

# Borderline Conditions and Pathological Narcissism, by O. Kernberg

## a. Quotes:

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## b. General Notes:

### ▪ Chapter 1 - The Syndrome (pg. 3)

- "It is for these patients that I would reserve the term "narcissistic personalities." On the surface, these patients do not appear to be severely regressed; some of them may function socially very well, and they usually have much better impulse control than the infantile personality. These patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and admired by others, and a curious apparent contradiction between a very inflated concept of themselves and an inordinate need for tribute from others. Their emotional life is shallow. They experience little empathy for the feelings of others, they obtain very little enjoyment from life other than from the tributes they receive from others or from their own grandiose fantasies, and they feel restless and bored when external glitter wears off and no new sources feed their self-regard. They envy others, tend to idealize some people from whom they expect narcissistic supplies, and to depreciate and treat with contempt those from whom they do not expect anything (often their former idols). In general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings-and behind a surface which very often is charming and engaging, one senses coldness and ruthlessness. Very often such patients are considered to be "dependent" because they need so much tribute and adoration from others, but on a deeper level they are completely unable really to depend on anybody because of their deep distrust and depreciation of others." (pg. 17)
- **"One essential task in the development and integration of the ego is the synthesis of early and later introjections and identifications into a stable ego identity.** Introjections and identifications established under the influence of libidinal drive derivatives are at first built up separately from those established under the influence of aggressive drive derivatives ("good" and "bad" internal objects, or "positive" and "negative" introjections). This division of internalized object relations into "good" and "bad" happens at first simply because of the lack of integrative capacity of the early ego. Later on, what originally was a lack of integrative capacity is used defensively by the emerging ego in order to prevent the generalization of anxiety and to protect the ego core built around positive introjections (introjections and identifications established under the influence of libidinal drive derivatives). **This defensive division of the ego, in which what was at first a simple defect in integration is then used actively for other purposes, is in essence the mechanism of splitting.** This mechanism is normally used only in an early stage of ego development during the first year of life, and rapidly is replaced by higher level defensive operations of the ego which center around repression and related mechanisms such as reaction formation, isolation, and undoing, all of which protect the ego from intrapsychic conflicts by means of the rejection of a drive derivative or its ideational representation, or both, from the conscious ego. In contrast, in pathological conditions when this mechanism (and other related mechanisms to which I shall refer below) persists, **splitting protects the ego from conflicts by means of the dissociation or active maintaining apart of introjections and identifications of strongly conflictual nature**, namely, those libidinally determined from those aggressively determined, without regard to the access to consciousness. The drive derivative in this case attains full emotional, ideational, and motor consciousness, but is completely separated from other segments of the conscious psychic experience. Under these pathological circumstances, contradictory ego states are alternately activated, and as long as these contradictory ego states can be kept separate from each other, anxiety is prevented. Such a state of affairs is, of course, very detrimental to the integrative processes which normally crystallize into a stable ego identity, and underlies the syndrome of identity diffusion (5)." (pg. 25-26)
- **"For the internalization of object relationships, there are two essential tasks that the early ego has to accomplish in rapid succession: (i) the differentiation of self images from object images which form part of early introjections and identifications; (ii) the integration of self and object images built up under the influence of libidinal drive derivatives with their corresponding self and object images built up under the influence of aggressive drive derivatives."** (pg. 26)
  - "The second task is, as mentioned above, that self and object images built up under the influence of libidinal drive derivatives have to be integrated with their corresponding self and object images built up under the influence of aggressive drive derivatives. Thus, idealized "all good" object images have to be integrated with "all bad" object images, and the same holds true for good and bad self images. In this process of synthesis, partial images of the self and of the objects are integrated into total object and self representations, and thus self and object representations become further differentiated from each other, and also more realistic. These two processes fail to a great extent in the case of psychosis, and to some extent in the case of borderline personality organization. In the psychoses, there is a severe defect of the differentiation between self and object images, and regressive refusion of self and object images occurs in the form of primitive merging fantasies, with the concomitant blurring of the ego boundaries in the area of differentiation between self and nonself. Such regressive refusion between self and object images may depend on: (i) lack of development of the apparatuses of primary autonomy; (ii) constitutionally determined lack of anxiety tolerance (even minor frustrations are intolerable, and induce regressive fusion or merging processes); (iii) excessive frustration in reality; and (iv) consequent excessive development of aggression (or constitutionally determined excessive intensity of aggressive drives). **Vicious circles involving projection of aggression and reintrojection of aggressively determined object and self images are probably a major factor in the development of both psychosis and borderline personality organization.** In the psychoses their main effect is regressive refusion of self and object images; in the case of the borderline personality organization, what predominates is not refusion between self and object images, but an intensification and pathological fixation of splitting processes." (pg. 27)
- **"The major defect in development lies here in the incapacity to synthesize positive and negative introjections and identifications; there is a lack of the capacity to bring together the aggressively determined and libidinally determined self and object images.** It seems probable that in the case of the borderline personality organization, constitutional defects in the development of the apparatuses of primary autonomy are relatively unimportant. Perhaps constitutionally determined lack of anxiety tolerance interfering with the phase of synthesis of introjections of opposite quality, but especially severe intensity of aggressive drive derivatives are the main pathological factors. As mentioned above, excessive aggression may stem both from a constitutionally determined intensity of aggressive drives or from severe early frustration, and extremely severe aggressive and self-aggressive strivings connected with early self and object images are consistently related to borderline personality organization. **When self and object images are relatively well differentiated from each other, and when regressive refusion of these images is therefore relatively absent, then the differentiation of ego boundaries develops relatively undisturbed; consequently, the typical borderline patient maintains to a major degree intact ego boundaries, and the related capacity for reality testing. But the lack of synthesis of contradictory self and object images has numerous pathological consequences. Splitting is maintained as an essential mechanism preventing diffusion of anxiety within the ego and protecting the positive introjections and identifications. The need to preserve the good self, and good object images, and good external objects in the presence of dangerous "all bad" self and object images leads to a number of subsidiary defensive operations. All of these subsidiary defensive operations, together with splitting itself, constitute the characteristic defense mechanisms present in the borderline personality organization.** I shall describe these defensive operations, differentiating them from their later, less pathological counterparts, that is, those defense mechanisms which occur in conjunction with repression in patients with neurotic and nonborderline character pathology." (pg. 28)

- **"(i) Splitting.** This is an essential defensive operation of the borderline personality organization which underlies all the others which follow. It has to be stressed that I am using the term "splitting" in a restricted and limited sense, referring only to the active process of keeping apart introjections and identifications of opposite quality. This narrow use of the term has to be differentiated from its broader use by some authors. I have suggested elsewhere (29) that the integration, or synthesis, of introjections and identification of opposite qualities possibly provides the most important source of neutralization of aggression (in that libidinal and aggressive drive derivatives are fused and organized as part of that integration), and that therefore one consequence of pathological circumstances under which splitting is excessive is that this neutralization does not take place sufficiently, and an essential energy source for ego growth fails. Splitting, then, is a fundamental cause of ego weakness, and as splitting also requires less counteractiveness than repression, a weak ego falls back easily on splitting, and a vicious circle is created by which ego weakness and splitting reinforce each other. The direct clinical manifestation of splitting may be the alternative expression of complementary sides of a conflict in certain character disorders, combined with bland denial and lack of concern over the contradiction in his behavior and internal experience by the patient. One other direct manifestation of splitting may be a selective "lack of impulse control" in certain areas, manifest in episodic breakthrough of primitive impulses which are ego syntonic during the time of their expression (and splitting is prevalent in impulse neurosis and addictions). Probably the best known manifestation of splitting is the division of external objects into "all good" ones and "all bad" ones, with the concomitant possibility of complete, abrupt shifts of an object from one extreme compartment to the other; that is, sudden and complete reversals of all feelings and conceptualizations about a particular person. Extreme and repetitive oscillation between contradictory self concepts may also be the result of the mechanism of splitting. Splitting appears not as an isolated mechanism but in combination with several others. The same is true, of course, in the case of repression, which is usually combined with other mechanisms of the "higher level" type. Splitting occurs in combination with any one or several of the following: **(ii) Primitive Idealization.** This refers to the tendency to see external objects as totally good, in order to make sure that they can protect one against the "bad" objects, that they cannot be contaminated, spoiled, or destroyed by one's own aggression or by that projected onto other objects. Primitive idealization creates unrealistic, all-good and powerful object images, and this also affects negatively the development of the ego ideal and the superego. "Primitive idealization" is a term I propose to contrast later forms of idealization, such as that typically present in depressive patients who idealize objects out of guilt over their own aggression toward the object. I proposed the term "predepressive idealization" for this mechanism in a previous paper (29), but "primitive idealization" now seems preferable. Primitive idealization implies neither the conscious or unconscious acknowledgment of aggression toward the object, nor guilt over this aggression and concern for the object. Thus, it is not a reaction formation, but rather is the direct manifestation of a primitive, protective fantasy structure in which there is no real regard for the ideal object, but a simple need for it as a protection against a surrounding world of dangerous objects. One other function of such an ideal object is to serve as a recipient for omnipotent identification, for sharing in the greatness of the idealized object as a protection against aggression, and as a direct gratification of narcissistic needs. Idealization thus used reflects the underlying omnipotence, another borderline defense which I shall mention below. Primitive idealization may be considered a forerunner of later forms of idealization. **(iii) Early Forms of Projection, and Especially Projective Identification.** Patients with borderline personality organization tend to present very strong projective trends, but it is not only the quantitative predominance of projection but also the qualitative aspect of it which is characteristic. The main purpose of projection here is to externalize the all-bad, aggressive self and object images, and the main consequence of this need is the development of dangerous, retaliatory objects against which the patient has to defend himself. This projection of aggression is rather unsuccessful. While these patients do have sufficient development of ego boundaries to be able to differentiate self and objects in most areas of their lives, the very intensity of the projective needs, plus the general ego weakness characterizing these patients, weakens ego boundaries in the particular area of the projection of aggression. This leads such patients to feel that they can still identify themselves with the object onto whom aggression has been projected, and their ongoing "empathy" with the now threatening object maintains and increases the fear of their own projected aggression. Therefore, they have to control the object in order to prevent it from attacking them under the influence of the (projected) aggressive impulses; they have to attack and control the object before (as they fear) they themselves are attacked and destroyed. In summary, projective identification is characterized by the lack of differentiation between self and object in that particular area, by continuing to experience the impulse as well as the fear of that impulse while the projection is active, and by the need to control the external object (29, 45). At higher levels of ego development, later forms of projection no longer have this characteristic. In the hysterical patient, for example, a projection of sexual impulses simply reinforces repression, and the hysterical woman who despises men or is afraid of men because of their sexual interest is completely unaware of her own sexual impulses and therefore does not "empathize" fearfully with the "enemy." All of this aggressive distortion of object images also influences pathologically the development of the superego. (iv) Denial. Patients with a borderline personality organization typically present much evidence of the use of this mechanism, and especially of primitive manifestations of denial in contrast to higher level forms of it. Denial here is typically exemplified by "mutual denial" of two emotionally independent areas of consciousness (in this case, we might say, denial simply reinforces splitting). The patient is aware of the fact that at this time his perceptions, thoughts, and feelings about himself or other people are completely opposite to those he has had at other times; but this memory has no emotional relevance, it cannot influence the way he feels now. At a later time, he may revert to his previous ego state and then deny the present one, again with persisting memory, but with a complete incapacity for emotional linkage of these two ego states. Denial in the patients I am considering may also manifest itself only as simple disregard for a sector of their subjective experience or for a sector of the external world. When pressed, the patient acknowledges his intellectual awareness of the sector which has been denied, but again he cannot integrate it with the rest of his emotional experience. It has to be stressed that that which is denied now is something that in other areas of his consciousness the patient is aware of; that is, emotions are denied which he has experienced (and remembers having experienced) and awareness of the emotional relevance of a certain situation in reality is denied, of which the patient has been consciously aware or can again be made consciously aware. All of this is different from the higher level form of denial such as is implicit in the mechanism of negation (11). In negation, a mental content is present "with a negative sign"; the patient says that he knows what he himself, his therapist, or others might think about something, but that particular possibility is rejected as a purely intellectual speculation. In this case, the emotional relevance of what is denied has never been present in consciousness, and remains repressed. Negation in this regard is a higher form of denial linked with repression, and quite close to isolation. An intermediate level of denial, which is also quite prevalent in patients with borderline personality organization, is the denial of emotions contrary to those which are strongly experienced at that point, especially the manic denial of depression. It is important to stress that in the denial of depression, although we talk about the denial of an emotion alone, both the manic and the depressive disposition involve the activation of specific pathogenic object relationships. In this form of denial, an extreme, opposite affect is used to reinforce the ego's stand against a threatening part of the self experience. The fact that manic denial and depression tend to be so intimately linked clinically reveals a less pathological, less "crude" dissociation within the ego than that of the "lower level" of denial. Denial, then, is a broad group of defensive operations, and probably related at its higher level to the mechanisms of isolation and other higher level defenses against affects (detachment, denial in fantasy, denial "in word and act"), and at its lower level, to splitting. **(v) Omnipotence and Devaluation.** These two mechanisms are also intimately linked to splitting, and represent at the same time direct manifestations of the defensive use of primitive introjection and identification. Patients using these two mechanisms of defense may shift between the need to establish a demanding, clinging relationship to an idealized "magic" object at some times, and fantasies and behavior betraying a deep feeling of magical omnipotence of their own at other times. Both stages represent their identification with an "all good" object,

- idealized and powerful as a protection against bad "persecutory" objects. There is no real "dependency" in the sense of love for the ideal object and concern for it. On a deeper level the idealized person is treated ruthlessly, possessively, as an extension of the patient himself. In this regard, even during the time of apparent submission to an idealized external object, the deep underlying omnipotent fantasies of the patient can be detected. The need to control the idealized objects, to use them in attempts to manipulate and exploit the environment and to "destroy potential enemies," is linked with inordinate pride in the "possession" of these perfect objects totally dedicated to the patient. Underneath the feelings of insecurity, self-criticism, and inferiority that patients with borderline personality organization present, one can frequently find grandiose and omnipotent trends. These very often take the form of a strong unconscious conviction that they have the right to expect gratification and homage from others, to be treated as privileged, special persons. The devaluation of external objects is in part a corollary of the omnipotence; if an external object can provide no further gratification or protection, it is dropped and dismissed because there was no real capacity for love of this object in the first place. But there are other sources which influence this tendency to devalue objects. One of them is the revengeful destruction of the object which frustrated the patient's needs (especially his oral greediness); one other source is the defensive devaluation of objects in order to prevent them from becoming feared and hated "persecutors." All these motives come together in this defensive operation against the need and the fear of others. The devaluation of significant objects of the patient's past has serious detrimental effects on the internalized object relations, and especially on the structures involved in superego formation and integration." (pg. 29-34)
- It has been noted that the mechanism of splitting separates in these patients contradictory ego states related to early pathological object relationships. We may now add that the persistence of such early internalized object relationships in a rather "nonmetabolized" condition as part of these dissociated ego states is in itself pathological, and reflects the interference of splitting with those synthesizing operations which normally bring about depersonification, abstraction, and integration of internalized object relationships. Typically, each of these dissociated ego segments contains a certain primitive object image, connected with a complementary self image and a certain affect disposition which was active at the time when that particular internalization took place. In the case of borderline personality organization, differentiation of self from object images has occurred to a sufficient degree, in contrast to what obtains in psychoses, to permit a relatively good differentiation between self and object representations and a concomitant integrity of ego boundaries in most areas. Ego boundaries fail only in those areas in which projective identification and fusion with idealized objects take place, which is the case especially in the transference developments of these patients. This appears to be a fundamental reason why these patients develop a transference psychosis rather than a transference neurosis." (pg. 34)
    - "The presence of "all good" and "all bad" object images which cannot be integrated interferes seriously with superego integration. Primitive forerunners of the superego of a sadistic kind, representing internalized bad object images related to pregenital conflicts, are too overriding to be tolerated, and are reprojected in the form of external bad objects. Overidealized object images and "all good" self images can create only fantastic ideals of power, greatness, and perfection, and not the more realistic demands and goals that would be brought about by superego integration. In other words, the components of the ego ideal in these cases also interfere with superego integration." (pg. 35)
  - "In summary, primitive, unrealistic self images persist in the ego, are extremely contradictory in their characteristics, and an integrated self concept cannot develop; object images cannot be integrated, either, and therefore they interfere with the more realistic evaluation of the external objects. Constant projection of "all bad" self and object images perpetuates a world of dangerous, threatening objects, against which the "all good" self images are used defensively, and megalomaniac ideal self images are built up. Sufficient delimitation between self and objects (stability of ego boundaries) is maintained to permit a practical, immediate adaptation to the demands of reality, but deeper internalization of the demands of reality, especially social reality, is made impossible by the interference of these nonintegrated self and object images with superego integration. Those superego structures which do develop are under the influence of sadistic forerunners intimately linked to pregenital aggressive drive derivatives, and of other forerunners representing primitive fusion of ideal-self and ideal-object images which tend to reinforce omnipotence and megalomaniac demands on the self rather than representing a modulating ego ideal. In general, superego functions tend to remain personified, do not develop to the point of superego abstraction, and are easily reprojected onto the external world (21, 28). All these characteristics of internalized object relationships are reflected in typical characterological traits of the borderline personality organization. These patients have little capacity for a realistic evaluation of others and for realistic empathy with others; they experience other people as distant objects, to whom they adapt "realistically" only as long as there is no emotional involvement with them. Any situation which would normally develop into a deeper interpersonal relationship reveals the incapacity of these patients to really feel or empathize with another person, the unrealistic distortion of other people, and the protective shallowness of their emotional relationships. This protective shallowness has many sources. First, it reflects the emotional shallowness due to the lack of fusion between libidinal and aggressive drive derivatives, and the concomitant narrowness, rigidity, and primitiveness of their affect dispositions. The shallowness of the emotional reaction of the patients we are considering is also more directly connected with the incapacity to experience guilt, concern, and the related deepening of their awareness of and interest in others (52). An additional reason for their emotional shallowness is the defensive effort to withdraw from too close an emotional involvement, which would bring about the danger of activation of their primitive defensive operations, especially projective identification and the arousal of fears of attack by the object which is becoming important to them. Emotional shallowness also defends them from primitive idealization of the object and the related need to submit to and merge with such idealized objects, as well as from the potential rage over frustration of the pregenital, especially orally demanding needs that are activated in the relationship with the idealized object (46). The lack of superego development, and therefore the further lack of ego integration and maturation of feelings, aims, and interests, also keeps them in ignorance of the higher, more mature and differentiated aspects of other people's personalities. Another characteristic of these patients is the more or less subtle or more or less crude expression of their pregenital and genital aims, which are all severely infiltrated with aggression. Direct exploitiveness, unreasonable demandingness, manipulation of others without consideration or even tact are quite noticeable. In this regard, the tendency to devalue objects, mentioned above, is also relevant. The need to manipulate others also corresponds to the defensive need to keep control over the environment in order to prevent more primitive, paranoid fears connected with the projection of aggressive self and object images from coming to the surface. Many of these patients, when their efforts to control, manipulate, devalue objects, and direct gratification of their needs through exploitation of others fail, tend to withdraw and to re-create in their fantasies relationships with others in which they can express all these needs. Some protective withdrawal and gratification in fantasy are usually present even in those borderline patients who superficially may appear as quite "sociable." These patients may feel superficially quite insecure, uncertain, and inferior in regard to their capacities or dealings with others. These feelings of inferiority and insecurity may be in part a reflection of the more realistic aspects of their evaluation of their relationships to significant others, work, and life in general, and often also reflect a realistic awareness of some of their shortcomings and failures. Yet, on a deeper level, feelings of inferiority often reflect defensive structures. It is striking when one finds so often underneath that level of insecurity and uncertainty, omnipotent fantasies, and a kind of blind optimism based on denial, which represent the patient's identification with primitive "all good" self and object images. In this connection, there are also deep feelings of having the right to exploit and to be gratified - in short, what has been classically referred to as the "narcissism" of these patients. Their narcissism does not represent simply a turning away from external objects, but the activation of primitive object relationships in which they re-enact a primitive fusion of idealized self and object images, defensively used against the "bad" self and object images, and the "bad" external objects. Feelings of inferiority frequently represent a secondary surface layer hiding the narcissistic character traits. The presence of contradictory introjections and identifications is what gives the "as if" quality to these patients. Although their identifications are contradictory and dissociated from each other, the superficial manifestations of these identifications persist as remnants of behavior dispositions in the ego. This permits some of these patients to "re-enact" partial identifications, which are nearly all dissociated, if this appears useful to them from

the point of view of their superficial adaptation to reality. A chameleonlike quality of their adaptability may result, in which what they pretend to be is really the empty dressing of what at other moments they have to be in a more primitive way. This is quite confusing to the patients themselves. All of this also represents what Erikson (5) has called identity diffusion; namely, the lack of an integrated self concept and an integrated and stable concept of total objects in relationship with the self. Actually, identity diffusion is a typical syndrome of the borderline personality organization, which is not seen in less severe character pathology and neurotic patients, and which is a direct consequence of active splitting of those introjections and identifications of which the synthesis normally would bring about a stable ego identity." (pg. 36-39)

- Chapter 2 - Countertransference (pg. 49)
  - See text
- Chapter 3 - General Principles of Treatment (pg. 69)
  - "I suggested that there exist two levels of ego organization resulting from the degree of synthesis of "identification systems." The term "identification systems" was used to include introjections, identifications, and ego identity as a progressive sequence in the process of internalization of object relationships. The organization of identification systems takes place first at a basic level of ego functioning at which primitive dissociation or "splitting" is the crucial mechanism for the defensive organization of the ego. Later, a second, more advanced level of defensive organization of the ego is reached, at which repression becomes the central mechanism replacing splitting. Splitting can be defined, in this restricted sense, as the active process of keeping apart identification systems of opposite quality. I also suggested that patients with so-called "borderline" personality disorders present a pathological fixation at the lower level of ego organization, at which splitting and other related defensive mechanisms predominate. The persistence of the lower level of ego organization itself interferes with the normal development and integration of identification systems and, therefore, also with the normal development of the ego and superego." (pg. 69)
  - "In the first chapter the analysis of the structural characteristics of borderline personality organization was emphasized. Structural analysis referred to two issues: (i) ego strength and the characteristic defensive operations of the ego of these patients, and (ii) the pathology of their internalized object relationships. In regard to the first issue, in the borderline personality organization there are nonspecific manifestations of ego weakness, represented especially by a lack of anxiety tolerance, a lack of impulse control, and a lack of developed sublimatory channels. In addition, there are specific aspects of ego weakness: particular defenses in these patients bring about distortions in ego functioning which clinically also manifest themselves as ego weakness. The implication of this observation is that the therapeutic undoing of these particular defenses may actually strengthen the ego, rather than create further ego weakness. **Splitting, primitive idealization, early forms of projection (especially projective identification), denial, and omnipotence constitute characteristic defense constellations in patients with borderline personality organization.**" (pg. 70)
- Chapter 4 - Prognosis (pg. 111)
  - See text
- Chapter 5 - Differential Diagnosis and Treatment (pg. 153)
  - **"Two essential tasks that the early ego has to accomplish in rapid succession are: 1) the differentiation of self-images from object-images, and 2) integrating libidinally determined and aggressively determined self- and object-images.** The first task is accomplished in part under the influence of the development of the apparatuses of primary autonomy: perception and memory traces help to sort out the origin of stimuli and gradually differentiate self- from object-images. This first task fails to a major extent in the psychoses, in which a pathological fusion between self- and object-images determines a failure in the differentiation of ego boundaries and, therefore, in the differentiation of self from nonself. In contrast, in the case of borderline personality organization, differentiation of self- from object-images has occurred to a sufficient degree to permit the establishment of integrated ego boundaries and a concomitant differentiation between self and others. The second task, however, of integrating self- and object-images built up under the influence of libidinal drive derivatives and their related affects with their corresponding self- and object-images built up under the influence of aggressive drive derivatives and related affects, fails to a great extent in borderline patients, mainly because of the pathological predominance of pregenital aggression. The resulting lack or synthesis of contradictory self- and object-images interferes with the integration of the self-concept and with the establishment of object-constancy or "total" object relationships. I will now examine these hypotheses in more detail. Good enough mothering implies that **mother evokes, stimulates and complements ego functions which are not yet available to the infant.** For example, mother's intuitive handling of the baby permits the early detection of sources of pain, fear, and frustration, in addition to providing an optimum of gratifying, pleasurable experiences while satisfying the baby's basic needs. Intrapsychically, this means that a core experience of satisfaction and pleasure is set up in the baby, powerfully reinforced by the pleasurable affects thus released and gradually also by the proprioceptive and exteroceptive perceptions linked with such experiences. Out of this core will come the basic, fused self-mother image which in turn determines basic trust. Basic trust involves recognition, and, later, anticipation of a pleasurable mother-child relationship. The basic ego disturbance is the failure to build up a sufficiently strong fused "all good" self-object image or "good internal object." The libidinally determined good self-object image permits some attenuation or neutralization of the anxiety producing and disorganizing effects of excessive frustration, with which "bad," fused self-object images are set up. The normal relationship with mother reinforces, as well as depends upon, the buildup of this good internal fused self-object image. Severe frustrations and the consequent predominance of aggressively-determined, "all bad" fused self-object images may interfere with the next stage of development, namely, the gradual sorting out of self from object components in the realm of the good self-object image. As Jacobson (17) points out, defensive refusal of primitive, all good self- and object-images as a protection against excessive frustration and rage is the prototype of what constitutes, if prolonged beyond the early infantile stages of development, a psychotic identification. If and when self-images have been differentiated from object-images in the area of libidinally determined ego nuclei and, later, in the area of aggressively-determined ego nuclei, a crucial step has been taken which differentiates future psychotic from nonpsychotic ego structures. The next step is the gradual integration of contradictory (that is, libidinally-determined and aggressively-determined) self-images, with the crystallization of a central self surrounded, we might say, by object-images which in turn become integrated in the sense that good and bad object representations related to the same external objects are integrated). This is also the point where tolerance of ambivalence begins to develop. When such integration is achieved, an integrated self-image or self-concept relates to integrated object-images and there is also a continuous reshaping and reconfirmation of both self-concept and object-images by means of mechanisms of projection and introjection linked with actual interpersonal relationships with mother and other human beings surrounding the child. **The integrated self-concept and the related integrated representation of objects constitutes ego identity in its broadest sense.** A stable ego identity, in turn, becomes a crucial determinant of stability, integration, and flexibility of the ego, and also influences the full development of higher level superego functions (abstraction, depersonification, and individualization of the superego). Failure to integrate the libidinally determined and the aggressively determined self- and object-images is the major cause for nonpsychotic ego disturbances which, in turn, determine limits in analyzability. Such lack of integration derives from pathological predominance of aggressively-determined self- and object-images and a related lack of establishment of a sufficiently strong ego core around the originally fused good self-object image. However, in contrast to conditions in which self-images have not been differentiated from object-images (the psychoses), there has been at least sufficient differentiation between self- and object-images for the establishment of firm ego boundaries in cases of ego distortion which are generally designated as borderline conditions. The problem at this point is that the intensity of aggressively-determined self- and object-images, and of defensively-idealized all good self- and object-images makes integration impossible. Bringing together extremely opposite loving and hateful images of the self and of significant others would trigger unbearable anxiety and guilt because of the implicit danger to the good internal and external object relations; therefore, there is an active defensive separation of such contradictory self- and object-images; in other words, primitive dissociation or splitting becomes a major defensive operation. **Lack of integration**

of self- and object-representations is at first a normal characteristic of early development; but, later, such lack of integration is used actively to separate contradictory ego states. Splitting refers to the active, defensive separation of contradictory ego states. Primitive defensive operations linked to splitting (denial, primitive idealization, omnipotence, projection and projective identification) powerfully reinforce splitting, and protect the ego from unbearable conflicts between love and hatred by sacrificing its growing integration. Clinically, the child who is going to become a borderline patient, lives from moment to moment, actively cutting off the emotional links between what would otherwise become chaotic, contradictory, highly frustrating and frightening emotional experiences with significant others in his immediate environment. There are several significant structural consequences of these primitive defensive operations set up to protect the ego against unbearable conflict and the related pathology of internalized object relationships. First, an integrated self-concept cannot develop, and chronic overdependence on external objects occurs in an effort to achieve some continuity in action, thought, and feeling in relating to them. Lack of integration of the self-concept determines the syndrome of identity-diffusion. Second, contradictory character traits develop, representing the contradictory self-and object-images, further creating chaos in the interpersonal relationship of the future borderline patient. Third, superego integration suffers because the guiding function of an integrated ego identity is missing; contradictions between exaggerated, all good ideal object-images and extremely sadistic, all bad superego forerunners interfere with superego integration. Therefore, the superego functions which would further facilitate ego integration also are missing and this reinforces the pathological consequences of excessive reprojection of superego nuclei in the form of paranoid trends. Fourth, a lack of integrated object-representations interferes with deepening of empathy with others as individuals in their own right; lack of integration of the self-concept further interferes with full emotional understanding of other human beings; the end result is defective object-constancy or incapacity to establish total object relationships. Fifth, nonspecific aspects of ego strength (anxiety tolerance, impulse control, sublimatory potential) suffer because of the weakness of ego and superego integration. Ego strength depends on the neutralization of instinctual energy; such neutralization takes place essentially in the integration of libidinally and aggressively derived self- and object-images." (pg. 163-166)\

- Chapter 6 - Overall Structuring and Beginning Phase of Treatment (pg. 185)
  - See text
- Chapter 7 - The Subjective Experience of Emptiness (pg. 213)
  - "The normal integrated self and its related integrated conceptions of others (integrated object representations) guarantee a sense of continuity throughout time and under varying circumstances. They also guarantee a sense of belonging to a network of human relations that makes life meaningful, and they guarantee the ordinary "self-feeling" we take for granted and which is normally only threatened by the most extreme and unusual psychosocial traumata or life-threatening situations. Jacobson has pointed out that this self-feeling derived from the individual's awareness of an integrated self has to be distinguished from "self-esteem" or "self-regard" which depends upon the libidinal investment of such an integrated self. When, for various reasons, the normal relation between the self and the internal world of objects (the integrated object representations) is threatened, and what might be called an internal abandonment of the self on the part of internal objects or a loss of them occurs, pathological subjective experiences of a painful and disturbing nature develop. Among these experiences predominate a sense of emptiness and futility of life, chronic restlessness and boredom, and a loss of the normal capacity for experiencing and overcoming loneliness." (pg. 213)
- Chapter 8 - The Treatment of Narcissistic Personality (pg. 227)
  - "These patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and admired by others, and a curious apparent contradiction between a very inflated concept of themselves and an inordinate need for tribute from others. Their emotional life is shallow. They experience little empathy for the feelings of others, they obtain very little enjoyment from life other than from the tributes they receive from others or from their own grandiose fantasies, and they feel restless and bored when external glitter wears off and no new sources feed their self-regard. They envy others, tend to idealize some people from whom they expect narcissistic supplies and to depreciate and treat with contempt those from whom they do not expect anything (often their former idols). In general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings- and, behind a surface which very often is charming and engaging, one senses coldness and ruthlessness. Very often such patients are considered to be dependent because they need so much tribute and adoration from others, but on a deeper level they are completely unable really to depend on anybody because of their deep distrust and depreciation of others." (pg. 227-228)
  - "The main characteristics of these narcissistic personalities are grandiosity, extreme self-centeredness, and a remarkable absence of interest in and empathy for others in spite of the fact that they are so very eager to obtain admiration and approval from other people. These patients experience a remarkably intense envy of other people who seem to have things they do not have or who simply seem to enjoy their lives. These patients not only lack emotional depth and fail to understand complex emotions in other people, but their own feelings lack differentiation, with quick flare-ups and subsequent dispersal of emotion. They are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated." (pg. 228-229)
    - "In their fantasies, these patients identify themselves with their own ideal self images in order to deny normal dependency on external objects and on the internalized representations of the external objects. It is as if they were saying, "I do not need to fear that I will be rejected for not living up to the ideal of myself which alone makes it possible for me to be loved by the ideal person I imagine would love me. That ideal person and my ideal image of that person and my real self are all one, and better than the ideal person whom I wanted to love me, so that I do not need anybody else any more." In other words, the normal tension between actual self on the one hand, and ideal self and ideal object on the other, is eliminated by the building up of an inflated self concept within which the actual self and the ideal self and ideal object are confused. At the same time, the remnants of the unacceptable self images are repressed and projected onto external objects, which are devaluated. This process is in marked contrast to the normal differentiation between ideal self images on the one hand and ideal object images on the other, both of which represent the internalized demands of objects as well as gratification from these objects if the demands are met. The normal superego integrates ideal self images and ideal object images; the tension between actual self images and such integrated ideal ones becomes tension between the ego and superego. In patients presenting pathological narcissism, however, the pathological fusion between ideal self, ideal object, and actual self images prevents such integration of the superego, because the process of idealization is highly unrealistic, preventing the condensation of such idealized images with actual parental demands and with the aggressively determined superego forerunners. Also, actual self images, a part of the ego structure, are now pathologically condensed with forerunners of the superego, and, therefore, they interfere with the normal differentiation of the superego and ego. Although some superego components are internalized, such as prohibitive parental demands, they preserve a distorted, primitive, aggressive quality because they are not integrated with the loving aspects of the superego which are normally drawn from the ideal self and object images and are missing in these patients (15). Because there is so little integration with other superego forerunners, the generally aggressive and primitive kind of superego is easily reprojected in the form of paranoid projections. I want to stress that the primitive and aggressive nature of their superego ultimately derives from the intense oral-aggressive quality of their fixations. Narcissistic patients characteristically adapt themselves to the moral demands of their environment because they are afraid of the attacks to which they would be subjected if they do not conform, and because this submission seems to be the price they have to pay for glory and admiration; however, one frequently finds that patients of this kind, who have never shown evidence of antisocial activity, think of themselves

as "crooks" and as capable of antisocial behavior "if they could get away with it." Needless to say, they also experience other people as basically dishonest and unreliable, or only reliable because of external pressures. This concept of themselves and others, of course, becomes very important in the transference. **One result of the defensive fusion of ideal self, ideal object, and actual self images is the devaluation and destruction not only of external objects but also of internalized object images. Actually, this process never goes so far that there are no internal representations of external objects:** it would probably be impossible to live under such conditions. To want to be admired and loved by others requires that others should appear at least somewhat "alive," internally as well as externally. The remnants of the internalized object representations acquire the characteristics of real, but rather lifeless, shadowy people. This experience of other people, especially those who are not idealized, as lifeless shadows or marionettes, is quite prevalent in the patients I am considering. Idealized people, on whom these patients seem to "depend," regularly turn out to be projections of their own aggrandized self concepts. Idealized representatives of the self, the "shadows" of others, and —as we shall see - dreaded enemies, are all that seem to exist in the inner world of these patients. **A narcissistic patient experiences his relationships with other people as being purely exploitative,** as if he were "squeezing a lemon and then dropping the remains." People may appear to him either to have some potential food inside, which the patient has to extract, or to be already emptied and therefore valueless. In addition, these shadowy external objects sometimes suddenly seem to be invested with high and dangerous powers, as the patient projects onto others the primitive characteristics of his own superego and of his own exploitative nature. **His attitude towards others is either deprecatory—he has extracted all he needs and tosses them aside - or fearful - others may attack, exploit, and force him to submit to them.** At the very bottom of this dichotomy lies a still deeper image of the relationship with external objects, precisely the one against which the patient has erected all these other pathological structures. **It is the image of a hungry, enraged, empty self, full of impotent anger at being frustrated, and fearful of a world which seems as hateful and revengeful as the patient himself. This, the deepest level of the self concept of narcissistic patients,** can be perceived only late in the course of their psychoanalytic treatment, except in the case of narcissistic patients with overt borderline features who show it quite early. British psychoanalysts who have analyzed patients with this character structure have reported the central importance of such basic dread of attack and destruction. In less disorganized patients, that is, narcissistic personalities with relatively stronger egos, one eventually encounters in the transference paranoid developments, with feelings of emptiness, rage, and fear of being attacked. On an even less regressed level, the available remnants of such self images reveal a picture of a worthless, poverty-stricken, empty person who feels always left "outside," devoured by envy of those who have food, happiness, and fame. Often the surface remnant of this line of primitive self images is undistinguishable from the shadowy remnants of devaluated object images. This devaluated concept of the self can be seen especially in narcissistic patients who divide the world into famous, rich, and great people on the one hand, and the despicable, worthless, "mediocrity" on the other. Such patients are afraid of not belonging to the company of the great, rich, and powerful, and of belonging instead to the "mediocre," by which they mean worthless and despicable rather than "average" in the ordinary sense of the term. One patient, after years of analytic treatment, began to yearn to become "average," meaning he wanted to be able to enjoy being an ordinary person, without an overriding necessity to feel great and important in order to cancel feelings of worthlessness and devaluation." (pg. 231-234)

- **"The greatest fear of these patients is to be dependent on anybody else, because to depend means to hate, envy, and expose themselves to the danger of being exploited, mistreated, and frustrated."** (pg. 235)
    - "This kind of person's incapacity to depend on another person is a very crucial characteristic. These patients often admire some hero or outstanding individual and establish with such a person what on the surface looks like a dependent relationship, yet they really experience themselves as part of that outstanding person; it regularly emerges in treatment that the admired individual is merely an extension of themselves. If the person rejects them, they experience immediate hatred and fear, and react by devaluating the former idol. If their admired person disappears or is "dethroned," they immediately drop him. In short, there is no real involvement with the admired person and a simple narcissistic use is made of him. When narcissistic personalities are themselves in a position of objective importance - for example, heading a political institution or a social group - they love to surround themselves with admirers in whom they are interested as long as the admiration is new. Once they feel they have extracted all the admiration they need, they perceive their admirers as "shadows" once more and mercilessly exploit and mistreat them. At the same time, these patients are extremely offended when one of their "slaves" wants to free himself." (pg. 236)
  - "The overall prognosis for narcissistic personalities is guarded. The rigidity and smoothness in functioning of this character structure are great obstacles to analytic progress. From the viewpoint of the patient's pathology, the advantage of a complete characterological "isolation" from any meaningful interpersonal relationship is hard to give up. **These patients are able internally to withdraw from social life as effectively as the most severe schizoid character.** And yet, they usually seem to be in the center of things, efficiently extracting "narcissistic supplies" while subtly protecting themselves from the painful experience of more meaningful emotional interactions." (pg. 248)
  - "Normal regression in the service of the ego involves one. special dimension, namely, the reactivation of past internal object relationships as a source of internal support in times of crisis, of loss of external support, or of loneliness. Normally, the emotional wealth derived from past happy relationships with others not only permits the empathic enjoyment of the present happiness of others, but also is a source of internal consolation when reality threatens to bring about loss of self-esteem." (pg. 258)
- Chapter 9 - Clinical Problems of the Narcissistic Personality (pg. 263)
  - **"I describe patients with narcissistic personalities as presenting excessive self-absorption usually coinciding with a superficially smooth and effective social adaptation, but with serious distortions in their internal relationships with other people. They present various combinations of intense ambitiousness, grandiose fantasies, feelings of inferiority, and overdependence on external admiration and acclaim. Along with feelings of boredom and emptiness, and continuous search for gratification of strivings for brilliance, wealth, power and beauty, there are serious deficiencies in their capacity to love and to be concerned about others. This lack of capacity for empathic understanding of others often comes as a surprise considering their superficially appropriate social adjustment. Chronic uncertainty and dissatisfaction about themselves, conscious or unconscious exploitiveness and ruthlessness toward others are also characteristics of these patients.** Perhaps one difference in my description from that derived from Kohut's work is my stress on the pathological nature of their internalized object relations, regardless of the superficially adaptive behavior of many of these patients. In addition, I stress the presence of chronic, intense envy, and defenses against such envy, particularly devaluation, omnipotent control, and narcissistic withdrawal, as major characteristics of their emotional life." (pg. 264)
    - "The similarity of the defensive organization of narcissistic personalities to that of borderline conditions is reflected in the predominance of mechanisms of splitting or primitive dissociation as reflected in the presence of mutually dissociated or split-off ego states. Thus haughty grandiosity, shyness, and feelings of inferiority may coexist without affecting each other. These splitting operations are maintained and reinforced by primitive forms of projection, particularly projective identification, primitive and pathological idealization, omnipotent control, narcissistic withdrawal and devaluation. From a dynamic viewpoint, pathological condensation of genital and pregenital needs under the overriding influence of pregenital (especially oral) aggression characterizes narcissistic personalities as well as borderline personality organization in general." (pg. 265)
  - **"The difference between narcissistic personality structure and borderline personality organization is that in the narcissistic personality there is an integrated, although highly pathological grandiose self,** which, as I have suggested earlier (Chapter 8), reflects a pathological condensation of some aspects of the real self (the "specialness" of the child reinforced by early experience), the ideal self (the fantasies and self images of power, wealth,

omniscience, and beauty which compensated the small child for the experience of severe oral frustration, rage and envy) and the ideal object (the fantasy of an ever-giving, ever-loving and accepting parent, in contrast to the child's experience in reality; a replacement of the devalued real parental object). I am adopting here the term "grandiose self," suggested by Kohut, because I think it expresses better the clinical implications of what I referred to earlier as the pathological self structure, or what Rosenfeld (13) called the "omnipotent mad" self. **The integration of this pathological, grandiose self compensates for the lack of integration of the normal self-concept which is part of the underlying borderline personality organization: it explains the paradox of relatively good ego functioning and surface adaptation in the presence of a predominance of splitting mechanisms, a related constellation of primitive defenses, and the lack of integration of object representations of these patients.** This pathological, grandiose self is reflected in clinical characteristics which, as mentioned before, mostly coincides with the observations of all the authors mentioned. However, a basic disagreement exists between Kohut's views and mine regarding the origin of this grandiose self, and whether it reflects the fixation of an archaic normal primitive self (Kohut's view), or whether it reflects a pathological structure, clearly different from normal infantile narcissism (my view)." (pg. 265-266)

- "I am referring to those narcissistic personalities who, in spite of a clearly narcissistic personality structure, function on what I have called an overt borderline level, i.e., present the nonspecific manifestations of ego weakness characteristic of borderline personality organization, in addition to the generally similar defensive constellation mentioned. These narcissistic patients present severe lack of anxiety tolerance, generalized lack of impulse control, striking absence of sublimatory channeling, primary process thinking clearly noticeable on psychological tests, and proneness to the development of transference psychosis." (pg. 266)

▪ Chapter 10 - Normal and Pathological Narcissism (pg. 315)

- "I define normal narcissism as the libidinal investment of the self. **The self is an intrapsychic structure consisting of multiple self representations and their related affect dispositions.** Self representations are affective-cognitive structures reflecting the person's perception of himself in real interactions with significant others and in fantasied interactions with internal representations of significant others, that is, with object representations. **The self is part of the ego,** which contains, in addition, the object representations mentioned before, and also ideal self-images and ideal object-images at various stages of depersonification, abstraction and integration. **The normal self is integrated, in that its component self representations are dynamically organized into a comprehensive whole.** The self relates to integrated object representations, that is, to object representations which have incorporated the "good" and "bad" primitive object representations into integrative images of others in depth; by the same token, the self represents an integration of contradictory, "all good" and "all bad" self-images derived from libidinally invested and aggressively invested early self-images. Therefore, although normal narcissism reflects the libidinal investment of the self, the self actually constitutes a structure that integrates libidinally invested and aggressively invested components; in simple terms, integration of good and bad self-images into a realistic self-concept that incorporates rather than dissociates the various component self representations is a requisite for the libidinal investment of a normal self. This also explains the paradox that integration of love and hatred is a prerequisite for the capacity for normal love." (pg. 315-316)
- "The difference between narcissistic personality structure and borderline conditions is that, in the former there is an integrated although highly pathological "grandiose self," a term suggested by Kohut (11). In my thinking, this grandiose self is a pathological condensation of rudiments of the real self, the ideal self, and the ideal objects of infancy and early childhood, and thus incorporates some components that would otherwise become integrated into the superego. As a result, superego integration is defective, ego and superego boundaries are blurred in certain areas, and the entire intrapsychic world of object relations deteriorates; it is replaced by the grandiose self and by devalued, shadowy representations of self and others and potentially persecutory images representing the non-integrated sadistic superego-forerunners. The pathological grandiose self compensates for the primitive dissociation or splitting of the self, but at the price of a deterioration of object relations much more severe than that of nonnarcissistic borderline patients." (pg. 332)

c. Further Readings:

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