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The resolution of the separation-individuation process via therapeutic termination: a case study.

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THE RESOLUTION OF THE SEPARATION-INDIVIDUATION PROCESS
VIA THERAPEUTIC TERMINATION: A CASE STUDY

A Thesis Presented
By
Mary Alma Scarcliff

Submitted to the Graduate School of the
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THE RESOLUTION OF THE SEPARATION-INDIVIDUATION PROCESS
VIA THERAPEUTIC TERMINATION: A CASE STUDY

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CHAPTER I
THE PROCESS OF CLINICAL RESEARCH

What is therapeutic change? How does it occur? What are the roles of the therapist, of the patient, and of their relationship in effecting such change? These questions have been approached in many varied and contradictory ways—from multitudinous theoretical and technical perspectives. This attempt to approach the same questions represents the integration of my readings in self and object relations theory (Kohut, Balint, Fairbairn, Winnicott, Klein, Kernberg) and in observational research in early childhood development (Mahler, Kaplan, Spitz, Bowlby, Piaget). The convergence of these related areas in the individual psychotherapy of a woman client, whom I shall call Kate, provided a theoretical framework which enhanced my empathic understanding of Kate's world.

The therapy and termination with Kate appeared to reflect the stages of separation-individuation defined by Mahler, Pine, and Bergman (1975) and Kaplan (1978). That period corresponds to the narcissistic stage of development discussed by Kohut (1971, 1977) as the period in which the sense of a cohesive self is developed, leading to self-object differentiation and to the phenomenological development of autonomy and separateness in the individual.

Kate's description of the difficulties for which she began therapy, as well as her behavior in relation to me, suggested that
her problems derived from lack of completion of the tasks of separation and individuation. The following chapters will describe the work of therapy and termination, within the context of self and object-relational development.

My interest in narcissistically-based disorders and the issues they raise—the integration of the self, the establishment of strong but flexible boundaries around the integrated and whole self, and finally the development of the ability to separate, leaving symbiotic dependence to accept, enjoy, and creatively experience personal autonomy and mature interdependence—derived from my own experience, as well as from observation of the struggle for autonomy in family, friends, and clients. Specifically through observing Kate's progress in therapy, within the framework of Kohutian theory and the observations of early childhood researchers, I came to comprehend ways in which the systematic application of that theory could allow the therapist to understand, predict, and prepare for each small step toward the ultimate separation-individuation goal.

As Kate and I were nearing our scheduled termination date, I decided that I would like to use the case material to illustrate the implications for therapy of theory and research in self and object-relational development, the subject matter of my thesis. My supervisor and I discussed methods by which I might incorporate my request in the therapy in a constructive way, so that my use of the material would be integral to the termination goals. That was successfully accomplished, and Kate granted me permission to
use the material in my thesis.

**Method**

The method of data-collection was the method of therapy: empathic observation by the therapist-participant. Kohut stated three propositions regarding the functions of empathy in human life:

(1) Empathy, the recognition of the self in the other, is an indispensable tool of observation, without which vast areas of human life, including man's behavior in the social field, remain unintelligible. (2) Empathy, the expansion of the self to include the other, constitutes a powerful psychological bond between individuals which—more perhaps even than love, the expression and sublimation of the sexual drive—counteracts man's destructiveness against his fellows. And (3), empathy, the accepting, confirming, and understanding human echo evoked by the self, is a psychological nutriment without which human life as we know and cherish it could not be sustained (1973, p. 705).

The use of empathy as an instrument of scientific observation and as a data-gathering tool is not intuitive, but reflects a disciplined and systematic cognitive process. The therapist-observer attempts to understand the meaning of the patient's behavior by generating a number of alternative explanatory hypotheses. Those hypotheses, in the form of interpretations, cover a broad range of psychological configurations as the therapist strives to define as precisely as possible the patient's inner experience (Cf. Kohut's "trial empathy," 1973, p. 711). The multiple determinants of human behavior require that the same material be reworked at different points in the therapy. The therapeutic goal is not "insight" into maladaptive or symptomatic behavior, but the working through of the non-
empathic genetic determinants within an empathic relationship, facilitating behavioral and phenomenological change as a consequence of the patient's changed inner experience of self and other. The therapist evaluates her hypotheses within the context of the material emerging both verbally and nonverbally within the therapy. That material is the evidence for or against the accuracy, the precision, and the appropriateness of a given formulation (Kohut, 1973).

Audiotape was used throughout the therapy for review of the case material, and the tapes from the termination phase were preserved. Extensive process notes from the earlier portion of the therapy and transcripts of a few key sessions provided the remainder of the data. During the course of the therapy there emerged a detailed life history, a continuous stream of current life events and the vicissitudes of ongoing relationships, and a rich and relevant fantasy and dream world, all as reported by Kate. In addition, there were the data of the therapeutic relationship, the transference and countertransference manifestations as I experienced them and as Kate described her experience of them.

The termination phase, with its inherent issues of dealing with loss and separation, is common to all therapies and is frequently the most difficult phase for both therapist and client, representing as it does the culmination of a long period of intensive and extensive reconstructive work. Just as the death of a loved one confronts us with our own mortality, the termination of a client in therapy confronts us with our own aloneness, our own ambivalent
fear of and desire for autonomy. It is my hypothesis that the ability of a therapist to make a therapeutic termination, to utilize that period for the final working through of the client's ambivalence, and to be able to let the client leave therapy as an autonomous and whole person is directly related to the therapist's own progress toward autonomy. Based upon my own experience in terminating with clients, I believe that an appropriate and therapeutic termination for the client is also useful in the therapist's personal growth and understanding, as the therapist empathically re-experiences her ambivalence about separation and moves with the client toward their mutual goal.

The method of empathic observation is a subjective one, in which I as therapist was both participant and observer. I had to be able to utilize my own subjective experience and at the same time to try to step outside myself and to observe the effect of my actions and of the quality of my empathy upon Kate and our interaction. As a trainee with relatively limited experience I had to be aware of both the efficacy and the faultiness of my technique and empathic response. I had to learn to recognize the times when my deficiencies provoked a negative therapeutic response, as well as to learn ways in which to transform that response into a constructive and progressive movement in the therapy through my subsequent interventions. That is, I had to learn to use the natural frustrations inherent in the work, deriving both from myself and from the limitations of the therapeutic relationship, as stepping stones
leading Kate to independence. Supervision helped me to gain greater objectivity and to examine non-defensively my inner response and my behavior.

**Therapeutic Collaboration**

Two collaborations influenced the therapy and hence the collection of data: the therapeutic alliance with the client and the supervisory alliance. The stability of the supervisory collaboration made a positive outcome possible, given the vicissitudes of the therapeutic alliance. Although I did not consider using the case material for a study until the final weeks of therapy, both alliances were necessary to the continuation of and progress in the therapy. Kate’s pain and distress plus her courage and determination were essential factors in allowing her to stay with the work, albeit sometimes reluctantly and angrily. My experience of our alliance changed over time. Initially I felt both challenged by Kate’s resistance and empathetic to her frustrated neediness. Later I became delighted with her creativity of expression, demonstrating both the wealth of her inner resources and her imagic access to unconscious material. Thus at different points I felt allied with the split-off aspects of Kate’s self as they were activated in the therapy. During our final six months of work together I felt firmly allied with an integrated and whole Kate, as she strengthened her personal and interpersonal boundaries pursuant to leaving therapy as an autonomous woman in control of her self.
Kate herself, of course, provided the primary text of the therapy. The material she presented in each session—her reports of her current activities, her descriptions of her family and social history, and her verbal and behavioral expression of her responses to me and our work together—and my own inner experience of her and the work were the extended data base. The data were Kate's experiential world introspectively examined and my participatory experience as empathic observer (Cf. Kohut, 1973).

Additional factors which influenced both the data received and my handling of that data were my theoretical orientation and the ground rules of therapy. The data base was expanded beyond our separate and mutual experiences by the theoretical lens through which I scrutinized the work and via which I made my interventions. Having such a lens gave me a sense of security in that I could put in focus the many elements that emerged, enabling me to see each in relation to the whole. Such a theoretical view of the work did not produce a constant and static picture of Kate and her world. Rather the picture was continually moving and changing, with different elements in the foreground or the background at different times. At times the focus was poor and the picture blurred; at others the focus was sharp and the picture clear; at still others one element became so enlarged as to block out view of all the rest. The supervision and my theoretical foundation provided the lens.

In addition to the theoretical view of the work, it was also my task to manage the therapeutic frame. Maintenance of this
frame was essential to the therapeutic process, to prevent the intrusion of extraneous and uncontrolled-for elements into the interpersonal field of therapy and also to insure the reliability and validity of the client's experience. The times when I mismanaged either the theoretical lens or the therapeutic frame, thereby losing my bearings in Kate's world or allowing her to lose hers in our shared world of therapy, were always critical moments in our work.

The parameters of the therapeutic frame were determined in varying degrees by the realities of the clinic setting, by my own personal limits, and by the realistic limits of the therapeutic relationship.

Time. Kate and I met for 94 sessions of 50 minutes each over a period of 22 months, including breaks in the work. For the first four months we met once a week. During the following five months the frequency was increased to twice a week. From the end of that period through the termination phase we again met once a week. Sessions were generally limited to the regularly scheduled appointments. Variations in the managing of this parameter included cancellations, with or without rescheduling, and rare extra-hour telephone calls from Kate. The consequences of such variations were consistently explored and interpreted within the dynamic and genetic contexts as well as within the transference.

Place. The sessions were always held in a therapy room in the clinic. A change in rooms was occasionally necessary, and again the effects
were examined. On one occasion I accidentally met Kate in the center of town, our only encounter outside the clinic.

Fee. A reasonable fee was set at the beginning of the therapy. The fee was twice renegotiated as changes occurred in Kate's financial situation. Kate paid regularly, with occasional delinquency directly relatable to events in the therapy.

Observation. Although Kate agreed to observation after little discussion upon intake, we were in fact observed only once. The arrangement with Kate was that we would both assume that we were being observed in each session although neither of us would know in advance that that was definitely the case. Although I became aware that we were not being observed, I did not share that information with Kate. On several occasions she raised concerns about observation which were explored and interpreted.

Taping. Also at intake Kate agreed to taping, audio and/or video, of our sessions. I used videotape twice, both times without her immediate knowledge. The audiotape recorder was kept in full view on the table beside us and was used consistently in each session. On the rare occasions when Kate mentioned the taping her fantasies were explored and interpreted.

Roles. The clarification of our respective roles in the therapeutic endeavor was undertaken only within the context of transferential manifestations of the client's needs, desires, and fantasies.
Training facility. During the first phone contact with an intake worker, again during the first phone contact with me, and in our initial session the nature of the clinic as a training facility was explained and its effect explored, with confidentiality being assured within the limits of the supervisory relationship.

Research. Toward the end of the termination phase I began to consider the possibility of using Kate's material in my thesis. After discussing the proposal with my supervisor, I raised it with Kate, exploring her fantasies and concerns with regard to my use of the material. Her agreement was made explicit in her signing of a consent form (Appendix A) and a release (Appendix B) after she had read the completed thesis.

Data Collected

As previously mentioned, I retained process notes from 94 sessions with Kate, verbatim transcripts from several crucial sessions, and audiotapes from the last 13 sessions. The two videotapes were erased. The audiotapes comprised the entire termination phase, including the session in which the subject of termination was first raised.

The therapeutic alliance between Kate and me formed the context in which the data were gathered. The purpose for which they were collected was not research, but therapy. As a result, the relationship was an essential tool of the therapy and influenced both the data received and my interventions. It is not possible
to separate content and process in such a relational context.

**Research Questions**

The first major parallel that I observed between research in early childhood development and self and object relations theory derived from the similarities between the phase-appropriate activities and concerns of the separating and individuating child and the defenses and symptomatology of the "narcissistic" patient (DSM-III Draft, 1978; Mahler, Pine, and Bergman, 1975; Kaplan, 1978; Kohut, 1971, 1977). My first question, then, was whether detailed and systematic observation of the behaviors and functioning of a patient manifesting narcissistic personality disorder might reflect specifically and precisely the behaviors and functioning characteristic of the separation-individuation subphases of early childhood.

The second parallel was the emphasis on empathy. Mahler, Pine, and Bergman (1975) and Kaplan (1978) provided detailed accounts describing the essential function of maternal empathy in the psychological maturation of the child. Similarly, Kohut (1959, 1971, 1973, 1977) presented case material to illustrate the essential function of therapist empathy in the process of transmuting internalization, by which the patient grows and changes in therapy. The similarities between the "holding environments" (Winnicott, 1965b) of the early mother-child dyad and of the therapist-patient dyad suggested that careful observation of the therapeutic relationship and interaction might reflect specific patterns already observed
in the developmental processes of early childhood. Since empathy appeared to be critical both to the psychological birth of the child (his separation and individuation) and to the therapeutic rebirth of the patient, I wondered if close clinical observation of the therapeutic process might reveal more specific parallels between that process and early childhood development.

Mahler, Pine, and Bergman (1975) described five relatively distinct mothering styles, each eliciting a distinct and characteristic response pattern in the developing child. The response pattern to the unpredictable, non-empathic, and pre-ambivalent maternal style appeared to be reflected in the relational pattern of the narcissistically-disordered patient (DSM-III Draft, 1978; Kohut, 1971, 1977). Hence my third question was whether the development of narcissistic personality disorder might be a function of that specific mothering style. Careful attention to genetic data within the context of transference responses to the patient's experience of the therapist as unpredictable and non-empathic might clarify the question.

Another parallel was that between characteristic responses, at each separation-individuation subphase, to maternal absence (Mahler, Pine, and Bergman, 1975; Kaplan, 1978) and the regressive swings (Kohut, 1971, 1977) or negative therapeutic response (Olinick, 1964; Gorney, 1979) of the patient to perceived empathic failure on the part of the therapist. I wondered if the changing manifestations of the negative therapeutic response might reflect the patient's
current developmental level, and thus might be a useful index in defining the current therapeutic work and the work yet to be done.

In summary then, I hoped to begin to define and to clarify the relationship between the separation-individuation process in early childhood and the process of transmuting internalization in psychotherapy, through detailed observation of the vicissitudes of the therapeutic interaction.
CHAPTER II
INTRODUCING KATE

My initial introduction to Kate was by phone. Her voice was pleasant, well-modulated, and expressive. When we met for our first session a few days later, I found Kate to be a tall, slender young woman, whose movements and gestures were graceful and seemingly unself-conscious. Attractive, well-groomed, and casually dressed, she appeared to be very bright and highly articulate. Her large dark eyes were her most striking feature. She used them artfully, and the expressiveness of her mobile face, her movements, and her voice suggested a high level of integrated control over her self-presentation. The only dissonant note was in her affect which, although showing a broad range, was not consistently appropriate to the content of her communication.

Kate's History Prior to Therapy

Kate was born in a wealthy Connecticut suburb in April 1955, the first child of Matthew (then aged 29) and his 21-year-old wife Maggie. Matthew was a rising executive in his upper class family’s business. He had an ample income from his work, as well as from the investment of inherited monies. Maggie was the daughter of working-class Swedish immigrants.

When Kate was nine months old the family moved to Ohio,
returning east to Newport, Rhode Island, when she was four. Both
moves were related to Matt's work. Kate was almost two years old
when her sister Annie was born. Two years later Jenny was born,
followed three years later (when Kate was seven) by James. Upon
the family's return east, they built and moved into a large modern
house on the 50-acre estate of Matthew's parents, staying there
until Kate was 14.

The Newport home was described as an isolated but elegant
playground. Kate's earliest memory was of the move from the mid-
west. She recalled standing in front of the Ohio house, staring
up at the huge red moving van in fascination and awe, feeling very
small and helpless, until someone—she did not remember who—took
her by the arm and led her away. Kate's report of those years in
Newport suggested a somewhat chaotic family life. The children
"had no upbringing." Maggie sent them out to play together in the
woods, and occasionally with the one nearby family with children.
Kate's poignant description of the small band's fantasy play amongst
the trees suggested her role as the brave, perforce, leader of a
troup of insecure children. Maggie herself was pictured as a lonely
and unhappy woman, with few social contacts. She made Kate her
confidante, the repository of her fears, anger, anxieties, and disap-
pointments. Matt traveled during the week and was at home only
on weekends. An alcoholic, he was given to violent rages, constantly
criticizing and nagging the children. Although he was seldom phy-
sically abusive, his loud harangues caused Kate's back muscles to
tense up spasmodically as she tried to maintain her sense of integration before his verbal attacks. Kate described repeated incidents as she was growing up when either parent would become angry with her, verbally belaboring her, and following her and remaining when she sought sanctuary in her room. There was no escape from their angry intrusiveness.

Although Kate's parents were not religiously active, Kate attended the Episcopalian church with her paternal grandmother. When Kate was five her grandmother gave her a small silver cross. This talisman was treasured for years, and in Kate's fantasy could magically protect her from harm. Kate's specific memories of her early home life were relatively few. She recalled contented afternoons when she, Annie, and their mother sat reading together in the living room, drawing pictures for her mother with Annie and Jenny, the special drawer each child had in the kitchen for art work and treasures, how her mother hung all the pictures in the kitchen, lying on her mother's bed watching the latter dress up for a party. She recalled one incident when she was running through the house, fell over a footstool, and knocked herself out. Her mother sat by her bed and talked with her for hours. Until Kate was ten, her siblings were her only playmates, with much of their time spent watching television. Kate also recalled vacations at the beach, when her father would play in the water with the children, and carry her piggy-back as he swam (the only pleasant recollections of Matt in her early years).
When asked about favorite stories of her childhood, Kate commented on three: Peter Pan in Never-Never-Land, where even Captain Hook was "too buffoonish to take the threat seriously;" the Nutcracker Suite which she would play and fantasize to, "a magical world where mushrooms would dance and nobody got hurt;" the Black Stallion books in which the black stallion would jump on the track and win the race, but was never tamed or trained. She also spoke of the Star Trek television series, based upon which she developed a fantasy of a legion of impassive "Mr. Spocks" who watched over her and protected her from all harm.

Kate's parents did not get along well with each other. Her father traveled and was home only on weekends. She reported vivid memories of her parents' quarrels, during one of which, when Kate was four, Matt picked up Annie and threw her across the room. She recalled his hitting his wife several times, slapping Kate only once when she was 13. Neither parent was "spanky"; usually Matt counted to three and was obeyed. Kate reported feeling responsible for her parents' fights, believing that if she could just intervene appropriately everything would be smooth between them.

Maggie told Kate that she had married Matt because he seemed to be "stable and mature." Maggie's own father had tried to commit suicide on two occasions and had spent his last years in a mental hospital. Later Maggie redefined what she had believed to be Matt's stability as "coldness." Kate said that her father was like a "block of ice," never "laughing, kissing, hugging." The only de-
tail of Matt's early years that Kate mentioned to me was the childhood death of one of his brothers, following which Matt was said to have become very isolated, withdrawn, and alienated from others.

As Kate approached puberty, her mother began to be active in the women's liberation movement. The parents' fights were worsening. Finally when Kate was 14 her mother moved out and went to Providence to live with her lover Greg. The children stayed with their father. Kate became the focus of her father's drunken anger. One night about a month after Maggie had left, Matt went into Kate's room, raging, and refused to leave. Feeling desperate, she pushed him out the doorway, and he tumbled down the stairs. When Kate rushed to see if he was all right, Matt accused her of trying to kill him. The next day she moved in with her mother and Greg.

During this period Kate had a dream which she recalled vividly. In it appeared a "golden knight" with a golden standard of protection. The dream was deeply meaningful to Kate. She made a golden standard and hung it on the patio outside her bedroom window. She wrote the dream into a play and performed it in school: She felt the golden knight was a protector.

For about three months Kate continued to live with her mother in Providence. She enjoyed that time as very special, aware that she did not have to share her mother with her sisters and brother. Also at that time Kate became sexually active, beginning a long list of intimate relationships. The other children were not, however, content to stay with their father. Matt bought a
house for Maggie and the children in nearby Middletown. Maggie was working as a taxi driver and studying the occult. After they all moved into the house—which Kate called the "Holly House" because of the tall holly hedge surrounding it, and which the townspeople called the "Hippie House" because of the activities there—Maggie no longer wanted to be called "Mum" as she had been, and insisted upon being called Maggie. During the following years prior to Kate's graduation from high school, the children lived a very disorganized life. Maggie would keep them home from school to take them to concerts and museums. Disgruntled runaway teenaged friends of Kate's found their way there and were taken in. Maggie dressed flamboyantly in "hippie" clothes like Kate's and behaved as if she were one of the children herself. At one point in therapy Kate described a mother as "someone who reads to you, sits by you when you're sick, talks to you when you're upset, someone to do things for, someone to protect" (my italics). Certainly from their early years of intimacy, Kate and her mother appeared to have gradually reversed their roles.

After Kate graduated from high school at 17 she continued her former part-time sales job full-time. Kate had worked in some capacity ever since leaving her father's house. Late that summer Maggie and her current lover Duke decided to take a vacation. Duke considered himself Maggie's "psychic advisor"—with the aid of the "twelve elders in heaven" who communicated with the world through him. As Kate watched her mother pack, she realized that Maggie was
taking things inappropriate to a two-week trip to Nevada. She accused Maggie of planning to leave permanently, but Maggie insisted she would return. She did not return. Over the next year she sent sporadic postcards and gifts.

The children did not see their father. Matt sent a $225 check to Maggie each month. Kate cashed it and used that plus her earnings to support her family of siblings. There was no money to spare, and Kate commuted to work in Providence by bus and by hitch-hiking, ill-clad in a thin and well-worn coat. When Matt periodically called to speak to Maggie, the children told him she was out, following a practice established when Maggie had actually been there. The lie had originated as the children's effort to protect their fragile mother from their father's abusive harassment because his calls had upset her. Now the lying served to protect the children from having to live with their father. During this year, Kate quit her sales job to take work on the local newspaper. Although the pay was less, she saved commuting costs and was more available to the younger children, all of whom had part-time jobs of some sort.

Shortly after Kate's eighteenth birthday, almost a year since her mother's disappearance, Matt's mother heard from a friend about Maggie's departure and informed her son. Matt made no change in the arrangements for several months, but he did begin to call for 11-year-old James, to take him out to eat, and to buy him new clothes. Kate reported having felt guilty because of her envy of
James' preferential treatment. As the summer drew to a close, Matt took James to live with him. Then 14-year-old Jenny decided she "was tired of poverty" and moved back to her father's house. And as the weather became colder, Annie and Kate joined them.

Kate described the period after their return as a very difficult one. She experienced herself as the focus of her father's rage. She resented his intrusiveness, his tryanny, his obsessive neatness. She reported a typical incident: She had done her laundry in the basement laundry room and was carrying her clean clothes upstairs to her room when Matt came "screaming like an enraged bull" after her, accusing her of having left the laundry "in a mess, soap powder all over the place." Thinking she must have inadvertently knocked over the box of detergent, Kate went down to clean up--only to discover "half a dozen grains of powder sprinkled on the washer." Because of his "exaggerations and over-reactions," Kate decided to move out. Without her to stand protectively between them and Matt, the other children adopted a placating stance, trying very hard to please their father and thus to avoid his rage.

In Providence Kate found a room in a cooperative house with other young people in "a bad neighborhood" in which there were repeated muggings, robberies, murders, rapes. Oblivious to the violent reality of her surroundings, Kate walked the streets at all hours, wrapped in a secure fantasy of vulnerability, protected by the golden knight and her guardian Mr. Spocks. Again out of work because of the moves, Kate briefly got a job selling ice cream from
a bicycle cart, not a lucrative enterprise in mid-winter, and soon abandoned for a job with a publishing house.

Several months following her move out of Matt's house, Kate received a postcard from her mother who announced that she and Duke were now living in New Hampshire. Kate arranged to have Annie and Jenny spend a weekend with her, and the three girls took the bus up to visit their mother, not telling even Jamie of their destination. It was just over a year since Maggie's disappearance.

Kate was shocked at her mother's appearance. Always a slim woman, Maggie's body was gaunt, her normally deep-set eyes sunken and encircled with dark rings. Maggie and Duke were living in one small, meagerly furnished room "decorated" with neatly arranged empty beverage cans lined up against the baseboards around the room. Kate reported experiencing the display as "a pathetic attempt at humor." The girls deposited their sleeping bags on the floor, and the five went to supper at a nearby restaurant. The girls stayed there, talking with Maggie, after Duke announced that he was tired and was going to go back and go to bed. A half hour later, Jenny too said that she was tired and wanted to turn in. A bit later, Kate, Maggie, and Annie went back to the room. There they found Jenny and Duke in bed together. During the ensuing scene, Duke announced that he was now also Jenny's "psychic advisor" and protector. Feeling "physically sick and numb," Kate walked into the adjoining bathroom and stared unhearing out the window as Maggie and Duke quarreled. Unaware of how long she stood there, Kate re-
turned to the bedroom when all was quiet, finding her sisters in their sleeping bags, Maggie and Duke in bed. Kate crawled into her sleeping bag and slept.

The next noon Maggie and her daughters went to lunch just prior to the girls' taking the bus back to Providence. Kate reported with bitter amusement that her mother had managed to duck out, leaving them with the check. The three sisters maintained their silence about their trip after their return. No more was heard from Maggie, the memory of whose existence Kate lost. For the next few years, until shortly before entering therapy, Kate "had amnesia" where her mother was concerned.

During the following two years Kate held a variety of jobs—chauffeur, receptionist in a lawyer's office, governess. She continued to live off her own earnings and to try to save money to go to art school. She occasionally saw her father and siblings. Matt remarried. Lucy, his new wife, was a legal assistant, quite a bit younger than her husband. Kate described Lucy as a warm and likable woman, who treated the children with kindness and generosity and who was very loyal to Matt. It was from Lucy that Kate learned of her father's alcoholism. With Lucy's help and encouragement, Matt stopped drinking. Kate saw the marriage as a good one for Matt, who seemed to be "mellowing" under Lucy's influence.

Kate began to apply to art schools, hoping to enter in the fall of her twenty-first year. She was angered by her father's response to her plans, his saying that she "drew cute bunny rabbits
and squirrels," but that that would not be enough to get her into art school. She realized that Matt had not even looked at her much more advanced work for many years, but was recalling her grade-school drawings. Matt agreed to subsidize Kate's education at the state university, but not at the more expensive art schools to which she had hoped to apply. Kate's own savings were small. Because of her father's wealth, she was not eligible for substantial scholarships. Feeling angry and helpless, Kate accepted the reality of her financial dependence upon her father if she was to continue her education. She enrolled in the state university, where she took a work-study job.

Kate moved into a dormitory room shared with Janie, a young woman who was to become her closest friend in the small university community. Kate found the adjustment to campus life very difficult. She felt like "a faceless member of a faceless mass," "isolated and lost," "surrounded by two-dimensional figures in a two-dimensional world." While in Providence, Kate had developed a strong and cohesive support system among a group of young people similarly disillusioned and alienated, fighting for survival on the fringes of society. Separated from friends and from her most recent lover, she felt overwhelmed by the impersonality of the academic machinery and by the multitude of unknown people. She experienced herself as having no sense of who she was, no sense of a "continuous self."

The imposition of external structure was frustrating to her, specifically in the form of curriculum requirements, scheduling demands,
and the experientially alien expectations of her instructors. She particularly found the structuring of assignments in her art classes inhibiting to her own creativity.

Because of her long-standing interest in the theater, Kate auditioned for a role in a play during her freshman year, and subsequently got the part. Through the play she met Carl, a young theater major, and Tiffany, a woman near Kate's age. Kate found refuge in a relationship with Carl. With him she repeated the relational pattern that had become typical of her. They became intensely intimate very quickly, without an initial period of getting to know one another. Kate soon experienced herself as "fused" with Carl, as having an identity through his perception of her. She depended upon him to identify and label her feelings, her needs, her desires, her expectations. Only within the relationship did she feel herself and the world to be "three-dimensional."

Kate played Tiffany's mother in the play. During later rehearsals and in the actual performance Kate found herself losing contact with her own reality during the interactions with Tiffany, feeling that she was the role. She described those episodes as very frightening, with Kate breaking down in tears after the performance was over. Also in conjunction with the play, she began to have memory flashes of her own mother, bringing her loss of memory to her awareness for the first time. Janie, Tiffany, and Carl tried to console Kate. She relied on her friends to hold her, hug her, and rub her back, by these acts gradually soothing her and
restoring her sense of reality. But, as had also been typical of Kate's previous heterosexual relationships, Carl was beginning to tire of Kate's neediness and dependency. He ended the relationship. Unable to accept his decision, Kate frequented the places and followed the routes of Carl's daily life in an effort to see him, be near him, feel his presence, and thereby feel herself to be alive.

Kate, Janie, Tiffany, and a fourth woman, Sara, decided to establish a cooperative house together. They found a large apartment in the center of town and moved in at the end of the first semester. Feeling confused and disrupted within herself, Kate had been unable to complete all her course work, nor had she been able to speak to her instructors about her difficulty. For that reason she dropped out of the university. Soon after the break-up with Carl, Kate began an affair with Gary, a black ex-convict. He moved into the apartment, sharing Kate's room. When the second month's rent was due, Gary stole the rent money and disappeared. At that point Kate's housemates urged her to enter therapy, and she called the clinic where I was in training.

There were no openings at that point in early summer, and Kate was put on a waiting list. Shortly thereafter, Kate developed an acute infection from which she suffered for the rest of the summer. Sick, jobless, physically unable to work in any case, distraught over what she was beginning to recognize as a self-destructive pattern of relationships with men, plagued by fears for her sanity because of the awareness of her period of amnesia and her continu-
ing fragmentary memory of her mother, fearful of her father's ridicule should he learn of her academic failure, Kate was completely dependent upon her housemates for support and caretaking. Unable to meet her living expenses, she asked her father for a loan, to which he reluctantly agreed, sarcastically saying he was sure she would never pay it back.

Kate's health began to improve as fall approached, and she found a job working on an area newspaper, to begin in September. Also in early September I was assigned to be Kate's therapist.

Kate's Dilemma

In our first session Kate was very clear about the nature of her difficulties. She defined her problems as difficulty in relation to her mother, both prior to and since the latter's disappearance; hostility towards her father; and problems in maintaining a sense of self outside a relationship. She said that she wanted therapy to be a place where she could explore her concerns and try to find more constructive ways of relating. During the subsequent sessions she elaborated upon her problems, discussing her poor interpersonal boundaries, a conflict between feelings of powerlessness and a need to feel "in control" in relationships, her feelings of "emptiness" and "incompleteness" when not in an intimate relationship, her social alienation and difficulty in making friends, her jealousy of her father's favoritism toward her siblings, her wish for her father's approval and her despair of getting it, her per-
vasive distrust of "people who aren't clear," the "all-or-nothing"
nature of her relationships, the conflict between her "shoulds" and
her needs, her tendency to "edit" herself to get the approval of
others which required "denying parts of [her]self," her rebellious-
ness against her father and the establishment, her own severely
judgmental attitude toward self and others, her inability to experi-
ence her emotions which she described as compartmentalized in sep-
arate boxes and locked away, her strong feelings of responsibility
and "guilt" when anything went wrong, her feelings of competitive-
ness with her father, her splitting into "all-good" and "all-bad,"
her projection and projective identification.

Kate's Inner World

Kate's extraordinary creativity, her artist's eye, and her
acting gifts all made it possible for her to communicate with expres-
sive clarity her rich inner world of fantasy, dreams, and imagery.
Her mystical interests (e.g., in astrology, the Tarot, Jungian sym-
bolism) made her a willing and eager guide in the exploration of
the meaning of her current inner world. She was less willing to
examine her past experience, such as the golden knight dream, wanting
to hold such dreams and fantasies in her memory without interpreta-
tion. I had the sense that she felt that understanding them in a
conscious, cognitive way would somehow alter or destroy them. When-
ever Kate introduced elements of her imagic life I felt that she
was sharing something very precious with me, trusting me with the
intangible fibers of her very being, and I tried to collaborate with her in examining those fibers with gentleness and care that they might be better understood by both of us.

Kate's current object relations. The self-protective function of Kate's fantasy life must have already become evident (Cf. Giovacchini, 1975): the silver cross, the golden knight dream, the overseeing Mr. Spocks. By the time she entered therapy Kate no longer consciously relied upon such magical means, but she continued to carry herself fearlessly in situations that were physically dangerous, not only oblivious to real threat but denying it if it were brought to her attention. Her perception of the outer world was split into good and bad. People—in the abstract—were good. Institutions and authority were bad. Her inner experience was split differently: rational thought and affective experience had not point of contact, no complementary interaction.

Kate's object-relational development was at a relatively primitive stage when she entered therapy. Her general level of functioning—she had, after all, been supporting and maintaining herself at least at, and usually slightly above, the survival level for many years—and her ability to establish and mobilize a support system both suggested some basic ego strength and the capacity to form appropriately gratifying attachments, as well as the fundamental achievement of what Kohut (1971) termed the "cohesive self." Kohut ascribed the achievement of the cohesive self to the narcissistic stage of development and described disorders deriving from
that stage as characterized by regressive fragmentation. Kohut discussed several aspects of the self: the "body-self," the "mind-self." He defined the stage of the cohesive self as "the growth of the self experience as a physical and mental unit which has cohesiveness in space and continuity in time" (1971, p. 118). What appears to be salient in viewing the narcissistic period as the period during which self-cohesion is achieved is that the experiential integration has not been consolidated and validated either externally or internally sufficiently to become solid, firm, and unshakeable. The self is "cohesive"—"stuck together," by definition, not tightly integrated—and thus capable of fragmentation or disintegration under stress. The primitive cohesive self of this stage unites the "grandiose self" (an idealized, omnipotent self) and the "idealized object" (an archaic, omnipotent object). It is a pre-ambivalent period of evaluative splitting. When the self is "cohesive," both it and the object are "all-good." Stress or frustration produces fragmentation and regression in which self and object either continue to be fused in an "all-bad" devaluation, or are evaluatively polarized. In the latter case, the maintenance of the "good self" requires the devaluation of the object. The externalization of "badness" via the disowned object exacerbates the internal tension because the loss of the object leaves only a partial self. There is a sense of emptiness; part of the self is gone.

In the context of Kate's initial presentation, she thus ap-
peared to have achieved a limited and tenuous experience of her self as a relatively coherent and continuous mental and physical unit. However, her dependence upon others for support and the maintenance of her sense of self indicated a lack of consolidation and a fragility of that achievement. Her sexual activity also suggested narcissistic depletion and self-fragmentation, artificially "healed" via fusion with an idealized object (Cf. Kohut, 1971, p. 119 fn.).

Kate's object-relational development. Within the context of Kate's developmental history, both as recounted by Kate and as suggested by the transference manifestations, it appeared that Kate must have had some fairly appropriate, empathic nurturance from her mother early in life. At the same time, objective examination of Kate's descriptions—adoring and eulogizing as they were—of interactions between mother and daughter indicated that Maggie herself was a severely disturbed woman, with considerable potential for narcissistic regression and self-fragmentation. Maggie's marriage to Matt was a conscious effort to acquire self-cohesion via alliance with a "stable" idealized object. Her initial misperception of Matt's rigidity and emotional alienation and detachment suggests poorly developed interpersonal reality-testing on Maggie's part.

According to Kate's report, Maggie performed a stereotypically appropriate maternal role prior to the divorce, e.g., preparing "good, well-balanced meals," maintaining a comfortable and well-organized home, providing for her children's creature needs. Maggie appears to have identified strongly with Kate, who was her preferred
child. Whenever Kate functioned as a gratifying extension of herself, Maggie seems to have behaved not only gratifyingly in return but as if the two were not truly separate. This early symbiotic relationship appears to have fostered Kate's development of a sense of self-cohesion through the merger of idealized self and idealized object. But when the developmentally normal movements toward individuation and separation were made by Kate, they were not encouraged by Maggie, but rather were perceived by her as a threat and appeared to distance her, to anger her, and to exacerbate her withholdingness and/or attack. These inferences are derived from Kate's reports of interactions with her mother during latency and adolescence, and it is merely my hypothesis that Maggie's behavior during those periods exemplified and reflected a pattern established during Kate's infancy.

In summary, upon entering therapy Kate appeared to be in the narcissistic stage of object-relations development. She had a precariously maintained sense of a cohesive body-mind-self. It appeared to depend for its maintenance with positive valence upon merger with an idealized object. Kate's deep-seated urge to autonomy appeared to be reflected in her tendency to form intimate alliances with marginal individuals whose antisocial acting out brought them into conflict with societal rules and expectations. These alliances and Kate's own rebelliousness against authority (her father, the establishment) appeared to give her a sense of personal boundaries in the act of butting up against the boundaries of others. Kate's
own feeling of frightening boundlessness was expressed in her image of herself as "water without a glass to hold it."
CHAPTER III
THE WORK OF THERAPY

The process of the pre-termination work of therapy will be discussed within the context of the developmental stages, the goals at each stage, and the transference and countertransference. In the discussion in Chapter II of Kate's symptomatology at intake it was suggested that her difficulties stemmed from her not having achieved full individuation and separation (Mahler, Pine, and Bergman, 1975) during the narcissistic stage of personality development (Kohut, 1971). She appeared to alternate between passive-dependent and passive-aggressive behavior. Kate expressed both a desire for interpersonal closeness and suspicion and mistrust of others and their motives. She appeared to need union with another in order to have a sense of self, but at the same time her tendency to merge with others threatened her, and others, with engulfment. She lived by a rigid set of "shoulds" which made her highly judgmental and critical of both herself and others. Impulse control appeared to be poor and often interpersonally as well as subjectively costly.

The initial short-term goal in therapy was to attempt to gain Kate's trust without threatening her with too-early intimacy. In order to control the transference so as to modulate the intensity of her experience, I planned to focus on her relationships with peripheral others, confronting and interpreting her maladap-
tive defenses (e.g., projection, projective identification, splitting) in an effort to help her learn more flexible and constructive coping strategies. The purpose was to try to assist in the achievement of stronger and more appropriate controls, and thereby in the lowering of her high level of diffuse anxiety, before beginning to deal with Kate's more significant relationships and her core conflicts.

The activities and tasks of specific phases and subphases of early childhood development appeared to be reflected in Kate's behaviors and concerns during therapy. Mahler, Pine, and Bergman (1975) and Kaplan (1978) defined the phases of normal autism, normal symbiosis, and separation-individuation. The latter phase was divided into four subphases: differentiation, practicing, rapprochement, and consolidation. Table 1 summarizes the characteristics of those phases and subphases, the corresponding ages, maturational tasks, infant activities, maternal styles and activities optimally facilitating successful completion of the tasks, and level of object-relational development. Although the research observations and the parallels with therapy will be discussed in greater detail in Chapter V, the presentation of the work of therapy will utilize the developmental context.

The developmental stages are not discrete steps without overlap, but rather represent a gradual progression with gradual transitions. The specific tasks and activities are those which were observed to be primary during the height of each stage. Simi-
<table>
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<tr>
<th>Phase/Subphase</th>
<th>Developmental task</th>
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<td>Age</td>
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<td>Normal autism</td>
<td>The restoration of</td>
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<td>Birth to four weeks</td>
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<td></td>
<td>Reflexive reduction of physiological tension</td>
<td>Feeding, holding, touching</td>
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<td>Normal symbiosis</td>
<td>Psychological bonding to the mother</td>
<td>Empathic nurturance</td>
<td>Preobjectal: beginning awareness of the body-self; sense of wholeness via fusion with self-object</td>
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<td>Four weeks to five months</td>
<td>Cueing, molding, stiffening, sucking, grasping, looking</td>
<td>Feeding, holding, touching, looking, cueing, talking</td>
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<td>Separation-individuation: Differentiation</td>
<td>Awareness of body differentiation from the mother; development of the body image</td>
<td>Empathic nurturance</td>
<td>Development of the body-self; sense of wholeness via a transitional object and as an extension of the self-object; splitting</td>
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<td>Four to eleven months</td>
<td>Reaching out, creeping, checking back, peek-a-boo, catch-me, tossing away</td>
<td>Maintaining home base; emotional refueling; mirroring</td>
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<td>Phase/Subphase Age</td>
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<tr>
<td>Separation-individuation: Practicing</td>
<td>Physical mastery of body and locomotor functions; beginning development of language; consolidation and awareness of separateness</td>
<td>Empathic nurturance</td>
<td>Consolidation of the body-self; sense of wholeness via transitional object, visual contact with self-object, and internal image of self-object; splitting</td>
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<td>Ten to eighteen months</td>
<td>Walking, balancing, running, elation in mother's presence, low-keyedness in her absence, checking back</td>
<td>Maintaining home base; emotional refueling and availability; mirroring</td>
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<td>Separation-individuation: Rapprochement</td>
<td>The establishment of a unique and differentiated mind-body-self</td>
<td>Empathic nurturance</td>
<td>Development of a mind-body-self; sense of wholeness via transitional phenomena and internalized image and functions of self-object; splitting</td>
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<td>Fifteen months to three years</td>
<td>Talking, clinging and pushing away, shadowing and darting away, holding on and letting go, no-saying, claiming the body, symbolic play and commun-</td>
<td>Maintaining emotional availability; letting go</td>
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<td>Phase/Subphase</td>
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<td>Separation-</td>
<td>Consolidation of individuality; self-integration; achievement of object constancy;</td>
<td>Empathic nurturance</td>
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<td>individuation:</td>
<td>stabilization of the boundaries of the self; consolidation of gender identity;</td>
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<td>sense of wholeness via internalized</td>
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<td>Consolidation</td>
<td>achievement of true ambivalence</td>
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<td>self-object; ambivalence</td>
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<td>Verbal communication, fantasy play, reality testing</td>
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larly, the parallels in therapy represent slowly emerging changes in behavior, functioning, and concerns. Although the transitions in the therapy will be presented as somewhat more dramatic, occurring in each instance upon the resolution of a negative therapeutic response, the therapeutic work of the prior stages paved the way for the transitions. The couching of the therapy in developmental terms was useful to me in understanding and explaining what occurred between Kate and me. This is not to imply that there is a precise temporal parallel between the length of time a child requires to traverse a given phase or subphase and the length of the corresponding therapeutic phase. Indeed, the length of any given phase in therapy might be expected to vary among patients, according to the relative success with which the corresponding early childhood tasks were completed. In the case of persons with narcissistically-based disorders, it is assumed that some success occurred in each subphase in early development, but that optimal resolution of the separation-individuation tasks did not occur. Thus the narcissistic adult is seen to function overall as an adult, but one whose needs, defenses, and interpersonal style reflect the characteristics of a comparatively primitive level of development.

Consolidation of separation and individuation is assumed to be a continuing, life-long process. It is also my speculation that the individual who has not achieved optimal resolution of the separation-individuation tasks will continue to repeat primitive interpersonal patterns in an unconscious effort to restore the ex-
perience of gratifying wholeness via psychological symbiosis with an idealized object. Such repetitions may ultimately foster developmental progress either because failure produces awareness of the self-destructive nature of such patterns, promoting change, or because success facilitates internalization at a higher level.

From Symbiosis through Differentiation

Kate was ten minutes late to our first session. Other suggestions of anger included her drawing a blank initially, and then saying her motivation to come in at that point (in September) was different from what had prompted her to call initially in June. Her tone was angry as she outlined the "outside forces" which she had "worked out" in the three months' wait. She went on to state that her current wishes were to work on "my unclear feelings about my mother, my terrible relationship with my father, and my heterosexual relationships." Regarding the latter she added:

This is the first time I haven't been in one. I don't know why I always felt I had to. It's been three months now—'ts been different. I feel more room. I'm lonely, but I'm thinking more about things for myself instead of for another person. I used to live out fantasy situations with somebody else. Like I was relating to myself through someone else and how they saw me, and I would take that and say, "Oh, that's me, that's good." Now it's right here and not filtering through anyone.

Kate went on to give substantial details of her family history, her past and current relationships with her family, her current living situation, her three-month illness over the summer, and her relationships with her housemates. There were several long
silences during the session, each following Kate's losing a train of thought in what she appeared to consider tangential associations. Each time I refocused to the specifics of her history or her relationships. At the end of the session, Kate acknowledged having felt "nervous" throughout. Just as she was about to rise, she added, "This must seem silly, but when were you born? What sign?" Taken off guard, I responded directly, to which Kate said that it was all right then because she had been born with the moon in my sign.

In the first session, after the initial expression of unacknowledged and uninterpreted anger, Kate had appeared to be anxiously cooperative, eager to please by giving a great deal of information. She missed the next appointment, calling in later in the week to reschedule, and the second session was very different from the first. Kate came in with a challenging "Are you interested in why I did not come last week?" I felt threatened by her taking the initiative, finding the change in her self-presentation very confusing. Kate seemed aggressive and hostile as she stated that her history-giving was for me and not helpful to her, that she felt two-dimensional "working with people I don't really relate to," adding that she wanted me to know her immediately but that "it might be nice not to feel close."

Kate went on to speak of her competitiveness with one of her roommates, whose behavior she associated with her parents' "nagging" which had made her "have the same feeling, like they think I'm doing something wrong, but I don't think I am, but I feel guilty,
and like I ought to stop. But I don't because I know I don't have to. [Pause. Then desperately, sighing:] I want things to go smoothly." I interpreted Kate's anger as deriving from a need to have somebody give her direction, structure, support, and thereby a feeling of realness and three-dimensionality, connecting it with her disappointment in having been on a waiting list for three months, with her disappointment in her mother's disappearance and her father's lack of support, and with my not providing her with clear procedures for her role in our work together. My interpretation essentially acknowledged Kate's need for a "home base for emotional refueling" (Mahler, Pine, and Bergman, 1975; Kaplan, 1978).

Following the interpretation, Kate sighed and began to weep softly as she described her brief liaison with Carl, her dependency upon him, and his rejection of her. I related that experience to her loss of her mother. Continuing to weep, Kate recounted her last meeting with her mother in New Hampshire. Throughout this latter part of the session Kate's affect was content-appropriate and consciously acknowledgeable by her. At the end of the session Kate said that she still did not feel comfortable with me, but had begun to feel "more relaxed." In speaking of the "fusion" with Carl, Kate appeared to have begun to work through her symbiotic needs, appropriately moving to her symbiotic attachment to, and forced detachment from, her mother (Cf. Freud, 1914; Kohut, 1971).

In retrospect, I believe that much of my confusion in the beginning of the therapy resulted from my non-recognition that we
had begun the work with an already-active transference (Cf. Modell, 1975). I was puzzled by the immediate intensity of Kate's emotional response, not recognizing that I had stepped through the looking-glass into the midst of an on-going relationship. Kate had automatically accepted me as the new partner in her strivings for separation and individuation, a partnership I was slow in recognizing. Since then I have observed in my own work, and in that of my colleagues, repeated immediate transferences in therapy with persons with narcissistically-based disorders. It appears to be more a matter of identifying the nature of the current relationship than one of establishing a relationship. During the first six sessions with Kate, however, I felt quite lost.

A great deal had happened in the first two sessions, which reflected the nature and conflicts of Kate's separation-individuation efforts. At the very beginning of our work together I was already perceived as the "bad mother," preoccupied with my own needs, for had I not neglected and ignored Kate and her needs for the three months she had been on the waiting list (Cf. Giovacchini, 1979)? The first negative response thus appeared to be active already when the therapy began, as a result of Kate's lengthy wait due to my unreliability. Kate's infection over the summer had allowed her the nurturance of her housemates, and the self-absorption of the illness appeared to have allowed a somatopsychic regression to a much-needed dependent state, in an effort to regain a sense of the body-self and of wholeness (Cf. Mahler, Pine, and Bergman, 1975;
Thus the therapy had begun symbolically for Kate in June, when she had ended her fused relationship with Carl with great distress and had stepped back and noted the self-destructive pattern of her heterosexual relationships. My three-month abandonment of her to her own devices elicited Kate's negative therapeutic response, now manifested as grandiose withdrawal (Cf. Kohut, 1971), as evidenced in her description in the first session of her recognition of her pattern of fusion to complete herself and her conscious efforts to abstain from heterosexual relationships while trying to find more appropriate ways of relating. Her anxiety about fusion with me was expressed in her wish for me to know her intimately, concomitant with a fear of getting too close. My initial failure to interpret Kate's anger and disappointment resulted in the missed session and in her overt hostility in the second session. Once I belatedly made the appropriate empathic interpretation, a positive transference in the form of a twinship mirror transference was activated, accompanied by idealization. The three-month waiting period symbolically represented Kate's transition from psychological symbiosis to differentiation. To say that her differentiation had occurred during those three months would be to overstate the case, since Kate's frustrations and disappointments in her many psychologically symbiotic attachments over the previous eight years had paved the way for the transition she was now making.
Kate's Practicing

Although Kate was progressing developmentally, I continued to be puzzled—as well as angry, delighted, threatened, and entertained—by her repertoire of identities. Through the next four sessions I felt a strong lack of continuity. I was never sure whether Kate would appear, or when. She missed two sessions and was late to two. Each time I saw her she seemed different: a forlorn waif, a precocious child-clown, an elegant young lady of the court, a woman of tragedy and mystery. I found myself fantasizing saying, "Will the real Kate please stand up?" The gamut of countertransferrential feelings left me highly confused.

In the sixth session my confusion was clarified for me. Kate opened that session talking about her anger with others. She said that she was usually able to suppress it, but currently she was experiencing her anger very explosively and of inappropriate intensity. For example, when her roommates expected her to wash their dirty dishes she felt like throwing them "like Frisbees" out the kitchen door. Kate herself interpreted the anger as displaced from her father, talking about her rebelliousness against authoritarian society and her "fears of being canned and pasteurized and put on a shelf like everybody else." I suggested that she might be afraid that therapy would do that.

Kate proceeded to talk about her fears of therapy, of being "brainwashed," of psychology being a "tool that could be used to change" her, and of her inability to trust me. I interpreted her
anger as deriving from not knowing what I expected of her, wanting my approval but fearing that she would have to make herself over to fit my preconceptions. Kate admitted "annoyance" that therapy was not what she had expected--"real shock treatment;" "to get my shoulders really shook;" "I expected you to zing me with questions to shock me"—resulting in her getting "itchy" and angry on the way home from the previous session. She said that she did not know how to express anger at me and admitted that she was afraid I would not like her if she showed her anger. At that point I told Kate how I had felt that she was showing me different, selective parts of herself during each session, as if she could not trust me to approve of the real Kate—all of her. Kate began to weep softly and silently. After a pause she said, with real anguish:

I really don't trust people to take it all, to accept all of me. I edit out whole sections of my life and I select what I show. Different people get different parts, the parts I think they'll find most palatable... I can see how I edit parts of myself from myself. I have these big unknown regions that I throw out. But they're still there.

The interrelated themes of trust vs. distrust, commitment (or responsibility) vs. rebelliousness, mask vs. genuineness, good vs. bad, mother vs. father, had run through all the sessions—including being acted out in the missed ones. Kate's memories of her mother continued to be scanty and over-idealized, the idealization protecting her mother, Kate, and their relationship from scrutiny. In contrast, her devaluation of her father was equally excessive and screened him from realistic appraisal. At the same time, Matt and Kate's feelings about him were more accessible for several rea-
sons: he could be located in time and space, whereas her mother had "disappeared;" thus Matt held the potential for support of Kate; she had relatively regular contact with him; she had strong yearnings for an idealized father, and because of the massive devaluation of her real father, she was able to project upon me the idealization. I represented authority, the institution, the establishment. Kate's intense self-criticism was projected onto others who were seen as sitting in judgment on her, just as she had experienced her father. She told me how as a child she and her friend Betty had kept a list of "shoulds" specifying the rules by which they would live. The list included such things as loyalty defined as "cutting off your arm to help a friend." Such extremes did not seem to disturb Kate at all, appearing to be as consciously acceptable to her now as when she and Betty first made the list. These idealistic rules were layered on top of the rigid paternal expectations which Kate had internalized.

By this point in the therapy several patterns had emerged. Direct focus on Kate's relationships with her parents appeared to be highly disruptive to her, producing confusion, blocking, concealment, selective memory, and other resistances during the sessions. Confrontation and interpretation of the resistances elicited either anger, which was usually projected onto me, or tears and other signs of apprehension of loss. These responses were paralleled in the distance or closeness Kate allowed herself in therapy, which resembled a minuet in that respect—the appropriate activity of the prac-
ticing subphase, but I did not recognize that at the time (Cf. Mahler, Pine, and Bergman, 1975; Kaplan, 1978). Similarly, transference interpretations and relational connections appeared to be highly threatening, eliciting acting out in the form of missed sessions, lateness, and using of roommates as therapists. Thus it was at this point that the decision was made in supervision to focus on Kate's peripheral relationships in an attempt to modulate the intensity of her experience and of the instant transference. That was the rationale; in retrospect, I suspect the decision was more intended to allay the anxiety and confusion that my supervisor and I shared.

Kate had recently begun a liaison with Dick, a fellow worker on the newspaper, and she was attempting to observe herself and her responses as that relationship developed, consciously trying to avoid repetition of earlier patterns. Other current relationships which she was discussing included those with her housemates and her other coworkers. I limited myself to dynamic and genetic interpretations, keeping them as brief, as simple, and as direct as possible, allowing Kate herself to develop the connections further when she so chose. That is, I interpreted the current conflict between Kate's basic needs and her superego demands and the difficulty in finding appropriate gratification, within the obvious and superficial context of her peripheral relationships. I did not address the transference implications nor the core disappointment in her mother's unreliability.
Despite these efforts, Kate continued to have difficulty maintaining continuity or a sense of connectedness with me from week to week. I also continued to experience her as disjointed and fragmented in her self-presentation. Gradually I realized that her self-editing for individuals, including for me, was a major factor in the lack of a consistent self-presentation. It appeared that when Kate was presenting material related to other persons, she presented herself to me as she did to them, and when she was focusing on our relationship her self-presentation was consistent with the current transference. Her recognition that she presented herself to others according to her perception of what they would like made it possible for her to abandon her smiling mask and her role as charming entertainer with me. Although she was beginning to catch and check her projections onto me, her reality-testing was not yet well-generalized to other relationships.

The approaching holidays appeared to be highly anxiety-provoking to Kate. Shortly before Thanksgiving she began to decathect from her current relationships, withdrawing into her own inner fantasy experience. At that time she told me that she felt therapy was a metaphor of herself pushing a cartload of carrots up a steep path while I walked alongside and slightly behind; when the carrots fell off I picked them up and put them back, and I held the cart when she stopped to tie her shoe. Kate's interpretation was that she was beginning to trust me. My unspoken interpretation was that Kate wanted to take time out to compose herself for the stressful
period ahead, and that because I had been able to follow her, had
picked up some of the enticing carrots she had dangled and dropped,
and had put them in place, she was indeed trusting me to maintain
a "holding environment" (Winnicott, 1960). Thus I saw Kate's "car-
rots" as representing the fragments of herself which she had dis-
played to me, the whole cartload representing the totality of her
cohesive self.

My first association to Kate's image was the "carrot and
the stick," with me cast in the role of donkey. The scorn suggested
therein was supported by Kate's continuing in the session to speak
of herself as the Hierophant of the Tarot deck: the judge and eval-
uator. Thus I heard Kate's message as both a positive and a nega-
tive statement regarding the process of therapy and her relation-
ship with me. That Kate was able to comment upon the therapeutic
process, albeit indirectly, in this our eighth session suggested
an emerging awareness of her dependency upon our alliance, or at
least a need to be able to trust me in the context of going to her
father's home for Thanksgiving three days later.

In retrospect I see Kate's image somewhat differently. She
appears to have been telling me, "Look, I'm pushing as hard as I
can along this path of separation and individuation. It's an uphill
struggle and I need help. You're helping some, but only when I'm
really stuck. Mostly you're lagging behind. Stop dragging your
feet and work with me on this thing." Thus she appears to have
been vividly portraying the twinship transference, while chiding
me for being a somewhat retarded twin. Although my interpretation, in the sixth session, of Kate's frustration and anger at my failure to give her clear guidelines with regard to my expectations appeared to reestablish the transference equilibrium, the concurrent decision to alter my interpretative focus, excluding the transferential and the deeper genetic components, was a major error. I suspect that Kate experienced the change in my interpretative behavior as confusing—making me appear capricious and unpredictable—and threatening—since my non-acknowledgement of our relationship could have been perceived as distancing, withdrawal, and rejection on my part.

The result of this first gross error was not immediate disaster, but rather a slowly evolving negative therapeutic response (Gorney, 1979) or regressive swing (Kohut, 1971). Kate's need for the empathically nurturant twin-therapist with whom to do her developmental work was being ignored as I kept Kate's other relationships between us. As with her mother, her needs for closeness were superceded by my distancing. I did not hear the message in her decathecting from her other current relationships as she strove to remove the barrier between us. Nor did I hear the plea implicit in her cartload of carrots analogy. The ensuing negative therapeutic response was a depressive one, reflecting Kate's yearning for the lost object (Cf. Racker, 1957, 1968).

A substantial amount of progress had been made by Kate in becoming aware of her splitting, both the good-bad polarization and the rational-emotional splitting. In the session following
the Thanksgiving holiday, Kate spoke of her distress and guilt over feelings of envy and jealousy toward her siblings:

Therapist: You're not allowed to feel envy of somebody?
Kate: [Half-laugh.] Right! Good people don't feel envious, because good people are very secure.

T: You're right. Of course!
K: [Half-laugh. Deep sigh. Tears in eyes.] Part of me knows better, but not all of me. Definitely not all of me. [Pause, weeping.] I don't think I see myself as such a bad person. I'm just not the perfect person... that I think I'm supposed to be being... [Weeping.]

T: Supposed to be?
K: Supposed to be...
T: Who's saying "supposed to be?"
K: [Clears throat.] I think it— it probably started out being my father saying it, and I've just developed it to the point where it's become internal, and I'm saying it.

T: Perfect is awfully hard.
K: [Teary.] Perfect isn't even perfect... To be perfect you would have a few interesting variations, you know. To be perfect, I guess, would be kind of boring...

[Deep sigh.]

T: You seem to have no tolerance for your feelings. You seem to translate them into faults, when they're just feelings.

K: [Teary.] But I am working, you know... I'll always be working on working things out. Maybe I— [deep sigh] almost like— Oh, it just kind of reminded me of a Star Trek episode where there was this machine that— its original function was to find other sources of life and to catalog them, and it had an accident. And it changed to where it was supposed to sterilize everything, which meant to destroy it. And it's like, well, I have some confusions, and I think I have to be— Well, the machine had to destroy everything that wasn't biologically perfect. So it had a standard of what was perfect. And I've got this standard, too. These are the good emotions, and there's a list, and these are the not-good emotions, and you wipe out the not-good emotions, and you're left with just the good ones which means you must be good. [Sighs.] Which seems to be a source of the confusion and not a way to get rid of the confusion. [Deep sigh.]

T: Emotions are hard to put value judgments on. They're just real.
K: I know... [Deep sigh; teary.] Yet there is still a deep need in me to be working toward an ideal... So I'm in the grain of doing that.

Kate went on to describe her feeling that she was sitting on a "potential explosion," "a Pandora's box and all those bad feelings are just waiting to get out and lead me around," and that she was her anger.

Since I made no transference interpretations, Kate's anger had to find a target. It became focused at this point on her housemate Tiffany who was preparing to move out. A dream in which Kate aggressively expressed her anger at Tiffany suggested that Kate's anger was directed at Tiffany's insecurity, her insincere overnurturance, and her other methods of trying to manipulate others to gain their approval. Kate quickly recognized that she was projecting into the dream-Tiffany despised aspects of herself. Her associations led to a previously-repressed dream following her mother's departure, which in turn revived memories of her mother's harshness and hostility as she prepared to leave, as well as the unreliability of Maggie's assertion that she would return. As we explored the sequence of dreams, memories, and associations, it became clear that the dream-Tiffany represented the negative aspects of the fused Maggie-Kate, and that Kate experienced herself as having driven her mother away. Again, no connections were made to our relationship, and the following week Kate cancelled her session.

My repeated failures were followed by Kate's becoming severely depressed: "everything is grey; there are no colors any
more. She was very resistant to looking at internal sources, attributing the depression to her having become sexually intimate with Dick who had immediately distanced himself and to her having quarreled with her friend Janie, following which Kate had begun to make plans to move out of the house into a place of her own. Kate reported feeling confused and anxious. Her absence the previous week had been because she had taken a brief trip "to escape the home situation." I did not interpret her acting out with Dick, as she turned away from my faulty empathy to seek gratification in an intimate relationship, and with Janie, to whom she had displaced her angry disappointment in my failure. Still oblivious to the nature of the difficulties, I confronted Kate's distancing from therapy and further confused the issue by raising the possibility of meeting twice a week. We agreed to discuss that further in our next session.

Kate returned to therapy two weeks later, having "forgotten" first the intervening session and then that she had forgotten. No longer depressed, she appeared to have moved to a grandiose negative reaction (Cf. Kohut, 1971). She reported having had many dreams and images, all with the same theme: 1) an image of herself with her hands over her face, standing before a "reflecting pool;" 2) a dream of herself sitting on a rock in the desert, with a pool below it; she is weeping, and as her tears drop to the desert flowers spring up; 3) a dream of herself looking into a bathroom mirror; her reflection is reaching out and pleading; she looks away and
smashes the mirror. Kate associated those images with fears of therapy, and specifically with fears that I would judge her. She opted to come in twice a week beginning that week.

Kate's mirror images clearly indicated that she was making a transition from the practicing phase to rapprochement, thanks to her own inexorable drive for autonomy and despite my repeated neglect of our relationship. The images suggested a shift from the twinship transference to a true mirror transference (Kohut, 1971).

Three days later Kate came into the session openly angry at me and at "having to come to therapy" which she perceived as her gratification of my needs rather than as for her. As a result of the mirror session I had finally begun to recognize the contribution of my neglect of the transferential and genetic implications to the therapeutic disequilibrium. As a result, I was prepared to refocus the therapy on the therapeutic relationship and on interpretation and working through of transferential phenomena.

Kate Begins Rapprochement

Following a brief and simple interpretation of Kate's anger with and disappointment in me, the transference equilibrium was reestablished in the form of a true mirror transference to an idealized object (Cf. Kohut, 1971), maintained for the next three and a half months. The increase in frequency appeared to be a major factor in increasing the intensity of the idealization, and of the
work. For some ten sessions Kate focused on her relationship with her father, gradually bringing together her split image of him. Concomitantly her splitting in her day-to-day experiences decreased. Kate's impulse control increased dramatically, as she made conscious efforts to base decisions on objective evaluation of the pros and cons of a situation. She developed the ability to recognize her anger at levels of mild annoyance and to express it directly and appropriately toward the true object. Her anxiety tolerance outside the therapeutic setting appeared to be increasing as her interpersonal reality-testing skills improved. She enrolled in dance and acting classes and reported those as gratifying, positive experiences, through which she was beginning to expand her social activities and to develop a broader support network.

Kate's activities at this point appeared to reflect appropriately those of the child in beginning rapprochement (Mahler, Pine, and Bergman, 1975; Kaplan, 1978). The atmosphere of sharing in the therapy was qualitatively different from the interaction previously. Kate's increased social interaction and her renewed interest in her relationship with her father both reflected rapprochement changes. The work on the father made him accessible to her emotionally and paved the way for the modulation of her harsh and heteronomous superego during this phase of the therapy. When she described her dance class, Kate spoke of her pleasure in her own body, its movements, and her feelings of bodily control and mastery. In her acting class she had become interested in mime, and she was
aware of observing other people's movements and imitating them.

Kate's consciousness of her increased ambivalence toward her father caused her to want to look for the first time at her feelings toward her mother: "If he's not all bad, maybe she's not all good either." She embarked upon that exploration with considerable hesitation and caution, expressing concern that it might become "too intense." Throughout this period Kate brought in vivid dreams, with which she worked with enthusiasm and with anxiety. Her idealization of me was increasing. She became very curious about my personal life, imitated my gestures, and spoke of her therapeutic activity with her housemates, suggesting a strong identification with me. Within the context of the heightened intimacy and trust in our relationship, Kate began to recover the many repressed memories of her mother. Her feelings of deprivation and loss were strong as she abandoned her idealized image of her mother and came to recognize her flawed humanity. Concomitantly, Kate's devaluation of her self-representation was diminishing. She stopped thinking of herself "as a good guy and a bad guy living side by side." Her former devaluative splitting of her father had left her positive feelings available to invest in an idealized heterosexual relationship; now she was viewing prospective partners realistically, had begun to develop both men and women friends, and was allowing relationships to develop casually, without the intensity she had previously experienced. She still remembered the enmeshed love relationships of her past, but both the desire for and
the fear of fusion had diminished.

The idealizing mirror transference functioned to maintain the splitting of the maternal image. Maggie became the container of all the "badness" and was devalued accordingly, but without conscious anger. The exploration of Kate's early relationship with her mother served not to heal the split but to enlarge it. Kate projected all her negative feelings about herself, her own experiential faults and defects, into Maggie, as she shared in the goodness of the idealized therapist-mother. Thus her work at that time involved identifying with and internalizing the "good mother" within the transference. Kate's self-esteem grew within the flowering of her phase-appropriate narcissism, as she partook of the omnipotence of the idealized object (Cf. Kaplan, 1978; Mahler, Pine, and Bergman, 1975; Kohut, 1971).

Throughout this period I was delighted both with Kate's progress and with her investment in the therapy. Her cancellations and lateness had ceased. The vicissitudes of the transference were the result of controlled frustration--the lack of "mutuality" in our relationship and my occasional off-the-mark interpretations. Kate's response to my empathic failures was typically restless and impatient and sometimes briefly explosive. I had no difficulty in following her reactions and interpreting back to her the disappointment in me within the genetic context. Thus the ebb and flow of the work remained relatively smooth.

In the eighth month of treatment I took a week off, repre-
senting the first separation initiated by me. Announcement of the impending break elicited a dissociated and generalized mild depression for two weeks prior to my departure. Interpretation of Kate's frustration and disappointment was followed, during my absence, by strong experiential rage displaced to peripheral relationships.

The Rapprochement Crisis

Upon my return, Kate reverted to her early pattern of missing or being late for sessions. She also announced a decision to move to another part of the state within the month. She had, during the previous three months, experimented with the idea of moving—to the far west, to a neighboring town—as she manipulated and controlled the distance between us in fantasy. Now she was firm: it was her decision and her life. She wanted to reduce the frequency of the sessions to once a week until she left, purportedly because of the demands of her job. Kate was overtly enraged at times in sessions, particularly when I tried to explore or interpret the meaning of her current behavior. Once again, I was confused by the changes. After two rocky sessions, in which I felt frustrated and angry with Kate's consistent rejection of my interpretations, I found myself thinking of her behavior as a temper tantrum. My associations led me to consider how much I had enjoyed the cooperative, charming, and tractable Kate of the previous phase of therapy. I recognized the sense of loss I felt at her change into a willful, no-saying brat.
As I explored my countertransference experience, it dawned on me that Kate was in the "terrible twos," and that the changes were developmentally appropriate and potentially therapeutic. I realized that my feelings of frustration and anger were not at her rejection of my interpretations, but at feeling that she had rejected me. My response had not been an empathic one, supportive of Kate's strivings toward autonomy, but rather reflected a lack of resolution in my own separation-individuation process. Feeling that I could not take Kate any further than I myself had gone in that process, I had to work very hard to stay a step or two ahead of her in my own self-development.

Kate herself gave me the insight into my countertransference from her transferential experience. She was angrily resistant to the suggestion that her behavior reflected anything but surface, reality-based events. Persistent exploration at last revealed that she firmly believed that I was trying to replace her mother in reality. I was very reluctant to acknowledge the core of truth in her perception, even to myself, but I had to recognize that my non-empathic response had recapitulated Maggie's inability to allow Kate to separate and individuate because of Maggie's needs. That recognition allowed the reinstatement of my empathy, facilitating my making an appropriate interpretation.

Interpretation of Kate's behavior as fearfulness of her dependency on me and of my being dependent on her, fear of the loss of interpersonal boundaries, and a need to clarify those boundaries
by exerting greater control over the therapeutic relationship permitted the reestablishment of transference equilibrium. Kate's acting out and acting in ceased. The mirror transference was restored, but the idealization of me was less intense; my halo was somewhat tarnished by my human reality.

In the ninth month of treatment Kate began to express strong desires to have a child, and at one point she reported her conviction that she was indeed pregnant by her current lover, Mark. She associated the wish for a child with her feelings of loneliness in her new accommodations, a room in which she was living alone for the first time. The move had evolved out of her phase-appropriate efforts to define her own space, and it indeed served to emphasize her separateness and aloneness. The wish for a child also was related to Kate's early relationship with her mother, with whom she had reversed roles, and to her desire to mother me, yet feeling that I did not need her mothering.

There thus appeared to be multiple determinants of the pregnancy fantasy: 1) It reflected Kate's growing awareness of her own separateness and the concomitant loss of the ideal symbiotic object in that it compensated for the loss of total need-fulfilling gratification by magically restoring the gratifying condition (Cf. Bressler, Nyhus, and Magnussen, 1958). 2) It reflected Kate's feelings of deprivation resulting from my empathic failure shortly before, causing her to split off the abandoned, helpless, needy feelings of her baby self, leaving her nurturant adult self to function
as caretaker. Whereas previously Kate's "nurturant baby" had taken care of the "needy mother" in the role reversal established in early childhood, Kate's brief pregnancy fantasy allowed her to realign those aspects of her self (Cf. Lerner, Raskin, and Davis, 1967).

3) The pregnancy fantasy allowed Kate to identify with the empathic, nurturant mother, to become her own mother, and thus to gain control over the gratification of her own needs for nurturance. 4) The fantasy also confirmed Kate in the phase-appropriate establishment of gender-identity (Cf. Greaves, Green, and West, 1960). 5) It provided a symbolic representation of Kate's psychological rebirth (Cf. Mahler, Pine, and Bergman, 1975).

Toward the end of our tenth month of work together, about six weeks before our month's break in August, Kate learned her mother's whereabouts and how to make contact with her. Kate refrained from contacting either her mother or me during the intervening week, saying in the next session that she wanted to explore her feelings first. Indeed, Kate made no effort to contact her mother until the beginning of the August break.

Maggie's reappearance appeared to have a disintegrating effect on Kate's emerging sense of self, producing a regression to a stage of greater fragmentation. It took me a considerable time to understand what was happening. First I was surprised and puzzled that Kate had not called me when she had first heard about Maggie. Although she had never abused the privilege to call me in an emergency, she had occasionally used that privilege. I sus-
pected a negative therapeutic reaction, but I did not yet understand its origins. Her behavior toward me in the session was superficially cooperative, but there was a quality of veiled hostility, querulousness, and demandingness that was new to our work.

The first clue came in a late-night phone call from Kate two days later. She reported being "in a panic" because she had just discovered a "growth" on her genitals. At her request, I referred her to a gynecologist. In the following session Kate reported that the "growth" was caused by the blocking of a labial gland and would require surgical drainage, scheduled for the week preceding the August break. She described the "growth" as feeling "like a testicle."

Kate expressed feelings of panic about the impending hospitalization. She associated this with the fear of losing her boundaries in an institutional setting where she felt she would be "serviced" as an object without identity. I interpreted this fantasy as a statement about our relationship, and Kate agreed that she did not feel she was a "real person" to me, attributing her lack of identity to my now being a "real person" to her due to my withholding information about myself and my not sharing my life with her. This in turn reflected Kate's anger at Maggie's disappearance, and I began to realize that Maggie and I had become a fused "bad mother" while Kate was identified with the "bad father," representing a regression to a pre-ambivalent state with regard to Matt. Kate's world had become totally hostile. She reported feeling "paranoid"
with her friends and her co-workers.

Kate rejected her father and stepmother's offer to be with her before, during, and after the hospitalization. She reported that she wanted her own mother to be there instead, but she continued not to contact Maggie. She spent several weeks trying to persuade me to drive her to and from the hospital, and fantasized freely about what that would be like. I continued to be puzzled by Kate's hostile-dependent behavior. She would habitually call to report panic and fear, and then would withhold good news until I inquired about a situation. She appeared to be testing the limits and boundaries between us.

The rapprochement crisis was at its height in the therapy. Kate's rapid mood swings, her approach-avoidance vacillations in relation to me, her separation anxiety about the impending break, her stranger anxiety as manifested in her pervasive "paranoid" distrust, her massive splitting and extreme negativism, and her indecision about contacting her mother, continuing in therapy, moving away, etc., all reflected features of that phase. Indeed, the period was experientially a crisis for Kate—and for me.

The Resolution of the Rapprochement Crisis

In the next to last session prior to the break, I interpreted Kate's anger at me for abandoning her for a month, for refusing to gratify her needs for nurturance (e.g., transportation to and from the hospital), and for my limit-setting within the context of her
perception of those acts as non-empathic placing of my needs before hers, just as her mother had done. We again explored her old patterns of fusion, her fears of fusion, and her opposing fear that to be separate was to be empty and alone.

Kate was scheduled for a pre-operative examination on the day before our last session of the summer, on the afternoon of which she was to enter the hospital. She danced into the session, reporting that the gland had begun to drain naturally and the physician had cancelled the surgery. She went on to speak of her plans to move into a cooperative house with some friends from her acting class, having decided that she did not have to live alone to maintain her own boundaries. Kate reported finding changes in her interpersonal relationships, in that her former housemates, her father, her co-workers, and her friends had all become warm, supportive, and trustworthy. She examined the notion that the changes might be in her and decided that indeed she did feel both more independent and better able to trust others. She said that she had a stronger sense of who she was, no longer "feeling like water without a glass to hold it." Her boundaries felt solid and firm. Kate said she had decided not to move away from the area. She asserted that the break would give her the opportunity to test herself and to see how well she could manage on her own, adding that she felt she understood her tendencies to behave destructively as an effort to make me feel guilty for abandoning her. I reflected her confidence in her ability to maintain her controls, but reminded her
that a month was a long time and said that it would not be surprising if she felt some anger towards me.

As I had privately predicted, Kate returned to therapy in September having shifted from the earlier idealizing mirror transference to a hypercathectic of the grandiose self (Cf. Kohut, 1971). She was haughty, cold, and withdrawn as she announced her plans to terminate therapy and to move west with one of two boyfriends. In that first session she reported having made telephone contact with her mother shortly following our last meeting. She firmly denied that she was angry because of my absence.

In our second session Kate asked for a two-week break in which to make her choice between the two boyfriends. She spoke of feeling that I would understand and would not be hurt by her decision to move away, adding that she felt detached toward and frustrated by me. As she spoke of the lack of attachment, Kate began to weep softly. She said she would return to therapy after her "time out" and would continue until she moved in November or April (depending upon which man she chose), because she wanted to work on her "numbness" with regard to both parents. She made her return conditional upon my not relating her feelings toward her parents to other relationships—particularly ours! My readied interpretation of her feelings of detachment from her parents and from me remained unspoken. Instead I acknowledged her wish to be able to differentiate her parents and me.

When Kate returned in two weeks she announced her decision
to move in April with Don to Oregon to attend mime school. She went on to tell me about Don, a relatively new friend. She described him as "stable" and self-confident, a former psychology student. She had some reservations about his "needing" her because he was a stranger in the area, as opposed to wanting her for herself. Kate clarified "needing" as potentially abusive to the person needed, and spoke of herself as previously having been "just a huge need." She went on to speak of feeling threatened by the differences between us and fearful that she was continuing in therapy "only out of guilt and fear of hurting you--or myself somehow." We agreed to have a stock-taking session, to review our work together, prior to her deciding whether to continue or to terminate.

The stock-taking session opened with Kate's announcement of the decision to terminate, following which we reviewed the year's work and events. At the end of the session Kate said that she would feel foolish saying she had changed her mind so quickly. I urged her to take the week to think about it, adding that I hoped she would continue but that the decision was hers. Privately, I felt that I could trust our strong alliance, Kate's substantial progress toward autonomy, and her commitment to herself, but I knew that I could not fully predict what her decision would be. Kate had separated and individuated, and her decision would be uniquely hers.

With Kate's decision to continue in therapy, the rapprochement crisis was resolved.
CHAPTER IV

TERMINATION

With the resolution of the rapprochement crisis and Kate's decision to remain in therapy, the termination work began. I knew that our work was nearing its end. There was still the work of consolidation of gains and of the separation-individuation process, which would take some time, but I also felt that the next time Kate raised the question of termination it would be because its time had come.

Consolidation of Individuality

During the subsequent weeks Kate worked evenly in therapy on her feelings of fragmentation with her family, as she felt torn between her mother and the rest of her family. The approaching holidays revived her fears of rejection and isolation. Her mother's seemingly seductive and demanding letters appeared to raise Kate's fears of engulfment and of having her "boundaries infringed upon."

During this period there was evidence of developmental growth in Kate's increased capacity for self-soothing, in her increased empathic concern for others, in her movement from grandiose aspirations to more realistic and attainable gratification of her appropriate exhibitionistic needs, in a greater sense of both herself and others as "three-dimensional," and in an improved ability to
recognize, assess, and defend appropriately against potential threat. When distressed, she would play her guitar beside a stream and calm herself. Her fantasies were no longer of becoming a famous painter or actress, but of playing and singing in a coffee-house with her friend Janie. She no longer walked the back streets in the middle of the night protected by her legion of Mr. Spocks. Instead she reported appropriate anxiety and self-protective measures in the face of potential danger.

In mid-December I was called away on a family emergency. I anticipated being gone at least three weeks. I called Kate and asked her to come in for a special appointment, explaining that I had to go away unexpectedly. In that session Kate expressed her concern for me, as well as her satisfaction in my behavior. She was pleased that I had a family whose needs I recognized and tried to gratify, that I also clearly cared about my work because I had made a special appointment to discuss my departure with her, and that I could "weigh and balance" the two appropriately. She felt that awareness of my broader world gave me "a landscape" and a greater reality. Kate then asked for my address so that she could send me a Christmas card which she had designed. I was concerned that she again seemed to be in an idealizing transference, based on the content, but the accompanying affect and her strong self-confidence appeared to be very genuine and reality-based.

During my absence I sent Kate a card with a note confirming our tentatively-scheduled next appointment. Upon my return,
she thanked me for the card and apologized for not having sent hers. She explained that she had carried it around, fully addressed, in her back-pack, but that whenever she planned to mail it, she forgot. My feeling was that the addressed card had functioned as a transitional object (Cf. Winnicott, 1951). Carrying it about with her provided her with a sense of my continuing reality and of connectedness with me. Thus it may have enhanced her ability to tolerate the break without anxiety.

Kate reported that the three weeks of my absence had been eventful ones in which she had changed her residence, was maintaining friendships with both men friends, and had had a pleasant holiday at her father's home. She spoke of feeling less "needy" of others than she had in the past. She stated that she preferred to stand on her feet rather than to "lean on others," adding that verbal support can be given a few times, but then the needy person must take the support and use it to support himself. She added that that was what she had done while I was gone, thus acknowledging her sense of her internalized empathic nurturance.

Kate went on to report an increased sense of responsibility for, and power in, her own life, and a concomitant decreased feeling of responsibility for the lives of others, suggesting that her former illusion of omnipotence had been replaced by appropriate and realistic feelings of potency and control. She proceeded to inquire about the events of my absence, first giving her fantasy of what had happened. Her fantasy was that my father had had a
heart attack and had almost died. When I disclosed the actual problem, she laughingly labelled her fantasy "a projection" based on her father's heart condition.

From this point on Kate appeared to enter into the therapeutic work with increased eagerness and trust. She spoke more freely, caught herself when she blocked or made a slip of the tongue, and associated voluntarily, at the same time working with her verbal flow.

The next three months focused on genetic exploration of Kate's boundary problems and on her previous idealization of her mother and devaluation of her father. She worked at establishing more realistic and more integrated expectations of her family and at clarifying her new sense of self and personal identity. Her old rescue fantasies appeared to have derived from her primitive feelings of omnipotence, which had surfaced as feelings of responsibility and guilt. As she examined the relationships within her family, her parents' fusions with each other and with their children, and her own earlier difficulties in differentiating and separating, she became able to relinquish, on a conscious level, the archaic grandiosity and omnipotence. She no longer felt the need to "save" her parents and siblings. She described setting limits with her sisters as "exercising her boundaries." During this time Kate visited her father's home on several occasions with substantial success in relating to her family in a positive, self-assertive, and bounded way.
As Kate integrated her perception of her father, she mourned the loss of the idealized father, accepted his reality, and empathized with that reality:

**Kate:** My father's really, really unhappy. Lots of times I get the image—Well, his brother died at 15 with leukemia. They were very close. My father was very religious as a kid, and he prayed to have his brother live. When he died he got so cynical. Cold, like now. I can feel this part of him that would like to break down and cry. So he has to leash himself—hard.

**Therapist:** You show a lot of compassion for your father.

**K:** I can when I'm not with him.

**T:** Those warm feelings make it hard to keep the boundaries in place when you're with him.

**K:** He doesn't see any boundaries. He just oversteps them. And you can't say "ow" or "stop" because he yells. It was always extremely tense just being in the same house.

**T:** It was hard to hold the boundaries for both of you.

**K:** I feel uncomfortable when he's warm. I don't know how to deal with it.

**T:** When he's warm?

**K:** I don't like to know he's so unhappy. Part of me really doesn't want to know that. He hasn't shared it with anyone, and I'm afraid of the intensity of his pain. It would be a very scary experience. If it started to come out a little, it would all come out. It's scary because he's real negative. It's hard when people are that extremely negative. His cynicism is incredible. I expect to see dragons flying out of his mouth. I'm afraid of both my parents. I've seen them let things out. They're both very tensely explosive. I lose all perspective, just get immersed in how awful it is. I feel vulnerable to that. Neither will do anything to work it out for themselves. I don't even know if it's possible.

**T:** I agree that you can't save your parents.

In our earlier work together Kate frequently described her extremes of mood as being on the top of a mountain (her grandiose euphoria) or down in the abyss (her self-devaluing depression). She described her current position as "on the plains." She was
evenly and smoothly consolidating the changes in her once rigid and harsh superego. Neither parent had been able to supply a strong, bounded ego ideal, and Kate began to see her judgmentalness, her Hierophant self, her strict and demanding code of "shoulds," as a substitute structure which she could now abandon. She spoke of feeling that she had more personal space as she experienced her impulses as "wants," rather than as "shoulds" or "needs." Thus Kate's newly emerged sense of self appeared to contain an autonomous ego, well able to mediate between her basic needs for gratification and her superego demands. Gradually her internalization of the "good mother" who supplied "emotional provisions" became conscious, and Kate was able to see herself as able to strive appropriately for gratification of her own needs and desires (Cf. Giovacchini, 1975).

True Ambivalence: The Wish for and Fear of Autonomy

In our eightieth session in early March, Kate was continuing her work at differentiation, now focusing on her bounded relationships with others and the satisfaction she got from them ("It's easier to feel close because I'm sure of my boundaries"). About ten minutes before the session ended she became silent, and I commented on her expression:

**Therapist:** You seem a little wistful today.

**Kate:** I have been the last couple of days. Yesterday I was thinking- in a funny way, these are the days of my youth. Kind of like a reverie. It carried over.

**T:** As if this is a period that's about to end.
K: I do feel I've come out of something and I'm beginning again. Now I feel my age. I used to feel younger than I was. Like a really little girl almost. Now I have a different sense of things. Like the page is already turned and I'm starting on something else. It's somewhat clear to me, but not totally clear what the change is. It's like now that I'm not fighting so much with my emotions - It feels different.

T: You've grown up, discovered a sense of who you are.

K: I feel I could go back to drawing more now. I can kind of see as the years go by everything will be easier. It'll be easier and easier to do what I want to do, get by the emotional blocks. And in a way with therapy it's like - I can remember - I still think I do still need to come here. Before I had to drag myself here. Now... [Long pause.] I think my growth's coming back.

Although I heard Kate's ambivalence about continuing in therapy, I chose not to acknowledge it. I did not want to be the one to raise termination. It was Kate who had to separate, and I wanted her to experience her decision and the consequent emotions fully.

In our next session Kate focused on her heterosexual relationships, defining the changes in her behavior and her feelings:

Kate: In the past I would immediately deny myself in the presence of a male. I was there to entertain the male. Wouldn't really argue with them, wouldn't say what I thought. But now I can't do that as easily. I used to get my identity by reflecting what I thought they wanted me to be. Now my own identity's stronger - but those habits of relating persist. I've never felt as unnatural as now. I have a hard time relating. With friends it's not so hard, but when I meet a new man I feel - new. [Long pause.] I guess I believe in longer gestation periods.

Therapist: You said the growth had come back?

K: It's shrunk again. It's like a little reminder of all the men I've known. I connect it with that. Not a punishment, but connected. Not like the Hierophant in me is demanding penance, but just a difference. Kind of like a scar that was left due to a previous state of mind. It shows the contrast. I'm not afraid of it, it's not cancer. But I don't seem to be into getting rid of it.
T: You once called it a testicle.
K: Yes, a testicle contains seeds, and seeds create a change. It has something to do with change.
T: Seeds also create babies.
K: Something to take care of. A baby is a growth, growing inside you.
T: Last time you spoke of taking care of Mark.
K: That's why it's hard to give him up. I feel his needs. He's not actually that needy. I get the feeling of wanting to get him socks or vitamins. But mostly it's emotional nourishment. He hasn't had quite enough. He's very appreciative. Likes hugs--just beams.
T: You feel nourished by giving emotional nourishment to others.
K: It's a real desire to provide. I think it has to do with my mother and providing for each other. Actually it's emotional provisions I'm most into giving. I really feel people's vulnerabilities. Sometimes it hurts because I can't provide all of it. Especially with kids my brother's age. I have a lot of empathy for their needs not being met. It makes me sad. Jamie's 16. That was a hard time for me too--why I have empathy. Most families are screwed up, don't provide what's needed. Mine didn't, and the effects were pretty heavy. I don't like to blame, but I think why I freaked out in school was that big empty hole. I didn't have enough back-up and I'm aware that Jamie doesn't. I see what people have to do to get through without back-up, and what they have to undo. Now I see what I'm undoing. Also what might have happened if I'd never worked in therapy.

In the following session Kate continued to explore the vicissitudes of her male-female relationships, detailing how she was going about developing two new relationships with men, her caution and self-analysis as she proceeded. I commented that she had come a long way, testing the waters instead of diving in.

Kate: I hit the rocks so many times. Now I test the water. I was thinking the other day, What will happen when I leave therapy?
Therapist: And...?
K: Part of me attributes a lot of this to therapy, so what will happen without therapy? But I see myself use therapy on myself. If I feel anxious, I look at it. I've picked up some skills. But that other voice is still there. Now we have a relationship. It's not just a
store transaction. I can't see just quitting and saying, "Good-bye. That's it."

T: What are your fantasies about what will happen?
K: One that it might never end. It's nice to have a place to talk. But I don't need it for years like Woody Allen.

T: There seem to be two questions here: "Can I make it?" and "What will happen in this relationship?"
K: Say I quit therapy, and we would go somewhere... But I have a hard time with that. It's not natural. I can't see that. But I can't just say "Ta-ta!" I have a hard time seeing this relationship being other than therapist-patient. And there will be a time when it's important for me to stop.

T: It's not a good therapy if you have to stay forever. How does the idea of stopping make you feel?
K: [Long pause.] Scared... Exhilarated... Sad... Yeah, it's all mixed up.

I shared Kate's exhilaration and her sadness quite consciously, but I repressed my feelings of anger at the rejection, acting it out instead by suggesting we set a date for our ending. Kate said she thought she would move back to Providence during the summer, get a new job, and start her new life. I suggested that we end on May 30, and she agreed.

The Final Test

The ensuing four weeks were marked by Kate's "almost forgetting" a session, arriving late to the next, rescheduling the next one, and cancelling the fourth. A dream in which she was "on trial for being filthy" was associated with the need for a "clean break." I acknowledged her anger, at which she readily admitted having felt rejected by me, by my readiness to terminate, and by my having taken over the decision in unilaterally setting a date:

Kate: We agreed that it was time, but after all the times I've tried to quit in the past your ease felt like
a rejection in a way. I have been feeling that.
I'm used to you putting up a resistance.

Therapist: Well, Kate, I think there were two reasons why
I didn't this time. On the rational side I
felt it was time, and on the emotional side
I felt rejected too. I guess I was angry and
trying to punish you.

K: I'm so glad you said that. It's not like with my mother.
A lot of feelings were left unsaid on both sides. I
felt like I had to be an adult, to accept May 30. But
I kept thinking, why is she so hyper on May 30? She
must really want to get things over with. That's what's
been going on. I was withdrawing already. Felt help-
less, too, like with my mother.

T: We do need time to work it through.
K: Yeah, we have to move things around so I can leave,
take things with me, end positively.

T: And will I let you go?
K: I think you will. It's not like in the past. For me
a big issue in therapy is leaving and having people
leave. If I can leave in a constructive manner it will
be a real good thing. I don't really see the reality
of our relationship being different. Before I was afraid
of leaving. I wanted to change us into friends and
hold on. Part of me still has that hold-on type of
feeling. Another part sees learning in leaving. Be-
fore I saw it as just disruptive. When I think of mov-
ing to Providence and losing my support and therapy
too-- It's a lot at once.

T: There's one big separation in your life we've never
dealt with.
K: Mumsy. She didn't leave clean.

I suggested that Kate think about the timing of our ending, and we
would renegotiate it in a subsequent session.

As we were approaching termination later that summer, Kate
returned to this episode in which we shared verbally the meaning
of our non-verbal behavior, sharing our feelings honestly at both
levels. She felt that the four-week testing period and the acting
out by both of us proved the strength of our relationship. My self-
disclosure had made me real, and it was all right for me to be real.
Kate no longer required an idealizable object. She was more com-
fortable with reality.

Kate's decision to move back to Providence, near—but not with—her family, her experimentation with new ways of relating to men, and her beginning to deal with the loss of her mother were all closely related. Even as a very small child, Kate had been the link between her mother and father. They had communicated through her, had fought through her, and had filled the void between them with her person. Kate had been the parentified peacemaker who nurtured and soothed her needy child-parents. She often spoke of having felt like her "mother's mother." Similarly, she had only experienced her father's acceptance when she was functioning within the stereotypical mothering role. With him she had denied herself and her own needs in an effort to maintain his "love," which was in reality negative attention: disparagement of her efforts, disappointment and rage at her performance, demandingness. Because the relationship with her father provided the model for subsequent heterosexual relationships, Kate had consistently become involved with similar men, men who sought completion through fusion with an idealized object and who abused and rejected her when her own legitimate needs and desires became evident. Kate's current experimentation with a new structure and a new way of relating reflected her true ambivalence toward her father, her rejection of the role of parentified child, and her recognition of her parents as separate. At last she was able to begin to mourn the loss of her mother.
Kate was well-versed in the therapeutic process at this point. She associated freely and spontaneously; she could make many interpretative links herself. She was proud of her effective use of the tools acquired during our work together. She no longer needed my confirmation. My role at this stage was that of watchful partner whose greater experience and training in therapy was balanced by Kate's greater experience in and knowledge of herself.

Kate had been unable to respond to her mother's letters which had been accusatory and demanding; they made clear that Maggie and Kate no longer shared a common reality. Kate had separated and individuated. She was no longer psychologically fused with her mother. Maggie, however, was still, and her letters made the distortions of the old relationship stand out vividly:

Kate: I feel angry. I feel let down still. A great sense of her not coming through for me. It's less easy to say because she's disturbed.

Therapist: You're protecting her.

K: I feel guilty too, about not contacting her more. She was asking me to pardon her, condone things I couldn't condone. I feel we should have given her more support, but we weren't able to at that age. I didn't know what to say at the time. But we really couldn't have given her what she needed. The tone of her letter was, "You had better respect me because I've gone through this and I am still your mother..." But you weren't really, except biologically. Trying to reclaim something you'd thrown away. I do respect some things, but others, no. I can't get into a package deal. To want to relate to her I would have to deny a lot, overlook a lot, protect a lot... and she just doesn't have what I want any more. She doesn't have it to give. I really wonder what I would get out of it. I'd end up playing therapist for her. I'd be the only one communicating with her. I'd get the shit. She's passionate, almost
violent in the way she expresses herself. It makes me jumpy. I can see it getting to the point of her renouncing me.

T: You're grieving the loss of your mother.
K: Now that I've found her and talked to her she's really gone. Now there's nothing to be found any more. But in a way, in mothering other people... My mother was nurturant when I was younger. There were two different people who were my mother. My mothering preserves that younger mother. It's almost like being the mother my mother wasn't to other people, or the one she was, and then wasn't... [Sighs.] I'm getting tireder and tireder talking about it... Feel like I could fall asleep.

T: Our time is up.
K: So I'll go home and fall asleep.

Kate came to the following session with the wish to examine her mothering urges at another level. She had begun to see them as a kind of "power trip," a way of controlling others and keeping them dependent by gratifying needs which they could gratify for themselves. She acknowledged the illusion of omnipotence that such inappropriate nurturance had provided, and saw the behavior as a way to defend against feelings of helplessness. Several sessions were spent on the issue of accountability vs. entitlement, especially as embodied in the Golden Rule: Do unto others as you would have them do unto you. Thus mothering came to have a number of conflicting meanings for Kate: it was a way to maintain a relationship via dependency, it was a way to feel powerful and in control, it was a way to feel entitled to "goodies" from other people, and it was a way to nurture herself vicariously through identification with the recipients of her mothering. As she sought more direct and appropriate avenues of self-gratification, Kate returned to her drawing and music, which she now experienced as being for her.
Much of the working through was done in the context of Kate's once-merged relationship with her friend Janie, as Kate became more secure in her own boundaries. Kate staged a reenactment of her mother's leaving the family in which Kate played Maggie, Janie was the abandoned daughter, and Mark was Matt. The outcome of the reenactment was different, however: the separation was made positive through communication, and ambivalence was made specific.

In our eighty-seventh session Kate brought me the Christmas card she had been holding for nearly five months. Kate's conflicting emotions about her mother—the anger, the disappointment, the sadness—began to be resolved at the end of the session:

Kate: Pretending I'm not angry doesn't work. Pretending everything's cool and forgiving her. On some levels I do. On others I don't. I never will on others.

Therapist: You sound angry.

K: She left and didn't give us support. We really were all in it together. We kids couldn't just split. I tried very hard to help her out and be supportive, but she didn't give anything back. Through therapy and through you I'm trying to deal with it. I've managed to reclaim the part of myself that I lost when she left. It's a struggle to be whole. I feel resentful. I lost a part of myself when she left because I was so very close to her. It's a tie beyond friendship and that kind of support.

T: You sound as if you're mourning.

K: The Maggie I knew doesn't exist any more. There's no way our relationship can be what it was, what I'm wanting.

T: It's very sad to give up the hope of having that.

K: I tried to do it for a long time, but by not facing it, not thinking about it. I do feel that once I can really accept that... It is sad. I'll never feel good about it. I can deal with it and not gloss it over though. It's like a bubble in a bottle—a weak spot I'll always have. It does make me feel sad. I know I'll have some kind of emotion when my father dies but I don't think I'll be really torn up by it. I would like to love my father. I would like to have a parent
I got along with, felt love for.

T: It's really painful to give up the dream, to be independent.

K: [Weeping.] Another reason why I can grieve now, I'm more in touch with myself. I can fall back on myself more than I did. [Weeps silently for several minutes.] It seems amazing I never really cried about it since it happened. I remember now, the pain, the big hole when she left, wanting to cry, but I couldn't. I had to be responsible, to take her place. I couldn't face the loss, so I forgot... for years... till now...

In the next session Kate reported having continued to grieve during the days following, describing a sense of release, relief, of letting go. Her younger sister Jenny had called her several days later to say that she had heard from Maggie. Maggie and Duke were leaving again, moving to the west coast. Maggie did not want any more contact with the children; she planned to leave no forwarding address. After the phone call Kate had become very angry with Janie, with Mark, with her prospective landlord in Providence, and with several other friends. Everybody was letting her down:

Kate: I was totally infuriated. Somehow I got myself out of it. I pedalled all over town. Then I bitched with Sue [her housemate]. Then suddenly thought- I'm also mad at my mother. Too far-fetched? I thought about it. I cried about it. Then I felt, hell, I'm not going to grieve for that kind of attitude. Therapist: She disappointed you again.

K: Yeah, and I started to have the same reaction as before. Till I realized. She's trying to make her descent into hell and she doesn't mind taking us with her. I'd really like to confront her with this. Get a sense of things being settled. It's O.K. not to leave her address, but I have so many questions... Not knowing why. Like she's feeling guilty, scared. She's punishing herself.

T: You're feeling guilty and scared: why is she punishing you?

K: Right, it really isn't because of me. It's her craziness that makes her do these things. But it hurts. I want to try to help her. Mostly I want to find she
doesn't need it. But I'd feel she does. I can't build up her strength. I'd only feel satisfied seeing her go if she were more positive. But I can't help with that.

T: There comes a time when you have to let children grow up, let them go.

K: So I have to let her go. That's the only way she can feel safe, in physical distance. It's sad. She did me a big favor letting me learn to do my own nurturance.

Kate's recognition of her mother's needs enabled her to let her mother go. We had four sessions remaining at that point. It was clear that in all the talk of the many separations—past, present, and future—the ending of our relationship was being reflected. It was time to make our good-bye explicit.

**Independence Day**

Kate appeared at the next session having had her hair cut and styled, saying that she was changing in many ways and that she "wanted it to come out on the surface more." She spoke of feeling that she was "getting rid of monkeys on my back," specifying feelings about her parents, siblings, friends, education. Then Kate commented that she felt "strangely untalkative today" and connected it with there being only six weeks until she moved, feeling "frazzled" with her friends, wanting to rest for a while.

Kate: I felt frayed out coming here today. I'm resisting being pulled out. I feel annoyed.

Therapist: I wonder what it is you're resisting.

K: I'm resisting thinking about it. I keep blanking out. [Laughs.] It must be something good, huh? My feelings about something... that I don't want pulled out. Not sure what.

T: I think you're trying to avoid some feelings about me.

K: Maybe some feelings about leaving that I haven't gotten
You were annoyed.

T: I feel like apologizing for making it like pulling teeth! I was feeling estranged from myself... cutting my hair... I don't recognize myself. My shadow is different... I did feel annoyed. Maybe that it has to stop at all. But in other ways I feel happy, I feel a sense of accomplishment. I feel that's right and real. Neither of us is fooling the other. But there's something about it... that I am annoyed about.

T: You spoke of some monkeys on your back.

K: And maybe you're a monkey? No, you're the person who's helping me get the monkeys off. [Laughs.] But I used to think you were, when I wanted to quit and you wouldn't go along with that. I have a confusing image of the monkeys. The image of my arms behind my back, holding three monkeys—hear no evil, see no evil, speak no evil. Then I feel the weight gone. I can move more freely. But without the monkeys, I'm unsure about the future. And—well, what will she do that hour every week? I imagine you'll find other things to do.

T: It was your hour.

K: Right, and somebody else will come in on my hour. I'd like a shrine for my hour. We should both have an hour's silence at our hour every week. I do get possessive like that.

T: We've had a long time together.

K: It's like the final tugging of an umbilical cord. It does tug a bit. I can't be born until it is severed. Part of my therapy has been to leave. But babies always cry when they get born. It's a kind of slap no matter how you do it.

T: Will I replace you with another baby?

K: Yeah, and it won't be me.

T: You're questioning my commitment to you personally.

K: Seems reasonable. I feel curious. I have no concept of what the future will be. I don't know how I feel.

T: Annoyed that I slapped.

K: And I reacted by slapping back. That's why I didn't want to talk today.

T: I am so pleased. You have a lot of understanding of yourself. I'm very happy about that.

K: I'm glad you said that. We both deserve it for our hard work. It feels good to know you got something out of it too. I have a real sense of being important to you too, not just part of your learning experience. I feel satisfied that way.

T: I'm glad.

K: I think you care about me a lot, but I want to hear you say so. I want to shake it out of you. It's like
I don't want to wait to open the present. I know it's there and I don't want to wait.

T: The present is already inside of you, in your knowledge that it's there. It's already yours. It isn't mine to give.

K: It makes sense. The key to the treasure is the treasure. That's what you're saying.

Kate continued to work at putting the therapy into the total context of her life. In the next session she spoke of a new feeling of continuity about her life, no longer feeling that the events, people, and feelings were in separate compartments. She wanted to be sure that therapy was woven into the total fabric of her life. She felt that the tears of mourning that she had shed had dissolved the walls that had fragmented her. She no longer felt like a chameleon, but felt that the whole Kate was being integrated. She spoke of her mother's having had to leave to get boundaries for herself with Matt and the children. She saw Maggie as having been unable to differentiate between herself and her children: "I don't feel I was a person but an element she needed to push away to get a sense of herself." Kate too had sought boundaries by resisting:

Kate: Sometimes I feel like a kingdom in a way. Having my own boundaries I am my own kingdom and I can interrelate with other kingdoms. It requires negotiation, and communication. And there's an occasional skirmish. But mostly now I'm a kingdom that's finally settled, and the internal structures can get developed instead of expending energy around the borders. A couple of years ago I didn't have any boundaries. I just merged!

Therapist: Like with Carl?

K: Right. I took his boundaries. I left no space for him. That's why he reacted so abruptly. My mother merged with my father early on. That was the way she operated. That's why I like the idea of two people in that kind of a relationship having strong boundaries.
Two kingdoms. It's important to see people separately. I used to want to be that person.

Kate's own images speak for themselves. She appeared to have a clear sense of herself, of others, and of appropriate relationships. I felt great pride and gratification in the work we had done together, as well as sadness that it was ending. Two sessions remained. Kate missed the next one. She called in later that day to say her bus had been two hours late and to confirm for the following week.

Our last session would have been on July 4. We had rescheduled to July 3 for Kate's Independence Day. She opened the session explaining her absence the previous week, laughingly saying that it was not like the old days. She had not expected a strong reaction from me. My one concern was that I had decided to ask Kate for permission to base my master's thesis upon our work together after our previous session, and I was uncertain about our having enough time to explore the meaning of my request as much as necessary. I should have known I could trust the new Kate. She granted my request, saying that it pleased her deeply to know that I too had taken something real and important with me from our work together. She explored our relationship and her differentiation from me, her concomitant feelings of closeness and separateness. She reported a highly successful visit at her father's home, during which he had welcomed her friends from work, prepared a special meal himself, had used the good silver, and in all ways had been welcoming.
She recognized that her having firm but flexible boundaries had
made it possible for them to relate in this positive way. Kate
filled me in on her arrangements to live in Providence, and agreed
to follow up in six months. The leave-taking was both sad and trium-
phant for both of us.

The termination phase had allowed the consolidation of Kate's
integrated self, concomitant with the stabilization of the bounda-
ries of her self. Both experientially and behaviorally she demon-
strated appropriate limits. She had achieved true ambivalence,
as manifested in her integration of the parental imagos, her self-
representation, and her experience of me and the other people in
her world. Object constancy was achieved, her gender identity had
been consolidated, her ability to postpone gratification and to
endure separation had increased, and she was fully in touch with
and able to test reality appropriately. The full spectrum of her
emotions was accessible to her and she was able to modulate their
expression in ego-syntonic ways. Her expectations of self and others
were also appropriate and realistic, allowing her to take greater
pleasure in her own accomplishments and in the behavior of others.

Kate was conscious of the changes she had made, of the skills
she had developed, and of her increased creativity. Her realism
enabled her to acknowledge that the rest of her life would not be
smooth sailing, that there might be problems she would want help
with, and that she could ask for help if she so chose. She knew
that I would not feel that I had failed her should I learn that
she had reentered therapy in the future, but rather that I would take it as positive testimony to the success of our work together. Kate will continue to consolidate and build those "internal structures" of her kingdom for the rest of her life.
CHAPTER V
THEORETICAL CONSIDERATIONS

The first clinical use of the term narcissism was attributed by Freud (1914) to Nääke's (1899) term indicating auto-erotic self-love. Freud expanded Nääke's restricted conceptualization in his description of some of the characteristic features of the narcissistic attitude (e.g., feelings of omnipotence; focus on self-gratification accompanied by demandingness on others; primitive idealization; grandiosity) which he had observed to be common in human beings, to greater or lesser degree, from early infancy.

The development of the concept of pathological narcissism continued via a variety of routes: normal developmental psychology (Spitz, Bowlby, Piaget, Mahler, Kaplan, et al.), ego psychology (Hartmann, Kris, Loewenstein, Blanck and Blanck, et al.), and object relations theory (Balint, Fairbairn, Winnicott, Klein, Kernberg, Kohut, et al.). Each of these theorists, and many others as well, has contributed his or her elaboration of, or focus upon, one or more aspects of clinical narcissism: its developmental or genetic origins, its dynamic concomitants, its relational implications, diagnostic and prognostic indicators, and treatment, to mention only a few.

Given the plethora of theoretical approaches, the very different foci among theoreticians, and the different emphases placed
upon the clinical manifestations and treatment of personality disorders deriving from the narcissistic stage of development, I have chosen to accept the presentation of narcissistic personality disorder in the DSM-III Draft (1978), as most representative of a consensus among practitioners (See Appendix C).

Defining Clinical Narcissism

DSM-III lists the following characteristic features of narcissistic personality disorder:

- grandiose sense of self-importance or uniqueness;
- preoccupation with fantasies of unlimited success;
- exhibitionistic need for constant attention and admiration;
- characteristic responses to threats to self-esteem;
- characteristic disturbances in interpersonal relationships, such as lack of empathy, entitlement, interpersonal exploitiveness, and relationships that vacillate between the extremes of over-idealization and devaluation (DSM-III Draft, 1978, p. K:14).

Those features may be manifested in a variety of ways.

The sense of self-importance may be seen in excessive preoccupation with, or absorption in, the self, characterized by unrealistic overestimation and underestimation of abilities and achievements. Thus a student's grandiose self-expectations may make him regard an A-minus as a failure. Achievement fantasies, the content focus of which will vary among individuals, consistently reflect an idealization of self and of goal, producing a virtually unsatisfiable ambition which precludes gratification in realistic accomplishment. Exhibitionism is often quite subtly manifested, although there may at times be blatant self-display. There is frequently an excessive concern with physical appearances and with
form rather than with substance. Thus a narcissist may associate himself with a particular "style"—of dress, of thought, of music, of architecture, of furnishings, of literature, etc.—and via that association experientially display himself. As a result, criticism or non-acceptance of that "style," or a simple difference in taste, may be experienced as rejection of or attack upon the self. The narcissist's fragile self-esteem is highly dependent upon the approval and positive regard of others. Even minor experiences of criticism or disappointment can elicit either a "hypercathexis of the grandiose self" (Kohut, 1971)—characterized either by coldness, indifference, and withdrawal or by excessive rage—or a depressive regression—characterized by feelings of shame, humiliation, and inferiority. All three responses are regressive rage reactions. It is my hypothesis that the differential expression—overt anger, covert anger via withdrawal, or retrojected anger—is a function of the narcissist's current relational (transferential) experience of the disappointing other, as I shall discuss in a later section.

Disturbances in interpersonal relationships are manifested through a number of features. There is a marked impairment in empathic response, which fluctuates between an unusually heightened sensitivity to congruent needs, moods, and feelings of others and an extreme inability to recognize, experience, or even tolerate needs, moods, and feelings of others which are incongruent with the narcissist's own current experience. Again, the quality of empathy or its lack appears to be a function of the narcissist's
transferential experience.

A second, and closely related, feature is entitlement, "the expectation of special favors without assuming reciprocal responsibilities" (DSM-III Draft, 1978, p. K:14). Thus the narcissist's demandingness of preferential treatment reflects a lack of empathic appreciation and understanding of the needs and wishes of another. Denial or limit-setting on the part of another generally elicits a rage reaction, the nature and intensity of which will depend upon the nature and intensity of the narcissist's involvement with the non-gratifying other.

The third feature, interpersonal exploitiveness, is closely related to entitlement, reflecting a disregard for the rights of others, instead of a disregard for their needs and wishes. All of these interpersonal disturbances appear to represent a lack of personal and interpersonal boundaries, such that the narcissist is unable to comprehend experience at variance with his own.

The final feature presented in DSM-III is vacillation between over-idealization and devaluation. The appearance of this feature seems to reflect the developmental phase within which the narcissist is currently functioning and the concomitant transferential experience. Thus this attachment polarization represents a pre-ambivalent stage of development. It may be manifested in a chronic pattern of brief and intense attachments followed by rejection and devaluation, or it may appear only transiently in relatively long-term relationships or in therapy.
Associated features discussed in the manual include "depressed mood, . . . painful self-consciousness, preoccupation with grooming and remaining youthful, . . . chronic intense envy of others," somatic preoccupations, self-justification "by rationalization, prevarication, or outright lying," and the faking of feelings in order to get a response from others (DSM-III Draft, 1978, p. K:15).

Early Childhood Development

The presence of narcissistically-based clinical disorders is hypothesized to originate in the inadequate or flawed resolution of the appropriate separation-individuation efforts of the young child. Separation and individuation are the terms used to refer to the parallel maturational routes by which the child moves physically and psychologically from infantile "symbiotic" dependence upon the mother to autonomous functioning (Cf. Mahler, Pine, and Bergman, 1975; Kaplan, 1978). A number of different clinical syndromes listed under the DSM-III classification of character disorders appear to originate in the dyadic relationship of the first three years of life, e.g., borderline personality disorder, paranoid personality disorder, avoidant personality disorder, and others. It is my speculation that the differential development of each of these disorders is a function of the mother's primary style of relating during early childhood. My focus at this time, however, is upon the genetic origins of narcissistic personality disorder, and I will leave elaboration of the remainder of that suggestion.
to the future.

The separation-individuation phase corresponds to Kohut's "narcissistic stage" (1971). Certainly, there is little difference between the clinical features of narcissistic personality disorder and the phase-appropriate grandiosity, omnipotence, exhibitionism, entitlement, demandingness, bodily preoccupations, pre-ambivalent vacillation, and characteristic responses to frustration and disappointment of the separating and individuating child. These strong similarities suggest that the individual who has not successfully traversed that stage may remain locked in a continuing struggle to complete his development, repeating the pattern with each new important person who enters his world, as he seeks the optimally available and optimally frustrating "good mother" who will help him complete the separation-individuation process.

At this point I would like to look in somewhat more detail at the separation-individuation subphases as they occur in "normal" development and as they appear to be echoed in therapy. Although physiological (e.g., cortical, sensorimotor, perceptual) and cognitive development apprarel and can have a major impact upon the process and outcome of separation-individuation, the phase itself reflects relational development; that is, the development of a sense of self, of other, and of the interaction between the two. I would also hold that emotional development (i.e., the gradual segmentation and diversification of the primary pleasure/unpleasure experience into increasingly differentiated affective experience as well
as the manner and mode of affective expression) is closely, perhaps inextricably, connected to relational development. By emphasizing the relational nature of the separation-individuation phase, I hope to suggest the impossibility of formulating or examining developmental theories of self or of object relations outside the context of the other.

The differentiation subphase. During this period, the infant begins tentatively to experiment at differentiation as he explores manually, tactilely, and visually his mother's person. This familiarization lays the groundwork for the later development of crude reality-testing skills ("checking the unfamiliar against the already familiar," Mahler, Pine, and Bergman, 1975, p. 54). Similar "reaching out" exploration of the infant's extended environment leads to the development of creeping. It is thus that the infant begins his active bodily separation from the stage of "oneness" or dual unity with the mother (Kaplan, 1978; Mahler, Pine, and Bergman, 1975).

The mother-child relationship in normal development. The mother remains "home base," however, and researchers "found the visual pattern of 'checking back to mother' . . . to be the most important fairly regular sign of beginning somatopsychic differentiation" (Mahler, Pine, and Bergman, 1975, p. 55). The checking-back process of "emotional refueling" does not require physical contact with the mother, but may be accomplished merely through an approving, admiring, or reassuring look from her. The mother's
approving presence is reflected in the infant's renewed confidence which allows him to move further away from his mother's physical presence (Kaplan, 1978).

Although the infant has begun to develop a sense of his own separate body-self, he is still psychologically merged with the omnipotent (adultomorphically, idealized) mother upon whom he is dependent for the emotional refueling which allows him to experiment with and expand his physical separation. Kohut (1971) termed this period the stage of the grandiose self. The emotional refueling which "feeds" the child's sense of his own omnipotence and encourages his exhibitionistic display is called "mirroring."

The activities of creeping and of checking back to home base for emotional refueling represent only one aspect of the beginning of separation from the mother. The dialogue of oneness, in which the mother's response confirmed the infant's illusions, gives way to the "dialogue of separation" which "has some very definite do's and don'ts and a number of no's" (Kaplan, 1978, p. 131). As the baby's explorations and motor abilities become more diversified, his mother's approving mirroring is being internalized as confirmation of himself as his own master. Although much of Kaplan's description of the child's inner world at this period is adultomorphic interpretation of the child's overt behavior, both active and reactive, her interpretations do appear to organize the sequences of infant action, parental reinforcement, and infant response in such a way as to explain the establishment of infantile patterns
of response to acceptance or rejection.

Kaplan points out that severely restrictive no-saying to the baby's energetic efforts at self-mastery (e.g., self-feeding) instills in the infant a still vague and unformed sense of his self-initiated behavior as "emotionally tinged acts of aggression" (1978, p. 133). Parental disapproval and behavior-frustrating actions modulate and channel the baby's activity. Because the baby is not yet fully separated and differentiated from the mother, her encouragement and approval of his activity enhance his perception of a good-mother-self unit, whereas her disapproval or curtailment of his activity introduces and enhances the perception of a bad-mother-self unit.

Within structural theory, the infant's energy expression via his behavior represents his tension-reducing drive for gratification of the primitive needs of the id, his only intrapsychic structure at such an early stage (Cf. Freud, 1933; Gedo and Goldberg, 1973). The child's activity is thus purely drive-motivated and he must depend upon the mother for appropriate regulation (whether gratification or frustration) of the drive. The mother thus functions as external ego to the infant (Cf. Gedo and Goldberg, 1973).

Kaplan (1978) interpreted the baby's experience of maximal (as opposed to optimal) frustration as a devastating blow to his self-esteem. I would suggest that the baby's ensuing protest, his rage (again to use an adultomorphic term), is an expression of his
sense of fragmentation, of the breaking of the bonded good-mother-self unity. Interruption of the infant's angry regression by the empathic mother's soothing behavior allows relatively rapid restoration of the child's current developmental stage of self-object equilibrium. He is once again "whole" in his merged good-self-object.

**The mirroring transference.** The mother-child relationship during this subphase may be paralleled during psychotherapy in the emergence of idealizing and mirror transferences. Kohut (1971) tended to view the two as exclusive, but he did "hesitate to claim with absolute certainty that the presenting mirror transference may not be masking an underlying idealization" (1971, p. 97). My own clinical observations suggest that not only is there no exclusion, but that the concurrence of mirror and idealizing transferences is essential to the working through, relationally, of the separation-individuation process. Thus idealization of the therapist, to greater or lesser degree, is necessary to the activation and to the therapeutic resolution of any of the forms of mirror transference.

Of Kohut's (1971) three types of mirror transference, the most primitive form is that of psychological fusion, in which the patient experiences the therapist as an extension of himself, able to share his world almost telepathically, frequently using allusive communication. Just as the mother's physical and emotional availability for refueling facilitate the infant's self-differentiation in early childhood, so the therapist's emotional availability and
acceptance of the patient's need for psychological fusion facilitate the achievement of self-differentiation in the adult patient.

If separation and individuation can occur only through mirroring of the "idealized" and "good" therapist/mother, what form does such "idealized goodness" take? Clearly the idealization will vary in intensity over the course of therapy, as a result of the patient's experience of the therapist's empathic nurturance. Early in therapy it would not be expected that a strong idealization would occur, and "idealization" at that point would perhaps be an over-stating of the patient's feelings of positive expectation regarding the therapist. That attitude of positive expectation reflects the patient's desire for the empathic object and his readiness to accept the therapist's potential goodness.

The negative therapeutic response. The infantile rage reaction described above is conjectured to be the genetic precursor of the negative therapeutic response frequently occurring in the therapy of narcissistically-disordered patients (Cf. Corney, 1979). Similarly, the mother's soothing corresponds to the therapeutic interpretation which restores the transference equilibrium (the child's homeostatic balance). My interpretation of the rage response as regressive disintegration differs from the interpretations of other theorists, although there is agreement that the negative therapeutic reaction derives from inadequate resolution of the separation-individuation process (Corney, 1979). Corney summarized the position of A. Freud, Riviere, Klein, Loewald, and Rosenfeld:
The genesis of intense negativism can therefore be understood as an effort at adaptation on the part of the ego in order to: 1) master excessive aggression; 2) defend against the wish toward regression to a state of symbiotic fusion; and, 3) to regain omnipotent control over the lost goodness of the envied maternal love object (Gorney, 1979, p. 300).

Looking at the negative therapeutic response (or interaction, as Gorney, 1979, terms it) within the context of the self-object transference (Kohut, 1977), it appears to be rather a regression to the split-off obverse of the fusion with the idealized object, the most primitive of the positive transferences (Kohut, 1971). I would also suggest that the specific manifestations of the negative therapeutic response will change over the course of therapy because they are developmentally phase-appropriate, as are the progressive changes in the mirror transference. I will elaborate upon this hypothesis in the discussions of the remaining developmental phases as echoed in therapy.

The practicing subphase. The transition from the differentiation subphase results from the interrelated but distinct developments of body differentiation from the mother, of specific bonding with the mother, and of control over some of the mother's functions via a "transitional object" (Cf. Winnicott, 1951). This subphase is characterized by the baby's rapidly developing locomotor abilities and his exploration of and experimentation with his expanding environment.

The mother-child relationship in normal development. The parental response to the practicing baby is optimally one of ambi-
valence: pride in his growth and development and realistic awareness of his vulnerability. The parents try to provide a relatively protected space for the baby's explorations and experimentation, allowing them to reflect back to him his own pride and celebration of his accomplishments (Kaplan, 1978; Mahler, Pine, and Bergman, 1975).

The "exalted rampage" (Kaplan, 1978, p. 162) of the upright and exploring baby corresponds to the "primary manic situation" (Racker, 1957, 1968), in which the idealized self-object has been introjected to form the grandiose self, while negative experience is projected outside the self onto the limit-setting parent. That introjection allows the baby a sense of an independent and idealized body-self: "The baby who was held and satisfied during the early months of oneness has preserved body memories of serenity and wholeness. So he now can create an outer world that holds him" (Kaplan, 1978, p. 172).

The practicing subphase represents the beginning of the baby's "love affair with the world" (Greenacre, 1957; Kaplan, 1978). Two emotional states have been observed during this period: elation and low-keyedness (Mahler, Pine, and Bergman, 1975). Elation and exhilaration accompany the baby's activities in the presence of the mother, whereas awareness of the mother's absence is accompanied by a slowing of gestural and performance motility, diminution in interest in the environment, and apparent preoccupation with "inwardly concentrated attention" (Mahler, Pine, and Bergman,
1975, p. 74), hypothesized to reflect "a dawning awareness that the symbiotic mothering half of the self was missed" (Mahler, Pine, and Bergman, 1975, p. 75). This low-keyedness appears to correspond with the origins of the "primary depressive situation" (Racker, 1968, p. 83), characterized not by fear but by awareness of loss. Rubenfine (1961) inferred that the low-keyed child was engaged in "imaging," or recreating internally the image of the absent mother, in essence practicing in the manipulation of the introjected object just as he practices in the manipulation of the external world. That the toned-down state is accompanied by an increase in internal tension is suggested by the frequent occurrence of a brief crying spell upon the mother's return or when someone other than the mother makes active attempts to comfort the child (Mahler, Pine, and Bergman, 1975).

The accomplishments of the practicing subphase include not only the baby's physical mastery of his own body and his locomotor functions, but also the development and use of language. Thus the transition to the rapprochement subphase occurs with cognitive maturation, as the child begins to engage in mental manipulation and is not longer limited to physical manipulation of his world. The baby's ability to use symbols, to pretend, and to use language brings the practicing subphase to an end.

The mirroring transference. The parental, and most especially the maternal, position at this point corresponds to Kohut's (1971) description of the therapist's stance during the activation
of the "twinship" mirror transference. Just as the parents reflect to the baby his gains and accomplishments, the therapist reflects to the patient, via interpretation, the gains and accomplishments the latter is reporting as he practices his developing interpersonal skills in the outside world and in the therapy.

Just as the baby has moved beyond the transitional-self-object functioning as an extension of the idealized parent to a stage of practicing autonomous functioning with the encouragement of the mother, so the patient traverses the practicing subphase in therapy. The child becomes his parent's "twin" as he pretends to be that parent. The patient at this stage frequently has dreams of having a twin (Kohut, 1971). The patient's identification with the therapist is reflected by his reporting of his own efforts to help troubled friends and relatives. During the positive phases of the transference, the patient presents himself as the grandiose counterpart of the idealized therapist. Kohut (1971) considered the basic self-object transference to be in equilibrium during such activity.

But what is the therapist's role as idealized twin? It is not to sit back and gleam and glow at the patient as he reports his accomplishments. Part of the therapist's "twinning" is her presentation of herself as a model. Her interventions demonstrate active reality-testing at the same time that they reflect back the patient's own pride and gratification in his gains. She maintains the genetic context vis à vis the patient's current life, but she
does not interpret within the therapeutic frame so long as the transference equilibrium holds. Transference interpretations are restricted to periods of negative therapeutic response, when they serve to restore homeostasis and to reinstate transference equilibrium, during which the working through occurs.

The negative therapeutic response. When the transference equilibrium becomes disturbed, regression occurs, precipitating a negative therapeutic response. It should be noted that I do not consider the positive transference phenomena to be regressive, but rather the stage-appropriate manifestation of the patient's lack of progression through the separation-individuation subphases. I see the therapist's task as the facilitation of that progression in therapy. Kohut (1971) presented two types of regressive swings, one based upon the idealizing transference and the other upon the mirror transference.

Two types of regression (negative therapeutic response) do appear to occur, but my observations suggest that they differ from Kohut's types (i.e., "Archaic forms of idealization: ecstatic, trancelike, religious feelings; hypomanic excitement" and "Archaic forms of grandiosity: cold, imperious behavior; affected speech and gestures; unrealistic grandiose feats," Kohut, 1971, p. 97). Rather, I would suggest that the negative therapeutic responses represent regressions to one of the two observed mood states of the practicing phase: elation or depression. Elation, or the regression to the primary manic state discussed above, would cor-
respond to Kohut's hypercathexis of the grandiose self and would encompass both of his types of regression. The regression to the primary depressive state is accompanied by withdrawal, depressed affect, feelings of worthlessness and emptiness, shame, humiliation, and inferiority. I have not thus far found a way to predict which of the two will be activated at a given point in the therapy.

The rapprochement subphase. The child's newly acquired sense of separateness occurred as a result both of his physiological development of the ability to move away from the mother and of his cognitive development of language and representational skills. This is a period of vacillation, in which the child alternates between his needs for dependency and his strivings for autonomy. Separation anxiety increases and changes somewhat in character, from a fear of object loss to the fear of the loss of maternal love and approval. Thus, "while individuation proceeds very rapidly and the child exercises it to the limit, he also becomes more and more aware of his separateness and employs all kinds of mechanisms in order to resist and undo his actual separateness from mother" (Mahler, Pine, and Bergman, 1975, p. 78).

The mother-child relationship in normal development. The mother’s attitude during the rapprochement subphase is considered to be critical to successful separation and individuation. During this period the mother's maintenance of her emotional availability via her acceptance and approval of her child's strivings toward autonomy, her sharing in his exploits, her including him in her
activities, and her encouraging him in his movements toward independence will facilitate his attempts at imitation of and identification with the mother and her functions (Mahler, Pine, and Bergman, 1975). The mother's acceptance of the toddler's pseudo-ambivalence--behaviorally expressed in his alternating "clinging and pushing away, shadowing and darting away, holding on and letting go" (Kaplan, 1978, p. 191)--allows him to play out in the external world his search for appropriate psychological distance. The child's attempts to regain his vicariously held omnipotence and to escape aloneness through fusion or as an extension of the idealized object are reflected in his clinging, shadowing, and holding on behaviors. His terror of engulfment and the closeness of merged identities is reflected in his pushing away, darting away, and letting go.

The mother's respect for her child's realistic accomplishments and her acceptance of and respect for her own needs for physical and emotional closeness and distance will allow her to empathize with her child's vacillations, while maintaining "the space that rightfully belongs to her" (Kaplan, 1978, p. 197):

At the conclusion of the crisis the child will have found the optimal distance he had been searching for--the distance that allows him to be part of his mother's space while keeping his own space inviolate. The optimal distance will be inside the child as a part of him becomes like the mother, while the rest of him is free to go on enlarging and embellishing the space that belongs to the self" (Kaplan, 1978, pp. 197-198).

Mahler, Pine, and Bergman (1975) subdivided rapprochement into beginning, crisis, and individual patterning (crisis resolution) phases. Beginning rapprochement extends from about 15 to 18
months of age. The observed behaviors characterizing the beginning of rapprochement include the toddler's attempts to share his world with his mother (as distinct from his previous use of her as home base for emotional refueling), a shift from independent locomotion and exploration to social interaction, an increased interest in mirroring other children, the discovery of anatomical sex differences, and an enhanced awareness of the body self.

The response to maternal absence shifts from low-keyedness to an increase in activity and restlessness, hypothesized to represent "an early defensive activity against awareness of the painful affect of sadness" (Mahler, Pine, and Bergman, 1975, p. 92). Symbolic play suggests the beginnings of identification with the mother or father, indicating that the object representation is beginning to be internalized. The child shows interest in and begins to relate actively to substitute adults. Temper tantrums begin to occur in response to frustration. By eighteen months of age, the child appears to have achieved "a temporary consolidation and acceptance of separateness" (Mahler, Pine, and Bergman, 1975, p. 93), accompanied by sharing of objects and activities with both parents, other adults, and other children.

The rapprochement crisis extends from about 18 to 24 months, or beyond. Characteristic of this subdivision were rapid mood swings, behavioral vacillation between approach to and avoidance of the mother, separation anxiety, stranger anxiety, indecision, broadening and increased differentiation of affect, splitting, an increase
in the type and use of transitional phenomena, and an enhanced ability to leave the mother actively (Mahler, Pine, and Bergman, 1975; Kaplan, 1978).

The resolution of the rapprochement crisis was observed to occur between 24 and 36 months, and is characterized by the "ability to function at a greater distance and without mother's physical presence" (Mahler, Pine, and Bergman, 1975, p. 101). Language development is one of the primary factors leading to this resolution. The other factors include:

the internalization process, which could be inferred both from acts of identification with the "good," providing mother and father, and from the internalization of rules and demands, . . . and . . . progress in the ability to express wishes and fantasies through symbolic play, as well as the use of play for mastery (Mahler, Pine, and Bergman, 1975, p. 101).

At this point, changes and behaviors related to the separation-individuation process become individually different among children and are no longer phase-specific. The resolution appears to represent "the summation of the solution of the many maturational developmental tasks" (Mahler, Pine, and Bergman, 1975, p. 104), culminating in the establishment of a unique and differentiated self, a body-mind-self which has incorporated the ego functions of the object.

The father-child relationship in normal development. The expansion of the child's attention beyond the original dyad to include other adults is of importance not only to the resolution of the rapprochement subphase, but also to the prognosis for therapy. Thus the relationship between the child and his father must be con-
sidered. Abelin (1975) suggested the father's importance during
the practicing subphase "in the development of the child's exploratory and early phallic attitudes" (p. 293) and during rapprochement "in the disentanglement of the ego from the regressive pull back to symbiosis" (p. 293). Indeed, a number of different studies have indicated impairment of basic ego functions in children whose father was absent during their earliest years (Cf. Mischel, 1958; Siegman, 1966; Barclay and Cusumano, 1967; Glazer and Moynihan, 1963). Yet relatively little observational research has been undertaken to clarify the nature and effects of early father-infant interaction (Abelin, 1975). For this reason the few inferences regarding the father's role appear to be primarily retrospective speculation based on a combination of clinical data, theoretical assumptions, and cultural sex-role stereotypies.

Kohut (1977) ascribed the development of compensatory structures to the internalization of an idealized paternal self-object. Compensatory structures are distinguished from primary structures. Primary structures are the basic capacities of the ego derived from internalization of maternal functions (e.g., the ability to be alone, self-soothing, appropriate expression of affect), whereas compensatory structures are "talents acquired or at least decisively reinforced later in . . . childhood in the matrix of the relation to the idealized self-object, the father" (Kohut, 1977, p. 10).

The function of the compensatory structures is to compensate for defects in the self, in contrast to the function of defen-
sive structures which is to mask or cover up such defects. Because of the lack of reliable data, I must question the attribution of the development of compensatory structures exclusively to the father-child relationship as something of an over-simplification. Just as Abelin (1975) noted shared symbiotic qualities and functions in relation to both father and mother, I would suggest that clear-cut and exclusive contributions to other aspects of development are unlikely.

The mirroring transference. Similarly, the patient who is traversing the narcissistic period in therapy shows a developmentally higher transference when he enters the rapprochement subphase. My observations indicate a sudden intense curiosity about the therapist's life alternating with reactive overt or covert anger that the therapist has a life of her own, separate from the patient. I have also observed a repeated pattern of planning moves or extended vacations to distant places, often following the therapist's absence, as the patient experiments with his control over the safe psychological distance by manipulating the physical distance—just like the rapprochement child. Similarly, during this phase of therapy patients appear to become much more active socially, seeking out relationships with others, in considerable contrast to the differentiating and practicing patients who tend to depend on the therapeutic relationship for their interpersonal emotional supplies, often withdrawing emotionally from previously gratifying relationships. At the same time, substantial anxiety usually accompanies the extro-
versive efforts, and the patient vacillates as he experiments with
the optimal interpersonal space. As the patient moves closer to
ture ambivalence, he finds decision-making much harder. Whereas
at previous stages of therapy decisions were relatively rapid, easy,
and autocratic--if based on only one side of the situation--now
the patient changes his mind with great rapidity and confusion.
The therapist's interpretations attempt to help the patient to re-
concile his conflicting attitudes.

Toward the end of this phase of therapy I have also observed
patients investing themselves more actively and creatively in both
their work and their play, as well as developing a new interest in
and concern with their appearance. Patients frequently make major
changes in their appearance at this point. Whereas at earlier stages
in the therapy they may have displayed themselves in bizarre and
attention-getting ways or may have hidden behind a dull, over-con-
ventional, and unobtrusive self-presentation, the new look demon-
strates a pleasure in and appreciation of their bodies, an ability
to assess and display appropriately and attractively their persons.

The transference during therapeutic rapprochement changes
to what Kohut (1971) terms a true mirror transference. The thera-
pist is still idealized, although she is beginning to be touched
by the contaminating intrusion of reality. Patients frequently
report mirror dreams and fantasies (Kohut, 1971). The therapist
is no longer experienced as a twin, sharing in the patient's feel-
ings, attitudes, expectations, and even overall personality. Now
the therapist is experienced as a more separate and distinct person whose sole function is to reflect back interpretatively the patient's gains:

In this narrower sense of the term the mirror transference is the therapeutic reinstatement of that normal phase of the development of the grandiose self in which the gleam in the mother's eye, which mirrors the child's exhibitionistic display, and other forms of maternal participation in and response to the child's narcissistic-exhibitionistic enjoyment confirm the child's self-esteem and, by gradually increasing selectivity of these responses, begin to channel it into realistic directions (Kohut, 1971, p. 116).

The negative therapeutic response. The negative therapeutic response to frustration or therapist error is most apt to be the introduction of the theme of termination.

Termination may be raised on a variety of pretexts—financial problems, relational pressures, a move—as it may have in the past, but this time there is a difference. Threats to leave treatment in earlier phases of therapy are not uncommon. They are characterized either by the depressive "It's not use; nothing can help me" position or by the grandiose-manic "Who needs you?" position. In either case, appropriate interpretation of the patient's disappointment and frustration in the therapist's fall from her pedestal of projected perfection will have reinstated the transference equilibrium. Both earlier negative responses reflect anger with and attack upon the therapist, covert or overt.

The rapprochement response is different in that the patient utilizes appropriate realistic reasons to rationalize his withdrawal from the therapy, in an effort to protect the therapist from feel-
ings of rejection. If the therapist is able to recognize the genuine yearnings for autonomy and independence, she will be able to interpret the patient's wish to terminate in such a way that the separation from the therapist becomes the appropriate culmination of the therapeutic work.

Consolidation of individuality. Following the resolution of the rapprochement crisis at 24 to 36 months, the fourth subphase begins. The tasks of this subphase are consolidation of individuality (the integrated self) and achievement of object constancy, concomitant with the stabilizing of the boundaries of the self, the consolidation of gender identity, and the integration of good and bad into a whole (true ambivalence). Characteristics of this subphase include the replacement of other forms of communication by verbal communication, the development of fantasy play, the development of spatial and temporal relations and concepts, an increased ability to postpone gratification and to endure separation, recurrent negativism, and the development of reality-testing skills (Mahler, Pine, and Bergman, 1975).

The mother-child relationship in normal development. The mother's task in facilitating the child's consolidation of his gradually integrating self is again to maintain optimal emotional availability while applauding and encouraging the child's pride in his emerging independence.

The mirroring transference. The termination phase of therapy has as its task the consolidation of the patient's integrated
sense of self. Although the therapist's activity continues to involve the reflecting back of the patient's developmentally appropriate gratification and disappointment in the self, she is no longer idealized by the patient whose new-found ambivalence allows him to view the therapist realistically in both her virtues and her short-comings.

The activity of the termination process is essentially a recapitulation of the entire separation-individuation phase, clarifying and making explicit the genetic origins of the presenting problem within the contexts of the therapeutic relationship and the outside world. The patient enters actively and enthusiastically into the wrapping-up of the therapeutic work, integrating on a conscious level the gains, skills, and tools he has acquired in therapy. Now able both to mother himself and to father himself, he leaves the therapist with realistic and appropriate sadness and joy, feelings shared by the therapist as well.

The negative therapeutic response. Again the character of the negative therapeutic response changes as well. Disappointment in or frustration by the therapist elicits direct and appropriately expressed anger, modulated by the patient's genuine respect and fondness for the therapist. The anger is qualitatively different from the impotent rage of the infant, in that it derives from the patient's healthy narcissism, his self-respect, his sense of his own worth, and his appropriate expectation of respect from others. It is not aggressive anger, nor is it hostile; rather,
it is the assertion of the patient's separation and individuation, of his ability to set and maintain his own limits, of his acknowledged of and comfort with his own existential aloneness.

The Development of Self and Object Relations

Gedo and Goldberg's (1973) diagrammatic rendering of object relational development from birth through the narcissistic stage has been modified and expanded to include the separation-individuation subphases described by Mahler, Pine, and Bergman (1975) and Kaplan (1978).

Normal autism. In the normal autistic phase, self and object are separate in that the infant has no awareness of either. Neither the anaclitic, need-gratifying object nor the self has any conceptual, conscious, imagic existence for the infant because of the infant's developmental immaturity. For that reason I have relabelled the two components Body and Non-Body (See Figure 1). The infant exists only as a biological unit separate from, although ministered unto, by the mother.

Normal symbiosis. Gedo and Goldberg referred to Freud's metaphor of the process of object relational development as "the pseudopodia of an amoeba moving forward to enclose an object and then withdrawing from it" (1973, p. 58). Thus in the phase of normal symbiosis the infant's experience is of a merged Body-Self-Object (See Figure 1); the infant's needs and the mother's gratifications of those
NORMAL AUTISM

NORMAL SYMBIOSIS

Figure 1. The process of self and object relational development during the normal autistic and normal symbiotic phases (after Gedo and Goldberg, 1973).
needs are experientially enclosed in a common boundary; hence the infant's "illusion of omnipotence."

**Differentiation.** As separation-individuation begins, infant and mother share a transitional, psychological boundary experienced via emotional refueling and transitional phenomena of various kinds (Winnicott, 1951). Kaplan (1978) pointed out that the infant's self at this point is still a **Body-Self** (See Figure 2). The emerging psychological self is dimly perceived in the overlap with the **Transitional Self-Object** which is the emotional and need-gratifying bridge to the mother as **Body-Object**.

The phase of self-objects lasts so long as the immature psyche must depend on external sources to supply need functions. As the infant comes to internalize some of the functions of the mothering agent in his symbiotic merging with her as **Body-Self-Object**, he begins to imbue possessions and phenomena with those functions. The transitional object or transitional phenomenon is imbued with need-gratifying functions formerly available to the infant solely through fusion with the mothering agent. The infant does not experience the functions as originating within himself but as deriving from an external object which is, nevertheless, within his control via manipulation of his environment. Thus, although the infant no longer partakes of the earlier symbiotic omnipotence, he has acquired some control over the gratification of his needs through the power invested in the transitional object.
SEPARATION-INDIVIDUATION

Differentiation

Body-Self  Self-Object  Body-Object

Practicing

Part Body-Mind-Object

Cohesive Body-Mind-Self

Narcissistic Part-Object

Self'

Figure 2. The process of self and object relational development during the differentiation and practicing subphases of separation-individuation (after Gedo and Goldberg, 1973).
Practicing. My expansion upon Gedo and Goldberg's (1973) rendition of object relational development in the last three subphases of separation-individuation is an attempt to depict with greater specificity the change in self-object awareness at each point.

The practicing child has developed a sense of a Cohesive Mind-Body-Self; he is aware of the boundaries of his body united with his developing mind. The object is designated Self' to indicate its function as a narcissistic, mirroring object. It represents, however, only the internalizable part-object of shared omnipotence. The object also exists as a Part Body-Mind-Object outside the illusion of the child's control (See Figure 2).

Rapprochement. During the rapprochement subphase the Cohesive Body-Mind-Self has begun to incorporate some of the functions of Self', the narcissistic part-object. As in the practicing subphase, the object is sometimes experienced as fully separate (a Part Mind-Body-Object) and sometimes as the narcissistic object. Because more of the object's functions have been incorporated, Self' is depicted as smaller than the autonomous object (See Figure 3).

Consolidation. Finally during the consolidation period the cohesive self has become a Whole Body-Mind-Self-Self' while the object is constantly viewed as a stable Whole Body-Mind-Object, separate and individual. The functions of the narcissistic object have been internalized. The child now has the capacity for autonomous functioning and is able to relinquish the object (See Figure 3).
Figure 3. The process of self and object relational development during the rapprochement and consolidation subphases of separation-individuation (after Gedo and Goldberg, 1973).
Transitional Objects and Transitional Phenomena

In his discussion of transitional phenomena, Winnicott defined the transitional object as the "original Not-me possession" (1951, p. 232, italics his). He suggested that, in addition to internal reality and external reality, there existed an intermediate area of experiencing, . . . an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated (Winnicott, 1951, p. 230, italics his).

Developmental sources of the transitional object. The transitional period is initially characterized by the infant's assimilation of his mother's preferred patterns of soothing or distracting her frustrated child (e.g., rocking, stroking; Cf. Mahler, Pine, and Bergman, 1975, pp. 50-55). These earliest transitional phenomena appear to involve an activity on the part of the infant which combines or fuses auto-erotic behaviors and maternal soothing patterns, thus producing an "illusory experience" of union of inner and outer reality (Winnicott, 1951, p. 231, italics his).

The transitional object—a blanket, a pillow, a tune (Cf. McDonald, 1970; Volkan, 1976)—emerges from the activity and takes on an importance of its own as the infant uses it to defend against anxiety. Although the transitional object represents part or all of the primary object (i.e., the breast or the mother), in actuality it is neither. It is this beginning of symbolic representation which facilitates the beginning of the separation-individuation
The stage-appropriate appearance of the transitional object appears to be a crucial event during the subphase of differentiation, allowing the infant to get on with his developmental maturational. It further enhances the separation aspect of the process in that use of the transitional object entails the relinquishing of the infant's sense of his own magical omnipotence as he takes active control by manipulation, by which his sense of his body-self is enhanced (Cf. Winnicott, 1951).

Splitting. Although manipulation of the transitional self-object provides the infant with an illusion of wholeness and cohesiveness, there is another way in which neither self nor object is experienced as "whole." As was previously discussed, the mothering agent of the symbiotic phase was an idealized and omnipotent self-object merged with the infant, who shared in her idealized omnipotence. The illusion of perfect goodness, pure pleasure, was thus produced during the fusion such that the infant was "whole" within the merged body-self-object. The mother's absence or excessive frustration produced (adultomorphically speaking) rage reflecting a feeling of fragmentation or disintegration in the infant, a feeling of overwhelming unpleasure, the forerunner of "badness." Now, during the differentiation subphase, the infant's experience of pleasure or unpleasure is associated with the transitional object. Pleasure and unpleasure are directed at the transitional self-object, which is "good," as is the child, during a pleasurable experience, and
which is "bad," as is the child, during an unpleasurable experience. Good and bad do not yet coexist. Thus there can be a good body-self-object and a bad body-self-object, but there is no integration of the two.

Abnormalities in Early Development

Although I previously focused on the course of normal development of the sense of self, of other, and of their relationship and on the application of observational research to the therapeutic process, interest in normal development derived from clinical observation of pathology, the wish to explain problematic functioning, and the desire to understand the restorative process of therapy. Theories were developed in an attempt to organize and explain clinical and naturalistic observations. The long history of the development of object relations theory appears to have moved from a concern with the developmental processes, by which we human beings acquire a sense of individual identity and interpersonal relatedness, to the developmental product, i.e., the self per se, particularly in the work of Heinz Kohut (1971, 1977). There is substantial controversy in psychoanalytic circles over whether Kohut is an object-relations theorist or a self-theorist (Cf. Robbins, 1980). Kohut's focus on the adult self, as an entity, does not ignore the formative process nor the archaic internalizations constituting the self. His focus does, however, promote greater understanding of current functioning, the ways in which that functioning reflects
the vicissitudes of the developmental process, the deficits or distortions resulting from such vicissitudes, and a method of treatment whereby the uncompleted or developmentally damaged self may be restored.

Kohut (1977) pointed out that the newborn infant's environment responds to that infant as if he had a self. This hypothetical rudimentary self is formed of the infant's very real body and the projections of the environment, most notably of the mother. But what is the basis of the projection onto the newborn which endows him with a self, or the potential for a self?

**Mothering as narcissistic regression.** Freud (1914) discussed parental love as narcissistic regression, a notion further developed by Alice Balint (1939) in her description of the regressive quality of maternal love. The infant's total dependence upon the mother elicits appropriate care-taking behavior for two reasons: 1) the mother's identification with her baby's vulnerability and neediness promotes an emotional regression to a stage of fusion with the baby, while her mature cognitive and physical development allow her to meet the baby's needs; 2) her need-gratifying omnipotence enhances her own self-esteem as, within the regression, she identifies both with the needy child she once was and with the all-powerful mother of her infancy. Thus maternal narcissistic regression is not only in the service of mothering, but also serves the mother's continued consolidation of her whole self. The mother-infant fusion is gratifying to both: the infant's physical survival depends upon the
mother, as he begins to traverse the path leading to his psychological birth, and the mother via her own mothering begins to recapitulate and occasionally to alter her own movements toward separation and individuation. (Similarly, I would suggest that the therapist recapitulates and consolidates her own self-development with each patient she assists through the vicissitudes of separation and individuation.)

**Maternal styles.** Mahler (1968) suggested that actual loss of the symbiotic object is less pathogenic than continuing contact with a deficient, inadequate, or inappropriate symbiotic object. Thus failures in the mother to respond appropriately to the infant during the latter part of the phase of normal symbiosis and throughout the separation-individuation subphases—specifically in her handling, holding, vocalizations, and face-to-face contact—can inhibit or distort the differentiation of internal and external sources of pleasure and unpleasure. The absence of such differentiation has been found to be characteristic of the autistic psychotic syndrome (Mahler, 1968). Thus mechanical responses lacking in warmth and interest on the part of the mother, lack of eye contact, inhibition of responsive maternal molding, maternal splitting, unpredictability, parasitism, intrusiveness, or smothering may delay, accelerate, or otherwise disrupt the separation-individuation process (Mahler, 1968). I would suggest that the results, as manifested in clinical symptomatology, are differential according to the particular pattern of maternal inadequacy.
The infant's accomplishment of his specific tasks in each of the developmental stages is a function of the nature of the mother's attitude and response. These tasks may be loosely divided into attachment, or bonding to the mother, over the course of the phases of normal autism and normal symbiosis, separation-individuation, over the course of the differentiation, practicing, and rapprochement subphases, and consolidation, the task of the fourth subphase which I would suggest continues throughout adulthood.

Several different mothering styles have been observed: 1) empathic nurturance; 2) non-empathic nurturance; 3) withdrawal and distancing; 4) excessive need for closeness on the part of the mother; 5) maternal pre-ambivalence and unpredictability (Mahler, 1968; Mahler, Pine, and Bergman, 1975).

Because of the very limited number of case observations with each maternal style and the as yet uncompleted follow-up, as well as the difficulties in controlling for the influence of other significant adults and other environmental factors, predictions of the effect of each upon the child's development must be made with great caution. The inferences which follow are based upon consideration of the behavioral observations made by Mahler and her associates, upon self and object relations theory, and upon clinical observation both within the literature and in my own experience.

Although I would conjecture that the second, third, and fourth styles are each prodromal for narcissistically-based char-
acter disorders (e.g., borderline, paranoid, avoidant personality disorders), I do not view them as likely to produce the specific configuration of symptoms and behaviors characterizing narcissistic personality disorder per se, which is my focus here. Therefore I will leave consideration of the pathogenic potential inherent in each to a future date.

The "good mother." The first maternal style, that of empathic nurturance, would clearly be considered optimal for appropriate bonding and later separation-individuation, if consistently maintained throughout the developmental period. It is important to note that consistent maintenance of empathic nurturance does not mean that the mother's behaviors with the autistic and symbiotic infant are the same as those with the differentiating, practicing, and rapprochement toddler. It does mean that the mother is tuned in to the needs of her child and behaves in such a way as to facilitate his accomplishment of each phase-specific task. The bonding phases, for example, require both physical and emotional availability on the mother's part, whereas the later subphases require the gradual lessening of physical contact, while at the same time maintaining emotional and appropriate physical availability. Thus the mother of the separating child must be able to pace her responses to the child's gradually increasing movements away from her, providing him with emotional refueling at gradually increasing physical distance.

The unpredictable mother. The fifth maternal style is char-
characterized by maternal unpredictability, in which the mother alternates between withdrawal and excessive closeness according to her needs, not those of her infant. I would suggest that such behaviors would be consistent with narcissistic personality disorder in the mother, such that she engulfs the baby with intense closeness when he functions as a gratifying extension of herself, rejecting him when his needs are not congruent with her own. This type of behavior is characteristic of the pre-ambivalent splitting typical of the narcissistic period of development. I would further conjecture that the child of the unpredictable mother would himself develop a narcissistic personality disorder. Behavioral observation has indicated that the child of such a mother makes a premature transition from the phase of normal symbiosis, precociously developing maternally approved behaviors at the expense of other phase-appropriate development, and has difficulties with distancing in the later subphases (Mahler, Pine, and Bergman, 1975). Such early indications of approval-seeking behavior and the denial or repression of the child's own needs would appear to be consistent with the later development of a "false self" characteristic of the narcissistic personality disorder.

Consideration of the effect of maternal unpredictability upon the developing child in each subphase may clarify the bases for my inference. As suggested above, the symbiotic child rapidly identifies the behaviors which please his mother and draw her attention, repeating those while relinquishing phase-appropriate be-
haviors associated with maternal unpleasure. Thus if the mother prefers a molding baby and puts the baby down when he stiffens or grasps her hair, he will relinquish the latter activities and increase his molding behaviors. Psychological bonding would be expected to occur more rapidly than usual, as well as to be more intense, as a result of the unpredictability of the maternal response to the baby's neediness and dependency. For even though the mother may have some relatively consistent preferences with regard to her infant's behavior, those preferences are a function of her own needs. Thus at one point she may yearn for physical closeness and respond favorably to the infant's molding and grasping and touching, while the same behaviors at another point may annoy her. The mother's unpredictable negating of the symbiotic fusion may be conjectured to tinge the emerging awareness of the body-self with unpleasure, the forerunner of a "bad" self-image.

Similarly, during the differentiation subphase the mother's self-absorption in her own needs distorts her response to the baby's needs. Thus she continues to fuse with the baby when his behavior gratifies her, detaching and distancing herself when it does not. She is unable to maintain herself as consistently available for emotional refueling at home base. The baby's sense of his developing body-self is massively split: when he is good, he is very, very good, and when he is bad, he is horrid. Mahler, Pine, and Bergman (1975) described the effect of such non-empathic unpredictability on a child who had difficulty functioning at a distance from his
mother, seemingly able to maintain his connection with her only through physical closeness. They also observed that the low-keyedness, assumed to reflect "a dawning awareness that the symbiotic mothering half of the self was missed," appeared to be "diminished and irregular" in children of an unpredictable, alternately rejecting and engulfing mother (Mahler, Pine, and Bergman, 1975, p. 75). They further noted that such children showed relatively subdued and abbreviated periods of exploration and experimenting, which was interpreted as an excessive preoccupation in the mother's uncertain availability, inhibiting the children's ability to invest themselves in their own manipulations of the environment: "After a brief spurt of practicing, they would return to their mother, with even greater intensity and attempt by all possible means to engage her" (Mahler, Pine, and Bergman, 1975, p. 81).

Rapprochement crises were found to be exaggerated with these children, with excessive shadowing, separation anxiety, temper tantrums, clinging, holding on, etc. Splitting of objects was marked and was conjectured to reflect similar splitting of the self-representation. The transition to the consolidation period was delayed and erratic, with clear indications that the phase-specific tasks had not been fully accomplished. Although these children, like those who had had optimal empathic mothering, entered the consolidation subphase as individuals, with their own unique patterns of response and functioning, they could not be said to have fully separated and individuated in that they continued to show signs of ear-
Narcissistic Personality Disorder within the Genetic Context

Returning to the features of narcissistic personality disorder given at the beginning of this chapter, I shall try to account for each within the context of the vicissitudes of early development.

Interpersonal disturbances. The basic premise is that the child of a non-empathic and unpredictable mother will repeat the interactional patterns, established in early childhood vis à vis his mother, with intimate others in adolescence and adulthood. Thus disturbances in interpersonal relationships would be expected. The narcissist continues to seek gratification of his fundamental archaic needs, but his lack of empathic experience prevents him from relating to others in such a way as to achieve gratification. Unable to empathize or cooperate with others in a mutually gratifying and reciprocal way, he is demanding and exploitative in his neediness. At the same time, the narcissist is highly sensitive to the needs and demands of others; he is experienced in achieving pseudo-gratifying fusion with others by denying his own needs and molding himself to meet the expectations (often his projection) of others. Just as he modified his infantile behaviors to present himself to his mother in such a way that she approved him, so he adjusts in adulthood to his perception of other people's needs and expectations, presented what might be called a "false self."
Splitting. True ambivalence is not achieved with unpredictable mothering. Splitting of object- and self-representations continues, and interpersonal relationships are characterized by alternate idealization and devaluation of the other person and of the self.

Although the narcissist does have a cohesive sense of himself as a unified mind-body-self, his pre-ambivalent splitting keeps him in a state of fragmentation. His object-introjects are part-objects as are his real-world objects. His self is a part-self, and he is constantly seeking wholeness through fusion with another person. Other people are valued solely on the basis of their ability to complete him.

Clearly inherent in the fragmentation of the self is a deficiency in self-esteem. The unpredictable mother did not value her child for himself but as an extension or part of herself. His grandiosity and exhibitionism derive both from his phase-appropriate needs and from his splitting off of his devalued self.

Transmuting Internalization

The key to therapeutic transformation lies in the process of transmuting internalization, by which the self is formed via introjection of objects and their functions (Kohut, 1971). Kohut (1971) identified three primary factors necessary to that process: 1) maturational readiness and receptivity; 2) optimal frustration, producing disappointment in parts (e.g., specific aspects or qualities) of the object; the disappointment fragments the object and
is followed by gradual decathexis of the object and retention of the functions; 3) depersonalization of the function of the object such that that function is perceived as autonomous to the self. Thus we see a natural differentiating progression from the perception of a narcissistic, archaic, and external self-object, the source of all gratification, through an internalization of the gratifying functions of the self-object producing a sense of self composed of autonomous and functional internal structures, to a perception of that whole, cohesive, and autonomous self vis-à-vis a whole, cohesive, and autonomous external object.

The working through in therapy will occur on a number of different levels because of the "telescoping of genetically analogous experiences" (Kohut, 1971, p. 53). Thus the disappointment in the early idealized object is repeated in later significant and peripheral relationships and in the transference. That repetition reflects the continued efforts on the part of the child/patient to achieve wholeness, to resolve his developmental impasse, and to achieve autonomy. As I have stated elsewhere, I do not consider such immature repetitive patterns to be regressive, but rather appropriate to the ultimate resolution of developmental tasks.

The therapist's role in the process of transmuting internalization is to maintain herself as an idealizable object (that is, to be empathically nurturant and predictable) and to reflect back to the patient, via interpretation, his conflicts and his gratifications as the therapy progresses. Thus I do not see the idealiz-
ing and the mirror transferences as occurring at different stages of therapy. Rather I would suggest that the qualitative intensity of the idealization varies according to the patient's need for an idealized object as indicated by the amount of internalization of object function that has occurred. The level of internalization is reflected in the specific nature of the mirror transference. Thus during the fusion form of mirror transference all gratification is perceived to derive from the object. In simple terms, the patient's feeling is "You are the wonderful, perfect, omnipotent being, and so long as I am with you I too feel wonderful, perfect, and omnipotent." During the twinship transference the idealization is still relatively intense, but it now extends to the patient's emerging self: "You and I are both wonderful, perfect, and omnipotent beings so long as we are together; and even when we are apart I can remember what that was like and look forward to its return." This latter feeling indicates the beginning of the internalization of some of the object's functions. Finally, during the true mirror transference, the idealization of both self and object is somewhat less intense: "Sometimes I am wonderful, and sometimes you are wonderful, and sometimes we are wonderful together, and sometimes I am terrible, or you are, or we are. But most of the time I'm O.K., you're O.K., or we're O.K. It's confusing and I don't like it."

The dramatic ups and downs of rapprochement occur as reality replaces idealization.

Another aspect of the process of transmuting internalization
is the development of mature psychic structures as the heteronymous and rigid superego is modified by experience and by the developing ego. The primitive defense mechanisms which functioned to maintain self-object esteem are replaced by more realistic coping strategies allowing authentic and self-gratifying interaction with the world. Thus the harsh superego "shoulds" and the insatiable id "needs" are transformed into reality-oriented ego "wants." Concomitantly, impulse control improves and delay of gratification becomes more tolerable.
CHAPTER VI

DISCUSSION

A number of different factors contributed to the successful therapeutic resolution of Kate's separation-individuation process. The most crucial of these was her own strong drive toward autonomy, enabling her to weather the storms of our work together. In many ways it was a stormy therapy because of my inexperience. I was only beginning to develop my skills. The therapy taught me a great deal.

The Genetics of Narcissistic Personality Disorder

The suggestion that narcissistic personality disorder originates in disturbances in the dyadic relationship between mother and child during the subphases of the developmental stage of separation-individuation appears to have been supported by the case material. Kate's report of historical material and of her experience of the mother-daughter relationship, her pattern of interpersonal relating upon entering therapy, and the transference evidence all suggested that developmentally she was striving to differentiate at the beginning of our work together. Her history of psychologically symbiotic attachments to idealized objects, her positive responses to empathic interpretations (emotional refueling at home base), and her experimentation with the physical distance between us all reflected features of the differentiation subphase, at which
point our work began.

A movement into the practicing subphase is similarly indicated in the continued minuet of Kate's manipulation of the distance between us, in her continued splitting, in the idealizing twinship transference, and in the two forms of negative therapeutic response evidenced in that period, one depressive and the other grandiose.

Rapprochement was characterized by a shift to a true mirror transference to an idealized object (Kate's mirror images), Kate's increased social interaction, her turn toward her father and their relationship within the therapy, her enhanced gratification in her own body and bodily mastery, her curiosity about and identification with me, her approach-avoidance behavior, her separation and stranger anxieties, her erratic moods, her extreme negativism, and her indecisiveness. The rapprochement crisis itself was played out in the crisis in the therapy. Resolution of the rapprochement crisis occurred in my supporting Kate's autonomy. And finally, the lengthy termination phase of the therapy functioned to consolidate Kate's self-integration, her boundaries, her gender identity, her ambivalence, her ability to postpone gratification and to endure separation, and her reality-testing skills, all features of the consolidation phase of development.

Kate's experience of her mother during childhood and again following her resurfacing, as well as her experience of my empathic failures and the frustrations of the therapeutic relationship, suggested that Maggie had been erratically empathic, her unpredicta-
bility having been a function of her needs. Kate's dependency upon others for a sense of identity suggested that she had made a premature transition from the phase of normal symbiosis, continuing to seek psychological fusion by developing other-approved behaviors at the expense of her own self-development. This was further reflected in Kate's "self-editing" and in her inconsistent self-presentation early in therapy. Thus Kate could only feel good about herself when fused with an idealized object, but to effect such fusion she had to deny her own needs and her emerging self. Kate's excessive and inappropriate nurturance reflected the patterns by which she had gained approval from her mother.

Similarly, Kate's father was unable to compensate for Maggie's inconsistency. He too manifested difficulties in maintaining appropriate interpersonal boundaries. Unable to provide Kate with a reality-based ego ideal, he instead provided her with a rigid, harsh, and punitive superego structure consisting of excessively high, unrealizable, and ungratifying "shoulds." Kate was not totally without ego strength however, probably due to both Maggie and Matt's sporadic abilities to be truly empathic, to her role as parentified child, and to the positive influence of her paternal grandmother.

The Defensive and Compensatory Structures

When Kate entered therapy her defenses were highly primitive, reflecting her developmental level. They consisted of splitting,
both evaluative and rational-emotional, projection, projective identification, as well as denial, repression, dissociation, and displacement. Kate's splitting, projection, and projective identification defended her against a loss of self-esteem by enabling her to fuse with an idealized object and thus to partake of that object's projected omnipotence. She could thereby compartmentalize and block from awareness her "bad" emotional self. Similarly the mechanisms of repression and dissociation protected her from the grief and despair that would have accompanied the experienced loss of her mother, as well as from the recognition of her mother's fallibility. Her displacement of negative affect to non-important others also allowed her to maintain the illusion of the idealized object.

Although Kate's defensive structures were primitive, she did have some well-developed and potentially gratifying compensatory structures (Cf. Kohut, 1977). Maggie's encouragement of Kate's artistic and dramatic abilities had validated Kate's creative potential. Although for a time Kate felt some confusion as to whether the products of her creativity were for her or for others, she gradually came to claim them as her own. Similarly, Matt's somewhat excessive Puritan work ethic had been incorporated by Kate, allowing her some gratification in her ability to provide financially for her own needs.

The Negative Therapeutic Response

My empathic, interpretative, and management failures—both
of omission and of commission—regularly and predictably precipitated a negative therapeutic response. Each of these reflected the specific developmental stage at which Kate was then functioning. Once the appropriate interpretation was made in each instance, the transference equilibrium was reestablished, and a positive transference was restored. The restored transference, however, reflected a higher developmental level than that preceding the disruption. Thus the negative therapeutic response, successfully resolved, appeared to be a catalyst for therapeutic change and progress.

The first negative therapeutic response was already active when the therapy began, as a result of Kate's three-month wait. My initial failure to interpret the anger implicit in her grandiose withdrawal was followed by a missed session and then by overt rage. The appropriate interpretation produced an idealizing twinship mirror transference, moving Kate from the differentiation subphase into the practicing subphase.

During the practicing subphase Kate experimented with role-playing in the context of our relationship, as she sought a persona of which I would approve. My interpretation of those efforts moved the work from the beginning practicing stage into the practicing subphase proper. My concomitant decision to stop the transference interpretations appeared to have been perceived by Kate as distancing from the relationship. My continuing failure to interpret her disappointment in and anger with me evoked a slowly emerging negative therapeutic reaction in the form of severe depression. Kate
withdrew from several intimate relationships, the peripheral relationships on which I was maintaining the focus, apparently in an effort to remove the barrier between us. The continued lack of transference acknowledgment elicited a grandiose negative response concomitant with a shift into a true mirror transference. The mirror images at last made me understand the effect of my earlier decision, and I was able to acknowledge and interpret Kate's anger.

The true mirror transference to an idealized object is characteristic of beginning rapprochement. Kate's activities, relationships, and behaviors all reflected the concerns and tasks of the rapprochement child. My announcement of a week's break elicited a dissociated and generalized mild depression prior to my departure, similar to the low-keyedness of the rapprochement child. Interpretation of Kate's frustration and disappoint was followed, during my absence, by intense displaced rage, thus beginning the rapprochement crisis. The next several months of therapy were a period of recurrent crises, alternating with brief intermittent periods of smooth therapeutic work. The exaggerated vicissitudes of this period reflected those of early childhood rapprochement. This was the second longest phase of the therapy, lasting some six months, exceeded only by the nine-month consolidation phase. The ultimate resolution of the crisis occurred when I was able to support Kate's autonomy appropriately, even giving her a little push, in insisting that the decision to continue or leave therapy was hers.

There were no major negative therapeutic reactions during
the termination phase. My occasional failures—whatever their nature—were quickly identified by Kate who was able to assert her needs and wishes appropriately, and who no longer required an idealizable object. The single brief response followed my precipitously setting a too-early termination date. The correcting of that error, concomitant with the acknowledgment of my own humanity, restored the equilibrium once more. The transference at that point was a partnership with a real and fallible person.

Transmuting Internalization: The Key to the Treasure

When Kate had first entered therapy she was maturationally ready for and receptive to change. She had identified her self-destructive relational pattern of fusion on both an intellectual and emotional level. Although the failures in those relationships had caused her great pain and anxiety, they had, on the positive side, fed her self-esteem by allowing her to appropriate for herself some of the glory of the idealized object.

During the therapy, the process of transmuting internalization did not mean that Kate was internalizing my values, my self-esteem, or my "goodness." She internalized rather my reflection of her own feelings of pride and satisfaction in her phase-appropriate accomplishments. Thus the transmutation involved the movement from external sources of approval and gratification to internal sources. By developing those capacities within herself, she was able to move from dependency to autonomy.
Kate's recognition that "the key to the treasure is the treasure" demonstrated her recognition at all levels that she no longer required a verbalized or demonstrated expression of caring from others, specifically from me at that point, in order to feel lovable within herself. Kate had her own self as the source of her feelings of worth. She had internalized the functions of the gratifying object and no longer needed that object; she could gratify herself. I had become appropriately superfluous. Kate could now relate to others in a mature way, caring and wanting to be cared about, but not desperately needing that caring to complete herself.

Conclusions

Analysis of the clinical data derived from the psychotherapy with Kate appeared to confirm the existence of parallels among self and object relations theory, observational research in early childhood development, and the symptomatology and treatment of narcissistic personality disorder. Such confirmation can only be tentative, based as it is on a single case study. It does allow, nevertheless, the reframing of the questions posed at the end of Chapter I as very tentative inferences to be supported or invalidated by future research.

Narcissistic personality disorder reflects—in its symptomatology, behaviors, and functioning—characteristics of the separation-individuation subphases of early childhood. The DSM-III Draft (1978) classification of narcissistic personality disorder identifies a
characteristic pattern of faulty interpersonal interaction, of disturbances in self-perception and self-presentation, and of response to environmental stimuli, all of which reflect phase-specific features of the separation-individuation period of early childhood development, as described by observational researchers. The same pattern of features was observed clinically during the therapy with Kate.

The development of narcissistic personality disorder is a function of a specific mothering style, i.e., one which is unpredictable, non-empathic, and pre-ambivalent. The observational research of the mother-child dyad during early development isolated a specific mothering style to which the child typically responded in patterns characteristic of adult pathological narcissism. Kate’s self-report of her relationship with her mother and her transference responses (i.e., her perception of me as erratic and non-empathic and her projection upon me of her sense of herself as bad or worthless) appear to lend support to this hypothesis.

Restorative therapy with a narcissistic patient will recapitulate the separation-individuation subphases. Early childhood observational research has defined the differentiation, practicing, rapprochement, and consolidation subphases of the separation-individuation process. The first three of these have characteristic phase-specific and phase-appropriate tasks and activities on the part of the child, as well as optimal styles and behaviors on the part
of the mother to facilitate appropriate completion of the process. During the therapy, Kate's activities, level of functioning, and focal concerns progressively changed, at each point reflecting the features of the corresponding developmental subphase.

The nature of the transference and of the negative therapeutic response will change over the course of therapy, reflecting the self-object relationship and response patterns characteristic of each subphase of separation-individuation. The sequential appearance of fused, twinship, and true mirror transferences to an idealized object within the therapeutic relationship reflected Kate's phase-appropriate needs for optimal empathic nurturance at each stage of the process. Similarly, the nature of the negative therapeutic response at each transition point corresponded to developmentally appropriate expressions of frustration by and disappointment in the idealized object. The intensity of the idealization also showed an inverse relationship to the development of a whole and cohesive self and to the concomitant internalization of object functions.


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APPENDIX A

CONSENT FORM

I, [client's name], hereby grant permission to Mary A. Scarcliff to use in her Master's thesis any material obtained from me during my work with her as a client in individual psychotherapy. I understand that my name, the names of other people, and any other identifying information will be altered and disguised to protect my rights of privacy and confidentiality. For these purposes I reserve the right to review the completed document before it is submitted to the graduate school.

_________________________________________  (Signature)
Date

Client's name

_________________________________________  (Signature)
Mary A. Scarcliff
APPENDIX B
RELEASE FORM

I, [client's name], have read the final draft of Mary A. Scarcliff's Master's thesis in which she utilized material obtained from me during my work with her as a client in individual psychotherapy. I feel comfortable that my rights of privacy and confidentiality have been fully protected in the alteration and disguising of my name, the names of other people, and other identifying information. I have reviewed the completed document and I have no objection to its being submitted as it stands to the graduate school of the University of Massachusetts.

__________________________________________ (Signature)
Date

__________________________________________
Client's name

__________________________________________
(Signature)
Mary A. Scarcliff
APPENDIX C

DSM-III Draft Classification of Narcissistic Personality Disorder

301.81 Narcissistic Personality Disorder

The essential features are grandiose sense of self-importance or uniqueness; preoccupation with fantasies of unlimited success; exhibitionistic need for constant attention and admiration; characteristic responses to threats to self-esteem; characteristic disturbances in interpersonal relationships, such as lack of empathy, entitlement, interpersonal exploitiveness, and relationships that vacillate between the extremes of over-idealization and devaluation.

The exaggerated sense of self-importance may be manifested as extreme self-centeredness and self-absorption. Abilities and achievements tend to be unrealistically overestimated. Frequently this will vacillate with feelings of special unworthiness. For example, a student who expects an A, and receives an A minus, now feels that he, more than any other student, is revealed to all as a failure.

Individuals with this disorder are preoccupied with fantasies involving unrealistic goals. These goals may involve achieving unlimited ability, power, wealth, brilliance, beauty, or ideal love. These fantasies frequently substitute for realistic activity. When these goals are actually pursued, there is often a "driven"
pleasureless quality, and an ambition that cannot be satisfied.

These individuals are constantly seeking admiration and attention. They are more concerned with appearances than with substances. For example, such a person would be more concerned that he be seen with the "right" people than that he have close friends.

Self-esteem is invariably fragile and the individual is preoccupied with concerns as to how well he is doing and how well others regard him. In response to criticism, defeat or disappointment, there is a cool indifference or marked feelings of rage, inferiority, shame, humiliation, or emptiness.

Interpersonal relationships are invariably disturbed. Such individuals commonly demonstrate a lack of empathy. They are unable to recognize and experience how others feel. For example, such an individual may be annoyed and surprised that a friend who is seriously sick has to cancel a date.

Entitlement, the expectation of special favors without assuming reciprocal responsibilities, is usually present. For example, such an individual may react with surprise and anger that people won't do what he wants, and may always expect more from people than is reasonable.

These individuals display interpersonal exploitiveness. They take advantage of others in order to indulge their own desires or for self-aggrandizement. The personal integrity and rights of others are disregarded. For example, a writer plagiarized the ideas of a new friend who had apparently been befriended for that purpose.
Relations with others lack sustained positive regard. Close relationships tend to vacillate between idealization and devaluation. For example, a woman repeatedly becomes involved with men whom she alternately adores and despises.

**Associated features.** Frequently there are many of the features of Histrionic, Borderline, and Antisocial Personality Disorders, and in some cases more than one diagnosis may be warranted. Depressed mood is extremely common. Frequently there are painful self-consciousness, preoccupation with grooming and remaining youthful, and chronic intense envy of others. Preoccupation with aches and pains and other physical symptoms may be present. Personal deficits, defeats or irresponsible behavior may be justified by rationalization, prevarication, or outright lying. Feelings may be faked in order to impress others.

**Impairment.** By definition, there is always some impairment in interpersonal relationships. Occupational functioning may be unimpaired, or may be interfered with by depressed mood, interpersonal difficulties, or the pursuit of unrealistic goals.

**Complications.** Short-lived psychotic episodes may occur and should be noted as additional diagnoses, such as Brief Reactive Psychosis, Atypical Psychosis, and Paranoid State. Adjustment Disorders and Major Depressive Disorder may occur as superimposed conditions.

**Predisposing factors, prevalence, sex ratio, and familial pattern.** No information.
Differential diagnosis. Individuals with this disorder may also meet the criteria for Histrionic, Antisocial, or Borderline Personality Disorder. In such instances, multiple diagnoses should be given.

Short-lived psychotic episodes may occur (See Complications).

Individuals without mental disorder may have narcissistic personality traits. The diagnosis of Narcissistic Personality Disorder is justified only when the traits are of sufficient severity to disturb interpersonal relationships.

Diagnostic criteria for Narcissistic Personality Disorder.

The following are characteristic of the individual's long-term functioning and are not limited to episodes of illness.

A. Grandiose sense of self-importance or uniqueness, e.g., exaggerates achievements and talents, focuses on how special one's problems are.

B. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love.

C. Exhibitionistic: requires constant attention and admiration.

D. Responds to criticism, indifference of others, or defeat with either cool indifference, or with marked feelings of rage, inferiority, shame, humiliation, or emptiness.

E. At least two of the following are characteristic of disturbances in interpersonal relationships:

(1) Lack of empathy: inability to recognize how others feel, e.g., unable to appreciate the distress of someone who is
seriously ill.

(2) Entitlement: expectation of special favors without assuming reciprocal responsibilities, e.g., surprise and anger that people won't do what he wants.

(3) Interpersonal exploitiveness: takes advantage of others to indulge own desires or for self-aggrandizement, with disregard for the personal integrity and rights of others.

(4) Relationships characteristically vacillate between the extremes of over-idealization and devaluation.
