ON THE NARCISSISTIC STATE OF CONSCIOUSNESS

SHELDON BACH

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ABSTRACT

Our present ego-feeling is, therefore, only a shrunken residue of a much more inclusive—indeed, an all embracing—feeling which corresponded to a more intimate bond between the ego and the world about it. If we may assume that there are many people in whose mental life this primary ego-feeling has persisted to a greater or lesser degree, it would exist in them side by side with the narrower and more sharply demarcated ego-feeling of maturity, like a kind of counterpart to it. In that case, the ideational contents appropriate to it would be precisely those of limitlessness and of a bond with the universe ... (Freud, 1930p. 68).

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INTRODUCTION

Analysts who work with narcissistic patients frequently complain of the difficulty they experience in 'getting through' to the patient and 'making themselves heard', or, with growing irritation, they speak of 'making a dent' in the patient or 'cracking the narcissistic shell'. They sometimes develop an intense feeling of frustration about the impermanence of even their effective interpretations and compare it with talking into the wind or writing on the sand, only to have one's words effaced moments later by the waves.

And indeed one of the characteristics of the narcissistic transference is that the patient either welcomes or resents the analyst's words, experiences them as an anodyne or as an intrusive, officious imposition, and frequently does not even register the actual content of what is said but rather reduces it to a jumble of words, sounds, noises or tones. He may experience the intervention as comforting or soothing, or may react to his impression that *something* was being said in a friendly or angry tone, in the wrong way, at the wrong time or, simply, by the wrong person. Thus the reaction is to the physiognomic or formal quality of the interpretation rather than to its communicative content which is either not heard or, if heard, is not registered or, if registered, is not understood,

remembered or acted upon.

This incidentally, adds to the problem of the 'negative therapeutic reaction' so common with these patients, for the sudden or premature disruption of the narcissistic transference which causes this reaction can be brought about not only by making a 'correct' interpretation at the wrong level or wrong time, but also by making it in the wrong context, with the wrong words, in the wrong tone, etc.

At other times these patients themselves complain of their difficulty in understanding what is said to them or in remembering it. A common experience, irritating to the analyst and ultimately also the the patient, is that a session which seems to have led to a certain understanding, affective development or *experience* of some kind may, 24 hours later, be either totally forgotten or no longer retain the *meaning* which had been attributed to it.

I have discussed in another context the lack of continuity which these patients experience in their lives and related this to the 'uncanny' experiences from which they frequently suffer (Bach, 1975). This lack of continuity or, rather, the presence of discontinuous and 'uncanny' self-experiences was viewed as both a developmental interference, which is the emphasis that Kohut (1971) gives, and also as a defensive operation, which is the emphasis that Kernberg (1975) gives. In this paper I shall try to describe some further characteristics of what I have come to regard as the narcissistic thought disorder or, more inclusively, the narcissistic state of consciousness.

My interest in this was sharpened by a particularly difficult narcissistic patient, a wealthy and successful man who had improved behaviourally in a lengthy prior analysis, but whose subjective experiences had remained relatively untouched. After several months of analysis he admitted that, although the

previous treatment had enabled him to marry, he had 'never really loved anyone' in his entire life.

This admission came after a chance meeting on the street with his previous analyst, where the primary content of consciousness was an observation of almost hallucinatory clarity that the analyst's white shirt collar was frayed and somewhat dirty, an observation accompanied by intense feelings of superiority and contempt. It was difficult for him to report this incident, which was connected with considerable guilt at having 'murdered' so many people in his life who had tried to love him.

In the transference regression the patient would at times become confused, drowsy and dazed, unable to focus on his own thoughts or to understand what I said and would eventually fall asleep, awakening after a few minutes, suddenly, and with total amnesia for what had occurred. In other sessions he would be rational, hyper-alert and talkative, but the content of consciousness would typically be filled with excited self-aggrandizement. In either state it became extremely difficult to do analytic work. Sometimes, in moods of despair, he would complain that I was not helping him 'to get an overview' of things, but the meaning of the complaint remained unclear.

From time to time there were periods when the patient's state of consciousness appeared more normal and during these times some good work was done. But after a while I began to wonder if this man had at any time in his life enjoyed a relatively stable and integrated 'normal' state of consciousness. This puzzlement was useful if only in reducing the counter-transference, but it also led me to understand his complaint about lacking an 'overview' and it raised other questions as well.

It seems that while 'syndrome' and 'phenomena' refer to both objective behaviour and subjective states, a 'state of conscious-

ness' is an organizing notion which emphasizes the primacy of subjective experience. Yet it differs from Escalona's (1968) 'experience' construct in being dimensional, ranging from less to more, from non-conscious to highly conscious, with a particular emphasis on the vicissitudes of self-awareness. The underlying assumption is that there is a dimension of subjective awareness which has its roots in diurnal variation—Lewin's (1968) sleep-waking ratio—and which fluctuates both developmentally, with clinical state, and with clinical diagnosis.

Rapaport **(1951)** discerns 'the following groups of variants of the state of consciousness'

a. a continuum of normal states of consciousness ranging from the waking to the dream;

b. special states of normal consciousness, such as absorption, hypnosis, boredom;

c. developmental states of consciousness, such as those of children of various ages, and of preliterates; and

d. pathological states of consciousness.

Each of these appears to be characterized by:

a a specific form of thought-organization;

b. specific forms—including absence—of reflective awareness;

c. specific limitations of voluntary effort and/or spontaneity; and

d. underlying the others, a specific quality (degree of binding), quantity, and organization of available cathexes (pp. 707–708).

Klein **(1970)** speaks of consciousness as

> *a conceptual convenience referring to the existence of a structural means of dispensing attention cathexis in vary-*

> *ing amounts, giving rise to a pattern of awareness—the available parameters in which experience can occur, the distinctive ways in which it is possible to experience an idea. Awareness, in this view, is no unimportant epiphenomenon but has an adaptive import defined by the controlling structures that affect the deployment of cathexis. One cannot speak of* a *'consciousness' or even, strictly speaking, of* a *'preconscious,' without keeping in mind its context of ego organization and the particular parameters of awareness that distinguish it (p. 248).*

At this point I began to feel that my patient's 'normal' state of consciousness was habitually different from the theoretically normal state on many parameters, and that this might have consequences for both theory and technique. It seemed that the 'normal' adult waking state of consciousness was a developmental achievement which certain patients never completely attained or from which they were in a chronic state of regression. For example, although my patient's speech appeared to be predominantly in the secondary process mode, he frequently used language not for its communicative function but rather to establish a sense of well-being or avoid a loss of self-esteem. In most instances his reflective awareness seemed to be disturbed, that is, his awareness of himself as thinker of his thoughts or executor of his actions appeared at times to be overly acute and

at other times to be diminished or non-existent.[1] Indeed, he had been correct in asserting that he lacked an 'overview' for he suffered wide fluctuations of reflective self-awareness and a consequent difficulty in properly evaluating and integrating the relationships of this self to the object world.

Rapaport (1951) has emphasized the importance of reflective awareness in consciousness and its relation to the process of socialization:

> *We know from Piaget's studies that the transition from 'egocentric' thinking and its naive absolute realism, to a higher level of thinking which recognizes the relativity of qualities, is dependent upon the discovery of the relativity of the 'me'. Motility, by drawing a line between the excitations from which we can withdraw by motor action and those we cannot, draws the line between the 'me' and 'not-me': but self-awareness so achieved is quite incomplete. ... Only the implicit reactions and explicit communications of a variety of other 'me's' can free the 'me' from its solipsism (autism), by providing mirrors to reflect various sides of the 'me'. The experience of these variations replaces the autistic* naive realism *of the sensory-motor 'me,' by a relativism of self-awareness ...*

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[1] Schafer (1968) presents an illuminating discussion of this point in which he proposes the term *reflective self-representation* for the representation of oneself as thinker of the thought. For various reasons I prefer Rapaport's conceptualization, with the understanding that what is meant is the awareness not only of awareness, but of the 'I' or self as originator of the thought or action, which might more fully be called reflective self-awareness. Such reflective self-awareness exists, by definition, in the context of object-world relationship.

(p. 724).

Thus reflective self-awareness rests on socialization processes in which the relativity of the self and its experiences is established by experiencing how others see the world and ourselves, within a maturational framework. Piaget & Inhelder (1948), for example, have demonstrated the inability of children to understand that an object might look different when viewed from a position other than their own, that is, a lack of 'empathy' with the differently-situated observer.

The emphasize (Piaget & Inhelder, 1966):

> *the transition from an initial state in which everything is centered on the child's own body and actions to a 'decentered' state in which his body and actions assume their objective relationships with reference to all the other objects and events registered in the universe. This decentering, laborious enough on the level of action (where it takes at least eighteen months), is even more difficult on the level of representation, because the preschool child is involved in a much larger and more complex universe than the infant. ... As soon as language and the semiotic function permit not only evocation but also communication with other people ... the universe to be represented is no longer formed exclusively of objects (or of persons as objects), as at the sensori-motor level, but contains also subjects who have their own views of the situation that must be reconciled with those of the child, with all that this situation involves in terms of separate and multiple perspectives to be differentiated and coordinated ... (pp. 94–95).*

This differentiation and coordination of separate and multiple perspectives necessitates a higher order of abstract conceptualization and, consequently, of reflective awareness.

Rapaport (1951) states:

> *It is as though every set of abstractions amounts to a hypercathectic organization in which, at a lesser expenditure of cathectic energy but presumably on a higher level of potential, a broad system of objects or relationships is integrated. ... We may assume that a similar pattern of hierarchic progression of hypercathectic organizations is experienced in the varieties of reflective awareness. The lower orders of reflective awareness are mirrored in the higher. Like higher-order abstractions, reflective awareness also suffers when tiredness or other normal or pathological conditions sap the available amount of hypercathexis. ... (pp. 706–707).*

Thus, it seems that, when as a result of tolerable frustrations or disadaptation, self and object representations are brought into awareness, the relativity of the self is experienced, the nature of these representations is changed, and a higher-order conceptualization of the dyadic relationship eventually integrated. There would then be a series of ascending orders of awareness, from primitive sensori-motor non-awareness through elementary self-awareness with perception of the other as 'not-me', up to and including those higher orders of reflective awareness which we call empathy, concern and mature love.

Having arrived at this understanding, I realized that I had become overconcerned with my patient's primitive defences against envy, rage and object longing, and that I had lost my

perspective as well. I was then able to share with him the simple observation that he seemed to have some particular difficulty in keeping both of us in awareness or in perspective at the same time. This formulation captured his interest and led to some fruitful self-observation and collaboration in the course of which the fluctuating states of consciousness, along with their idealizing and grandiose content and self-esteem variations, gradually integrated into a cognitively and affectively more stable state. We eventually learned that falling asleep represented his need to trust someone to care for him, the 'rude awakening' expressed his discovery of maternal unreliability when he awoke one night to find his mother gone and discovered her in another part of the hotel, *in flagrante* with a stranger, and the hyper-alert grandiosity his precocious proclamation that he must henceforth care for himself to avoid a repetition of this trauma. But the trauma itself was the crystallization of a defective mother–child interaction which had persisted throughout childhood and adversely affected his awareness of himself and others.

The capacity for mature reflective self-awareness is of complex origin and involves ego-ideal and superego issues which are here neglected, but in at least one respect it is similar to the related 'capacity to be alone' (Winnicott, 1958): it develops only in the presence of another who is capable of nurturing it. In principle, it is the mother or mirroring 'other' who focuses, integrates and interprets the child's experience and gives this experience human meaning. The good-enough mother confirms and integrates the child-initiated appetitive behaviour, cues and partial actions, and by doing so shows the child that he is alive and can have a positive effect on the object world (Winnicott, 1965); (Escalona & Corman, 1974). She is thus

instrumental in the development of the child's theory about himself, that is, in developing his sense of self which is built around the experience of the action-self, the 'I' as thinker and doer in relation to an object.

This experience first culminates in the rapprochement phase (Mahler, 1965) where the child, among other things, is working through the issue of his place in the object world, that is, the relativity of his primitive self-awareness which had burgeoned in the practising period. Severe defects of self-awareness and the sense of self seem particularly related to these early periods and are contributed to by both child and mother, although I here emphasize the latter's role in this dialogue.

For example, the mother who imposes her own initiatives upon the child may promulgate a self-experience of the 'I' as being lived by forces external to the self. Conversely, the mother who is unavailable for 'emotional refuelling' (Mahler, 1968) may lead the child to feel that he has no recourse other than himself. Reflective self-awareness may then move out of the optimal range and fluctuate between the two extremes of the child who reactively sustains himself, with overcathected self-awareness, or the child who fails at sustaining himself and seeks the mother, with undercathected self-awareness. Let me cite, as an example, the remarks of a 7-year-old, recorded by his mother:

a. 'Is this world a *dreaming*, or is it real?'—illustrating a pathological undercathexis of self-awareness.

b. 'This world terrifies me sometimes. It seems to be all me!'—illustrating a pathological overcathexis of reflective self-awareness.

Thirty years later, this man presented himself for analysis suffering from a narcissistic disorder. As might be expected, one of his main complaints was that he experienced his thoughts and

actions either as terrifyingly omnipotent or else as involuntary, that is, as being coerced by people, situations or uncontrollable internal forces which made the decisions, as it were, without his participation.

In general, the broadest statement I can make about the 'narcissistic state of consciousness' is that it attempts, either through selective alterations of reflective awareness or through an earlier interference with the development of such awareness, to establish or recapture an ego state of physical and mental wholeness, well-being and self-esteem, either alone or with the help of some object used primarily for this purpose (Sandler & Joffe, 1965).

These alterations of reflective self-awareness may fluctuate from absence through under-emphasis to a gross overemphasis on the self as thinker and doer. They may therefore result in a de-automatization or overautomatization offunction (Hartmann, 1958) which distorts the means–end relationship so that the multifaceted awareness of the goal or 'meaning' of an action and one's relationship to it is never completely experienced. From the defensive viewpoint, one might speak of a regressive de-automatization or overautomatization whose purpose is to obscure the 'meaning' of an experience so that the responsibility for decision, choice and action, with the inevitable narcissistic injuries these incur, may be avoided.[2]

As a function of his effort to establish or recapture an ego state of physical and mental wholeness, well-being and self-esteem, an effort which has both defensive and maturational aspects, the

[2] I am of course discussing this from the viewpoint of normal and abnormal psychology. A regressive deautomatization which obscures the 'usual' or 'ordinary' meaning of experience is also a feature of the narcissistic creative and mystical states (Deikman, 1966).

narcissistic patient seems to show a characteristic altered state of consciousness. This altered ego state involves disturbances of self and body-self, language and thought, voluntary effort, mood arousal and time sense, which I discuss under separate headings. These observations are of clinical value to the extent that they increase our empathy with these patients, by alerting us to certain parameters which we normally assume but which in these patients cannot be taken for granted.

SELF AND BODY-SELF

Nobody is my name. My father and mother call me Nobody, as do all the others who are my companions.
HOMER, Odyssey 9 : 366

There is no word for 'self' or 'oneself' in Homer ... The 'self' or the identity is defined concretely and specifically in terms of 'Who is your father?' 'Whence do you come?' Further, one's identity is largely couched in terms of the story, or stories*, of one's life. ... If the version of events is different, then the identity is different. ... What develops in later Greek thought, is that the definition of self and of identity becomes contingent upon an* active *process of examining, sorting out, and scrutinizing the 'events' and 'adventures' of one's own life ... (Simon & Weiner, 1966p. 308).*

The discovery of the self, or the ontogenetic development from the narcissistic state of consciousness to the adult waking state of consciousness, seems to show interesting phylogenetic paral-

lels with the development of early Greek thought.[3] Dodds (1951), Snell (1953) and others have shown that Homer's people lacked an integrated concept of both 'mind' and 'body', that their self-esteem regulation was predominantly external and that they viewed internal tensions as concrete, anthropomorphized and instigated by the actions of the gods. In general, their thought processes appear to be more concrete than abstract, more passively experienced than actively instigated and, as one of the pre-Socratics from the vantage point of his later mode of thinking remarked, they seemed to be more 'asleep' or dreaming than 'awake' (Simon, 1972). These attributes are, of course, also characteristic of narcissistic states, so that studies of the later discovery of the self by the Greek lyricists and pre-Socratics may illuminate and be illumined by what we know about the discovery of the self in childhood and in the course of psychoanalytic treatment of the narcissistic disorders. Here I shall use this material merely to highlight certain features of the narcissistic state of consciousness.

Let me begin by noting that I use the word 'self' to refer to a mental content rather than a psychic structure, that is, a content having to do with people's theories about themselves including their fantasies, both conscious and unconscious, about self-integration and self-disruption.[4] These theories, which have both conscious and unconscious aspects, also include to varying

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[3] These generalizations are merely suggestive and should be taken in the light of the considerable qualifications advanced in a somewhat different context by Simon *et al.* in a series of scholarly and fascinating papers (Simon & Weiner, 1966); (Russo & Simon, 1968); (Simon, 1972), (1973a), (1973b).

[4] I am deeply indebted to Dr William Grossman for his help in clarifying my thinking on this point as well as on many others. (See Grossman & Simon, 1969); (Grossman, 1967).

degrees contents which on a theoretical level may be classified as belonging to id, ego and superego or to other theoretical entities which may perhaps better fit earlier hierarchical developmental organization (Gedo & Goldberg, 1973). I shall have more to say about the development of these self theories, but for the moment let me simply note that when a patient says that he is 'falling apart', feels 'like two people', has 'no willpower', no 'identity', or feels that his body 'is in pieces', we are under no compulsion to translate this directly and anthropomorphically into its (apparent) metapsychologically structural equivalent.

But to return to our beginnings. Snell (1953) convincingly demonstrates that Homer does not have a word for the body and 'does not even have any words for the arms and legs', nor for the trunk. 'He speaks of hands, lower arms, upper arms, feet, calves and thighs' (p. 310). Snell believes that in early Greek epic and art

> *the physical body of man was comprehended, not as a unit but as an aggregate. Not until the classical art of the fifth century do we find attempts to depict the body as an organic unit whose parts are mutually correlated. In the preceding period the body is a mere construct of independent parts variously put together (p. 6).*
>
> *Thus, the early Greeks did not, either in their language or in the visual arts, grasp the body as a unit. The phenomenon is the same as with the verbs denoting sight; in the latter, the activity is at first understood in terms of its conspicuous modes, of the various attitudes and sentiments connected with it, and it is a long time before speech begins to address itself to the essential function of this activity. It seems, then, as if language*

> *aims progressively to express the essence of an act, but is at first unable to comprehend it because it is a function, and as such neither tangibly apparent nor associated with certain unambiguous emotions. As soon, however, as it is recognized and has received a name, it has come into existence, and with the knowledge of its existence quickly becomes common property. ... With the discovery of this hidden unity, of course, it is at once appreciated as an immediate and self-explanatory truth.*
>
> *This objective truth, it must be admitted, does not exist for man until it is seen and known and designated by a word; until, thereby, it has become an object of thought (pp. 7–8).*

Thus the concepts of 'body' and 'self' apparently did not exist in early Greek thought and came into being only when the body and the self became objects of thought or, more primitively, objects of perception. And it is precisely to this point that Lacan (1949) addresses himself in his important paper on the mirror-phase.

This phase, according to Lacan, occurs between the sixth and eighteenth months when the child, while still in a state of powerlessness and motor incoordination, anticipates on an imaginary level the acquisition and mastery of his bodily integrity. This imaginary integrity is accomplished through identification with the image of another similar human being perceived as a Gestalt; it is illustrated and actualized by the concrete experience in which the child sees his own image in the mirror. Lacan (1947) stresses

> *the triumphant assumption of the image, with the accompanying jubilant mimicry and the playful complacency*

with which the specular identification is controlled.'

What happens is that the infant perceives in the image of its counterpart—or its own mirror image—a form (Gestalt) in which it anticipates a bodily unity which it still objectively lacks (whence its 'jubilation'); in other words, it identifies with this image (Laplanche & Pontalis, 1968p. 251).

We may note in passing that this phase is apparently contemporaneous with Spitz's (1965) second organizer of the psyche, the 'eight-month' anxiety (Ajuriaguerra et al., 1956); (Dixon, 1957), and an early stage of Mahler's (1968) 'practising' period. For Lacan, incidentally, it is this phase which gives rise retroactively to the disintegrative fantasy of the 'corps morcelé' or 'body in pieces', that phase of autoerotic body fragmentation which precedes the establishment of the narcissistic object.

More concretely, the infant, faced with the mirror, discovers that he can act and thereby directly influence that which he sees at a distance. He suddenly realizes that that which he can see at a distance and can also influence completely is—himself! This is the reverse of another kind of experience, where what is *not* me moves exactly *like* me, uncannily, as with a double, or comically, as in a Marx Brothers routine (Bach, 1975). Thus proximal cues are connected with a distal perception and an affective state correlated with a cognitive organization, culminating in an 'aha! experience'.

Something of the process involved was described to me by a patient, who remembered trying to defend himself against reflective self-awareness as a child, a process which he was in fact repeating in the transference.

You keep telling me that I should become aware of myself,

that I should live in reality, that I should take account of death and loss and time and work. ... Not that you ever actually say that, but I think that that's what you really mean. ...

One time I lived without being aware of myself and that was just fine. ... I didn't know about death and frustration and disappointment. ... I didn't think about them. ...

If you become self-conscious, it's intensely embarrassing because it means that you see yourself as an object ... [?] I would become an object, objectified, someone who wasn't worth considering any more. I could be told something that would objectify me ... [?] I mean I'm becoming aware that I'm mortal. ... I'll go to the doctor and he tells me I'm dead. ... I'll go to work and they'll tell me I'm fired. ... I'll go to you and you'll tel me I'm crazy. ... Once there's the other one then you become an object also, because you become someone else's other. ...

I remember when my sister was born, driving home from the hospital, my mother kept saying, 'Why don't you turn around and look at your sister?' ... I wouldn't turn around, I withdrew into myself ... [?] A mystery takes place at birth ... I didn't really think that I was born ... And then suddenly there are two, and you become alienated and self-conscious. ... If you give objectivity to another person—names, sexes, personalities, favourite flavours (that's contemptible—I prefer butter pecan to vanilla!) then you become the same thing as they are. ... I'm not a magical being, I was born like her, we drove home from the hospital in an old Plymouth, they probably showed me to someone else just like they showed her to me ... Big deal! ... Why couldn't you just be a person ... generic, like a human ... not to have a name or dress ... I hate my name! ... [!] Yes ... I should be amorphous—like a god—Look at this horrible thing I'm forced to wear now ... [?] My body! It's not an abode fit for a person ...

This struggle against the diminishment of the self and its fantasied omnipotence may often be seen most clearly in the concrete fantasies of body imagery. It is known that amputees tend to dream of themselves as whole, that is, to regain their bodily integrity by means of a diminished or altered state of consciousness. From this point of view phantom limbs could be seen as narcissistic restitution phenomena, and the observation that postmastectomy phantoms are accentuated during menstruation, pregnancy and sexual excitement would be consistent with their correlation to alterations in the state of consciousness. Fischer (1969) regards 'the loss of limb as a distortion of corporeal awareness and the phantom limb as a readaptation phenomenon to correct the distortion in physical space-time'. Similarly, narcissistic 'phantoms' such as transitional objects, imaginary companions, doubles, vampires, ghosts, muses and the creative product itself may be regarded as readaptation phenomena to correct distortions in the sense of mental and physical well-being, particularly when these distortions have occurred before the establishment of a firm sense of self (Bach, 1971), (1975); (Bach & Schwartz, 1972).

Freud (1933) takes pains to point out that we must deal, not with a simple theory of 'organ inferiority', but with a more complex issue of values. In his view, it is erroneous to relate the personality of Wilhelm II to his withered arm, without noting that *his* mother, unlike some other mothers of handicapped children, rejected him for this infirmity (p. 66). Thus, the sense of physical and mental well-being is dependent not only on the cognitive facts of physical spacetime, but on these facts as embedded in a set of values and meanings with which they mutually interact. The loss of the foreskin may enhance or diminish self-esteem, depending on a large variety of other

circumstances.

But to return to the narcissistic conditions. Although many of these patients may function at a high level of professional competence in the outside world, in the chronic or transference regression one is frequently confronted with disturbances of the body image, hypochondriacal preoccupations and difficulties with eating and weight regulation. There may be a split-off self representation which shows a mirror complementarity with the conscious presenting complaints, so that someone who feels physically weak and powerless may harbour a grandiose and dangerously powerful split-off image, while someone who presents with arrogance and grandiosity may be fearful of the dangerously vulnerable and dependent little-child self. Although in some instances this is purely defensive, in others it seems as if the child had never achieved and stabilized the transition from the self experienced as fragmented and uncontrolled to the self seen as integrated and controllable in the mirror. The analyst may then become the enticing or frightening 'other half', and continual attempts will be made to hold him, repel him and control him, primarily through denial, splitting and projective identification (Kernberg, 1975).

Just as the central phenomenon in the mirror stage is the recognition of the self in the mirror or in the mother's face, with the bridge from the proximal cues of the 'body in pieces' to an integrated distal percept of the body self as whole, so in the narcissistic regression one finds the distal percept being lost and the proximal cues once again becoming salient. A patient who had recently developed a reliable sense of self and could clearly remember what it was like before, reminisced:

It used to be that I would look in the mirror and see the individual features but not my face. ... I would run my fingers

over my face, count the hairs that I'd lost and inspect the pores ... but I really couldn't even see what I looked like. ...

In reading I would become overly concerned with the individual words and even the letters, their shape, peculiarity ... and I totally lost the sense of what I was reading. ... When I couldn't read I would masturbate ... it was a way of putting myself together when I felt I was falling apart. ...

My whole adolescence was just a total blur ... I recently passed the 'Y' building which I used to go by every day of my life, and I think I saw what it looked like for the first time. ...

This change from a fragmented, peripheral, auto-erotic, self-oriented and proximally dominated perception to an integrated, focally organized, object-oriented and distally dominated perception has been beautifully described by Schachtel (1959) as the genetic development from 'autocentric' to 'allocentric' perception. When it occurs in patients as the indirect result of psychoanalytic therapy, it frequently gives rise to the same sense of discovery and triumphant exhilaration as seen in the child before the mirror, the experience celebrated by the early Greek lyricists such as Archilochos and Sappho, who were just awakening to the value of the self-experience and Ich-Gefühlung which had for so long been embedded in the communal and archetypal inheritance.

A relevant contribution is the ongoing research of Escalona & Corman (1971), (1973), (1974), which suggests that a style of maternal care focused on proximal, interpersonal mother-initiated interactions produces a very different kind of child than a style focused on predominantly distal, not exclusively interpersonal, infant-initiated interactions. I shall discuss these findings later but here I would emphasize the relative predominance of the proximal mode in narcissistic patients

and their use of self-stimulation in the form of libidinized thinking, self-touching, masturbation, transitional phenomena and acting out as a substitute for stimulation by the object in the maintenance of their precarious sense of mental and physical existence and well-being.

A professional woman came for treatment when, as the result of her husband's sudden business failure, she had become catastrophically disillusioned with her hither to idealized marriage. Refusing him sex, she had continual fantasies of affairs with other men who represented her idealized, boyish, competent self, a derivative from her early idealization of an older brother. She would lie on the couch stroking her face, a gesture first traced to her desire to be stroked by the fantasied lover or analyst, then to her need to be reassured that her face could be seen or actually existed, and finally to a transitional habit of early childhood which was confirmed by her mother. Musing about playing out her fantasy, she said:

> *There's a feeling of mystery about myself ... that I'm not a woman ... that other women have something or know something that I don't know. ... If Arnold [the lover] had raped me then it would clarify my confusion of identity ... If he goes inside me then that proves there's an inside ... that's what bothers me when my climax comes from cunnilingus rather than intercourse. ... I'm thinking about that English writer who changed his sex ... about Aschenbach in* Death in Venice*. ... He was fixated on that child's beauty like I was fixated on Arnold's beauty. ... Why don't you ever talk to me? ... I need a man to make me feel like a woman ... to make me feel alive...*

While not neglecting the obvious phallic fantasies and oedipal issues, it became clear in the course of this analysis that we were dealing not only with a defensive regression and narcissistic identification, but also with some early developmental disturbance of the body image. One frequently finds with narcissistic patients an early history of head-banging, skin masochism, vestibular disturbances or hypochondriasis as restitutive attempts to recathect the self-boundaries. Often in the course of analysis such odd feelings as wanting 'to whirl like a dervish' or 'to hang with my head over the couch' are signs that the area of the early splitting is being approached.

A patient who for years had been grossly overweight was able to begin reducing when his overeating and sleep phobias were connected with a fear of death. He then reported the following memory which I was unfortunately unable to record verbatim:

> *I was about six years old when I developed a severe pneumonia. The family doctor missed the diagnosis, and for about ten days I became sicker and sicker. They finally called in a German specialist who examined me and told my parents at the bedside that I was very ill and might possibly die. I was running a high fever. I remember flying up to the ceiling and looking down on the scene: my parents, all frightened and agitated; the doctor, who I think had a white beard and spoke with an accent, and somebody lying on the bed, covered with blankets. But I was up on the ceiling and I remember thinking: 'Those idiots! They think I'm going to die but* I know better.' *... I've been up on the ceiling ever since.*

This patient had indeed been 'up on the ceiling', having been

hospitalized in his twenties after hearing voices which urged him to jump from the window. This memory was both a screen for a primal scene in which he had identified with a sick mother, as well as the locus of a chronic alteration of consciousness carrying multiple body representations. A propensity to such altered states has been related by Stein (1965) to the defensive regression following traumatic events, in particular childhood illnesses where the fever and altered body perceptions provide an open channel to changes of consciousness.

Sometimes the split-off self appears to have a psychophysical embodiment, like a phantom limb or imaginary companion.

After many months of analysis I discovered that a 45-year-old engineer was accompanied on the couch by his fantasied eight-year-old self, nicknamed Pepe, who lay parallel, about a foot to the left, and was mocking the whole procedure. At a later date the patient said about him:

He was my other self ... a Siamese twin ... after screwing off all day I said to him: 'What do they expect of you? You're just an eight year old kid!' ... I have no attachment to anything else except to that little boy, and through him to a world that's no longer there. ... I was trying to control and stop things that I couldn't control in the real world. ... keeping my parents alive forever and making sure they took care of me ... denying the fact that this little boy would grow up and suffer dangers and some day, eventually, die. ... I couldn't manage the world so I just stepped away from it. ... Like when a camera pulls you away from the image on the screen ... it becomes a pattern of lights and shadows or little dots on a film screen and you're outside of it. ...

There's a real fear that this other person which I should stop pretending I am ... that killing that off is as dangerous as cutting

off a Siamese twin ... and you as the doctor and me as the one who's talking to you and is going to survive ... I kept saying I must make that decision, but the kid was in control.

which may evoke its own danger of self-incineration.

This patient, a 45-year-old actress, presented with a history of multiple analytic failures extending over 25 years, extreme hypochondriasis and acute shame reactions. An unusually diligent and talented woman, she would fill her calendar to overflow, become agitated with her growing excitation and confusion, begin desperately to cancel appearances or make excuses, become terrified that she would be isolated and forgotten, start accepting all bookings indiscriminately and repeat the cycle over again. She began the session with a tale of her visit that morning to the most recent doctor, an unusually patient man who carefully examined her pains and paraesthesias, allayed her fears of rheumatism, sciatica and cancer, and demonstrated a vascular hypersensitivity which he suggested was inherited. She told of having sex with her lover the day before and feeling an unusual closeness, but then suddenly becoming chilled which necessitated her sleeping alone under the covers although it was a hot night in July. She dreamed that she was in the back seat of a car, engaging in exciting sexual play with an unknown man, when the driver who was going too fast, lost the brakes. The car went out of control, crashed through the wall of a house and into the kitchen, passing through EITHER THE STOVE OR THE REFRIGERATOR, *then out of the house and, all unhurt, back on to the same street, but now it was snowing.*

She wondered whether sexual excitement and closeness frightened her ... but if excitement frightens her, then coolness isolates and terrifies her—like the doctor said, her sensitivity is too extreme. For 15 years now, ever since her first analyst

had unilaterally terminated treatment, she had suffered from an inability to completely empty her bladder and bowels which forced her to spend as much as several hours a day in the bathroom. Up to now no doctor had ever been able to help her. That was a question of self-regulation, wasn't it?

She remembered that she had almost quit analysis with me because of her insistence on being hypnotized. She knew now that I wouldn't tell her what to do nor stop her from doing anything—she would have to regulate herself. She had stayed up worrying about an appearance tomorrow—it was too much work, she was not prepared, it was beyond her ability, etc. But it was also a great honour to be asked. Throughout the evening she had felt hot and cold flushes, but her lover had comforted her. He seems to get less enthusiastic than she does, but he is also less frightened. He is really like a thermostat for her ... the first person she has ever really loved because she neither submits to him completely nor controls him completely. Before this she never believed it possible that she would ever be able to live together with another human being...

Although this dream was later pursued in another direction, I cite it as a typical example of temperature and boundary sensitivity, obviously related to Kohut's (1971) discussion of blushing and the work of Hermann (1929) and Bak (1939) on thermal sensitivity. It also nicely illustrates the homeostatic function of hypochondriasis in the maintenance of self-esteem and a sense of well-being.

The acceptance of mental and physical imperfections without the need for compensatory alterations of awareness is a particularly difficult task for those with narcissistic problems. A patient who, in filling out a passport application, had at first responded 'no' to a question about identifying scars, later erased

this response and enumerated some body stigmata of which she had always been ashamed. She remarked the next day: 'I have just begun to realize that you can't have an identity without having identifying scars.'

LANGUAGE AND THOUGHT ORGANIZATION

That the topless towers be burnt
And men recall that face,
Move most gently if move you must
In this lonely place.
She thinks, part woman, three parts a child,
That nobody looks; her feet
Practise a tinker shuffle
Picked up on a street.
Like a long-legged fly upon the stream
Her mind moves upon silence.
W. B. YEATS, Long-legged fly

The fact is that the speech of subjects between four and six (observed in situations in which children work, play, and speak freely) is not intended to provide information, ask questions, etc. (that is, it is not socialized language), but consists rather of monologues or 'collective monologues' in the course of which

everyone talks to himself without listening to the others (that is, egocentric language). ... It is only after long training that the child reaches the point (at the operatory stage) where he speaks no longer for himself but from the point of view of the other (Piaget & Inhelder, 1966, pp.120–3).

As noted earlier, in the narcissistic state, language is used predominantly in an autocentric manner to regulate well-being or self-esteem, rather than in an allocentric manner for purposes of communicating with or understanding an object. Thus the emphasis is less on the communicative function and more on the genetically earlier manipulative function of words, which may be used to frighten or to soothe, to distance or to merge, to control or to be controlled.

A patient whose mother was dying of cancer, overwhelmed by feelings of fear, rage and impotence, began to have sado-masochistic fantasies whenever he visited her in the hospital. The fantasies were of hanging women upside down, giving them enemas, raping them and of having the same done to him. In the context of discussing this, he replied to a simple question:

> *You're very impatient with me. ... I'm very upset with your voice. ... You seem to be talking louder than usual which to my mind means that you're shouting. ... [shouts] YOU'RE KILLING ME. ... Then I seem to be shrinking from you. ... You've been shrunk and now you're shrinking me. ... When you talk to me it's always an attack or intrusion. ... I fasten on one word and forget what you're saying ... I hear my mother telling my father: 'You'll have to talk to him!'. ... I DON'T WANT TO BE TALKED TO! [?] Your voice became like thunder. ... [?] I resent that you don't tell me your fantasies. ... You're fine and clean and I'm*

dirty. ... [?] I want to be hugged by you. ... Talking doesn't count for anything—what counts is being hugged.

Because language is used more manipulatively or as a substitute for more primitive, proximal and autocentric modalities, such as touch, taste and smell, one has the overall sense that the language is impoverished, although at times it may be rhetorically brilliant. Frequently patients themselves complain that the words are 'empty' or 'without meaning'.

A 20-year-old student said: 'I left the University because it became only words—all words. There was a separation between words and actions or words and things, and the words began to have less and less meaning ... Only the student revolt was real!'

Another patient, a writer by profession, complained that in the narcissistic transference it seemed 'as if we are in a space capsule floating in air, and I am filling up all the inside with words. My words feel empty, false; they have no meaning.'

Although on the extremes of the continuum narcissistic language and thought may merge into primary process, one more typically sees apparent secondary process functioning which lacks the truly integrated quality to be expected in the normal state of awareness. Frequently, for example, there is a lack of free communication between the various modes of thought representation (Horowitz, 1972), so that images or enactive gestures appear but are untranslatable into the lexical mode, or vice versa. This blocking or absence of the bridge between words and percept (image), contributes to the impression that the patient is talking to himself, or that his words are circling endlessly and leading nowhere.

The patient quoted above, whose mother was dying, had accused me interminably of wanting him to spill out all his

feelings which would certainly drive him insane. After his mother's death, unable to experience his grief, he began to accuse me of being wordy, intellectual and rejecting his feelings. I pointed this out and remarked that, since his feelings were not in his words, they must be somewhere else. He began to cry and told me that ever since his mother's death he had been haunted by an image of himself 'dancing with her corpse as I saw it in the coffin, dressed in a white shroud, like a bride.'

Another patient with a persistent learning difficulty, who had just begun to make some headway with this problem said:

> *I used to read without images, just words with no referent, and if things got very abstract then it was difficult to conjure up some personal experience, something that I've seen in someone else, something I've thought or know about. ... Then it all begins to have a sterile quality and it gets harder and harder to remember. ... But this morning when I was reading I found lots of imagery that was cogent and and it helped enormously...*

Here one could clearly see that the loss of the integrated meaning-quality of the experience was correlated with a decrease of reflective self-awareness. Generally, one finds a loss of flexibility in perspective, leading to overabstractness, overconcreteness or fluctuations between these extremes. As one patient remarked:

> *I seem to have no sense of humour. ... I'm anybody's straight man. ... I can't tell when anybody's kidding or not. ... When Lois came into my office where the plants were dying from lack of light, she just put them in between*

the window and the screen. ...It was a good idea but I never would have thought of that. ... I'm upset because my period has been increasing. ... I can't control when I'm going to have a baby, or that I'm getting older. ... I can't control when people are making a joke or when they're serious. ... Flower pots are supposed to go only in one place—on the desk or on the ledge, not in between the window and the screen ... if you don't have to see other things then you don't have to manage them ... if things can have many meanings then you can be in trouble. ... It's a way of avoiding a multiplicity of meanings because a single meaning is more manageable. ...

When multiple meanings are avoided, then indeed the patient may become literal, humourless and aesthetically insensitive. On the other hand, when the focal meaning of an experience is denied, then the component parts may become ludicrous, empty, bizarre and, in the extreme, 'uncanny'. A patient who watched a violinist rosin his bow, tune his instrument and prepare to play, found himself thinking: 'A cat died and a tree was cut down to produce *this* ?' In this case his attacks on the meaningful links between the actions had helped him to avoid his envy of the musical performance (Bion, 1959).

Concurrent with the changes mentioned above, one generally finds a syncretism of both thought and affect which is one of the hallmarks of the narcissistic state of consciousness and has been described by Freud (1913, 1930) and Ferenczi (1913). I shall give two examples, one chronic and one situational.

An extremely narcissistic man who for years was secretly convinced that I used the same Kleenex all day long for

each patient, and who himself picked discarded objects off the street, was unable to boil water without anxiety because of his excessive 'empathy' with the overheated bottom of the kettle. Although his sympathy for the inflamed bottom and the discarded object was traceable to his having been beaten and discarded as a child, the mutative determinant was an 'oceanic' consciousness about which he said:

'I feel that the world is seamless ... that we're all connected by a sticky ocean of glue, and I cannot allow any cracks or ruptures or breaks in this medium which holds us all together ...'.

While this man, from all that we learned in a lengthy analysis, had apparently never fully attained a normal state of consciousness, the following incident is more typical of the situational regressions that one sees daily.

A middle-aged woman came in complaining of constipation and a swollen stomach. She feels dizzy, strange and 'discombobulated', her brain is scrambled; she has a strong urge to jump out of the window. She is leaving on a trip tomorrow and she feels confused ... she is so stupid that in planning her itinerary she thought that Frankfurt was in France and Strasbourg in Germany. This morning she wasn't sure whether today was Wednesday, Thursday or Friday. ... She is bothered that the next patient has come early ... it seems to cut into her session, as if warning of the end. ... Today she found herself unable to transcribe some Old English into Modern English, although this is her area of expertise ... it seemed as if she couldn't clearly

> *see that there were any differences between the two ... She has also been regretting that she can't take a favourite old dress along on the trip ... but it's just become too worn out. ...*

Here the denial of differences, boundaries and temporal-spatial limitations is clearly in the service of denying the loss of the analyst in an as yet unresolved narcissistic transference. The urge to jump through the window, which had at one time gotten her hospitalized, was part of a fantasy of returning to the womb where she might avoid the separations and limitations of ordinary life.

Coincident with these changes in the thought processes, one finds that sentence structure tends to shift from a syntactical to a more psychological mode, while at the same time the 'I' as subject or doer begins to drop out and be replaced by more impersonal language: 'it's a feeling of resentment'; 'there was a dream last night'; 'the thought occurred that, ' etc. Ultimately, the 'I' gives way to a polyphony of voices representing multiple facets of the personality experienced as coming from outside or not belonging to the self (Rapaport, 1951). The patient whose mother had recently died reported:

> *When I come here I hear your voice telling me that I haven't grieved enough—that if I really cared I would kill myself on the grave. But Aunt Agnes is saying: 'Stop grieving—you must go on living.' It all sounds like clichés. People become tokens on a game-board and you move them around to represent feelings and play with your feelings and control them that way. ... Like the Everyman plays—all parts of his mind out there and they talk to him*

and to others ... none of the parts are me. ...

I hear voices in my head ... they make the feelings real but they don't possess it, or let it possess you. ... Let them fight it out! ... it sounds like some child's view of a family squabble. ... I hear the voice but it's not me, and then there's always another voice to oppose it, also not me ... let them fight it out. ... I always thought that that's the way everybody thought.

My mind was like a collection of little people ... sterotyped ... so there was a rude person, a courageous person, a fool, a villain ... none of them were really you. They were like vectors ... one would pull this way and another the other way, and the strongest would win. ...

In this instance, so characteristic of narcissistic regressions, the 'I' as decider and actor is decomposed into idealized objects, each representing a different side of the conflict. Sometimes also the instinctual urge is represented as one side of the conflict and an external object as the other; or two conflicting instincts, both experienced as alienated from and stronger than the self, are left to fight it out while the self observes the outcome. The conflict can then be experienced as external and the decision as coerced, leaving the observing self passive, not responsible and therefore still omnipotent.

There is also a particular type of memory deficit to be observed in these cases, but I have discussed this elsewhere (Bach, 1975) in connexion with the startling deficiency they show in a consistent and continuous experience of the self.

The memory deficit, however, is related to the question of educability, since many of these patients present with a mild to moderately severe learning disability of long-standing. Normal

narcissim, which ordinarily furnishes a motive for educability, in its pathological form often makes the learning process all but impossible. The narcissistic child or adult, unable to admit that there is something he does not know or must slowly and painfully learn, often cannot tolerate the learning process which by its mere existence becomes a narcissistic injury. This fact, of course, has well-known implications for the technique of psychoanalysis which is, after all, a learning experience. How many of our patients have insisted, like Ferenczi's 'clever baby' **(1923)**, on being born or reborn 'knowing it all'.

Finally, I would repeat my impression that the 'thought disorder' described may be attributable to a developmental interference, to a defensive regression or, frequently, to both. Sometimes, indeed, it may be more accurately called a 'value disorder', in that the person may be capable of both ways of thinking but chooses the narcissistic mode as a preferred way of dealing with the world. The literature on psychological testing occasionally refers to such patients as 'lazy', which may sometimes be true, but I hope to show that the often immense efforts required to pursue such a radical 'Oblomovism' have other determinants.

VOLUNTARY EFFORT & SPONTANEITY

Further, the development of what one calls 'intentionality'—the child's capacity to direct himself toward something, to aim at something, in perception, attention, action, etc., a process that according to Freud probably presupposes hypercathexis—could be viewed as one ego aspect of developing object relations. Actually, intentionality is among the first achievements of the child we would not hesitate to characterize as true ego functions ***(Hartmann, 1952****p. 173).*

As long as the schemata are not intercoordinated but function each for itself, the child's judgments of value (desirability) are almost entirely confused with his judgments of reality. More precisely, they are one with the activity inherent in the schema. ... On the other hand, an object in the behaviour patterns of the present stage is no longer characterized by one value only;. ... it can be considered either as an obstacle, or as a useful intermediate, or else as an end in itself. ... It thus assumes a series of different values according to the way in which

it is utilized as a means in view of different ends ... ***(Piaget, 1936****pp. 243–4).*

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's weak ego by the mother's implementation of the infant's omnipotent expressions.

The mother who is not good-enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. This compliance on the part of the infant is the earliest stage of the False Self, and belongs to the mother's inability to sense her infant's needs ***(Winnicott, 1960)****.*

One of the major characteristics of the narcissistic state of consciousness consists in limitations of voluntary effort and spontaneity in the areas of perception, attention, will, action, etc. The areas of perception, attention and action have been documented by Schachtel (1959), Spitz (1965), Piaget (1936), Mahler (1968) and others, and I shall confine my observations to the limitation of choice, will and intentionality which are most strikingly manifested in narcissistic patients. Let me begin with two mundane examples:

A narcissistic patient complained that she had the urge to sneeze while putting her hair up in curlers and was unable to decide whether to give in to the urge or to finish placing the last curler. In the same hour she mentioned

that, on her way to the bank, she had the urge to urinate and felt uncertain whether to stop and relieve herself or to complete her business first.

This latter was a reference to the early stages of treatment in which she had begun to exercise her will through a peremptory 'No!' (Spitz, 1957), by refusing sex with her lover, coming late for sessions and asserting herself at work. In the course of investigating those incidents which aroused an initially faint and timid 'No!' reaction, we uncovered much historical data relating to an early split between mother and nursemaid, both of whom were competing over the child's early training. The result was that this otherwise competent woman at the age of 32 still disposed of a pantheon of idealized objects to decide her every action: her mother to tell her when she ought to want to urinate, her nursemaid to tell her when she ought to feel hungry, her lover to tell her when she ought to feel sexually aroused, her boss to decide how she ought to spend her free time, and her analyst to tell her how she ought to feel about it all.

In more regressed cases all decisions may rest, not with a pantheon of god-like objects but with an omen or portent of some sort: if he calls on Sunday I'll say yes, but on Monday I'll say no.

Often the inability or refusal to make decisions is rationalized. As one patient said: 'If this were something I were destined to do, I would have noticed myself doing it.' Frequently the importance of the choice or decision is denigrated: 'The idea of trying to make myself better than I am doesn't seem worth it. How much better could I become anyway? Not much ... just a little better.' Ultimately, this reduces to the absurd, as in a borderline patient who said: 'I was thinking of not showing up and I decided

that it really wouldn't make any difference, because I knew that I wasn't going to be cured today anyhow!'—To which the analyst responded that he had discovered the therapeutic Zeno's paradox.[5]

The patient quoted above, who was not satisfied with getting only a little better, had carried his theory to the extreme of not answering phone calls or opening his mail, but one can see a similar dynamic in apparently energetic and decisive people who either feel that the decision is forced upon them or that it is not really they who are making it. One such patient dreamed that

> *he was called to a conference of heads of state. Seven black limousines drew up, out of which emerged seven identical selves. He was not sure which one was really himself, but he knew that the other six were doubles, intended to frustrate a possible assassination.*

Sometimes the issue is handled by waiting for the choice to become either perfect or hopeless, as with the patient who wanted a divorce because her husband was not ideal, but could not go through with it because he was not all bad either. It was difficult to show her that if he were either all bad or all good, no real choice would be involved.

At other times there is a smokescreen of frenetic activity which upon examination is seen to be disorganized, counter-productive, and self-contradictory, leading nowhere. This pseudo-activity has precisely the point of not committing the patient to any definitive choice or course of action while making

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5 I am indebted to Dr William Grossman for this anecdote.

him appear to be very active and productive. The grandiose fantasy behind this became very clear to me in the case of a busy professional man who was constantly losing his appointment book. One day, having lost it again, he came in bemoaning his worthlessness and inefficiency. He fantasied that I had been chasing the previous patient around the desk and that she had jumped out the window. When we saw this as a compensatory denigration of me, he became quite suspicious and felt that I had found the appointment book and was hiding it to teach him a lesson. When I persisted in enquiring, despite repeated rationalizations, why he hadn't replaced the book in his pocket, he became increasingly angry and finally shouted: 'A stupid idiot like you may have to put everything back in the same place, but I can put things wherever I goddam please and find them anyhow!' He was shocked and frightened at hearing his own words, but finally began to laugh at the ridiculousness of his statement.

In this case, which was mentioned earlier in connexion with the imaginary companion Pepe, an apparent success neurosis concealed early narcissistic distortions, with a crushing sense of oedipal guilt and responsibility covering primitive shame reactions and an archaic grandiosity. One might easily apply to these patients Sartre's (1960) dictum that: 'People who do nothing feel responsible for everything.'

And indeed, true choice and real action, whether successful or a failure, have a beneficial effect in helping to define one's place in the world, sharpen one's sense of self and limit the area of personal responsibility appropriately. The narcissistic patient who cannot accept the limitations of choice and action is in the unfortunate position of having either to play God himself or to find someone who will, often with disastrous consequences.

How does this come about?

In an elegant series of papers exploring the development of competency and the sense of self in infancy, Escalona & Corman (1971), (1973), (1974) have followed two infants intensively and demonstrated the intimate links between the mother's ministrations and early ego development. Although both mothers were attentive and affectionate, Mary's mother, from a conventional authoritarian background, felt that 'the baby needed to be taught not only what to do and what not to do, but even each step on the developmental ladder' (Escalona & Corman, 1974). Spontaneous impulses arising from within the child were felt by the mother 'as a sort of dangerous wildness that needed to be tamed'. The early mother–child interactions were characterized by a preference for the proximal systems of touch, temperature, pain and kinesthesis, a restriction to essentially direct person-to-person contacts, a general containment of 'floor freedom' and a predominance of mother-initiated interchanges.

John's parents, on the other hand, felt that 'their primary responsibility was to nurture the "Miracle of growth" and to protect it against "unnatural" constraint. Every effort was made to accommodate to the baby's needs and impulses and to acquaint him with all that is good in the natural and social environment' (Escalona & Corman, 1974). John's early interactions were characterized by a growing preference for the distal systems of sight and sound, a greater emphasis on the inanimate environment along with social contacts, more spatial freedom, and a relative predominance of child-initiated interchanges.

In the first year, John was *more* active when the mother was *not* there, 'sought out opportunities for exploration and activity, showed vivid affect, and engaged in many of his most complex

and mature activities in her absence ...'. In the second year 'he spent an increasing portion of time in pursuit of relatively independent play activity. ... Yet, during these long spells of self-directed play, he never lost contact with the mother. He frequently called out to her phrases relevant to what he was doing (apparently expecting her to understand), went to show her something only to at once depart contentedly, and often, as he worked quitely and intensively ... he whispered "mommy" as if to evoke her image, clearly not addressing himself to her or to anybody else' (Escalona & Corman, 1974).

In the first year, Mary 'demonstrated her most complex and mature developmental accomplishments chiefly in mother's presence. By contrast, her behaviour, when mother was not close by, showed a degree of stereotyping and emptiness, less affective modulation, and, frequently, something akin to boredom.' In the second year 'Mary became increasingly dependent upon the presence and responsiveness of other people for pleasure and interest in activity. ... She constantly sought out other persons and it was as though even preferred toys ... gave pleasure to the degree that others acknowledged and participated in what she was doing. If such response was not forthcoming, she called for mother or whoever was at home, roamed restlessly and carried things about' (Escalona & Corman, 1974).

There is no need to elaborate here on the relevance of these findings to Winnicott's (1958) ideas about the development of the capacity to be alone or the 'true' and 'false' self (Winnicott, 1960), to Spitz's (1963) concept of the 'dialogue', or to Kohut's (1971) descriptions of the narcissistic patient's reactions to the presence or absence of an empathic self-object.

Of course we cannot predict with any assurance how Mary

will eventually develop, nor whether that development will be experienced *by her* as troublesome in the context of her own milieu and values. Nevertheless, it is worth noting that the disturbances of voluntary action and spontaneity described above, as well as the disturbances of self-continuity discussed in an earlier paper (Bach, 1975), seem historically linked with disturbances of the mother-child 'dialogue', either through its absence or through a maternal monologue or pseudo-dialogue, characterized by a predominance of non-empathic interactions initiated, imposed or controlled by the mother.

Rapaport (1958) has shown that the ego's autonomies from the environment and from the drives are interdependent, i.e. that, within certain limits, these autonomies guarantee each other. Thus, the intrusive mother, by limiting the field to the interpersonal environment and decreasing autonomy from it, is also decreasing her child's autonomy from the drives. I shall illustrate one of the consequences of this in the next section.

MOOD DISTURBANCES

The early Greeks, newer philological studies show, did not clearly distinguish semantically between perception, knowledge, feeling, and action. The word that later meant to fear originally (perhaps also) meant 'to be put to flight'; the word for I know *originally meant 'I have seen'—or rather, there was no differentiation between flight and fear, sight and knowledge. ... From these and similar comments, particularly if we give words to implications, it appears that the subjective experiences of early life become split up only with the development and education of the ego. Then, the holistic mass-event becomes conceptually differentiated into cognitive, affective, and motor elements. ... Of Homer's heroes it suffices to say that* I know *means 'I have seen' and* I fear *means 'I am fleeing.' ... If there were no concept of the independent observing cognitive self, we should have no corresponding concept of the independent feeling or the independent action. The growing, intellectually developing, ego recapitulates the history of philosophy (Lewin, 1965).*

L'action de vivre m'agite trop.
Unknown 17th-century aesthete

The narcissistic state of consciousness is characterized by mood swings which patients variously describe as feeling 'manic' or 'depressed'; 'up' or 'down'; 'alive' or 'dead'; 'together' or 'disorganized'; 'excited' or 'dull'; 'interesting' or 'boring', etc. Although patients may talk about these mood swings as either depressions or elations, they in fact bear a qualified resemblance to the classic cyclothymic states both descriptively and dynamically, being characterized by limited duration and rapid vacillations, with relative maintenance of insight and the general integrity of the personality. Typically, the depressions follow a narcissistic loss or defeat, have a primary quality of apathy and show a predominance of shame over guilt, without the necessity for the usual introjective processes found in melancholia (Bibring, 1953). Similar manifestations have been discussed by Reich (1960) as pathologic forms of self-esteem regulation, by Jacobson (1957), (1964) as related to archaic superego structures, and by Kohut (1971) as faulty discharge patterns of narcissistic libido. These states appear to be the extremes on a continuum from apathy to arousal, and seem to be related to the loss or recapture of an ideal state of psycho-physical well-being (Sandler & Joffe, 1965), with accompanying feelings of helplessness and annihilation or of omnipotence and exhilaration. The precise role of aggression or rage in these mood swings seems to be a debatable point, further complicated by the innumerable defensive vicissitudes which these moods can undergo such as regressions, reversals of affect, psychosomatic equivalents, etc.

A patient who had just come from the gym was exultant over

the 'perfect' game of squash he had played:

> *There are some sleeps, some games, some analytic hours where everything goes just perfectly and I experience a kind of rejuvenation … but if I anticipate it or make an effort towards it, then it will certainly never happen. … When I anticipate it I get excited and then I become afraid … [?] I don't know … maybe of getting excited … so I have to short-circuit it … the only way it really works is if it catches me unplanned. …*
>
> *I was reading this book yesterday and I got so excited that I was reading too quickly and I had the feeling of being consumed by my excitement … really … while at the same time fearing that if I continued to read I would finish it and then it would be over. … I wouldn't have that kind of excitement available tomorrow. … I wanted to stop because I was feeling consumed and also because the pages would run out on me … and then I couldn't fall asleep. …*
>
> *I tried to slow down but I couldn't … the only way to slow down was to stop reading … it would be a good time to die … [?] to die in a state of ecstasy … if things had to end it would be nice to end on a high note. … Somewhere there's the feeling that if I allow the excitement to continue I will die … a sense of getting so wrapped up in the book that I'll lose contact … not exactly … a sense of becoming monomaniacal and reading nothing but books forever without stopping. …*
>
> *There's a difficulty making the transition from reading something exciting to going out and socializing … it seems irrelevant and mundane … I have a sense of superiority,*

an arrogant attitude. ... I don't want to get involved in small talk that bores me. ... I'm uncomfortable saying that but it's true. ... When I'm feeling good what accompanies it is a sense of not really needing anybody ... there's no single person in the world I couldn't live without. ...

When I'm excited and feel superior and don't need anyone ... I'm alone and there's nobody around to keep me from being consumed ... to say, 'If you don't stop eating ice cream you'll turn into ice cream' ... monomaniacal ... I would be consumed by my masturbation ... I wouldn't be able to stop and I'd go crazy ... I used to feel that way as an adolescent.

The danger of gratifying yourself completely is that not needing anybody you can become crazy all by yourself. ... but on the other hand, running out of pages is being at the mercy of the rest of the world. ... There's two states ... when I'm depressed and can't find personal gratification and am at the mercy of the rest of the world for support and gratification ... and the other end is not needing anyone at all. ...

Either I'm in danger of being consumed by myself or consumed by someone else—I keep trying to find some balance between them ... and I think I'm on the verge of finding one that I'm comfortable with ... weighted more on the side of being alone ... although of course I'm married now and really less alone than I've ever been before in my life. ...

In this excerpt from the third year of treatment, the patient, who had originally presented with panic and 'depression', had now begun to stabilize and was occasionally experiencing 'highs'.

Stimulated by a faultless game of squash that afternoon, he begins to describe an ideal state of psycho-physical well-being which he desires but only rarely attains. This state is a balanced state, and he is reluctant to strive for it directly out of fear that he may overshoot the mark and become 'too excited', lose contact, be unable to stop, be consumed and die. This *hyper*-arousal is associated with physical transcendence, grandiosity and megalomania.

On the other extreme of the continuum, although here mentioned only in passing, is the state of hypoarousal, associated with physical debility, worthlessness and 'depression', leading to fears of loss of self and identity, 'melting into a puddle', disappearing, becoming ill and dying. Both the hyperarousal and the hypoarousal, seen as deviations on either extreme from the state of well-being, are related to early undifferentiated ego states and are experienced as mentally and physically painful because of excessive or insufficient stimulation, whether internal or external in origin. Both states are connected to actual or threatened narcissistic-object loss, because the object is experienced as a regulating mechanism essential for maintaining the ideal state of arousal and well-being.

Brazelton *et al.*(1974), who have studied the development of attention and reciprocity in the early mother–infant dyad, describe a typical cycle of alternating attention and withdrawal which appears as early as the fourth week of life:

> *Thus it appears that an infant withdraws and even invests energy in the negative part of the cycle—that of turning away and looking away—just as he does when he is attending to his mother. ... He can use the period of looking away as if he were attempting to reduce the*

intensity of the interaction, to recover from the excitement it engenders in him, and to digest what he has taken in during the interaction. These perhaps represent a necessary recovery phase in maintaining homeostasis at a time in infancy when constant stimulation without relief could overwhelm the baby's immature systems. ...

This homeostatic model, which underlies all the physiological reactions of the neonate, might also represent the immature organisms's capacity to attend to the messages in a communication system. ... Unless she responded appropriately to these variations in his behaviour it appeared to us that his span of attention did not increase, and the quality of his attention was less than optimal. ... For example, in the case of two similarly tense, overreactive infants, the mothers responded very differently. One mother responded with increased activity and stimulation to her baby's turning her off; another maintained a steady level of activity which gradually modulated her baby's overreactivity. The end result was powerfully in favour of the latter dyad. ... [In the former dyad the] baby has learned 'rules' about managing his own needs in the face of an insensitive mother. He has learned to turn her off, to decrease his receptivity to information from her. ... (pp. 59–60).

These sorts of observations are the early components of our clinical stereotypes of the seductive or intrusive mother, who induces hyperarousal or some compensation or defence against it, or the depressed or neglectful mother, who induces hypoarousal, or some compensation or defence against it.

The normal process of internalizing a well-functioning home-

ostatic mechanism is complex in the extreme, culminating in superego integration in the oedipal period and perhaps again in adolescence. It involves all areas of affect, action and cognition, and includes such apparently simple things as the mother teaching the child to discriminate among the discomforts of fatigue, hunger, excretory needs, affective states, etc. Because of interferences with this normal process, the patient in the narcissistic state of consciousness sometimes cannot make even such elementary discriminations, and may consequently feel powerless to regulate his own state of physical and mental well-being. He then uses his objects or the analyst, not primarily as libidinal objects, but as 'thermostats' to regulate the primitive holistic ego states of hyperarousal and hypoarousal. Failure of the analyst or object to perform this function successfully revives the original trauma experienced with the mother or father, and gives rise to primitive rage reactions with fantasies of vengeance and retaliation (Kohut, 1972); (Bach & Schwartz, 1972).

A patient who sought analysis because of inability to write his doctoral thesis had made no progress in this area after three years despite extensive analysis of the oedipal and anal dynamics. He decided to change analysts, began treatment with me, rapidly moved into an idealizing transference and, without any extensive discussion of the problem, was able to complete his thesis within a few months.

> *On the night he passed his oral exams, he dreamed that he was a member of a secret cabbalistic Jewish sect which had just elected him the Chief Rabbi. There was an older man, a cantor, who was standing by, watching approvingly. ('That must be you—the Cantor of Leipzig!')*

Afterwards he began to feel as if he had to vomit and tried to control himself. He walked out of the synagogue quickly, but finally vomited on the steps. All the congregation and the other rabbis ran out crying: 'The Great Rabbi has thrown up!' and they rolled deliriously over the steps, wallowing around in his vomit.

This was followed by a dream of a flood, which rose to the second story of the house where he lived. He was frightened, but found the courage to walk out the front door, when it changed to just a trickle of water —'like Moses cleaving the Red Sea'.

He went on to talk about his fear that he would

blow a gasket ... there's too much pressure ... everything will explode inside. ... it's all connected, one thing to another ... like the great chain of being ... we're like microbes on the thumb of a cosmic giant ... like ants in the universe. ... As a child, when I went fishing, I thought that I would be fished up by giants who used chocolate bars for bait. ... I would listen to the ocean, the waves crashing, thinking that it would drown me. ... I threw up meat and milk as a child the first time I mixed them. ... In the dream I try to control the vomiting but it came up the wrong way. ...

I have a fantasy that my chest is rotting ... the inside is falling off like scabs, falling into the stomach ... it's all foam and crust ... decaying gas develops ... it will erupt out of my mouth ... my lungs blow up, the plumbing is all gone wrong ... the faucets ... the valves ... they used to say

to me, 'Don't blow your gasket!' whenever I got angry. ...

I've been staying up too late, till four in the morning. ... I do it in order to feel tired ... to be stupid ... I feel bright and happy now but I'm afraid of it ... maybe that's not what's wanted—I shouldn't be here if I'm too smart. ...

I keep thinking that I'm smarter than you. ... I'm afraid that when I make you laugh—you should be wiser than that. I'm taking you in ... controlling you. ... I'm forcing your mind to follow my mind. ... I used to go along with whatever my students wanted of me. ... Lately I'm asserting myself more. ... I know I'm good 'cause my students laugh and enjoy the class. ...

I'm getting the last laugh ... the rabbis are lying on the steps ... no reason why they should make me Chief Rabbi or roll around in my vomit. ... They've made a mistake and when they find out they'll chase me down the street like the pussycat in the cartoons. ... (Maybe you'd rather be a pussycat than a Chief Rabbi?) [He laughs]—No one can be that important—everyone can be found out! That was my mother's philosophy. She used to satirize people and say—Although he's a famous neurosurgeon he's still a schlepp —and he doesn't even know it! I want to be a pompous ass and I have enormous tendencies that way that I have to guard against. ... I felt that my father was a sententious fool—you always knew what he said before he opened his mouth. ... [Section omitted] ... Tell me something about yourself ... what have you been doing? [At this point I explained my understanding of his anxiety in the transference that had led to this question.]

He began the next session by telling me that I was solid, in

control, that my voice over the phone was the same as in the sessions, and compared this to his own fears of losing control. He fantasied that I was obliged to act in a measured way with him because—' I'm so attractive and sweet that you have to be careful not to lose your wits and give me a big hug!'

> *He told me of a talk with his father who counselled him to lie: 'Say something nice to your mother, even if it's not true, ' and of his recurrent disappointment with father.*
>
> *Suddenly I feel as if I'm falling ... down the rabbit hole ... I'm dizzy ... vertigo ... like on a swing ... a see-saw ... I need you to balance me ...and you could do it if we weighed about the same. ... [I made some comment about how he needed me to reflect his feelings honestly—to help him balance so that he would neither blow up in the air nor fall through the ground ... a function which he couldn't trust his father to perform.] He began to cry. ...*

At this point we could begin the analysis of the work inhibition, which extended to other areas as well and required many months of effort. It seemed to me that the previous analyst had neglected this crucial area of tension management and that his oedipal interpretations, while 'true', were premature and had only served to enrage and frighten the patient who, like an overexcited child, needed to be calmed before he could be reasoned with. This tension regulation was achieved, not by 'gratification', but by the provision of the specific type of narcissistic object relationship needed at that time to enable the analysis to proceed.

The use of objects for the regulation of primitive ego states, tensions and moods, is paralleled by a use of the environment

for the same purpose. I have, for example, seen several patients who were perfectly able to drive in the city when regulated by traffic lights and level ground, but who became terrified of the open highway or hilly terrain; a form of agoraphobia.

With these patients, who might have been called 'oral hysterics', but who formed clearly narcissistic transferences (Kohut, 1971), the early interpretive work turned out to relate to the generalized tension and mood-regulating functions of the reassuring narcissistic object or environment, rather than to specific libidinal or aggressive dynamics. These latter seemed to differentiate out, as it were, only much later in the treatment, coincident with the establishment of a less narcissistic and more object-related transference.

In summary, the patient in the narcissistic state of consciousness shows problems of mood, self-esteem and tension regulation, with roots that may go back to deficiencies in the early mother–child homeostasis, or to later interactions where either parent serves a tension-regulating function. The narcissistic patient uses objects and the environment to help achieve a steady state of psycho-physical well-being. He displays a dread of either hyperarousal, which elicits fears of excitement, explosion, loss of contact, insanity and death, or of hypoarousal, which elicits fears of depression, powerlessness, loss of self, annihilation and death. One might say that the failure of the encircling membrane to adequately regulate internal and external pressure threatens either explosion or implosion of the narcissistic bubble.

This failure of the object in its compensating function is typically responded to with narcissistic rage. More primitive mechanisms may then be employed to counter hyperarousal, such as denial, sleep, depressant drugs, etc., or to counter

hypoarousal, such as self-stimulation, acting out, stimulant drugs, etc.

It is interesting to note that the state of well-being may be threatened either by an inordinate increase or decrease of environmental stimulation, or by an inordinate increase or decrease of internal stimulation, following Rapaport's (1958) formulations for ego autonomy. These are, of course, the four principal ways of *producing* altered states of consciousness, as with sensory overload, sensory deprivation, stimulants and depressants. Fischer (1971) has offered a thought-provoking classification of altered states of consciousness on a continuum of ergotropic and trophotropic arousal, but the relationships between this essentially neurophysiological theory and a psychological theory are as yet unclear.

TIME, SPACE, CAUSALITY

Homeric epic is informed of time as duration, as before and after, life and death, as fate, youth and aging, and as day following day but not of time as some ongoing universal process or abstract property of the world at large. Roughly, this corresponds to the preoperational level in the cognitive development of the child in genetic epistemology. And, just as in the language of children, in Homer we never find 'time' as the subject of a verb (Fraser, 1975p. 12).

Carried to their extreme, all the rites and all the behaviour patterns that we have so far mentioned would be comprised in the following statement: 'If we pay no attention to it, time does not exist; furthermore, where it becomes perceptible—because of man's "sins, " i.e. when man departs from the archetype and falls into duration—time can be annulled'. ... Like the mystic, like the religious man in general, the primitive lives in a continual present (Eliade, 1954pp. 85–6).

Westerners measure time by action and outstanding

> *events are recorded as history. In contrast, India has never produced a written history. ... [For Indians] personal life is only a sample of a succession of lives, repeating themselves endlessly. Transmigration of souls and perpetual rebirth make meaningless any quantitiave view of a particular period of time. Life, infinitely recycled, makes history less significant, and an individual's biography is merely a transient moment in the process (Luce, 1973p. 19).*

Although the notes I had been taking during several years of sessions with narcissistic patients sorted themselves quite naturally into categories of body-self, cognition, volition and affection, I was left with an ambiguous grouping which ultimately seemed related to orientation in the world.[6] Some of this material has been previously published (Bach, 1975), with an emphasis on experiences of discontinuity and the depersonalized, 'uncanny' feelings which result. An example of the kind of material to which I refer is this excerpt from a woman who was three months pregnant with a planned and essentially desired child:

> *My stomach is sticking out a little and I don't know why ... [?] Well, I know it's probably because I'm pregnant but it's only sticking out a little, not a lot. ... If it were a lot, I'd* know *I was pregnant. ... I have this very odd sense of time, I feel sort of confused about how much time has gone by or*

[6] There were other modalities such as perception which seemed significantly different for these patients, but the analytic situation was less than ideal for eliciting them. A provocative study along related lines is Schachtel's (1959), developed from Rorschach perceptual psychology.

what happened when ... but I keep track of how pregnant I am, not in terms of the condition but how many weeks I'm pregnant, how many weeks to go, what proportion of time is over, what proportion is left ... that's how I deal with changes, try to get a hold of them by making them concrete or turning them into a ritual ... try to abracadabra them away or to make them happen faster. ... There's no sense that what's happening is going to lead to a baby at the end. ... I notice I'm getting fat but maybe I'm just overeating ... and I keep having to go to the bathroom but maybe it's just cystitis. ... I know that when you're pregnant it generally leads to having a baby but at one level I don't know that at all ... it's so mysterious to me. ... I see schematic drawings of fertilization and implantation, the foetus at all the different ages. That's a very tangible reality, but inside me personally it doesn't seem like such a reality. I know that David is much better at imagining what's happening than I am. ... It would be helpful if there were some kind of pain or signal or something that indicated what would *happen or* had *happened. ... Maybe* it *should say: O.K. now, I'm 3½ inches long and weigh 12 ounces. ... What I need is an announcement—somebody should send me something written on a little card. ...*

This young woman, who had come into analysis with a chronic sense of disorientation and discontinuity of the self, had improved considerably in three years and had married, gained a profession and, most importantly, begun to feel that her cognitive and affective life was at one with her behaviour. This temporary regression, initiated by the pregnancy and a reality-based fear of miscarriage, could now be handled by an

analysis of the conflicts and fantasies evident from this excerpt. Nevertheless, it is worth noting how this temporary loss of her normal reflective awareness directly affects not only the parameters discussed above, but also her sense of the reality of time and causality. Time loses its abstract, impersonal quality and is reckoned by internal duration, the number of weeks of the pregnancy; causality loses its long-term, abstract, inferential quality and regresses to temporal and spatial contiguity. Thus, the fantasies of oral impregnantion, phallic-baby and annunciation are supported not only motivationally, but also cognitively, since they are phenomenally concrete and make more sense to a regressed adult as to a child.

Such regressive phenomena seem to accord with our knowledge of the development or 'construction' of reality in the child. Piaget (1954) says:

> *In general, it may be said that during the first months of life, as long as assimilation remains centered on the organic activity of the subject, the universe presents neither permanent objects, nor objective space, nor time interconnecting events as such, nor causality external to the personal actions. ... At the other extreme, at the moment when sensorimotor intelligence has sufficiently elaborated understanding to make language and reflective thought possible, the universe is, on the contrary, formed into a structure at once substantial and spatial, causal and temporal. This organization of reality occurs, as we shall see, to the extent that the self is freed from itself by finding itself and so assigns itself a place as a thing among other things, an event among other events (p. xi).*

Piaget has often compared this egocentrism of the child, its inability to 'assign itself a place as a thing among other things', to the Ptolemaic or pre-Copernican view of the universe, and has noted the increase of egocentrism whenever the child copes with new levels of cognitive functioning, as in the preschool years and adolescence. The concept of reflective self-awareness in its broadened sense is related to Piaget's *prise de conscience*, the development from 'egocentrism' without awareness to 'decentration' with awareness of the self and its relativity. There are, however, differences in emphasis necessitated by considerations of adult pathology, and particularly the psychoanalytic understanding of the unconscious and the mechanisms of defence.

Defects of reflective awareness always include a defect, developmentally inappropriate in the adult, in the construction of the object, i.e. a defect in object relations. Since the patient is to some degree unable to assess the contribution of his own perspective to the way things appear, objects are always, to a greater or lesser degree, narcissistic self-objects. As Kohut **(1971)** has emphasized, this means that *experientially* the subject may be all-important (mirroring transference), or the self-object may be all important (idealizing transference), but that the normal perspective of equilibrated reflective awareness is seldom achieved. While this process of constructing reality and finding one's place in it is, according to Piaget, fully achieved only after adolescence, it seems to have gone awry for the narcissistic patient, who not only lives with the defect but defends against a resumption of the process. Thus, in these cases, the analysis of character and defence seems most effective in conjunction with an understanding of the developmental block and an engagement in the narcissistic transference which

permits the experiential resumption of the process.

In the following example, the patient's real inability to see the analyst as a centre of initiative independent of her own desires, leads to distortions in the sense of time and reality. I should emphasize again the selective nature of these defects which become caricatured in the transference, for the patient is simultaneously a person who functions at a high level in her profession.

> *Some time ago an analytic colleague who was moving to the West Coast called to ask if I would see a narcissistic patient who had been in analysis with him for two years. After waiting a month and not hearing from her, I called my colleague to enquire. He told me that, although the impending transfer had been the subject of persistent analysis for the last year, the patient still couldn't really believe it was going to happen and had not asked for a referral or made any other plans!*
>
> *She in fact called the week before his departure, and arranged to continue analysis with me. Although obviously other issues were prominent as well, she herself never ceased to marvel, in an awed tone, at her absolute inability to believe that the treatment would end.*
>
> *After a brief 'honeymoon' period, she relapsed once more into her habit of coming 15–40 minutes late for most sessions, a practice which had been extensively discussed by the previous analyst with only sporadic improvements. She could remember little or nothing of the content of these discussions, yet felt that the analysis had been of considerable help to her; she was terrified at the thought of alienating the analyst and would conform*

whenever she felt the threat of termination.

This patient, whose dilemma over sneezing and urinating was discussed in Section IV, had a fear of hyperarousal which was manifested both sexually and in a phobia of driving on open highways. She had an analogous fear of the 50-minute hour, which seemed infinite, and was in fact able to speak more freely when she controlled the duration herself by her lateness. She wished to remain 'a woman of mystery', lest I discover that 'there's really no one there.'

Issues of time control are of course not limited to the narcissistic syndrome, but here one typically finds those patients who relish the last hour of the day because 'when I leave there's nobody else to take up your thoughts'; those who either glance at their watch throughout the hour or fall into a transference sleep; those who start at the sound of the door-bell and either leap up prematurely in mid-sentence or fall silent for the last few minutes, and those who ostensibly never miss, need, or want more time.

These quantitative problems are closely tied to the qualitative nature of experienced time, which varies tremendously and is connected with issues of control and spontaneity. A patient with a profound work inhibition said:

When I try to structure long periods of work it just doesn't go ... planning to do something robs the experience of its reality ... a little voice saying—read from five to seven—ruins things ... the only way is to go to the bookcase when I feel like it and take out a book ... and it's true not only for things that involve anxiety but for things that are pleasurable. ...

And time begins to take on a peculiar dimension ... it's related to feelings of being mechanical or not being alive ... it's hard to put my finger on, but time begins to be associated with a pressure on my forehead ... as peculiar as that may sound ... I don't know how to explain it ... I'm simultaneously the participant and the observer and when that split occurs and you're watching yourself behave, then time is peculiar ... not that it stands still or goes faster, but it weighs heavy ... a tendency to be concerned with actual time ... looking at clocks all the time ... it's as if one is in jail counting time rather than living in time ... I keep having this image of throwing a basketball up to the hoop ... [?] I keep seeing it ... [?] I see an unfettered ball floating through air ... follow the ball wherever it's going ... it's going where it wants to go ... Even if it's something I like to do, when I get an order to do it, or give one to myself, I'm in jail. ... When I do something spontaneously with out planning, then the time is lived time ... time in which I'm alive. ... When I do something on orders from myself or someone else, even if it's something I like to do, then time is served time ...

Several months later, when this problem had been partially resolved, he said:

When I first came to analysis, I had the idea that I should never cry, never be upset, always associate perfectly, have meaningful hours, etc. ... it took a long time to understand ... I was disappointed in the first year of analysis. ...

Everything that went before should be erased from the record so that I couldn't remember it and you couldn't

remember it. ... There's a pervasive theme of starting over again with a clean slate because any mistakes and vulnerability are just too difficult to admit or incorporate. I should start over again fresh ... almost in the sense of being reborn. ...

If I read the papers or watch TV one morning and don't do much work, then the day is spoiled and I can't do any more and I have to go to sleep and start again the next day ... There isn't really any continuity, everything is discrete and there are artificial demarcations like going to bed and getting up in the morning and that officially starts a new life ... If I do something and it's difficult, not perfect, then the day is ruined and I might as well go to sleep and awake reborn. ... Maybe tomorrow I can be perfect. ...

This excerpt marks, incidentally, an early point in the analysis of a fantasy of 'exceptionality' (Freud, 1916), which seems central to the narcissistic states and which takes protean forms such as reincarnation fantasies, Godhead fantasies, 'Peter Pan' fantasies, hermaphroditic fantasies, monster and vampire fantasies, sadomasochistic fantasies, etc. While these fantasies provide the content of many of the formal deviations noted above, they are beyond the scope of this paper and I hope to discuss them at another time. I will note in passing that these fantasies generally violate the limitations of time-space-causality and that, while in their pathological manifestations they are compensatory for the lost state of well-being, in their developmental aspect they are an essential precondition for the formation of an 'identity' or self-symbolizing system, one of the crucial defects of the narcissistic state. Having digressed thus far, I offer an example of such a fantasy in relation to time

and immortality:

> *I feel a yearning to do away with myself, to join the Big Family … a crib scene, warm sand with a light on it and the rest in darkness and two stars … the eyes … the breasts … I can't stand the separateness of things. …*
>
> *The things which characterize something make it separate and different from others and who would want to be just one thing? If you recognize the separateness of the other then you recognize the separateness of yourself too. …*
>
> *My mother is dying and it's intolerable to permit it to happen … to think of someone going through that alone. …*
>
> *I can't stand the cruelty of separateness … it makes me angry—I would like to break the walls … an apocalyptic fantasy, when you see you can't take the stars and hold them, and you throw a rock at the sky and it breaks and everything falls. …*
>
> *I hear you saying—there are plenty of rocks in the street and you should try it sometime … Well, that's reasonable and so on, but I have this fantasy of living inside a glass bubble, one of those plastic souvenirs that you shake … I cannot abide living in a world this powerless! If the stars have any reality, millions of light years away … that's ridiculous, ludicrous, to throw a rock …*
>
> *I guess there's a lot of anger and hatred towards you. I have been doing better, working better, feeling better, and of course you're responsible for that—but so what!*
>
> *That's time … I can calculate it on a sheet of paper, quantitatively and qualitatively different. … But it's like*

doing a time trial in some race—if you accept the race it's significant to do one half second better—BUT I DON'T ACCEPT THE RACE! ...

I'm really a child and don't care about that. ... I'd just like to make the moon come and go as I please. ... There must be some other way of thinking about things instead of thinking that everything is animated and has feeling and wanting to close with it and not be alone. ...

While this patient rarely complained of specific time difficulties, he was in effect trying to make time stand still or regress by not sleeping, not answering his mail or telephone, discarding nothing, persistently repairing worn-out objects, preserving his world in photographs and taking no decisive action or commitment. This life-style had long pre-dated his mother's terminal illness, which only served to reactivate an earlier trauma.

Other patients keenly experience a peculiarity in their relation to the time continuum:

Whatever I was trying to do in the present was only a trial run that I would have to go back and recheck in the future ... I couldn't do anything spontaneously in the present. ... Whenever I read something it was only a pre-trial, with the thought that I'd have to go back in the future and master the material ... and now I don't feel like that. ...

I used to have such leftover business from things that hadn't been completed that my head was always full of things in the past I hadn't finished ... and part of that feeling of not being alive was related to living partially in the past, partially in the future, and very little in the

present. ...

That's most dear of the things I've gotten here ... I may have recurrent depressions or anxiety but I'll do all of that essentially in the present from now on ... I'm coping now with today's things, because yesterday's are taken care of. ...

This patient denied the reality of the imperfect present and, consequently, the continuity of his imperfect self, in the hope that tomorrow he might be reborn, perfect. This is, of course, a variant of the 'family romance' (Freud, 1909). Other patients cling obsessively to temporal bench-marks as 'a way of linking things up' in the absence of experiential self-continuity.

As a kid I used to try to visualize the way the weeks passed and think what would be at the end of a certain period of time. ... Now I think—in October I will be six months pregnant and need maternity clothes ... or when Bill goes away I'll diet those two weeks and be ten pounds less. ... it's a way to understand time ... a way of linking things up. ...

Now if I become pregnant we'll have the baby when I'm 29 and Bill 35, and 20 years from now I'll be 49 and Bill 55 and my mother is 52 and she'll be 72. ...

... to try to understand what happens when time passes or what happens when people grow up or grow older or die. ... I'm trying to understand life but I'm trying to do it in a very concrete way ... what it all means ... because it's too mysterious to understand in other ways. ...

The previous patient, in the mirroring transference, was em-

phasizing the difference between himself and his father. This patient, in the idealizing transference, is emphasizing the similarity between herself and her mother. As Freud (1909) has suggested, the similarity is necessary for the preservation of the species, and the difference necessary for its progress. In this broadest sense then, the 'self' may be seen as an artistic creation like a family romance fantasy or a transitional object, since it must be similar enough to the parent to belong to the same world and preserve the species identity, yet different enough to create one's own world and preserve the individual identity. Narcissistic patients share the human dilemma in their search to strike an ever-changing balance between these needs.

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