FOR INTRA-UNIVERSITY CORRESPONDENCE

THE UNIVERSITY OF MICHIGAN

Child Analytic Study Program

June 6, 1968

MEMO TO: Al Cain, Ph. D., Mr. Morton Chethik, Henry Coppolillo, M. D., Stuart Finch, M. D., Mrs. Selma Fraiberg and Saul Harrison, M. D.

FROM: Humberto Nagera, M. D.

RE: Meeting on Tuesday, June 4, 1968, 1:30 p.m. between Mrs. Selma Fraiberg, Dr. H. Nagera and Dr. Stuart Finch, Director of CPH.

Mrs. Fraiberg and Dr. Nagera met Dr. Finch at his office at 1:30 p.m. They presented Dr. Finch with a series of proposals concerning the Child Analytic Study Program. The proposals included: the creation of two or three positions for qualified child analysts or qualified child psychotherapists, a clinical psychologist, and an outstanding worker in the field of child development; a program for a nursery school with a head teacher; and a small budget for a reference library for research purposes.

There was some consideration concerning the question of space for the program as well as the possibility of having Selma Fraiberg's project and the Child Analytic Study Program with the same group and ideally with the CPH group. Dr. Finch suggested the possibility of finding some space at CPH. He mentioned the possibility of some modifications to the Day-Care Program that could be acceptable to those concerned.

Dr. Nagara expressed his wish that any plans concerning the housing of the Child Analytic Study Program should not interfere with any individuals or programs in the CPH. A similar concern was expressed by all present and it was agreed that any relocation of space must be subject to a meeting of Senior Staff and the agreement of all concerned.

A similar concern was also expressed in terms of the relocation of manpower and one or two suggestions were made that would absorb all personnel presently available.

The meeting adjourned at that point. Dr. Finch indicated that he would take the necessary steps as appropriate.

HN:mb

From Dr. Nagera

Selma Fraiberg

File
Child analytic Study
Project

those of latency. In latency there is an increased impetus towards extending relationships beyond the family into the wider community.

Though it is important to approach the assessment of each developmental phase from multiple and simultaneous points of view, it is even more essential to do so in respect of latency. We should examine (i) the degree and quality of the drive activity: (ii) the degree of ego-development reached and how drive activity, conflicts, etc. are affecting either ego-development and/or the possibilities of ego-performance; (iii) how both drive activity and ego-development are influencing and partly determining the form and type of object-relationships.* Disturbance at the latency stage may be seen as affecting any or all of these three aspects of the child's development. Most often, all are affected, but it is diagnostica important to assess the relative degrees of involvement.

b) Regarding Libido Distribution:

i) Cathexis of the self:

- whether the self is cathected as well as the object world, and whether there is sufficient narcissism (primary and secondary, invested in the body, the ego, or the superego) to ensure self-regard, self-esteem, a sense of well-being, without leading to over-estimation of the self, undue

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* Cross-references to the sub-section "Cathexis of objects" and the section "Ego and Superego Development" may be necessary.

independence of the objects, etc.;

state degree of dependence of self-regard on object relations.

Such an assessment proves troublesome and a number of unclear and contradictory assessments could result. This is a reflection of the lack of clarity about the questions involved in the very early stages in ego development, in the development of the concept of the self and the basic ideal conditions required for such development, in the cathectic processes involved, in the conditions necessary for, and the mechanisms used in, the maintenance of a psychological state of well-being and in the regulation and maintenance of a sufficient level of self-esteem and self-regard.

A study group has undertaken the further clarification and study of the problems involved in this sub-section*. The following general comments are made in order to clarify some of the problems of assessment involved.

Primary narcissism, as we understand it, refers to a specific libidinal position which pertains to the first few months of life. As a phase, it is never completely abandoned, although it is normally largely superceded. During the stage of primary narcissism the cathexis of the self can be referred to as primary narcissistic cathexis. Certain basic conditions

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* The question of self-esteem regulation, problems involved in the maintenance of a state of well-being, etc., have long been an area of interest of the Index Research Group in the Hampstead Child-Therapy Clinic, and especially of its Chairman, Mr. J.J. Sandler, Ph.D., D.Sc.

are essential in order to ensure that the earliest experiences of the self during the phase of primary narcissism can take place normally, making their essential contribution to the development of the personality. The maintenance of an indispensable minimum of positive narcissistic feelings during the first few months of life depends on the adequate ministrations of the mother (or her equivalent) as a provider of food, comfort, physical and psychological warmth, as a stimulator in appropriate ways for libidinal, ego and object-relationships growth, and as a protector from inappropriate, undesirable and disturbing stimuli. Without such support, the early experiences of the self during the phase of primary narcissism and the basic cathectic processes of the period are of a negative, distorted and inappropriate type, leaving clear imprints in the personality structure. Furthermore, these basic experiences form the background against which further development has to take place. Where the foundations are not right, all later development and further experiences will be influenced in a negative way, to a greater or lesser degree according to the circumstances of each individual. Thus these basically defective experiences may largely influence or even determine the type of cathexis of the self later on, as well as the mechanisms used for self-esteem regulation and for the regulation of feelings of well-being. We refer here to extreme examples of disturbances such as some forms of narcissistic disorder, some atypical personalities, some borderline cases and deprived institutionalised children. Clearly, it is not only serious neglect of the child's basic needs at the beginning of life that will lead to these results. Children who have suffered excessive pain or certain severe forms of illness may develop along similar lines.

Secondary narcissism pre-supposes object-representation

and involves the use of the object by the child to increase his self-esteem. Supplies of "good" feelings towards him must be sufficient to allow this secondary narcissistic cathexis. At an early stage these supplies come from (and are still dependent on) the external objects. In normal development, in the process of internalisation, stable and important internal sources of narcissistic supplies are acquired, although there remains a need for external supplies to some extent. At the same time, the internalisations have led to further ego, ego-ideal and superego development. Assessment should, therefore, determine at what point or points along the developmental continuum "from external to internal" the difficulties existed and from which they are still exerting influence.

It is by no means infrequent that children who have been positively cathected by the mother during the first few months of life (primary narcissistic stage) and babyhood find themselves in difficulties with their object as their drive-development progresses. It may happen, for example, that the child's anal impulses or phallic strivings are unacceptable to the objects (because of their own conflicts). Such a situation may lead to a de-cathexis, or in some cases a negative cathexis, of the whole child during the "objectionable" period or from that period onwards. What we are describing applies more especially to these cases of marked rejection of the child; there will be a different outcome if the whole child remains positively cathected <u>despite</u> objections to particular phases.

The effects on the child of such a lack of positive secondary narcissistic supplies are of two kinds: (a) affective

and immediate, e.g. anxiety, distress, fear of loss of love, fear of loss of object; (b) structural and ongoing, namely the imprinting of such experiences on the child's personality through the processes of internalisation, introjection, ego-identifications, contributions to ego-ideal and superego formation. The degree to which these effects operate depends on several factors, for example the age of the child and the stage of development already attained, in terms of the current degree of internalisation and structuralisation (obviously the earlier in development the more vulnerable the structure), and the intensity and duration of the object's reaction. Ultimately these effects will influence to differing extents the later styles of self-esteem regulation and the level and nature of the cathexis of the self.

When internalisation and structuralisation are complete, or almost so, it is largely in this area of secondary narcissistic supplies that neurotic processes tend to interfere. This interference is most marked in individuals who have high ego-ideals and/or strict and demanding superego structures. Thus neurotic conflicts only too often disturb the basic minimum feelings of well-being, interfere with self-esteem regulation and lead to feelings of low self-regard and self-esteem. That is, the disturbances of narcissism are, in these cases of a <u>secondary nature</u>, resulting from the tension and struggles between the ego, ego-ideal and the superego. In fact, the cathexis of the self in terms of primary narcissistic cathexis is essentially normal and healthy in many such neurotic cases, although this fact may be blurred to the inexperienced observer by the notably low self-esteem and self-regard. If it can be ascertained that primary narcissistic cathexis is adequate, we have a useful prognostic indicator, not only of the severity of the

disturbance, but also of the outcome of treatment. The analysis of conflicts interfering with self-esteem and self-regard is likely to free the basically healthy progressive tendency, whereas in the cases of disturbance of primary narcissism we are dealing with a more fundamental distortion of self-representation itself.

Once one has established the fundamental distinction between primary and secondary narcissistic cathexis, and has recognised the possibility of interaction between the two, a number of apparently contradictory combinations become understandable, such as a very low self-esteem accompanied by extremely high cathexis of the self.

It is clear that although the theory of narcissism (primary and secondary) was formulated on the basis of the libidinal drive and libidinal cathexis, a correction must be made to include the aggressive drive and the possible cathexis of the self by large quantities of aggressive rather than libidinal energy, or by mixtures of them. For profile-making purposes, cross-references should be made between this section and the section on aggression in such cases.

Further it must be noted that certain defensive attitudes may give a misleading picture in cases where an apparently high evaluation of the self serves to hide basic feelings of inferiority and low cathexis of the self, coupled with low self-esteem. Here a careful assessment in the sections on "Defences" and "Conflicts" will help in the differential diagnosis.

To summarise, distinguish when possible:

- if the disturbances in the cathexis of the self and in self-esteem regulation are the result of insufficient

or unsatisfactory "primary narcissistic cathexis" of the self (during the first few months of life) leading to an absence of the indispensable minimum of positive primary narcissistic feeling on which so much hinges for later normal development. State the reasons for the above, i.e. inadequate ministrations of the mother in terms of food, comfort, physical and psychological warmth, lack of provision of appropriate stimulation required for libidinal, ego, and object-relations growth, lack of protection from inappropriate, undesirable or disturbing stimuli, or excessive pain, severe forms of illness etc.

- if the disturbance in the cathexis of the self and in self-esteem regulation are due to distorted, insufficient and/or unsatisfactory "secondary narcissistic cathexis" of the self. In these cases try to distinguish if the problems experienced are fundamentally based in the attitude of the object or objects of the child towards him or if they result from the nature of the child's conflicts and the tension between ego, ego-ideal and super-ego (or its precursors), guilt and shame etc. Take into account that the child may be actively cathected by the objects with what can be called a "negative cathexis" (of an aggressive nature) at some, all, or any particular stage in his development and that such an attitude taken from the object outside may become a part of the super-ego attitude in its relation to the ego. Give some indication as to the proportions of the different admixtures of libido and aggression going into the cathexis of the self.

- if the disturbances of the cathexis of the self, self-esteem regulation etc. result from a combination of the above factors in different ways and proportions.

- if possible, describe the main mechanisms used for the purposes of regulating self-esteem and well-being.