

VICTIMS OF ENVY

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I should clarify at the outset that with the title, *Victims of Envy*, I am referring to the victim of an envious attack and not to the person with envious feelings. One could think that the victim is the person who suffers envy since conscious envious feelings can be extremely painful. When I talk about an envious attack I am referring to the devaluing, discounting, spoiling and undermining of the other as a result of conscious or unconscious envious feelings about what the other has or is. When envy is experienced consciously, an attack needn't necessarily follow since the decision to attack or not to attack is under conscious control, whereas if the envy is unconscious, the attack becomes automatic. It is also important to keep in mind the difference between envy and jealousy. Envy arises in a two-person relationship and is connected to hatred, whereas jealousy is a painful or angry response to a potential loss of the loved object to someone else; this other person is seen as getting something from the person one cares about. Jealousy is connected to love and always involves a triangle. In this paper I will be examining various responses to an envious attack and then, with illustrative clinical material, focus on one specific response in which the victim takes the blame.

Attacks stemming from unconscious envy represent a pervasive form of victimization that has received little attention. In *Envy and Gratitude*, Melanie Klein (1957) introduced the notion of primary envy as the earliest manifestation of the death instinct provoked dissent from some of her followers, in particular from Donald Winnicott. Her conception of this primitive envy remains one of the sore points pointed to by opponents of the Kleinian

view. Envy is generally accepted as a secondary response to deprivation and frustration but interpreted as such it does not correct the vicious circle of frustration leading to feelings of inadequacy, leading to envy and frustration because we can never do away with frustration. The envy of which the patient is consciously aware may be used as a signal for what is desirable; the patient can channel the aggression associated with it in order to pursue what is envied in a realistic way (Jaffe, 1969). There is no question that frustration and deprivation play an important role in exacerbating envy and Klein recognizes this but the view that frustration alone creates the envy does not account for situations of intense envy in response to gratification. Primary envy is seen as the wish to attack and destroy the goodness of the object just because it is good, not because it frustrates. According to Klein, the internalization of the good breast is what gives strength to the ego and leads to an increased capacity to deal with frustration that reinforces the belief in one's internal goodness and strength and contributes to feelings of self-esteem. A breast that has been damaged as a result of an unconscious envious attack is, through projective identification, internalized in this damaged state, thus undermining the strength and goodness of the ego. Conscious envy may be quite painful but does not necessarily lead to attacks on the other and ultimately on the self in the way unconscious envy does. Furthermore, conscious envy does not result in the internalization of a damaged object. One does not have to subscribe to the idea of envy as a manifestation of the death instinct in order to recognize its importance as a powerful obstacle to feelings of self-esteem.

As we shall see later, victimization by envy is difficult to assess in the analysis of the transference as the fear of the analyst's envy might have to be detected and its unconscious roots traced. This work also requires extreme attention to the countertransference since the interpretation of unconscious envy is riddled

with difficulties of the "damned if you do, damned if you don't" variety (Etchegoyen, 1987). A group therapy situation provides a less contaminated situation in which the analyst can observe and work both with the person acting out his or her envy and with the victim.

Before presenting the clinical material, I would first like to outline the alternative responses to an envious attack, from the most adaptive to the most pathological.

1. The target of the attack might try to listen to the criticism imbedded in the envious attack rather than to focus on the attack. The victim is not denying the attack but chooses to ignore it in favor of what may be of value in the attack.
2. He or she may recognize the envious nature of the attack and respond with a quasi interpretation, "I did (or said) X and you are now putting me down. I think you are doing this out of envy because you would like to....." This can easily become a confrontation if the attacker becomes defensive either because he or she is not aware of the envy or because he or she does not want to admit to such feelings and experience the associated guilt.
3. He or she can engage in an angry retaliatory response, "You attack my idea but where is your wonderful idea?" This can cause the confrontation to escalate.
4. He or she becomes depressed but he or she knows that the depression was caused by the attack. The victim may try to restore his or her peace of mind by accusing the attacker, i.e. "I was feeling good until you said X". By inducing guilt in the attacker, the victim hopes for an apology that can restore his or her good feelings.
5. He or she feels depressed but is not even aware that the envious attack produced these feelings.

In a strict sense, only in cases 4 and 5 we can talk about true victims of an envious attack since in the other cases the recipient was able to defend against such attacks by preventing its introjection. In the Kleinian framework every interaction in the external world is colored by phantasies, conscious and unconscious. The unconscious phantasies mediating these responses to envy correspond to ongoing relationships in the internal world. Thus, a harsh and envious superego may be projected into the attacker, such that the external attack mirrors an internal one between an attacker and a victim. Once this drama is activated in the internal world the consequences of the external attack, namely anger and depression, may be impervious to possible subsequent reparative efforts of the attacker.

As a result of help by a third party, the envious person may subsequently become aware of having engaged in an unconscious envious attack and may then try to repair the damage done to the victim by an acknowledgment and an apology. The victim may react to the reparation attempt in various ways:

1. He or she may accept the apology and thus feel relief. The relationship to the other person may be partially or totally restored.
2. He or she may accept the apology but remain angry or depressed - in this case the attempt by the envious person at repairing the damage fails. The victim remains angry or depressed, "I don't know why you had to say what you did". It is as though once the attack was taken in, there is no way to put it back into the victimizer and get things right again.
3. He or she accepts the apology but begins to think he or she did something to cause the attack, by stimulating the envy. This might be a sign of development if, in fact, envy had been projected into the attacker who, in being envious, acts out the envy for the person.

Except for the first response where things were put right, in the other two responses the victim is caught up in countertransference reactions which underscore the notion of a dynamic interaction between internal and external reality. Each instance leads one to ask, "how much envy was truly in the other, and how much envy was projected into the other?" In other words, was the envy in the other or did it stimulate the other? In this light there seem to be two kinds of victims of envy: the victims of an envious attack, and the victims of the projections of envy whereby the envy felt is the result of the other's unconscious provocation. A mother may be envious of aspects of the infant or of the infant's gratification and at the same time, the infant may be envious of the mother's capacity to gratify. Furthermore, the mother's attitude may exacerbate the infant's envy. If a narcissistic mother leaves her infant prematurely, the infant may feel dispossessed of what it needs and feels entitled to, and now attacks the mother (Grotstein, 1991).

Let us now narrow down our exploration to a special instance of victimization. Karen, a patient in a therapy group, started the session by talking about an incident in a parking lot in which she had been involved. She was very pleased at the way she had handled it and commented that she did not feel she would have been able to have handled it like that prior to the therapy. She attributed her change to the work done in the group and, expressing gratitude for what the group had done for her, she added, "I think I have changed!" After some comments by other members, one of them, Christopher, said, "I don't think you've changed. I don't see much change in your behavior here". Karen looked quite dejected while other members talked about change in general. After a while we were able to get back to Karen who still looked hurt and to Christopher and his comment. He eventually admitted that when Karen talked about herself, he had begun to think about himself and

wonder how much he had changed as a result of the group; he had been having doubts about his having made much progress. Thus, he came to admit his envy and his attempt to spoil Karen's good feelings, and now seemed quite concerned about Karen's reaction to him. Christopher's recognition of his envy should have brought relief to Karen but she seemed unaffected by his apology. With a distressed look she turned to me and said, "Maybe I provoked his envy".

A similar situation took place in another group. Toward the end of a session Susan, a new member, was talking about her perfectionistic tendencies and how, in the last few years, she has been less demanding of herself. She was telling one member of the group that when she expects too much from herself, she asks herself, "says who?" and that helps her become more reasonable with herself. David, one of the long standing members of the group looked at her with a supercilious smile. Susan asked him what the smile meant. He responded that he didn't believe that she was that well put together. Susan looked very upset and defended herself by saying that she did not mean to imply that she was so well put together, otherwise she wouldn't need to be in the group. In fact she had been talking about her problem of being so self-critical, and so on. Two group members came to her defense. One of them said that she thought Susan was perhaps too humble and unassuming. David then admitted that he had felt competitive with Susan because he had not been able to "get rid of" his own demanding critic. He looked at Susan seemingly expecting her to receive his confession and to feel better about herself. Like Karen in the other group, Susan did not seem relieved. Instead, contrary to what other members were saying about her demeanor, she added, looking down, "Maybe it is my fault. Maybe I was boasting".

Responses of the victims of an envious attack in which they assume to have

provoked or caused the attack suggests that something is at work in the victim. I will be examining how the views of Freud, Fairbairn, Klein, Winnicott and others help understand the psychodynamics of this kind of victimization.

Karen and Susan responded to the attacks by questioning their own motives, as though the suffering they had experienced at the hands of Christopher and David, respectively, had to be maintained, and the consequences of their apologies, such as relief, validation, acceptance by others, had to be denied. In The Economic Problem of Masochism, Freud (1924) linked moral masochism to a sense of guilt which is mostly unconscious. In moral masochism, "the suffering itself is what matters; whether it is decreed by someone who is loved or by someone who is indifferent is of no importance (p.165)". Freud related this kind of self-punishment to the negative therapeutic reaction and asserted that .."the satisfaction of this unconscious sense of guilt is perhaps the most powerful bastion in the subject's (usually composite) gain from illness... (p 166)". According to Freud, patients object to the idea of an unconscious sense of guilt, especially when they are already besieged with conscious guilt. They can more easily understand their having an unconscious "need for punishment", which refers to the same phenomenon.

These two patients offer some corroboration of Freud's views. A few months after the session in question, Karen was diagnosed as having lung cancer. Her behavior in the group changed drastically to everybody's amazement: her sensitivity to other member's criticisms gave way to a very appropriate handling of these criticisms where learning was taking place. Her childlike gestures, her preambles before interrupting someone, and her longwinded explanations disappeared. She even gave up her favorite seat to my left, the position which other members had referred to as "mommy's baby". The difficulties in her relationships with her family and friends turned into

reconciliations and new communications that were quite fulfilling to her. She seemed to have exchanged her neurotically-based unhappiness for the cancer and the treatments to which she was subjected. As Freud states, "It is instructive, too, to find, contrary to all theory and expectation, that a neurosis which has defied every therapeutic effort may vanish if the subject becomes involved in the misery of an unhappy marriage, or loses all his money, or develops a dangerous organic disease (p. 166)".

An unconscious sense of guilt or need for punishment may have been also operating in Susan, who, in her relationship with a very ambivalent husband, could not easily assert her needs and was constantly hurt and disappointed by him. In her individual sessions it had become apparent that she could not let herself enjoy the loving actions by her husband or my interpretations. She would shortchange her good experience by bringing to mind a painful one that had not as yet been resolved, as though an attempt was under way to merely regulate the suffering, not to relieve it. In that connection Freud states, "... one form of suffering has been replaced by another; and we see that all that mattered was that it should be possible to maintain a certain amount of suffering (166)".

While Freud's economics of moral masochism accounts for the stalemate in which Karen and Susan found themselves, their responses to the envious attacks finds a more elaborate explanation in the psychic structuralization provided by Fairbairn and by assuming the existence of what Fairbairn labeled anti-libidinal ego. For Fairbairn, the greater the deprivation in relation to external objects, the greater the need for the ego to establish a relationship with internal objects. The ego attempts to perpetuate old ties and hopes through these internal objects.

For Fairbairn, the infant is oriented toward others from the beginning and is relation-seeking, not only pleasure-seeking. As the relationship to the external mother is riddled with frustrations, the infant internalizes such a relationship. Corresponding to the infant's three different experiences of the mother: a gratifying mother, an enticing mother and a depriving mother, there will result three different internal objects: the ideal object, the exciting object and the rejecting object. Portions of the ego will split and become bound up with each of these three internal objects. A central ego will be bound with the ideal object, the gratifying mother, a libidinal ego will be bound with the enticing object, and an anti-libidinal ego will be bound up with the rejecting object. The libidinal ego will perpetually be seeking and longing for the enticing promise of relatedness, whereas the anti-libidinal ego will be derisive and hostile toward any contact or gratification. Both the exciting object and the rejecting object are "bad" objects in that they are ungratifying. The relationship with these bad internal objects is maintained in an effort to control them and in order to preserve the relation with the real mother uncontaminated by frustration, rage and unfulfilled longings. The anti-libidinal ego continually attacks the exciting object for its false promises, and the libidinal ego for its naive hope and devotion; it well deserves the label of "internal saboteur". In Fairbairn's conceptualization, primitive envy is an internal situation whereby the anti-libidinal ego hates and punishes the libidinal ego for any attempts to get something from others as well as the person who offers the possibility of a satisfying relationship. In other words, this omnipotent part of the personality hates the wish as well as the object of the wish.

The question can be raised as to why does the anti-libidinal ego in these patients exercise such control over the libidinal ego. As outlined earlier, a more adaptive response to an envious attack, when there is a recognition and apology by the other, is renewed hope for the restoration of a good connection with the other. In these cases, however, the anti-libidinal ego seems to have the supremacy and crushes such hopes by hating the tempting object and the self that could experience renewed hope. It is as though it were warning the patient, "Once hurt, always hurt!".

Whereas for Freud unconscious guilt is the engine that regulates the suffering and helps explain these patient's focussing on their own faults, for Fairbairn the regulator is an internal object, which, once the attack has been perpetrated, prevents the restitution of the good feelings toward the external object. In other words, contact with an external object activates the internal split between the various egos and their objects as well as the relationship between them. Klein's conception of projective identification adds further dynamism to Fairbairn's conceptualization. According to Klein, the ego is constantly being built by interactions with external objects, from what one puts into them and what one identifies with and takes into oneself. Thus, an envious attack on the mother may be the result of the phantasy of the infant of putting bad things into her and taking into itself the goodness and power of the mother. But the consequence of this phantasy is that the infant introjects a mother that now contains the envy of the infant and that will envy the infant from within in the form of an envious super-ego. Moreover, the envious attack on the breast results in the introjection and identification with a damaged breast and in the introjection and identification with an envious superego. One could understand Karen's and Susan's response of taking the blame as being the result of this envious superego that attacks them following that external attack. In other words, the external attack reawakens the ongoing

internal one whereby they quickly project this envious superego into the attacker and become his or her victim. The defensive nature of this maneuver is that, from the earliest envious and sadistic attacks on the mother, they end up in a victim position without ever having to face the damage done to the mother and the corresponding guilt. Wondering if they provoked the attack further justifies the attack. They rather receive a punishment than become in touch with their envious impulses and its consequences, especially guilt. Following Klein, they are not able to move from the paranoid-schizoid position with its tit for tat assumptions and a concern with a survival of the self to the depressive position and its true concern for the object.

Primitive envy could be traced back to the situation of the fetus inside the womb. Based on his experience analyzing psychotic patients, Henry Rey, one of Klein's followers, suggests that, early on, the fetus is confronted with taking for itself the "goodness" that is essential to life, thereby depriving the womb/mother or, alternatively, depriving itself to make sure the womb/mother acquires the goodness. Earliest forms of greed on the one hand and altruism and gratitude on the other decide how much is taken and how much is left for the other. In this light, an envious attack may be interpreted as ultimately stemming from a need to survive and the self-blame of the victims of envy can be seen as a way to insure the mother's survival. In all of this we are temporarily assuming a mother who is not envious of the child. What happens when in addition to the child's envy of the mother we encounter the not uncommon situation of a mother who is envious of the child?

The consequence of having internalized an envious mother also results in an envious internal object that begrudges the person from within. This internal object may be different from an "envious superego" that devalues and spoils the goodness and capacities of the self. As outlined earlier, the envious

superego results from the internalization of envious attacks on the object, one that now contains and expresses the infant's own envy. The patient feels victimized by this internal persecutor that spoils the patient's attempts to exercise his or her talent or enjoy peace of mind and will be prone to project it. This internal victimizer may be different in its effects from the one that results from the direct internalization of a mother who was actually envious of qualities or conditions of the infant. The latter would result in a primary victimization in that there was and there may still be an envious object in reality that is also envious of the patient. In identifying with this envious mother, the person may be unable to tell when he or she is the target of envy or its cause. The painful awareness that the object on which the infant is most dependent for survival has hateful feelings toward the infant may be avoided. In blaming the self, the person may accomplish two goals: denial of the mother's envy and control of the pain by becoming the cause of it rather than the target. The self-blame in this case may also be the result of the additional internalization of the mother's guilt about her envy. In discussing sexual abuse and identification of the child with the aggressor Ferenczi notes that "the most important change produced in the mind of a child...is the introjection of the guilt feelings of the adult... (Ferenczi, 1933, p. 162, italics his)."

The relationship Karen and Susan had with their mothers seems to indirectly indicate that they were, in fact, the object of envy by their mothers. This is not to say that Karen and Susan were not also envious of their mothers. However their own envy may have been exacerbated by an ungenerous mother who, envious of the baby, may have held on to her position and privileges (Horner, 1990). With characteristic penchant for looking at environmental influences Winnicott (1971) suggests that psychoanalysts tend to give special attention to the drive aspect of object-relating and have neglected the subject-

object identity which is at the basis of the capacity to be. The pure female element in both men and women establishes this experience of being. He distinguishes between a feminine breast that is from a masculine breast that does, suggesting that only this latter, active breast stimulates the infant's envy. "The mother who is able to do this very subtle thing that I am referring to (being) does not produce a child whose 'pure female' self is envious of the breast, since for this child the breast is the self and the self is the breast. Envy is a term that might become applicable in the experience of a tantalizing failure of the breast as something that is. (p.82).

On the basis of this analysis that attempts to take account of both internal and external sources of envy we can advance the notion that patients who project an envious superego into the attacker are probably those that experience envy often and tend to project it (since the early envious response to the mother is repeated with other objects). An envious attack is then likely to be recognized as such and may be responded to with some kind of retaliation or anger as these people experience themselves as unfair victims. On the other hand, those whose envious superegos are the result of an envious parent will feel hurt by the attack but will resort to the omnipotent belief that they provoked it. In this context Winnicott states, "...a patient will always cling to the full exploitation of personal and internal factors, which give him or her a measure of omnipotent control, rather than allow the idea of a crude reaction to an environmental factor...environmental influence, bad or even good, comes into our work as a traumatic idea, intolerable because not operating within the area of the patient's omnipotence..."1971, p77 (italics his). This is in line with Fairbairn's notion that self-blame is an omnipotent and moralistic defense against helplessness.

From the range of responses to an envious attack I have examined the specific case of patients who seem impervious to an apology by their attackers and who come to believe they provoked it. In the economics of masochism Freud shows us the interplay between the suffering by the ego at the hands of a sadistic superego. This theme is repeated in Fairbairn, whose anti-libidinal ego crushes the libidinal ego and its object. By preventing hope for a relationship these patient's anti-libidinal ego controls and regulates their pain in order to forestall and prevent further pain. Klein's conceptualization regarding the importance of guilt and reparation in the depressive position suggests that through self-blame these patient are avoiding an awareness of their own envy, its consequences, and the corresponding guilt. They are unable to work through the depressive position in which love and hate are accepted and integrated, both in the ego and in the object.

A distinction has been made between the internalization of an envious superego that results from the person's own envy and the one that results from the mother's envy of the child. Within a contemporary Kleinian framework, the self-blame of these patients can be traced back to pre-natal responses where the fetus protects the womb from its own envy and greed. Winnicott's and Fairbairn's ideas point to the role of omnipotence as a defense against helplessness in understanding these patients' responses to envious attacks. Except for Fairbairn, who underestimates the role of aggression in psychodynamics, the common thread that runs through these various conceptualizations seems to be the regulation of guilt.

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According to Klein, the internalization of the good breast strengthens the ego and leads to an increased capacity to deal with frustration that reinforces the belief in one's internal goodness and strength. Conscious envy may be painful but it is not destructive in the way unconscious envy is. Because of the infant's omnipotence, unconscious envy is felt to have destroyed or spoiled the goodness of the object, and, therefore, also the internal object. In making the patient aware of his or her envious attack, the analyst has an opportunity to mitigate the analysand's omnipotence by not responding to the attack with either depression or retaliation. In Winnicott's words (1971), the object has survived the omnipotent attack. The analysis of envy serves to prevent the introjection of a damaged, spoiled object. When a damaged object is installed in the ego, it produces low self-esteem and general feelings of insecurity. In this light, the aim of analytic work is the dismantling of the obstacles to the introjection of a good object. The understanding of such obstacles which are repeated in the transference, pave the way for the introjection of the good analyst. Bion (1967) and Meltzer (1973) have gone beyond Klein in suggesting that the capacity for thinking, creativity, and the concomitant feelings of security and self-esteem have to do not only with the internalization of a good object but with the internalization of a parental couple that is allowed to relate and to make babies. Unconscious envy and jealousy may prevent the establishment in the internal world of a stable internal couple, a couple that is more loved than hated and that is allowed to create.

Envy, which tends to emerge in the later stages of an analysis, is usually at the root of slow progress. The interpretation of envy, as it is acted out in the transference, is one of the most difficult junctures of psychoanalytic work. It is quite easy for the analyst to succumb to countertransference conflicts and play it safe by making superficial, half-baked interpretations that will not stir up further envy in the analysand (Etchegoyen, 1987). The interpretation of unconscious envy will often lead to guilt and depression when the analysand comes in touch with his or her loving feelings and the guilt of having damaged the loved object or the parental couple. The analyst not only has to pay attention to the manifestations of envy and hate toward himself or herself but also to the concomitant loving feelings. As Klein says, "...one should not underrate the loving impulses when they can be detected in the material. For it is these which in the end enable the patient to mitigate his hate and envy" (1957, p. 226, italics added). The analysand moves from the paranoid-schizoid position where the envy and hatred were split off and acted out, to the depressive position where the split off envy is recognized and integrated. In the process, the object is repaired in its goodness. The depressive anxiety induced by the concern for the damaged object leads to an acceptance of ambivalent feelings toward the object and to repression of excessive hostility and envy rather than the splitting of the object and the self. Unlike splitting, repression leaves the self intact. As ego psychologists see it, the envy of which the patient is conscious, can be used by the patient as a signal for what is desirable; the patient can channel the aggression associated with it to pursue what is envied in a realistic way (Jaffe, 1969).

The interpretive work of unconscious envy can refer to events happening outside the transference or in dreams and, initially, it is easier to see the envy manifested in dreams or in extra-transference material. In fact, the

interpretation of envy in the five cases Klein wrote about in Envy and Gratitude was based on work with dreams, the significance of which she brought into the transference. Everyday reality and dreams always have transference implications and the envy in them can be brought into the transference, which the analyst may be reluctant to do. Countertransference reactions such as anger toward the patient, depression, or awareness of the analyst's own envy of the patient may obscure the analyst's assessment. Klein came to recognize the difficulties and significance of the analysis of envy when she says, "I have found that the anxieties aroused by interpretations of hate and envy toward the primal object, and the feeling of persecution by the analyst whose work stirs up those emotions, are more painful than any other material we interpret" (p 232).

I believe this is also difficult for the analyst who, together with the patient, has to face certain truths about himself or herself. When envy is brought into the transference, the analyst is often faced with the "damned if you do and damned if you don't" dilemma. For example, a patient who has been projecting envy and therefore complains about the envy of others toward him or her might, after an interpretation of the projection, believe that the analyst is the envious one. If there is a grain of truth in this, the analyst is caught up in a countertransference conflict. In trying to prove this is not so by making a "too good" interpretation, the analyst may unconsciously attempt to return the projected envy back to the patient and this may elicit additional envy in the patient (Etchegoyen, 1987). The retaliatory nature of the interpretation may not escape the patient who is now quite wary of the analyst's envy and continues to split off his or her envy, the strength of which has not been diminished by the interpretation. The alternative of not interpreting the projection of envy onto others supports the patient's paranoia of other people's envy and also supports the splitting off process. The consequence

for the patient is an inhibition of creativity and the capacity for enjoyment out of fear of other people's envy. On the other hand, if the analyst can admit to having previously experienced envy of aspects of the patient, he or she will be able to discern if the accusation by the patient at the present time has some basis. Whatever the answer, the analyst is more likely to offer an interpretation without retaliation if the analyst is aware of his or her envy.

Since unconscious envy is so hidden and its expression so devious and rationalized, it is easy to miss it. When patients admit to their envy there is no need to interpret it unless, as is often the case, their experience of envy is a superficial smokescreen for even more destructive envy of which they are not aware (Etchegoyen, 1987). One may not subscribe to the notion of primary envy, but if one believes envy to be a primary obstacle to developing feelings of self-worth, one may be more alert to seeing its manifestations and to help the patient make it conscious.

Before presenting the particular situations I want to explore here, I would like to outline the alternative responses to an envious attack.

Although much has been written about envy, especially in the Kleinian literature, virtually no attention has been paid to the victim of an envious attack. What little attention has been paid has been in the analysis of countertransference reactions to the patient's envious attacks on the analyst. In therapy involving a couple or group there is an opportunity to witness the attack and its effects on the victim. What constitutes a healthy or unhealthy response to an envious attack? It is clear how the analyst helps the attacking patient become aware of his or her envy. How does the analyst help the victim? I hope to consider these questions and to present a special instance of victimization by an envious attack in the following discussion.

In Envy and Gratitude, Melanie Klein (1957) introduced the notion of primary

envy as the earliest manifestation of the death instinct. Her formulation did not sit well for some of her followers, especially for Donald Winnicott and Paula Heimann, and is still, for many, one of the sore points in the Kleinian view of development. On the other hand, envy is generally accepted as a secondary response to deprivation and frustration (Jaffe, 1969). Klein also recognized this, but the view that frustration alone induces envy does not account for situations of intense envy in response to gratification. Primary envy is seen as the wish to attack and destroy the goodness of the object by virtue of its being good, not because it frustrates.

In response to an envious attack from a patient, the analyst has at his disposal his understanding of psychodynamics and his ability to convey it in an interpretation. The analyst's understanding derives to a great extent from his or her countertransference reaction, namely anger and/or depression. The ensuing interpretation, if effective, provides the patient with understanding and restores the analyst's peace of mind. Lacking analytic sophistication, what are the alternative responses to an envious attack by someone outside the consulting room? An attempt could be made to assess the degree of development, that is, the degree of pathology of the victim's response to an envious attack. A question can be then raised as to which of these responses is the most adaptive one.

Klein's emphasis on constitutional factors, unconscious fantasies and the internal world has often led critics to argue that she ignores or dismisses the importance of external reality. In fact, throughout her writings, she makes constant reference to the role played by external reality in making things better or worse. "In speaking of an innate conflict between love and hate, I am implying that the capacity both for love and for destructive impulses is, to some extent, constitutional, though varying individually in strength and interacting

from the beginning with external conditions (Klein, 1952, p.180)". Rather than an either-view, Klein conveys the idea of a dynamic interaction between internal and external reality. This is certainly the case when one examines the victim's responses to an envious attack.

Starting with a paper by Eissler (1921) who referred to envy as arising from the oral instinct and who explored the connection between excessive envy and murderous fantasies, much of what has been written about envy since has been derived from the observation of patients who express it either directly or indirectly and where envy is inferred and later supported by the following associations. One of the problems of dealing with envy is that in addition to the confusion between jealousy and envy there is the tendency to talk about hatred when we really mean envy. Patients seldom talk about envying someone but they often talk about their hatred. With the legitimization of countertransference in the last twenty years analysts have candidly

admitted to feelings of hatred towards regressed patients either in response to their hatred or to the frustrations of dealing with them. But hatred, however intense, is much less specific than envy and it is hard to find examples of an envious attack on the analyst except in the instances of a negative therapeutic reaction where symptoms are exacerbated or the patient expresses despair that nothing is changing and where the response is often attributed to unconscious envy of the analyst, particularly after a specially good session. The purpose of this paper is to examine some of the consequences of an envious attack on the victim of the attack, who is often unaware that the attack is due to envy and is put in a difficult position in which it is hard to extricate him or herself without help. I have observed instances such as this in my work with couples, in the work with groups, and in the work with patients in analysis.

There is no entry for envy in Freud's General Subject Index of his Collected Works and only a few about hatred (compared with an almost page long of references to guilt). In Instincts and their Vicissitudes (1915) Freud talks about hatred as being the result of one of the vicissitudes or modes of defence against the instincts, the reversal. This can be a reversal from activity to passivity (such as sadism-masochism) or a reversal in content, such as the transformation of love into hate, although he admits that the case of love and hate cannot be fitted into his scheme of the instincts and that they don't stand in a simple relation to each other. Opposites of love are not only hate but indifference, and being loved (p 135). "We might at a pinch say of an instinct that it 'loves' the objects toward which it strives for purposes of satisfaction; but to say that an instinct 'hates' an object strikes us as odd... the attitudes of love and hate cannot be made use of for the relations of instincts to their objects, but are reserved for the relations of the total ego to objects." (p137).

For Freud, "Hate, as a relation to objects, is older than love. It derives from the

narcissistic ego's primordial repudiation of the external world with its outpouring of stimuli" (p139). "If a love relation with a given object is broken off, hate not infrequently emerges in its place, so that we get the impression of a transformation of love into hate" (p139).

It is later, in Group psychology (1921) that Freud talks specifically about envy in his attempts to understand what he calls the herd instinct. According to Freud, the first time a "group feeling" appears is as a reaction to the initial envy with which the elder child receives the younger one...in consequence of the impossibility of his maintaining his hostile attitude without damaging himself, he is forced into identifying himself with the other children. The first demand made by this reaction-formation is for justice, for equal treatment for all" p 120). "What appears later on in society in the shape of esprit de corps does not belie its derivation from what was originally envy... this demand for equality is the root of social conscience and the sense of duty" (p 121).

From being a complex and secondary affect, envy was elevated to primary importance by Klein (1957) who saw envy as an oral sadistic expression of destructive impulses operating from the beginning of life and having a constitutional basis, a point that has been strongly debated by Winnicott and others.

In a paper entitled "Hate and Anal Erotism in Obsessional Neurosis" (1913) Jones saw hate as a primitive form of rage stemming out of the anal phase occurring only when there was a durable bond with the hated person who has to be in some way superior. He was clearly referring to envy but only wrote about hatred. Later on, in a paper on "The influence of oral erotism on character formation", Abraham (1924) begun to regard envy as a hostile but ambivalent oral sadistic impulse rather than an anal sadistic one (1920).

Glover (1924) described the oral triad of impatience, envy and ambition in a paper entitled "The significance of the mouth in psychoanalysis". In his paper "Notes on Oral Character Formation" (also 1924) he concludes that pessimism

as a character trait can be traced back, to an extremely hostile response to neglect, sensitivity to competition, a dislike to share and acute envy. These were attempts to explore the transformation of instincts into character traits and the interests, attitudes, and feelings described in these early papers were considered to be secondary. "Of the end results envy was only one among many others" (Joffe, 1969). Interaction between constitution, component drives at different phases of psychosexual development, environmental influences and narcissistic disturbances.

Rather than being a secondary drive derivative Mrs Klein came to see envy of the mother and of the mother's breast as the earliest manifestation of the death instinct postulating a constitutional basis for this envy. It was partly on the basis of the disagreement about these notions that Winnicott and Paula Heimann defected from the Kleinian movement. They both felt that Mrs. Klein had just gone too far. This did not mean that Winnicott was rejecting the idea of such negative feelings in a baby or in the caretaker. In a paper entitled "Hate in the counter transference", Winnicott (1949) had postulated that in the analysis of psychotics or in the late stages of an analysis of even a normal person the analyst finds himself in a position comparable to that of the mother with a new baby. He gives a long list of the reasons why a mother, just like the analyst with strong countertransference feelings, has to tolerate hating the baby without doing anything about it and fall back on masochism in order to do it. He argues that the baby, as the patient, needs to know of this hate in the mother in order to accept his or her own hate. Winnicott seems to attribute the hatred in the baby to the inevitable frustrations he or she has to undergo and to his or her dependency. This is the way Mrs Klein had seen envy earlier, when she wrote *The Psychoanalysis of Children* (1932). Mrs Klein suggested later that the sadistic attacks on the mother of which she had written about should be recast in terms of envy. Along with others Jaffe (1969)

has criticized Klein's view of envy as ignoring the stages of ego development that would make it possible. He argues, for example, that envy can only take place after there is an awareness of the separation from the object. Ego psychologists do not agree either with her notion of a rudimentary unconscious ego function that exists at birth. They have flatly rejected the idea of envy as constitutionally given although they do agree that the variations in affect tolerance do contribute to the experience of envy and that these variations are constitutional.

For Mrs. Klein envy is a manifestation of the ambivalence toward a loved and admired other. The depletion of the self is only the result of unconscious envy who destroys the goodness of the object. Conscious envy is painful to the self but it does not damage the object the way unconscious envy does. Mrs. Klein found that unconscious envy toward the analyst was an obstacle to the introjection of the good analyst into the patient's ego, which could then strengthen it. A damaged, attacked and devalued analyst becomes, according to her, a damaged devalued internal object. This difficulty in taking in the good analyst replicates the earlier difficulty taking in the good mother, since this good mother had been equally attacked and spoiled. The goal of analysis is to mobilize the patient's loving feeling, the guilt over having damaged it and the wish to repair the analyst/mother. In restoring the goodness of the external object, the patient also restores the goodness of the damaged internal object. The patient can then take into his or her ego the good, admired and loved analyst/mother and establish an internal good object that is not only lovable but, most importantly, that can be loving toward other internal objects.

For Mrs Klein envy can be exacerbated by many factors including loss and deprivation vis a vis others that are in a more favorable situation. In this situations, which Jaffe refers to as "neurotic envy", envy is considered to be secondary to other anxieties and the interpretations are not directed at envy

as a primary psychogenic factor.

From the point of view of the ego envy is a painful feeling state ultimately related to loss of self-regard, self-respect and self-esteem. For Mrs. Klein these losses are the consequence of unconscious envy that attacks or spoils the primary object which then cannot provide a basis for identification and development. Conscious envy may act as a spur to development when it is used as signal to pursue or acquire what the admired object is or has.

Mrs Klein describes the many defenses against unconscious envy, among them, idealization, confusion and disturbances of thought, disturbances in learning or intellectual development and promiscuity (as a flight against envied objects). The most common are the devaluation of the object and, by identification with the object, the corresponding devaluation of the self.

How do we know that attacks on the breast and later on the analyst is an envious attack or only the result of frustration? For Mrs. Klein attacks on the breast that are not determined by envy pass more quickly.

Interpretation that deal with unconscious envy are usually shocking to the patient but this indicates a healing of the split in the personality and the integration of the split off envy. In most of the cases Mrs. Klein describes, the recognition by the patient of their unconscious envy brings about the onset of depression.

Envy is the angry feeling that another person possesses and enjoys something desirable - the envious impulse being to take it away or spoil it. Jealousy is based on envy but involves a relationship to at least two people; it is mainly concerned with love that the subject feels it his and has been taken away. Greed is an impetuous and insatiable craving, exceeding what the subject needs and what the object is able and willing to give. At the unconscious level, greed aims primarily at completely scooping out, sucking dry, and devouring the breast; that is to say, its aim is at destructive

introjection whereas envy not only seeks to rob in this way, but also put badness, primarily bad excrements and bad parts of the self into the mother, and first of all into her breast in order to spoil and destroy her. In the deepest sense this means destroying her creativeness" (p181). The first object to be envied is the feeding breast which differs from later envy of the mother receiving the father's penis, having babies inside her, giving birth to them, and being able to feed them. Later on the envious patient grudges the analyst the success of his work. A helpful interpretation may become the subject of destructive criticism attached at times to minor points. Because of guilt about devaluing the help given, the patient feels he or she is unworthy to benefit by analysis.

In some paranoid patients criticism is quite open - in others is unexpressed or even unconscious. The slow progress of an analysis is sometimes connected with envy. The patient presents to the analyst an acceptable self while the envious and hostile feelings are split off. It is the latter split off feelings that influence the course of the analysis.

ENVIIOUS ATTACKS AND THE DIFFICULTIES IN INTERPRETING THEM.

The interpretation of envy in the transference is one of the most difficult tasks of analytic work. It is quite easy for the analyst to succumb to countertransference conflicts and, in order to avoid these, play it safe by making superficial or incomplete interpretations that won't stir up further envy in the analysand or in him or herself.

Envy tends to be accepted as a complex but secondary response to deprivation and frustration that mobilizes aggression. "From the vantage point of ego psychology envy is a painful feeling state intimately related to loss of self regard, self respect and self esteem "(Jaffe, 1969, p 542). The notion of primary envy introduced by Melanie Klein in Envy and Gratitude (1957) was and still is a controversial one. As an early manifestation of the death instinct primary envy is seen as the wish to attack and destroy the goodness of the object just because it is good, not because it frustrates. It thus runs counter to the well-being of both patient and analyst. Envy can be exacerbated by inadequate maternal care and, later on, by inadequate responses from the analyst. However, interpreted as merely a response to the frustrations of dependency does not correct the vicious circle of frustration leading to feelings of inadequacy and envy which increase the frustration. Negative

therapeutic reactions are often the response to a particularly productive session, not only to the frustrating ones where the analyst was unable to understand and provide helpful interpretations.

Terry, a 52 year old teacher and artist, would often have despondent comments about the analysis (which were attacks on me) precisely after a productive session she had acknowledge as such. In one of these occasions she entered the consulting room with a grim face after giving me a once over. After a long silence she begun to talk about the uselessness of the treatment and how she didn't see the point in her coming, nothing seemed to be changing in her life, and so on. I told her I had noticed her giving me a kind of assessment as she walked in - I was wandering what her thoughts were then. She told me she had wanted to have a pair of shoes like mine, in fact, she had tried a pair just like them but they didn't fit her. Then she proceeded to question my value system and materialism by suggesting that I must spend hours searching for the right clothes and putting myself together. She could not see what we have in common and how could the therapy help her since I could not possibly understand her. In other occasions she had made similar remarks about the furnishings in my office. I interpreted that seeing me having nice things pained her because it made her feel there was such a discrepancy between us that she could never attain those things. Then she hated me for having these things and attacked me by devaluing me and my values. I suggested to her that the problem with this "cure" of her painful envy was that she brought me inside her mind in this devalued way and in that form I could not provide her with the internal strength she needed. Any suggestion that what she did with me was probably what she did earlier on with her mother was met with her intense protestations that there was absolutely nothing to admire or covet from her mother who was so weak and incompetent. In this occasion I insisted that her baby self may have not have assessed her mother in this negative way and admired at least something in her mother. In tears

Terry muttered: "my mother had the most beautiful blue eyes", a statement that was to prove pivotal for her treatment.

John , a 37 year old artist had difficulties exhibiting his work and competing in the art world and a peculiar anxiety during visits to museum that interfered with his enjoyment and forced him to leave. In two years of work he never expressed any hostility toward me, direct or indirect, but his gratitude for the help received was clear. It was only when he also became a member of a group that I detected some of his negative feelings: along with other members he admitted to enjoying situations when someone in the group was expressing anger toward me. In the individual sessions I had to remind him of this fact and he came to recognize that he hated me for being able to deal with those attacks in the group without retaliating, something he couldn't do with his wife and anybody else. Referring to the situation in the group he said, "I have secretly hoped that you would lose it. That would have been everybody's victory, I think. But I don't know what I would have done if you had, what would have happened to you, to our work...and to me!" I interpreted that it was painful to envy my capacities and in his hatred he wanted to destroy them. But then he had to worry about me since our work depends on my being healthy and strong. He was now afraid that he wouldn't have a mother/analyst to take care of him. If I was strong or good he became envious of me but he wouldn't allow himself to know it until the other group member expressed it. Then, out of his loving feelings toward me, he felt guilty and was hoping I would survive the group member's attack. It was through the other that he had become aware of his own feelings of wanting to destroy what is good in me and perhaps also in those beautiful paintings in the museum. Maybe now he wouldn't need to be so worried about what I would do to him (by being so very nice with me), or what the paintings in the museum would do to him.

It is the interpretive work of envy acted out or brought into the transference that is the most difficult and where the analyst is often faced with the "damn if you do and damn if you don't" dilemma. For example, a patient who may be projecting envy elsewhere and complaining about other people's envy toward him or her, might perceive an interpretation that indicates this projection as now stemming from the analyst's envy. The analyst may try to prove this is not so by making a "very good" interpretation unconsciously aimed at returning the projected envy back to the patient; the analyst may be unable to admit to his or her own envy and needs it to be in the patient. The retaliative nature of the interpretation may not escape the patient who is now more likely to continue to split off his or her envy, the omnipotence of which has not been diminished either. The alternative of not interpreting the projection of envy supports the patient's paranoia of other people's envy and therefore also support the patient's splitting of it. * The reluctance to interpret envy may stem from an unguaranteed fear of the patient's hatred that may be contributed by the quota represented by the analyst's own envy projected onto the patient.

Since the manifestations of unconscious envy are so hidden and distorted it is easy to miss them, especially if one doesn't think envy represents such a powerful obstacle to the installation of a good internal object. One may not subscribe to the notion of primary envy but if one believes envy to

* Etchegoyen et al. (1987) give a good example of the analyst's reluctance to interpret projected envy by making an incomplete interpretation. At the end of the session the patient ends up still paranoid of the envy projected into others.

be a primary obstacle to feelings of selfworth one may be more alert to spotting its manifestations and to help the patient make it conscious.

In the paper I will attempt to explore the special case of the internalization of

the object who now contains the envious attack, resulting in an envious internal object which gruges the patient from within. This is the case of an "envious superego" which devalues and spoils the goodness and capacities of the ego or of other internal objects. In this case the patients complain of the relentless criticism of this internal persecutor that interferes with their functioning and creativity.

1. a patient's envious attack on me revealed in a dream, the interpretation of which brought it into the transference
2. one of my envious attacks on a colleague and friend and the piece of self-analysis that revealed it
3. a writer's envious superego grudging him his creativity
4. a patient envious attack on another patient in an analytic group and the consequences for both the attacker and the victim of the attack.

One of the goals of the analysis is to sensitively help the patient dismantle the obstacles that prevent the internalization of the whole breast.

A correct interpretation of envy leads to guilt and depression because the analysand comes in touch with his/her loving feelings and the guilt of having damaged the loved object. In Kleinian terminology, the analysand moves from the paranoid schizoid position where the envy was split off and was

acted out or projected, to the depressive position where this split off unconscious envy is recognized, integrated, and the object is felt to have been repaired. The positive and negative feelings toward the object are brought together, this new integration representing a strengthening and expansion of the ego. The envy, now conscious, can be used as a signal for what is desirable and the aggression associated with it can be channelled to attain, pursue, or develop that which is envied. With the advent of integration of positive and negative feelings, the idealization of the object is corrected and what the person envies is also felt to be more attainable.

Idealization of the analyst is a defense against envy on the part of the patient but the analyst's idealization of the patient may be his or her way of defending against his or her envy of the patient as well as placating the envy from the patient.

According to Melanie Klein, the internalization of the whole breast is what gives the ego its strength and leads to an increased capacity to deal with frustration, which in turn, reinforces the belief in the person's internal goodness and strength. Unconscious envy, which destroys or spoils the goodness of the object has to be made conscious to prevent such destruction. In other words, the importance in making envy conscious is in preventing the introjection of a damaged, spoiled object in this form; installed in the ego this damaged object leads to low self esteem and general feelings of lack of selfworth. Conscious envy can lead to a fear of retaliation (paranoid anxiety) or to feelings of guilt and concern for the object (depressive anxiety) but it is not destructive of the object in the way unconscious envy is.

I will be illustrating the ideas of this paper by describing the interpretive work of different manifestations of unconscious envy and its consequences

1. a patient's overt attack on the treatment which was an unconscious attack on me.

2. an envious attack on me revealed in a dream, the interpretation of which brought the situation and found support in the transference.
3. one of my envious attacks on a colleague and friend and the piece of self analysis that revealed it.
4. a writer's "envious superego" grudging him his creativity and his own attempts to establish contact with such superego.
5. a patient's envious attack on another patient in an analytic group, the effect on the patient being attacked and the result of the interpretive work for both.