The Unwanted Child's Narcissistic Defense Revisited

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Abstract

A recent article (Lederer, 1997) discusses a type of client referred to as the "Unwanted Child," whose injury originated in infancy and who characteristically cannot discharge his or her aggression toward the source of the frustration. Instead, these clients attack themselves, sometimes with dire consequences. This phenomenon is known in the modern psychoanalytic literature as the "narcissistic defense." This current article proposes that there is an important survival aim to the self-attack: to provide stimulation to the abandoned infant within (C_1) and to keep it from deteriorating into marasmus and death.

In two recent papers (Lederer, 1996,1997), I discussed early structural adjustments and their resulting problems as well as proposed treatment for a type of client that makes up a large part of therapists' practices. Such clients, whom I refer to as the "Unwanted Child," suffer from disorders that originated in infancy as a result of "environmental deficiencies" (Winnicott, 1948/1975)—that is, deficiencies in early contact with mothers/caretakers. An analysis of this defense using transactional analysis theory and references to earlier studies of related developmental problems are contained in the 1996 article.

In my previous articles, I maintained that to account for the needed but insufficiently internalized mother image (P_1), the infant psychically splits to create his or her own mother substitute, a psychic entity that looks after the infant in his or her exploratory phase. The caretaking entity, or ego state, which I call the "Tough Kid," envelops the deprived infant, which I call the "Dependent Child." In so doing the Touch Kid isolates the Dependent Child from contact with others, especially those with the greatest potential for nurturing. I further maintained (Lederer, 1997) that one of the consequences of the split is that the Dependent Child is unable to discharge its accumulated aggression. Instead, it transfers the aggression to the Tough Kid, who, for its own reasons, is also unable to discharge the aggression toward the source of frustration. Instead, it discharges the aggression back onto the Dependent Child, thus creating a self-reinforcing energy loop that modern psychoanalysts refer to as a "narcissistic defense."

Since the publication of my two earlier papers, further investigation of the narcissistic defense has yielded new material that indicates a crucial survival value to the self-attack. The Dependent Child, enveloped by the Tough Kid, is totally insulated from outside stimuli. Its state is analogous to that of Spitz's (1965) abandoned children:

> In the absence of the libidinal object, both drives (libidinal and aggressive) are deprived of their target. This is what happened to the infants affected with anaclitic depression. Now the drives hang in mid-air, so to speak. If we follow the fate of the aggressive drive, we find the infant turning aggression back onto himself, onto the only object remaining. . . . Later these infants may actively attack themselves, banging their heads against the side of the cot, hitting their heads with their fists, tearing their hair out by the fistful. If the deprivation becomes total, the condition turns into hospitalism; deterioration progresses inexorably, leading to marasmus and death. (p. 286)

Largely based on Spitz's findings, Berne (1964) developed his idea of stimulus hunger,

summarized by the colloquialism "If you are not stroked, your spinal cord will shrivel up" (p. 14). He maintained that negative strokes will do in the absence of positive ones and are preferred to the deadening state of no strokes.

Client material indicates that the self-attack provides stimulation to the otherwise despondent Dependent Child in an attempt to put off marasmus and death.

In one such case, a client who, when alone, had the habit of cursing and hitting herself, was asked, "What will happen if you don't attack yourself during this session?" She began to cry and answered:

> Then I'm all exposed. Oh, my God. I'm not protected. Where will I . . . I'll be all alone, with no one there to protect me. There is comfort in hitting, in attacking myself. I can't live without it. I'll burn out if it's not there. At least then there is someone there. I have to keep talking so I won't attack myself. [Lightly taps her fist on her forehead.] I just attacked myself. I tried . . . this is hard.

After a period of treatment according to my (Lederer, 1996) prescription, the client, having acquired the ability to externalize her rage (primarily toward the therapist), gradually reduced her self-attacks. In a session in which her Dependent Child (C_1) was interviewed, it responded to an inquiry as follows:

> C_1: I feel needy. I want some contact. That's what it feels now. I feel shaky [both legs are agitated, her knees bouncing up and down at an increasingly violent rate]. I have a lot of energy. I feel deprived, jittery. I need to be rocked and calmed down.
>
> Then:
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> C_1: I want to be hit. It's the nervous energy I have, a baby not being picked up; that's how I feel, that emptiness that says "Hold me." I feel the rush [agitation increases] and I could kill; I could kill somebody for not getting what I want. That's what I feel right now—that I want to kill somebody for not holding me when I'm not being hit.

Here, the Dependent Child feels the intolerable emptiness in the absence of the self-attacks. Its hopeless yearning for proper nurturing immediately evokes the impulse to be hit. In a subsequent session the Dependent Child asked:

> C_1: If nobody slugs me, how am I going to get attention? If nobody hits me, and I'm not in pain, I can't get attention for just being there.
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> In another session:
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> C_1: I get nothing. I'm all alone. I feel all exposed. I wish you'd just beat the crap out of me. It's better than nothing. No one cares. I'll wake up and feel the same tomorrow. Nothing I say or do matters. No one cares; no one reacts.
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> In yet another session:
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> C_1: I'm not getting anything. I'm not getting attacked, I'm not getting loved, I get nothing. I feel like saying, "Here I am, where are you?" I am here [cries].
>
> She continues:
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> C_1: I have very little energy. No one can reach me. I'm sitting on the floor in my room, sitting and staring, just waiting. When will I be found? Sitting and staring. I feel numb. I feel numb.

Finally, after weeks of largely abstaining from self-attack:

> C_1: There is just a little of me over there. I don't matter. I feel like going to sleep. I wish I'd sleep forever.

Then, immediately:

> C_1: I'm no good anyway. I'm just stupid, dumb, an ass. I keep dreaming someone beats me up with a baseball bat.

Here, in the absence of the Tough Kid's attack, marasmus threatens the Dependent Child. To ward off that threat, the Dependent Child stimulates itself, conjuring up being attacked in its imagination and dreams.

Discussion

Adding these new findings to the other characteristics of the Dependent Child/Tough Kid dilemmas discussed earlier (Lederer, 1996, 1997), the following overall picture emerges.

The Dependent Child, fixated at infancy, is encapsulated by its "caretaking" Tough Kid and isolated from any contact. The Dependent Child's situation becomes analogous to that of the abandoned infants of Spitz's studies. As with these infants, the Dependent Child cannot discharge its aggression toward the source of deprivation. Instead, it transfers its aggression to the Tough Kid, which, in turn, discharges the aggression onto the Dependent Child. This discharge causes pain, if not more serious injury, such as psychosomatic illness, depression, or schizophrenia (Spotnitz, 1985). Whatever the cost, however, the Tough Kid's attacks save the Dependent Child from the onset of marasmus and death by virtue of the vigorous stimulation the attacks provide. Repeatedly, interviews with the Dependent Child of various clients show the Tough Kid's attacks coincide with the depth of the Dependent Child's despair. Consequently, the Tough Kid provides the Dependent Child with stimuli analogous to nurturing on demand.

I have shown (Lederer, 1966) that the Tough Kid uses some additional means to help lessen the Dependent Child's desolate emptiness. The Touch Kid anesthetizes the Dependent Child with drugs and/or distracts it with behavioral addictions such as compulsive eating, shopping, gambling, work, sex, or other dangerous or exciting activities.

Implications for Treatment

The Unwanted Child arrives at treatment with the following symptoms: The patient is detached, that is, he or she treats the therapist, at best, as if the therapist were merely a professional, or, at worst, as if the therapist were a nonentity. The client is behaviorally or chemically addicted. He or she tends to attack himself or herself by milder means, such as biting cuticles, pulling out hair, scratching open scabs, or cursing himself or herself, or by harsher means, such as cutting or punching himself or herself (sometimes with the aid of objects such as a paperweight or a telephone) or banging his or her head against a wall or furniture. Less overt attacks include the client's assaulting his or her body with psychosomatic illness, his or her feelings with depression, or his or her mind with schizophrenia (Spotnitz, 1985).

These symptoms are provided as a service by the Tough Kid on behalf of the Dependent Child's psychic survival and as such must be maintained and supported until better means are developed to serve the Dependent Child's needs. Instead of trying to alleviate these symptoms, the therapist must first attend to what I call the basic flaw (Lederer, 1996). This involves reversing the original detachment that led to the splitting. When that goal is accomplished and the split is mended, the reintegrated Dependent Child/Tough Kid composite (C1 will be able to accept nurturing from the outside, beginning with the therapist (Lederer, 1996). The client can then voluntarily resolve the physical components of addictions and let go of symptoms that are no longer needed.

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REFERENCES

Berne, E. (1964). *Games people play: The psychology of human relationships.* New York: Grove Press.

Lederer, A. (1996). The unwanted child. *Transactional Analysis Journal, 26,* 138-150.

Lederer, A. (1997). The unwanted child's narcissistic defense. *Transactional Analysis Journal, 27,* 256-271.

Spitz, R. A. (1965). *The first three years of life: A psychoanalytic study of normal and deviant development of object relations.* New York: International Universities Press.

Spotnitz, H. (1985). *Modern psychoanalysis of the schizophrenic patient.* New York: Human Sciences Press.

Winnicott, D. W. (1975). Paediatrics and psychiatry. In D. W. Winnicott, *Collected papers: Through paediatrics to psycho-analysis* (pp. 157-173). New York: Basic Books. (Original work published 1948)