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A Dual Conception of Narcissism: Positive and Negative Organizations

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The author explores Freud's concept of narcissism, as well as other discussions of narcissism in the psychoanalytic literature. He introduces the dual conception of *positive narcissism* and *negative narcissism*, illustrated by two clinical vignettes. Subsequent discussion elaborates on these two types of narcissism, and also addresses *life narcissism*, *death narcissism*, and *primary narcissism*. The latter is considered in light of the influence of infant observational research on the prevailing view of this concept and the misunderstandings that arise from that approach.

Introduction

In the beginning of his work, Freud (1894, 1915) excluded narcissistic neuroses from the indications for psychoanalytic treatment. It is interesting to note that Freud had an intuition about narcissism even before he had discovered and defined the concept. He saw no possibility of applying psychoanalytic treatment to patients who suffered from diseases in which they were withdrawn and showed no interest in other people, believing that no

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transference could occur. Obviously, Freud was thinking of patients who suffered from what was called at the time dementia praecox, labeled schizophrenia in 1911. He defined this condition as due to a stagnation and retention of the libido in the ego.

Later, when Freud (1914) described narcissism, he had in mind a much wider view of the disorder, beyond the above-mentioned psychoses. He described a number of features, including certain types of object choice, and brought to light a basic component of the personality, reframing his theory into object libido and narcissistic libido. We usually think of this step as a momentary one, believing that we are now largely beyond this way of understanding psychic phenomena, but it is more correct to say that our present views are transformations of the views expressed by Freud in 1914.

Today's theory embodies the concepts of self and object. To some extent, we can consider some modern views about the self as deriving from Freud's description of narcissism. Before discussing these issues further, I wish to revisit my personal view of narcissism, taking as a starting point the relationship between the work of Freud about object libido and narcissistic libido, and his last theory of drives, which juxtaposed love or life drives to death and destructive drives.

For me, *narcissism is a concept partly derived from Freud's work with his patients, and partly grounded more in a myth than on direct clinical observations*. The convincing evidence of the value of this concept depends on the coherence of the descriptions and their match to clinical issues.

Observations

My own ideas emerge from clinical experience and from an investigation of Freud's work.

1. Narcissism was not present in Freud's work from the beginning. It was preceded by autoeroticism. The passage from autoeroticism to narcissism requires a

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- “new psychical action” (Freud 1914, p. 77). At least thirteen years of prior clinical experience were necessary in order for Freud to formulate and introduce the concept of narcissism.
2. Narcissism was a major concept in Freud's work for six years (at least from 1914 to 1920), until his introduction of the death instinct. It was diminished, and indeed nearly vanished, as a conceptual tool following the advent of the so-called structural model in 1923.
 3. A transitional phase occurred, during which narcissism was viewed within the opposition of the ego and object libidos. This statement became outdated once Freud introduced his last drive theory, setting up love or life drives in antagonism to destructive or death drives.
 4. A discussion of narcissism raises many important issues. Let us recall two in particular: the problem of the existence of primary narcissism as opposed to secondary narcissism, and the relationship between object choice and narcissism.

Narcissism In The Psychoanalytic Literature

Following Freud's own tendency to push narcissism into the background of theory, the rise to prominence of Klein's work has relegated narcissism to oblivion in our literature, since it is practically absent from her writings. In fact, the Kleinians ignored narcissism until Rosenfeld rediscovered it in 1971, the year of the IPA Congress in Vienna, in the form of destructive narcissism. Long before that, Balint (1965), Ferenczi's heir, denied the existence of primary narcissism; according to such authors, object love was present from the beginning. Since the time of Balint's critique, nearly all psychoanalysts have agreed that primary

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narcissism is a fiction. This discussion still needs clarification.

Narcissism was also rediscovered by Kohut (1971). However, he neglected to mention the work of Grunberger (1957), discussed in France since 1957, and Green (1967). Kohut's self psychology contrasted with Kernberg's (1975) conception of object relations, and the same issues were debated by these two opponents. The self(narcissism) stood on one side, with the drives (more or less linked to object relations) on the other. The debate ended without a conclusion. Each side has had followers who have continued to develop divergent conceptions.

For Freud, narcissism was the result of an orientation of the drives toward the ego, and was defined as the libidinal complement of the self-preservative instincts. For Kohut, it was not only a matter of the orientation of the drives, but of the quality of the cathexis. Here we find two different agendas: Freud seemed more concerned about approaching the problem metapsychologically, taking into account an economic approach to the functioning of the psychic apparatus, while Kohut addressed mainly the quality of the investments. Kohut's views are therefore closer to phenomenology than to metapsychology.

A phenomenological view may give us a more comprehensive description of narcissistic features as they appear to consciousness, but it does not allow for the way in which narcissism is articulated with other components of the psychic world, at least in my view. In other words, self psychology brings us back toward the prepsychoanalytic view of the academic ego, with all the dynamics described seen from the point of view of a unitary approach. This tactic undervalues—as Kohut himself acknowledged—the importance of conflict in favor of developmental arrest.

It is undeniable that Kohut's descriptions enhanced our understanding of narcissism through his emphasis on grandiosity and mirroring relations. It may be debatable whether these features are the principal ones involved in the patient's pathology, however. One may have the feeling that Kohut's description

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opened a new path, but that his explorations remained incomplete, and were meant to be transformed into a more comprehensive perspective that did not consider the self alone, as seen by an external observer, but rather in a relationship between two selves interacting with each other. In this latter view, all other components of classical theory appear to be of secondary importance and are consigned to neglect. How can we explain this, given that the earliest descriptions of narcissism appear in Freud's work?

To answer this question, we must appreciate a change in parameters. The fate of narcissism in Freud's work after 1920 remains a mystery; one of his last comments about it was that narcissism should simply be included in the final synthesis of love and life instincts (1940). He failed to elaborate on other possibilities. At least some of the features Freud had previously considered as related to narcissism could be seen as part of what he had more recently described as the death instinct.

The transformation of object libido...into narcissistic libido which thus takes place [the ego assuming the features of the object in order to substitute it after the id's loss] obviously implies an abandonment of sexual aims, a desexualisation—a kind of sublimation, therefore. [Freud 1923, p. 30]

Freud was aware that this process is not the universal road to sublimation, but believed that it deserves careful consideration. What strikes us today in this passage is that the desexualization Freud observed in such sublimation is a process that follows the same lines as the so-called death instinct. His explicit mention of *narcissistic libido* opens the way for us to consider that at least some aspects of narcissism may follow along the same lines of the anti-eroticism involved in the destructive instinct, even if not accompanied by an open manifestation of destruction. The point to be underlined here is that a weakening of the concepts of object libido and erotic object choice was taking place.

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Later in the same work, Freud (1923) considered in greater detail the problem of the fusion and de-fusion of the instincts. At the end of his chapter on the two classes of instincts, he termed the displaceable energy of love into hate and hate into love *desexualized libido*, noting that this could also be described as *sublimated energy* (p. 46). Here we find a mixture of Eros functions—uniting and binding—and desexualization, which is closer to the aim of the death instinct. Since Freud concluded that sublimation regularly takes place in the ego, we can deduce that the desexualization of sublimation and the contrary process of unbinding also take place, at least partly, in the ego. Freud (1923) wrote quite explicitly: “The ego is working in opposition to the purposes of Eros and placing itself at the service of the opposing instinctual impulses” (p. 46).

In short, then, we can view the ego as the seat of the fusion and de-fusion of instincts. Freud concluded that the narcissism of the ego is a secondary one that has been withdrawn from the object, but he did not explicitly return to the issue of sublimated energy as linked to narcissism and serving the purpose of the opposite aims to Eros. I suppose we have to interpret his last statement about narcissism as a global statement inclusive of components that need to be more completely analyzed.

It seems to me that Freud came very close to discovering possible relationships between narcissism and the death instinct. We might remind ourselves of Freud's observation in 1920 that “at the beginning of mental life, the struggle for pleasure was far more intense than later, but not so unrestricted: it had to submit to frequent interruptions” (p. 63). We may understand these interruptions as failures of the pleasure principle, in the service of Eros, and therefore implicitly turning aims the other way around, in the service of the death drive.¹

To summarize my views, I have made the assumption that, since the time of Freud's last theory of drives, we have had to consider the possibility of a dual narcissism: a positive narcissism,

¹ For a further elaboration of this discussion, see Green 2001.

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whose aim is to reach unity, a narcissism aiming at oneness—the cathexis of the self being fed, at least partly, at the expense of object cathexis; and a negative narcissism, which strives toward the zero level, aiming at nothingness and moving toward psychic death. This distinction cannot be simplistically absorbed by the usual distinctions between healthy and pathological narcissism. An imbalance in favor of narcissism may be positive and yet nevertheless pathological, because it impoverishes relationships with objects. It is less destructive than negative narcissism, however, which aims at the subject's self-impoverishment nearly to the point of annihilation.

Narcissistic personality disorders do not encompass all the clinical outcomes of narcissism. Certain depressions (what I call moral narcissism; see Green 2001) that are based mainly on asceticism and the negatification of gratification (deprivation of gratification being of greater value than the gratification itself, according to common standards of pleasure)—including states of futility, void, emptiness, anorexia, and extreme idealization—are examples of the decathexis of drives. One should remember that one-half of the world's population, if not more, lives according to religious standards that claim the superiority of renunciation to any type of satisfaction, binding adherents to avoid disappointment and disillusion by way of giving up the illusory quest for pleasure.

Brief Clinical Examples

A Case of Positive Narcissism

Despite the fact that Mr. X was referred to me for psychoanalysis, his explanation for seeking treatment was not very explicit. He vaguely described global disappointment, both personal and professional; character disorders; maladjustment in all fields; and feelings of underachievement. I was young at the time and not fully aware of either my limitations or those of psychoanalysis.

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Mr. X complained of feelings of dissatisfaction in several domains, including love, family relationships, and work. He remembered having been left alone for long periods during childhood, inventing plays and acting endless fantasies alone in the garden. During adolescence, he had been a gifted piano player. He later became the youngest lawyer in his native land abroad, but this was profession that he never practiced. He had emigrated to France with his girlfriend, married her, and had two children. He was well read in literature, knowledgeable about music, and otherwise sophisticated. He expressed himself at a high level of verbal articulation, and was overtly passionate about artistic topics. A self-centered man, he displayed his talent and erudition at private dinner parties, where he would fascinate and nearly hypnotize other guests, who could scarcely say a word, he so monopolized the conversation.

Mr. X was the youngest son of an elderly father, a kindly doctor who was dedicated to the poor, and who had been forced to emigrate. He was esteemed by work colleagues and loved by his patients. Mr. X's father believed in God, and was superstitious and obsessional. He frequently quarrelled with his wife, especially when he wanted to have sex with her, which she would refuse by dissolving into tears, according to my patient's memory. Mr. X remembered his father having often been at his own bedside, praying for the soul of his son; the patient's father must have formed the belief early on that something was wrong with him.

Mr. X's mother, like Mr. X's wife, was a foreigner. Before my patient's birth, his parents had lost a child, a girl of approximately two years, who—as is frequent in such cases—had become idealized in the mother's memory; the little girl's image was frequently evoked in a haze of perfection that Mr. X could never hope to reach in the eyes of his mother. The dead sister was the official explanation for the chronic dissatisfaction of the “dead” mother, who complained of her unhappy marriage, her husband's lack of income, her poor social life, and so forth.

Mr. X's mother spend long hours with her son, exciting his pride and encouraging his artistic gifts, but isolated him from his

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friends by virtue of her belief that they would humiliate him. She told him frightening stories of her native land, describing how babies in the fields were ripped apart by peasants with their scythes who had not noticed them lying on the ground of the field. She would take Mr. X to the movies, hiding these outings from his father, who would surely object and punish, she said; she terrorized her son by pretending that, should he betray their secret, “your father could die from a heart attack.”

Mr. X's psychoanalytic treatment revealed many features of self-idealization, grandiosity, and contempt for the ordinary problems of life. Soon after the beginning of treatment, he resigned from his job because he felt the tasks he was asked to perform were unworthy of him. His wife's parents agreed to support him financially without his doing any work. From that time on, he never worked again in any profession.

He decided to “reconquer” his native language, which was that of his father (who was of Latin origin, while his mother came from Eastern Europe). He worked alone in a rented studio, studying to master the language, and eventually decided to become a poet. The extraordinary result was that he succeeded in publishing his poems in a highly regarded literary review published in his native language. But after that achievement, Mr. X found that he could not continue his writing; he had lost his inspiration.

He listened to music endlessly, as competently as any music critic, but declined professional involvement in the field. He was a record collector and spent most of his money buying records, but if he realized after making a purchase that a record had the slightest defect (this was before the era of compact discs), he would return to the shop and exchange it, quite as if he had been stealing it, getting another one that seemed perfect and hiding the questionable imperfection from the salesclerk. He spent his days doing only what he liked: reading, writing, listening to music, and going to movies, while viewing all other activities with contempt. He also saw his mistresses, but was still unhappy.

Mr. X had many love affairs, none of which lasted. Most of the time, the body of the mistress that had attracted him when she

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was dressed later revealed, when naked, some imperfection that he found repulsive: breasts that were too small, distorted legs, unattractive feet, or some other flaw.

Throughout the analysis (conducted at a frequency of three times per week), I observed Mr. X's grandiose fantasies, solitary lifestyle, disappointment in and violence toward his wife, total neglect of his children when they did not fulfill his expectations, and few friends who were never close. In the transference, I was sometimes idealized, and at others times I represented a delinquent figure whom he would have liked to become had he had the courage. Eventually, he said that he had to go back to his native country—a lie—and would therefore have to end treatment. He could not admit that he wanted to give up.

Mr. X returned to see me for a while some years later, after the accidental death of his wife. Some years afterward, I met him at a concert, and he asked to come see me for a personal visit. I accepted, since the treatment had ended. He came for tea, and displayed an extraordinary amount of seductive exhibitionism. He could not stand the idea that he had been *only* a patient to me, and so he had to show me how interesting he could be as a person. This was our final contact.

From this short description, we can see that Mr. X was constantly fighting to maintain his pride and self-esteem, and to defend his image at a sublimatory level in order to seduce his omni-present mother and to convince her that he was a lovable object. But these efforts were in vain. His mother's narcissism remained unmodified, even in old age.² Furthermore, Mr. X's fight had a self-preservative quality. His self-destructiveness was limited to attempts to escape any feeling of involvement with his closest objects, and to his lack of a sense of responsibility for his disappointing children.

I consider the case of Mr. X to be an example of positive (though unhealthy) narcissism. He survived his wife's death, idealized her in his mourning, and failed to take care of his children.

² She was a dead mother, according to my description (Green 1983, 2001).

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I was particularly struck by one feature: he could not accept any gift from a woman with whom he had an affair. It took some time to understand that this refusal represented an avoidance of any obligation to reciprocate, i.e., to have to offer something in return, which would mean that a relationship had taken place.

A Case of Negative Narcissism

Let us shift to a discussion of negative narcissism, of which Ms. Y is a case example. She was about thirty when she was sent to me following a severe depressive episode for which she had been hospitalized. All biological treatments had failed. The colleague who took care of her in the hospital decided to send her to me because he had identified a significant neurotic background.

I remember well Ms. Y's first visit to see me, during the time that I was first starting my psychoanalytic practice. She sat in front of me, bending her head over her chest, not daring to look at me, talking in a low voice, clearly in deep sorrow. Nevertheless, some form of contact was established, and she agreed to start treatment. She stayed in analysis for more than ten years, until her accidental death—otherwise, I think she would still be coming.

Ms. Y was a professor of philosophy, but had taught for only one year before falling ill. I had the opportunity to meet some of her former pupils socially, and learned that they kept vivid memories of her outstanding teaching. But according to Ms. Y's standards, she was the worst professor who had ever existed. With dramatic pain, she confessed that she had prepared the lectures for her courses by assembling information from various textbooks. She was guilty of not inventing philosophy, as Socrates did, but had instead only taught it, leaning on books written by others.

At the time she started treatment, Ms. Y never went outside her flat, and in fact, never went anywhere—not to the cinema,

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theater, or concerts, never socializing with friends. She left her apartment only to come to our sessions, and went back to it immediately afterward. She had a disability income allowance on which she lived very cheaply. She never prepared meals for herself, eating only ham and yogurt. Her activities seemed to be limited to reading philosophy with religious undertones, though she did not practice any religion herself.

Ms. Y had a very strong transference to me as a person, not to me as an analyst. She very rarely dreamed and never fantasized. She had essentially broken off relations with her parents; her mother was someone she never expected to see again in her lifetime, while she had seen her father only once or twice in the previous ten years. In fact, she had been partly raised by her grandparents for some years, returning to her parents' home only later on. She did keep a good relationship with her sister, who had married a modest civil officer and had two children whom Ms. Y loved. Once a year, she spent a week with her sister and her family.

Ms. Y's analytic sessions seemed repetitive and sterile; no insight ever occurred. No change took place. I felt pity and compassion for her suffering. In one session, she created an unexpectedly strong reaction in me by appearing totally changed, dressed in apparently luxurious garments and wearing makeup so heavy that she was almost unrecognizable. I learned that while she had been resting in a convalescent home, she had met a man, a simple laborer with no culture. She went to bed with him once, but decided after two weeks that he was of no interest to her, and broke off all relations with him. He was not replaced by anyone else.

During her treatment, Ms. Y developed an addiction to alcohol, which could not be stopped. Her particular addiction was to "Marie Brizzard," a liqueur bearing the name of a woman. Ms. Y eventually died in somewhat mysterious circumstances, in the context of oral avidity: she suffocated after greedily trying to ingest an excessive amount of food.

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This case could be considered one of chronic depression. But for me, it is precisely one of negative narcissism, with an aspiration to nothingness in a permanent way. There was no evidence of any cathexis whatsoever, except to my person, of which Ms. Y could not make use. Once she was riding in a car as a passenger, and the car had a severe accident; she believed she was going to die. While waiting for the ambulance, she thought of only one person: me. The splitting of the transference between the object as a person and the object as an analyst was striking. She loved me, but could make use of nothing I could give her—and in particular, could achieve no understanding of her psychic world. Her friends, who tried to help her, were soon discouraged and abandoned her. I had to confess that I had failed to help her, although I realized that my becoming a love object for her was an important step that ensured her survival for some time.

Discussion of Cases

The two cases presented here were failures in treatment. I do not mean to convey, however, that narcissism or narcissistic personalities never respond to psychoanalytic treatment. It happened that I saw these two patients during the beginning of my practice as a psychoanalyst; they represent the kind of cases that more senior clinicians refer to younger colleagues, rather than take into treatment themselves.

While in the case of Ms. Y, intense suffering was conscious and at the forefront, in the case of Mr. X (one of positive narcissism), the suffering consisted mainly of a narcissistic injury in relation to the patient's social situation. Mr. X, in fact, in suffering from humiliation, had deprived himself of any personal achievement in the long run. His grandiose fantasies had remained unchanged since childhood. A mirroring situation was present; for instance, after certain interpretations, he would applaud and say loudly, "Bravo, Dr. Green." But no change occurred.

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Mr. X finally agreed to end our meetings, at my request, although his first reaction had been to offer to increase his fee if I would continue to see him. I did not agree to this because I had the feeling that future encounters would be useless. At the last session, he said to me, "Dr. Green, you have made all possible efforts to help me. I have been fixated on my two parents. Maybe you have liberated me from my identification with my father, but you failed to detach me from my mother's influence, which was stronger." I had the feeling that he was right.

The case of Ms. Y raised different problems. She had never been able to cope with her mother, whom she said she hated. She had more positive feelings about her father, but considered him weak and totally dominated by his wife. She became a brilliant student and succeeded in her academic discipline at the highest level, but without gaining her mother's love; in fact, her mother remained sadistically critical of her.

Ms. Y's emotional life was impoverished. She fell in love with an older professor—someone who was probably never aware of her amorous feelings during the year before she became ill. It never happened again. Her hatred of her mother was very intense and appeared to be permanent. Ms. Y felt she had been persecuted by her mother—especially in regard to her sexuality, and without any reason for this; she had not even been sexually active. The only interest she was able to muster in life was in philosophy, but in fact, she had the appearance of a woman much less educated and sophisticated—looking, perhaps, like a postal clerk, her mother's profession. It was as if life had stopped at the moment she fell ill. I think her disappointment that her dream of love never came true was highly traumatic for her.

Theoretical Elaboration

Negative narcissism is the form narcissism takes when combined with self-destructive drives. Drives *are* at play here; they are not present in contradiction to withdrawal, but are allied with it. The

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impoverishment of object relationships is not indicative of a narcissism whose aim is to assert one's own selfhood, or to nourish feelings of grandiosity or mirroring relationships of the kind observed in Mr. X. In neither case did I witness suicidal attempts. In *positive narcissism*, others are seen as being of low value: ignorant, vulgar, common, cheap. In *negative narcissism*, the patient is the one who is worthy only of universal contempt; he or she has no right to any respect or satisfaction. The less gratification that is received, the more the patient believes that his or her fate is deserved. One might be reminded here of moral masochism, but that would be an incorrect analogy because there is no search for punishment or humiliation in positive narcissism; rather, these patients seek *less* suffering by self-punishment or inflicted punishment by others. They do not look for anything, but merely survive, waiting for death to come. Their lives are empty. And when such a patient loves someone, such as a treating psychoanalyst, the patient is aware and accepts that this love will lead nowhere, without letting him- or herself be caught up in the illusion of transference. No insight is achieved. Except in very rare moments, affects are always dull, life holds no joy, and pain remains a basic tonality made up not so much of suffering as of sadness or deadness. In fact, these patients seem to have been crushed by a maternal image against whom they can rebel socially, but not internally. Negative narcissism is the result of the combination of narcissism with an orientation toward psychic death.

Life narcissism is a way of living—sometimes parasitically, sometimes self-sufficiently—with an impoverished ego that is limited to illusory relationships that support the self, but without any involvement with objects. Here I refer to *living* objects, not those that are essentially idealized. *Death narcissism* is a culture of void, emptiness, self-contempt, destructive withdrawal, and permanent self-depreciation with a predominant masochistic quality: tears, tears, tears.

Although it can be schematic to sketch too simple a view, I shall defend the idea that object relationships and narcissistic

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relationships are less at odds with each other than complementary in their beginnings. What we observe between the infant and his or her primary object clearly demonstrates that there are moments during which the object, though not distinct, is nevertheless present in the child's psyche. But at other moments, as in sleep, solitude, or normal withdrawal, the dialogue with the object is not the same; rather, it is a situation different from that during moments of encounter with the object. Therefore, what I propose is the existence of a variety of psychic states in which object relationships and narcissistic relationships prevail, alternately, from one moment to another.

During development, in some psychic structures, narcissistic relationships will dominate the picture (anxiety about object relationships, self-protection, encapsulation), and in these situations, two lines of development are possible. The first prioritizes what we call *egoism* (selfishness, withdrawal, self-sufficiency, a self-centered personality). But in other instances, the destructive aspects will be predominant. It is not only the object cathexes which will be fought, but even, on a deeper level, the *self itself*. In such situations, narcissism and masochism seem at first to be closely linked. But on deeper examination, the dominant feature is found to be self-disappearance and disinvolvement. I have attributed this effect to what I call a *disobjectalizing function*, which undoes the transformation of psychic functions into objects (*objectalizing functions*). Elsewhere (Green 1999), I have given detailed descriptions of disengagement and disinvestment

(including such states that are directed toward self-preservation) and of an obscure aim for self-exhaustion that can lead, sometimes, to death.

Final Remarks

Freud's last theory of the drives—which I find useful in spite of the frequent denigration of it by some of my North American colleagues—helps me to rethink our ideas about narcissism. Freud abandoned his exploration of narcissism after 1920, implicitly

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considering it to be part of the love drives. He did not consider the possibility of a link between narcissism and the destructive or death drives. This is what I tried to develop in my work written between 1964 and 1983 (Green 1983, 2001).³

Why am I saying that I disagree with Kohut's (1971) conception of narcissism? The answer is that I had the impression that the drives played a major part in the background of both the clinical cases presented here. Space constraints prevent further elaboration of specific evidence of this here, but I can say that sadism, masochism, perverse behavior, and oral and anal fixations were strongly rooted in each patient, in different ways.

A final topic I would like to address, at least briefly, is *primary narcissism*. It is a common opinion today that we have at our disposal a large amount of evidence, based on infant observational research, that disproves Freud's conception of primary narcissism, just as it refutes Mahler's concept of symbiosis. I agree that babies give reactive signs to their mothers' behavior, expressions of mood, and manner of caregiving. But I would like to emphasize that this does not tell us the whole story. These observations are behavioral; we still do not know what is going on in the child's mind, but only what we can see in what he or she shows us. The baby's reactions to the primary object (it is now fashionable to use the term *caregiver*) do not prove that the baby can experience the situation *as a separate entity in relationship with another separate entity*—that is, the relationship linking two persons together.

Winnicott (1971) expressed the idea—a much more convincing one to me—that when a child looks at the mother's face, what the child sees is *him- or herself*, not the mother. Furthermore, an early perception of the object as a distinct person is not necessarily an advantage, since the baby could then lose the ability to experience the creation of a subjective object born out of his

³ On meeting Rosenfeld in 1984 at the Marseilles Symposium on the death drive, I found myself in agreement with him. That was the beginning of a friendship that lasted until he died.

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or her omnipotence. An object that is perceived as such too early on makes the baby more dependent on the mother's moods. The baby probably interprets these moods according to his or her own internal state, leading to the construction of a false self in order to comply with the mother. In summary, I believe that the concept of primary narcissism deserves to be reinterpreted, rather than rejected without thorough examination.

Narcissism, like any other psychoanalytic concept, is related to the hypothetical internal world of the child. It is an intrapsychic concept that must be matched with intersubjective relationships in the transference.

An appreciation of the concept of the self is not enough to truly understand narcissism—not even an appreciation of the self seen as the “I.” We have to consider the *subject*, a concept much more difficult to define. In order to define a subject, one needs another subject, for it is only a subject that can have the concept of subject. Subjectivity is, by definition, intersubjectivity, in the philosophical sense of the word. The other subject is not an object, nor is it a person. A subject might be thought of as a being who can ask “Who am I?” even before thinking of asking “Who are you?”

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