“I’m so selfish!” sobs a patient who has been struggling to come to terms with rage about her father’s early sexual imposition and her parents’ lack of attunement to her distress. Each visitation of these issues is followed by devastating guilt and self-deprecation. The rage at her father turns into alarming attacks on her self.

In so doing, my patient is using several unconscious defenses—chiefly identification with the aggressors, her parents, who frequently accused her of being selfish when she spoke of her feelings or needs. Also evident are reaction formation against and introjection of her rage. These are ego operations, served by cerebral functions, which help her contain her rage before someone gets hurt. But someone is in fact getting hurt—her self—and the outcome of such mental operations is sometimes self-murder, otherwise known as suicide.

What Is the “Self”?

What is the “self”? The exploration of this question has been a major theme in psychoanalytic writings of recent decades. Building on initial ventures by Freud into this age-old question, modern psychoanalysts have developed insights of considerable clinical significance.

The term that often appears in discussions of the self is narcissism, a word that derives from the Greek myth of Narcissus, who perished by drowning as a result of admiring his own beauteous reflection in a pool. His unfortunate outcome appears to have been the result of excessive self-love and self-admiration. Used properly, however, narcissism is only a technical word to describe a vital dimension of personality development—without the pejorative connotation it often acquires.

The reason for not being judgmental about narcissism is that we cannot survive without loving, protecting, and caring for ourselves. Even the Christian religion—famous for its traditions of self-sacrifice and self-mortification—has Jesus’ second “great commandment”: “Love thy neighbor as thyself.” Another example is familiar to every frequent flyer: an adult can’t help a child in an airplane when the air pressure plummets and the oxygen masks drop down if he or she doesn’t put on his or her own mask first.

As with many other aspects of personality function, there is a line of development of narcissism, i.e., of the self. It begins with the child’s differentiation from the earliest caretaker, usually the mother, who provided him or her with life and nurturance from her own body. As the infant’s brain develops, he or she becomes dimly aware of self and other. Further progress brings self-will (often expressed with the ubiquitous “no!”) but also awareness of how helpless and vulnerable one really is without one’s parents, a major source of anxiety.

Differentiation of Self and Other

Differentiation of self and other is an ongoing developmental task; when the process is incomplete, this leaves its mark on adult life. Sophie was an only child whose father died when she was 2 years old. She and her mother braved the world thereafter, scrabbling for money and often living temporarily with relatives. When Sophie got married, her mother lived with the young couple. Their intense bond was broken only by the mother’s death—but Sophie then transferred her extreme dependency to her husband. She could not go out in public alone. Even when she and her husband became separated in a supermarket, Sophie panicked. Now at 72, recovering from a serious illness, Sophie is in a continuous panic because her husband plans to be away for a weekend for a family event at which his presence is crucial, leaving her with a trusted housekeeper. Psychotherapeutic work with her panic—relating it to her unconscious sense that she will perish without her mother/husband—may allow her to avert acute separation anxiety.
At the other extreme, the task of separation/individuation is sometimes accomplished only at the expense of not being able to be close to anyone. Some men live in fear of being swallowed up by an enveloping, controlling woman, based on their experience with their mothers. Some women are terrified by a close relationship with a man because they anticipate repeating the experience of being dominated or controlled by their fathers. Abuse adds greatly to the intensity of the fear of relationships and sexuality. Similar dynamics may also prevail in troubled gay and lesbian relationships. The reason for the resultant inhibitions is often unconscious, and other developmental and dynamic factors usually further complicate the clinical picture in all these examples. Therefore, treatment is a complex matter that involves both working towards a new understanding of matters that may have started as early as preverbal development, and living out new developmental steps here and now in the transference with the therapist.

Healthy Development of the Self

Healthy development of the self involves building a realistic image of oneself or self-representation. It begins with progressive awareness of one's own body, its functions, and how to control them. This happens in parallel with developing relationships with others and building realistic images of them, known as object representations. Eventually the child has a fairly clear sense of boundaries, where the self ends and others begin.

Self-esteem. As life proceeds, the healthy person also builds realistic self-esteem, valuing assets and abilities, doing what one can to rectify problematic areas. Self-esteem begins with the love and nurturance of early caregivers. Parents at first view the infant as extensions of themselves, but as time goes on and the individual personality emerges, they love and respect the child as a separate person, while remaining attuned to the child's needs. Failure of this process, because of maternal depression or inability of parents to relate warmly to their child, may lead to serious impairment of the child's sense of self-worth.

The healthy superego. Appropriate self-esteem also requires a healthy superego. The superego has two parts. One is a conscience that optimally prevents morally unacceptable behavior, rather than allowing it to happen and then sadistically punishing the self after the fact. The emotion generated by this part of the superego is guilt over real or fantasized wrongdoing. The other part of the superego is an ego ideal that is reasonable and realistic in setting standards and expectations for one's own performance. Shortcomings in this arena generate feelings of shame, humiliation, impotence, or abject failure. Views of both oneself and other persons may oscillate between extremes of idealization and devaluation.

Self-confidence. Self-esteem is closely tied to self-confidence, developed both through the experience of competent functioning and the approval and encouragement of others. One issue that plagues some students is an inability to allow themselves to be in a learning situation—that is, to accept the humbling fact that one doesn't know much about a new field of skill or knowledge while being confident that with appropriate time and effort one can become proficient or well-informed.

Disorders of Self-esteem and Their Treatment

As I intimated in my opening example, disorders of self-esteem are common in depression. In psychotic depression and paranoid disorders, the boundary between self and other breaks down through introjection or projection. I have had several paranoid patients whose main symptom was the belief that license plates on other cars contained messages for them—an idea of reference encapsulated in the delusion that people were conspiring to harass them. These patients' self-worlds have expanded to include a host of indifferent strangers around them. People who have severe difficulties with self-definition, self-esteem, and/or object relationships often earn the diagnosis of borderline or narcissistic personality disorder. In my view, the DSM-IV criteria for these Axis II disorders fail to capture the suffering at the heart of the strictly behavioral manifestations listed as descriptors. The borderline patient seems frantically engaged in contradictory efforts to pull people closer and push them away. Since nothing satisfies him or her, the patient lives in endless frustration. The patient with narcissistic personality disorder lives in a remote world where other people are only shallowly perceived in terms of how they can meet one's needs, and where one's own self-esteem is so
fragile that exaggerated displays of wealth, beauty, or prowess are constantly necessary to ward off a deeply threatening sense of emptiness or impoverishment.

Addressing the self, object relations, and boundary issues is vital to the psychotherapy portion of the treatment of these disorders. In few situations is careful attention to the therapist-patient relationship more crucial. The therapist anticipates and does not take personally the wild extremes of the borderline patient’s perceptions and expectations in the treatment. A sense of loneliness, boredom, and detachment may plague the therapist in working with the person suffering from narcissistic personality disorder. The task is to see beyond these habitual ways of relating, to the anxiety, lack of cohesiveness of the self-representation, and unfulfilled needs that torment the patient. Some psychoanalytic techniques involve a “mirroring” kind of transference that aims to correct a primitive deficit in developing the self.

Even with less troubled patients, the therapist must be aware that no matter how accurate an interpretation may be, it may well provoke initial waves of shame, humiliation, and anger in a patient whose self-esteem is vulnerable. If this is not addressed empathically, the value of the interpretation may be lost.

**Defining Healthy Narcissistic Development**

What is the healthy outcome of the narcissistic line of development? A clear sense of boundaries between self and other, balanced and realistic self-esteem, ability to meet one’s own needs within a social framework, good relationships with others, including the freedom to love and give altruistically, realistic standards and expectations for oneself, and freedom from sadistic guilt are all components. It is valuable to recognize that most successful enterprises contain an element of self-interest as well as fulfilling altruistic goals. That self-interest need not be monetary: personal recognition or advancement, exerting control over people and events, or even eventual rewards in an afterlife may be part of narcissistic gratification. The contemporary expression of this is to seek a “win-win” outcome in a negotiation.

Perhaps one of the most appealing definitions of the culmination of healthy narcissistic development was given by Kohut:1 the capacities for empathy, creativeness, humor, and wisdom. When we can walk in another person’s mocassins, find joy in new forms of self-expression, laugh kindly at our foibles and frustrations, and share what we have learned from our accumulated life experience freely without strings attached, we may perhaps have achieved maturity.

**Reference**