

# Aggressivity, Narcissism, and Self-Destructiveness in the Psychotherapeutic Relationship, by O. Kernberg

## a. Quotes:

## b. General Notes:

### ▪ Chapter 1 - A Psychoanalytic Theory of Personality Disorders (pg. 3)

- "To begin, I shall refer to temperament and character as crucial aspects of personality. Temperament refers to the constitutionally given and largely genetically determined, inborn disposition to certain reactions to environmental stimuli, in particular, the intensity, rhythm, and thresholds of affective responses. I consider **affective responses**, especially under conditions of peak affect states, to be **crucial determinants of the organization of the personality.** Inborn thresholds for the activation of positive (pleasurable, rewarding) and negative (painful, aggressive) **affects represent, I believe, the most important bridge between biological and psychological determinants of the personality** (O. Kernberg 1994). Temperament also includes inborn dispositions to cognitive organization and to motor behavior such as the hormonal, and in particular, testosterone-derived differences in cognitive functions and aspects of gender role identity that differentiate male and female behavior patterns. Regarding the etiology of personality disorders, however, the affective aspects of temperament appear to be of fundamental importance." (pg. 6-7)
- "Another major component of personality, character refers to the dynamic organization of the behavior patterns that reflect the overall degree and level of organization of such patterns. Whereas academic psychology differentiates character and personality, the clinically relevant terms "character pathology," "character neurosis," and "neurotic character" refer to the same conditions (called personality trait and personality pattern disturbances in earlier DSM classifications and personality disorders in DSM-III and DSM-IV). From a psychoanalytic perspective, I propose that character be used to refer to the behavioral manifestations of ego identity: the subjective aspects of ego identity—that is, the integration of the self-concept and the concept of significant others—are the intrapsychic structures that determine the dynamic organization of character. Character also includes all the behavioral aspects of what in psychoanalytic terms are called ego functions and ego structures." (pg. 7)
- "From a psychoanalytic viewpoint, the personality is determined by temperament and character; in addition, the superego value systems, the moral and ethical dimensions of the personality, and the integration of the various layers of the superego are important components of the total personality. Finally, the cognitive capacity of the individual, partly determined genetically but also culturally influenced, also constitutes an important part of the personality. Personality itself, then, may be considered to be the dynamic integration of all the behavior patterns derived from temperament, character, internalized value systems, and cognitive capacity (O. Kernberg 1976, 1980). In addition, the dynamic unconscious, or the id, constitutes the dominant and potentially conflictive motivational system of the personality. The extent to which sublimatory integration of id impulses into ego and superego functions has taken place reflects the normally adaptive potential of the personality. The psychoanalytic model for the classification of personality disorders that I have proposed incorporates significant contributions by psychoanalytic researchers and theoreticians such as Salman Akhtar (1989, 1992), Rainer Krause (Krause 1988; Krause and Lutolf 1988), Michael Stone (1980, 1990, 1993a), and Vamik Volkan (1976, 1987). The normal personality is characterized, first of all, by an integrated concept of the self and an integrated concept of significant others. These structural characteristics, jointly called ego identity (Erikson 1956; Jacobson 1964), are reflected in an internal sense and an external appearance of self-coherence and form a fundamental precondition for normal self-esteem, self-enjoyment, and zest for life. An integrated view of one's self assures the capacity for a realization of ones desires, capacities, and long-range commitments. An integrated view of significant others guarantees the capacity for an appropriate evaluation of others, empathy, and an emotional investment in others that implies a capacity for mature dependency while maintaining a consistent sense of autonomy. The second structural characteristic of the normal personality, largely derived from ego identity, is ego strength, particularly as reflected in a broad spectrum of affect dispositions, capacity for affect and impulse control, and capacity for sublimation in work and values (also contributed to in important ways by superego integration). Consistency, persistence, and creativity in work as well as in interpersonal relations are also largely derived from normal ego identity, as are the capacity for trust, reciprocity, and commitment to others, also codetermined in significant ways by superego functions (O. Kernberg 1975). The third aspect of the normal personality is an integrated and mature superego, representing an internalization of value systems that is stable, depersonified, abstract, individualized, and not excessively dependent on unconscious infantile prohibitions. Such a superego structure is reflected in a sense of personal responsibility, a capacity for realistic self-criticism, integrity as well as flexibility in dealing with the ethical aspects of decision-making, and a commitment to standards, values, and ideals, and it contributes to such aforementioned ego functions as reciprocity, trust, and investment in depth in relationships with others. The fourth aspect of the normal personality is an appropriate and satisfactory management of libidinal and aggressive impulses. This involves the capacity for a full expression of sensual and sexual needs integrated with tenderness and emotional commitment to a loved other and a normal degree of idealization of the other and the relationship. Here, clearly, freedom of sexual expression is integrated with ego identity and the ego ideal. A normal personality structure includes the capacity for sublimation of aggressive impulses in the form of self-assertion, for withstanding attacks without excessive reaction, and for reacting protectively and without turning aggression against the self. Again, ego and superego functions contribute to such an equilibrium. Underlying these aspects of the normal personality—recently summarized by Wallerstein (1991) in a set of scales of psychological capacities—are significant structural and dynamic preconditions. These terms refer to the developmental processes by which the earliest internalization of interactions with significant others - that is, of object relations - leads to **a series of steps that transform these internalized object relations into the normal ego identity.** I am referring to the internalization of object relations into the early ego that starts with the "symbiotic phase" described by Mahler (Mahler and Furer 1968; Mahler et al. 1975) —in my view, the internalization of fused self-representations and object representations under the dominance of a positive or negative peak affect state that leads to "all-good" and "all-bad" fused self-representations and object representations. Such states of symbiotic fusion alternate with other states of internalization of differentiated self- and object representations under conditions of low affect activation; these provide ordinary internalized models of interaction between self and others, while the initially fused internalized object relations under conditions of peak affect states lead to the basic structures of the dynamic unconscious: the id. Rather than a "symbiotic phase," the temporary fusion of self- and object representations under conditions of peak affects constitutes a "symbiotic state." I define the id as the sum total of repressed, dissociated and projected, consciously unacceptable internalized object relations under conditions of peak affect states. Libido and aggression are the hierarchically supraordinate motivational systems representing the integration of, respectively, positive or rewarding and negative or aversive peak affect states (O. Kernberg 1992a, 1994). At the second stage of ego development, again under conditions of peak affect states, a gradual differentiation occurs between self- and object representations under conditions of "all-good" and "all-bad" interactions, which lead to internal units constituted by self-representation and object-representation-dominant affect. In my view, these units make up the basic structures of the original ego-id matrix that characterizes the stage of separation-individuation described by Mahler. Eventually, under normal conditions, in the third stage of development, "all-good" and "all-bad" representations of self are combined into an integrated concept that tolerates a realistic view of the self as potentially imbued with both loving and hating impulses. A parallel integration occurs in representations of others in combined all-good-all-bad images of the important persons in the child's life, mainly parental figures but also siblings. **These developments determine the capacity for experiencing integrated, ambivalent relationships with others in contrast to splitting them into idealized and persecutory objects.** This marks the stage of object

- constancy, or total internalized object relations, in contrast to the earlier stage of separation-individuation, in which mutually split-off, part object relations dominate psychic experience. **Normal ego identity, as defined, constitutes the core of the integrated ego**, now differentiated by repressive barriers from both superego and id. This psychoanalytic model thus includes a developmental series of consecutive psychic structures, starting with the parallel development of realistic object relations under low affect activation and symbiotic object relations under conditions of peak affect activation, followed by the phase of separation-individuation, characterized by continuous growth of realistic relations under low affective conditions but significant splitting operations and related defensive mechanisms under activation of intense affect states, and, finally, by the phase of object constancy, in which a more realistic, integrated concept of self and of significant others evolves in the context of ego identity; at the same time, repression eliminates from consciousness the more extreme manifestations of sexual and aggressive impulses, which can no longer be tolerated under the effect of the integration of the normal superego. This structural and developmental model also conceives of the superego as constituted by successive layers of internalized self- and object representations (Jacobson 1964; O. Kernberg 1984). The first layer, "all-bad," "persecutory" internalized object relations, reflects the demanding, prohibitive, primitive morality experienced by the child when environmental demands and prohibitions bar the expression of aggressive, dependent, and sexual impulses. A second layer of superego precursors is constituted by the ideal representations of self and others, reflecting early childhood ideals that promise love and dependency if the child lives up to them. The mutual toning down of the earliest persecutory level and the later idealizing level of superego functions and the corresponding decrease in the tendency to reproject these superego precursors bring about the capacity for internalizing more realistic, toned-down demands and prohibitions from the parental figures, leading to the third layer of the superego, corresponding to ego's stage of object constancy. The integrative processes of the ego in fact facilitate this parallel development of the superego. **An integrated superego, as we have seen, in turn strengthens the capacity for object relatedness as well as autonomy: An internalized value system makes the individual less dependent on external confirmation or behavior control while facilitating a deeper commitment to relationships with others. In short, autonomy and independence and a capacity for mature dependence go hand in hand.**" (pg. 7-10)
- **"Affects are instinctive components of human behavior, that is, inborn dispositions common to all humans that emerge in the early stages of development and are gradually organized into drives as they are activated as part of early object relations.** Gratifying, rewarding, pleasurable affects are integrated as libido; painful, aversive, negative affects are integrated as aggression. Affects as inborn, constitutionally and genetically determined modes of reaction are triggered first by physiological and bodily experiences and then gradually in the context of the development of object relations. Rage represents the core affect of aggression as a drive, and the vicissitudes of rage explain the origins of hatred and envy—the dominant affects of severe personality disorders—as well as of normal anger and irritability. Similarly, sexual excitement constitutes the core affect of libido, which gradually crystallizes out of the primitive affect of elation. The early sensual responses to intimate bodily contact dominate the development of libido." (pg. 11)
    - "I propose that **affectively driven development of object relations** - that is, real and fantasied interpersonal interactions that are internalized as a complex world of self- and object representations in the context of affective interactions - **constitutes the determinants of unconscious mental life and of the structure of the psychic apparatus.** Affects, in short, not only are the building blocks of the drives but also signal the activation of drives in the context of the activation of a particular internalized object relation, as is typically expressed in the transference developments undergone during psychoanalysis and psychoanalytic psychotherapy. In contrast to other contemporary psychoanalytic object relations theorists, I argue that **we still need a theory of drives** because a theory of motivation based on affects alone would fail to take into consideration the multiple positive and negative affects expressed toward the dominant objects of infancy and childhood. I believe that a theory of motivation based on drives as well as affects permits us to account for genetic and constitutional variations in the intensity of drives, as is reflected, for example, in the intensity, rhythm, and thresholds of affect activation commonly referred to collectively as temperament. This theory also permits us to consider how physical pain, psychic trauma, and severe disturbances in early object relations contribute to intensifying aggression as a drive by triggering intense negative affects. In short, I believe that the theory does justice to Freud's (1915) statement that drives occupy an intermediate realm between the physical and the psychic realms." (pg. 11-12)
  - **"Psychotic personality organization is characterized by lack of integration of the concept of self and significant others (that is, identity diffusion), a predominance of primitive defensive operations centering around splitting, and loss of reality testing. The basic function of the defensive operations of splitting and its derivatives (projective identification, denial, primitive idealization, omnipotence, omnipotent control, devaluation) is to keep separate the idealized and persecutory internalized object relations in order to prevent the overwhelming control or destruction of ideal object relations by aggressively infiltrated ones and thus to protect the capacity to depend on good objects.** This basic function of the primitive constellation of defensive operations, derived from the early developmental phases predating object constancy, actually dominates most clearly in the borderline personality organization. An additional function of these mechanisms, the most primitive, in the case of psychotic personality organization, is to compensate for the loss of reality testing in these patients. **Reality testing refers to the capacity to differentiate self from non-self and intrapsychic from external stimuli, and to maintain empathy with ordinary social criteria of reality**, all of which capacities are typically lost in the psychoses and are manifested particularly in hallucinations and delusions (O. Kernberg 1976, 1984). **The loss of reality testing reflects the lack of differentiation between self-representations and object representations** under conditions of peak affect states, that is, **a structural persistence of the symbiotic states of development**—their pathological hypertrophy, so to speak. The primitive defenses centering around splitting attempt to protect these patients from the chaos in all object relations that stems from their loss of ego boundaries in intense relationships with others. All patients with psychotic personality organization represent atypical forms of psychosis. Therefore, in a clinical sense, psychotic personality organization represents an exclusion criterion for the personality disorders. **Borderline personality organization is also characterized by identity diffusion and the predominance of primitive defensive operations centering on splitting, but it is distinguished from the psychotic organization by the presence of good reality testing, reflecting the differentiation between self- and object representations in the idealized and persecutory sector characteristic of the separation-individuation phase** (O. Kernberg 1975). Actually, this category includes all the severe personality disorders seen in clinical practice—typically the borderline, the schizoid and schizotypal, the paranoid, the hypomanic, the hypochondriacal (a syndrome that has many characteristics of a personality disorder proper), the narcissistic (including the malignant narcissism syndrome [O. Kernberg 1992a]), and the antisocial. These patients present identity diffusion, the manifestations of primitive defensive operations, and varying degrees of superego deterioration (antisocial behavior). A particular group of patients—namely, those with the narcissistic personality disorder, the malignant narcissism syndrome, and the antisocial personality disorder - typically suffer from significant disorganization of the superego. Because of identity diffusion, all those with personality disorders in the borderline spectrum present severe distortions in interpersonal relations, particularly in intimate relations with others, lack of a consistent commitment to work or profession, uncertainty and lack of direction in many other areas of their lives, and varying degrees of pathology in their sexual life. They often present an incapacity to integrate tender and sexual feelings, and they may show a chaotic sexual life with multiple polymorphous perverse infantile tendencies. The most severe cases may present with a generalized inhibition of all sexual responses as a consequence of an insufficient activation of sensuous responses in early relations with the caregiver and an overwhelming predominance of aggression, which interferes with sensuality rather than recruiting it for aggressive aims. These patients also evince nonspecific manifestations of ego weakness - that is, lack of anxiety tolerance, impulse control, and sublimatory functioning, expressed in an incapacity for consistency, persistence, and creativity in work. Patients with a particular group of personality disorders present the characteristics of borderline personality organization but are able to maintain more satisfactory social adaptation and are usually more effective in attaining some degree of intimacy in object relations and in integrating sexual and tender impulses. Thus, in spite of presenting identity diffusion, they evince sufficiently nonconflictual development of some ego functions,

- superego integration, a benign cycle of intimate involvements, capacity for dependency gratification, and a better adaptation to work. This group, which constitutes what might be called a higher level of borderline personality organization or an intermediate level of personality disorder, includes the cyclothymic personality, the sadomasochistic personality, the infantile or histrionic personality, and the dependent personalities, as well as some better-functioning narcissistic personality disorders. **Neurotic personality organization is characterized by normal ego identity and the related capacity for object relations in depth, ego strength reflected in anxiety tolerance, impulse control, sublimatory functioning, effectiveness and creativity in work, and a capacity for sexual love and emotional intimacy disrupted only by unconscious guilt feelings reflected in specific pathological patterns of interaction in relation to sexual intimacy.** This group includes the hysterical personality, the depressive-masochistic personality, the obsessive personality, and many so-called avoidant personality disorders—in other words, the "phobic characters" described in the psychoanalytic literature (which, in my view, remain problematic entities). Significant social inhibitions or phobias are found in several types of personality disorder; the underlying hysterical character structure that was considered typical for the phobic personality applies to only some cases." (pg. 15-17)
- "The vicissitudes of internalized object relations and the development of affective responses emerge as basic components of a contemporary psychoanalytic approach to the personality disorders. Affects always include a cognitive component, a subjective experience of a highly pleasurable or unpleasurable nature, neurovegetative discharge phenomena, psychomotor activation, and, crucially, a distinctive pattern of facial expressions that originally serves a communicative function directed to the caregiver. The cognitive aspect of affective responses, in turn, always reflects the relation between a self-representation and an object representation, which facilitates the diagnosis of the activated object relation in each affect state that emerges in the therapeutic relationship." (pg. 22)
  - "I conceive of internalized object relations as reflecting a combination of realistic and fantasied— often highly distorted — internalizations of past object relations and defenses against them under the effects of instinctual drive derivatives. In other words, I see a dynamic tension between the here and now, which reflects intrapsychic structure, and the "there and then," unconscious psychogenetic determinants derived from the patient's developmental history." (pg. 23-24)
    - "The major task is to bring the unconscious transferences meanings in the here and now into full consciousness by means of interpretation. This is the first stage in analyzing the relation between the unconscious present and the unconscious past." (pg. 26)
  - Chapter 2 - Hatred as a Core Affect of Aggression (pg. 27)
    - "I have proposed that affects are instinctive components of human behavior, inborn dispositions common to all individuals, and that they emerge in the earliest stages of development and are gradually organized, as part of early object relations, into gratifying, rewarding, pleasurable affects, or libido as an overarching drive, and painful, aversive, negative affects that, in turn, are organized into aggression as an overarching drive. In this conceptualization, affects are the inborn, constitutionally and genetically determined modes of reaction that are triggered first by various physiological and bodily experiences and then by the development of object relations from the beginning of life onward." (pg. 28)
      - "I have proposed that the affectively driven development of object relations—that is, real and fantasied interpersonal interactions internalized as a complex world of self-and object representations in the context of affective interactions-constitutes the determinant of unconscious mental life and of the structure of the psychic apparatus. Affects are integrated into unconscious drives, and libido and aggression as overall supraordinate drives are represented in each enacted internalized object relation by the affect characteristic of that object relation. Affects, in short, are the building blocks of the drives and also serve as signals of the activation of drives in the context of particular internalized object relations." (pg. 29)
    - "Hatred aims at the destruction of a source of frustration perceived as sadistically attacking the self; envy is a form of hatred of another who is perceived as sadistically or teasingly withholding something highly desirable." (pg. 34)
    - "When hatred overwhelmingly dominates an unconscious world of internalized object relations, primitive splitting operations persist, resulting in a borderline personality organization characterized by an internal world of idealized and persecutory object relations, with a dominance of the latter. Corollary to this are paranoid tendencies, characterologically structured egosyntonic hatred, sadism, and vengefulness; dissociated efforts are made to escape from a persecutory world by means of illusory and dissociated idealizations. Under traumatic conditions, then, the basic mechanisms would include the immediate transformation of pain into rage and of rage into hatred; hatred consolidates the unconscious identification with victim and victimizer." (pg. 36-37)
      - "The most important clinical manifestation of the dominance of hatred in the transference is the patient's attribution to the therapist of an intense, relentless degree of hatred. By means of projective identification, the internal world of torturer and tortured, tyrant and slave is enacted; the therapist is assigned the role of the sadistic tyrant, and the patient makes unconscious efforts to provoke him into such a role by inducing conditions in the countertransference that eventually tend to activate whatever role responsiveness the therapist possesses in order to fulfill the patient's fearful expectations and to control him in order to limit his dangerousness. Under extreme circumstances, typically seen in schizophrenic panic and rage attacks but also with transference regression in borderline patients, the patient's fear of his own hatred and of the hatred projected onto the therapist is such that reality itself becomes intolerable. If, under conditions of symbiotic regression in the transference or even intense activation of projective identification in non-symbiotic conditions, the entire world is a sea of hatred, blocking out the awareness of reality is the most primitive and dominant mechanism for dealing with this situation. This may lead to psychotic confusional states or, in nonpsychotic patients, to a malignant transformation of the therapist-patient dyad in which all honest communication is suppressed and what I have called psychopathic transferences prevail: The patient is deceptive and expects the therapist to be deceptive, all communication takes on a quality of pseudocommunication, and violent affect storms are expressed in dissociated forms." (pg. 37)
  - Chapter 3 - Pathological Narcissism and Narcissistic Personality Disorder (pg. 45)
    - "In 1984 I proposed the classification of narcissism along a dimension of severity from normal to pathological. I described the following major categories (pp. 192-96):
      - Normal adult narcissism is characterized by normal self-esteem regulation. It is dependent on a normal self-structure related to normally integrated or "total" internalized object representations; an integrated, largely individualized, and abstracted superego; and the gratification of instinctual needs within the context of stable object relations and value systems.
      - Normal infantile narcissism is important because fixation at or regression to infantile narcissistic goals (infantile mechanisms of self-esteem regulation) is an important characteristic of all character pathology. Normal infantile narcissism consists of the regulation of self-esteem by age-appropriate gratifications that include or imply normal infantile "value systems," demands, or prohibitions.
      - Three types of pathological narcissism can be described: (1) Regression to infantile self-esteem regulations, reflecting the mildest type of narcissistic character pathology, involves precisely the fixation at or regression to this level of normal infantile narcissism. This type is represented by the frequent cases of personality or character disorders in which the regulation of self-esteem seems to be overly dependent on the expression of or defenses against childish gratifications that are normally abandoned in adulthood. Here the problem is that the ego ideal is controlled by infantile aspirations, values, and prohibitions. One might say that, in fact, when Freud (1916) described the neurotic lowering of self-esteem related to excessive repression of the sexual drive, he was implicitly describing what would later be formulated as the structural characteristics of psychoneurosis and neurotic character pathology. This is a common and—in light of current knowledge of more severe narcissistic pathology— relatively mild disturbance that is usually resolved in the course of ordinary psychoanalytic treatment. (2) A second,

- more severe, but relatively infrequent type of pathological narcissism is what Freud (1914) described as an illustration of narcissistic object choice. In this type the patient's self is identified with an object while the representation of the patient's infantile self is projected onto that object, thus creating a libidinal relation in which the functions of self and object have been interchanged. This condition, indeed, is found among some people who love another as they wish to be loved. (3) The third and most severe type of pathological narcissism is the narcissistic personality disorder proper, one of the most challenging syndromes in clinical psychiatry. Because of the intense study of its psychopathology and the psychoanalytic technique optimally geared to resolve it, it has now become one of the standard indications for psychoanalytic treatment. It is also a frequent indication, in its more severe forms, for psychoanalytic psychotherapy." (pg. 48-49)
- **"The essential pathological character traits of those with NPD center on pathological self-love, pathological object love, and pathological superego. Pathological self-love is expressed in excessive self-reference and self-centeredness.** These patients also manifest grandiosity, reflected in exhibitionistic tendencies, a sense of superiority, recklessness, and ambitions that are inordinate in view of what they can actually achieve. Their grandiosity is frequently expressed in infantile values - physical attractiveness, power, wealth, clothing, manners, and the like. Those who are highly intelligent may use this endowment as the basis for intellectual pretentiousness. Further expressions of self-love include an overdependence on admiration from others without an accompanying sense of gratitude—admiration is taken for granted rather than appreciated. These patients are emotionally shallow, especially in relation to others. Feelings of grandiosity alternate with feelings of insecurity or inferiority, conveying the impression that these patients feel either superior or totally worthless. What they fear most is being "average" or "mediocre." Of all these indicators, grandiosity is the most characteristic of pathological self-love. Pathological object love is manifest by excessive - at times, overwhelming—envy, both conscious and unconscious (the latter reflected in conscious attempts to avoid or deny its existence). Such patients also use devaluation, consciously or not, in an effort to defend themselves against potential feelings of envy. Consciously, pathological object love is manifest as a lack of interest in others and their work or activities and as contempt. Unconsciously, it is manifest as a "spoiling" maneuver consisting of simultaneously incorporating what comes from others and devaluing what has been incorporated. These patients may also defend themselves against envy by means of exploitativeness. Excessive greed results in a wish to steal or appropriate what others have. A sense of entitlement is also often present. Another manifestation of pathological object love is an inability to depend on others. A temporary idealization of others may quickly change to devaluation; the patients unconsciously seem to experience those around them first as idols, then as enemies or fools. As might be expected, these patients are unable to empathize with or make substantive commitments to others. A pathological superego is less decisive in establishing the diagnosis but is very important in establishing the prognosis for psychotherapeutic treatment. These character patterns and affective disturbances include the incapacity to experience differentiated forms of self-critique or mild depression (such as remorse, sadness, and critical self-reflection) in contrast to the presence of severe mood swings, often sparked by a failure to succeed in grandiose efforts or obtain admiration from others or following criticism that shatters grandiosity. Self-esteem is regulated by shame rather than guilt. The patients show little interest in ethical, aesthetic, or intellectual values; their values are childish, aimed at protecting self-esteem and pride. Their inordinate dependency on external admiration indirectly reflects their immature superego functioning. Some narcissistic patients with particularly severe superego pathology present the syndrome that I call malignant narcissism, described in previous chapters and summarized below. Patients with ND typically feel a sense of emptiness or of being alone. The patients are usually incapable of learning from others, have intense stimulus hunger, and feel that life is meaningless. They characteristically feel bored when their need for admiration and success is not being gratified. The functioning of narcissistic persons depends on the severity of their pathology, ranging from almost "normal" personalities to overtly borderline functioning. For borderline patients, a differential diagnosis with psychotic illness may have to be entertained. Those functioning at the highest level (that is, having the least severe pathology) do not have neurotic symptoms and seem to be adapting to social reality. They have little awareness of emotional illness except for a chronic sense of emptiness or boredom and an inordinate need for approval and success. They also have a remarkable incapacity for empathy and emotional investment in others. Few of them seek treatment, but they subsequently tend to develop complications secondary to their narcissistic pathology that may bring them to treatment. The middle range of severe ND presents the typical symptoms already described. At the lowest level of the continuum (the most severe pathology) are patients who, despite the defensive functions provided by the pathological grandiose self in social interactions, show overt borderline characteristics- that is, lack of impulse control, lack of anxiety tolerance, severe crippling of their sublimatory capacities, and a disposition to explosive or chronic rage reactions or severe paranoid distortions." (pg. 49-51)
  - "I have proposed (O. Kernberg 1975, 1980, 1984) that the specific character features of patients with NPD reflect a pathological narcissism that differs from both ordinary adult narcissism and fixation at or regression to normal infantile narcissism in that it reflects libidinal investment not in a normal, integrated self-structure but in a pathological self-structure. The pathological grandiose self contains real self-representations, ideal self-representations, and ideal object representations. Devalued or aggressively determined self- and object representations are split off or dissociated, repressed or projected. The psychoanalytic resolution of the grandiose self as part of the systematic analysis of narcissistic character resistances regularly brings to the surface—that is, activates in the transference—primitive object relations, conflicts, and defensive operations characteristic of developmental stages that predate object constancy. These transferences, however, are always condensed with oedipally derived conflicts, so that they are strikingly similar to those of patients with borderline personality organization...Narcissistic individuals devalue the real objects, having incorporated the aspects of the real objects that they want for themselves. They dissociate from themselves and repress or project onto others all the negative aspects of themselves and others. The ideal self-object representations that would normally become part of the superego are incorporated into the pathological grandiose self. This leads to a superego containing only the aggressively determined components (the early prohibiting and threatening aspects of the parental images distorted under the impact of the projection of the child's own aggressive impulses). This successfully harsh superego also tends to be dissociated and projected, which leads to further development of "persecutory" external objects and to the loss of the normal functions of the superego in regulating self-esteem, such as monitoring and approval. The devaluation of others, the emptying out of the internal world of object representations, is a major contributing cause of the narcissistic individuals lack of normal self-esteem and also determines his remarkable inability to empathize with others. The sense of an internal void can be compensated for only by endless admiration from others and by efforts to control others so as to avoid the envy that would otherwise be caused by the autonomous functioning, enjoyment of life, and creativity that others enjoy." (pg. 53-55)
  - Chapter 4 - The Diagnosis of Narcissistic Personality in Adolescents (pg. 60)
    - **"Identity diffusion, in contrast, refers to a severe lack of integration of the concepts of the self and of significant others;** it usually has its roots in early childhood and is related to a failure of normal resolution of the stage of separation-individuation" (pg. 61)
    - **"A major consequence of normal ego identity integration is the facilitation of the integration of the superego, that is, completion of the process of integrating the earliest layer of persecutory superego precursors, the later layer of idealized superego precursors, the still later layer of realistic superego precursors of the oedipal period, and the final processes of depersonification, abstraction, and individualization of the superego. The absence of normal identity integration in the ego interferes with this integration of the superego** and results in various degrees of lack of maturation of the superego. In fact, the extent of superego integration is one of the two most crucial prognostic factors for all types of psychotherapeutic intervention; the other factor is the quality of the adolescent's object relations, his capacity to invest in values beyond narrow self-interests and direct narcissistic gratification: his interest in work, art, and culture, his commitments to ideology, and the maturity of the value judgments he makes with regard to such investments. Obviously, the adolescent's cultural background will crucially codetermine his orientation toward value systems, but within any particular socioeconomic and cultural background, adolescents with normal identity integration have the capacity to invest in such values

- as commitment to friends, loyalty, honesty, interest in sports or music, politics, the success of a group to which they belong, or the history of their particular social group. Under conditions of identity diffusion there is a remarkable poverty of such investment in value systems, even in the absence of antisocial behavior. Naturally, the more severe the lack of maturation of the superego, the more prevalent antisocial behavior may be. Antisocial behavior, in turn, has to be evaluated in terms of adaptation to a particular social subgroup as opposed to individualized antisocial behavior. An additional indicator of a normally integrated superego is the capacity for romantic idealization and falling in love. Although not falling in love in early or middle adolescence may not yet be diagnosable as a symptom of superego pathology, intense love experiences are positive indicators of good superego integration; this capacity normally emerges very fully after the latency years. Its importance in early childhood development has been conventionally underestimated." (pg. 62-63)
- "...in the narcissistic personality, the syndrome of identity diffusion shows an apparently good integration of the self-concept - except that it is a pathological grandiose self-concept—whereas the representations of significant others usually show severe lack of integration. Those with narcissistic personality disorders have very little capacity for empathy with others. Their relationships are dominated by conscious and unconscious envy; they evince a combination of devaluation of others, symbolic spoiling of what they receive from others, exploitativeness, greediness, a sense of entitlement, incapacity to truly depend, and an incapacity for commitment and loyalty in friendships. Regarding the pathological grandiose self, these adolescents show an exaggerated self-reference and self-centeredness, grandiose fantasies very often expressed in exhibitionistic traits, an attitude of superiority, recklessness, and a discrepancy between high ambitions and limited capacities. They are overly dependent on the admiration of others but evince little or no gratitude toward those on whom they depend. The shallowness of their emotional life and self-experience is often reflected in a sense of emptiness, boredom, and stimulus hunger." (pg. 67)
  - "An adolescent's orientation to the predominant ideology of his particular group, be it a general political ideology or an ad hoc one, will provide important information regarding his superego development: The difference between forming a primitive identification with an idealized group while splitting off severely hostile evaluations of outgroups, on one hand, and awareness that the world is not simply divided between "all good" and "all bad" people, on the other, is significant. Most political ideologies fluctuate along a spectrum from a very paranoid extreme to a trivialized and flat conventionalism at the other extreme, with a "humanistic" differentiated middle zone that respects individual differences, sexual intimacy and privacy, and the autonomy of the individual. Where the adolescent patient fits within such an ideological continuum will also reveal important information about his superego maturation." (pg. 75)
  - Chapter 5 - Perversion, Perversity, and Normality (pg. 76)
    - See text
  - Chapter 6 - Psychoanalysis, Psychoanalytic Psychotherapy, and Supportive Therapy (pg. 95)
    - See text
  - Chapter 7 - Psychodynamic Therapy for Patients with Borderline Personality Organization (pg. 120)
    - See text
  - Chapter 8 - The Psychodynamics and Psychotherapeutic Management of Psychopathic, Narcissistic, and Paranoid Transferences (pg. 130)
    - See text
  - Chapter 9 - A Severe Sexual Inhibition in a Patient with Narcissistic Personality Disorder (pg. 154)
    - See text
  - Chapter 10 - Acute and Chronic Countertransference Reactions (pg. 167)
    - "As I have said, I believe that countertransference is one of three significant sources of information about the analytic situation, in addition to the patient's subjective experience, communicated by means of free association, and the nonverbal behavior he manifests during the hour. These sources of information are unavoidably influenced, at any particular moment, by the extent to which the analyst preserves the internal freedom to explore his own reaction to the patient and by his theoretical organizing frame and clinical experience." (pg. 168)
    - "Successful tolerance, understanding, and interpretive integration of the countertransference may have a liberating effect on both the analyst and the patient; or, if the analyst's liberating experience does not correspond to one in the patient, this may become a clear indication that there are other aspects of the transference that stand between the interpretation and the patient's capacity to absorb it and that have to be examined." (pg. 182)
  - Chapter 10 - Omnipotence in Transference and in Countertransference (pg. 184)
    - **"Omnipotence therefore is at once a primitive fantasy, a mechanism of defense, and a pathological psychic structure.** All three of these are present in many clinical situations." (pg. 185)
    - "I propose that omnipotence as an early fantasy constitutes one aspect of the "all good" fused or undifferentiated self-object representation, related to what Freud (1930) originally described as the "oceanic feeling" and potentially reactivated as an early defensive operation whenever a regressive idealized fusional state emerges as a defense against the threat of frustration, trauma, pain, and aggression. The original function of omnipotence as fantasy and defense is replicated during the stage of separation-individuation (Mahler et al. 1975) in the fantasy of reunion of the "good self" and the "ideal object," the basis of both actual, secure dependency on a good object and a satisfactory relation of the ego to the early ego ideal. The pathological transformation of this development under conditions of manic and hypomanic states reflects the regressive re-fusion of these ideal relations. The pathological structure of omnipotence may be observed in the entire spectrum of borderline personality organization and acquire importance, in particular, in the defensive functions of the pathological grandiose self (Kernberg 1984). Omnipotence is involved in a denial of all negative, split-off, and projected aspects of the self, in denial of dependency on other objects, and in fantasied undisturbed self-gratification. What I have described is the defensive utilization of early omnipotent fantasies in libidinal internalized object relations. A parallel process may be described in the development of aggressive object relations, in which omnipotence evolves out of intense frustration, trauma, and pain as activators of aggressive affect and early defensive operations for dealing with it that include omnipotence and omnipotent control (O. Kernberg 1992a). In contrast to the function of omnipotence in the libidinal segment—to assure an illusional pleasure and grandiosity-control of the object of aggressive affect becomes central, and omnipotent fantasies are now transformed into the defensive operation of omnipotent control. Under pathological conditions, the aggressive drive dominates the early development of the psychic apparatus so powerfully that it leads to the psychopathological structures that we observe in psychosis, borderline personality organization, the severe types of perversion, and some psychosomatic disorders. This dominance of aggression has its roots in the excessive activation of aggressive affects. If we examine the progressive manifestations of the psychopathology of aggression, it becomes evident that a major transformation of the dominant aggressive affect causes this sequence to evolve. At the most primitive level of experience, the aggressive reaction centers around rage, and, in the clinical situation, aggression at any level of development eventually leads to primitive rageful affect states in the transference. The crystallization of an external bad object, that is, the separation of self-and object representations in the sector of aggression, transforms rage into hatred (and the intimately related affect of envy). It is here where omnipotence emerges in the form of an effort at omnipotent control of the bad object. I have suggested in earlier work (O. Kernberg 1984) that projective identification may have an important early developmental function in fostering separation in the segment of primitive persecutory "all bad" states, reflecting an effort to attribute the aggression to an external source, to maintain a purified idealized self - and object representation as a core self-experience, and to protect the ideal segment of the self from the feared attack from the bad object. Clinically, projective identification—that is, the attribution to the object of an intolerable internal impulse, the maintenance of empathy with that dangerous, projected impulse, an unconscious tendency to induce the corresponding impulse in the object, and the need to control the object under the effect of the projected impulse - practically

goes hand in hand with efforts at omnipotent control. We might also say that omnipotent control combines the fantasy of omnipotence with the aspect of control implied in the mechanism of projective identification. In short, omnipotent control evolves together with the psychopathology of hatred. At higher levels of development, sadistic enjoyment of power replaces primitive hatred. At this stage, the wish is no longer to destroy the object but to make it suffer, or, in less primitive ways, to maintain it under ones control. Here omnipotent control becomes a powerful defense involved with the expression of sadistic power and the maintenance of power as an essential precondition for the individual's psychological security. At a still more advanced stage of development, the internalization of sadistic or sadistically perceived objects as part of the oedipal level of superego structures internalizes the conflict in the form of sadistic superego pressures and secondary characterological identifications with the sadistic superego typical of obsessive-compulsive personalities. Here the defensive operation of omnipotent control is transformed into the unconscious omnipotent fantasies of obsessive conditions. In describing the typical constellation of primitive defensive mechanisms centering around splitting that characterizes borderline personality organization (O. Kernberg 1975), I mentioned omnipotence and omnipotent control together with projective identification, primitive idealization, devaluation, denial, and splitting as characteristic defensive operations. From what I have described so far, the mutual relations between omnipotence and omnipotent control, on one hand, and all these other defensive operations, on the other, may become more apparent. To begin, omnipotent fantasies, omnipotence as a defense in the libidinal sector, and omnipotent control in the aggressive sector aim at protecting the splitting of idealized and persecutory segments of psychic experience. In the case of narcissistic personalities, omnipotence and omnipotent control protect the patient from dreaded separation, dependency, and envy, maintaining the idealized concept of the pathologic grandiose self. Projective identification and omnipotent control are indissolubly linked and reinforce each other under conditions of intense, primitive hatred, for example, in patients who have experienced severe physical or sexual abuse. Omnipotence goes hand in hand with the operation of denial in manic and hypomanic conditions, and it is the counterpart of the devaluation of significant others in schizoid, narcissistic, and hypomanic states. Primitive idealization of the self and omnipotence also are intimately linked. Thus, omnipotence and omnipotent control are essentially primitive defensive operations that are typically part of severe character pathology and psychosis." (pg. 185-188)

- Chapter 12 - The Risk of Suicide in Severe Personality Disorders (pg. 192)
  - See text
- Chapter 13 - A Technical Approach to Eating Disorders (pg. 205)
  - See text
- Chapter 14 - The Management of Affect Storms (pg. 220)
  - See text

c. Further Readings:

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