



Bacciagaluppi_M_and_Biancoli_R_1993

Frommian Themes in a Case of Narcissistic Personality Disorder

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„Frommian Themes in a Case of Narcissistic Personality Disorder,“ paper presented at the American Academy of Psychoanalysis, 34th Winter Meeting, San Antonio, Texas, December 6–9, 1990, first published in: *Contemporary Psychoanalysis*, New York (William Alanson White Psychoanalytic Society, Vol. 29 (1993, pp. 441-452.

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In stressing Frommian themes in this case, no claim is made to founding a Frommian school of psychoanalysis—something to which Fromm himself was much opposed. In an unpublished chapter of *To Have or to Be?*, Fromm (1975) wrote:

„In the past I sometimes used the term „humanistic“ psychoanalysis, and then dropped it, partly because it was taken over by a group of psychologists whose views I did not share, partly because I wanted to avoid the impression that I was establishing a new „school“ of psychoanalysis. As far as schools of psychoanalysis are concerned, experience has shown that they are detrimental to the theoretical development of psychoanalysis and to the competence of their practitioners” (pp. 95–96 of the original typescript).

It is suggested, instead, that there already exists an alternative approach to psychoanalysis, which was started by Ferenczi and then proceeded in two directions: the British „Middle Group“ and the American interpersonal-cultural school. With regard to Freud’s rejection of the seduction theory in 1897, this approach may be characterized as involving the reappraisal of real-life situations in parent-child relationships. It practically coincides with that group of psychoanalytic theories which Greenberg and Mitchell (1983) term „relations-oriented.“

This alternative approach has already been partly shaped by Fromm. Further important contributions can come from Fromm by calling attention to neglected aspects of his published works and by drawing on his unpublished writings. Since his published works are mainly framed in theoretical terms, clinical consequences are not explicitly formulated but have to be derived from them. In Fromm’s unpublished writings, instead, explicit clinical ideas are to be found.

The patient described in this paper was treated by one of the authors (M.B.). The theoretical discussion is the result of the collaboration of both authors.

The Case

The patient presented here—a creative writer—was a 30-yearold unmarried man at the beginning of treatment.



Presenting Symptoms

The patient started therapy after having been left for the second time in five years by his girl friend. During the first separation the patient had had homosexual relations. The patient felt he had difficulty in establishing contacts: he was unable to listen to others. He also reported the occasional use of drugs (hashish and cocaine).

Family History

Both parents had a history of losses. Each parent had been abandoned by one parent: the mother by her father, the father by his mother. The father was later abandoned also by his father.

When the mother, a widow with two daughters, started her relationship with the patient's father, she refused to remarry. As a condition for living together, the father requested that they should have a child. For four years after the patient's birth the family lived in a small apartment. Then the patient's maternal grandmother died. His mother underwent a period of depression. The family moved into the grandmother's house, which was much larger. They shared the house with the mother's sister and the mother's two daughters. The father was made to feel an outsider. The patient described this setting as a „matriarchy.“ This family schism also had a bureaucratic equivalent. Two distinct families were officially registered: one including the father and the patient, the other including the mother and her relatives. The males on one side, the females on the other.

Past History

The patient describes the mother as „cold.“ He does not remember her ever kissing or cuddling him. During breast feeding he often cried. The conclusion was drawn that the child was undernourished, and breast feeding was carried on by another woman. The patient developed a clinging attachment to the mother. The mother used to give him his half-sister's doll to play with, and he pretended to breast feed the doll. On their outings, the mother would keep asking him if he had to defecate. Later, whenever the patient left his city, he would develop stomach spasms followed by diarrhea.

The father would constantly ask the patient if he preferred the father or the mother, and would complain that the patient did not love him enough. He also used to reproach the patient because he preferred to write rather than play soccer. If the patient had any setback in school, the father used to hit him. The patient feared and hated his father. The father used to eat voraciously, and the patient could not bear to watch him. There were frequent quarrels between the father and the women of the house. The patient used to side with the women, but he also felt sorry for his father. One characteristic of the father was that he liked paying visits to the cemetery because he „liked the open air.“

In the first four years the patient had plenty of contacts with neighbours and peers. His development was precocious in all areas: speech, motility and creativity. In those years he engaged in sexual play with a little girl. In preadolescence the patient had homosexual contacts with a friend. The friend preferred boys, the patient preferred girls.



Diagnosis

The diagnosis of narcissistic personality disorder is suggested both by the patient's symptoms and by the first dream he reported in treatment.

His symptoms correspond to various items of Kernberg's description of the narcissistic personality. He had „strong conscious feelings of insecurity and inferiority,“ below which were „unconscious fantasies of omnipotence and narcissistic grandiosity“ (Kernberg, 1975, p. 229). An example of the latter, at around the age of ten, was the fantasy of being „invincible, like the sun.“ Kernberg also describes the presence of a „chronically cold“ parental figure (ibid., p. 234). According to Kohut (1971, p. 16), „perverse sexual activities“ may also be a part of narcissistic personality disturbances.

This is the patient's first dream, which he reported in the third session:

„Together with others, I went on a trip to a lighthouse. The lighthouse was connected to the mainland by a row of rocks. There was someone beneath its base, in a sort of nest dug out of the rock. It wasn't clear if he was alive or dead. Then I found myself inside the lighthouse. There were rows of benches, with students. I was in a strait jacket and was writing. Then I announced I had solved the riddle. I read the solution, and everybody took notes.“

He woke in a state of anxiety. He felt that in the dream he suffered from a delusion of omnipotence. He was actually psychotic, and the others were taking notes on his case. He associated a fantasy of analyzing himself, and his fear of going mad.

This dream suggests a diagnosis of narcissistic personality superimposed onto a schizoid core (the person buried in the rock). In Winnicott's terms, this could be reformulated as a narcissistic false Self, superimposed onto a hidden real Self.

Dynamics

To summarize the dynamics of this very complex case, it seems that the mother was basically rejecting and that depression presumably made her even less emotionally available. The patient then turned to his father, as a subsidiary attachment-figure, but was disappointed. Also the father, who had originally been abandoned by his own mother, felt rejected by the patient's mother. When the patient turned to him, the father apparently took advantage of the patient's attachment needs to try and satisfy his own. He failed to provide a substitute attachment to the child and to disengage him from symbiosis with the mother. Thus, both parents had ungratified infantile needs and expected the patient to satisfy them. It is suggested that the two main features of this case—narcissism and homosexuality—were the outcome of a pathological symbiosis with both parents.

Treatment

Therapy took place in two stages. The first lasted five years, the second—after an interruption of four months—lasted over three years.

In the first stage the patient was entangled in a tormenting triangular relationship with his girl friend and another man. Each member of the triangle had also had homosexual experiences, none could extricate him/herself from the situation. The patient found the courage to break with his girl friend after his father died and the girl did not



attend the funeral. He then started a relationship with another woman.

The second stage was marked by the patient's marriage and the birth of a son. The wife demanded a large and expensive house, but this led to chronic financial difficulties. In the last session but two, the patient announced his decision to move into a smaller apartment.

During treatment, the patient experienced the therapist as one or the other parent, and at times, unwittingly, the therapist actually took on their role, thus confirming the patient's expectations.

An early example of the first situation (the patient experienced the therapist as one of his parents) took place on the fifth session—the last of the trial period. The patient felt the therapist was not interested in what he was saying, and associated the „cold“ mother. In the next session—after an agreement to continue therapy had been reached—he reported the fear of being bound. In these two sessions, the patient re-experienced the frustration of two basic successive needs. First, the frustration of his attachment need: he expected to be rejected. Then, the frustration of his autonomy need: he expected to be kept bound (by the continuation of the therapy).

An example of the second situation (the therapist actually behaved like one of the parents) took place during the first year of treatment. The patient was supposed to pass an examination. The therapist forgot about it. When he realized it, he told the patient he had forgotten. In the next session, the patient said he felt confidence in the therapist. He later recalled this episode as an example of contact with the therapist, and said it had enabled him to accept the treatment. This is an example of what Greenberg (1981) calls „participation in,“ or of Merton Gill's (1983) third principle of the transference, according to which „the analyst will inevitably to a greater or lesser degree fall in with the patient's prior expectations“ (p. 226). Actually, this concept had already been anticipated by Ferenczi, for instance in his „Confusion of Tongues“ paper (1933), in which he states that to admit our „mistakes“ creates in the patient a confidence in the analyst (p. 160).

He goes on to say that „It is this confidence that establishes the contrast between the present and the unbearable traumatogenic past.“ In this case, systematic use was made of „participation in.“

It is difficult to establish Fromm's position in regard to this very important technical point. In a prewar paper (Fromm, 1935) he quoted with approval Ferenczi's ideas concerning the advisability of the analyst's admitting his „mistakes.“ However, on the whole, Fromm's own position seems to have been that of „participation with“ (Bacciagaluppi, 1989, p. 241). On the other hand, Luban-Plozza and Biancoli (1987, p. 123) report that Fromm would communicate his responses, for instance a feeling of tiredness, to the patient—and this would be an example of „participation in.“

Frommian Themes

The Frommian themes which are present in this case fall into three categories:

1. Aspects of Fromm's published works which are at present neglected in the psychoanalytic literature: (a) the distinction between benign and malignant aggressiveness, (b) that between the having and the being mode, (c) Fromm's discussion of the Self,



and (d) of narcissism;

2. An extension of Fromm's published work, namely, the concept of homosexual symbiosis, to be placed alongside that of incestuous symbiosis;
3. Clinical concepts derived from Fromm's unpublished writings: (a) secret family narcissism, (b) the secret plot, and (c) the forks of the road where the patient took the wrong direction.

The authors have already discussed some of these points in other places. Concerning points 1a and 1b, one of the authors of this presentation (R.B.) has discussed in another paper (Luban-Plozza and Biancoli, 1987) the clinical implications of these theoretical concepts of Fromm's. As regards points 1c and 1d, the other author (M.B.) has recently reviewed Fromm's contributions in this area (Bacciagaluppi, 1993). The other points are discussed for the first time in this paper.

These themes are listed separately for the sake of clarity, but there are connections between them, and some of these connections will be pointed out.

These themes are all present in this case, but to varying degrees. We chose to list them all, in order to bring them to the attention of the psychoanalytic community. Some, such as necrophilia and the having mode, are more evident than others, and we might have elaborated them further. However, we think that, for various reasons, the last two should most attract the interest of clinicians: they are of a more clinical character, they are unpublished, and they are particularly relevant in this case.

1 a. Benign and Malignant Aggressiveness

The most complete discussion by Fromm of this topic is to be found in *The Anatomy of Human Destructiveness* (1973). According to Fromm, benign aggressiveness has a biological basis; it is adaptive and life-promoting. Malignant aggressiveness, on the contrary, is a purely human phenomenon, without any biological basis. It is contrary to life, either because it derives pleasure by the infliction of suffering, as in sadism, or because it aims at destroying life itself, as in destructive aggressiveness or necrophilia.

In the case presented here, necrophilia is represented by the mother rather than the father. The mother, for instance, had a very destructive reaction after the birth of the patient's son. She was upset by the baby's vitality and never picked him up. She started to lose weight and developed the fear of having a tumor. The father's liking for cemeteries may seem an expression of a necrophilic orientation. Fromm and Maccoby (1970), however, point out in their Mexican study (p. 229) that an interest in cemeteries may also be a biophilic trait if it is due to the pleasure in natural surroundings in contrast to the urban environment.

Here is a dream of the patient (session 174 of the second part of the therapy) which is typical of the necrophilic atmosphere of the whole family: „I descend into a grave where I found a skeleton. I break his skull and the brain comes out. The skeleton wants to give me pieces of putrefied brain. I am unable to get out of the grave.“ The therapist remarked that the grave was the mother, and that the patient's involvement with the father was in the service of maintaining the bond with the mother.

1 b. The Having and Being Modes



This subject was discussed by Fromm (1976) in *To Have or to Be?* Since society is oriented towards the mode of having, this is the dominant mode and it is easier to define. It is characterized by the desire to own something and therefore to have power over it. It is also accompanied by the fear of losing what one owns. The mode of being is an experience that cannot be precisely defined, because, as Fromm pointed out in his book on Zen Buddhism (Suzuki et al., 1960, pp. 99-104), in order to reach awareness experience has to pass through the threefold socially conditioned filter of language, logic and taboos on certain contents. The most important characteristic of the being mode is productive activity.

In this case, the mother was chiefly oriented towards the having mode. For instance, after the father died, she regretted she had not consented to marry him, because, in case the patient should also die, she would have no claim over his property.

This topic will be mentioned again in section 3b.

1 c. and 1d. The Self and Narcissism

As Greenberg and Mitchell remark (1983, p. 106), Fromm anticipated certain psychoanalytic concepts by decades, but receives at present little or no recognition for his contributions. His discussion of narcissism and the Self is an example. He worked on these concepts over a span of forty years, yet his name is hardly mentioned in this connection. Fromm's most important contribution to the subject is possibly his discussion of self-love in *Man for Himself* (1947). Instead, his retention of the concept of primary narcissism may be viewed as a Freudian residue (Bacciagaluppi, 1993). Some remarks of Fromm on self and pseudo self are reported in the next section.

In the case presented here, instead of making use of the concept of primary narcissism, it is suggested that narcissism is the result of the pathological symbiosis which both parents established with the patient. Each parent asked him to perform an inappropriate parental role, thus giving him an illusory sense of power.

2. Homosexual Symbiosis

This case suggests that the concept of homosexual symbiosis can be placed alongside that of incestuous symbiosis. The latter concept is discussed by Fromm in various places, especially in chapter 5 of *The Heart of Man* (1964). This concept recognizes the importance of pre-oedipal elements in the tie to the mother, in addition to the genital incestuous desires. In stressing the importance of pre-oedipal attachment, Fromm anticipates here Bowlby's attachment theory.

In this case there was on the one hand an incestuous symbiosis, promoted by the mother, which led to a pseudomale false Self—in Winnicott's terms—or a „seductive male-narcissistic attitude“—in Fromm's terms (1964, p. 102). On the other hand there was a homosexual symbiosis with the father, leading to a pseudofemale false Self, and the mother converged with the father in favoring a pseudofemale identity of the patient. She had been abandoned by her own father, and preferred daughters because „they don't go away.“

Thus, the pathological symbiosis which each parent established with the patient gave rise to two contradictory and equally inauthentic images of the self: the incestuous sym-



biosis with the mother led to a pseudomale identity, the homosexual symbiosis with the father led to a pseudofemale identity.

The concept of a pseudo self is very much a Frommian theme, as can be seen from the following passage from *Man for Himself* (1947, p. 161), which antedates by several years Winnicott's discussion of the false self (Winnicott, 1960): „The scars left from the child's defeat in the fight against irrational authority are to be found at the bottom of every neurosis. They form a syndrome the most important features of which are the weakening or paralysis of the person's originality and spontaneity; the weakening of the self and the substitution of a *pseudo self* in which the feeling of 'I am' is dulled and replaced by the experience of self as the sum total of others' expectations“ (italics added).

3 a. Secret Family Narcissism

In an unpublished seminar held in Locarno (Switzerland), Fromm (1974) discusses family narcissism as one form of group narcissism. He says: „There is a secret narcissism of families. Think of these families where the mother comes from [...] a step up the social ladder and will feel forever that her family is better than that of the husband, or viceversa“ (p. 192).

In the case presented here, the mother's sister married a rich man. She used to give hospitality to the patient and flatter him, saying he was a fine boy, but the father was never invited. This is an example of family narcissism in which the patient was involved. It presumably contributed to his pseudomale false Self.

3 b. The Secret Plot

The concept of „secret plot“ is discussed by Fromm in the unpublished chapter of *To Have or to Be?* already mentioned (Fromm, 1975, pp. 108–112). Fromm writes: „In many persons there are two such plots: a conscious, 'official' one, as it were, which is the cover story for the secret plot which dominates our behavior.“ Fromm quotes the Oedipus drama as an example: „Oedipus' secret plot is to kill his father and to marry his mother; his conscious and intended life plot is to avoid this crime under all circumstances. Yet the secret plot is stronger; against his intention and without awareness of what he is doing, he lives according to the secret plot“ (op. cit., p. 109).

In this case, the patient revealed a secret plot at the very end of the treatment. He had at first repeated the mistake his father had made of giving in to his wife's wish for an expensive house, and he finally remedied the mistake. The therapist pointed out that it was like going back to the small apartment of the first four years of the patient's life, and making a fresh start.

The choice of an expensive house may also be viewed as an expression of the having mode, typical of the mother's family.

3 c. The Forks of the Road

In this case, the choice of the house is also an example of a crucial decision. Fromm stresses the importance of facing crucial decisions in another passage of the unpublished chapter of *To Have or to Be?* In discussing the autobiographical approach to self-analysis he writes (Fromm, 1975, pp. 107–108): „What were the forks of the road, where I took



the wrong direction and went the wrong way?“ This stress on the forks of the road may be viewed as the clinical application of Fromm’s theoretical concept of alternativism, discussed in chapter 6 of *The Heart of Man* (1964). Fromm rejects both free will and determinism. Alternativism consists in the possibility of choosing between the existing alternatives, which in themselves are determined by the total situation, on the basis of the awareness of the alternatives and their consequences, and provided there is some balance of inclinations within the personality (loc. cit., pp. 143 and 149). Clinically, both Landis (1981) and Schecter (1981) report that Fromm believed the patient has to go back to the point where something went wrong and examine possible alternatives. Also in a clinical seminar held in Mexico City (Fromm, 1968, 6, pp. 5-8), Fromm states that one of the analyst’s tasks is that of opening up alternatives in the patient’s life. Apparently, this is what therapy succeeded in doing in this case.

It is hoped that this paper, by calling attention to Fromm’s clinical concepts, in addition to his very important theoretical concepts, may contribute to the overcoming of what Paul Roazen (1989), in a book review published in a recent issue of the *Journal of the American Academy of Psychoanalysis* called „Fromm’s de facto excommunication“ on the part of the psychoanalytic community.

This paper tries to show how further contributions to an alternative approach to psychoanalysis can come from Fromm. A case of narcissistic personality disorder is presented. It is suggested that the two main features of this case—narcissism and homosexuality—were the outcome of a pathological symbiosis with both parents. Eight themes, drawn both from Fromm’s published works and from his unpublished writings, are stressed.

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