Narcissistic Rage

By ROBERT D. STOLOROW, PhD

Contrary to the misperceptions of some of its critics, self psychology does not overlook the importance of hostility and destructiveness in human psychological life or in psychoanalytic treatment. It does, however, offer an understanding of such phenomena that is distinctly different from that which derives from classical Freudian drive theory. Destructive aggression, from the perspective of self psychology, is not a manifestation of a primary, inherent, instinctual viciousness. It is, in Kohut’s terms, the expression of narcissistic rage—a secondary reaction to threats or injuries to the self. When intense narcissistic rages occur in the course of an ongoing psychoanalytic (or psychotherapeutic) treatment, these can ordinarily be understood as reactions to disturbances or ruptures in an archaic self-object transference bond through which the patient has been attempting to organize a cohesive sense of self. The violence and primitiveness of the hostility are a measure of the extreme fragility of the patient’s self-experience, the acuteness of the danger of impending self-fragmentation, and the urgency of the need for self-restoration.

A vivid illustration of the self psychological approach to states of acute narcissistic rage can be found in a case of transference psychosis that has been discussed previously elsewhere. When the patient entered treatment at the age of 25, he suffered from severe, agitated, lonely depressions and a desperate, devouring hunger for closeness and physical contact with women, whom he perceived as awesome in their idealized qualities. At the same time, his relations with other people, especially women, were extremely chaotic and sadomasochistic, marked by violent rage, envy, and destructiveness directed both against others and himself. He frequently engaged in bizarre, ritualized enactments of a sadomasochistic and sexually perverse nature.

After several months of treatment, I began to focus my interventions on what seemed to be the patient’s unmistakable pattern of phobic avoidance of intimate contact with women. I consistently interpreted this pattern to the patient as reflecting his intense fear of women, based on his images of them—including the maternal prototype—as terrifyingly powerful, sadistic, and dangerously destructive.

Although the patient’s fear of women was well documented in the analytic material, he reacted to my repeated interpretations of his phobic defense and underlying fears and fantasies by becoming intensely paranoid within the transference. He began to believe, with increasing conviction, that my sole motivation in making interpretations was to humiliate him, lord it over him, and ultimately destroy him. As a result, he became obsessed with fantasies of revenge and wishes to attack and destroy me. During the sessions he seemed just at the brink of enacting his aggressive fantasies. He would pace menacingly about my office, gnashing his teeth and screaming violently, often picking up objects and gesturing threateningly, as if he wished to hurl them at me. My interpretations of projective mechanisms only exacerbated his rage and belief that he was being victimized, which eventually became entrenched in the form of full-fledged persecutory delusions.

This transference psychosis and the accompanying primitive aggression persisted for several weeks. It became alleviated in large part through the analysis of a pivotal dream, whose symbols...
pointed to the emergence and deflation of archaic grandiosity. The patient’s sense of self had been extremely vulnerable and subject to protracted fragmentations. Indeed, I now understood that the principal purpose of his sadomasochistic enactments was to restore a tenuous sense of integrity and stability to his crumbling self-experience. What he needed was an opportunity to solidify a more cohesive sense of self around archaic images of perfection and omnipotence. What he needed in the transference was to feel that I appreciated and admired the grandeur of this brittle archaic self. In this specific context, he experienced my interpretations of his fears of women as unbearable mortifications. The transference psychosis and primitive aggression developed as a result of a prolonged, unrecognized disjunction in which my interpretive approach persistently obstructed the archaic mirroring tie that the patient urgently needed to sustain the organization of his precarious sense of self. When I recognized and interpretively clarified the disjunction and replaced it with an empathic comprehension of the nature of the patient’s archaic mirroring needs, the transference psychosis dissipated, never to recur during the long course of treatment.

In the months that followed this critical period of the therapy, the patient and I were able to explore the meaning and function of his intense rage reactions, which would recur episodically throughout the course of treatment. Without exception, these rage reactions were found to occur in the context of events that disrupted the archaic mirroring tie that the patient was attempting to establish with me and that therefore posed a severe threat to the integrity and stability of his precariously consolidated grandiose self-organization. At times such disruptions originated in situations in which the patient perceived me as failing to understand and respond appropriately to his need to see his grandiose self-experience reflected by my admiring glare. At other times the disruptions were triggered by failures or rebuffs that the patient encountered in his life outside analysis—experiences that he believed would make it impossible for me to appreciate and esteem him as he so desperately needed.

In either case, the disruption of the mirroring tie posed a deadly threat to the patient’s psychological integrity, and he responded invariably with narcissistic rage and primitive hostility. In such instances, it was learned, he would purposefully conjure up images of injustices, past and present, parading them before his mind’s eye, in order to fan the flames of his outrage to violent levels of intensity. He would then “luxurate” (his word) in the violence of his rage and in the accompanying fantasy that he was frightening me, both of which enabled him to feel omnipotently powerful once again. His rage and aggression thus served a critical restitutive function, restoring his grandiose self-organization when disruptions of the selfobject transference bond threatened it with dissolution.

Invariably, when the disruption and resulting injury to the self were analyzed and understood, thereby mending the broken archaic transference tie, the primitive aggression would subside without having to be confronted directly. As these inevitable disruptions and injuries were consistently analyzed and worked through, the selfobject transference bond became progressively more solidified, along with the patient’s sense of self-cohesion, and concomitantly his rage reactions gradually diminished in both frequency and intensity.

REFERENCES

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