

# Joan Riviere in the History (and Depiction) of Narcissism

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With its young, beautiful characters and its themes of love unrequited, rebuffed, self-directed, and fatal, the myth of Narcissus provides a rich legacy to the fine arts, literature, and psychoanalysis. From Greek and Roman marbles to contemporary drawing and oils, sculpture, drawing, and painting depict Narcissus in varied ways. Poussaint, for instance, poses Narcissus gazing at himself in a pool of water while a nymph looks on. Y does something else. Ovid's and Bulfinch's versions of the myth and Oscar Wilde's *Picture of Dorian Grey* are prominent literary examples of the myth. Psychoanalytic concepts include "primary narcissism," "secondary narcissism," "healthy developmental narcissism," and pathological narcissism. Christopher Lasch's book, *The Culture of Narcissism*, applies the term to an even wider subject. What *do* we see when we look at narcissism?

The term "narcissism" gained currency through Freud's writings, although Abraham mentioned narcissism earlier and many theorists have addressed it since Freud. Psychoanalytic history shows that Joan Riviere deserves more recognition for her role in theorizing narcissism. In a 1994 article, analyst Anton Kris reveals and discusses Riviere's role as the patient whom Freud discusses as he grapples with the shift from a topographical to the structural theory. After "On Narcissism: An Introduction" (1914) and "Mourning and Melancholia" (1917) he analyzed Riviere; "The Ego and the Id" and "Theory of the Libido" (both, 1923) revise his theory on the basis of work with a narcissistic patient. Not only her analysis with Freud but also her part in the early British Psycho-Analytical Society reveal Riviere's key role in theorizing narcissism. In particular, her article, "A Contribution toward the Analysis of The Negative Therapeutic Reaction" (1936), offers a riposte to Freud and further insight into the self-preserving role of narcissism. While analyzing her helped Freud to re-think narcissism; her humility in undertaking analysis and her patient understanding of her own and others' narcissistic tendencies

subtly shifts our views of narcissism. Let me return to literature.

The myth of Narcissus covers a range of developmental steps and dramatic issues: a beautiful young adult's inability to love; the unrequited love of Echo, other nymphs, and girls; love turned to hatred in Echo's prayers for vengeance; and an arranging by the goddess Nemesis's for Narcissus to fall in love with his reflection and die. Another version holds that Narcissus sends a sword to a youth who loved him; the youth kills himself with the sword at Narcissus' door and curses him, which leads Narcissus to fall in love with his reflection in a spring and commit suicide.<sup>1</sup> After grief kills him, he changes into a flower, white with purple inside; alternatively, white with its "red corollary," like blood from his suicide. Other highlights include a curse from boys who love him, Tiresias' prophesy that Narcissus will live a long life "if he never knows himself," and his father Endymion's wish to sleep forever with his beauty preserved, after Selene bears him fifty (!) daughters. The myth connects loving with knowing oneself and suggests possibilities of change, fixation, and depression (Endymion's, choice of eternal sleep as well as Narcissus' suffering). Myth fuses literal and figurative language; psychoanalysis explains figurative metamorphosis, or development of individuals, and offers ways to transform conflict, injury, trauma, and loss into mourning, understanding, acceptance, and more conscious life.<sup>2</sup> Understood as self-love, narcissism comes greatly into play.

The "Introduction" to a 1991 collection, *Freud's "On Narcissism: An Introduction"* asserts narcissism's centrality in recent theory and practice:

Even to the casual observer of psychoanalysis it is abundantly apparent that in recent years issues of narcissism have taken center stage. The concept of narcissism is pivotal in revisions of theory, and the treatment of pathological narcissism central to technical innovations and to the evolving theory of technique. (ix)

To mention only one point in recent psychoanalytic debate, Lacan's "mirror stage" touches on narcissistic issues; many others exist, however.

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<sup>1</sup> Upright, website.

<sup>2</sup> Freud attributed earlier use of "narcissism" to P. Nacke, but Havelock Ellis had also mentioned it. Otto Rank (1911) mentions "normal" narcissism.

In “Freud’s Treatment of a Narcissistic Patient,” Anton Kris reveals, albeit “reluctantly,” the identity of the patient Freud discusses in *The Ego and the Id* (1923) and in letters to Jones during the previous year (650). Not surprisingly, given his work as an analyst, Kris focuses on technique. The abstract quotes Freud on a “*severely narcissistic patient[‘s] ‘‘deep sense of guilt ... a conflict between Ego and Ideal ... whenever it is revived she projects her self-criticism to other people, turns her pangs of conscience into sadistic behavior’’*” (649). Freud writes that he aims to reconcile her “‘*Ideal to her Ego’ and emphasises her need for his friendly support in order to tolerate the analytic process*” (649). Kris points out a gap between Freud’s support of the patient and his recommendation of abstinence and one between claims of objectivity and evidence of subjectivity. I want to suggest that Riviere influenced such concepts as Winnicott’s authentic and false self and Kohut’s parallel lines of healthy and pathological narcissism and deserves more prominence in the history of narcissism. She gave us gifted translations of Freud’s writing, case material for Freud’s writing, and the more literary account several panels at the conference praised in her contributions to understanding and treating narcissism. I work up to Jones and Freud’s discussion of her by quoting Kris and citing some current views of narcissism.

On revealing the identity of the Freud’s narcissistic patient, Kris states:

The treatment and its discussion in the correspondence is materially affected by the identity of the patient, Joan Riviere, who made crucial contributions to the translation of Freud’s writings into English and contributions in her own right to the analytic literature. Her complex relationship with both Freud and Jones, in addition to their even more tangled relationship with each other, also exerted a strong influence on the description and on the treatments. (650)

More on their personal tangles in a minute. The history and story of narcissism are tangled, too; Willy Beranger gives nine senses of the term.<sup>3</sup> Freud uses it in *Leonardo* (1910) and his study of

<sup>3</sup> See “Narcissism in Freud,” 109-111 in *Freud’s “On Narcissism,”* for a range of issues suggested by, possible contradictions in, and ramifications of Freud’s 1914 essay.

Schreber (1911), specifically in the paranoiac's turning inward of libido, decathecting of objects, and taking the ego for an object (1909). In 1914, clearly building on his study of paranoia, Freud wrote "On Narcissism." In it, he posited both a primary state, intermediate between autoerotism and object-love, and a secondary one. "Comments on Some Typical Character Types" (1916) described individuals we would now call narcissistic.<sup>4</sup> "Mourning and Melancholia" (1917) gives narcissism a large role.

Riviere translated both "On Narcissism" and "Mourning and Melancholia" into English while in analysis with Jones and so was familiar with the theory. Freud was struggling with narcissism and related concepts of libido, objects, ego, and autoerotism as he worked toward a comprehensive account of psychic life; he shifted from the topographical model of conflict between repressed and repressing forces to the tripartite structural model in *The Ego and the Id* (1923). At the same time, after difficulties in her analysis, Jones referred Riviere to Freud for analysis in Vienna from February to June 1922 and for six weeks that fall. The published correspondence of Jones and Freud names her as Freud's narcissistic patient (Paskauskas, 1991?).

In a letter of January 22, 1922, introducing her as Freud's next patient, Jones writes, "She has a most colossal narcissism imaginable, to a great extent secondary to the refusal of her father to give her a baby and her subsequent masculine identification with him" (#339). In other words, an unresolved oedipal conflict and an identification with the humiliator, a phrase of Arnold Rothstein, who says entitlement, self-destructiveness, and humiliation are hallmarks of narcissistic personality disorder<sup>5</sup> (Other diagnostic keys are a sense of being the "one and only" or "his Majesty the Baby," grandiosity, rage, and shame; some writers note narcissists' lack of aggression.<sup>6</sup>) Jones calls Riviere's "a case of typical hysteria, almost the only symptoms being sexual anaesthesia and unorganized Angst, with a few inhibitions of a general nature"; he also

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<sup>4</sup> Page .

<sup>5</sup> *The Narcissistic Pursuit of Perfection*, p. 67.

<sup>6</sup> Andrew Morrison highlights the characteristics of narcissism in *Essential Papers on Narcissism*, which he edited.

judges the six-year analysis “the worst failure I have ever had,” explaining that treatment failed over his “inability to master her negative transference,” although her symptoms decreased, with the main complexes “only intellectually resolved” (Paskauskas, #339). (Riviere began analyzing patients with his support before their worst times began; she continued her work for years.)

In his 1914 essay, Freud borrows Nacke’s and Havelock Ellis’s definition of narcissism as “the attitude of a person who treats his own body in the same way in which the body of a sexual object is ordinarily treated--who looks at it, . . . strokes it and fondles it till he obtains complete satisfaction” ( ); in contrast, Jones mentions frigidity and his label implies blame-worthy self-absorption. *Selon* Freud, Kris and other analysts now associate narcissism with intense, unconscious punitive self-criticism, a kinder view.

Multiple meanings of the term derive from the confusions with which Freud struggled. Sydney Pulver groups references into four: sexual *perversion*, developmental *stage*, *mode of relating* to objects, and *self-esteem*, concluding that the references to libidinal investment in self and self-esteem are incompatible.<sup>7</sup> Baranger’s nine senses of the term<sup>8</sup> include developmental *stage* “characterized by the concentration of all libido within or toward the id,” an intermediate between an autoerotic phase and “a phase of object choice” (110)--Freud’s examples are illness, sleeping, and psychosis; second are *processes*, i.e., “primary narcissism, the concentration of libido within the ego or withdrawal toward the ego of libido formerly directed toward external objects,” called *secondary narcissism*; third is “a *point of fixation* corresponding to this stage . . . , which is involved both in the predisposition to homosexuality and in the etiological equation of ‘narcissistic neuroses’” that we now call psychoses (110). The second triad uses the term as an adjective: first, in “*narcissistic object choice*,” a subject “chooses [an] object on the basis of his [her] own characteristics, such as an actual feature or what the subject has been or would have liked to be; next, “narcissistic choice may be introjected as ‘*narcissistic identification*’,” with

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<sup>7</sup> “Narcissism: The Term and the Concept,” 97-107.

<sup>8</sup> In “Narcissism in Freud,” in *Freud’s “On Narcissism:” An Introduction*.

narcissism centered not in the ego but in the more admired superego or ego-ideal; the last in this triad refers to pride in the subject's beauty, overvaluation of thought, *women's wish to be admired* and loved and men's overvaluation of the penis. Freud describes forms of character type dominated by a "*narcissistic*" libido.<sup>9</sup>

The last three meanings include a *narcissistic wound* to the ego's "self regard . . . or its feeling of being loved"; the "*narcissism of small differences*, as between a man and a woman" and *perverse narcissism*, taking one's own body as an object of contemplation and love" (all, 111). In describing Riviere as having a "most colossal narcissism," Jones meant the second triad, perhaps the third, not necessarily including perversion. Kris says that she fit Jones's diagnosis of "severely narcissistic" on the basis of her not acknowledging help Jones gave her and of her letters to him while he stopped analysis after the death of his wife. Kris cites Riviere's impassioned letter:

I regard it as absolutely unquestionable that your wife was to you a substitute for me, . . . It added very much to my pain that you should imagine there could be any substitute for me . . . . What was my astonishment when I got back after 6 months to find, not [friendly indifference], but a formality and impersonality in you that amounted to "hardness" quite brutal in my then 'quivering and 'wounded' state; in the discussion in regard to your marriage which shortly resulted, a refusal on your part to admit anything more than a 'blundering' in your treatment of me. (Kris 655, citing Brome, 1982, 116).

A wife's substitution for Riviere suggests "one and only-ness," and Riviere's eloquence on Jones's brutality to her 'quivering and wounded state' speaks clearly of her sensitivity. The letter points out his denial of any more than "blundering" and skewers Jones before roasting him for not admitting more than "blundering" in the case. (Recalling Shakespeare, "love hath no fury like a woman scorned," one might easily imagine Riviere in love with Jones; her letters to

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<sup>9</sup> Abraham and Freud mentioned narcissistic wounds earlier, in 19-- and 1909 (?), respectively.

him show that one would probably be correct.) Her narcissism about her own injuries seems undeniable, yet Jones suffers from similar tendencies. Kris notes Jones's "punitive tone" (65) and finds "no reason to doubt that Riviere was right to complain of his rejection of her. Surely, too, Freud was right in saying that Jones was excessively critical of Riviere" (66).

Just as the various definitions of "narcissism" cloud the picture, the narcissism of various agents in this story confuse the diagnosis. Jones's negativity fits a pattern Arnold Rothstein notes in *The Narcissistic Pursuit of Perfection*:

provocative analysands may evoke counter transference (sic) envy from their . . . analysts. Such analysands may evoke a sadistic counter transference response that derives from the analyst's defensive ego identifications with his own sadistic superego introjects. This . . . response may manifest itself in . . . labeling the analysand with an array of pejoratively-toned labels and diagnostic designations such as "pathologic" narcissism, or worse, may motivate the analyst to attempt to control and/or humiliate the analysand. (117)

Male analysts may project or fail to see their own narcissism when confronting a woman's; indeed, Freud wrote that men find narcissistic women, children, and cats fascinating on the basis of their narcissism, manifested as inaccessibility (1914, ).

Jones's accounts for his "worst failure of a case" and probably injured pride with points about having "underestimated the uncontrollability of her emotional reactions and... the serious error of lending her my country cottage for a week when I was not there" (#339). Even then, before the theorizing of counter-transference, an analyst might know the challenge of controlling another's emotions and implications of loaning a home. Yet Jones blames Riviere for "*torturing* him without any intermission, being a *fiendish sadist*" (italics added), which seems a case of the pot calling the kettle black. The pejorative terms nevertheless characterize the difficult middle section of such an analysis, when the analysand may rage at the analyst for "not soothing and restoring" her, writings on technique tell us (cite ). Loaning his cottage to her may have been Jones's attempt to soothe her; for he writes that Riviere had nowhere to go. Although Kris calls

for the analyst to “support” the analysand, soothing and home-sharing exceed psychic “restoration”—indeed, Riviere redecorated Jones’s cottage and cared for his dog--and they depart from analysis. The emotions here may include Jones’s fear of Riviere’s rage and his shame over glimpsing flaws in his professional record. As hindsight shows, an analyst’s chances to mirror or interpret an analysand’s pain shrink when he acts like a lover. For varied causes, including perhaps his own narcissism of self-protection, anxiety over her intelligence and force of character, and a narcissistic inability to deeply encounter another, Jones had difficulties analyzing the highly intelligent Riviere. Freud, who calls her a “helpmate” for psychoanalysis (#339), handled her better. His attitude about narcissism shows less rigidity and blame than Jones’s; Freud’s “Introduction” notes that lesser degrees of narcissism appear and that it “might claim a place in the regular course of human sexual development” ( ); in this point, Freud’s theory has a place for object relations. Yet his view of narcissism contains foggy areas, some of which Riviere clarifies.

Her 1936 article, “The Negative Therapeutic Reaction,” extends Freud’s work, rebuts the implications that a patient consciously resists and that blame falls on her, and pictures narcissism more poignantly than Freud, Rank, Abraham, or Jones. She describes its suffering, suggesting not so much a fascination with oneself as a fearful if unconscious awareness of one’s darker side. She writes: “Now analysis means unmasking and bringing to light what is in the depths of [the] mind; and this is true in the sense both of external conscious reality and of internal psychic reality.” (146). Pictured thus, Narcissus stares into the depths of his mind, where lie his lost ability to love; injured objects who were loved, hated, and in fantasy damaged so that they must be repaired; and, for a narcissist intent on defending her fragilities, an unimaginable way to avoid the sacrifice of her own life that curing others seems to require. For narcissists, self-reflection is harder, Riviere says, because “in them the underlying unconscious reality is more unbearable and more horrible than in other cases” (146). She explains:

[a] *depressive position* is relatively stronger in them; the sense of failure, of inability to remedy matters is so great, the belief in better things is so weak; despair is so near.

And analysis means unmasking . . . displaying in all its reality. . . This despair, disbelief, and *sense of failure*, which then in its turn simply means death. (146)

The narcissist's wishes to "avert the impending death and disintegration which is constantly menacing" and to "cure and make well and happy all his loved and hated objects (all those . . . ever loved and hated) before he thinks of himself" (147) make analytic progress court catastrophe: Narcissus risks glimpsing Apocalypse, nuclear winter, and Dante's *Inferno*. No wonder the myth protagonist sickens and dies.

Riviere's article offers an antidote for this horrifying view, a remedy for the illness. The one hope, she argues, is the "only good thing he has, [a] buried core of love and . . . need to think of others before himself at last, to make things better for them and to make himself better"(147). A further obstacle arises, however, in a narcissist's fear of "his own id and its uncontrollable desires and aggression," a belief that he "will merely repeat his crimes and now use up the analyst for his own gratification . . . add[ing] him to the list of those he has despoiled and ruined" (149).

Depicting a narcissist's inner world changes the picture and treatment of narcissism. Freud comes in for final deft verbal thrusts by Riviere on the subject of "brilliant success" mentioned in *The Ego and the Id* that may follow from "unmask[ing] a "borrowed object-relation"" (151) or the analysts' "being put in the place of the ego-ideal" (151). Riviere warns against risks for the analysand of "denying the internal depressive reality--his feeling of failure. The result is that the patient may develop a manic defensive system--a denial of his illness and anxieties--instead of a cure, because the depressive situation of failure has never been opened up" (151). This risk comes closest to the image of Narcissus entranced by an illusion. She specifies a narcissism in the analyst's treatment of the plight, "the instances of success Freud quotes seem to be last-minute evasions of it by the patients' chosen methods of projection and denial" (152). Freud reflects too much on images of brilliant success, too little on his own and a patient's sense of failure, guilt, and falseness. Her essay warns that falseness may remain unseen and unanalyzed, adding another level to the image of a youth peering into a mirroring surface.

Riviere's other analytic papers contain many references to masquerade, disguise, covers, surface versus depth, deceit, and the manic defense. Her emphasis on surface and depth, attractive mask and hidden failure, constitutes a dramatization and vision of narcissism that link Freud's theory to object relations and Klein's concept of a depressive position, giving the clinical and theoretical picture of narcissism greater depth. Kohut's theory of the two lines of narcissism, healthy and pathological, with therapeutic second chances at mirroring and idealization owes a debt to Riviere's analysis of a depressive's defense against improving. The mask of compliance, some of Kohut's and Kernberg's ideas, and Winnicott's false and authentic selves also have roots in Riviere's insight into deceptions. The doubled images suggested by the roles Riviere plays, material and misunderstood case who must analyze herself, suggest that her role resembles that of Narcissus' fruitful mother, moon and matrix, in her generativity in theorizing and depicting narcissism.

#### Notes

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