

NYPSI CENTENNIAL PROGRAM: Classical Papers Revisited
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**A Discussion of Annie Reich's Enduring Contributions as seen in her paper:
Annie Reich: Pathological Forms of Self Esteem Regulation, PSC 15: 215-232**

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Annie Reich presented this paper as the Brill lecture on March 29, 1960. I imagine the auditorium was full, perhaps overflowing. She was by then held in great esteem as a clinician, teacher and scholarly contributor particularly with her richly evocative clinical writing. This paper has remained one of the most oft quoted of her many contributions and I would like to try to answer the question as to why.

By 1960, ego psychology with its foundation in Freud's structural theory, and the contributions of Anna Freud and Hartmann, was fully established in American psychoanalysis. There were at that time some exciting forays into areas that were meant to enrich and explicate though not change the core theory. I am referring to the widening scope of patients being accepted for analysis, including those with narcissistic pathology, and the growing fields of child analysis and analytically informed child observation. The work of Margaret Mahler and Manny Furer and others at the Master's Children's Center was already underway and Mahler and Furer's first joint paper was also published in 1960.

Annie Reich refers to the effect of these developments in her initial assertions:

1. narcissistic pathology can no longer be viewed as restricted to psychosis.
2. the boundary between psychosis and neurosis is fluid.
3. there is no longer a rigid association of clinical syndromes with specific developmental phases; overlapping of stages is ubiquitous. A partial regression to early ego and libidinal states is mixed with later more highly developed structures. This concept is particularly important in this paper.

4. even a marked narcissistic orientation need not be characterized by complete withdrawal from objects.

The patients Reich discusses in this paper are in keeping with those principles: those who have

severe narcissistic pathology yet are not psychotic and may be functioning very highly in some areas. Their pathology represents difficulties at several developmental stages while co-existing with higher developmental achievement. These are patients we all know from our practices. Her focus is the pathological forms of self esteem regulation in this population of narcissistically disturbed patients.

At first blush, Reich seems to remain theoretically within the bounds already set by Freud's 1914 *On Narcissism*. She is apparently not interested in regime change. In fact at this point she is the regime, given that she was President of the Society in 1960. This is interesting, for many of her rich ideas about these patients contributed to others' rejection of many of Freud's concepts, particularly the concept of primary narcissism, and the concept of the conservation of libido..ie. the complementary relation between object and narcissistic libido. I am thinking here particularly about Kohut's 1966 paper, *Transformations of Narcissism*, though we don't have to go so far afield, for even Edith Jacobson rejected the concept of primary narcissism and radically revised Freud's 1914 concepts. The two women were very close friends, colleagues and mutually influenced each other's work greatly, but Jacobson seems to have been more willing to be something of a theoretical revolutionary, though we can see in this paper influences of Jacobson's *The Self and the Object World*.

So there is nothing radical in the assumptions Reich lays out: Narcissism becomes pathological under certain conditions of **quantitative imbalance** when objects are cathected insufficiently and **qualitative imbalance** when infantile forms of narcissism result in over-cathexis of the self at a time of incomplete ego differentiation, leading to fixation and persistence of magical thinking, and tendencies toward megalomania. Self esteem is the expression of discrepancy or harmony between self representation and the wishful concept of self in the ego ideal. Self esteem regulation refers to the mechanisms used to balance the two.

The great value of this paper, and perhaps what was relatively new at the time, lies in three areas: the first is Reich's interest in empathically exploring how her patients deal with the discrepancy between their perceived self representation and the exaggerated, unrealistic inner yardsticks of their ego ideal. The second is her analysis of the role of ego development at the time of narcissistic fixation in defining the pathology. The third is her detailed exploration of the role of aggression in these narcissistic disorders.

She offers us a close examination, in several evocatively described cases, all male, of the inner mechanisms involved in the attempts at self-esteem repair. To this she brings the newly enriched area of developmental ego psychology into close focus, as she shows the importance of thinking about narcissistic fixations and regressions, as not just being a libidinal phenomenon but one that reflects the ego developmental stage at the time of the fixation. In other words, the level of self object differentiation, of reality testing, of fantasy development and of all aspects of cognition is crucial.

Many of you will remember her case of Daniel, the accomplished writer, who measures his worth by the length of space his publications occupied on the shelf. Due to his constant need to feel more important, he sacrifices quality and depth in his work to produce quantity, only to then feel frustrated

by his not reaching, even in reality, the excellence he is capable of, and certainly not reaching his infantile omnipotent demand for greatness. He anticipates attack and danger, and is full of fantasies of revenge when frustrated. In his preoccupation with increasing his self esteem and warding off passivity, and his constant state of dissatisfaction, his relations with others remain shallow. She states that his bottomless grandiose needs are compensatory for unbearable castration fears.

Compensatory narcissistic self-inflation then, is the self esteem regulating mechanism she is describing here. She adds that frequently in patients like Daniel an accompanying presence of unneutralized aggression leads to hypochondriasis and self consciousness. And in more severe cases the regressive narcissistic orientation leads to sexualization of many non sexual activities, revealing ego infantilism, deficient sublimation, primitive thinking. In some cases the ego disturbance may cover larger areas.

In discussing the origin of these narcissistic imbalances, Reich lays out a theory of trauma that is experienced as a *threat to intactness*, at a time when the ego is not differentiated enough to form more healthy defenses. Overwhelming anxiety or states of panic that interfere with the formation of defenses and with the development of the ego lead to disturbance in balance of cathexis and a withdrawal of psychic interest from objects to self.

She attributes Daniel's trauma to repeated early primal scene exposure leading to overwhelming castration anxiety. In addition, the personality of his mother, a severe hypochondriac who seemed always about to die, increased his association of femininity with death, and in identification with her he fixated at a **level of magical thinking** on the conviction of his own castration, leading to the compensatory omnipotent, grandiose fantasy of being bigger than anyone else. She says such a compensatory narcissistic fantasy, poorly integrated into adult realistic thinking, can exist as an isolated lacuna in which the self evaluation remains infantile, side by side with more adult levels of function, though when these fantasies persist beyond puberty there is likely to be a serious disturbance in narcissistic balance. *The degree of pathology depends on the degree of neglect of reality testing and the degree of ego development.* The more reality testing, the more availability of sublimation, the more likely the individual can transpose the compensatory fantasy at least partially into reality. On the whole, these *narcissistic y fantasies* are less sublimated and more instinctful than the ego ideal.

Reich roots these fantasies as expressions of **body narcissism** with roots in traumatic experiences that shatter primitive feelings of pleasure and security, leading to uncontrollable feelings of helplessness, anxiety and rage and a compensatory *overvaluation of the body*, or part of body. This is often the phallus, thus leading to condensation of reparative attempts into fantasies about phallic intactness, as with her case of Daniel. But, she does point out, that castration may represent object loss, emptiness, hunger, dirtiness etc. and the megalomaniac character of the body-phallus equation has to do with fantasies of incorporating the early idealized, omnipotent objects, with **a fusion of the self and object images.**

Thus Reich focuses on **archaic object relations with the fluidity between self and**

object image as an essential component of the narcissistic fixation, as is the **instinctual erotization** of the whole body involved in the body-phallus equation. The patient may make thinly disguised displacements of their intense interest in the perfection of their body, as did Daniel, onto items such as manifest achievements, cars, pipes, grand houses, money.

Her observation that unsublimated, erotized, manic self inflation easily shifts to feelings of worthlessness and hypochondria leading to *repetitive violent oscillations of self esteem and mood*, leads to her exploration of the role of aggression in this narcissistic pathology. Aggression is conspicuous in both the positive and negative phase ...self admiration involves contempt for and competitiveness with others, but when the grandiosity collapses the aggression is turned back upon the self, expressed in hypochondriacal anxieties and feelings of annihilation. These same swings from manic self inflation to hypochondriacal self denigration are often seen in the transference, with the analyst going from a brilliant, elevated position to a degraded, weak and inferior one.

Her analysis of the source of this aggression becomes rather complex and at times unclear, and I believe this is because she is endeavoring to use her clinical material to illustrate both Freud's theories of the drives and Hartmann's theories of neutralization and sublimation, and so stays very much within this framework. Thus, while trauma presumably arises in the context of the child's relations with caretakers, she does not make a closer examination of those relationships themselves, for example in terms of attunement, basic good enough parenting, ideas which we know were being developed at this same time in other settings, (Kohut, Winnicott). **Her interest remains in analyzing the impact on the drive economy.** Trauma leads to a defusion of the drives, with an uncontrollable mounting of aggression (rather like the pressure in the Fukushima Daiichi nuclear reactors) which has to be controlled with a compensatory elevation of the now fused self-object to grandiose, omnipotent wholeness, a defense that is bound to once again fail.

She illustrates these thoughts with another narcissistically disturbed patient, Robert, with more severe swings of mood and self esteem, and more severely impaired object relations, whose trauma she describes as exceptionally early toilet training with enemas, unspecified surgery in his third year which further compromised his experience of the intactness of his body, and the divorce of his parents. The boy became encopretic, exerting control over his body by controlling his stool accompanied by omnipotent, aggressive fantasies of phallic prowess.

So Reich is not making any radical changes in theory but she does give us some very important clinical insights. She summarizes these beautifully near the end of the paper: **if this infantile, archaic character of the ego ideal persists into adulthood, it invariably results in failure of self esteem stabilization. The primitive, sexualized quality of the ego ideals, fixated on the primitive levels of ego development at time of traumatization, represent the quintessence of the pathology.**

This insight alone is sufficient for this paper to continue to be valuable to clinicians and teachers of analysis. And almost as an afterthought she provides us with an end note: a brilliant analysis of the symptom of "self consciousness", where she describes that the hyper-cathexis of the self has led

to a disturbance of sublimation, such that activities normally invested with neutral energy, the “thing love”, is interfered with by exhibitionistic aims and their inhibition.

Unfortunately not long after this paper was published, Annie Reich suffered a severe stroke, and while she made an impressive initial recovery, she died nine years later. We are left to mourn that we could not have heard more from this wonderful clinician with a lively mind. How might her thinking have developed as she continued to work so empathically with these narcissistically wounded patients? Would she perhaps have begun to look more closely at the nature of trauma in parental empathic failure and misattunement, at the need for careful support and mirroring of a child’s early attempts to emerge as a person through heroic self assertion, the need for careful timing of frustration and limitation to allow for optimal ego development? If so, how would this understanding have influenced her clinical understanding and technique, and the theories on which she based her work? Might she have moved in the direction of Kohut, with his rejection of the dual instinct theory, or of Winnicott and his followers who focused on the primacy of object relations over the innate drive driven development? We can’t answer of course and can only marvel at her depth of understanding of her suffering patients, within the frame of mid century ego psychology, and we can marvel at the relevance of her insights into our work today.

I have one more thought about that night in this auditorium fifty one years ago. Many in Annie Reich’s audience were also writing, publishing, discussing. The Forties, fifties, sixties were a time of ferment, productivity and scholarship at this institute. Do we have to assume that they have said all that needs to be said? That the theory is complete? Or can we as an institute reclaim our leadership as analytic scholars and innovators, and make sure that those who plan our Bicentennial program, have at least as many great classical papers presented at the NYPSI Scientific meetings during the 21st century to choose from.