

## On Narcissism and Masochism in the Fetus and the Neonate

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**Abstract:** None available.

**Full Text:** Headnote ABSTRACT: The development of narcissism and masochism is examined by utilizing new data from movement observation, in general, and from observations and notation of fetal movement, in particular. This has led to the recognition that fetal movements are motor precursors of psychic functioning. The suggestion is made that both narcissism and masochism have their Anlage in utero. Because the fetus primarily grows and achieves progressive integration, the ratio between his integration and self-destruction favors the former. The birth struggle occasions a breach of integration which sways the balance in favor of masochism at birth. Primary narcissism, the psychic reflection of growth in the total organism, comes to a peak in various phases of growth. Each developmental crisis which occurs in transition between one phase and the next is marked by a decline of narcissism; its reappearance occurs when a new growth of organs or functions comes to a peak. Some relevant psychoanalytic theories and fetal movement studies are cited. A vocabulary of the Kestenberg movement categories is briefly explained in order to help envisage the relationship of movement patterns to psychic development. In the course of many decades psychoanalysis has developed new insights which have overlapped with old ones. As a result, there are a host of divergent interpretations, including the concepts which are the subject of this paper, namely the early stages of narcissism and masochism. In this paper we shall examine the development of narcissism and of masochism by utilizing new data from movement observations in general and of notations of fetal movement in particular. We think that there is a balance between rhythms serving the Life instinct and the Death instinct respectively (Freud, 1920). Primary narcissism and masochism do not disappear in infancy. They create new ratios between these two tendencies described by Freud, each of which serve survival in its own way. Aggression directed against one's own body serves extinction. In *Beyond the Pleasure Principle* (1920) Freud wrote that ". . . Eros operates from the beginning of life and appears as a 'life instinct' in opposition to the 'death instinct'..." implying that narcissism exists when life exists (p. 60, Fn.). In a further passage in the same work he stated that being born is a step from "... an absolute self-sufficient narcissism to the perception of a changing external world and the beginnings of the discovery of objects ..." (p. 130). Ferenczi (1923) assumed that there is pleasure in intrauterine existence to which all individuals want to return throughout their life. With the introduction of Eros, the concept of libido was extended to individual cells. Balint (1968) pointed out that there is a complex harmonious relationship between the fetus and his intrauterine environment, such as the amniotic fluid and placenta. This relationship is analogous to our relationship to the air and the nourishment we received in the extrauterine environment. Grunberger (1979, p. 15) speaks of fetal narcissism and, in continuation of Freud's idea, assumes the fetus lives in a state of "prenatal elation," without stimulation from external forces. Green (1986) distinguishes the id's elation or narcissistic expansion from primary narcissism which, for him too, is a state of lowering tension to a zero level (p. 129). Recent advances in prenatal and perinatal development do not support the theories that the fetus is in a continuous state of zero tension and is fully protected from external stimuli. Through the use of ultrasonography Birnholz and his co-workers (1978) discovered many spontaneous fetal movements, the earliest being sporadic and jerky. As integration proceeded, these movements gave way to more regular and sustained actions. They saw twitching at 7-10 weeks of gestation, independent limb movements by 10-12 weeks. After 24 weeks sucking and respiratory movements of diaphragm and chest were noted. Although spontaneous movements are already operative, one cannot be sure which of them are by cellular activity, such as electric potentials (Graves 1980). Milani Comparetti (1981), a pioneer in fetal movement studies,

distinguishes two types of fetal movement patterns which develop sequentially between 10 and 20 weeks of gestational age. The Primary Motor Pattern (PMP) is functional before the corresponding brain structures develop, and enhances brain development. Eventually the fetus acquires skills which become automatic and can be produced at will. These operate by means of Primary Motor Automatism (PMA). The acquisition of automatism enables the mature fetus to move around as if searching for the 'softness' of the pelvic inlet, into which he pushes his head with alternating rotations (p. 185). Another PMA, used for collaboration in labor, is the fetal propulsion pattern. Having surveyed the embryonal and fetal movement studies, we can no longer speak of the fetus' blissful inactive state (Freud, 1920; Grunberger, 1979) with the exclusive aim of primary narcissism to lower the tension level to zero (Green, 1986). In the context of his paper, Graves (1980) supports Hartmann's (1939) thesis of inborn apparatuses which are independent of drives and conflicts. Disregarding the development of the id, he concludes that there are prenatal precedents of ego functioning in the fetus. Rascovsky (1956) and later Milakovic (1967) hypothesized a prenatal libidinal phase of development which implies prenatal psychic structures encompassing id and ego. The existence of primary motor patterns (Comparetti 1981) before they become integrated into the primary motor automatism suggests that there is a sequence of structures foreshadowing id development which are followed by those foreshadowing ego development. Freud spoke of narcissism as arising from the body and the id; at other times he stressed that the ego is the seat of narcissistic libido. This confusion can be overcome by the proposition that narcissism is necessary for all structures to develop, to mature, and to function. Recent literature abounds in data about the ways pre-birth memories are elicited in children and adults (Verny, 1981; Laibow, 1989). Earliest experiences are usually recalled by way of narcissistically invested iconic and kinesthetic images (Kestenberg, 1988). It is much easier to elicit them when one uses a language that corresponds to the movement vocabulary of the fetus. Further insight into the psychological development of the fetus will emerge as we now turn our attention to patterns of movement characteristic of all living tissue, namely tension-flow and shape-flow changes. Having studied the role of movement patterns in development for several years, the Sands Point Movement Study Group constructed a movement notation and introduced a movement vocabulary which is related to psychoanalytic categories of psychosexual development and examines psychomotor development from its earliest origin.

**TENSION-FLOW AND SHAPE-FLOW** Every movement flows via changes in tension and via changes in shape. Once these changes not only "happen," but also come under the control of higher patterns (effort and shaping of space), they are governed by secondary processes, typical of ego functioning. Tension variations, from free to bound flow and from bound to free, serve the facilitation of impulses (free flow) and their inhibition (bound flow). These consecutive changes underlie the expression of affects and drives. Affects operate with several attributes on tension-flow: high or low intensity, even levels of tension or adjustment of levels, and abrupt or gradual building up or lowering of tension. These attributes are applicable to every type and shade of feeling. Each drive component, be it oral, anal, urethral, inner genital or phallic, has its own rhythm discharge form, varying in accordance with varying attributes evolving simultaneously or in succession (Kestenberg & Sossin, 1979). An example is the monotonous rhythmic repetition of alternating free and bound flow used in sucking, which contrasts with a phallic abrupt upsurge of tension in varying intensity of tension. Built into this discharge process is the route the discharge takes, inward or outward. Flexing, we come close to our body and stretching, we distance ourselves from the body and reach into space. Flexing changes the shape of the body, as if the limbs and the torso were shrinking; stretching does the opposite-the body seems to grow. Whereas the basic flow of tension consists of changes in the freeing or inhibiting of impulses, the flow of shape alternates between growing and shrinking of body shape. The relationship between these patterns can be exemplified by breathing. Filling ourselves with air, we grow, moving freely until bound flow stops the intake. We shrink then, releasing the air. Fetal breathing movement occurs in middle and late pregnancy, but stretching and flexing are much earlier patterns. Shape-flow patterns are used in the service of relatedness to the environment and to objects or persons. We distinguish between bipolar shape-flow, which is a response to the environment and can

encompass the whole body, and unipolar shape-flow, which is a local response to discrete local stimuli. If the stimulus is pleasant, the stimulated body part grows toward it like an amoeba sending a pseudopodium to the source of nourishment. If the stimulus is noxious, the body part shrinks away from it. These two systems, tension-flow and shape-flow, are intertwined and operate in conjunction with each other, producing either harmony or clashes. Our tension-flow and shape-flow notations are predicated on the recognition of and memory for kinesthetic sensations. Pregnant women easily learn to notate the fetal movements they perceive. They also note how the fetus changes his shape and position. They feel and see the bulges in their abdomen, and they feel the rolling or the coiling motions of the fetus. They perceive that the fetus grows in width, in length, and in depth. We have learned from the notation and interpretations of these movement patterns that the expressive and communicative language of movement can convey the nature of psychic functioning. We can distinguish libidinal from aggressive types of rhythms of tension-flow, as for instance we see clear differences between sucking (oral-libidinal) and biting (oral-sadistic). We can also distinguish whether the libido or aggression is directed inwards or outwards. Our study of prenatal and postnatal development of narcissism and masochism are derived from our observation of these distinctions. A libidinal type rhythm which is accompanied by growing of body shape underlies a narcissistic investment in the body. Masochistic investment in the body is expressed in the combination of a sadistic type rhythm with a shrinking of body shape, such as seen in elimination of body products. Growing of body shape (filling oneself), is expressive of narcissistic relatedness to the environment, to objects or the self. In each new growth spurt there is a loss and a gain, a painful giving up of the known and, if all goes well, eventually a prideful confidence in new accomplishments. In periods of integration there seems to be an equilibrium between narcissism and masochism in which narcissism predominates. This seems to apply to intrauterine growth of the fetus as well. Growth is facilitated by investment of the growing body parts or systems with libido and turning the aggression outwards. The narcissistic investment helps to overcome the self-destructive tendencies in the organism. They are driven outward. Where life is endangered, it is more precise to speak of masochism rather than self-destructive drives. Especially where life is endangered but the body does not succumb to death, the endangered parts have a chance to recover when narcissism neutralizes the aggression towards the self. When growth is unimpeded and progressive, the narcissism of the body and the budding psyche increase accordingly. When noxious substances accumulated in the body are life-threatening, the fetus becomes distressed and probably feels pain; at that point investment with libido is not enough to overcome the threat. Aggression must be turned outward and the noxious substances expelled. Inasmuch as growth forces predominate in utero, we can assume that primary narcissism operates there. Can we also assume that there is pleasure when needs are satisfied and pain when they are not met? If they do operate in utero, probably in the last trimester of gestation, their character must be different than that we are accustomed to experience as adults. Crying has been observed in utero and a smile of pleasure has been seen during the bath of newborn infants delivered by the Leboyer (1976) method. We think of them as precursors of discomfort or comfort. Birth seems to be a turning point whereby comfort-giving stretching overcomes the tendency to flexion. The latter leads to discomfort and counteracts consciousness. The neonate's motor behavior indicates a high degree of arousal, especially if he is subjected to intensive, new stimuli such as light and noise. His first extrauterine movements are shrinking rather than stretching. He has at his disposal shapes of pain and pleasure which can be seen in the shapes his face assumes in quick succession. The forehead shortens, the brow frowns. The eyes close tightly. All his vital functions need readjustment to his new environment. However, if not bombarded by new and intense stimuli, he quiets down. The birth process is a landmark of change of environment during which primary masochism predominates and is followed by progressive investment of the libido in growing organs and systems. Primary narcissism is a psychic reflection of growth in the organism guaranteeing survival. Primary masochism, a mixture of aggression and libido, directed inward, evokes a survival mechanism which fosters the expulsion of the fetus when he can no longer grow in the intrauterine environment. To grow and to turn outward in order to

get succor from the outside, the fetus takes in, and in so doing he stretches. Perhaps when the fetus is attracted to the softness of the uterine mucous membrane he touches it. This seems to be one of the first manifestations of relatedness, which matures and differentiates in the extrauterine environment. It seems to be essential for the fetus to initiate his own birth. We have come to the conclusion that not only narcissism is life saving, but also masochism, as both come into the service of survival. Narcissistic investment of the body helps growth and maturation; masochism signals danger to life and initiates the expulsion of growth impeding substances outward. With each transition into a new phase one feels a mixture of pain and pleasure, spurning the lost pleasure, mourning the lost pleasure, and looking forward to the new pleasures. During such a transition, aggression has to be directed outward to actively bring about and enhance pleasure. The most basic transition from one state to another is the time of birth. As aggression is directed outward, self-destructiveness is diverted to the outer world. As the neonate gets accustomed to many other stimuli, but has the opportunity to return to the state which he experienced in utero, his narcissism increases and his aggression directed to himself decreases. By turning his aggression outward he can practice his extrauterine skills. He immediately fills himself with vital substances, air, nourishment, and he reacts to discrete stimuli. When he begins to distinguish between his body and that of the caretaker an ego function has developed which is at the root of object relationships. This also constitutes a transition from primary to secondary narcissism, which derives from the rhythm of investing libido outward and inward. Primary narcissism, the pleasure in growth, does not disappear, but increases periodically in periods of growth and maturation. We have characterized primary narcissism as intrinsic to the development of vital functions. But what about the aspect of narcissism which we usually associate with pleasure? Can we also assume that there is pleasure in utero when needs are satisfied and pain when they are not? As we have said, their character must be different. Our research indicates that the motor substrates of pleasure and pain (free and bound flow of tension), accompanied by motor expressions of comfort and discomfort (growing and shrinking) are there.

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