FROM GRIEVANCE TO GRIEF: NARCISSISM AND THE INABILITY TO MOURN

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Narcissistic defenses, such as grandiosity, devaluation, and idealization, are employed in an effort to avoid the experience of unbearable loss. When such defences fail, an individual experiences narcissistic rage, which can evolve into chronic states of grievance. The separateness of objects and the inevitability of death are particular challenges to the wish for an ideal reality. The analyst, as well as the patient, struggles with the temptations of constructing an alternate reality without limits, and occurrences of boundary violations can result from such unconscious mutual collusion between analyst and patient. An analytic case is described to illustrate instances of narcissistic defences against unbearable loss.

Keywords: narcissism, grievance, grief, mourning, boundary violation, counter-transference

Le recours à des défenses narcissiques telles que le sentiment de toute puissance, la dévaluation et l'idéalisation représente une tentative pour éviter de faire l'expérience d'une perte intolérable. L'échec de telles défenses entraîne chez le sujet une rage narcissique susceptible d'évoluer vers un état conflictuel chronique. La séparation des objets et l'inéluctabilité de la mort constituent des défis au désir de réalité idéale. Tant l'analyste que le patient luttent contre la tentation de construire une réalité alternative sans limites. Une telle collusion inconsciente entre l'analyste et le patient peut conduire à des violations des frontières. Un cas d'analyse illustrera le recours aux défenses narcissiques face à l'intolérable de la perte.

Mots clés : narcissisme, conflit, peine, deuil, violation des limites, contretransfert

INTRODUCTION

Narcissism is a concept psychoanalysts seem neither to be able to live with nor live without. Some 40 years ago Pulver (1970) reviewed the theoretical confusion surrounding the concept. Narcissism is an imprecise and encompassing term that has been used to describe a fundamental motive of the mind, a constellation of defences, a perversion, a personality disorder, and a normal stage of development. In this article I shall focus on the use of narcissistic defences (grandiosity, idealization, and devaluation) to avoid the experience of unbearable loss. In particular, fantasies of omnipotence and states of persistent grievance are attempts to deny the existential realities of the separateness of objects and the inevitability of death. Upon analysis, states of uncompleted mourning reveal underlying narcissistic fantasies, which impede the grieving process. I shall focus not so much on specific diagnostic and therapeutic considerations of the so-called narcissistic character as on the identification of and therapeutic response to narcissistic conflicts that are present in all people and every treatment.

THE DEVELOPMENTAL DYNAMICS OF NARCISSISM

Self-interest, the drive to establish a sense of identity, ambition, and the search for admiring others and for ideals are fundamental motives of the human organism. There are other fundamental motives, such as sexual urges, attachment drives, and drives for power, all of which interact with each other in complex ways as a person strives to maximize pleasure and minimize pain.

From the moment of parturition an infant is confronted with the existential fact that he is a separate being from other people. We cannot know the baby's mind or his subjective experience, but empirical research on infancy (Stern, 1985) has given us reason to believe that, from the first moment of inhabiting the external world, the baby is pre-wired to perceive such separateness and to try to influence his environment to maximize pleasure and minimize pain. Universal observation tells us that the first thing the child does upon emerging from the womb is to cry, giving expression to the radical change in his relationship with his environment and to his state of frustration: a shift from enveloping warmth to cold, from automatic feeding through his umbilical cord to the complicated business of learning with his mother how to feed at the breast. Early developmental theorists (Mahler, 1974) perhaps overestimated the degree of omnipotent control felt by the newborn over his environment. Various states of distress seem to disrupt this supposed paradise: states of hunger, gaseousness, and inexplicable states when the child seems impervious to soothing. In this preliminary way

the child experiences an immediate threat to inchoate narcissistic desire, that is, the desire for non-differentiation between self and other.

If there were such a lack of differentiation, all needs would be known and met, and states of frustration would not exist. The child spends the rest of his life dealing with this fact of existence and its consequences. As adults we know these consequences well, and they are a continuing source of pain. If the other is not identical to me, she does not automatically know what I feel, want, and need. Communication, eventually through the imperfect medium of words and physical gestures, is necessary. So often it is hard to find words to express feelings. And even when we do, the separate object of our desire may or may not want to gratify our wishes. Even if the other person wants to, she may nonetheless lack the power to do so. We cannot control other people. Existence itself is a narcissistic injury, a continual contradiction of grandiose fantasies of omnipotence. In her way the child has experiences of loss from birth; loss and life are inextricably knotted together. This is true even though an infant presumably lacks psychological structure, a capacity for developed fantasy, and a barrier between conscious and unconscious. Nonetheless there is loss and frustration, which challenge the early desire for a narcissistic reality, that is, a reality without limits and under the control of the self, however undeveloped that locus of self is.

Various factors help the developing person deal with the separateness of self and other. Initially the help comes from the outside, in the form of soothing and structure, and, eventually, we hope that translates into the development of a capacity from inside to tolerate loss and the rage felt in response to loss. If losses are optimal and not too traumatic, they result in the eventual formation of structure and an internal world of good objects. Loss, as Freud taught us (1926), can be the loss of a person, the love of a person, or, eventually, of the internal sense of being a good and moral person (loss of the love of the super ego). He also wrote about the loss of the ideal self, that is, the loss resulting from a failure to live up to our best idea of our selves (Freud, 1914). Loss is also felt when an important person disappoints us. Or the loss can be the loss of a narcissistic construction of reality, an illusion of the omnipotent self or the ideal other (Kohut, 1972). In response to frustration, the child has to manage rage and feelings of protest, feelings that perhaps function as distress signals to the environment in an effort to elicit needed responses, a last-ditch effort to actualize control over the environment. Good-enough parents and caregivers do not shame the child for his grandiose wishes, but rather accept those desires as valid feelings and empathize with the child's disappointment and rage, but also insist on

the inevitability of conflict between narcissistic desire and external reality and insist that the wished-for reality is not the actual reality.

Much can go awry along the road to adulthood. Development itself with its rhythms of losing earlier modes of interaction, even as the child gains new ones, is painful. Even in the best of circumstances there are many moments in which the child does not come first. Rivals may seem more loved at times, more endowed with power, and more attracting of admiration. In circumstances less ideal, the child's own nervous system is overly sensitive to disruption, or the parents are excessively shaming, excessively frustrating, or excessively indulgent and encouraging of unrealistic fantasies. If all is good enough, then the child passes through phases of normal grandiosity, normal idealization, and normal egocentricity and eventually develops realistic pride, a capacity to take turns and empathize with others, and a belief in ideals that extend beyond herself (Kohut & Wolf, 1978). If all does not go well, the child constructs an internal reality that is preferable to external reality and tries to live in this internal reality as much as possible. This internal reality is a magical world in which there are no limits, and there is no failure, death, or separateness. The self is omnipotent and others exist who are equally powerful and ideal, and it is possible to merge with them in a bliss of mutual satisfaction.

THWARTED NARCISSISM, SHAME, STATES OF GRIEVANCE, AND THE AVOIDANCE OF GRIEF

In normal development, and even in adulthood, daydreams of success and fulfilment form the basis for ambition and a harmless outlet for vengeful fantasies when narcissistically injured. If the injuries are too great to bear, however, and if the contrast between narcissistic fantasy and experience in reality is too upsetting, and if the provision of support, mirroring, and appropriate limit-setting in childhood was inadequate, then a person disavows reality and lives according to unconscious fantasies of an elevating type. Unless the individual has the genes and biological template that allow her to consciously dispense with reality, she is not overtly psychotic. Rather, she is in a state of disavowal (Freud, 1938). She appears to accept reality with its limitations but acts as if she does not do so. She does not have manifest delusions of grandiosity or paranoid ideas, but we can easily infer the presence of such unconscious fantasies when reality bruises her and contradicts the narcissistically desired reality.

If the disavowal of reality and the preservation of sustaining grandiose fantasy prove too difficult to maintain, then the vulnerable individual moves to a state of permanent grievance. Miss Havisham in Dickens's

Great Expectations and Shakespeare's *Richard III* are two good examples of characters stuck in a sense of grievance and endlessly seeking revenge. Miss Havisham was jilted by her fiancée on her wedding day and forever after set the clocks in her house at 8:40, the time she received the letter from her intended that made it clear the wedding would never take place. Time and development stopped for her, and her only satisfaction was in the thought of revenge, and in the rearing of the perfect means of revenge, the alluring but unobtainable Estelle.

Much has been written about grieving and the resistance to grieving (Steiner, 2005). Elvin Semrad's notion of the three phases of grieving is extremely helpful, in spite of being somewhat formulaic. Semrad, who was born in 1909 and died in 1976, though a psychoanalyst, never effectively articulated his ideas in the few papers he wrote, and none of these papers was published in a psychoanalytic journal. He was, however, a legendary teacher in Boston for many decades. It fell to his students to try to capture his approach after his death (Good, 2009; Adler, 1997; Rako & Mazur, 1980). Semrad's three phases of mourning were acknowledgement, bearing, and putting into perspective. In coping with loss, people can become stuck in any of these phases. The first two phases blend into each other; the painfulness of bearing loss makes it hard to acknowledge it. As Freud (1917) pointed out, the unconscious mind refuses initially to accept loss and may cause us to act as if the loss hadn't taken place, even though in our conscious mind we know that it has. In the case of an actual death, it takes awhile to give away the deceased's clothes or books, or, less concretely, to accept at a deep emotional level that he or she will not reappear after we awake from the bad dream of his or her death. As Freud described, little by little, over time, loss is acknowledged and the pain of it borne. If it is not accepted, unconscious protest in the form of disavowal or denial rules the mind and determines behaviour. This is not a state of frank psychosis, in the form of hallucination or delusion, but rather of the persistence of unconscious fantasy as the critical determinant of feelings. Miss Havisham has been able acknowledge her loss and the extent of it, but she cannot bear it. Specifically she cannot bear the feelings of rejection, helplessness, and shame.

The wish for vengeance is a common sign of incomplete mourning when the loss has resulted in narcissistic rage (Rosen, 2007). In Melville's *Moby Dick,* Ahab thinks he will find peace only if he avenges the loss of his leg (his manhood, his ideal self, his sense of control in the universe) by inflicting death on Moby Dick and humiliating the force that has humiliated him. Another classic example of the need to avenge a slight in a total

way occurs in Poe's "Cask of Amontillado," in which the narrator buries his nemesis alive for slights that the latter did not even realize he had committed. The persistence of a sense of grievance indicates that the loss has been too painful to acknowledge or bear.

Another sign of arrested mourning is the repetitive cycle of idealization, disillusionment, and new idealization that can dominate a person's life. Kohut (1966) wrote about the normal developmental necessity of idealizations, and how, with optimal as opposed to traumatic disillusionment, the capacity to idealize becomes the capacity to believe in ideals and to strive for realizing them, while tolerating the inevitable failure to fully achieve them. Hence the old expression that cynics are disillusioned romantics. Probably they are traumatically disillusioned romantics who have been unable to bear the loss of ideal reality. The usual reading of *Mourning and Melancholia* stresses Freud's idea that unconscious hostility and guilt interfere with mourning. Less cited, and recently clarified by Ogden (2002), was Freud's idea that when mourning is not possible, the relationship was based on narcissistic assumptions in the first place, that is, a relationship not with a separate other, but with another person (or cause) who functioned as a part of the self. If such an individual is not sustained by grievance or disavowal, he may pass into a state of narcissistic deflation, in which life lacks a sense of aliveness, meaning, and joy. In speaking of loss, I am referring less to the death itself of a loved person than to loss resulting in narcissistic injury, with its accompanying sense of shame, helplessness, and humiliation.

Semrad's third phase, that of putting in perspective, is more difficult to characterize than the first two phases. There is much we do not understand about what enables resilience in the face of loss and injury, and how to facilitate this process in psychotherapy and psychoanalysis. The best we can do is extrapolate from normal development and suggest that assistance from parental figures in acknowledging the reality and immutability of the loss, acceptance of all the feelings around it, including rage and envy, help over time. In psychoanalysis the inevitable occurrence of disruption with the possibility of repair allows for the re-creation of narcissistic injury with more possibility of understanding the cycles of injury, shame, and rage. These many repetitions of disruption and repair can result in the development of new internal structure, such as increased affect tolerance and a more nuanced view of self and other based on more realistic and forgiving assumptions.

THE FEAR OF DEATH

The two great challenges to a human being's narcissism are separateness and death. Freud (1926) felt that the fear of death was not primary but was

the expression of the primary fear of castration or separation from the mother. Certainly many fears enter into the fear of death, but I believe that there is a primary fear of irreversibly losing the self, a state that is incomprehensible and terrifying (Becker, 1973). In trying to comprehend death we reach the limits of our capacity to understand. Even the cosmologists throw up their hands when confronted with the question of what there was before the Big Bang. It seems miraculous that a billion molecules come together and align in just such a way as to make an individual, unique person, and appreciating that gift is some consolation to the fact that this alignment is so fragile and always in danger of disintegrating, with the molecules returning to the impersonal universe to be aligned with new molecules in some different way. There is no greater challenge to fantasies of omnipotence; death is the ultimate narcissistic injury. As is the case so often with primary anxieties, the response to the fear of death can be constructive or destructive. The fear of death can be a spur to live fully, it can lead to an investment in transcending death through works of art or scientific contributions, through political activity to make the future better, or it can lead to engagement in good deeds. As often, the inability to mourn in advance the prospect of one's own eventual death, and the search to transcend death, can take more malignant forms. It can lead individuals to recklessly deny danger, to start cults of themselves or seek cults in which they can escape freedom and the uncertainties that accompany freedom. It can lead them to embrace utopian visions of transforming imperfect reality into a narcissistically perfect reality in which differences of belief do not exist. A pluralistic reality of respect for otherness and tolerance of uncertainty is to be replaced by communal merger into an undifferentiated whole (Nussbaum, 2007).

THE ANALYST'S NARCISSISM

So far I have focused on the patient's narcissism, though I have suggested that narcissistic dynamics are universal. The analytic literature on narcissism in patients is voluminous. Papers about the analyst's narcissism and its effect on the analytic process are comparatively sparse. This asymmetry is decreasing, thankfully, and the recent emphasis on the inevitable bipersonal intersubjectivity in the analytic situation has led to important contributions by Finnell (1985), Coen (2007), Kris (2005), Wilson (2003), Smith (2004), Glick (2003), and Chused (2012).

People become analysts for many reasons. A fascination with the mind, identifications with important teachers, and deeper needs to rescue ill parents of childhood are all common motivations. Analysts, like everybody

else, have narcissistic needs. They are trying to find ways of feeling good about themselves, and not always succeeding. They wish to feel important, to be admired, and to have an impact on other people, including their patients. Like parents, teachers, ministers, and bosses of all kinds, they have power over their patients. The power is based on both the actual dependency of the patient, who has come for help, and the transference, which regressively amplifies this power from its association with the profound dependency for survival of the child on his parents. One good quick way to judge health or pathology in the narcissistic sphere is to observe how people treat those over whom they have power: children, pets, students, patients, and subordinates at work.

Among the common motivations to become a psychoanalyst is the opportunity to feel idealized by our patients. Though our patients' feeling for us is based partly on the reality of our helpfulness, the most powerful loves and hatreds that come our way are not earned, but rather directed toward us because we are there in the analytic situation taking an analytic stance. This creates a bubble that often promotes idealization. The idealization can be a reaction formation to envious hatred and/or it can be the reappearance of developmentally thwarted aspirations that need to be integrated into the mature personality. There are many technical controversies about whether and when to actively confront idealizations, versus waiting for the inevitable and hopefully optimal disillusionments. It is clear, however, that the analyst's wish to be idealized and the patient's need to idealize can lead to mischief. It can lead to the displacement of critical and hostile feelings onto others. Finnell (1985) and Greenacre (1966) both pointed out the many opportunities to do this through Institute politics. And at times, in the bubble of the consulting room, analyst and patient can engage in a mutual idealization and together create a utopian reality more gratifying than the reality of the other parts of their lives. Impossible love is the stuff of romantic poetry and myth for a reason; it has great draw, no doubt based partly on the impossible wishes of children to love and be loved in all ways at once: to be both children and adults at the same time, both daughter and wife, son and husband, just to take the example of the positive Oedipal complex. In development and in the analytic process it is a tricky balance. Many examples of boundary violation of the non-predatory type, the "love sick," as Gabbard (Gabbard & Lester, 1995) has called them, occur in this bubble of mutual idealization. It is rare and perhaps impossible for such a relationship to make an enduring transition to real life.

Sexual boundary violations are the most extreme and dramatic example of the misuse of patients by analysts for their own narcissistic purposes,

whether it is to restore lost self-esteem, find needed affirmation or lost youth, or, in a grandiose and death-defying fashion, to live on the edge of danger and eventually over it. The more subtle expressions of the analyst's narcissism occur often and in every analysis. The analyst may want to feel smart, giving, tough or wise, and the patient often complies in order to obtain what he wants from the relationship. The analyst generally wants to feel emotionally connected to the patient. When she doesn't, she can feel thwarted, frustrated, and rejected. If she is unfamiliar with such reactions in herself, or even if she is, she then experiences shame and anger at the patient and sometimes retaliates with subtle expressions of contempt toward the patient. Or there can be a mutual admiration society between analyst and patient. The analysis feels wonderful to both; meanwhile the patient's marriage gets worse and worse and the patient's difficult sides do not find expression in the transference, where they might challenge the analyst and reveal her limitations. In a good and deep analysis, inevitable collisions occur between the patient's narcissism and the analyst's. They may occur around the fee, or around the patient's experience of limitations in the analyst's character and capacity to analyze, which are always present. Then patient and analyst both have to face the experience of loss of the ideal. Shame, guilt, and hostility are released, like inevitable by-products of a volatile chemical reaction. Sometimes they rule the day, and the crunch brings the treatment to a halt. This is a tragic ending. Other times there may be, in the Aristotelian and Shakespearean sense, a comic ending with both patient and analyst stretching and growing and developing more capacity to bear separateness and difference and becoming more accepting of the pragmatic limits of magical thinking. The acceptance of such loss can provide immeasurable gains. What stands in the way of such constructive resolution sometimes is the inability of the analyst to mourn, to bear a loss of an ideal self connected to an ideal other living in an ideal reality.

THE CASE OF LAURA

At first glance, Laura, a 38-year-old engineer, is an unlikely person to exemplify narcissism. Her manner is gentle. Nevertheless, in her inner life she painfully oscillates between a kind of grandiosity and sense of omnipotent responsibility and merciless shame and self-loathing. She has never been able to feel an authentic self rooted inside, and she suffers from a refusal to acknowledge separateness and death. Furthermore, periodically bouts of rage disrupt her patient, accommodating manner, especially when she feels aggrieved. For these reasons I view her central conflicts as narcissistic.

While perhaps not a textbook case of narcissism from a diagnostic point of view, she illustrates the universality of narcissistic dynamics. In addition, her life demonstrates how significant trauma, which I am defining as unbearable loss in a context of inadequate support, results in an intensification of narcissistic defences. The conflicts I describe are present in every life and in every treatment. However, either because of trauma, or, in some cases, a temperament that renders a person extremely sensitive to the common losses of everyday life because they have no psychic skin, some people are more centrally "narcissistic" than others. Narcissistic injury is universal. The differentiator is how severe it is, and how equipped a given human being is to deal with it. The injuries to Laura were severe, and she was given little help to deal with them.

At the suggestion of her couples therapist, she began a psychotherapy around eight years ago because of difficulties with her boyfriend, Bob. They were not yet married but had been together for more than five years. From my point of view the therapy was frustrating at times, no doubt in part because of my narcissistic need to feel effective. Though invariably friendly and deferential toward me, Laura was a reluctant patient. She was often late, and though we were able to understand this as an expression of anxiety about her own feelings and her worries about my feelings toward her, the behaviour persisted. We understood it also as an indirect expression of defiance and assertion of control, though her fear of my judgments and her avoidance of her own painful feelings seemed more fundamental. Though rarely angry with me directly, she was forever angry with Bob, harbouring a deep sense of grievance toward him. For much of the therapy she would complain about him. Most of her complaints seemed reasonable. What seemed unreasonable was her persistence in behaving as if he would change and be what she wanted. What she wanted was a nurturing, empathic man, who would not expect to be taken care of in traditional ways.

Though she was not usually angry with me the way she was with Bob, there was a similarity in her relationship with me to her marriage. In both relationships she forever had one foot in and one out. Both were unhappy attachments that she was about to leave but did not. Antidepressant medication helped raise the floor of her mood when she had periods of despair and overwhelming anxiety, but did nothing to give her a feeling of living a life she wished to live. Depending on her level of resistance, we met weekly or twice weekly. She was not interested in more intensive work until her father died and she felt overwhelmed with emotions. For once, rather than avoiding intense feeling, she opted to begin an analysis. In analysis she has

been less late and more able to feel her feelings. Sometimes this is unbearably painful and it is as if she is saying to me, "Don't make me do this." Though much more aware of her feelings, and increasingly able to understand her history, she continues to feel trapped in a relationship with Bob in which she feels unhappy but unable to leave.

In spite of her continuing ambivalence, Laura did decide to marry Bob. In this phase of her treatment Laura would often begin her session with a story about what Bob or her boss had done. It felt to me as if she were saying to me, "Can you believe this?" In my counter-transference, perhaps, I also felt her to be saying, "Would you do something about this?" Sometimes I started to feel the helplessness that she felt so intensely. I have responded in a variety of ways. I have shared my sense of her transference desire for me to fix the other people in her life, and interpreted the feelings of helplessness and abandonment that fuel that wish. More often I talked to her about her unbearable sense of loss when Bob or her boss disappointed her by being they way they are rather than the way she wished them to be. I would say to her, "It feels so unbearable, the sense of loss you have about Bob. It feels unacceptable. Better to act as if you were in an alternate reality in which he could become what you wish."

As usual, both nature and nurture have contributed to Laura being Laura. Her mother had recurrent depression, her elder brother has severe bipolar illness. Undoubtedly she has some genetic predisposition for depression and perhaps bipolar depression (though she has never been hypomanic, even on antidepressants). In addition, it appears that, by temperament, she was anxious and shy, sensitive to noise, and easily overloaded. She remembers spending a lot of time in retreat, staring at rain puddles by herself. She remembers her mother as warm and nurturing, except when she had migraines and became depressed. Then her mother would take to her bed. Once, when I was speaking about how it must have been for her as a child, about her terror of losing the connection and feeling she mustn't say anything to anger or disturb her mother, Laura recalled opening the door to her mother's bedroom to see where she was and how she was. Her mother was startled by the light streaming in through the opened door. Probably she was photosensitive because of a migraine attack. She moaned and angrily said to her, "Close that door!" Laura left, feeling guilty and worried about her mother.

Laura had reason to worry. Her mother's intermittent depressions continued, and during her adolescence a depressive cloud settled in and shrouded her mother like a gloomy, immovable weather front. Laura's sister was in college. Laura's father was a self-centred man who could relate to

others only if they joined him on his wavelength. The marriage had been an unhappy one and Laura was left to take care of her mother. She shopped, cooked, and tried to be supportive. She did leave for college. During her first term away from home her mother was hospitalized. While she and her brother were back home visiting one December weekend, their mother was also home on a pass from the hospital. In the morning no one could find her. Laura went to look outside. Her brother and father found her mother in a basement bathroom where she had hung herself. Laura has never forgiven herself for being asleep while her mother killed herself, even though in a rational way she knows that she did not kill her. She has also become able to feel how angry she is at her mother for abandoning her. She understands that the suicide and her sense of responsibility for it have made it impossible for her to leave Bob or to love him.

Laura's father could not grieve, leaving Laura and her brother on their own. They alone went through the house after their father moved out, and conducted a yard sale. Their father never mentioned the mother, even though he kept things of hers for 30 years, did not marry again, and left instructions for his ashes to be intermingled with hers after he died. Laura was lost and overwhelmed and she dropped out of college. Though she later went to graduate school, had modest career success, and a brief marriage before meeting Bob, she never really got back on track. She settled into a state of chronic dysthymia, joyless living, and irresolvable ambivalence that she was in when I met her.

In spite of her deep conflicts about her father, Laura was very giving to him during the period when he was dying. The emotions around her father's death stirred up memories of her mother's death, and also made visits to Bob's aged parents difficult. Death frightened her, and she couldn't stand to watch these people who seemed as if they were dying before her eyes.

About two years later in the analysis Laura was less externally preoccupied and more able to focus on her internal emotional states. In particular, through a series of dreams she was able to feel more immediately the emotional impact of her mother's suicide and its aftermath. Until this point in her analysis, recollected dreams had been rare, but now she remembered them frequently. I understood this to be a sign of analytic progress and an indication that the trauma of her mother's death could be symbolized and psychologically worked on (Bion, 1959; Ogden, 2004). When she was a child, Laura's family had a vacation home. She and her brother inherited the house upon her father's death. Her brother, who had his own difficulties grieving his losses, wished to preserve the house just as it had been in

their childhood. Laura felt buffeted between her wishes and those of her husband Bob, who wanted to update the house. In one of many skirmishes, they were in heated disagreement about the colour of a new refrigerator. In that context Laura had a dream: she and her brother were their current age and were in the vacation house. They were waiting for friends of her parents. In reality these people had died five years ago. Laura's mother, age 49 (her age at her death) was there. Her brother was upset about the dishwasher. Laura tried to get her mother to weigh in and calm her brother down. But her mother was quiet and removed, almost sedated and not saying anything. "I kept trying to elicit her support, and my brother tried to elicit her support for his position. I got frustrated with my mother. In the dream I attributed it to her depression; she couldn't bring herself enough to care about externals. I thought if the guests arrive and my mother is catatonic on the couch it will seem weird. The guests do arrive, and they are the age they were when I last saw them, in their mid-seventies. I'm aware when they arrive that they are dead. The man had been a smoker and I said to him, 'If only you'd stopped smoking you'd still be alive.' He said, 'Yeah but I like smoking so I'm not going to worry about it.' He was both alive and dead. The consequence of death was not serious to him. My mother was still on the couch not talking. I tried to draw her in, but she wouldn't engage. I woke up with a feeling of depression that was really devastating, that my mother didn't care. My father had already died in the dream as he has in reality."

I said to Laura, "In the dream you couldn't get her to be a mother, she was too depressed." I then asked her why these particular guests were in the dream.

"After my mother died, this woman was a surrogate mother to us. She'd call, and she was welcoming and warm, even though we didn't see a lot of her." After some silence Laura said, "I was thinking my mother in the dream is the depressed part of myself. I wanted to exorcise it, to get that depressed person out of the dream. She's present but not, a presence that doesn't have a self."

I said, "The part of you that's having trouble finding a self and feeling alive."

Laura said, "She was ghostly pale. I've been thinking about the impact of her death on me, seeing it in a full-blown way for the first time. Lately I feel like it's pervasive but I don't have a handle on it."

One week later Laura had the following dream: "Bob says we have to pick up some things from storage from an old apartment. When we got there the building seemed trashed and scary. People were hanging around doing

drugs. Bob had paid for storage bins but never told me about it. There was an enormous cache of junk. I got angry because he wanted to take all of it. Then I became convinced he wanted the stuff because he was going to leave me and he wouldn't acknowledge it. In reality I have more stuff in boxes than he does. But it's about not letting go of the past." She then described visiting the beach house in the dream, which was being renovated. Lots of stuff was strewn about, things that belonged to her mother and her mother's mother. "That house is a storage bin of old feeling," she said. "In the dream I thought I would do a little project and it turns out to be endless."

After yet another week, Laura told me more dreams. In the first a good friend and one-time boyfriend was reprimanding her for not dealing with her mother's death directly. "He said I'd fetishized the whole experience and made it bigger than it was. I said, no, it really was a trauma and I blamed him for not being engaged in those months before my mother died." Laura recalled that in the aftermath of her mother's death their relationship fell apart because neither could grapple with it and that both of them had taken the attitude of "It's terrible, now let's move on."

Then there was another dream. In it she had gone to the vacation house. There had been an enormous flood, the house was washed away, all the landmarks had changed, the shoreline was altered, and, in her words, "I didn't know where the house had been. It took me awhile to take it in, but when I did I was hit with a wave of intense grief. I wanted to find a remnant of the house. Other people were there trying to find their homes. But they accepted these cycles as natural phenomena, and they would rebuild. My grief ripped my insides out and I couldn't stop crying. You and I have been talking about incomplete grieving, and how the house is such a point of conflict with my brother, with his feeling that I don't value it enough and that I don't share with his wish to keep it a totem to family history. I wondered if this was a way of my unconsciously grieving."

I noted that in the dream her dammed up grief was flowing more freely.

Also, she said, "I felt a level of guilt; if I had checked on the house more regularly, could this have been prevented?"

I said, "Like getting up that night to check on your mother." Later I said, "The water in the dream may be like tears, which you feel will be endless, if you feel your grief."

She said, "I want to complete grief and move on but don't."

I said, "It feels like to complete grief is to abandon and lose your mother."

Through her dreams Laura was able to feel more and recall more about the last year of her mother's life and what it was like for her. She said, "The last year of her life she was like a person drunk all the time and driving.

You cringed, waiting for the accident. She went from thing to thing looking to feel better. I don't think she thought about the effect on us. She had a diminished capacity. Once we let the dog out, and he was missing for a few days. Then he came back, curled up under the table and wouldn't let anybody near him. My mother was like that. She wouldn't let anybody help her. I still feel why couldn't I do more? I live with regret, and it makes everything less meaningful."

About a year later Laura became more aware of a longstanding fear of her own death. She spoke of how difficult it was to contemplate "the end of me." She said, "We come into being, but then we don't exist, we lose being alive." She remembered when her grandmother died. She was 12 and was afraid of seeing her dead body. She became aware that behind many of her everyday anxieties was a terror of self-annihilation. She also became aware, over the years of analysis, of her perfectionism and grandiose expectations of herself to be able to do everything and control everything. Though mindful of the immense cost of these defences, she feared losing them, since they protected her from her terrible dread of death. In adolescence, as her mother's depression deepened, and after her suicide, Laura increasingly turned to marijuana to soften the pain of this fear.

Laura had to confront not only her own limitations but also those of her analyst. There were, as always, multiple transferences and counter-transferences. The one most relevant to my thesis in this article was Laura's wish for me to be perfect and omnipotent, and to be able to enable her to become perfect. For many years she was convinced that I judged her to be weak and self-indulgent. My greatest challenge in the counter-transference was understanding and managing my own impatience with the intensity of her resistance and her persistence in pursuing a life based on narcissistic assumptions. To understand my own frustration, I had to contact my own disavowed desire for a narcissistic reality and my own therapeutic grandiosity. When I could do so, I was freer to not judge Laura's narcissistic desires and to help her recognize and proceed with her grief. In our most recent work, Laura seems to be moving toward increased acceptance of limitations in herself and others, and to have an increased capacity to experience pleasure and meaning in what is available in the reality of her life.

CONCLUSION

My argument in this article is that unbearable loss leads to a failure to mourn, which, in turn, leads to a predominance of narcissistic defences. These defences, especially the idealization and devaluation of self and

other, lead to stubborn resistances in the analytic process, and they tend to produce narcissistic anxiety in the analyst, who is also inevitably prone to resist the limits of his own powers and the pain of his own incompletely grieved losses. I have described how the existential givens of death and the separateness of objects pose the greatest threat to narcissistic desire.

Few people would consider Laura narcissistic. However, she was dealing with an unbearable loss that led her to be unable to tolerate separateness and helplessness in the face of death. Therefore, she could not mourn. Laura lost her mother, both in early childhood and for good in her adolescence, and she had a father who could not help her, and she became stuck in a position of emotional withdrawal and intolerance of mothering and being mothered. She had difficulty with the experience of being in a relationship with a separate other who is different from the self, who inevitably disappoints and can die. Instead, she created an inner world of ideal reality in which both she and other people could be perfect and perfectly satisfy her needs. Then, the inevitable disappointments would feel unbearable, and she would emotionally disengage. Laura was not a noisy narcissist clamouring for acclaim. In that way she embodies the idea that narcissistic dynamics are universal, and that, for all of us, living is, among other things that are joyful, an exercise in tolerating narcissistic injury. There are many other important ways to understand narcissism. However, central in all perspectives is the description of an unconscious wish to live in an alternate reality in which grief is not necessary, because nothing is ever lost.

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