

Narcissism: Psychoanalytic Essays

By Béla Grunberger.

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Review by Arnold Richards, M.D.

In *Narcissism: Psychoanalytic Essays*, Béla Grunberger presents a series of papers written between 1956 and 1971, together with a preface and introduction written in 1971 for the French edition. Most of the papers appeared originally in the *Revue française de Psychoanalyse* and are available in English translation for the first time. Encompassing a variety of theoretical and clinical concerns, the essays are bound by a common theme set forth in the introduction: "the source of all the various forms of narcissism," Grunberger writes, is a prenatal state of elation, an intrauterine state of omnipotence and self-sufficiency from which man was "traumatically expelled and that he never ceases longing to recapture" (pp. 10, 12). This hypothesized state, basically continuous with Freud's "primary narcissism," is presented as the central explanatory construct by which we can understand (a) object relations during the various developmental stages, (b) psychopathology, (c) the analytic process, and (d) the mechanism of analytic cure. This grand hypothesis, however, is nowhere subjected to confirmation or disconfirmation in the clinical situation. Presumably, Grunberger's conviction rests on his belief in the heuristic value of the hypothesis; clearly the notion of prenatal elation has helped him make sense of his clinical experience and the human condition generally. If we adopt the view that psychoanalytic theories are "created equal," and that the pragmatic test of a theory is its ability to promote the analysis, then the "truth value" of the hypothesis is not really at issue. It is simply Grunberger's myth of early experience, on a footing with the myths of Freud, Melanie Klein, and others before him.

But "truth value" considerations aside, Grunberger's construct fails even the test of internal coherence. In general, the idea takes off from the physiological notion that the fetus exists in a tension-free equilibrium. But the question immediately arises whether it is reasonable to apply the notion of "tension" to a fetus in utero in the same way one applies it to the child or adult; to do so is to assume that the organization of the fetus resembles that of the infant, child, or adult to the point that a term designating a feeling state accessible to introspection or observation can be applied to a fetus which can be neither observed nor introspectively understood. Such concerns seem not to trouble Grunberger: Our belief in immortality, he suggests, is a "fetal heritage," for the fetus is immortal: "in prenatal life time does not exist" (p. 16). Feelings of invulnerability and the sense of the infinite likewise originate in utero.

At birth the child leaves the prenatal state of bliss. Thrown into the cold, cruel object world, man faces the lifetime task of extracting from objects the kind of narcissistic gratification that once was his without asking. Narcissism is seen not as a developmental line undergoing its own endogenous transformations, but rather as a timeless, unchanging quality persisting in the bliss of prenatal existence. This derivation, however, leaves Grunberger with a pre-ego, preobject, preconflictual, and predifferentiated view of narcissism that is as mystically inaccessible as the intrauterine state itself. From this viewpoint, it is impossible to integrate the intrapsychic issue of narcissism with the variety of concerns that enter the clinical situation. To the extent that these concerns lead Grunberger to discuss what is essentially "secondary narcissism"—i.e., a narcissism that impinges on instinctual development and the psychosexual stages—he has much to say that is thought-provoking and worthwhile. But to the extent that his theoretical

preconceptions lead him back, repeatedly, to a preconflictual, prenatal "primary narcissism" conceived as the essence of these "secondary" manifestations, his view is at best highly speculative.

In Chapter 1 Grunberger explores the role of narcissism in the analytic situation. Given his theory of the noninstinctual and preobject origins of narcissism, it is perhaps predictable that he should postulate a nontransferential narcissistic factor—the striving to recapture the prenatal state—as "an essential energizing factor of the analytic process" (p. 38). In effect, he sees the analytic pair as an almost mystical union and the analysis as an autonomous force proceeding "to its natural conclusion." The analyst is viewed not as an active participant in the process, but as a mere facilitator. Though adaptation to reality is retained, none too logically, as helping the patient abandon his narcissistic quest, the basic motivation for this eschewal is never made clear.

The clinical referent for this view of the analytic process is the patient for whom analysis is experienced immediately as pleasurable. Considering such an attitude unmotivated, i.e., neither drive-gratifying nor in the service of resistance, Grunberger naturally embraces the idea of the mirror transference. "The analyst's role," he states, "is that of a mirror according to Freud's classic analogy, which has lost none of its validity." Now it is certainly beyond question that certain patients exhibit this initial euphoric reaction. What can be questioned, however, is the contention that it invariably reflects a narcissistic striving toward prenatal elation.

As an example of this viewpoint, consider his case presentation of Jean, a forty-five-year-old man who came to analysis for "personality problems and impotence." The central dynamic clearly pointed to a premature oedipal triumph; Jean's problem, according to Grunberger, was that as a child he lacked the organic capacity to consummate his victory. "Infantile orgasmic incapacity," he submits, was the cause of his patient's "narcissistic wound." But the factors that constitute this sense of narcissistic trauma—deficient self-esteem, feelings of inadequacy, fears of humiliation—are invariably part of the oedipal phase. Conflicts regarding such feelings and the traumata associated with them hardly require (and scarcely can bear) a separate "narcissistic" component which, in Grunberger's words, "closely intermingles" with pregenital and genital components. It makes little sense to speak of oedipal issues as "camouflaging" narcissistic injuries and traumata, given that these are intrinsic to the oedipal constellation itself. It is simply not persuasive to argue, as Grunberger does, that it is the need to regain the sense of lost prenatal omnipotence that pushes aside the ostensibly oedipal issues.

A comparable lack of data vitiates Grunberger's technical prescription that the analyst occasionally offer "spontaneous gratification" in response to the analysand's narcissistic wishes. In the absence of case discussions in which the analysand's "wish," the analyst's "offer," and the intrapsychic meaning of the transaction are given precise content, Grunberger's recommendation provides no criterion for deciding, in any specific instance, whether neutrality should be maintained or "spontaneous gratification" offered.

The preoccupation with prenatal elation that informs Grunberger's view of the psychoanalytic situation continues in his treatment of developmental issues. In Chapter 2, "Preliminary Notes to a Topographical Study of Narcissism," he explicitly equates narcissism with the self, a specific psychic agency that aims at reestablishing the prenatal state of elation in adult life. In Chapter 3, "Observations on Orality and Oral Object Relations," he maintains that all the phenomena of orality are rooted in a narcissism antedating the "historical mother-child situation": this postnatal union is but a continuation of the prenatal equilibrium. As evidence, he cites the example of

schizophrenics convinced their therapists are thinking their thoughts and feeling their emotions. In the realm of normal behavior, he mentions, as recreating the prenatal narcissistic union, the little girl who tells her doll to perform a task that mother has just given daughter. That this phenomenon can be understood in terms of conflicts surrounding separation and object loss is ignored.

Grunberger views the oral stage as typified by a lack of locomotive power experienced as inadequacy and powerlessness. This feeling is the basis for a narcissistic wound made good only during the subsequent phase of anal object relations. At this time the child gains the locomotor control that moves it out of the narcissistic position and permits it to establish reality-tested relations with the outer world.

In Chapter 5, "Observations on the Distinction Between Narcissism and Instinctual Maturation," Grunberger returns to a theoretical consideration of the analytic process. Sharply demarcating the transference and narcissistic aspects of the analytic situation, he argues that narcissism, since it is essentially prenatal and "ahistorical," cannot figure in analytic work with "historical" transference material. Because it is the energizing source of the therapeutic process, narcissistic regression need be addressed directly only if it fails to appear, i.e., only if the patient shows resistance to narcissistic regression or uses it in the service of resistance.

Grunberger's differentiation between the content of analysis and the mode of its expression is aided by his concept of the "narcissistic triad." In this prototypical situation, in which oedipal content is expressed in a narcissistic mode, "the subject's focus ... is not on loving one parent and hating the other, but on being loved by both parents at once, narcissistically and absolutely, without conflict and with all merging into one" (p. 170). This distinction between the true content of the Oedipus complex and the narcissistic mode through which it gains expression is highly problematic. Clinically, we certainly observe the "triad," but whether it can properly be divorced from issues of conflict—oedipal or otherwise—is open to question. Its defensive aspects, as well as its relation to conflicted oedipal wishes, are alternate clinical possibilities that surely must be considered.

In Chapter 7, "On the Phallic Image," Grunberger redefines the neurotic as "a person who has failed to recover his lost narcissistic integrity in the different opportunities that arise at the various levels of his instinctual development" (p. 203). From this premise he proceeds to a reexamination of phallic-castration issues: "the phallic image expresses integrity in all its forms," whereas "castration represents difficulties encountered by the subject in establishing his integrity" (p. 204). Two components of instinctual satisfaction are consequently hypothesized: tension relief, properly instinctual, and narcissistic cathexis of the tension-reducing anxiety—the latter "satisfies a person's pride." The question is not whether "integrity" is a crucial dimension of phallic-phase concerns; it clearly is. Rather, the question is whether it is reasonable to equate such integrity with a nonobject-relations and nonconflictual view of "narcissism."

The discussions of depression, melancholia, and suicide in Chapters 8 and 9 provide a good clinical test of many of these ideas. Grunberger's understanding of depression proceeds from his view of the mother's role in countering the frustration consequent on the infant's fall from prenatal grace. The mother provides the symbiotic "narcissistic confirmation" that aids the newborn in regaining his sense of omnipotence. Failure here eventuates in clinical depression, defined as "the psychic expression of a lack not of narcissistic investment but of its confirmation by the ego ideal, which is, in the last analysis, narcissism itself" (p. 225). Here, the ego ideal is

the idealized image of the parental figure from which the child seeks narcissistic confirmation. It should be noted as well that Grunberger has here defined depression as essentially a narcissistic personality disorder.

Although the depressive may appear to be driven by a wish for objects, he is on a deeper level rejecting objects in order to regain the state of preobject bliss. While drugs may substitute for this feeling temporarily, its only true equivalent is endless sleep or death; hence the suicidal outcome of severe depressions. In tying suicide to a basic "thanatotropism" linked to prenatal elation, he once again places the origin of the depressive's behavior in "the original divergence and the antipathy between his narcissistic component and his instinctual development" (p. 245). His perspective on the adult melancholic (or manic-depressive) follows from this juxtaposition of prenatal bliss with the "shattering cataclysmic manner" of its collapse. The manic-depressive relives the bliss in his manic phase, its loss in the depressive. Full-blown melancholia is the state closest to the original traumatic experience; it is "traumatized narcissism."

These chapters on depression are beset with a problem that mars Grunberger's presentation generally. He must accommodate the same clinical realities that all analysts do; his insistence on explaining these through the construct of prenatal elation frequently entails either selective disregard of the full range of explanatory options or various terminological sleights of hand. For example, he questions the logic of typing melancholia to object loss, since he views melancholia as a preobject narcissistic disturbance. Still, he must somehow account for the clinical reality of melancholic object loss, so he points out, quite unexceptionally, but rather less than cogently, that the melancholic's object is a narcissistic object. He provides no material to convince us that superego issues entailing guilt do not arise in depression or that ego-ideal issues involving shame do arise also in anxiety states.

The net result is a fruitless complication of our metapsychological world. Positing narcissism as an independent agency with its own drive and motivational aspects, Grunberger presents us with a drive that is not a drive. Modern psychoanalytic formulations have attempted to move us away from the biological roots of Freud's drive theory by assigning a central position to the "wish," the terms "narcissistic," and "object-libidinal" becoming part of a taxonomy of wishes. This would seem the most productive way to interpret Grunberger's formulation. When one considers the wishes he classifies as narcissistic—wishes for omnipotent self-sufficiency, fantasies of immortality, etc.—one can readily appreciate the appropriateness of the "narcissistic" designation but not of divorcing these wishes from other kinds of desired pleasure. Is it unreasonable to suggest that we may wish to be immortal in order to enjoy never-ending pleasures of all kinds? Finally, to the extent that such wishes are bound up in the expression of psychopathology, they are necessarily bound up in conflict; for whatever is entirely nonconflictual must remain invisible to psychoanalysis.