

Narcissism and Dependency in the Obsessional-Hysteric Marriage

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Marriages in which one partner is an obsessional neurotic and the other an hysteric lead to certain patterns of difficulty and conflict that are functions both of the character structure of each and of their interaction. The central dynamic task of marriage is the development and integration of constructive and viable patterns of intimacy. Both the obsessional and the hysteric have serious problems with intimacy and introduce into the marriage distortions and limitations of experience which restrict or even bar intimacy. This paper will examine some of the interpersonal and transactional dynamics considered especially important in such relationships.

THE OBSESSIONAL man and the hysterical woman¹ are often attracted to each other. They see each other as complementary to their own style of living, and indeed they are. The hysteric is the more expressive personality. She is vivacious, emotional, empathic, and spontaneous. The obsessional, in contrast, is the more organized personality. More contained and intellectualized, he is more logical, controlled, and achievement oriented. These factors of outward style aid in the initial idealization each makes of the other. The hysteric sees the obsessional as the strong silent man, profound, organized, and suc-

¹I designate the obsessional as male and the hysteric as female for convenience and because of the frequency of this sexual distribution in our culture where hysteria is more congruent with role expectations of women, and obsessionalism is more compatible with the male role. There are marriages in which the male is the hysteric and the woman the obsessional.

cessful, while the obsessional views the hysteric as being warm, vital, loving, and fun. Both see in the other's outward style evidence of precisely those characteristics they would like to see in themselves. They see in the other an opportunity for change and growth, a complementary relationship which may be therapeutic for their own inadequacies and liabilities or, at the very least, might enhance their own experience (1). To this extent, then, the attraction has elements of healthy striving. Such persons often change and grow considerably, if the marriage can survive the conflicts created by their respective problems with intimacy.

Unfortunately, these initial idealizations fall far short of an adequate awareness of the complexities of the other as a person. For the outward styles often enough are created by, and tend to obscure, those very neurotic factors which can subvert the opportunity for intimacy.

Both the hysteric and the obsessional have problems in the areas of dependency and narcissism (6). The dynamics of these problems, however, differ in each personality, and in their differences we find important clues to an understanding of the conflicts which occur when they interact.

Although the hysteric is overtly identified with her narcissism, her basic problems lie in her profound dependency. Overwhelmed in her childhood by affective overload, she develops feelings of helplessness, which she attempts to solve by dependence on others for care, protection, and nurturance. Her dependency becomes the most pervasive motivational force in her life, while remaining largely implicit and covert—rationalized and denied in various ways. Her narcissism, on the other hand, is openly avowed. Her flamboyance and exhibitionism, her flirtatiousness and need to excite interest and attention, are accepted aspects of her self-system, used to secure the care she craves. Her narcissism, in other words, is largely in the service of her dependency.

The obsessional has a contrasting relationship to his dependency and narcissistic needs. Openly passive and dependent, his more basic fault lies in the area of his covert yet pervasive narcissism. The conditions of the obsessional's early life were so fraught with ambiguity and disguised aggression and rejection that he has little self-esteem (2). Narcissism becomes the impoverished substitute for the feelings of personal significance he lacks. Since approval for achievement has been the counterfeit for love in his life, he tries unceasingly to prove his worth by his performances in the non-personal world and by the

admiration and approval he can glean from his personal relationships. His overt dependency and passivity in personal relationships become his way of achieving these narcissistic goals by being "right" and "good." Thus, in contrast to the hysteric, the obsessional's dependency is in the service of his narcissism.

In their interaction, the covert claims of each—in the hysteric, her demands for anaclitic or dependent gratification and in the obsessional, his implicit order for narcissistic supplies—are the source of the greatest pains each suffers. Almost unerringly, each wounds the other in the area of their greatest vulnerability.

The hysteric, in her dependent craving for contact and care, threatens the obsessional, whose fears of exposure and whose shame and self-contempt cause him to perceive tenderness and intimacy as risks he cannot afford. His response to this threat is to avoid intimacy, to withdraw and create emotional distance, to inhibit affect and action. The hysteric, her anaclitic needs thwarted, responds to his avoidance by feeling unloved and rejected and by frantically attacking the passivity and withdrawal of her mate. The obsessional views this response as criticism, rejection, and scorn and reacts with further retaliatory withdrawal and distantiation.

Further complicating matters, the hysteric's overt narcissistic and exhibitionistic display, which is her way of gaining attention and love, is distorted by the obsessional and seen as competition, control, and "taking over." He begins to feel that he is perpetually living in the shadow of her "personality" while feeling inept and unable to compete at this level because of his self-contempt. Similarly, the obsessional's passivity and dependency in the relationship, which represent his deep sense of ineptness and inadequacy is distorted and personalized by the hysteric as indifference and rejection.

The wounds inflicted on the obsessional in such a marital interaction, then, are primarily narcissistic wounds, i.e. blows to the vanity and false pride that are his closest approximation to self-esteem. The wounds suffered by the hysteric in such a transaction are primarily anaclitic, i.e. they are based on her dependent claims which arise from her lack of self-esteem and fears of autonomy. In effect, each is geared to inflict wounds on the most sensitive, covert, and guarded needs of the other. Where the character pathology is not too severe, this may lead to a desensitization of neurotic hypersensitivity and to personal growth in both partners. But in many such cases, self-esteem is too low, and sensitivity too great, for such a favorable resolution.

Instead, from the logical structure of their own systems, each feels progressively more injured and simultaneously more justified, "right," and indignant in their perception of the other as hateful, attacking, and rejecting.

Despite the obvious withdrawal of the obsessional partner and the propagandistic claims of the hysteric, it is important to recognize that neither partner can permit real intimacy. The obsessional's fears of intimacy center around his shame and fears of exposure, and finally on his abysmally poor self-esteem. His solution to this dilemma is that of withdrawal and distantiation. His claims in the relationship are largely for approval and recognition. His notion of a comfortable relationship is one where he is considered "right" or "good." The hysteric's fear of intimacy is often obscured by her incessant craving for physical and emotional contact. This contact is essentially infantile rather than collaborative and has the quality of a search for adequate nurturant care. A good relationship to her is a form of symbiosis in which merger rather than intimacy occurs.

The psychological thrust of each, then, is away from the authenticity, knowledge, and shared experience which are requisite to any mature intimacy. The direction is rather towards self and, more particularly, towards fulfilling the narrow requirements of one's own historically and characterologically determined needs for security.

The cognitive difficulties characterizing each of these personality types add to the misunderstanding and conflict. The hysteric, as I have previously suggested (3), characteristically explodes affective data of experience before they can be organized and digested meaningfully. Her comprehension of experience is consequently crude and imprecise. Her communications are more related to sensate than syntactic experience and are consequently often exaggerated and highly colored. At the same time, the hysteric's assets lie in this very area of feeling and affects. Her empathic and intuitive sense of interpersonal events and transactions, her expressive ability to convey emotional experience to others, and her willingness to chance action and commitment also arise from the development of the sensate area of cognition.

The obsessional's cognitive difficulties are rather different. As the hysteric explodes affect, so the obsessional implodes or contains them. Fearing self-exposure and self-contempt, he avoids making certain interpersonal inferences which might organize the implications of on-going experience. He maintains disruption of these inferences by

implosion of affects, a mechanism in which the disorganizing effects of contained affects are used to jam and restrict these thinking processes. He becomes syntax bound, excessively literal, and legalistic because of these thought disturbances. The ambiguous referential systems based on the duplicity of his early experience lead to the ambivalence, indecisiveness, and lack of commitment so typical of obsessional living. His assets, such as his organization, attention to details, and his ability to think theoretically or at high levels of abstraction, are based on his development of the syntactic area of cognition.

The interplay between these disparate cognitive systems creates a crucial gap in understanding between the hysteric and the obsessional, even when communication is attempted. On one level, they tend to become somewhat competitive. Each sees the assets of the other's style and envies them. The obsessional admires the empathic, intuitive, and expressive abilities of the hysteric, and she is in awe of his organization, logic, and his ability to think in generalizations.

At the same time, the liabilities inherent in each system create problems. The obsessional is remarkably dense about the most obvious implications of his behavior and its impact on his partner. In his need to maintain innocence, he dearly wishes to be taken at face value. The obsessional typically maintains that his controlled, modulated, and inhibited style is proof of his lack of hostility and good intentions. In the face of even the most dire effects of his "benign" behavior, he maintains that his intentions and motives are good and that any negative results are accidental or unrelated to his wishes.

The naivete of the hysteric differs considerably from the innocence of the obsessional. Her seeming lack of awareness is more often a facade covering underlying intentionality. She idealizes and rationalizes her motives, e.g. insisting that her exaggerated and often attacking manner be overlooked because of her loving and intimate intent. And like many affectively oriented people, she is convinced that merely because she feels something it must, therefore, be true and right.

The resulting difficulties in communication and in understanding compound the interpersonal conflicts and further complicate attempts at intimacy. Maskin (7), once suggested that such marriages be issued "translating machines" which would be pre-programmed to translate the communications of each spouse into the style of the other. And indeed, such translating services are often a necessary task for the individual or marital therapist. But, more frequently, the problems

with meaning and understanding are more profound. The mutual distortions, misperceptions and illusions of both about themselves and the other are not merely stylistic, but have their roots in profound differences in the organization and dynamics of their experience with living.

The power structure of the obsessional-hysterical marriage adds to the marital conflicts. Power motives, techniques, and tactics exist in both partners but proceed according to an implicit contract concerning power, aggression, and hostility that is modeled in accordance with their contrasting dynamics.

Obsessional aggression in intimate situations is largely covert (4). Passive techniques and inhibition of action are the obsessional's choice techniques for aggression and hostility. He is hostile more by omission than commission—a disarmingly effective technique especially when used against the hysteric whose comprehension of experience is often simple enough not to know when she has been hit. The aggression of the hysteric, on the other hand, is explosive and often assaultive in style. Hysterical aggression and hostility is exaggerated, poorly organized, and often misdirected. Characteristically, it often approximates but does not quite hit the mark. This quality of personal onslaught is especially effective and painful to the obsessional because of his low self-esteem and need for approval and admiration. Its effectiveness is augmented by the obsessional's distortion of the hysteric's style, based on his own narcissistic absorption and his hypersensitivity to conflict.

The tactical situation often proceeds as follows. The obsessional is the quiet, reasonable, "good" one in the relationship. He silently suffers what he considers the abuse, attacks, and humiliation of the hysteric's assaults on his integrity and self-esteem. Covertly, through passive techniques, withdrawal, and withholding operations, he manages to retaliate for these blows to his narcissism. The very style of his retaliation, moreover, is perfect to create the greatest havoc with his hysterical partner, striking, as these techniques do, at her greatest vulnerability—her dependency. The hysteric's role is that of the lively, vivacious purveyor of "intimacy." Incessantly hungry for contact to assuage her dependency, she couches her anaclitic claims in terms that are most culturally accepted. Her righteous indignation and pain over the obsessional's distantiation becomes, in effect, a neat critical riposte that strikes directly at the need to be right and good so central to the obsessional's narcissistic needs.

Both, then, engage in the power game, though their motives, and techniques differ. The obsessional engages in power operations covertly, and rationalizes them as competence, effectiveness, and reasonableness. His power techniques are ultimately in the service of his narcissism but are given form by his superficial dependency. The hysteric plays the power game openly and rationalizes it as care, love, and intimacy. Her power operations are ultimately in the service of her dependency, but are given form by her superficial narcissism. At various times during the marriage, one or the other style of power operation becomes more effective and prominent, but at all times both exist.

The sexual conflicts that occur in the obsessional-hysteric marriage evolve from the fact that both partners have serious problems with intimacy and with the ability to collaborate with another towards goals of mutual satisfaction. The hysteric's fears of affectivity and her superficial narcissism combine to create the typical picture of seductive frigidity. Basically fearful of penetration, of her own emotional and sexual responsivity, and of her dependency, she is often relatively or totally anesthetic to the sexual experience. At the same time, her conscious needs for attention, admiration, and proof of her desirability lead her to provocative behavior with men. In some hysterics, concern over frigidity may lead to promiscuity in search of satisfaction, especially where acting out has become a prominent solution to the anxiety of isolation. Anesthetic phenomena may predispose to sexual masochism where morbid dependency is extreme.

The obsessional also has sexual problems related to his difficulties with intimacy (5). His shame and fears of exposure limit spontaneity and emotional expressiveness, which are essential for ideal sexual interaction. His solution is the mechanization of sex, in which he substitutes performance for expressiveness. The frequent depressions found in obsessionals may lead to withdrawal or disinterest in sex. Periodic or even total impotence may occur in some patients. In others, ruminations may result in retarded ejaculation, while in still others—whose fears and distrust of women reach almost paranoid proportion—premature ejaculations may occur.

The sexual situation in the obsessional-hysteric marriage varies with the degree of character and sexual pathology of each participant and often with the power structure and patterns of dominance which emerge in the marriage. In a more-or-less typical interaction, the picture is that of the mechanically adequate, but uninspired male, com-

plaining about his reluctant wife who cannot be sufficiently aroused. His passivity prompts his complaints that she is insufficiently responsive or active sexually. His fantasied wishes are for active, even aggressive women, and for fellatio as the total fulfillment of his passive wishes. The lack of passion, sterility, or tentativeness of his sexual performances prompts the hysterical partner to feel herself rejected and unloved. She then attributes her own lack of sexual response to this rather than to her own anxieties about sex. Her needs for verification of her desirability often leads to fantasies of rape or seduction. Her dissatisfaction with the sexual situation leads the obsessional partner in turn to doubt his performance and withdraw further from exposure and sexual intimacy, even to the point of periodic impotence.

In any given marital interaction, shifts in the power structure of the marriage, or in the extent of pathology of either partner, may cause the situation to improve or deteriorate.

In summary, then, I find that many of the crucial problems of the obsessional-hysteric marriage are functions of the contrapuntal dynamics of the themes of dependency and narcissism, which are central to the personalities of the partners. These themes are often directly acted out in the marriage and create the narcissistic and dependent wounds so typically suffered by the obsessional and hysteric, respectively. They also pattern the nature of the power structure of the marriage and even contribute to the sexual difficulties that typically occur. In both individual and marital therapy, an appreciation of these dynamics aids in clarifying the distortions, the hurts, and the misunderstandings that increasingly diminish the opportunities for successful integration of intimacy.

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