a self-object relationship which was not available in childhood. These phenomena represent not a defensive retreat from reality, but the growing edge of an aborted developmental process which was stalled because of parental failure to allow the child sustained experiences of illusions of grandeur and idealization. Thus, the appearance of narcissistic illusions within the analytic relationship constitutes a fragile opportunity for the revitalization of the self. They must be cultivated, warmly received, and certainly not challenged, allowing a reanimation of the normal developmental process through which the illusions will eventually be transformed, by virtue of simple exposure to reality, in an emotionally sustaining environment, into more realistic images of self and other. Kohut sees the dangers of interference, analogous to Winnicott's notion of "impingement" as very great indeed, and warns against even "slight over-objectivity of the analyst's attitude or a coolness in the analyst's voice; or ... a tendency to be jocular with the admiring patient or to disparage the narcissistic idealization in a humorous, kindly way" (1971, p. 263). Anything short of a warm acceptance of narcissistic illusions concerning both the self and the analyst runs the risk of closing off the delicate, pristine narcissistic longings and thereby eliminating the possibility of the reemergence of healthy self-development.

There is a striking symmetry between these two approaches to narcissistic illusions; from the point of view of each, the approach of the other borders on the lunatic. From Kohut's point of view, the kind of methodical interpretive approach to narcissistic transferences recommended by Kernberg is extremely counter-productive, suggesting a countertransference acting out, involving a difficulty in tolerating the position in which the narcissistic transferences place the analyst, arousing anxiety concerning his own grandiosity (in the idealizing transference) or envy of the patient's grandiosity (in the mirroring transference). Thus, Atwood and Stolorow (1984) feel that the oral rage Kernberg sees in "borderline" patients is actually an iatrogenic consequence of his technical approach. Methodical interpretation of the transference is experienced by the narcissistically vulnerable patient as an assault, and generates intense narcissistic rage, which Kernberg then regards as basic and long-standing, requiring the very procedures which have created it in the first place. From the vantage point of self-psychology, Kernberg is continually creating the monster he is perpetually slaying.

Similarly, from the more traditional point of view (both in terms of drive theory and interpersonal theory), the Winnicott/Kohut approach is an exercise in futility. An unquestioning acceptance of the patient's illusions with the assumption that they will eventually diminish of their own accord represents a collusion with the patient's defenses; the analytic process is thereby subverted, and the analyst never emerges as a figure who can meaningfully help the patient in any real way. From the traditional vantage point, the Winnicott/Kohut approach suggests what Loewald (1973) has termed a countertransference "over-identification with the patient's narcissistic needs" (p. 346). Loewald further suggests that Kohut's avoidance of any focus on "an affirmation of the positive and enriching aspects of limitations" of self and others constitutes a "subtle kind of seduction of the patient" (p. 349). As Kernberg notes, unresolved narcissistic conflicts in the analyst "may foster excessive acceptance as well as rejection of the patient's idealization ... to accept the admiration seems to be an abandonment of a neutral position" (1975, p. 298).

Illusion as defense; illusion as the growing edge of the self—these two approaches are closely linked to the larger divergent perspectives Greenberg and I (1983) have termed the drive paradigm and the relational paradigm respectively. They have generated an exciting controversy within the analytic literature, partially because they are dramatically contrasting and mutually exclusive, which is often the case with competing psychoanalytic theories, in their polarized swings of the pendulum back and forth. Thus, theories generated out of the relational model (like Winnicott's and Kohut's) often underemphasize precisely those aspects of human experience that seem to have been overemphasized in the drive model. This controversy also demonstrates dramatically the extent to which concepts like neutrality, countertransference and empathy are theory-bound. It is a mistake to regard one of these approaches as more "empathic" than the other. They simply proceed (empathically) from different assumptions about what is going on. Empathy and countertransference are clearly in the eye of the beholder!

I strongly suspect that the majority of analysts work in neither of these two sharply contrasting ways, that most of us struggle to find some mid-point, undoubtedly reflective of our own personality and style, between challenging and accepting narcissistic illusions. Because subtlety and tone are crucial here, it is difficult to formulate such an approach in simple, schematic terms. The following model is offered as a framework for locating such an approach conceptually and in terms of technique. I consider the perspective I am about to describe as based on what I would call a synthetic, relational model, combining Sullivan's emphasis on what actually goes on between people, past and present, with Fairbairn's elucidation of the residues of interpersonal relations in ties to "bad" objects. Models are containers of clinical ideas. While the containers themselves generally cannot be meaningfully mixed, since their basic assumptions are mutually exclusive, it is often possible to place some of the content, the clinical and technical insights, from one container into another. The traditional approach to narcissism highlights the important ways in which narcissistic illusions are used defensively, but misses their role in health and creativity and in consolidating certain kinds of developmentally crucial relationships with others. The Winnicott/Kohut approach has generated a perspective on narcissism which stresses the growth-enhancing function of narcissistic illusion, but overlooks the extent to which they often constrict and interfere in real engagements between the analysand and other people, including the analyst. It is possible to draw upon the clinical wisdom in both these contributions by viewing narcissistic illusions in the context of their role in perpetuating stereotyped patterns of integrating relationships with others (Sullivan) and in maintaining ties to early objects (Fairbairn).

A Synthetic Approach

All varieties of narcissistic illusions are generated throughout the life cycle: grand estimations of one's own capacities and perfection, an infatuation with the larger-than-life qualities of others whom one loves and/or envies, and fusion fantasies of an exquisite, perfect merger with desirable or dreaded others. The determination of emotional healthy vs. psychopathology, when it comes to narcissistic illusions, seems to have less to do with the actual content of the illusions, and more to do with the attitude of the person about that content. Thus, all of us probably experience at various times feelings and thoughts just as self-enobling as the most grandiose narcissist, just as devoted as the most star-struck idealizer, just as fused as the most boundaryless symbiosis-seeker. The problem of narcissism concerns issues of character structure, not mental content. It is not so much what you do and think that is the problem but your attitude toward what you do and think, how seriously you take yourself. How can this subtle issue of attitude be conceptualized?

Consider Nietzsche's theory of tragedy. Life is lived on two fundamental dimensions, Nietzsche suggests. On the one hand, we live in a world of illusions, continually generating transient forms and meanings with which we play and quickly discard. This facet of living Nietzsche terms the Apollonian, Apollo being the god of the dream, of art and illusion. On the other hand, we are embedded in a larger unity, a universal pool of energy from which we emerge temporarily, articulate ourselves, and into which we once again disappear. This facet of living Nietzsche terms the Dionysian, Dionysus representing re-immersion into this larger unity and, in Nietzsche's system, standing for the inevitable undoing of all illusions, all individual existence. Nietzsche establishes "the tragic" as the fullest, richest model of living, and the truly tragic represents a balance between the Apollonian and Dionysian dimensions. The tragic man (this must be disentangled from all pejorative connotations of this word) is one who is able to fully pursue his Apollonian illusions and also is able to relinquish them in the face of the inevitable realities of the human condition. The tragic man regards his life as a work of art, to be conceived, shaped, polished and inevitably dissolved. The prototypical tragic activity is play, in which new forms are continually created and demolished, in which the individuality of the player is continually articulated, developed and relinquished.

Picture the beach at low tide, endless sand offering itself as material for creation. Three different approaches are possible. The fully Apollonian man builds elaborate sandcastles, throwing himself into his activity as if his creations would last forever, totally oblivious of the coming tide which will demolish his productions. Here is someone who ignores reality and is therefore continually surprised, battered and bruised by it. The fully Dionysian man sees the inevitability of the leveling tide, and therefore builds no castles. His constant preoccupation with the ephemeral nature of his life and his creations allows him no psychic space to live and play. He will only build if his productions are assured of immortality, but unlike the Apollonian man, he suffers no delusions in this regard. Here is someone tyrannized and depleted by reality. The third option is Nietzsche's tragic man, aware of the tide and the transitory nature of his productions, yet building his sandcastles nevertheless. The inevitable limitations of reality do not dim the passion in which he builds his castles; in fact, the inexorable realities add a poignancy and sweetness to his passion. The tragicomic play in which our third man builds, Nietzsche suggests, is the richest form of life, generating the deepest meaning from the dialectical interplay between illusion and reality.

Nietzsche's model provides a useful framework for conceptualizing some of the clinical issues concerning narcissism. Healthy narcissism reflects the same subtle dialectical balance between illusion and reality; illusions concerning oneself and others are generated, playfully enjoyed and relinquished in the face of disappointments. New illusions are continually created and dissolved. Pathological narcissism represents what we might regard as an Apollonian fixation—illusions are taken too seriously, insisted upon. In some narcissistic disturbances, narcissistic illusions are actively and consciously maintained; reality is sacrificed in order to perpetuate an addictive devotion to self-enobling, idealizing, or symbiotic fictions. This is the approach of the first man on the beach, blindly building away. In some narcissistic disturbances, narcissistic illusions are harbored secretly or repressed; the preoccupation with the limitations and risks of reality lead to an absence of joyfulness or liveliness—even a paralysis. Any activity is threatening, because it inevitably encounters limitations, and these are felt to be unacceptable. This is the approach of the second man on the beach, holding out for immortality and waiting for the tide in despair.

What is the etiology of such disturbances? What determines whether one will be able to negotiate the delicate balance between illusions and reality in healthy narcissism or whether one will suffer an addictive devotion to illusions resulting in either a removal from reality or a despair in the face of it? The key factor resides in the interplay between illusions and reality in the character-forming relationships with significant others. The development of the balance necessary for healthy narcissism requires a particular sort of relationship with a parent, in which the parent is able to comfortably experience both the child and himself in both modes, in playful illusions of grandiosity, idealization and fusion, and in deflating disappointments and realistic limitations. The child naturally generates lofty self-overvaluations, glowing overvaluations of the parent, and boundaryless experiences of sameness and fusion. The ideal parental response to these experiences consists of a participation coupled with the capacity to disengage, a capacity to enjoy and play with the child's illusions, to add illusions of his or her own, and to let the illusions go, experiencing the child and himself in more realistic terms. Thus, the parent participates with the child in requisite experiences characterized by shifting idealization and aggrandizements, now the child is elevated, now the parent, now both together.

Consider the position of the child in relation to a parent who, in one way or another, takes these kinds of illusions extremely seriously, whose own sense of security in fact is contingent upon them. Such a parent insists on specific overvaluations of the child or himself or both. These illusions have become addictive for the parent, and they become a dominant feature in the possibilities for relatedness which such a parent offers the child. The more addictive are the illusions for the parent, the more unavoidable they become for the child, who feels that the only way to connect with the parent, to be engaged with him, is to participate in his illusions. Such a child must regard himself as perfect and extraordinary and be seen by the parent that way, to be seen at all; or, he must worship the parent as perfect and extraordinary to become real and important to the parent. Further, children tend to pick up how crucial such illusions are for the parent's shaky sense of self-esteem. Helene Deutsch (1937) noted long ago the role of parental "induction" in cases of "folie à deux", where the adoption by the child of the parent's delusion represents "an important part of an attempt to rescue the object through identification with it, with its delusional system" (p. 247).

In such circumstances, sustaining parental illusions becomes the basis for stability and maintaining connections with others, the vehicle for what Fairbairn terms the "tie to bad objects," or what Robbins (1982) has more recently termed "pathological efforts at symbiotic bonding." Here illusion is no longer the spontaneously generated, transitory, playful creation of an active mind. Illusions are insisted upon with utmost seriousness by significant others, and they become the necessary price for contact and relation. Ogden (1982) writes of

... the pressure on an infant to behave in a manner congruent with the mother's pathology, and the ever-present threat that if the infant fails to comply, he would cease to exist for the mother. This threat is the muscle behind the demand for compliance: "If you are not what I need you to be, you don't exist for me." Or in other language, "I can see in you only what I put there. If I don't see that, I see nothing" (p. 16).

This is true not just for the infant, but throughout childhood and later into adulthood. Every analyst is familiar with the dread adult patients frequently feel in connection with major characterological change; they anticipate a profound sense of isolation from parents (alive or dead), who related to them, seemed to need so much to relate to them, only through their now loosened and about to be transcended character pathology (see Searles, 1958).

Thus, addictive parental illusions generate learned modes of contact in the child who will come to develop narcissistic difficulties, modes of contact which are felt to be the only alternative to the impossible option of no contact at all. The more addictive the illusion for the parent, the more unable the parent to experience the child in any other way, the more brittle is the child's personality, precariously anchored around those same illusions. If the parent is not able to play at illusion-building and relinquishment, to offer a full and variegated emotional presence to the child, the latter participates in what is provided, and these forms of participation become the learned basis for all future interpersonal relations.

The mythological figure of Icarus vividly captures this powerful relationship between the child and the parent's illusions. Daedalus, the builder of the Labyrinth, constructs wings of feathers and wax, so he and his son Icarus can escape their island prison. The use of such wings requires a true sense of Nietzsche's dialectical balance; flying too high risks a melting of the wings by the sun; flying too low risks a weighing down of the wings from the dampness of the ocean. Icarus does not heed the warning he receives. He flies too close to the sun; his wings melt, and he plunges into the ocean, disappearing beneath a clump of floating feathers.

All of us have been born of imperfect parents, with favorite illusions concerning themselves and their progeny buoying their self-esteem, cherished along a continuum ending with compulsive addictiveness. We have all come to know ourselves through participation with parental illusions, which have become our own. Like Icarus, therefore, we have all donned Daedalus's wings. It is the subtleties of parental involvement with these illusions which greatly influences the nature of the flight provided by those wings, whether one can fly high enough to enjoy them and truly soar, or whether the sense of ponderous necessity concerning the illusions leads one to fly too high or to never leave the ground.

In both prior approaches to narcissism, pathological grandiosity and pathological idealization are understood as operating within the internal psychic economy of the individual. They are viewed largely as internally generated phenomena, either as defensive solutions to anxiety, frustration and envy, or as spontaneously-arising pristine, early developmental needs. Kohut's approach suffers from this constraint just as much as the more traditional approach. Illusion is treated not as a normal product of mental activity throughout the life cycle, but located within the earliest developmental phases. And illusions within the psychoanalytic situation are treated as reflective of the early developmental needs, in pure form, rather than as learned modes of connection with others, as the stereotyped and compulsive patterns of integration they have become. Ever since Freud's abandonment of the theory of infantile seduction, the legacy of drive theory on the subsequent history of psychoanalytic ideas has included an underemphasis of the role of actual relationships on the evolution of mental structures and content. With respect to narcissism, both these traditions isolate the figure within the relational tapestry and, in so doing, overlook the extent to which grandiosity and idealization function as relational modes, arising as learned patterns of integrating relationships, and maintained as the vehicle for intimate connections with others. To regard these phenomena solely in terms of individual psychic economy is like working with only half of the pieces of a jig-saw puzzle.

The major theorists I have been considering do not fail to notice this facet of narcissistic phenomena. They are all too astute as clinicians to do so. The problem is that the specifics of parental character and fantasy do not fit into the theoretical model, so they are noticed clinically and then passed over when major etiological dynamics are assigned or technical approaches developed. The subtleties of the parents' personalities, the ways in which they required the child to maintain narcissistic illusions, are lost, as the parents are viewed in a binary fashion, simply either as gratifying or not gratifying infantile needs (drives or relational). Within both traditions, however, there has been movement toward rectifying this problem. From the drive theory side, for example, Rothstein has placed increasing emphasis on the role of the actual relationships in the generation and maintenance of narcissistic illusion, and Michael Robbins (1982) has written of the ways in which narcissistic phenomena operate as shared illusions, "drawing on grandiose fantasies of idealized objects." From the (self psychology) relational model side, there has been recent discussion of the parents, not simply in terms of their failure to provide self-object functions for the child, but also in terms of their use of the child as a self-object.

Clinical Implications

Models attempting to illuminate the meaning and function of narcissistic phenomena necessarily imply a clinical posture by the analyst which best facilitates their resolution; therefore, theories of narcissism tend to appear together with a recommended technical approach. I have suggested that narcissistic illusions are usefully understood neither solely as a defensive solution for an internal psychic economy, nor solely as a pure efflorescence of infantile mental life, but most fundamentally as a form of participation with others. From this perspective, the main function of grandiosity and idealization in the analytic situation is as a gambit, an invitation to a particular form of interaction.

Viewing narcissistic illusions as invitations casts the analyst's response in a different sort of perspective. The patient requires some participation from the analyst to complete the old object tie, to connect with the analyst in a consciously or unconsciously desired fashion. If grandiosity is involved, some expression of admiration or appreciation may be requested, or at least an attentive noninterference; if idealization is involved, some expression of pleasure at being adored may be requested, or at least an acknowledgement of the patient's devotion. Often, a participation in a mutually admiring relationship is requested—both the analyst and analysand are to be considered truly distinguished and special, and alike in some unusual fashion. Responding to such an invitation in a way that is analytically constructive is a tricky business, not able to be captured in a simple formula. Often what is most crucial is not so much the words, but the tone in which they are spoken. The most useful response entails a subtle dialectic between joining the patient in the narcissistic integration and also simultaneously questioning the nature and purpose of that integration, both a playful participation in the patient's illusions and a puzzled curiosity about how and why they came to be the sine qua non of the analysand's sense of security and involvements with others.

It is easiest to define the sort of analytic posture I have in mind by locating it between the kinds of recommended positions which have accompanied the major theoretical traditions. On the one hand, an aggressively interpretive approach misses the need of the analysand to establish the narcissistic integration and runs the risk of discouraging the gambit and driving the transference underground. Grandiosity and idealization interpreted as defenses against anxiety, aggression, and separation are not appreciated as efforts to reach the object through familiar patterns, preferred modes of connection and intimacy. Thus, in Kernberg's discussion of these issues, narcissistic configurations are understood as defenses against anxieties generated by oral aggression within early object relations, rather than as expressions of these object relations as entrenched familial patterns throughout childhood. The danger here is of encouraging resistances to the expression and establishment of these key transference configurations and compliance with what can only be experienced as the analyst's insistence on less narcissistic, more "real" perceptions and relations.

On the other hand, a receptive, unquestioning approach misses the function of the narcissistic integrations in perpetuating old object ties, and runs the risk of consolidating them. Stolorow and Atwood, drawing on the self-psychology tradition, regard these narcissistic illusions as the product of the patient's effort "to establish in the analytic transference the requisite facilitating intersubjective context that had been absent or insufficient during the formative years and that now permitted the arrested developmental process to resume" (1984, p. 83). Here narcissistic illusions are simply reflected and encouraged, as a device for remobilizing a stalled developmental process, and presumed to dissolve of their own accord in the face of reality and the analyst's empathic understanding of the patient's naturally arising disappointments. The danger of not appreciating illusions as vehicles for preserving entrenched familial patterns is of encouraging resistances to the resolution of these transference configurations, and what can only be experienced as the analyst's own investment in and encouragement of compulsive narcissistic illusions.

Why can't the analyst simply remain "neutral," neither demanding change nor encouraging perpetuation, but simply silent or descriptively interpretive? If one is invited to a dance, one either attends in some fashion, or does not attend in some fashion. Remaining silent, refusing to respond, constitute responses, and are experienced by the analysand as responses. It is striking in this regard that Kohut and Kernberg consider their own approaches to be neutral, and that of the other to be a departure from neutrality. In my view, each is right about the other, but misses the extent to which his own posture is a form of participation and is inevitably experienced by the analysand in that way.

The most constructive form of participation steers through the narrow passage between the contrasting dangers of complicity and challenge, reflecting a willingness to play, an acceptance of the importance of the narcissistic integration as a special and favored mode of relation, yet also a questioning as to why it must be this and only this way. This posture is similar to the kind of ideal parental response to the child's illusions described above. The parent is receptive to the child's illusions about himself and the parent, but with a light touch, conveying a sense of pleasure without the pressure of necessity. The analyst's response to the analysand's transference gambits should reflect that same openness to playful participation. Although it is useful to view such an analytic posture in connection with parent—child interactions, it does not entail an infantilization of the analysand. An ability to play together, including a participation in each others' illusions, is a crucial dimension not only of adult—child relationships, but of adult—adult relations as well.

In the specifically analytic relationship, the analyst's response to the analysand's narcissistic integrations is necessarily accompanied by curiosity, and a pursuit of the analytic inquiry into the meaning of the integrations. Where did the analysand learn this particular pattern of relatedness? What was riding on these illusory notions within the analysand's early significant relations with others? What were its pleasures? its costs? The latter question is particularly important.

Analysands who integrate relations with others around grandiose claims tend to believe passionately that this is the best sort of relationship to have. They seek out admirers and discard those who don't admire them as uninteresting. (Patients who harbor secret grandiose claims believe just as passionately that being the object of devoted admiration is the acme of interpersonal satisfaction, but fear they will never be successful in attaining this goal.) The analytic inquiry into these phenomena necessarily opens up important questions. How did this asymmetrical form of relatedness become so highly treasured? One frequently discovers that it was the vehicle for the closest bonds within the family, or shared familial fantasies about how closer bonds might be achieved. Does the analysand assume that the passion of parental investments in overvaluing him is the most intense sort of connection he can hope for with others? The analysand is generally unaware of what is lost in such asymmetry, that relationships structured around another's admiration of and devotion to him precludes his excitement about and enjoyment of them, his opportunity to take pleasure in them not simply as reflectors of his own glory, but as different, interesting and admirable in their own right.

It is important that the analytic inquiry into grandiose illusions and relationships and what the patient believes, notices and doesn't notice about them, avoid a moralistic tone. Relationships structured around grandiosity are problematic because they truncate the analysand's experience, not because they are unfair or unseemly. The focus should be on what is gained and what is missing in these relationships, and the analysand's limited awareness of both. The analyst's capacity to constructively explore these issues with the analysand is contingent upon an appreciation of this central point. The danger is of the analyst secretly or unconsciously believing that entitlement and grandiose claims are in fact a precious and preferred way of life. This leads either to a more or less subtly conveyed insistence that the patient renounce his claims, motivated by the analyst's envy ("If I can't have this, you certainly can't.") or a vicarious enjoyment in allowing the analysand an envied and tabooed pleasure denied to himself ("I'm too 'mature' to indulge myself in this precious entitlement, but I can grant it to you.").

The analyst's over-identification with the analysand's grandiose claims represents a failure to appreciate how much these claims undermine and sour the analysand's involvements with other people and isolate him in a confusing and often paranoid fashion. The analysand may come to feel more and more that only his analyst is really "sensitive" to him. An additional danger in working with this sort of transference is the analyst's own conflictual longings to idealize coming to play a role in his admiration of the analysand, which can lead to either the analyst's own investment in the analysand's grandiosity and a difficulty in allowing him to move past this integration, or anxiety in the face of the analysand's grandiosity and an interference with the unfolding of this narcissistic integration.

Analysands who integrate relations around idealizing others also tend to believe passionately that this is the best sort of relationship to have. Life is seen as extremely complicated and perilous. The easiest and safest strategy for living is to find someone who seems to be very secure and successful, to have all the "answers," and to apprentice oneself to him or her. For the price of considerable devotion, the idealized object will take the disciple under wing, protecting him, leading him, guiding him along the path they have already cut through the obstacles of life. Analysands integrating relationships on this basis are convinced that such an idealized bond is a very precious, very special tie. Sullivan would ask of patients idealizing the analyst, "Can they afford it?" It is precisely the cost of idealization which the analysand doesn't notice.

Feuerbach, the 19th century German philosopher, argued that religion is, necessarily, a form of human self-alienation, that characteristics and powers attributed to "god" within any religion are inevitably a reflection of human resources which the inhabitants of that culture are frightened to own. "God" becomes a screen on which are projected dissociated aspects of the self. Although this is an oversimplified account of religion, idealization in human relations often does reflect this masochistic, projective process. Because of disturbed earlier relationships, there is a terror of individuation and self-development. The analysand fears that finding his own path means isolation, a fear often originating in the context of relationships with parents who demand adoration and deference as the price of involvement. For such an analysand, the only way to insure human contact is to find someone to go first, to remain always in someone's shadow. The presumption is that all others are as brittle and demanding of deference as the parents, as frightened of the analysand's self-development. They fear that to emerge from the parent's/analyst's shadow is to lose the parent/analyst. Such an analysand generally doesn't appreciate how much mental effort he expends in propping others up, convincing himself that the other is always more advanced along whatever line he himself is pursuing. Despite recurring inevitable disappointments, the analysand doesn't grasp that life is too idiosyncratic for anyone else's solutions to be a helpful shortcut to reaching one's own.

As with the analysis of grandiose illusions, the inquiry into idealizing illusions also must avoid a moralistic tone. The problem with idealization is not that it is childish (as Freud noted), but that it limits possibilities. Analysands who compulsively integrate relationships on an idealizing basis remain perpetual disciples and can never fully allow themselves to experience their own strengths and resources fully. Further, they often secretly harbor the suspicion that the object of their idealization is flawed and brittle, that a close look at the analyst's full humanity would ruin them both. A danger in the analytic exploration of these issues is of the analyst's over-identifying with the analysand's idealizing longings, secretly or unconsciously believing that being under the wing of (or sexually surrendering to) a bigger, more powerful figure is a preferred way of life. This may lead either to a more or less subtly conveyed insistence that the analysand renounce his claims, motivated by the analyst's envy, or a vicarious enjoyment in allowing the analysand an envied and tabooed pleasure denied to oneself. An additional danger is of the analyst enjoying too much being the object of idealization, so that he has trouble releasing the analysand from the narcissistic integration, or of fearing that he will enjoy being the object of idealization so much that he can't allow the analysand this experience.

Analysand's manifesting narcissistic transferences need to either be admired by or to idealize the analyst (sometimes both) at least for a time, in order to feel involved, to feel that something important is happening. The issue of timing is very complex and only determinable within the complexities of each individual case. Bromberg (1983) has described a shifting "empathy-anxiety balance" as the context within which treatment takes place, and argues that for narcissistic patients, the beginning of treatment must be weighted heavily on the side of empathy. "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" (p. 378). These analysands are generally extremely sensitive to the manner in which the analyst reacts to their illusions and gambits. The analytic posture I am describing conveys both a willingness to participate as well as a curiosity as to the constrictive limits which this form of participation allows. To return to the metaphor of the dance invitation, I am not proposing going to the dance and constantly grouching about the music, but enjoying the dance offered, together with a questioning of the singularity of the style. How did it come about the analysand learned no other steps? Why does the analysand believe that this is the only desirable dance there is? Most analysands need to feel their own dance style is appreciated in order to be open to expanding their repertoire.

Relational model theorists tend to regard the analytic relationship as really two simultaneous relationships—a neurotic form of integration (Loewald's "old" object; Fairbairn's "bad" object) that dissolves over time, and a healthier form of integration (Loewald's "new" object; Fairbairn's "good" object) that is slowly consolidated. The analyst's participation is essential to the establishment of the narcissistic integration; the analyst's questioning is essential to its dissolution and the establishment of a richer form of relation.

The analyst's descriptions, interpretations and questions all provide the analysand with a form of participation which operates outside of the narcissistic integration. What is provided in this sort of interaction is an opportunity for the analysand not so much to renounce illusions as to experience them in a broader context, not as constrictive limits to his relations with others, but as possible forms of enriching interactions. The analyst's own ease in engaging and disengaging in illusions about himself and others is crucial to this process. One might think of it in terms of the analysand learning and/or internalizing a kind of "love of life," sustaining without illusions yet continually enriched by them.

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