sistic disorder, was significantly more disturbed than either of her parents. One can see a generational escalation in her case, in contrast to a generational de-escalation in that of Mrs D.

Conclusion

In summary, what I am suggesting is that narcissistic disorders arise when there is a failure of containment in infancy and childhood, which gives rise to an ego-destructive superego. A narcissistic organization is evolved using narcissistic object relationships—internal, external, or both—to evade the hostile superego. This may result in a predominantly libidinal organization or a predominantly destructive narcissistic organization. I further suggest that the libidinal, defensive, organization arises when the main factor in the original failure of containment is on the parental side and the destructive organization when the major factor is an excess of object-hostility in the infant. If we use the word *narcissism* to denote this urge to annihilate otherness, the answer to the question of what part *narcissism* plays in narcissistic disorders is that it depends on how destructive they are. If the organization is predominantly destructive, *narcissism* appears to play a large part; if it is predominantly libidinal, then infantile and childhood trauma appears to play the larger part. In the second of my two cases, Mrs D., one could suggest that it was the *narcissism* of the parents that played the major part in the patient's development of a narcissistic disorder.

CHAPTER ELEVEN

Narcissistic problems in sharing space

As Freud demonstrated, it is our psychic reality that makes us neurotic, and we easily confuse it with material reality; nowhere is this more so than in our phantasy-rich perception of physical space. It is easiest to see how mental space is experienced as physical space when it is at its most problematic. Two simple examples: a woman alone in her own large apartment feels she is suffocating; it is full of unwelcome thoughts and unbidden memories. She opens the window; she opens the door; she moves from room to room; she moves the furniture; finally, she takes flight from her apartment and walks the street. This happens to her every day. A man standing at a railway station begins to see all the objects on the platform receding from him. He feels smaller, the distances greater, and the emptiness around him larger; the platform seems endlessly long and his legs short and weak. His morbid thoughts preceding this alarming experience had been of his isolation in life, his powerlessness to change things, and his fear of not being able to reach or contact anyone. We live and move in physical space, yet it is also psychic space; its perceived shape and size is an extension of our state of mind.

One thing in common between living with someone and being in analysis is the problem of sharing thoughts and sharing space. There are many times in analysis when patient and analyst have problems sharing ideas, but there are also times when there is a real problem about sharing the consulting-room. Similarly, when married we find it difficult at times to share the same space; sometimes it is the bedroom, possibly the kitchen, and probably even more often the desk or study. Whether in marriage or analysis, the physical space we share is also psychic space. It is a room housing the mind of the other, and it is furnished by the thoughts of the other. It is not just the material reality of the room that confines us or intrudes on us; it is the psychic reality of the other person investing its contents with talismanic significance—that territory imbued with another's ideas, that room invested with someone else's good intentions, that couch or bed saturated with the other's desires, that domestic arrangement requiring acquiescence.

The great sixteenth-century French essayist Montaigne built himself a separate tower adjoining the chateau that he shared with his wife. In this tower his study was the top room of the tower, and it could only be reached from below. We, like the guide who showed it to us, speculated as to whether Montaigne climbed through the window at night to venture across the narrow, exposed parapet that connected it to his wife's bedroom. In contrast to Montaigne in Renaissance France, Edward Hopper, the twentieth-century American painter, living in a time and in a culture more given to celebrating "togetherness", shared a studio with his wife who was also an artist. However, in order to stay together they eventually resorted to painting a broad white line across the floor of the studio which neither partner was permitted to cross.

Having seen Montaigne's house with his architectural solution to the problem of preserving private mental space, I was curious to see if the great self-explorer had anything to say about it himself, and indeed he did. In his essay, "On Three Kinds of Relationships", he wrote about his "tower". The three kinds of relationships he describes are those with men, those with women, and those with books:

> My library is in the third story of a tower. . . . I spend most of the days of my life there, and most of the hours of the day. I am never there at night. . . . From this room I have three open views. And its free space is sixteen paces across . . . it is a little difficult of access and out of the way, but this I like, both for the benefit of the exercise and for its keeping people away from me. It is my throne, and I try to rule here absolutely, reserving this one corner from all society, conjugal, filial, and social. Everywhere else I have just verbal authority, which is essentially doubtful. Miserable, to my mind, is the man who has no place in his house where he can be alone, where he can privately attend his needs, where he can conceal himself! [in Cohen, 1958, p. 262]

This is not as severe as the "tower isolation" that the poet Rilke prescribed for himself in *Muzot* as necessary in order to finish his great work *The Duino Elegies*. For the whole of the winter of 1922 he did not allow himself as much as the company of a dog lest its attentive love should distort his self-reflection. Nevertheless, though less extreme, Montaigne's words suggest that he had a need for time and space uncontaminated by the presence of other people, sufficient to make us wonder what might lie behind it. I think he gives us a clue in his essay "On the Power of the Imagination". He wrote:

> I am one of those who are very much affected by the imagination. Everyone feels its impact, but some are knocked over by it . . . the sight of another's anguish gives me real pain, and my body has often taken over the sensations of some person I am with. A perpetual cough irritates my lungs and my throat. . . . As I observe a disease, so I catch it and give it lodging in myself. [in Cohen, 1958, p. 36]

So under the title "imagination" he describes acquisitive projective identification as a compulsive phenomenon that robs him of his own well-being and, indeed, of his own identity and transfers to him the malady of the other. In this respect, he brings us to the psychological area that I think is most relevant for the exploration of the difficulties of sharing space: what we might describe as *mental mixing*. Montaigne goes further in his essay and gives one of the best descriptions of acquisitive and attributive projective identification operating simultaneously that I have met. In acquisitive identification, the phantasy is *I am you;* in attributive identification, it is *You are me.*

> Simon Thomas was a great physician. . . . I remember meeting him at the house of a rich old man who suffered with his lungs. When the patient asked him how he could be cured, Master Thomas answered that one way would be for him to infect me with a liking for his company. Then if he were to fix his gaze on the freshness of my complexion, and his thoughts on the youthful gaiety and vigour with which I overflowed, and if he were to feast his senses on my flourishing state of health, his own condition might improve. . . . What he forgot to say was that mine might at the same time deteriorate. [ibid., p. 37]

In order to explore his own thoughts, Montaigne provided himself with a room in a tower where he could be alone, adjoining but not part of his large marital home. His mind, it seemed, had to be free of his wife's thoughts, which would have invaded his mental space had they been in the same building. This is something that analysis and marriage have in common: in both, the relationship with the other person is impregnated with transference significance. This means that in marriage, just as in analysis, from the time that the relationship really begins we lose the ability to treat the partner as rationally, dispassionately, or decently as we can other people. It is a relationship we invest with a significance transferred onto it—from the past, from an internal world of dream figures, from unrealized ideal aspects of ourselves that we seek in others, or from an aspect of ourselves we repudiate and attribute to others.

The last two of these categories, in which something of the self is repudiated and attributed to the other, is a narcissistic object-relation; its obverse is one in which the attributes of the other are acquired by identification. These modes of relating by projective identification cause more than a little trouble in both analysis and marriage. When they are the dominant mode of relating, it is fair to say that the individual is suffering from *a narcissistic disorder*.

The principal clinical feature of narcissistic disorders in analysis, as I wrote in chapter ten, is that such individuals cannot have an ordinary analysis. This may well not be evident beforehand but is so from the moment analysis begins, though it may be a while before it dawns on the analyst. They cannot share the intimate mental space of analysis. There are, instead, two apparently opposite modes of being in analysis that, nevertheless, I believe, have a common underlying problem. One I call *adherent narcissistic disorder*, which is usually referred to as the *borderline syndrome*. The other I call *detached narcissistic disorder*, which may often be described as *schizoid personality*. In the first, the *adherent* type, there appears to be no space for separate thought, difference of opinion, or independent action. In the other, there appears to be no access to the psychic life of the other; it is not like Hopper's white line on the floor, but a brick wall dividing the common room. Before exploring these states of mind further, I would like to say a word about those who feel that they might just as well save themselves the trouble and stay out of either analysis or serious relationships.

If we choose to live with someone in an intimate relationship—whether of the opposite or the same sex, whether legal spouses or not—we are confronted with the problems of sharing space, physical and mental. In these days of informal sexual arrangements, some, prompted by a claustrophobia of marital space, imagine they can avoid the spousal living-room by inhabiting indefinitely the ante-room. However, they are already operating in just the same way that they would on the other side of that threshold. On that side, they imagine, lies their parents' country, and they do not want to live in it. I am not recommending that in a spirit of cultural or family patriotism they should *want* to live there, but simply to point out that, for better or for worse, they already do. They are like those people who continue well into middle age to imagine that they are living on the threshold of life. In analysis, similarly, they regard what is taking place as the dress rehearsal and not the performance; they do not realize that this *is* their own particular way of having analysis. Similarly, it is their own particular way of being married. They may be tempted to imagine vaguely that the "real" analysis or the "real" marriage will take place later, perhaps with another as-yet-unknown person in some unspecified future time. So, in marriage or in analysis, they tell themselves they are still on the threshold. This, paradoxically, can lead to interminable unsatisfactory relationships or, in a similar way, to interminable analyses. What has never properly begun cannot properly be ended.

This is one reaction to the fear of being taken over, incorporated, invaded, or even annihilated by another person's mind. There are other defensive solutions commonly adopted to deny this difficulty, but all of them draw attention to the problem. On the evidence of their analyses, the sort of individuals I have just

been referring to do not have as much to fear as they imagine. In other words, they are already tolerating the shared mental space better than they believe they can. It is, however, difficult for them, unpleasant at times, and certainly no pre-lapsarian Garden of Eden. If they can reconcile themselves to the fact that they are having a "marital" relationship, that *this* is it, they can decide whether this particular person is "good enough" or not, in Winnicott's sense of the term. Why do they hesitate, you might ask, if they do not have as much to fear as they think? Why, if they are already having to tolerate sharing a life with another person, do they not want to realize it? I have come to believe that they are afraid *of themselves*: that is, they are afraid of their own reaction to disappointment, frustration, and ambivalence. Not only do they hope to find someone better even though they have found someone good enough, they want to believe that *they are better* than they are even though they are no worse than most other people.

This latter quality of moral greed they share with a group of people who ostensibly seem very different because they demand so little and put up with so much. They function by lowering their expectations of others and exaggerating their own capacities for tolerance. They are given to martyrdom and are anxious to avoid any situation that might provoke *in themselves* hostility, jealousy, and above all envy. They are greedy for virtue and intolerant of any failing in themselves, and consequently by projective identification they locate weakness or negativity in the other. They often put up with unreasonable or even sometimes outrageous behaviour from their partners. In other words, they expect a great deal of forbearance from themselves and very little from their partners. An unconscious sense of moral superiority is more important to them than what they might get from another person. The love and approval of their own superego is more valued than that of any partner. My experience with such cases in analysis is that they do not have excessive quantities of envy, hostility, or rage lying in wait internally, but they think that even modest amounts of these undesirable, ubiquitous attributes are intolerable *in them*. In these analyses it is crucially important to show to the patients how much they underestimate the analyst's capacity to bear negative feelings and injustice, to show them their double standards—that is, their belief that they can put up with things that they cannot expect the other person to do. Unconsciously they regard themselves as morally and emotionally superior and therefore see their task as supporting the narcissism of the analyst while suffering neglect themselves.

However, though I might describe this as unconscious devaluation of others and overestimation of the self as a form of narcissism, such individuals do not have the severe problems in sharing intimate space that afflicts people with narcissistic disorders. The patients I have just been speaking of *can* occupy the position and role of a patient in analysis in an everyday sense; they can free-associate and use the analytic-room in an ordinary way. However, there are those who cannot do that.

What is quickly revealed is that being in an analysis is a major problem for such patients and for their analyst. I would like to emphasize that *being in* analysis is the problem—being in the same room, being in the same mental space. Instead of there being two connected, independent minds, there are either two separate people unable to connect or two people with only one mind. These two situations could not be more different from each other in analysis. What they have in common is their inability to function in analysis in an ordinary way and their terror of the integration of separate minds.

In the first group, *the other* is treated as of no significance; in the second, the patients cannot commune without making *the significant other* an extension of themselves. In the first situation, the analyst cannot find a place within the psychic reality of the patient; in the second, the analyst cannot find a place outside it. The first I describe as narcissistic detachment, the second as narcissistic adherence. I shall give a brief clinical example of both of them.

Narcissistic detachment (thick-skinned patients)

The patient was seeking analysis after a period of marital therapy at the suggestion of the therapist and with the prompting of his wife. He told me this and added with a disarming frankness that his problem was intimacy: "I am no good at intimate relations my wife tells me, and I am sure she is right." He also let me know in the

consultation that he had suffered from depression of a kind in which he would wake sick with a sense of terror, despair about life in general, and his own uselessness. When he was young and still religious, he believed that he was damned and beyond redemption and that the usual religious remedies, of confession, contrition, and so forth, would not work for him. When I suggested that he might feel the same about analysis, he quickly agreed that he could not imagine it helping or changing him in the slightest, "but I have to try it if you are willing to have a go", he said.

The problem of shared analytic space quickly asserted itself when he arrived for the first session. We agreed a time, and he accepted the analytic conventions, as he saw them, of lying on a couch for fifty minutes. But he conveyed that he could have done so equally willingly if I had suggested he should stand on his head for fifty minutes. "Enduring things", I suggested, "is something you know you can do without them having any effect on you." He agreed with this and offered me several convincing examples from his childhood of his fortitude protecting him from being changed by the regimes inflicted on him.

Once we got under way, the problem was mine. Though I could without too much difficulty understand him, I could not find a means of sharing his mental space, of getting into contact with him. I was the "outsider" in this analysis. The patient would claim that he was not really involved in the analysis, and he sympathized with me for having to endure such an unappreciative patient when presumably I would like to be thought important and my ideas appreciated. My needs, therefore, were worth his consideration but he could not do anything about it.

I was not empty-minded, however, outside the realm of his attention. He had a gift for communicating to me what difficulties faced him and what anxieties troubled him, so that I was vividly aware of his very real suffering and predicament. If I drew attention to these, he politely scoffed at me for taking them seriously. He would then leave the session on an upbeat note of "begone dull care" and, with a wave, say "see you tomorrow". I was left, in other words, "holding the baby". This applied also to his memories—to his recollections of cruel experience, of his revelations of painful humiliations and considerable deprivation. He treated my opinion that he had suffered an unhappy childhood as eccentric. If I then

reminded him of the recollections he had disclosed in the previous session, he would quickly say he had a terrible memory and forgot everything from one day to another. So I was the only one who now knew of the existence of the suffering child. My patient had gone missing. When I suggested to him that he had emptied his experiential self into me and then left the two of us behind, he responded by describing to me a story he had worked on. It had a title, but, he said, "it could have been entitled *the story of a missing person*". In it, a character was exploring a residence and could not establish whether someone lived there or not. The character could see the outline of the missing person's life and the details of the person's day from the traces left behind, but no presence. The essence of the story was that of emptiness shaped by absence, the shape of a missing person.

In analysis, as in marriage, absence appears to solve the problem of presence. However, it requires a place from which to be absent. In order to be an absentee husband you need a wife, or to be an absentee patient you need an analyst, or to be a runaway you need a home to run away from. To have a missed session, you need to have a session arranged.

Largely through the use of my own countertransference as a source of information about my missing patient, we were able to get some idea of the problems that led to his "psychic retreat" to the periphery of his own life. Here on the edge he could define himself as the outsider, as the man who would not fit in. The cost of this identity was exclusion. The passport to inclusion was to be defined by the other's presuppositions and preconceptions; the price for entry into the mind of the other was to be misperceived. The sacrifice to be made to secure a place indoors was to be caged within the limiting framework of the other's comprehension of the world.

As a child, he had found a hideaway he could be in unknown to the family. His dreams made clear how significant this secret space was and how it was the forerunner of other private spaces, culminating in the creation of the study where he worked. Here he created in his own writing his own versions of himself and placed these in a variety of contexts of his own choosing that accurately mirrored his internal world. And a bleak and lonely place it usually was in these creations. I was to get inside knowledge of this bleak

terrain because it was where he placed me in the analysis. We met there eventually in a shared moorland-like mental landscape that felt reminiscent to me of that in which Wordsworth met the leech-gatherer when driven to despair by Coleridge's "Ode to Dejection". I would like to think that our encounter might have had a similar therapeutic effect on him as that which Wordsworth ascribed to the leech-gatherer. ". . . to find / In that decrepit Man so firm a mind" (Wordsworth, 1936, p. 157).

This, then, is the first of the two clinical situations that I said I would describe, one I would call narcissistic detachment, when the analyst cannot find a place within the mental space of the patient. The other I am calling narcissistic adherence, which is one where the analyst cannot find a place outside it. Rosine Perelberg (2003) has described in her own words two contrasting transference syndromes that correspond to the two I have just referred to. She writes of "patients who create an *empty* space in the consulting room . . . [and] leave the analyst *with a sense of exclusion from the patient's internal world.* At the other extreme there are patients who *fill* the consulting room. . . . The experience is that the analyst is *over-included* in the patient's world. . . . and one feels consistently over-involved in the patient's analysis." The first of these, I think, corresponds to my categories of thick-skinned narcissistic patients, the second to the thin-skinned or borderline patients described in *Belief and Imagination* (Britton, 1998).

Narcissistic adherence (thin-skinned patients)

The two situations could not appear more different, and yet I believe they are both organized to avoid the same catastrophe. This catastrophe would, it is feared, follow if what are believed to be the incompatible mental worlds of the self and the other were brought together—if two different psychic realities were to occupy the same space; in other words, if the patient's psychic version of the analysis was to be integrated with the analyst's version. The parallel in a marriage would be a fear of one partner's version of the marital relationship being integrated with the other's. Underlying this is a

profound fear of the integration of the subjective with the objective. Since this integration would be the aim both of analysis and of marital therapy, the individuals I am describing are fearful of the very process itself and take steps to deal with it. The patient I have just described deals with it by taking psychic leave of absence from the analysis or marriage; the second, which I am about to discuss, does so by taking possession of it. This occurs in the most concrete way. The consulting-room and its contents are colonized by the patient, who projects into it the mental furniture of his or her inner world. Not only does the analyst find him/herself to be forcefully assigned a character from the inner world of his patient, but the physical space of the consulting-room is treated as if it were an extension of the patient's mind. Great exception or considerable anxiety is therefore generated by any changes in its arrangements or any movements of the things in it. The analyst no longer feels free to make use of his or her room any more, just as he or she no longer feels free to use his or her own words. The patient's understanding of the analyst's words, which is likely to be idiosyncratic, is the only one that exists and is reacted to accordingly.

At such times the countertransference phantasy of the analyst is that if he or she adopts the psychic reality of the patient, his or her own psychic reality will be annihilated, that his or her own identity as an analyst will be lost. In a complementary way, the patient believes that if there is an effort made by the analyst to assert *his or her* version of their shared situation, this will crush the patient's sense of self. The only way out of such an impasse is for the analyst to recognize the nature of his or her own countertransference anxiety and to struggle to accommodate both his or her own and the patient's psychic reality. To do this, the analyst needs to re-establish inwardly another relationship with him/herself other than that with his patient. The analyst needs a third presence, which can only be found within a session by occupying a third position of self-observer without vacating his or her place in the dyadic interaction with the patient. This, when achieved, I have called the *triangular space* and suggested that it begins life within the triangular relationships of the Oedipus situation (Britton, 1989).

It is this difficult work that needs to be done by the analyst. Otherwise, the analyst either succumbs and falls into a passive acceptance of the patient's psychic reality, or tries to impose his or

her own. Since it is the patient's fear of this that created the problem in the first place, this is fruitless. The disentangling of such situations has to begin, as I have suggested, within the analyst's mind. In other words, we have to provide within ourselves the mental counterpart to Montaigne's study while remaining in touch with the palpable flux of subjective interaction.

Malignant misunderstanding and the need for agreement

In chapter 4 of *Belief and Imagination* I tried to explore the mental catastrophe that is anticipated will follow from the integration of two different points of view. From the transference it seems that the basic fear is of *malignant misunderstanding*. By this I mean an experience of being so *misunderstood* in such a fundamental and powerful way that one's experience of oneself would be eliminated and, with it, the possibility of the self establishing meaning would be annihilated. It is, I think, a fear of a return to primordial chaos, which corresponds to Bion's notion of *nameless dread* that he posits follows a failure of *containment*. Bion gives two accounts of the production of *nameless dread* from a failure of maternal containment in infancy (1959, 1962). In both, the uncomprehended becomes the incomprehensible. One could say that there is a dread of the namelessness of everything. If in early infancy this failure of understanding is experienced as an attack rather than a deficiency, a force is believed to exist that destroys understanding and eliminates meaning. One sees this repeated in the transference when the failure of the analyst to understand the patient precisely is experienced by the patient not simply as a deficiency of the analyst but as an attack on the patient's psychic integrity.

When there is a desire for understanding coupled with a dread of misunderstanding, there is an insistent, desperate need for agreement in the analysis and annihilation of disagreement. I have come to believe that there is a general rule arising from anxiety about misunderstanding which applies in all analyses: it is that *the need for agreement is inversely proportional to the expectation of understanding*. When expectation of understanding is high, difference of opinion is tolerable; where expectation of understanding is fairly high, difference is fairly tolerable; when there is no expectation of understanding, the need for agreement is absolute.

I asked the question of whether there is something in *the temperament* of some individuals that *predisposes* them to this particular development or response to trauma. Is there anything in the endowment of the individual that might encourage them to believe that an independently existing object will destructively misunderstand them? Is there *an innate factor* in the infant that increases the risk of a *failure of maternal containment*, and if so what might it be?" I answered it by suggesting that there was allergy to the products of other minds, analogous with the body's immune system. This system is central to our physiological functioning, as our physiological integrity is at stake; we cannot survive without it, and yet it is often the source of pathology. Is the same true of our psychic functioning? It certainly appears to be in our social functioning, where the annihilation of the perceived alien is commonplace. The *not me* or *not like me* recognition and response might fulfil a similar psychic function as it does in the somatic. And just as the immune system sometimes makes for physiological trouble between mothers and babies, as in the familiar Rhesus incompatibility problem, so perhaps might there be troublesome psychic immunity responses. Are there psychic allergies, and is there sometimes psychic auto-immunity?

In the realm of ideas and understanding, we do seem to behave as if we have a psychic immune system, fearful for the integrity of our existing belief systems whenever we encounter new and foreign mental protein. Analysis by producing a shared mental space exposes these difficulties, and I have been suggesting that another great test bed for such phenomena is in the spousal chamber: sharing not simply physical space but also mental space with another person.

Conclusion

We often experience mental space as physical space, so that problems in sharing it may be manifested as claustrophobia and agoraphobia. When we form marital partnerships or have analysis, we

commit ourselves to sharing intimately not just physical but mental space. The psychic reality of one person overlaps with that of another. For all of us, this poses a threat; for some people, it seems like an insuperable problem. I suggested that the basic fear in exposing our own inner selves is of being misunderstood, and that misunderstanding can be felt to be malignant; I suggested in *Belief and Imagination* that the need for agreement is inversely proportional to the expectation of understanding (1998, pp. 54–58). The need for absolute agreement requires tyranny and obedience or identification. I suggested that problems of this sort arise from failure of infantile containment and that factors in either baby or mother lead to a psychic allergic response analogous to immune incompatibility.

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