

Otto Kernberg

Borderline Conditions and
Pathological Narcissism

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Jason Aronson, Inc. New York
1975
p.4

While it is possible to identify the main differences between borderline personality organization and psychotic states (1), it is usually more difficult to identify the differences between borderline personality organization and the neuroses. Because of this difficulty, I have attempted in this paper to clarify the complex distinctions between borderline personality organization and the neuroses.

1/ Frosch, J. The psychotic character: clinical psychiatric considerations. Psychiat. Quart. 38:81-96, 1964

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There are patients who describe a painful and disturbing subject experience which they frequently refer to as a feeling of emptiness. In typical cases, it is as if this emptiness were their basic modality of subjective experience from which they attempt to escape by engagement in many activities or in frantic social interactions, by the ingestion of drugs or alcohol, or by attempts to obtain instinctual gratifications through sex, aggression, food, or compulsive activities that reduce their focusing on their inner experience. Other patients, in contrast, seem to succumb to this experience of emptiness and to acquire what might be described as a mechanical style of life--going through the motions of daily activities with a deadening sense of unreality or a blurring of any subjective

experience, so that they seem to merge, so to speak, with whatever immediate inanimate or human environment surrounds them.

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Psychoanalytic exploration regularly reveals that these patients suffer from an unconscious sense of guilt and that the "emptying" of their subjective experience reflects their superego's attack, as it were, on the self. The harsh internal punishment inflicted by the superego consists in the implicit dictum that they do not deserve to be loved and appreciated, and that they are condemned to be alone. On a deeper level, and in severe cases, internal fantasies determined by superego pressures are that because of their badness they have destroyed their inner objects and are therefore left alone in a world now devoid of love.

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The subjective experience of the therapist who relates to depressed in contrast to schizoid patients with experiences of emptiness is remarkably different. In the relation with a patient presenting a depressive personality structure or chronic neurotic depression, the therapist may have a sense of intense human contact, a subjective experience of empathy, and at the same time, be aware that the patient cannot accept emotionally the very availability of the therapist in spite of his awareness of the therapist as a real person. The unconscious sense of guilt that prevents the depressed patient's accepting love or concern as it is offered, is reflected in the transference and in the therapist's emotional reaction to it. In contrast, the therapist in contact with schizoid patients describing a subjective sense of emptiness, of lack of

emotional meaning of their relationship with all other people and of life in general, may experience a similar estrangement and distance and unavailability in his interactions with these patients.

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This example illustrates a stage of resolution of what often can be a chronically resistant and frustrating situation in the therapeutic relation with schizoid personalities, namely the dispersal and fragmentation of emotions in all human relations, inducing a chronic sense of emptiness in the patient and in the therapist's response to such patients. The schizoid experience of emptiness is not close to a sense of loneliness; loneliness implies an intense, full awareness of the possibility of significant relations with others, which these patients do not have available to them for a long time in their treatment.

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I think that all I have said so far about the symptom of emptiness lends itself to the following generalizations. The subjective experience of emptiness represents a temporary or permanent loss of the normal relationship of the self with object representations, that is, with the world of inner objects that fixates intrapsychically the significant experiences with others and constitutes a basic ingredient of ego identity. Patients with a normally constituted ego identity and, therefore, a stable integrated self and a stable integrated world of internal objects, such as depressive personality structures, illustrate this process during periods when severe superego pressures threaten them with abandonment by their internal objects because of their internal sense of not deserving to be loved.



However, under these circumstances, the capacity for normal object-relations always remains and may be actualized in the transference and in other interpersonal experiences.

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An important question has been raised in recent years regarding the relation between the subjective experience of futility and emptiness, on the one hand, and the rapid breakdown or shifts in social stability and cultural values, on the other. The question has been posed of whether contemporary social and cultural changes have affected the patterns of object relations. On the basis of the analysis underlying what I have said so far, I do not think that changes in contemporary culture have effects on patterns of object relations, if we define object relations not simply in terms of actual interactions between a person and others, but in terms of the intrapsychic structures that govern such interactions, and in terms of the internal capacity to relate in depth to others. Many authors have talked about what has been called this "age of alienation," and it



has been implied that social and cultural alienation
may foster disintegration of the capacity of
involvement in depth with others.

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Keniston (1, 2) comparing youth in protest with alienated youth, has provided important sociological evidence indicating that generalized withdrawal from relations with others and the incapacity to establish deep, lasting relations are not a direct reflection of youth culture, but stem from very early childhood conflicts and family pathology. By the same token, I do not think that changes in contemporary morality have changed the need and the capacity for intimacy in various forms. This is not to say that such changes in the patterns of intimacy could not occur over a period of several generations, if and when changes in cultural patterns affect family structure to such an extent that the earliest development in childhood would be influenced. It seems to me that one has to make a distinction between the effects of social disorganization, of severe disruption of the



family structure and of earliest child development (all of which have a definite impact on the development of the personality), and the effects of rapid cultural change reflected in changing social and sexual mores: these latter do not, I think, bring about chronic experiences of emptiness and futility, unless there exists severe pathology of internalized object relations which stems from infancy and early childhood.

- 1/ Keniston, K., Young Radicals, New York: Harcourt Brace and World, Inc. 1968
- 2// Keniston, K., Student Activism, Moral Development and Morality. Amer. J. Orthopsychiat. 40:577-592, 1970

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I suggested in Chapter 1 that narcissistic as a descriptive term has been both abused and overused, but that there does exist a group of patients in whom the main problem appears to be the disturbance of their self-regard in connection with specific disturbances in their object relationships, and whom we might consider almost a pure culture of pathological development of narcissism. It is for these patients that I would reserve the term narcissistic personalities. On the surface, these patients may not present seriously disturbed behavior; some of them may function socially very well, and they usually have much better impulse control than the infantile personality.

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The main characteristics of these narcissistic personalities are grandiosity, extreme self-centeredness, and a remarkable absence of interest in and empathy for others in spite of the fact that they are so very eager to obtain admiration and approval from other people. These patients experience a remarkably intense envy of other people who seem to have things they do not have or who simply seem to enjoy their lives. These patients not only lack emotional depth and fail to understand complex emotions in other people, but their own feelings lack differentiation, with quick flare-ups and subsequent dispersal of emotion. They are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or



disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.

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In short, the surface functioning of the narcissistic personality is much better than that of the average borderline patient: therefore, their capacity for regression--even to the level of psychotic functioning when undergoing psychoanalysis--may come as a real surprise to the analyst.

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I propose that a process of refusion of the internalized self and object images does occur in the narcissistic personality at a level of development at which ego boundaries have already become stable. At this point, there is a fusion of ideal self, ideal object, and actual self images as a defense against an intolerable reality in the interpersonal realm, with a concomitant devaluation and destruction of object images as well as of external objects. In their fantasies, these patients identify themselves with their own ideal self images in order to deny normal dependency on external objects and on the internalized representations of the external objects. It is as if they were saying, "I do not need to fear that I will be rejected for not living up to the ideal of myself which alone makes it

possible for me to be loved by the ideal person I imagine would love me. That ideal person and my ideal image of that person and my real self are all one, and better than the ideal person whom I wanted to love me, so that I do not need anybody else any more." In other words, the normal tension between actual self on the one hand, and ideal self and ideal object on the other, is eliminated by the building up of an inflated self concept within which the actual self and the ideal self and ideal object are confused. At the same time, the remnants of the unacceptable self images are repressed and projected onto external objects, which are devaluated. This process is in marked contrast to the normal differentiation between ideal self images on the one hand and ideal object images on the other, both of which represent the internalized demands of objects as well as gratification from these objects if the demands are met. The normal superego integrates ideal self images and ideal object images; the tension between

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actual self images and such integrated ideal ones becomes tension between the ego and superego. In patients presenting pathological narcissism, however, the pathological fusion between ideal self, ideal object, and actual self images prevents such integration of the superego, because the process of idealization is highly unrealistic, preventing the condensation of such idealized images with actual parental demands and with the aggressively determined superego forerunners.

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One patient fell in love with a woman whom he considered very beautiful, gifted, warm, in short, completely satisfying. He had a brief period of awareness of how much he hated her for being so perfect, just before she responded to him and decided to marry him. After their marriage he felt bored with her and became completely indifferent toward her. During his psychoanalysis he came to understand how he treated his analyst in a similar way; he depreciated everything he was receiving from his analyst in order to prevent his envy and hatred from coming to the surface. After that, the patient gradually developed strong suspiciousness and hatred toward his wife for having all that he felt he did not have, and he was also afraid that she would abandon him and leave him with even less. At the same time, however, he was able for the first time to



become aware of and to be moved by her expressions of love and tenderness. His awareness of his aggressive disqualification of her and his analyst, and his increasing ability to tolerate his hatred without having to defend against it by destroying his awareness of other people made both his wife and his analyst "come alive" as real people with independent existences, and eventually permitted him to experience not only hatred but also love toward them.

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The descriptive features of narcissistic personalities usually permit their differentiation from other forms of character pathology in which narcissistic character defenses are present. All character defenses have, among other functions, a narcissistic one: they protect self-esteem. In addition, there are patients with all kinds of character pathology who present marked character defenses especially erected to protect or enhance self-esteem. These latter cases have "narcissistic character defenses" in an essentially non-narcissistic personality structure, which has to be differentiated, therefore, from the narcissistic personality in the narrow sense used in this paper. Thus, for example, the stubbornness or oppositionalism of obsessive personalities often has a strong narcissistic quality; however, there is much more stability and depth in the interpersonal relationships

of obsessive personalities than in those of narcissistic personalities, in spite of the fact that both may appear superficially as quite "cold." Also, the value systems of narcissistic personalities are generally corruptible, in contrast to the rigid morality of the obsessive personality.

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The second illustration of a narcissistic character defense was provided by a male patient with an obsessive personality structure. He was quite derogatory toward the analyst, reveled in his own interpretations of his material, and saw the analyst mainly as a background figure whose function was to applaud and admire these interpretations and insights. When this attitude was systematically examined, however, and the patient was consistently confronted with this defensive pattern, a new, deeper transference pattern evolved. In this new facet of the transference, the patient saw the analyst as a cold, indifferent, unloving mother image, and experienced feelings of sadness and loneliness, representing an early longing for his idealized mother. In this second illustration, too, when the narcissistic character defenses broke down, other transference



patterns emerged in which the patient maintained a differentiated object relationship, neither devaluating the object nor taking flight into an idealized self image. In summary, both of these cases developed new, differentiated transference relationships after the narcissistic character defenses had been dissolved, whereas the narcissistic patient cannot acknowledge the analyst as an independent object and continuously and stubbornly regards him as a simple extension of the patient's own self concept, although the regression within this same transference paradigm may fluctuate.

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At times it is difficult to imagine how frequent and how repetitive such interactions are, extending as they do over two or three years of analysis; this resistance to treatment illustrates the intensity of the narcissistic patient's need to deny any dependent relationship. It is obvious that consistent examination of the negative transference is even more crucial in these patients than in others undergoing psychoanalysis.

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I suggested in Chapter 3 that narcissistic personalities, in spite of the fact that their defensive organization is, broadly speaking, similar to that of the borderline personality, benefit very little from expressive, psychoanalytically oriented treatment approaches geared to that category of patients, and that psychoanalysis is the treatment of choice for narcissistic personalities. Some of these patients not only tolerate the analytic situation without excessive regression but are so extremely resistant to any effort to mobilize their rigid pathological character defenses in the transference that they remain untouched by analysis. In patients with narcissistic personalities and overt borderline characteristics (multiple symptomatology, severe non-specific manifestations of ego weakness, regression to



process thinking) psychoanalysis is contraindicated. These patients usually cannot tolerate the severe regression and reactivation of very early pathogenic conflicts in the transference, necessary to their analytic treatment, without psychotic decompensation. A more supportive treatment approach seems best for this group. In regard to those narcissistic patients who seem capable of undergoing psychoanalysis, I have found the following prognostic considerations useful in individual cases.

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The crucial test of the motivation of these patients comes only after a period of analysis. The usually acceptable motivations for treatment, such as the wish to get rid of symptoms, may prove quite spurious in patients with narcissistic personalities. They may really want to become "perfect," and may enter analysis with such expectations. The question of whether "perfection" will turn out to mean for them freedom from symptoms so that they can be superior to everybody else, or whether it will be exchanged for the wish to get rid of their crippled emotional lives is often difficult to answer at the initiation of treatment. In any case, the more a person wishes to overcome feelings of emptiness, difficulties in empathizing with others, and his internal coldness, the better the prognosis.

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Perhaps one difference in my description from that derived from Kohut's work is my stress on the pathological nature of their internalized object relations, regardless of the superficially adaptive behavior of many of these patients. In addition, I stress the presence of chronic, intense envy, and defenses against such envy, particularly devaluation, omnipotent control, and narcissistic withdrawal, as major characteristics of their emotional life.



However, a basic disagreement exists between Kohut's views and mine regarding the origin of this grandiose self, and whether it reflects the fixation of an archaic "normal" primitive self (Kohut's view), or whether it reflects a pathological structure, clearly different from normal infantile narcissism (my view).

Kohut (1) thinks that narcissistic personalities remain "fixated on archaic grandiose self-configurations and/or on archaic, overestimated, narcissistically cathected objects" (p.3). He clearly establishes (p.9) a continuity of pathological and normal narcissism, in which the grandiose self represents an archaic form of what normally, and in the course of treatment, may become the normal self in a continuous process. His analysis focuses almost exclusively on the vicissitudes of development of libidinal cathexes, so that his analysis of pathological narcissism is essentially unrelated to any examination of the vicissitudes of aggression. Kohut states (p.xv): "Specifically, this study concentrates almost exclusively on the role of the libidinal forces in the analysis of narcissistic personalities; the discussion of the role of aggression will be taken

- 4/ Kernberg, O. (1971) New developments in psycho-analytic object-relations theory. Parts I and III: Normal and pathological development. (Paper read to the American Psychoanalytic Association.) (Unpublished)
- 5/ Kernberg, O. (1972) Early ego integration and object relations. Ann. N.Y. Acad. Sci. 193, 233-247

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Pathological narcissism can only be understood in terms of the combined analysis of the vicissitudes of libidinal and aggressive drive derivatives. Pathological narcissism does not simply reflect libidinal investment in the self in contrast to libidinal investment in objects, but libidinal investment in a pathological self structure. This pathological self has defensive functions against underlying libidinally invested and aggressively invested primitive self and object images which reflect intense, predominantly pregenital conflicts around both love and aggression.

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To summarize these three viewpoints into one overall statement: Narcissistic investment (i.e. investment in the self), and object investment (that is, investment in representations of others and in other human beings) occur simultaneously, and intimately influence each other, so that one cannot study the vicissitudes of narcissism without studying the vicissitudes of object relationships, in the same way one cannot study the vicissitudes of normal and pathological narcissism without relating the development of the respective internalized object relations to both libidinal and aggressive drive derivatives.

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The inclusion of the child in the narcissistic world of mother during certain periods of his early development creates the predisposition for the "specialness" of the child, around which the fantasies of the grandiose self become crystallized. The narcissistic character defenses protect the patient not only against the intensity of his narcissistic rage, but also against his deep convictions of unworthiness, his frightening image of the world as being devoid of food and love, and his self-concept of the hungry wolf out to kill, eat, and survive. All these fears are

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What are the structural origins and functions of the pathologically condensed grandiose self? In my view, idealized object images which normally would be integrated into the ego ideal and as such, into the superego, are condensed instead with the self-concept.

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For all these reasons, pathological narcissism cannot be considered simply a fixation at the level of normal primitive narcissism. Normal narcissism stems from the libidinal investment in an originally undifferentiated self and object image from which later, libidinally invested self and object images will develop. These will eventually determine an integrated self, which incorporates libidinally determined and aggressively determined self-images under the predominance of the libidinally determined ones. This integrated self is surrounded by integrated object representations which in turn reflect the integration of earlier, libidinally invested and aggressively invested object images, the integration also occurring under the predominance of predominantly libidinal object images. In pathological narcissism this normal "representational world" (1) is replaced by a pathological constellation of



internalized object relations.

1/ Sandler, J. & Rosenblatt, B. (1962). The concept of the representational world. Psychoanal. Study Child 17

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The analyst certainly needs to avoid education pressures or a moralistic stance, and I think that the best way to achieve this is by analyzing the motives which determine narcissistic defenses, including the activation of the grandiose self. One prominent reason why these patients cannot tolerate facing their feelings of hatred and envy is because they fear such feelings will destroy the analyst, destroy their hope for a good relationship with him, and crush their hope of being helped. At a deeper level, these patients fear that their aggression will not only destroy the potentially loving and giving object but also their own capacity to give and receive love. Narcissistic patients also attempt, in denying the reality of their emotional relationship with the psychoanalyst, to deny the danger of their destructiveness and to preserve



the illusion of being able to "start all over again."

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A careful study of Kohut's case of Miss E. (1) (p. 283-95), illustrating the analyst's reactions to mirror transferences, lends itself to an interpretation along the lines I have suggested in this paper. At one point, the patient was able to "establish connexions between the rage which she experienced against me when I did not understand her demands and the feelings she had experienced in the reaction to the narcissistic frustration which she had suffered as a child" (p.293). Kohut states: "I was finally able to tell her that her anger at me was based on narcissistic processes, specifically on a transference confusion with a depressed mother who had deflected the child's narcissistic needs on to herself. These interpretations were followed by the recall of clusters of analogous memories concerning her mother's entering a phase of depressive self-preoccupation during later years of the



patient's life" (p.292). In the light of the overall information given about this case, I would raise the question to what extent, in making this interpretation, was the analyst implicitly blaming the patient's mother for having caused the patient's anger and protecting the patient from full examination of the complex origins of her own rage? In more general terms, I see a danger of a seductive effect given by the combination of the analyst's unquestioning acceptance of the patient's idealization, and by the immediate referral back to the original object of the negative transference without exploring fully the patient's participation in the development of pathological rage within the here and now of the transference.

1/ Kohut, H. (1971) The Analysis of the Self New York: Int. Univ. Press.

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For practical purposes, object relations in depth involve the capacity both to love well, and to hate well, and particularly to tolerate varying combinations of loving and hateful feelings, and their toned down mingling in the relationship with the same object and with the self. Normal object relations as well as normal narcissism include an integrative conception in depth of others and oneself. All this is in striking contrast to the frequent blandness and uninvolvedness, the lack of commitment to others as well as to any convictions about himself that one sees in narcissistic patients. Paradoxically, such lack of emotional depth and commitment may permit a better social functioning, for example, in certain political and bureaucratic organizations in which lack of commitments means survival and access to the top.

inanimate objects have lost their previous, magically satisfying qualities.



contrast to the frequent blandness and uninvolvedness,

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It is dramatic how intense the denial of this long-range reality can be in narcissistic personalities, who under the influence of the pathological, grandiose self are unconsciously (and sometimes consciously) convinced of their eternal youth, beauty, power, wealth and the unending availability of supplies of confirmation, admiration, and security. For them, to accept the breakdown of the illusion of grandiosity means to accept the dangerous, lingering awareness of the depreciated self--the hungry, empty, lonely primitive self surrounded by a world of dangerous, sadistically frustrating and revengeful objects. Perhaps the most frightening experience that narcissistic personalities need to ward off and eventually may have to face is that of a surrounding world empty of love and human contact, a world of dehumanized objects within which animate as well as

inanimate objects have lost their previous, magically satisfying qualities.

