

NARCISSISM AND NARCISSISTIC RAGE:

AHAB ON THE COUCH

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INTRODUCTION

This grand rounds is an attempt to answer a "So what?" question. In talking about narcissism and narcissistic rage, I will review some of Kohut's contributions to psychoanalytic theory. Kohut noticed that certain individuals, often people who presented for reanalysis after a successful or unsuccessful "classical" analysis focusing on Oedipal issues, required longer analyses to deal with disturbance of "self" or narcissistic issues resulting from failure of empathy in early development. Kohut noticed that these individuals formed either "mirroring" or "idealizing" transferences, which required certain modifications of analytic technique, and took longer to resolve, perhaps five, six, or seven years as opposed to the customary three or four.

This is the point that I would expect the cynics, the skeptics and even a few prudent observers to ask "So what?" My answer to that question will be that as with other aspects of psychoanalytic theory, we benefit from what we learn from human nature from these analyses in terms of the applications to other forms of treatment as well as those privileged individuals who may benefit directly from such admittedly time consuming and expensive treatment.

Today there are two particular extrapolations I would like to explore, those used in treating the psychosomatic patient and those used in treating someone suffering from dependency problems, particularly chemical dependencies including alcoholism.

I. REVIEW OF KOHUT'S CONTRIBUTION: NARCISSISM AND NARCISSISTIC RAGE

Kohut and his followers, all themselves followers of Freud have really opened up to consideration some of the most difficult aspects of psychodynamic treatment.

I recall as a resident confronting some of the dilemmas of therapy, the thorny difficulties of dealing as a neophyte therapist with pre-Oedipal issues. I recall trying to comprehend the admonitions of our psychosomatics director, a wonderful German woman, who used to say, "Always interpret the dependency before the anger." I recall Freud's writings on the love transference and realizing that we were in a different cultural era from Victorian times when sexual feelings were repressed and uncovered in the transference. We were much less likely to encounter sexual repression than the uncovering of pent up aggression. Oh, for the good old days of patients falling in love with their psychiatrist.

Kohut's writings were thus particularly useful in understanding the kinds of problems that often presented to psychiatrists in the latter half of the 20th century, not so much symptom neuroses, hysteria, hysterical dissociation, phobias and compulsions, but character neuroses and particularly what we have come to understand as problems of narcissistic pathology, or simply disturbances of "self".

Kohut's theory has helped many of us to listen more closely and more empathically to those particular kinds of disturbances that are so difficult to stay attuned to in long-term therapy, when we the therapists are consistently and persistently ignored,

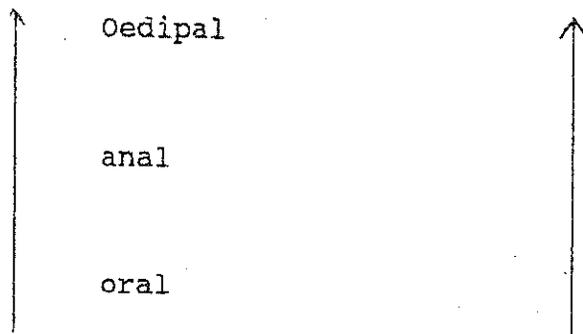
devalued, blamed, accused.

Kohut's work has helped us ascribe an affirmative attitude to problems of narcissistic pathology, which are often met with reciprocal prejudice and devaluation

Separate developmental line of self

Object relations

line of self



Clinical vignette:

23 y o grad student

presented with sx depression when he successfully passed his prelims

his father was

handsome, muscular in the son's recollection

left the family when my patient was 11

mother supported the family

maxim: only thing worse than ~~losing~~ the Oedipus is winning it

Though his parents combined income was similar to that of most kids attending prestigious universities, he lived in relative poverty, "the ghetto" as he described it.

He became a Marxist and blamed others for his misfortunes.

In analysis the idealizing transference gradually gave way to its devaluing counterpart, and he gradually came to realize that his resentment of the graduate faculty paralleled feelings he had for his analyst, which were memories of feelings from the past when his father disappointed him.

Later in the analysis with narcissistic issues resolved, he went on to deal with more classical Oedipal issues, such as dreams of seducing a doctor's wife named Susan. This was not difficult to interpret as transference even though he professed not to know my wife's name.

And finally Kohut has helped us by describing and providing a phenomenology for a particular and familiar kind of anger and aggression, namely narcissistic rage

NARCISSISTIC RAGE

Narcissistic rage belongs to the large psychological field of aggression, anger, and destructiveness, including self-destructiveness.

Kohut suggests that we include in the term narcissistic rage all the points on the spectrum of experiences that reaches from such trivial occurrences as a fleeting annoyance when someone fails to reciprocate our greeting or does not respond to our joke to such ominous derangements as the furor of the catatonic and the grudges of the paranoiac.

The various forms of narcissistic rage share a specific psychological flavor which gives them a distinct position within the wide realm of human aggressions.: The need for revenge, the righting a wrong, for undoing a hurt by whatever means, and a deeply anchored, unrelenting compulsion in the pursuit of all these aims which gives no rest to those who have suffered a narcissistic injury--these are features which are characteristic of the phenomenon of narcissistic rage in all its forms and which set it apart from other kinds of aggression.

In biological perspective we may easily observe that the narcissistically vulnerable individual responds to actual (or

anticipated) narcissistic injury either with shamefaced withdrawal (flight) or with narcissistic rage (fight).

II. KOHUT'S EXAMPLE: CAPTAIN AHAB

MELVILLE'S DESCRIPTION OF AHAB: WHAT HE TELLS US

Kohut cites Melville's great book Moby Dick as a pre-eminent discussion of narcissistic process and its protagonist Captain Ahab as the classic example of a man in the grip of interminable narcissistic rage.

Or is the whale the protagonist?

Anyway you know the story, which can be understood at many levels.

At one level it's a great story about a whale hunt.

At a deeper level its a story about a compelling obsession. It is this level that we wish to explore.

Captain Ahab has lost his leg in a previous encounter with the white whale. He is determined to avenge himself and pursues the whale to the ends of the globe until finally in provocation the whale destroys not only Ahab, but the ship Peguod and its crew, leaving only Ishmael to tell the story.

Why we might wonder did Ahab react so violently to the loss of his leg? After all, it's only a leg. It could have been worse, right? And besides, why did he take it so personally? Wasn't the whale just behaving the way whales do at least after having been harpooned?

Why couldn't Ahab grieve the loss of his leg like an

ordinary neurotic, in stages, first denial--it can't be--then anger, even a period of rage if you must, then acceptance?

Ahab's obsession then is not a justifiable reaction to the transgression of the whale, but rather a manifestation of a disturbance of his sense of self, which predated his encounter with the whale.

III. SUSAN DYER'S DESCRIPTION OF NARCISSISTIC PROCESS

The next level of Melville's work is one of the most subtle and fascinating, and the most relevant for our consideration of narcissism. Melville was perplexed by the impossible ideals of Christianity. If one lived strictly by Christian ideals, one could not be felt to live practically in the mundane world. His metaphor for this tension was the difference between chronometrical and horological time. Ships always operated on two different times. The chronometers or mechanical clocks were set by Greenwich time and over the months and years of a voyage at sea came to vary from horological or heavenly time as measured by the stars. Susan Dyer interprets this as Melville's anticipation of some themes that psychoanalysts deal with in considering narcissistic issues,

the difference between perfectionistic ideals and human possibility,

the difference between the aspirations and human limitations of man, or in psychoanalytic terms

the difference between the ego ideal and the super ego.

Eg. Billy Budd, Captain Vere chooses the horological route, the heavenly ideal.

Eg. Moby Dick, Captain Ahab chooses the chronometrical pursuit, a mundane obsession.

Thus we see in the development of a sense of self, the impetus to be moral, not selfish, either by internalizing the ideals of our parents (ego ideal) or by accepting the

prohibitions of our culture (super ego).

It is I think through an understanding of the ego ideal that we come to be empathic with vulnerabilities of the self, that we come to be able to deal with narcissism and a host of pre-oedipal issues.

Narcissism is born of an effort to restore the lost pleasures of the symbiosis with an all-giving mother. In this blissful state the human infant lies securely at the center of his universe. His every need is met by a mother (or sometimes another) who needs him almost as much as he needs her. He is omnipotent. If he is hungry or in some other way uncomfortable, he cries, and mother comes to meet the need. This state is referred to as primary narcissism, but it is a precarious condition.

The enemy of primary narcissism is the reality principle. The symbiosis is ruptured too soon after the infant is expelled from the womb. He is hungry and cries, but the mother does not immediately appear. The universe is not perfect as he had imagined, and it is not under his control. The result is rage; possibly despair, if he is abandoned or if his mother is not dependable. The original sense of omnipotence has received the first of many "narcissistic injuries." Reality has entered in.

The infant copes with this intrusion by shifting focus to an idealized parent; it is not he but the parent that is perfect. As the infant's physical and mental abilities, particularly locomotion, develop, it is less necessary to be completely

dependent on the mother and the infant becomes aware of his separateness from her. The small, helpless infant forms an ideal of what he would like to be like, viz. omnipotent like the parents. But even under the best of circumstances, the idealized parents prove fallible, incapable of providing the total gratification remembered from earliest infancy, and the infant develops a new and better possibility for the self, the ego ideal. The love which was originally invested in the self, then in the idealized parent, is now invested in the ideal self that he desires to become. This state is called secondary narcissism.

Freud observed that man creates ideals for himself, such as political causes, Marxism, Naziism, religious causes, in order to restore the lost narcissism of childhood, to restore that state of contentment in which one's needs are passively met. It is the ego ideal, Freud claimed, "by which the ego measures itself, towards which it strives, and whose demands for ever-increasing perfection it is always striving to fulfill."¹⁶ But the grandiose aspirations for perfection can never in reality be fulfilled. A person's sense of self-esteem is determined by the distance between his actual self, his strengths, talents, abilities, and accomplishments, and his ego ideal. (or in Melville's metaphor, the difference between chronometrical and horological time.)

[The superego, thought by many psychoanalysts to be distinct from the ego ideal, is a developmentally later acquisition. In contrast to the ego ideal, which lures the person on to higher and often impossible standards of perfection, the superego is

restrictive. It is the superego which is the internalized representation of the parents and of the culture's standards for conduct. The superego is the unconscious conscience that criticizes the id impulses and keeps the ego in line.

Instinctual gratification (whether sexual or aggressive) is renounced either out of fear of loss of love by the ego ideal or by fear of punishment by the superego. This is why Freud suggests in Civilization and its Discontents¹⁷ that neurosis is the price we must pay for the harmony of civilized culture, a verdict which is only reluctantly accepted.]

read

ego ideal	horological	omote	tatema	pride/shame
Mona Lisa	(heavenly ideal)	front	ridgepole	
super ego	chronometrical	ura	honne	guilt
Simon Legree	(earthly time)	back	self	

[Handwritten scribbles]

IV. TRANSFORMATIONS OF NARCISSISM

Can ego dominance over narcissistic rage be achieved through psychoanalysis?

transformations of narcissism: narcissism v. object love
creativity
empathy
humor
wisdom
finiteness of life

How? Through empathic contact in the analytic process, through acceptance and understanding of narcissistic rage, entitlement, devaluation, and in my experience always, once the feelings are established, recognized, and identified there is the working through of the denial that early experiences were indeed unpleasant. The defense is usually that present reality is unpleasant because of the fault or shortcomings of someone in the present situation, the spouse or mate, the teachers, the boss, the analyst. If only these people would change, then things would be better. The analyst must accept these distortions as a wish and accept the rage which accompanies them. Then calmly and persistently must point out the feelings are rooted in history, maybe in a history that is preverbal. It is at this point that grieving can occur as the patient gives up as a loss the wish that had been held throughout life. Depression sets in, not as a symptom to be eradicated, but as a signal that the therapeutic process is working, memory has been activated, and reality is accepted for what it is rather than for what one might wish it to be.

Always interpret dependency before anger.

What could that possibly mean?

Clinical vignette:

31 y old housewife mother of 2 small children came to CMSU for evaluation of headaches, frequently severe enough to require narcotics at a local ER Explain CMSU (Combined Medical Specialties Unit = internist + psychiatrist. Treating psychosomatic patients, with psychotherapy, group therapy, biofeedback and stress reduction and cognitive therapy.)

Patient was intelligent, attractive, slightly obese She had a childish demeanor, spoke in a whisper approaching baby talk, seemed eager to please and searching for approval. In short she was dependent.

Her husband was concerned, supportive. Perhaps infantilizing, perhaps enabling.

One day I asked her if she would be willing to speak to a group of medical students the following day. She did not want to but said yes.

When I came to her room just before class, she was in the throes of a walloping headache. She was writhing in pain, insisting on a narcotic injection. A kind nurse was sitting by the bedside holding her hand. The curtain was drawn. She was in a rage, but unaware of it. It was obvious she did not want to see the medical students, would not see the medical students, but also would not assert herself. Her headache spoke for her.

In such situations her headache had always provided her exemption from unpleasant tasks. I did not order the narcotic which the kind nurse thought I should. The patient became even more furious. Always someone had rescued her in such situations in the past. Later I interpreted the dependency, but not the anger. Later still she was able to recognize the anger. She was also able to remember that headaches got her out of tough situations as a schoolgirl. She could remember no anger toward her kind parents (ever), but did recall that they always supported her. A week later she did speak to the medical students, a glowing testimonial full of self-pride that she had learned that she could cope with and endure one of her headaches, which she had never before been able to do without narcotics.

I present this not so much as an example of a spectacular two-week cure, but rather as an example of the centrality of narcissistic rage, disturbance of sense of self, which is so often present in psychosomatic disorders. There was obviously still much to be worked though, notably the infantile wish to

please for which she was willing temporarily at least to give up the secondary gain of her symptom for the approval of staff. It should also be noted that much of these early rapid gains were due not to in-depth insight, but rather to more cognitive tools, having to do with muscle relaxation and the idea of being in control of one's own body.

VI. EXTRAPOLATION OF NARCISSISM TO THE DEPENDENCIES AND CO-DEPENDENCY

Takeo Doi : The Anatomy of Dependence
The Anatomy of Self

It is often said that psychiatry has little to offer in the treatment of chemical dependencies and alcoholism. Certainly psychoanalysis and psychodynamic psychotherapy are not particularly effective in the treatment of addictions. Alternatively many will suggest, self-help programs including AA and its derivatives are the approach of choice. The substance abuse field is split between those who take the self-help approach and the "professionals" many of whom grew up in alcoholic families.

My own judgment based on my experiences as a consultant to the Durham County Alcohol Treatment Clinic, where the "old drunks" as they referred to themselves and the professional staff coincided in dynamic and creative tension, is that both approaches are necessary. The self-help approaches in fact provide emotional support and bolster self-esteem while denial is confronted and worked through. People I have talked with familiar with Minnesota's Hazelden and such places speak of the

caring way in which such confrontations/interventions are handled. Indeed this is much like the process of psychotherapy once the working alliance is established, a process which may be hard to do with the alcoholic or addict, but for the mutual support of the "anonymous" process. Once sobriety is achieved, there are many issues which need resolution and it is the professional staff that pick up the ball with these issues.

Another group that is receiving increasing attention are the adult children of alcoholics, called ACOA's COA's co-dependent or simply adult children. These people have grown up in alcoholic or dysfunctional families, share many of the dynamics of the alcoholic, and benefit from many of the same techniques for dealing with their problems, namely self-help programs, 12-step programs, group support, reading and thus learning that they are not alone, share problems with others and that their problems can be mastered. Also important I think they may help us better understand the nature of dependency and disturbances of the self.

Bick Wanck's list of characteristics co-dependency
co-dependence = condition in which one places greater importance on the feelings and behavior of others than one's own.

The characteristics are
pervasive sense of inadequacy
desire to please
to keep others happy
hope that if they keep others happy, the co-dependents needs
will be met.
difficulty knowing what is normal or regular
feelings/behavior
therefore life feels arbitrary
great difficulty in identifying feelings, wants, needs
and distinguishing needs from wants
one ignores one's own wants and magnifies others wants into
needs

desire/need to be in control of others
of events in life
of reality

difficulty in accepting life as it is

tendency to be deceitful under the belief that one's (angry)
feelings will drive people away.

CF narcissistic dynamics co-dependence = disturbance of self or
narcissism.

VII. THE CULTURE OF NARCISSISM, GREED, ENTITLEMENT, CULTURE OF RECOVERY

VIII. FINALLY, THE WORRIED-WELL

I think from these descriptions it will be possible to recognize people we know--not always patients. Hopefully we can recognize aspects of ourselves, for we all have to deal with the same developmental issues. Some of us are more fortunate than others in having better external or internal supports, but there is no arbitrary line that separates mental patients from the rest of us.

Often these days the "worried well" are pejoratively cast aside and discriminated against by insurance companies and health policies. They too--or should I say "we"?--suffer and often deteriorate. Though they function, their neuroses may be debilitating, and the toll on society, on children, and future generations of devaluing, depreciating, or not responding to this kind of suffering may be one of the great unmet health needs of our time. We ignore it at our peril. Our ability to help others

depends on our ability to help ourselves and recognize our common
plight as part of the human condition we share.

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