Borderline and narcissistic disorders are among the most frequently discussed problems in psychoanalytic theory and technique today. Both groups suffer from early trauma, have self-esteem, conflict-based, and developmental problems, and utilize primitive defenses in their interaction with others. I propose here that a special complementarity exists between some borderlines and narcissists, which permits defensive externalization of their difficulties. An important component of narcissistic and borderline personalities is the tendency to form complementary attachments that gratify sadomasochistic needs through defensive identification.

THE BORDERLINE AND THE NARCISSIST: ENACTMENT AND EXTERNALIZATION

While the borderline is described as having poorer self and object boundaries than the narcissist (Kernberg, 1975, 1976; Abend, Polder, and Willick, 1983; Adler, 1985), both have difficulties in the interpersonal sphere and tend to lack empathy. They both function predominantly on the need-gratifying level and see others as part rather than whole objects. Shame is an important emotional reaction, although guilt feelings can be intense and overpowering as well. The psychoanalytic situation is made difficult with these patients because of their tendencies toward enactment and externalization. They discharge rather than contain impulses, often trying to “put feelings into or onto” the analyst (Ogden, 1979, 1982; Finell, 1984, 1985; Adler, 1985). Their tendency to act out rather then remember reflects the early trauma to which they have been subjected (Feni-
chel, 1945). Acting out or the “compulsion to repeat” has replaced “the impulse to remember” (S. Freud, 1914, p. 151), particularly when aggressive feelings predominate.

Psychoanalytic treatment can prove difficult with patients who manage to induce feelings in others through projective mechanisms, rendering the analytic situation particularly vulnerable to countertransference difficulties. Both borderlines and narcissists have intense aggression and are more than likely to have disturbances in internalization, which is reflected in neuropsychological structuring of the type described by Weil (1985). They have deficits in self-regulation, which may reflect constitutional as well as environmental influences (Grotstein, 1986).

Weil (1985) writes that the “infant’s initial endowment in interaction with earliest maternal attunement leads to a basic core which contains directional trends for all later functioning” (p. 337). Excessive early unpleasure and distress gives rise to aggressive drive derivatives and “a more than average rapprochement crisis” (p. 341), which Weil believes leads to masochism, negative therapeutic reactions, excessive aggression, and a fear of merging. Their early need for gratification of infantile omnipotence or control over their experience, as described by Ferenczi (1913), was frustrated, leaving them with an inordinate need to control others and/or aspects of their environment. When their need to omnipotently control significant or symbolic external situations is frustrated or threatened, they react with paranoid rage. Their primitive defenses—splitting, projection, enactment, denial, idealization, and devaluation—make them difficult to work with analytically. Both are sensitive, and, I believe, narcissistically vulnerable in different ways. Their styles of coping with disappointment are quite different.

Defensive Identification, Sadomasochism, and Complementarity

Both narcissist and borderline use the other to regulate their self-esteem, but in opposite ways. The narcissist tends to aggrandize the self through enforcing submission, helplessness, and dependency in the other. The borderline devalues the self by attaching him- or herself to another who is seen as powerful, dominant, and controlling.

Each defensively identifies with complementary feeling states in
the other. The borderline appears to suffer more. Powerful masochist tendencies, intense desires for symbiotic merger, and devastating feelings of annihilation, abandonment, loneliness, and desperate clinging (Adler, 1985) make the borderline an easy victim of his or her dominant partner. When that partner is "sadonarcissistic," as described by Rothstein (1984), a comfortable and possible complementarity exists.

Complementarity is an essential part of primitive attachments. It involves defensive identification and the interplay of complementary personality dynamics, especially sadomasochism. Role reciprocity and complementarity between people are described in the literature on projective identification (Ogden, 1979, 1982; Finell, 1984, 1986) and role reciprocity (Sandler, 1976), and various configurations of the sadomasochistic interplay in the analytic situation are discussed by Gear, Hill, and Liendo (1981). These writers elaborate on how the sadomasochistic enactment can defeat the therapeutic process unless the analyst resists the patient's attempts to ensnare him or her into one or the other role. Their description of the various transferential configurations involving sadomasochism illustrates how subtle these dynamics can be.

Rothstein (1984) elaborated on the concept of defensive identification and externalization in the undoing and expiation of "humiliating superego introjects" (p. 107). Earlier works describe sadomasochistic interaction, defensive externalization, and identification and their relations to a process whereby the sufferer appears helpless and victimized, but is really in control of his or her own victimization (A. Freud, 1946; Loewenstein, 1957; Berliner, 1958; Brenner, 1959; Eidelberg, 1959; Segel, 1969). The sadist needs the masochist as much as the masochist needs the sadist.

I propose here that a particular type of complementarity exists in certain exchanges in which the masochistic partner in the exchange with the "sadonarcissist" acts as a "masoborderline." This is not meant to imply that this exchange involves all narcissists or borderlines. Nor does it imply that the individual cannot shift into the opposite reaction, given the proper situational dynamics. Finally, it does not imply that narcissists are without masochism and borderlines without sadism. In fact, both borderlines and masochists have an excess of sadistic and aggressive feelings, but each displays different defensive configurations. Moreover, a borderline can become
sadistic and dominant in an interchange with a partner who induces victimization and vice versa. My premise is that, on the whole, the borderline and narcissist more often enact the specific defensive styles described in this paper.

In contrast to the narcissist, the borderline does not have the grandiosity, exhibitionism, exploitativeness, entitlement, and arrogance that is usually associated with Kernberg's (1975, 1976) narcissist and that conforms to the DSM-III category (American Psychiatric Association, 1980) and other descriptions (Cooper, 1981; Finell, 1985). The narcissist has learned to successfully channel his or her enormous aggression, which, whether it is primarily constitutional (Kernberg, 1975), environmental (Masterson and Rinsley, 1975), or a result of structural deficit (Kohut, 1977), is nevertheless excessive. The narcissist has been reinforced in childhood for special talents (Miller, 1979), and the resultant feeling of specialness compensates for underlying feelings of loss, deprivation, emptiness, abandonment, and rejection. The narcissist is often a very successful individual who is able to turn early frustration and rage into successful manipulation of others. Through achieving power and control and inducing feelings of helpless dependency and need in others, he or she defends against dependency and paranoid anxieties over loss and betrayal. The sense of entitlement and aggression is channeled into socially acceptable power, financial success, and positions of dominance.

Five of Rothstein's case descriptions of six male narcissistic patients (1979, 1982, 1984) uphold his conclusion that "men with narcissistic personality disorders [were] first-born sons adulated by mothers who denigrated and humiliated fathers whom they considered to be failures" (1984, p. 112). Rothstein's work suggests that the predominance of "oedipal winners" among male narcissistic personality disorders gives an optimistic, dominant, and aggressive cast to their personality. He (1984) believes that in childhood narcissistic personalities were alternately required to be perfect or were humiliated when they failed. Consequently, their fear of humiliation "lends a paranoid quality to [their] object relations" (p. 111), since the alternation of love for perfection and humiliation for failure undermined their feelings of being lovable and secure.

When the narcissist is a psychoanalyst, he or she may have a loyal following and induce feelings of intense adulation, idealization,
and interminable loyalty in analysands. He or she is likely to have a large and loyal following of patients who cling and become excessively dependent. Analytic situations of this type can go on interminably since neither partner is able to or is even inclined to break the *folie à deux* (Finell, 1985).

In contrast to the narcissist whose reality testing is relatively intact and whose ego functioning and boundaries are more advanced developmentally, the borderline has poorer ego development and self-object differentiation. He or she seeks a dependent relationship in which aspects of self and ego are projected onto the other. The other becomes the repository of aspects of the patient's ego functions, and the patient feels he or she cannot exist without the ambivalently loved self-object, to use Kohut's (1971) term for the part-self, part-other symbiotic creation. In non-analytic relationships, when the demands made on the object become inordinate and unbearable, rejection of the borderline is likely to occur.

In his paper on narcissistic self-sufficiency in the transference, Modell (1975) contrasts the borderline and narcissistic patient with respect to the dependent clinging (open system) of the borderline and the defensive invulnerability (closed system) of the narcissist. He writes that "In contrast to the patient with the narcissistic character disorder, the borderline patient evidences an intense object hunger" (p. 277). The narcissist's "state of illusionary self-sufficiency" (p. 278) is in contrast to the borderline's use of the analyst as a "transitional object placed between himself and a dangerous environment..." (p. 277).

The clingy demandingness of the borderline subtly tortures and victimizes the needed object, just as the patient felt victimized by lack of maternal attunement and early emotional deprivation. The borderline identifies with the open aggression of the narcissist and, in doing so, discharges aggression in a veiled, but ego-syntonic, way. The object is often well aware of the aggression, and feels outraged over the inordinate demands being made. Hostility, attack, and rejection leave the borderline in a state of loss, depression, and annihilation anxiety, since the desperately needed self-object has rejected and abandoned him. Abandonment depression, states of fragmentation, panic, and despair often bring the borderline into treatment.

Such patients are in search of an object to gratify the need for
an idealized symbiotic self-object. Their intense aggression is not channeled into socially acceptable pursuits like that of the narcissist. The borderline, like the narcissist, has extreme omnipotent and grandiose fantasies, but these are experienced projectively, through identification with the narcissist. Unlike narcissists, who channel their omnipotence and grandiosity into culturally, professionally, and politically acceptable pursuits, the borderline is less successful in winning concrete external rewards. The borderline is more often a woman than a man (DSM-III), although no sex differential is observed among narcissists. In general, the characteristics of the borderline fit traditional female sex-role stereotypes while those of the narcissist correspond to traditional male sex-role stereotypes in terms of dominance, power, and aggression (Broverman, Vogel, Broverman, Clarkson, and Rosenkrantz, 1972).

The narcissist is in an enviable position as long as life's rewards continue. Both types need supplies from the external world to regulate self-esteem; however, the "masoborderline" is a victim of the more powerful complementary partner, the "sadonarcissist." Aging, a relentless Don Juan existence, realization of inner emptiness and exploitativeness, or disappointment in some aspect of grandiosity cause narcissists to seek treatment. Their unending need for gratification of exhibitionist needs, praise, and admiration can become burdensome in time.

Rothstein (1982) demonstrated that a considerable degree of paranoia existed in two of his male narcissists. Parameters meant to head off intense paranoid reactions with one patient, involving permitting him to tape and listen to sessions, did nothing to assuage his outbreak of paranoia in the transference, with premature termination of treatment resulting. Narcissists defend against paranoid anxieties through attempts to control the object and the external world. They are particularly sensitive to humiliation when they fail to live up to their grandiose and idealized self-images.

Borderlines enact their humiliation through the painful attachment to the narcissist. While both types are very sensitive to slights and rejections, being narcissistically vulnerable, the compensatory-defensive behavior of the narcissist minimizes humiliating experiences while the borderline is frequently humiliated, thus showing that paranoid fears about the object are indeed justified. Each identifies with the other's experience, thus gratifying disavowed and split-
off feelings. Rothstein (1984) describes the interplay in the following terms:

They [masochists] seek humiliation to gain the unconscious narcissistic gratification of controlling the insult they feel to be inevitable. Those with narcissistic personality disorders are typically more optimistic. Although they may fear humiliation, they have the sense that they can master this fantasized danger by active identification with the humiliator. The defensive identification motivates them to fantasize or enact the humiliation of others. (p. 106)

In contrast to the narcissist's control, borderlines are dependent on their self-object. Chessick (1981) believes that dependency defends against paranoia. Through dependent, clinging, symbiotic behavior, the borderline attempts to defend against paranoid anxiety. Clingy, helpless neediness is meant to display humiliation and victimization and to convince the narcissist that he or she need not attack since the borderline is already destroyed. The paranoid suspicion that the object is bad is enacted, but the repetition compulsion keeps alive the hope of mastering the bad object and reversing the master-slave enactment. In contrast, narcissists avoid humiliation and victimization and keep paranoid anxiety under control through dominating their objects and the environment. Both types have rage reactions when their control mechanisms fail, and they are confronted with disappointed idealization and lack of reliability in their objects. Narcissistic vulnerability makes these patients ever ready to fly into rage reactions, throw out the object, and seek a new object or external sources of supplies to regulate paranoid anxiety with its threat of loss, betrayal, and humiliation.

The Transference

In contrast to narcissists, borderlines act trusting, clingy, symbiotic, and insatiable toward the analyst. Nevertheless, their paranoia is easily triggered, causing depression, loss, emptiness, and rage reactions. Some disappointment—separation, failure of the analyst to be totally empathic, or anxiety about rejection and abandonment—precipitates the borderline's plunge into empty depression and abandonment reactions. The paranoid reactions are not openly evident, but can be reached circuitously, through analyzing the patient's depressive and rage reactions in the transference.
Narcissists are likely to be grandiose, successful, dominant, and controlling individuals who have achieved wealth and financial success. They are most likely to seek treatment in the face of a blow to some aspect of their grandiosity. Treatment is difficult for narcissists—they fear closeness and dependency and have a hard time trusting the analyst. Their need to keep control in the face of intense underlying paranoia makes them highly resistant and difficult patients.

Borderlines are more likely to become depressed and seek treatment as a result of a loss or feared loss of a person. In some cases, the transference becomes intense quite early in treatment. These cases regress in the analytic situation and develop intense needy and symbiotic longings toward the analyst, deeply defending against underlying paranoid feelings. They are more open to the analytic process than patients who use defensive distancing. Nevertheless, their tendency to discharge and act out their longing renders them difficult and demanding patients who develop depressive and rage reactions when their symbiotic longings and their demands that the analyst be an idealized self-object are disappointed.

In the course of treatment, both narcissists and borderlines experience rage reactions in the transference. When such reactions to frustrated oral longings and needs for anal control do not occur, their aggression is more than likely split off and displaced onto objects other than the analyst. This is done in order to preserve the analyst from their aggression, which they perceive as dangerous and eliciting retaliation. Initially, narcissists are more aggressive individuals. Borderlines, in contrast, are more likely to use passive-aggressive behavior to cling to and control their objects. Aggression is not as openly available and is more likely to be turned against the self in depression—retroflected rage, following Freud's concept of depression (Freud, 1917). Successful treatment depends on the narcissists' and borderlines' trust in the analyst's ability to handle rage and their realization that their rage is not, in fact, deadly to them or the other.

A split transference, with the borderline directing one aspect of his or her intense longings and rage reactions to an extra-analytic figure, needs to be worked with in the analysis. The narcissist, too, is prone to split the transference, directing aggressive and controlling needs to an extra-analytic other. Unless these transference splits and displacements are worked with, the transference is denuded of its most powerful effects. It is rendered safe but insipid and does not
permit a full flowering of rage, loss, paranoid anxieties, neediness, and exploitativeness. It is urgent that the analyst be alert to the split transference—without it, the reliving and reworking of the patient's object world cannot occur. Only in the here-and-now, alive experience of the transference (Freud, 1912; Strachey, 1934) can mutative change occur. Our aim as analysts is to gather the transference (Meltzer, 1967), to bring together the love and hate, the idealization and devaluation (Finell, 1985), symbiotic longing, and terror of engulfment and all the other dualities that characterize the analytic experience.

**Diagnostic Issues**

Diagnostically, there are many disagreements among theorists on the narcissistic and borderline categories, but it is beyond the scope of this paper to detail these disagreements. Briefly, some writers believe that borderline is a level of personality functioning, with the main diagnosis being schizoid, hysterical, narcissistic, or other, rather than a separate disorder (Abend, Porder, and Willick, 1983; Goldstein, 1985; Meissner, 1984). Others believe that the borderline has ego and superego weakness and what is termed “stable instability” (Kernberg, 1975) and struggles with issues of loneliness, abandonment depression, emptiness, and neediness (Masterson and Rinsley, 1975; Adler and Buie, 1979). The borderline category is more amorphous than the narcissistic one, in which issues such as grandiosity, entitlement, exhibitionism, exploitativeness, and need for admiration describe a more clearly delineated symptomatology. The dysphoric mood swings, ego weakness, impulsivity, and pan-symptomatology of the borderline are, on the whole, less delineated and identifiable than narcissistic symptomatology. The issues the borderline struggles with have more universality than narcissistic issues of special entitlement and grandiosity. To the extent that one has had a less than perfect development in the area of separation-individuation, one is likely to struggle with so-called borderline issues. Since these issues are universal, it may be inappropriate to refer to borderline patients as “sicker” than neurotics as Abend, Porder, and Willick (1983) do, with Buie (1985) following this terminology in his review of their book. The medical model stance that refers to struggles with borderline, yet universal, issues as “sick” does a disservice
to the important recognition that all of us must deal with separateness to different extents, and the pejorative label is unnecessary.

In conclusion, narcissists, in contrast to borderlines, are excessively concerned with issues of humiliation since narcissists' ego ideals hold out highly powerful and idealized self and object images as the goal in life. When the vicissitudes of life render narcissists unable to maintain the power, self-aggrandizement, love, admiration, and approval that had been forthcoming from the external world or that were anticipated, humiliating narcissistic defeat and deflation usher in depression and despair. Conversely, when borderlines lose their self-object, they experience incredibly painful states of fragmentation, loneliness, loss, and despair. Both types have externalized their conflicts, which revolve around paranoid anxiety, control, and regulation of their self-esteem through defensive enactments. Defensive identification and complementarity provide the impetus for the attachments that develop between the masoborderline and sadonarcissist.

CASE MATERIAL

Case 1

The patient, a 35-year-old teacher, never married, presented herself for treatment because of a series of unhappy love affairs. Her 4-year, 3-times-weekly analysis achieved considerable success in the resolution of a very difficult balance in her love life. At presentation, a love affair of 5 years duration had been marked by stormy fights, separations, and reconciliations and was giving her much grief. Her lover, a successful dentist, was miserly, insensitive, controlling, and thoroughly unempathic to her needs. He wanted the relationship totally on his terms and when situations arose in which they had different needs, he demanded that she submit, threatening to end the relationship if she did not comply. In addition, he refused to commit himself to marriage or a serious involvement, which also caused her much frustration. She was enraged a good deal of the time with the lover; yet, without him she experienced annihilation panic of the type described by Adler (1985) and abandonment depression as described by Masterson (1976). Her states could also be described as fragmentation and ego disintegration due to the loss of
the self-object, following Kohut's (1971) thinking. Her previous relationships had all followed the same pattern. During these times, her depression was so extreme that she could barely function. When the relationship was restored, she reintegrated immediately and the depression ended.

This patient's relationships exhibited the complementarity of the "masoborderline" to the "sadonarcissist." Her need for clinging, dependent, symbiotic self-object attachments to a narcissistic partner were extreme. Her victimization and helplessness made her thoroughly unable to exist without her lover who reveled in her pain, bragging to her following one separation that he had enjoyed thinking of the agony she was experiencing. His ruthless exploitativeness, grandiosity, sadistic control, and power over her clearly repeated her physician father's cruel behavior. The father had enjoyed humiliating her, exercised total control over her life, and the only affection she received from either parent was of a sadistic kind. Her mother was cold, emotionally unavailable, rejecting, and disliked the mothering role; she provided no relief from the cruel and sadistic father. She returned to full-time employment shortly after the patient was born, and subsequently provided the infant with extremely inadequate caretaking. The father's greater involvement was essentially for the purpose of torturing, controlling, and humiliating her.

This patient's transference was split in that the lover was a narcissistic partner toward whom her libidinal and aggressive urges were directed. Her investment in him was complete. Her moods rose and fell according to the vicissitudes of her relationship to him. Even when things were going smoothly, she was discontented with the relationship, often angry and despairing of her inability to live comfortably with or without him. While she discussed other concerns, the early part of her treatment was almost totally devoted to the specifics of her relationship to him. It took over 2 years for the transference to develop the intensity needed to work through the early paranoid anxiety and loss. Interpretations of her defensive efforts to avoid regressive, paranoid, and aggressive feelings with me were important in resolving her intense resistances and control, even though she reacted with anger to these interpretations, and they had to be used sparingly. Those occasions when she was angry at me provided important analytic moments and a welcome relief from her usual emotionless transference. In the early part of treatment, I
represented the cold and aloof mother, while the lover represented
the narcissistic, victimizing, humiliating, but more available father.
It was to him that her libidinal and aggressive drive derivatives were
directed. He was her self-object, and the relationship provided the
means through which she externalized and enacted disavowed feel­
ings and experiences.

The first year of analytic work was extremely difficult. Her
paranoid anxiety, fear of loss of control, and distancing maneuvers
eliminated from the analysis all intense loving or hateful feelings. In
this sense, she resembled McDougall's (1984) "dis-affected" patients
who seem to be "in fierce opposition to analyzing anything to do with
their inner psychic reality" (p. 387). She protected herself from me,
ensuring that her narcissistic vulnerability was totally split off to her
lover so that any painful feelings of shame and humiliation were
experienced toward him rather than me. Her lover's need for her, if
only to victimize her, provided a sense of leverage that she could not
feel with me. She craved physical contact—a reaction to the lack of it
early in her life—and this need was gratified through sex with her
lover.

Her intense fear of dependent transference feelings made the
analytic situation extremely difficult. She resented almost any inter­
pretation, feeling that I was imposing my needs on her. She talked of
termination, accusing me of making "textbook" interpretations. My
sense was that interpretation had to be used sparingly, or she would
in fact terminate. Empathic acceptance of the pain she was in over
the situation with her lover proved more workable and permitted her
to continue in treatment, eventually leading to a more trusting and
intense transference with greater tolerance for interpretations. List­
ening and making reflective statements about her pain strengthened
her connection with me and provided her needed relief. Through
this work, she was able to end the relationship with her lover and
work through painful feelings of separation and loss.

Through reenactment with the lover of the narcissistic mortifica­
tion and humiliation she had originally experienced with her par­
ents, the patient had been attempting to right early traumatic expe­
riences. The repetition compulsion and omnipotent wishes to
change and win the love of the early objects fueled her relationship
with her lover. I was the devalued and rejecting mother, and she
barely experienced my existence until the second half of the treat­
ment. Carefully spaced interpretations of her reenactment in the
transference of the rejection she felt in childhood in her attempts to
"keep me out" and induce useless, hopeless frustration in me, in
conjunction with empathic acceptance of her situation, facilitated a
more intense transference. With it, the analysis became more alive,
vibrant and effective.

Case 2

Mr. F. sought treatment because he could not choose between
his wife of 20 years and his lover of 5 years. A monogamous mar-
riage had existed for 10 years, but when Mr. F's mother died he
found himself drifting into a Don Juan existence, which caused him
great conflict. His "sadonarcissistic" dynamics made him very attrac-
tive to "masoborderline" women whom he used for sex, dropping
them when they became boring to him. He found his wife boring
and generally lost interest in women after they yielded to his control.
If they acted independently, threatened to end the relationship, or
rebelled in some way, his interest was renewed and he again pursued
them vigorously.

Mr. F. was reluctant to undergo psychoanalysis and did so only
on the intense urging of his lover who threatened to end the relation-
ship if he did not seek help. In an earlier therapy experience with a
male psychiatrist, Mr. F. experienced paranoid ideation which great-
ly frightened him. He believed he saw bizarre shapes hanging from
the ceiling, woke at night in states of terror and violence, and termi-
nated prematurely in order to end these experiences. He feared that
they would return in treatment with me, but they did not.

In recent years, his Don Juan existence had become modified to
a relationship with two women—wife and lover. Action-oriented and
non-introspective, he wanted immediate answers. In time, however,
he became interested in how he came to develop the patterns he had
developed. His brother, also caught in a struggle between two wom-
en, believed their troubles were genetic, a view that comforted Mr. F.
Their father had been a womanizer and the parents' marriage was
loveless and cold.

Mr. F's memories of his father were meager. He was terrified of
him and recalls hiding from him. His father never hit him; neither
did he talk to him. An alcoholic, the father became ill when Mr. F,
was very young and died when he was 10. The patient recalls having no feelings about his father's death.

Mr. F. became an escort and companion to his mother after father's death. Mother was cold and embittered. She resented the financial difficulties the family had and resented having to care for two sons. At age 17, she had been forced into caring for her younger siblings as a result of her mother's early death. The mothering role aroused old resentment so that she carried out her responsibilities dutifully, but without pleasure. Mr. F. remembered with pain that his mother never came to see or applaud his athletic successes. Nor did she appreciate the money he brought home by working at a very young age. His mother was cold and methodical and seems to have lacked warmth and emotional responsiveness. He longed for, but did not have a relationship with his 4-year-older brother.

Mr. F. married a woman somewhat like his mother. She was clingy, dependent, and helpless. Like his mother, she was unable to show real warmth and emotionality even though all her energy was devoted to Mr. F. and their children. Mr. F. made frequent Freudian slips, referring to his wife as mother. He experienced his mother's presence as a restraint to his womanizing. Her death released him and triggered abandonment loss and rage, thereby contributing to his development of a compensatory Don Juan pattern.

Mr. F. felt very inadequate with other men. He had risen to a position of great prominence and financial success in the business world. He often, however, felt left out, anxious, and suspicious about his co-workers. After 1 year of treatment, he dreamed that he was being demoted and his job was being taken away by a co-worker. His dream accurately described his waking feelings. He was always watchful, suspicious, and mistrustful of his co-workers. Although he had distinguished himself in his company, he never felt secure about maintaining his position.

The threat of loss of either his wife or lover brought on intense anxiety. He could not think clearly, made business errors, and experienced depression and feelings of doom. He was utterly obsessed with trying to choose between the two women and tended to spend most of his sessions on this problem. No sooner did he point out the virtues of one woman than he would devalue her and praise the virtues of the other. He changed his mind within a matter of minutes. He could not tolerate too much closeness, so that whenever he
moved toward one or the other woman, within a short time he had to
distance himself, either by being alone or by going back to the other
woman. His vacillation also suggested problems concerning rapprochement, which left him in a push-pull position. He couldn't separate from his “wife-mother,” yet could not tolerate her symbiotic demands. He experienced his lover as too demanding also, although she was significantly more autonomous than his wife. Both women represented oedipal conquests and triumph over father's possession of the mother whom he unconsciously desired.

Mr. F's need to devalue and humiliate women corresponded
to the experience of being devaluated and humiliated by his cold, unfeeling parents. He discharged painful memories by enacting them in his current relationships. When either woman threatened his possession over her, his sense of self became fragmented and he experienced overwhelming anxiety. He used both women to shore up his sense of self. In addition, his power over women defended against underlying homosexual feelings, which he tentatively explored as treatment progressed.

He was known as a womanizer at work and relished this title. His defensive grandiosity was supported by his belief that he could seduce any women he wanted. He complained about being out of shape physically, but couldn't join a health club because, he claimed, he would not be able to keep away the women who would fall for him and pursue him. He had little faith in his ability to resist a new liaison, and didn't want to complicate his life any further as he was barely coping with the demands, threats, and anger of the two women in his life. Each woman demanded a permanent commitment.

After a month of treatment, Mr. F agreed to use the couch, but this proved unworkable. He seemed to fade away on the couch. His associations were difficult to follow and he experienced me as absent. He complained about the darkness outside and experienced an increase in feelings of inadequacy with male co-workers. Interpretations around aloneness, loss, and abandonment did not assuage these feelings. He felt that since he had been using the couch his competitive ability at work had deteriorated, and he feared losing his job. He also experienced greater depression than usual, so that his experience on the couch seemed more negative than positive. In all likelihood, passive-dependent longings as well as homosexual wishes
were intensified on the couch, but it was too early in treatment to
tolerate the exploration of such feelings.

When, with my agreement, he changed from the couch to the
chair, Mr. F. tried to intimidate me and was sexually provocative. He
watched me carefully for any signs of responsiveness, anxiety, or
uneasiness to his velvety voice as he described in detail how no
woman could resist him. He also used various piercing eye stares
and domineering tones of voice to attempt to make me feel anxious
and under his control. We were able to discuss his various maneu-
vers toward me and their aims. We talked about how he used sex and
power ploys to compensate for his underlying feelings of inadequacy.
From an early age, he lured little girls into deserted places and, in
his words, “felt them up.” As an adult, he felt he could seduce any-
one, needed very frequent intercourse, and had sex several times a
night. He hoped to someday be monogamous, but felt incomplete
with only one woman.

He never felt relaxed with other men. Although he considered
himself a perfect “people reader,” and praised himself on his ability to
read and manipulate others, he was not at ease with other men. He
began to talk about homosexual fantasies with lessened anxiety. He
attributed his suspiciousness about his upper-class co-workers to
their contempt for his lower-class origins. He felt they considered
him an outsider and would usurp his power if it were in their interest
to do so.

It was very difficult for him to make the connection between his
reactions to these men and castration and retaliatory fears over oedi-
pal longings. He experienced both his mother and father as cold and
distant, felt terror toward his father, and was distant and mistrustful
of his brother. Both early empathic failure and later intense oedipal
anxiety led to the development of cold, unloving, and dangerous
inner objects that were projected onto his adult relationships.

Behind Mr. F’s narcissistic, controlling, dominant, and sadistic
manner was a man who felt threatened, anxious, fraudulent, suspi-
cious, and potentially victimized by both the men and women in his
world. In his attempt to possess, control, and humiliate others, his
sadistic triumph was shortlived. Threats to his control mechanisms
left him anxious and agitated. Beneath his grandiose, dominant, and
smooth facade, he experienced himself as weak and ineffectual, and
defended against infantile passive-dependent and homosexual long-
ings. While he attempted to use women to regulate feelings of rage, helplessness, and inadequacy, his attempts were less than successful since both women rebelled at the role in which he placed them.

In analysis, we were able to see how his narcissistic, grandiose veneer did not successfully obliterate feelings of anxiety, fraudulence, suspicion, and doubts about his ability to maintain his place in the adult world. In spite of his many accomplishments, he felt inadequate and helpless and internalized neither the love of the two women for him nor his professional success. At bottom, he felt like a helpless fraud. The vulnerable little boy whose father never spoke to him, but rather terrified him, and whose mother was too angry and cold to relate to him on an emotional level, was thinly disguised behind the successful, seductive, powerful sadonarcissist.

SUMMARY

The narcissist and borderline personality types complement one another's defensive style providing needed defensive externalization of disavowed and split-off feelings. One is exploitative, grandiose, and dominant, forever seeking admiration and exhibiting an aggrandized self; the other experiences humiliation, neediness, helplessness, and terror of aloneness. They form a powerful complementary dyad wherein each identifies with disavowed emotional experiences displayed in the other. They can coexist for lengths of time, defensively discharging unwanted feelings. In the first case presented above, the transference was split initially, with the masoborderline patient being victimized and humiliated by her sadonarcissistic lover. In the second case, a male sadonarcissist enacted disavowed feelings through relationships with masoborderline women. In both cases, defensive enactment was fed by a complementary, intense, and symbiotic relationship. Complementary dynamics can be subtle and difficult to analyze. They involve defensive identification that draws on projection, enactment, and externalization—all difficult defenses to analyze. Enactment rather than remembering is inimical to the development of insight into transference and genetic connections and must be worked through for the analysis to progress. More than the usual analytic patience and resolve is needed to work through the difficult entrapments caused by these dynamics.
REFERENCES


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