

A CLINICAL APPROACH TO THE PSYCHOANALYTIC THEORY OF THE LIFE AND DEATH INSTINCTS: AN INVESTIGATION INTO THE AGGRESSIVE ASPECTS OF NARCISSISM

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When Freud introduced his dualistic theory of the life and death instincts in 1920 a new era in the development of psychoanalysis began which gradually opened up a deeper understanding of aggressive phenomena in mental life. Many analysts objected to the theory of the death instinct and were tempted to discard it as purely speculative and theoretical; however, others soon recognized its fundamental clinical importance.

Freud emphasized that the death instinct was silently driving the individual towards death and that only through the activity of the life instinct was this death-like force projected outwards and appeared as destructive impulses directed against objects in the outside world. Generally the life and death instincts are mixed or fused in varying degrees, and Freud maintained that the instincts, meaning the life and death instincts, 'hardly ever appear in "a pure form"'. While states of severe defusion of the instincts do resemble Freud's description of the unfused death instinct—for example, a wish to die or to withdraw into a state of nothingness—on detailed clinical examination we find that the death instinct cannot be observed in its original form, since it always becomes manifest as a destructive process directed against objects and the self. These processes seem to operate in their most virulent form in severe narcissistic conditions.

I shall therefore attempt in this paper to clarify particularly the destructive aspects of narcissism and relate this to Freud's theory of the fusion and defusion of the life and death instincts.

In Freud's writings following his more speculative approach in 'Beyond the Pleasure Principle', it became clear that he used the theory of the life and death instincts to explain many clinical phenomena. For example, in 'The Economic Problem of Masochism' (1924) he said:

Moral masochism thus becomes a classical piece of evidence for the existence of 'instinctual fusion': its dangerousness lies in its origin in the death instinct and represents that part of the latter which escaped deflection on to the outer world in the form of an instinct of destruction.

In the 'New Introductory Lectures' (1933) he discussed the fusion of Eros and aggressiveness and attempted to encourage analysts to use this theory clinically. He said:

This hypothesis opens a line of investigation which may some day be of great importance for our understanding of pathological processes. For fusions may be undone and such defusions of instincts may be expected to bring about the most serious consequences to adequate functioning. But this point of view is still too new. No one has so far attempted to make practical use of it.

Only four years later, in 'Analysis Terminable and Interminable' (1937), Freud returned to the clinical application of his theory of the death instinct for the understanding of deep-seated resistances against analytic treatment, saying:

Here we are dealing with the ultimate things which psychological research can learn about: the behaviour of the two primal instincts, their distribution, mingling and defusion. No stronger impression arises from the resistances during the work of analysis than of there being a force which is defending itself by every possible means against recovery and which is absolutely resolved to hold on to illness and suffering.

He linked this with his previous theory of the negative therapeutic reaction, which he had related to an unconscious sense of guilt and the need for punishment, now adding:

These phenomena are unmistakable impressions of the power in mental life which we call the instinct of aggression or of destruction according to its aims

and which we trace back to the original death instinct of living matter . . . Only by the concurrent or mutually opposing action of the two primal instincts—Eros and death instinct—never by one or the other alone, can we explain the rich multiplicity of the phenomena of life.

Later on in the same paper he suggested that we may have to examine all instances of mental conflict from the point of view of a struggle between libidinal and destructive impulses.

In discussing his psychoanalytic approach to narcissistic neurosis in 1916 Freud emphasized the impenetrable stone wall which he encountered. However, when in 1937 he described the deepseated resistances to analytic treatment he did not explicitly relate the resistances in narcissistic conditions to the resistances in states of inertia and in the negative therapeutic reactions, which he did attribute to the death instinct. One of the main reasons for this omission may be that Freud's whole theory of primary narcissism had originally been based on the idea of the individual's directing his libido towards the self and of secondary narcissism being due to a withdrawal of libido from the object back on to the self—and only after he had clarified his ideas on the pleasure principle and the reality principle in 1913, and brought these ideas in relation to love and hate in 'Instincts and their Vicissitudes' (1915) did he begin to feel that there was some important connection between a pleasurable narcissistic stage and hatred or destructiveness towards the external object when the object begins to impinge on the individual. For example, in 1915 he states:

When during the stage of primary narcissism the object makes its appearance, the second opposite to loving, namely hating, also attains its development.

In the same paper he emphasizes the primary importance of aggression:

Hate, as a relation to objects, is older than love. It derives from the narcissistic ego's primordial repudiation of the external world with its outpouring stimuli.

Something of the same line of thought can be seen in Freud's view of the Nirvana principle, which he sees as a withdrawal or regression to primary narcissism under the dominance of the death instinct—where peace, an inanimate state and giving in to death are equated.

Hartmann *et al.* (1949) seemed to have a similar

impression of Freud's ideas on the relation of aggression to narcissism when they wrote:

Freud was used to comparing the relation between narcissism and object love to that between self-destruction and destruction of the object. This analogy might have contributed to his assumption of self-destruction as of the primary form of aggression to be compared with primary narcissism.

From all this it is clear that Freud must have realized the obvious relation between narcissism, narcissistic withdrawal and the death instinct; but he did not work it out in any detail either theoretically or clinically. As I shall go on to show later in this paper, I feel these connections are of considerable clinical significance.

Returning now to the question of the hidden transference in the sense of clinical resistances which Freud (1937) related to the silent opposition of the death instinct, it is important to realize that he thought that these resistances could not be successfully treated by analysis: he apparently believed that the hidden silent aggression of the death instinct could not be analysed unless it emerged as an open negative transference and that interpretations could do nothing to 'activate' it.

Abraham went much further than Freud in studying the hidden negative transference and in clarifying the nature of the destructive impulses which he encountered in his clinical work with narcissistic patients. In psychotic narcissistic patients he stressed the haughty superiority and aloofness of the narcissist and interpreted the negative aggressive attitude in the transference. As early as 1919 he had contributed to the analysis of the hidden negative transference by describing a particular form of neurotic resistance against the analytic method. He found in these patients a most pronounced narcissism, and he emphasized the hostility and defiance hidden behind an apparent eagerness to cooperate. He described how the narcissistic attitude attached itself to the transference and how these patients depreciate and devalue the analyst and grudge him the analytic role representing the father. They reverse the position of patient and analyst to show their superiority over him. He emphasized that the element of envy was unmistakable in these patients' behaviour and in this way clinically and theoretically he connected narcissism and aggression. It is, however, interesting to note that Abraham never attempted to link his findings with Freud's theory of the life and death instincts.

Reich was opposed to Freud's theory of the death instinct. He did, however, make fundamental contributions to the analysis of narcissism and the latent negative transference. He also emphasized, contrary to Freud, that the patient's narcissistic attitudes and latent conflicts, which include negative feelings, could be activated and brought to the surface in analysis and then worked through. He thought

that every case without exception begins analysis with a more or less explicit attitude of distrust and criticism which, as a rule, remains hidden.

He considered that the analyst has constantly to point to what is hidden and he should not be misled by an apparent positive transference towards the analyst. Reich studied in detail the character armour where the narcissistic defence finds its concrete chronic expression. In describing the narcissistic patient he stressed their superior, derisive and envious attitude, as well as their contemptuous behaviour. One patient who was constantly preoccupied with thoughts of death complained in every session that the analysis did not touch him and was completely useless. The patient also admitted his boundless envy, not of the analyst, but of other men towards whom he felt inferior. Gradually Reich realized and was able to show the patient his triumph over the analyst, and his attempts to make him feel useless, inferior and impotent so that he could achieve nothing. The patient was then able to admit that he could not tolerate the superiority of anyone and always tried to tear people down. Reich states:

There then was the patient's suppressed aggression, the most extreme manifestation of which had thus far been his death wishes.

Reich's findings in connection with latent aggression, envy and narcissism have many similarities to Abraham's description of the narcissistic resistance in 1919.

Of the many analysts who have accepted Freud's theory of the interaction between the life and death instincts Melanie Klein's contribution deserves particular consideration as her work is essentially based on this assumption both theoretically and clinically. She also made important contributions to the analysis of the negative transference. She found that envy, particularly in its split-off form, was an important factor in producing chronic negative attitudes in analysis, including 'negative therapeutic reactions'. She described the early infantile

mechanisms of splitting the objects and the ego, which enable the infantile ego to keep love and hate apart. In her contributions to narcissism she stressed more the libidinal aspects and suggested that narcissism is in fact a secondary phenomenon which is based on a relationship with an internal good or ideal object, which in fantasy forms part of the loved body and self. She thought that in narcissistic states withdrawal from external relationships to an identification with an idealized internal object takes place.

Melanie Klein wrote in 1958 that she observed in her analytical work with young children a constant struggle between an irrepressible urge to destroy their objects and a desire to preserve them. She felt that Freud's discovery of the life and death instincts was a tremendous advance in understanding this struggle. She believed that anxiety arises from the

operation of the death instinct within the organism, which is experienced as a fear of annihilation.

In order to defend itself against this anxiety the primitive ego uses two processes:

Part of the death instinct is projected into the external object which hereby becomes a persecutor, while that part of the death instinct, which is retained in the ego, turns its aggression against the persecutory object.

The life instinct is also projected into external objects, which are then felt to be loving or idealized. She emphasizes that it is characteristic for early development that the idealized and the bad persecuting objects are split and kept wide apart, which would imply that the life and death instincts are kept in a state of defusion. Simultaneously with the splitting of the objects the splitting of the self into good and bad parts takes place. These processes of ego splitting also keep the instincts in a state of defusion. Almost simultaneously with the projective processes another primary process, introjection, starts,

largely in the service of the life instinct: it combats the death instinct because it leads to the ego taking in something life-giving (first of all food) and thus binding the death instinct working within.

This process is essential in initiating the fusion of the life and death instincts.

As the processes of splitting of the object and the self and therefore the states of defusion of the instincts originate in early infancy at a phase which Melanie Klein described as the 'paranoid

schizoid position ' one may expect the most complete states of defusion of instincts in those clinical conditions where paranoid schizoid mechanisms predominate. We may encounter these states in patients who have never completely outgrown this early phase of development or have regressed to it. Melanie Klein emphasized that early infantile mechanisms and object relations attach themselves to the transference and in this way the processes of splitting the self and objects, which promote the defusion of the instincts, can be investigated and modified in analysis. She also stressed that through investigating these early processes in the transference she became convinced that the analysis of the negative transference was a precondition for analysing the deeper layers of the mind. It was particularly through investigating the negative aspects of the early infantile transference that Melanie Klein came up against primitive envy which she regarded as a direct derivative of the death instinct. She thought that envy appears as a hostile, life-destroying force in the relation of the infant to its mother and is particularly directed against the good feeding mother because she is not only needed by the infant but envied for containing everything which the infant wants to possess himself. In the transference this manifests itself in the patient's need to devalue analytic work which he has found helpful. It appears that envy representing almost completely defused destructive energy is particularly unbearable to the infantile ego and early on in life becomes split off from the rest of the ego. Melanie Klein stressed that split-off, unconscious envy often remained unexpressed in analysis, but nevertheless exerted a troublesome and powerful influence in preventing progress in the analysis, which ultimately can only be effective if it achieves integration and deals with the whole of the personality. In other words the defusion of the instincts has gradually to change to fusion in any successful analysis.

Freud's theory of the fusion and defusion of the life and death instincts seems vital for the understanding of defused destructive processes.

Hartmann *et al.* stressed in 1949 that ' little is known about the fusion and defusion of aggression and libido '. Hartmann himself concentrated on studying the function of neutralized libidinal and aggressive energy, which is probably one of the aspects of the normal fusion of the basic instincts. He also stressed the importance of deneutralization of libido and aggression in psychotic states such as schizo-

phrenia and stated that defusion and deneutralization may be interrelated (1953).

Freud suggested that defusion of the instincts becomes manifest clinically when regression to earlier phases of development takes place.

I have attempted to clarify the origin of the processes of defusion and fusion of the instincts by relating them to Melanie Klein's theory of the process of splitting of objects and the ego. This splitting is a normal defence mechanism in early life aimed at protecting the self and object from the danger of annihilation by the destructive impulses deriving from the death instinct. This may explain why defusion of the instincts plays an important role in the psychopathology of narcissistic patients and why defused destructive impulses can be observed distinctly in patients emerging from narcissistic states.

For this reason I shall concentrate on the examination of the libidinal and destructive aspects of narcissism and shall attempt to clarify in my clinical material how some of the severe defusions of the instincts arise and indicate the factors contributing to normal and pathological fusions.

I introduced the concept of pathological fusion for those processes where in the mixing of libidinal and destructive impulses the power of the destructive impulses is greatly strengthened, while in normal fusion the destructive energy is mitigated or neutralized.

Finally I shall present case material to illustrate the clinical importance of defused and split-off aggression in creating obstacles to analysis, such as chronic resistances and negative therapeutic reactions.

In my previous work on narcissism (1964) I stressed the projective and introjective identification of self and object (fusion of self and object) in narcissistic states, which act as a defence against any recognition of separateness between the self and objects. Awareness of separation immediately leads to feelings of dependence on an object and therefore to inevitable frustrations. However, dependence also stimulates envy, when the goodness of the object is recognized. Aggressiveness towards objects therefore seems inevitable in giving up the narcissistic position and it appears that the strength and persistence of omnipotent narcissistic object relations is closely related to the strength of the envious destructive impulses.

In studying narcissism in greater detail it seems to me essential to differentiate between the libidinal and the destructive aspects of nar-

cissism. In considering narcissism from the libidinal aspect one can see that the over-valuation of the self plays a central role, based mainly on the idealization of the self. Self-idealization is maintained by omnipotent introjective and projective identifications with good objects and their qualities. In this way the narcissist feels that everything that is valuable relating to external objects and the outside world is part of him or is omnipotently controlled by him.

Similarly, when considering narcissism from the destructive aspect, we find that again self-idealization plays a central role, but now it is the idealization of the omnipotent destructive parts of the self. They are directed both against any positive libidinal object relationship and any libidinal part of the self which experiences need for an object and the desire to depend on it. The destructive omnipotent parts of the self often remain disguised or they may be silent and split off, which obscures their existence and gives the impression that they have no relationship to the external world. In fact they have a very powerful effect in preventing dependent object relations and in keeping external objects permanently devalued, which accounts for the apparent indifference of the narcissistic individual towards external objects and the world.

In the narcissism of most patients libidinal and destructive aspects exist side by side but the violence of the destructive impulses varies. In the narcissistic states where the libidinal aspects predominate destructiveness becomes apparent as soon as the omnipotent self-idealization is threatened by contact with an object which is perceived as separate from the self. The patient feels humiliated and defeated by the revelation that it is the external object which, in reality, contains the valuable qualities which he had attributed to his own creative powers. In analysis one observes that when the patient's feelings of resentment and revenge at being robbed of his omnipotent narcissism diminishes, envy is consciously experienced, since it is then that he becomes aware of the analyst as a valuable external person.

When the destructive aspects predominate the envy is more violent and appears as a wish to destroy the analyst as the object who is the real source of life and goodness. At the same time violent self-destructive impulses appear, and these I want to consider in more detail. In terms of the infantile situation the narcissistic patient wants to believe that he has given life to

himself and is able to feed and look after himself. When he is faced with the reality of being dependent on the analyst, standing for the parents, particularly the mother, he would prefer to die, to be non-existent, to deny the fact of his birth, and also to destroy his analytic progress and insight representing the child in himself, which he feels the analyst, representing the parents, has created. Frequently at this point the patient wants to give up the analysis but more often he acts out in a self-destructive way by spoiling his professional success and his personal relations. Some of these patients become suicidal and the desire to die, to disappear into oblivion, is expressed quite openly and death is idealized as a solution to all problems.

As the individual seems determined to satisfy a desire to die and to disappear into nothing which resembles Freud's description of the 'pure' death instinct, one might consider that we are dealing in these states with the death instinct in complete defusion. However, analytically one can observe that the state is caused by the activity of destructive envious parts of the self which become severely split off and defused from the libidinal caring self which seems to have disappeared. The whole self becomes temporarily identified with the destructive self, which aims to triumph over life and creativity represented by the parents and the analyst by destroying the dependent libidinal self experienced as the child.

The patient often believes that he has destroyed his caring self, his love, for ever and there is nothing anybody can do to change the situation. When this problem is worked through in the transference and some libidinal part of the patient is experienced as coming alive, concern for the analyst, standing for the mother, appears which mitigates the destructive impulses and lessens the dangerous defusion.

There are some narcissistic patients where defused destructive impulses seem to be constantly active and dominate the whole of their personality and object relations. They express their feelings in an only slightly disguised way by devaluing the analyst's work with their persistent indifference, tricky repetitive behaviour and sometimes open belittlement. In this way they assert their superiority over the analyst representing life and creativity by wasting or destroying his work, understanding and satisfaction. They feel superior in being able to control and withhold those parts of themselves which want to depend on the analyst as a helpful person.

They behave as if the loss of any love object including the analyst would leave them cold and even stimulate a feeling of triumph. Such patients occasionally experience shame and some persecutory anxiety but only minimal guilt, because very little of their libidinal self is kept alive. It appears that these patients have dealt with the struggle between their destructive and libidinal impulses by trying to get rid of their concern and love for their objects by killing their loving dependent self and identifying themselves almost entirely with the destructive narcissistic part of the self which provides them with a sense of superiority and self-admiration.

One narcissistic patient, who kept relations to external objects and the analyst dead and empty by constantly deadening any part of his self that attempted object relations, dreamt of a small boy who was in a comatose condition, dying from some kind of poisoning. He was lying on a bed in the courtyard and was endangered by the hot midday sun which was beginning to shine on him. The patient was standing near to the boy but did nothing to move or protect him. He only felt critical and superior to the doctor treating the child, since it was he who should have seen that the child was moved into the shade. The patient's previous behaviour and associations made it clear that the dying boy stood for his dependent libidinal self which he kept in a dying condition by preventing it from getting help and nourishment from the analyst. I showed him that even when he came close to realizing the seriousness of his mental state, experienced as a dying condition, he did not lift a finger to help himself or to help the analyst to make a move towards saving him, because he was using the killing of his infantile dependent self to triumph over the analyst and to show him up as a failure. The dream illustrates clearly that the destructive narcissistic state is maintained in power by keeping the libidinal infantile self in a constant dead or dying condition.

Occasionally the analytic interpretations penetrated the narcissistic shell and the patient felt more alive. He then admitted that he would like to improve but soon he felt his mind drifting away from the consulting room and became so detached and sleepy that he could scarcely keep awake. There was an enormous resistance, almost like a stone wall, which prevented any examination of the situation, but gradually it became clear that the patient felt pulled away from any closer contact with the analyst, because

as soon as he felt helped there was not only the danger that he might experience a greater need for the analyst but he feared that he would attack him with sneering and belittling thoughts. Contact with the analyst meant a weakening of the narcissistic omnipotent superiority of the patient and the experience of a conscious feeling of overwhelming envy which was strictly avoided by the detachment.

The destructive narcissism of these patients appears often highly organized, as if one were dealing with a powerful gang dominated by a leader, who controls all the members of the gang to see that they support one another in making the criminal destructive work more effective and powerful. However, the narcissistic organization not only increases the strength of the destructive narcissism, but it has a defensive purpose to keep itself in power and so maintain the *status quo*. The main aim seems to be to prevent the weakening of the organization and to control the members of the gang so that they will not desert the destructive organization and join the positive parts of the self or betray the secrets of the gang to the police; the protecting superego, standing for the helpful analyst, who might be able to save the patient. Frequently when a patient of this kind makes progress in the analysis and wants to change he dreams of being attacked by members of the Mafia or adolescent delinquents and a negative therapeutic reaction sets in. This narcissistic organization is in my experience not primarily directed against guilt and anxiety, but seems to have the purpose of maintaining the idealization and superior power of the destructive narcissism. To change, to receive help, implies weakness and is experienced as wrong or as failure by the destructive narcissistic organization which provides the patient with his sense of superiority. In cases of this kind there is a most determined chronic resistance to analysis and only the very detailed exposure of the system enables analysis to make some progress.

In many of these patients the destructive impulses are linked with perversions. In this situation the apparent fusion of the instincts does not lead to a lessening of the power of the destructive instincts; on the contrary the power and violence is greatly increased through the erotization of the aggressive instinct. I feel it is confusing to follow Freud in discussing perversions as fusions between the life and death instincts because in these instances the destructive part of the self has taken control over the

whole of the libidinal aspects of the patient's personality and is therefore able to misuse them. These cases are in reality instances of pathological fusion similar to the confusional states where the destructive impulses overpower the libidinal ones.

In some narcissistic patients the destructive narcissistic parts of the self are linked to a psychotic structure or organization which is split off from the rest of the personality. This psychotic structure is like a delusional world or object, into which parts of the self tend to withdraw. It appears to be dominated by an omnipotent or omniscient extremely ruthless part of the self, which creates the notion that within the delusional object there is complete painlessness but also freedom to indulge in any sadistic activity. The whole structure is committed to narcissistic self-sufficiency and is strictly directed against any object relatedness. The destructive impulses within this delusional world sometimes appear openly as overpoweringly cruel, threatening the rest of the self with death to assert their power, but more frequently they appear disguised as omnipotently benevolent or life-saving, promising to provide the patient with quick, ideal solutions to all his problems. These false promises are designed to make the normal self of the patient dependent on or addicted to his omnipotent self, and to lure the normal sane parts into this delusional structure in order to imprison them. When narcissistic patients of this type begin to make some progress and to form some dependent relationship to the analysis, severe negative therapeutic reactions occur as the narcissistic psychotic part of the self exerts its power and superiority over life and the analyst, standing for reality, by trying to lure the dependent self into a psychotic omnipotent dream state which results in the patient losing his sense of reality and his capacity for thinking. In fact there is a danger of an acute psychotic state if the dependent part of the patient, which is the sanest part of his personality, is persuaded to turn away from the external world and give itself up entirely to the domination of the psychotic delusional structure. This process has similarities to Freud's description of the giving up of object cathexis and the withdrawal of the libido into the ego. The state I am describing implies the withdrawal of the self away from libidinal object cathexis into a narcissistic state which resembles primary narcissism. The patient appears to be withdrawn from the world, is unable to think and often feels drugged. He

may lose his interest in the outside world and want to stay in bed and forget what had been discussed in previous sessions. If he manages to come to the session, he may complain that something incomprehensible has happened to him and that he feels trapped, claustrophobic and unable to get out of this state. He is often aware that he has lost something important but is not sure what it is. The loss may be felt in concrete terms as a loss of his keys or his wallet, but sometimes he realizes that his anxiety and feeling of loss refers to having lost an important part of himself, namely the sane dependent self which is related to the capacity for thinking. Sometimes the patient develops an acute hypochondriacal fear of death which is quite overwhelming. One has here the impression of being able to observe the death instinct in its purest form, as a power which manages to pull the whole of the self away from life into a deathlike condition by false promises of a Nirvana-like state, which would imply a complete defusion of the basic instincts. However, detailed investigation of the process suggests that we are not dealing with a state of defusion but a pathological fusion similar to the process I described in the perversions. In this narcissistic withdrawal state the sane dependent part of the patient enters the delusional object and a projective identification takes place in which the sane self loses its identity and becomes completely dominated by the omnipotent destructive process; it has no power to oppose or mitigate the latter while this pathological fusion lasts; on the contrary, the power of the destructive process is greatly increased in this situation.

Clinically it is essential to help the patient to find and rescue the dependent sane part of the self from its trapped position inside the psychotic narcissistic structure as it is this part which is the essential link with the positive object relationship to the analyst and the world. Secondly, it is important gradually to assist the patient to become fully conscious of the split-off destructive omnipotent parts of the self which control the psychotic organization, because this can only remain all-powerful in isolation. When this process is fully revealed it becomes clear that it contains the destructive envious impulses of the self which have become isolated and then the omnipotence which has such a hypnotic effect on the whole of the self gets deflated and the infantile nature of the omnipotence can be exposed. In other words, the patient becomes gradually aware that he is dominated by an

omnipotent infantile part of himself which not only pulls him away towards death but infantilizes him and prevents him from growing up, by keeping him away from objects who could help him to achieve growth and development.

I shall now briefly report some case material from a narcissistic neurotic patient to illustrate the existence of a split-off, omnipotent, destructive part of himself which became more conscious during analysis and lost some of its violence. The patient is an unmarried business man of 37, who has been in treatment for several years. He came to analysis because of character problems and was consciously very determined to have analysis and to cooperate in it. However, there was a chronic resistance to the analysis, which was very elusive and repetitive. The patient had to leave London occasionally for short business trips and he often returned too late on Mondays and so missed either part or the whole of his session. He frequently met women during these trips and brought to analysis many of the problems which arose with them. It was, of course, clear from the beginning that some acting out was taking place but only when he regularly reported murderous activities in his dreams after such weekends did it become apparent that violently destructive attacks against the analysis and the analyst were hidden in the acting out behaviour. The patient was at first reluctant to accept that the acting out of the weekend was killing, and therefore blocking the progress of, the analysis, but gradually he changed his behaviour and the analysis became more effective and he reported considerable improvement in some of his personal relationships and his business activities. At the same time he began to complain that his sleep was frequently disturbed and that he woke up during the night with violent palpitations which kept him awake for several hours. During these anxiety attacks he felt that his hands did not belong to him; they seemed violently destructive as if they wanted to destroy something by tearing it up, and were too powerful for him to control so that he had to give in to them. He then dreamt of a very powerful arrogant man who was nine feet tall and who insisted that he had to be absolutely obeyed. His associations made it clear that this man stood for a part of himself and related to the destructive overpowering feelings in his hands which he could not resist. I interpreted that he regarded the omnipotent destructive part of himself as a superman who was nine feet tall and much too powerful for him to

disobey. He had disowned this omnipotent self, which explained the estrangement of his hands during the nightly attacks. I further explained this split-off self as an infantile omnipotent part which claimed that it was not an infant but stronger and more powerful than all the adults, particularly his mother and father and now the analyst. His adult self was so completely taken in and therefore weakened by this omnipotent assertion that he felt powerless to fight the destructive impulses at night. The patient reacted to the interpretation with surprise and relief and reported after some days that he felt more able to control his hands at night. He became gradually more aware that the destructive impulses at night had some connection with analysis because they increased after any success which could be attributed to it. Thus he saw that the wish to tear at himself was related to a wish to tear out and destroy a part of himself which depended on the analyst and valued him. Simultaneously the aggressive narcissistic impulses which had been split off became more conscious during analytic sessions and he sneered saying: 'Here you have to sit all day wasting your time'. He felt that he was the important person and he should be free to do anything he wanted to do, however cruel and hurting this might be to others and himself. He was particularly enraged by the insight and understanding which the analysis gave him. He hinted that his rage was related to wanting to reproach me for helping him, because this interfered with his omnipotent acting-out behaviour. He then reported a dream, that he was running a long-distance race and he was working very hard at it. However, there was a young woman who did not believe in anything that he was doing. She was unprincipled, nasty and did everything to interfere and mislead him. There was a reference to the woman's brother, who was called 'Mundy'. He was much more aggressive than his sister and he appeared in the dream snarling like a wild beast, even at her. It was reported in the dream that this brother had had the task of misleading everybody, during the previous year. The patient thought that the name 'Mundy' referred to his frequent missing of the Monday sessions a year ago. He realized that the violent uncontrolled aggressiveness related to himself but he felt the young woman was also himself. During the last year he had often insisted in his analytic sessions that he felt he was a woman, and was very contemptuous of and superior to the analyst. Lately, however, he

occasionally dreamt of a little girl who was receptive and appreciative of her teachers, which I had interpreted as a part of him which wanted to show more appreciation of the analyst, but was prevented from coming into the open by his omnipotence. In the dream the patient admits that the aggressive omnipotent part of himself, represented as male, which had dominated the acting out until a year ago, had now become quite conscious. His identification with the analyst is expressed in the dream as a determination to work hard at his analysis. The dream, however, is also a warning that he would continue his aggressive acting out in analysis by asserting in a misleading way that he could present himself omnipotently as a grown-up woman instead of allowing himself to respond to the work of the analysis with receptive feelings relating to a more positive infantile part of himself. In fact the patient was moving in the analysis towards a strengthening of his positive dependence, which enabled him to expose openly the opposition of the aggressive narcissistic omnipotent parts of his personality; in other words, the patient's severe instinctual defusion is gradually developing into normal fusion.

SUMMARY

I have attempted in this paper to investigate

clinical conditions where aggressive impulses predominate and examine their relation to Freud's theory of the defusion and fusion of the life and death instincts. I have found that even in the most severe states of defusion of the instincts clinical states which resemble Freud's description of the death instinct in its original form reveal on detailed analysis that it is the destructive aspect of the death instinct which is active in paralysing, or psychically killing, the libidinal parts of the self derived from the life instinct. I therefore think that it is not possible to observe an unfused death instinct in the clinical situation.

Some of these destructive states cannot be described as defusions because they are really pathological fusions, in which the psychic structure dominated by a destructive part of the self succeeds in imprisoning and overpowering the libidinal self, which is completely unable to oppose the destructive process.

It seems that certain omnipotent, narcissistic states are dominated by the most violent destructive processes, so that the libidinal self is almost completely absent or lost. Clinically it is therefore essential to find access to the libidinal dependent self, which can mitigate the destructive impulses. In analysing the omnipotent structure of the narcissistic state the infantile nature of the process has to be exposed in order to release these dependent parts which can form good object relations leading to the introjection of libidinal objects which are the basis of normal fusion.

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