Review: narcissistic object relations and pathological organizations of the personality

In this chapter some of the previous work on psychic retreats and pathological organizations of the personality will be reviewed. The literature is so vast and the subject has been looked at from so many different points of view that I am not able to attempt a comprehensive survey, and I will, for the most part, restrict myself to those authors who have influenced me personally. The particular approach I have followed goes back to Freud's concern with the obstacles to progress in analysis most clearly expressed in 'Analysis terminable and interminable' (1937). Freud connected these obstacles with the operation of the death instinct, which he saw as setting an ultimate limit to the success of the individual's struggle with primitive destructive forces. These forces, which interfere with his capacity for love and creativity, threaten him from within and from without, and their reality may be so difficult to accept that omnipotent defences are mobilized to deal with them. It is these omnipotent defences struggling with primitive destructive elements in the personality which create the most serious problems in analysis and which become manifest in pathological organizations of the personality. The most important of these omnipotent defences later came to be studied under the heading of projective identification but was already implicit in the early studies of narcissism and narcissistic object relations. The work on narcissism again began with Freud (1910, 1914) but was developed by Abraham (1919, 1924) in his study of narcissistic resistance, and by Reich (1933) in his work on character analysis and his introduction of the idea of a 'character armour'. These studies led on to those of Melanie Klein and her successors, of whom Bion, Rosenfeld, Segal, and Joseph have been particularly influential.

It is important to recognize that this Kleinian approach is only one among many held by analysts who have studied the same and related areas of mental life. For example, obstacles to progress and to contact have often been studied under the heading of 'character disorder' and 'character resistance'. Sometimes different diagnostic types of character structure are examined, and an important contributor in this area is Kernberg (1967, 1975, 1976, 1979, 1983), who has described in detail distinct groups of narcissistic and borderline patients. To each of these he prescribed specific treatment strategies, some of which involve significant departures from classical psychoanalytic technique. Kernberg believes it is possible to define specific types of personality organization and to allocate patients accordingly. His work stresses different types of pathological organization of the personality, whereas mine attempts to identify features which are common to them all.

Many other writers have described character disorders from a variety of perspectives; for example, Nunberg (1956), Leowald (1962, 1978), Gitelson (1963), Loewenstein (1967), Giovacchini (1975, 1984), and Cooper (1986). Lax (1989) provides a review of some of this work which links obstacles to progress in analysis with character defences.

The study of developmental stages and the effect of fixations and regressions to these is another approach which is widely used to study the problem of stuck states and of patients being out of contact. Here the work of Balint (1968) and Winnicott (1958, 1965, 1971) brings an emphasis on regressions to states of mind in which development is slow or non-existent. Winnicott has, in addition, studied the situation where real contact with the patient is obstructed by the development of a 'false self' (Winnicott 1960), building on the description by Deutsch (1942) of the 'as-if' personality. Of particular importance in the study of psychic retreats is the work of Winnicott on transitional objects and transitional spaces (Winnicott 1953, 1971). There are many similarities between transitional spaces and psychic retreats but also some central differences. In particular is the value given by Winnicott to the transitional area which he sees as a place of cultural and personal development. In my approach, I emphasize them as areas of retreat from reality where no realistic development can take place. In my view, the retreat often serves as a resting place and provides relief from anxiety and pain but it is only as the patient emerges from the retreat that real progress can occur.

Many writers have made links with research in child development and this area of study has been greatly influenced by the work of Margaret Mahler (Mahler, Pine and Bergman 1975; Lax, Bach and Burland 1980). Her study of 'separation-individuation', which is concerned with separation anxiety and the development of a sense of separateness in infants and small children, is of particular relevance. A somewhat different approach which also relates developmental
pathologies with mental structures and organizations is that of Fonagy, who introduces the important concept of 'theory of mind' to discuss the child's development of the capacity to view his objects as real persons with mental states of their own. Fonagy (1991) discusses this idea in relation to the pathology of a borderline man who was traumatized as a child, and with Moran (Fonagy and Moran 1991) describes developmental processes which are responsible for various forms of failure to develop, leading to borderline pathology.

I decided that a thorough survey of these and many other related writings would take me too far from the central aim of this book, and I found that it was also not practical to review some of the basic concepts which have arisen out of the work of Klein and her followers. In particular, the reader is assumed to have some understanding of 'projective identification' (Klein 1946; Rosenfeld 1971b; Feldman 1992; Spilius 1988a and 1988b) and 'containment' (Bion 1959, 1962a; 1963; Britton 1992) which are essential to a full understanding of pathological organizations of the personality.

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One of the consequences of projective identification is that the subject relates to the object not as a separate person with his own characteristics but as if he is relating to himself. He may ignore aspects of the object which do not fit the projection he may control and force or persuade the object to enact the role required of him. This type of narcissistic relationship was described by Freud (1910) in his study of Leonardo and elaborated in his papers on narcissism (1914). He showed how Leonardo treated his apprentices as if they represented himself as a boy. At the same time he identified with his mother and related to the boy as he wished his mother had related to him. Freud puts it as follows (1910):

The child's love for his mother cannot continue to develop consciously any further; it succumbs to repression. The boy represses his love for his mother: he puts himself in her place, identifies himself with her, and takes his own person as a model in whose likeness he chooses the new objects of his love... boys whom he loves in the way in which his mother loved him when he was a child. He finds the objects of his love along the path of narcissism as we say; for Narcissus, according to the Greek legend, was a youth who preferred his own reflection to everything else and who was changed into the lovely flower of that name.

(1910: 100)

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A study of the narcissistic type of object relationship makes it clear that multiple identifications are involved. In the case of Leonardo an infantile part of the self is projected and identified with the apprentice, while remaining elements of the self are identified with the mother. In other cases, or in the same person at other times, the identifications can shift, and we often see the reversed picture - namely, that the maternal part of the self is projected and identified with an object while the self assumes an infantile identity. Joseph (1985) has drawn our attention to the need to consider what she calls 'the total situation' in these cases, and analysts often need to remind themselves that there is more than one way in which elements of the personality can become distributed among the objects with which the patient is in a relationship.

Narcissistic types of object relationship have been described by many writers. Abraham (1919) discusses narcissism as a prominent source of resistance in analysis, and after him Reich (1933) in his description of character armour stressed the defensive function of narcissistic relationships. Rosenfeld (1964, 1971a), who has emphasized the connection with projective identification, has shown how it can involve the idealization of good aspects but also of destructive parts of the self...

In his early paper on the psychopathology of narcissism Rosenfeld emphasizes defences against separateness and assumes that the mechanism by which separateness is denied is projective identification. He writes as follows:

In narcissistic object relations defences against any recognition of separateness between self and object play a predominant part. Awareness of separation would lead to feelings of dependence on an object and therefore to anxiety. Dependence on an object implies love for, and recognition of, the value of the object, which leads to aggression, anxiety and pain because of the inevitable frustrations and their consequences. In addition dependence stimulates envy, when the goodness of the object is recognized. The omnipotent narcissistic object relations therefore obviate both the aggressive feelings caused by frustration and any awareness of envy. When the infant omnipotently possesses the mother's breast, the breast cannot frustrate him or arouse his envy. Envy is particularly unbearable to the infant and increases the difficulty in admitting dependence and frustration. . . .

When the patient claims to possess the analysis, as the feeding breast, he gives himself credit for all the analyst's satisfactory interpretations, a situation which is experienced as perfect or ideal because it increases the patient's feeling during the analytic session that he is good and important. . . . All these patients seem to have in
common the feeling that they contain all the goodness which would otherwise be experienced in a relationship to an object.

(1964: 171–2)

We can see that projective identification gives rise to a state in which true separateness is not experienced. This state of mind provides relief from anxiety and from frustration as well as from envy, and is idealized. Often the patient believes that the analyst is also spared these unpleasant emotions and assumes that he too idealizes the narcissistic relationship.

Sometimes projective identification can be used in a more global way in which the whole self is felt to be projected into the object. Rosenfeld (1983) refers to this as a symbiotic type of object relationship in which the patient appears to live inside his object, sometimes accompanied by a phantasy that the analyst welcomes this kind of intrusion and reciprocates. More often the intrusion is a destructive one which is resented by the object, and the true nature of the relationship which results is a parasitic one. The patient may, however, idealize it and in this way the destructive nature of the projective identification is denied.

A type of narcissistic organization based on destructiveness was described by Meltzer (1968), who emphasized the cruelty and tyranny but had not yet appreciated the complexity of the organization involved. Discussing an addictive relationship to a bad part of the self which involves a submission to tyranny, he writes:

An illusion of safety is promulgated by the omniscience of the destructive part and perpetuated by the sense of omnipotence generated by the perversion or addictive activity involved. The tyrannical, addictive bad part is dreaded. It is important to note that, while the tyrant may behave in a way that has a resemblance to a persecutor, especially if any sign of rebellion is at hand, the essential hold over the submissive part of the self is by way of a dread of loss of protection against terror.

(1968: 105–6)

Later (Meltzer 1973), he describes the tyranny exerted by the narcissistic organization as follows:

The destructive part of the self then presents itself to suffering good parts first as a protector from pain, second as servant to its sensuality and vanity, and only covertly—in the face of resistance to regression—as the brute, the torturer.

(1973: 93)

It was, however, Rosenfeld (1971a) in his paper on destructive narcissism who gave the definitive description of this type of narcissistic object relationship based on idealization of destructive parts of the self. This important paper focuses on the problem of dealing with internal and external sources of destructiveness, which Rosenfeld relates to the activity of the death instinct. This theme goes back to Freud’s early ideas on the death instinct which were elaborated by Melanie Klein. Although phrased in the now unfashionable language of instinct theory, the basic problem remains central to our understanding of the deepest roots of severe pathology. It postulates the universal emergence of internal sources of destructiveness manifested as primitive envy and threatening to destroy the individual from within. The part of the ego containing such impulses and phantasies is split off and evacuated by projective identification and in this way attributed to others. In the process, paranoid anxieties are created as the envious, destructive impulses are felt to attack the ego from without and a variety of defences are mounted in order to deal with this process.

Rosenfeld showed that it is not only good elements of the ego in relationship with good elements in the object which are idealized but that destructive elements can be similarly treated and that this constitutes a major way of dealing with destructiveness. He argues that a weak, dependent part of the self (the libidinal self) attempts to make contact with the analyst but is prevented from doing so by an alliance of destructive parts of the self in conjunction with destructive objects. This alliance he refers to as a narcissistic organization and he describes how it is often represented in the patient’s material as an unconscious phantasy of a gang or Mafia which is idealized and which presents itself to the libidinal self as a helper or ally. In fact these destructive elements take over the personality and prevent any development and growth.

They may take a psychotic form and offer the patient a delusional world where freedom from pain and anxiety are promised, and their chief aim is often revealed as that of maintaining their hold on the personality and of preventing any real contact with the good analyst and constructive analytic work. Rosenfeld writes:

This psychotic structure is like a delusional world or object, into which parts of the self tend to withdraw. It appears to be dominated by an omnipotent or omniscient extremely ruthless part of the self, which creates the notion that within the delusional object there is complete painlessness but also freedom to indulge in any sadistic activity...

The destructive impulses within this delusional world sometimes appear openly as overpoweringly cruel, threatening the rest of the self with death to assert their power, but more frequently they
elements I go on to emphasize are those which give this structure its highly organized state, and this aspect has also been described by a variety of writers. It is possible to see the existence of pathological organizations of the personality as a complex measure designed to deal with the problem of internal destructiveness, and the study of this subject was greatly advanced by Rosenfeld's work on destructive narcissism.

Pathological organizations of the personality

Perhaps it would be simpler to consider the whole literature on pathological organizations of the personality under the heading of 'narcissistic organizations', but a number of authors have stressed the organized nature of the defensive processes while describing essentially similar mental structures. They have tended to avoid the term 'narcissistic' and to prefer to stress the organized nature of the defences by speaking of 'defensive' or 'pathological' organizations. At the same time they have been aware that such complex structures depend on pathological splitting and projective identification, which implies that a narcissistic type of object relation is involved: Spillius (1988a) reprints several of the relevant papers in this area and provides a clear and insightful commentary on these issues. I will discuss a few of the major contributions in some detail to show some of the influences on my own ideas.

Riviere (1936) is perhaps the first of the authors who studied narcissistic object relations and emphasized the highly organized structure which results from the way objects and defence mechanisms are linked together. In an early study of refractory patients, she dealt chiefly with manic defences, which she saw as the result of narcissistic object relations similar to those described by Abraham (1919). Much of her paper deals with the way manic defences protect the patient from the despair and mental pain of the depressive position and she gives special emphasis to the organized nature of the defences.

Observation has led me to conclude that where narcissistic resistances are very pronounced, resulting in the characteristic lack of insight and absence of therapeutic results under discussion, these resistances are in fact part of a highly organized system of defence against a more or less unconscious depressive condition in the patient and are operating as a mask and disguise to conceal the latter.

(Riviere 1936: 138)

Here Riviere emphasizes the defence against depressive anxieties...
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which confirms the well-established link between mania and depression. I will argue later that pathological organizations of the personality also protect the patient from the anxieties of the paranoid-schizoid position, and indeed may evolve primarily to deal with these more primitive states. This is clear in the cases described by Segal (1972) and O'Shaughnessy (1981).

Segal (1972) described a pathological organization of the personality based on omnipotence. The patient was not overtly psychotic, perhaps protected by obsessional elements which formed part of the organization, but the delusional system which served as a mad refuge was grossly psychotic and functioned as a defence against the re-emergence of a catastrophic situation. Although her patient was clearly extremely disturbed, many of the features of the organization she described are observable in less ill patients.

Segal's patient suffered from severe obsessional ceremonies, and was preoccupied with a mission – namely, to convert people to Christianity – for which task he had to be perfectly efficient. To this end he pursued a number of activities he called 'operations' which supported his idea that he was a great strategist. These were varied and numerous but all could be seen to be anti-analysis, and the analyst was seen as someone on the side of reality and hence a threat to his operations. All of these could be seen as attempts at creating an 'inside the womb', or sometimes 'inside the bottom', existence, where he had an exciting relationship with a 'magic father penis'. Coming out of this situation was fraught with disaster, and Segal linked this with a disastrous experience in infancy where an abrupt weaning was closely followed by the death of his father and the depression and subsequent absence of his mother. She considered that these events must have given rise to murderous and cannibalistic fantasies and a conviction that he had murdered both his parents, so that for him to get in touch with any human feelings of love or dependence was linked with the expectation of a catastrophic ending.

Perverse aspects dominated the transference of Segal's patient, in particular an extreme sadism which had many of the elements of the narcissistic gang described by Rosenfeld (1971a). He would, for instance, say to his analyst, 'Hitler knew how to deal with you people,' in a way that would make her experience a momentary flood of hatred. Moreover, the cruelty was associated with phantasied relationships with powerful, cruel figures with whom he would identify. For example, a paratrooper who boasted of machine-gunning civilians in Cyprus for fun became an object of intense admiration and desire, and with this kind of partner he engaged in homosexual and masochistic practices.

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An infantile self became known to Segal and her patient as 'baby Geogie', but any experience with it of a positive transference was violently attacked. Thus the patient killed small animals if hurt to prevent them suffering, and this was seen as an attack on the infantile part of the self. Analysis became a struggle to rescue this infantile self from the delusional omnipotent organization. Awareness of dependence led to fear of catastrophic weaning, and when interpretation did give rise to insight it led to horrifying feelings of emptiness.

Much of his omnipotent activity was based on a need to restore lost objects and lost functions of the ego in a manner reminiscent of Freud's account of the Schreber case (1911a). Segal uses the term 'restitution' rather than 'reparation' because destructive elements dominated and the whole system was an attack on reality. It was therefore much more centred on the paranoid-schizoid position, and elements of love and concern for the object which predominate in depressive reparation here played a very minor role, although they were not entirely absent.

Finally, Segal points out a feature which is characteristic of most if not all pathological organizations of the personality, when she shows that, although introduced to avoid a catastrophe, it was the organization itself which became a chronic catastrophe.

It is the existence of the system that prevented him from making contact with such aspects of his mother as were available to him and from renewing any real contact with her after her return. . . . Baby Geogie and his potential for growth were stunted not by the 'catastrophe' but by the delusional system developed to prevent the recurrence of the catastrophe.

(Segal 1972: 400)

O'Shaughnessy (1981), discussing a less psychotic, but also for a time a very stuck patient, gives a detailed description of a defensive organization which functioned to protect her patient from contact and hence from anxiety. She stresses the way patients may seek an analysis because they need a refuge against contact with themselves and their objects. They then use the analysis to re-establish a defensive organization which serves as such a refuge against objects internal and external which are causing them nearly overwhelming anxiety.

Her patient went through four phases in his analysis. In the first phase the defensive organization had broken down and failed to provide the desired protection, giving rise to a desperate situation leading to confusion and overwhelming anxieties. He felt threatened and longed for stillness and unchangingness, and felt a need to regain his defensive organization.

In the second period, the organization was re-established in the
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analysis, leading to relief at the cost of restricted object relations. Like Riviere (1936), O’Shaughnessy emphasizes the way relief was achieved by the interlocking use of several defences, omnipotent control, and denial, and several forms of splitting and projective identification, to organize relations within himself and between himself and objects.

In the third phase, O’Shaughnessy observed an exploitation of the defensive organization for the gratification of cruelty and narcissism, resulting in states similar to those described by Segal (1972) and Rosenfeld (1971a).

Finally, during the eighth year of the analysis there were growing signs of a more alive, less restricted contact, and the emergence of some trusted objects enabled the patient to go forward in his development.

In this compelling paper O’Shaughnessy makes several points which are fundamental to the understanding of pathological organizations of the personality. First, she showed how in her patient the organization served to create a refuge which led to a longed-for state of relative tranquillity. When it broke down, confusion and anxiety dominated, and when it was re-established, she showed how it was used to perpetuate a perverse relationship with the analyst. Like Riviere and Segal, she stresses the highly organized nature of the defensive system and the desperate quality of the anxiety which threatens the individual if the organization breaks down.

She raises the question as to whether the organization actually helps the patient to develop by providing the longed-for sanctuary from anxiety and from contact, and suggests that perhaps, in the conditions provided by analysis, it was able to do this. A most significant point arises from her description of the fate of the organization when development did occur. This did not mean that the organization was dismantled; instead, a split in the personality developed and, despite the continued existence of the pathological organizations of the personality, a part of the patient which was able to stay in contact with his object and with reality was strengthened. An omnipotent part of the patient continued to prefer to stay in projective identification with powerful destructive objects and was obstructive and contemptuous of realistic efforts to develop. O’Shaughnessy considers that the existence of this type of split is a characteristic aftermath of a defensive organization. Her patient, when persecuted or over-guilty, tended abruptly to lose interest in his object and to become omnipotent and perverse, but such changes became more temporary and he was less under the sway of the organization.

In a later paper O’Shaughnessy (1993) uses the term ‘enclave’ to describe something very similar to a psychic retreat. She is particularly concerned with the way the patient persuades the analyst into a restricted

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part object relationship which is limited and over close. Such relationships may be idealized in a harmonious way which is difficult for the analyst to avoid. She contrasts such ‘enclaves’ with what she calls ‘excursions’, namely more or less successful attempts by the patient to induce the analyst to move away from areas of great anxiety to activity which avoids contact with anxiety. I believe enclaves and excursions are fundamentally similar and that both are varieties of psychic retreat and manifestations of a pathological organization of the personality.

Riesenber-Malcolm (1981) discusses a particular type of mental organization in which perverse masochistic elements predominate. The patient turns to self-punishment in an attempt to use expiation and suffering to avoid a perception of the damaged state of his internal objects and in this way to evade guilt. This punishment takes the place of what instead should be reparation — that is, restoration of internal objects that have been attacked in phantasy; the self-punishment serves as a further attack on the object and as a result the guilt is increased and not lessened and leads to an impasse.

The theme of a powerful destructive part of the self which tyrannizes the dependent needy part of the self and prevents it from gaining access to good objects is central to most of the work in this area. The perverse nature of this relationship between elements in the self is mentioned by all the writers in this field and is the chief emphasis of Riesenber-Malcolm. It is, however, Joseph (1982, 1983) who has studied these perverse relationships in greatest detail and shows how patients’ suffering can be used to triumph over that side of them capable of development and of a relationship to life and to the good objects which represent it. The way in which a pathological—organization of the personality can serve as a refuge is well illustrated in a dream from her Patient A described in her paper entitled ‘Addiction to near death’.

He was in a long kind of cave almost a cavern. It was dark and smoky and it was as if he and other people had been taken captive by brigands. There was a feeling of confusion, as if they had been drinking. They, the captives, were lined up along a wall and he was sitting next to a young man. This man was subsequently described as looking gentle, in the mid-twenties, with a small moustache. The man suddenly turned towards him, and grabbed him and at his genitals as if he were homosexual, and was about to knife his patient, who was completely terrified. He knew that if he tried to resist the man would knife him and there was tremendous pain.


The role of perversion in pathological organizations of the personality is of central importance, and in my view is one of the elements which
holds the organization together. It will be further discussed in Chapters 8 and 9. Sometimes, as in O'Shaughnessy's patient, the refuge provided by the pathological organizations of the personality offers the seduction of peace and calm, but sometimes, as in Joseph's Patient A, the refuge is a terrifying one and nevertheless is turned to as if the patient is addicted to it. Partly this is because of the pull of the masochism providing a sexual gratification from being in such pain and from being dominated, but another critical factor is the way the pull towards life and sanity is got rid of by projection into the analyst.

The structure of the organization is based on splits in the personality which result in parts of the self being in identification with objects and in alliances with objects in complex ways. Thus Joseph describes how her patient was dominated by an aggressive part of himself that not only attempted to control and destroy her work but that was actively sadistic towards other parts of the self which would be more available for help were they not masochistically caught up in the perversion.

Rey (1975, 1979) has made a particular study of schizoid states and schizoid modes of being, which are closely related to pathological organizations of the personality. He uses the word 'schizoid', in the tradition of Fairbairn (1949) andGuntrip (1968), to emphasize states of mind in which splitting predominates and also to refer to a particular type of borderline patient who tends to be out of contact with himself and his objects (Steiner 1979).

The term 'borderline' in Rey's work refers not only to a category of patients but to a particular aspect of the mental structure of these patients and to the location of the self in that structure. He describes how his patients feel themselves to be neither fully inside nor fully outside their objects. They exist in a borderline area which corresponds to what I have called a psychic retreat. In this area they are protected from anxiety but have grave problems of identity so that they feel neither fully sane nor quite mad, neither completely male nor quite female, neither homosexual nor heterosexual, neither children nor adults, neither small nor big, neither loving nor hating, but existing on the border between these conditions. Rey summarizes this by stating:

It seems that those people represent a group of persons who have achieved a kind of stability of personality organization in which they live a most limited and abnormal emotional life which is neither neurotic nor psychotic but a sort of frontier state.

(Rey 1979: 450)

Rey (1975) has made an important contribution to the understanding of psychic retreats by describing the way mental space is structured. He suggests that the infant at birth continues to live in a space surrounded by his mother's care, which, by analogy with the kangaroo's pouch, he calls the 'marsupial space', and a full psychological birth does not take place until the infant differentiates for himself a personal space as a separate entity from the maternal space. The borderline patient often feels he has been prematurely and cruelly pushed out of this maternal space and attempts to regain his right to reside there. This may emerge as a demand to have access to the analyst's circle of friends, to his house or his bed, but, because of the extremely concrete thinking these patients are forced to use, the underlying phantasy may be to live in a cavity of the analyst's body. Access to these spaces may be felt as dependent on the analyst's good will, and the patient may have assiduously avoided any behaviour that would make him fear he is no longer allowed in this favoured position. Separation is then experienced as a terrible expulsion, since this interior is idealized as a wonderful dream place where the analyst does the worrying, and expulsion is felt as being pushed out prematurely to starvation, cold, and death. These thoughts are clearly of great relevance to the origin of psychic retreats and their relationship, at a primitive level, to phantasies about the mother's body.

Alternately, when these patients feel they have seduced, cajoled, or deceived the analyst into colluding with their demand to live in what is felt to be his space, they begin to feel afraid of the closeness. They feel that their minds have been taken over, that they have got into a mad state, that they have lost their freedom, that their need makes them a prisoner of a crazy kind of analysis, so that they feel trapped and unable to escape. Rey describes this situation and calls it the 'claustro-agoraphobic' dilemma (Rey 1975; Steiner 1979). He recognizes, in this way, that the refuge can appear as a place of safety when the patient is outside it and at the same time become a persecuting place where he feels trapped when he is inside it. Sometimes the claustro-agoraphobic dilemma makes the patient feel that they can find no place where they feel truly secure. In some patients this dilemma is observable as a rapid oscillation between a claustrophobic and an agoraphobic existence. While trapped in a psychic retreat they feel claustrophobic, but as soon as they manage to escape they once again panic and return to their previous position.