

The history of narcissism has taken on many conceptual forms since its inception in Ovid's tale of *Narcissus*, which characterizes narcissism as a fatal self-infatuation with one's own appearance. These sorts of mythological accounts had the tendency to colour narcissism with moralistic hues, picturing it as some cautionary tale about the dangers of obsession and vanity. However, more contemporary, scientific investigations about narcissism have established the phenomenon as its own clinical psychiatric disorder. In noticing that individual elements of narcissistic behavior were cropping up in most (psychological) disorders, psychoanalysts were led to the supposition that narcissism may "*lay claim to a role in the normal sexual development of human beings*" (N, 4). Freud thought that in this sense, narcissism didn't seem to be perversion proper, but the pathological expression of a more basic, instinctual drive. In his work *On Narcissism* (1914), Freud includes narcissism as a fundamental psychic stage in his developmental framework. He explains how a "primary" (or primal) form of narcissism emerged as a byproduct of our natural life drives, while secondary narcissism arises later as a pathological condition due to a disruption in psychic development. He builds his argument about narcissism by turning to behaviour since we have limited epistemic access into the "true" workings of the psyche. In order to understand a pathology's origins and underlying causes, we must focus our investigation on behaviour. Freud's first clue into narcissism was in the trait most expressed by narcissistic patients – *megalomania*, or the delusion of self-grandeur. Freud maintains that megalomania is a "magnified" and more distinct form of a pre-existing state. This prompted the distinction between a primary narcissism, and a secondary one that "*develops on top of a primary one*" (N, 4). Freud also observed that children exhibited megalomania through the overestimations of their own powers, wishes, and a recourse to omnipotent thinking as their way to deal with the external world. For instance, they may believe that their words possess magical causal powers, wondrous enough to make curses come true. This paper will focus on both the theoretical underpinnings of narcissism as laid out by Freud in his essays, as well as the way narcissism is observed in the real world, behaviourally. My aim is to tackle the question of whether narcissism seems amenable to treatment. I will argue, with reference to the psychical structure of narcissism and behavioural observation, that it is not a pathology that is realistically treatable because all its psychic energies are harvested in a defence mechanism that is constantly shoring itself up. To dislodge this defence mechanism would be to annihilate most of the ego's progress/formation. Narcissism is the most pathological pathology – it depends on itself too much to allow treatment to enter and break down its resistances.

Primary narcissism is a stage that we experience in infancy. It is a byproduct of our primal life drives. Freud posited the self-preservation (used here interchangeably with the life/reproductive) drives to explain certain patterned behavioural phenomena. These life drives are biologically characterized; they stem from our innate compulsions regarding surviving and thriving. Drives may be concerned with physical survival, or social thriving. In the context of psychic formation, there are principles that govern and regulate how the psyche responds to the life drives, ensuring that all mental activities direct themselves towards the goals of the drives. The psyche, in noticing the environmental constraints of the world, has adopted certain principles that aide in

protecting and promoting the psyche's needs. For babies, much of their behaviour is guided by the pleasure principle – the persistent urge to satisfy their immediate needs – which is in keeping with their self-preserving drives since it ensures their survival. The constant yearning for breastmilk is what essentially aligns the baby with survival.

Freud theorized that in the psyche, these various drives direct a kind of libidinal energy towards objects or things, latching onto them through *cathexis*. For instance, in a healthy adult, when their drive energy is directed towards an external object, it becomes a normal sexual drive, since reproduction implies two distinct bodies intermingling. However, when an adult's drive energies take the ego or the self as an object, this is a narcissistic mode of attachment because it is self-centered and characterized by a deviant withdrawal of energy that was intended for objects in the external world. Freud thus lays out the explicit definition of narcissism: *"the libido, having been withdrawn from the external world, is channelled into the ego, giving rise to a form of behaviour that we call narcissism"* (N, 4). The essential form of narcissism is when the cathected object is not external but internal; a person has taken the energies that were intended for outside-play, and turned it inwards, attaching onto themselves. Freud insists that in children's primary narcissism, *"it was the ego that originally underwent libido-cathexis"* (N, 5) which means that in normal psychic development, children will first cathect all their libidinal energies onto their egos. Freud reasons that because an infant's first comprehension of sexual gratification is through the bodily experiences that their vital organs produce (e.g., defecation) according to their self-preservation drives, they will naturally psychically invest their libidinal energies inwards (N, 16). But there is something more that produces secondary narcissism, beyond the self-pleasuring, autoerotic primal drives that we have. Freud insists that *"something else must supervene in addition to autoeroticism, a new psychic process, in order to produce narcissism"*, adding that it's the ego itself that must be developed to produce this psychic pathology (N, 6). The sexual drives have as its objects the people who care for the child and protect it, known as the imitative object choice. But those who have a disturbed libidinal development will *"model their subsequent love-object not on their mother, but on their own person... thereby exhibiting what we can call the narcissistic type of object-choice"* (16). Basically, there is a point in psychic formation where these libidinal energies must move onto a "new toy" and learn to play outside. What gives rise to a secondary narcissism is when these energies do not take well to an external cathexis, and remain fixed on the inside, onto the ego/self.

To grasp the theoretical sketch of narcissism well, I must clarify exactly how Freud imagines the psyche, and the terms he uses to map its topography. The psyche can be visualized like a holding tank, where the conscious content rests in the most accessible regions, towards the front and center of our minds, able to be called upon through recollection. By contrast, the *Unconscious* is located at the depths of the psyche, holding all our traumatic memories that have been actively repressed by other parts of the unconscious. The ego or self is what's responsible for repressing this painful content. It creates defence mechanisms that resist the painful truths about their experiences and allow for those memories to stay in their rejected form, out of the conscious

reach. However, nothing is perfectly concealed in the unconscious layer; these traumas always exhibit themselves in behaviour somehow, expressed sometimes in maladies and pathologies. With respect to the narcissism story in children, the way that secondary narcissism emerges is a reaction to various external conditions that threaten the child's internal desires. As the child develops, external conflicts (e.g., Oedipus dilemma) force them to adopt uncomfortable truths (e.g., taboos regarding incest) that disrupt their peace. Their desires being curtailed by cultural and ethical notions lead to those external standards being modeled into internal "ego-ideals" that the psyche *"accepts as his own yardstick and fully submits to the demands that they entail"* (N, 22). And when the ego does not meet the standards of the ego-ideal, the psyche's internal critiquing agent will intervene, ensuring that the ego is whipped into the shape. The reasons why this occurs is because, Freud writes, *"human beings have proved incapable of forgoing gratification once they have enjoyed it. They are unwilling to forsake the narcissistic perfection of their childhood, and when – discomfited by the admonitions raining down on them while they are developing... they seek to retrieve it in the new guise of the ego-ideal"* (N, 23), which is to say that secondary narcissism is yearning for the idyllic times enjoyed in primary narcissism, back when the ego was its own ideal. During this time, the baby felt the most emotionally safe when all its investments were in himself. Out of these anxieties, the psyche feels overwhelmed by the superego and the expectations of the world. In response, the ego may withdraw its libidinal energies from external objects and reinvest those energies into the ego as a defence mechanism. Freud marks that *"the development of the ego consists in an ever-increasing separation from one's primary narcissism and gives rise to an intense struggle to retrieve it"* (N, 28) where one's libido is fixed onto an ego-ideal, and narcissistic gratification is aimed at persistently fulfilling that ideal.

In Freud's work on melancholia, he describes melancholia as a pathological response to loss – of a loved person, or some abstract object (e.g., ideal, idea, hope) (M, 243). Usually, this object disappoints the ego in some profound way, such as transgressing social norms that cause it to become disillusioned with the object (M, 249). As a result, the ego gives up this object but cannot fully sever the investment it had to it. That is because the ego was invested in the idea of that object, which means that the psyche incorporated that idea to some extent, preserving its trace within the mind somehow. Because the object is taken in, the ego has identified with it and took on the features of the object. Freud explains that normally, the libido should have found a new object cathexis. Instead, the free libido is withdrawn into the ego, establishing an *"identification of the ego with the abandoned object...the shadow of the object [falling] upon the ego...[being] judged by a special agency"* (M, 249). This identification is a narcissistic attachment, because the ego-libido was intended for an external object but has rather cathected onto something within. Interestingly, Freud aligns this process of melancholia with that of original narcissism, the difference being the exact phase of libidinal development that the ego is in that time (M, 249).

Though mourning involves similar behaviour to melancholia, such as the lowering of inhibitions and loss of interest in the external world, the latter is characterized as a pathology because the ego is unable to recover from this loss, disrupting normal development. By contrast, in mourning, when the ego eventually comprehends this loss, it becomes freed and uninhibited, ultimately allowing it to move on by attaching to something else. Freud writes, *“in mourning it is the world which has become poor and empty; in melancholia it is the ego itself”* to say that melancholia’s distinguishing feature is the *“extraordinary diminution in his self regard, an impoverishment of his ego on a grand scale”* (M, 246).

Freud writes, *“if the love for the object takes refuge in narcissistic identification, then the hate comes into operation on this substitutive object, abusing it, debasing it, making it suffer”* to explain that self-hatred is integral to melancholia because the psyche’s critical agent becomes resentful towards the ego, since it sees that it has identified with the scorned object (M, 251). This self-tormenting, self-flagellation, self-hatred is what drives melancholics to suicide. One may ask, how can a narcissistic identification lead to suicide? Why would the ego’s hate for the scorned object be so intense that it wants to destroy it/itself? How could narcissistic libido, in reaction to fear, consent to its own destruction? Apparently, suicide is just the inversion of a murderous impulse. That means that the hostility that the ego has for the object is correlated to how much self-hatred he incurs for himself.

I think that this observation tracks but can lend more insight into the rationale behind the behaviour of narcissists. For instance, let us suppose that the lost object is kindness, or artistic expression. The child learned that kindness and art was a form of weakness, as foretold by her narcissistic father who valued only brutality and logic. When this child sees kindness and creativity within herself, she loathes their presence because her logic has been narcissistically shaped to reject and destroy these qualities. Yet, they remain, because she was unable to move on and find a substitute quality. She knew they were so integral to her being, that nothing would replace those ideals. So, traces of those qualities are in her, and when she recognizes this, she self-flagellates on behalf of her father. The father in this scenario represents those outside social forces that determine the norms of behaviour. Her superego is what unleashes the punishment, and the traces of those qualities that have been brought within are projected onto the ego/ideal. The story of melancholia is deeply intertwined with narcissism, being united by the self-hatred that is brought upon the overactive superego.

But how can self-hatred and megalomania coexist in the narcissist? Observationally, it’s clear that a narcissist’s intense sense of internal shame and insecurity are what leads to their ballooned ego. Dr Ramani and many other professionals on the topic admit that narcissists are fundamentally insecure and will set out to shore up their fragile egos by destroying other people. Is this a condition that is treatable? What makes narcissism an incredibly dangerous pathology? Freud writes, *“it looked as if just such a narcissistic pattern of behaviour on their part was one*

of the factors limiting their amenability to influence” (N, 3). I think what makes narcissism shore itself up is in the very structure of narcissism itself. By cathecting the ego, it has now bonded with the most integral, familial part of the psyche. The ego becomes the sole mechanism through which they can access the love and validation previously enjoyed in primary narcissism. Any attempt to sever this attachment is going to be perceived as a threat on two levels: first, to the self, and second, to the narcissistic identification with lost objects (i.e., the qualities the narcissist once valued in themselves). Dr Ramani suggests that narcissism develops as a response to PTSD. That means this trauma originates from an unstable parent who showed love conditionally. The child who initially thought they were lovable loses this belief because of the parent’s invalidating treatment. This “lovability” is melancholically internalized; being transformed into a scorned object. Such internalization accounts for the perpetual self-hatred observed in narcissists and their tendency to punish others so that no one else experiences stable love either. This cycle of self-hatred and external projection through megalomania explains this complicated coexistence of self-hatred and megalomania in the narcissist psyche. Nothing can replace the idea of being lovable, good, or worthy. It is one of the most integral qualities of a healthy mind. When it is lost, the pain that is inflicted and the level of self-hatred that emerges is equal to the value of the lost object. From this observation, I will now argue why narcissism is practically untreatable.

Narcissism is not amenable to treatment due to its undermining structure. The mechanics that define narcissism (i.e., overactive defence mechanism, invalidating anyone who threatens them, megalomania, etc.) work against intervention. Additionally, in response to critique the narcissist will double its resistance against you! The treatment will not stick even if the patient appears to be changing. When they engage with therapy, their indulgence stems from a corrupted internal logic rather than genuine understanding. For example, they may claim to understand our point, but towards the end of the conversation they reveal that our “good points” were made because we also, like them, took a class in logic. In this situation, their agreement was based in totally arbitrary reasons irrelevant to the actual point being made. They agreed because it would shore up their own intelligence somehow.

Furthermore, treatment is a sore endeavor because narcissists operate according to the strength of their internal drives, which are themselves out of shape. Putting a date to treatment is a struggle because you may never see the narcissist in full swing unless they are sufficiently threatened. If you can’t uncover their hidden assumptions, it may be futile to treat someone who will irrevocably relapse once they are outside the therapeutic environment. Even if a therapist sees past their charm, the structure of narcissism will be to curtail all attempts at shaking their resistances. Practically speaking, it is an extremely difficult pathology to treat. Freud explains, in *Analysis Terminable and Interminable*, that defence mechanisms are resistant to “*analysis as a whole, and thus to recovery*” (A, 238). You can render yourself untreatable through the adoption of certain defence mechanisms. If narcissism is characterized by an overactive defence mechanism that undermines therapy, then it would follow that this is not, on Freud’s sketch of the condition, a treatable pathology.

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2. Mourning and Melancholia:
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Notes:

1. The specific chapter I worked with in this book was Freud's essay on narcissism. All citations are therefore formatted (N, page number).
2. This text was taken from the courses' Quercus page. All citations starting with (M, page number) refer to the Mourning & Melancholia text.
3. This text was taken from the courses' Quercus page. All citations starting with (A, page number) refer to the Analysis Terminable and Interminable text.