CHAPTER 8

The Narcissistically Determined Object-Related Disorders: The Phobias
Pregenital Determinants

Introduction

A phobia refers to the avoidance of any stimulus that can evoke anxiety of panic proportions, expressing a threat to the integrity of the self. The anxiety does not have a signaling function as is present with the structure of castration anxiety. It is also not equivalent to the anxiety accompanying a state of overstimulation, which is associated with and bound by proliferative fantasy activity. The anxiety is of a loss of organization and of the functional capacities of the self. This phobic anxiety is at the foundation of all neurotic, object-related symptom and character pathologies. However, in the neuroses, there are structures, mechanisms, and processes available to form the various distortions manifested in pathology.

In the neurotic disorders, cohesiveness and stability are sufficiently structuralized that the genital fantasies of the oedipal conflict can exert their organizing influence. New structures are created enabling the unseen dimension on the continuum of biophysiologic demand and the independent qualities of an object to be registered and represented. The linkages provided by the oedipal fantasies are necessary to structure a foundation for negotiating the shift from a narcissistic to an object-related perspective. In
hysteria, these object-related perceptions are partially enhancing and partially traumatic, and the self-system of representations is overdeveloped in the service of defense. The formation of hysterical symptoms signifies that some partial resolution of the oedipal conflict has been attained and that new object-related experiences can be registered with the regulatory support of symptomatic compromises. Hysterical character pathology is manifested when symptoms are ineffective, or when fixed phallically determined prohibitive attitudes are necessary to defend against phallic and genital instinctual overstimulation. Object-related perceptions are traumatic in obsessive forms of pathologies, and the object system of representations is defensively overelaborated. Obsessive character pathology is manifested by fixed anally determined prohibitive attitudes, which are necessary to defend against anal-sadistic and anally influenced genital instinctual demands. Obsessive symptoms develop as a regulatory measure when there is a regressive breakdown in function of the fixation point on the introjective arm of perception.

The formation of a symptom involves a compromise that encompasses the representation of instinctual activity and defense, a superego response, and an aspect that is adaptive to the demands of the external world. The compromises necessary to construct a symptom depend upon the evolution of a considerable degree of representational capacity and structural development. In a phobic situation, this is not the case. A phobia is a narcissistic disorder in which any stimulus that evokes a threat to cohesiveness must be avoided. Although symptoms develop upon the foundation of a threat to cohesiveness, this phobic situation is a precursor of, and motive for, the mental activity that eventuates in forming a symptom. The phobias are the result of an inability to negotiate the shift from narcissism to object relatedness and are fixated to a greater or lesser degree in this perceptual and structural position.

I have referred to the phobias as narcissistically determined and as object-related disorders. They are characterized by a structural organization in which cohesiveness has been established, but the structures uniting and differentiating the self- and object representational systems are highly unstable, function ineffectively, and are threatened with dissolution. The continuing expansion of