# **Richard Chessick**

# Final Considerations

Psychology of the Self and the Treatment of Narcissism

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Richard D. Chessick, M.D.

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#### **Final Considerations**

In their review of psychoanalytic theory, Greenberg and Mitchell (1983) contend that "each theorist declares his allegiance, explicitly or implicitly, to either the drive/structure model or the relational/ structure model. This allegiance determines his theoretical strategy" (p. 380). Although psychoanalysts such as Kohut or Sandler have attempted to present what Greenberg and Mitchell call "mixed model strategies," they believe that "the evaluation of psychoanalytic theories is a matter of personal choice" (p. 407), and that all psychoanalytic theories concerning the nature of man (Chessick 1980b).

#### **Noninterpretive Elements in Psychoanalytic Cure**

Dorpat (1974) reviews the concept of the internalization of the patient-analyst relationship as it has appeared in traditional discussions of patients with narcissistic disorders. The tradition began with Freud (1940a), who states that psychoanalysis provides an opportunity for "after-education" for the patient: "It can correct mistakes for which his parents were responsible in educating him" (p.

175).

Strachey (1934), in his description of the central role of "mutative interpretations," pointed out that such interpretations effect an internalization of the analyst and the formation of new superego structures by a process he calls "infiltration" (p. 290). Dorpat (1974) proposes that "the reparative internalization process evolves from a stage of a fantasy relationship involving imitative identifications with the analyst, to a later stage of selective identifications with the analyst, to a later stage of selective identifications with the analyst, to a later stage of selective identifications with the analyst, to a later stage of selective identifications with the analyst, to a later stage of selective identifications with the analyst" (p. 183). He argues that the internalization of patient-transactions, described by Loewald (1962) as characteristic of all psychoanalytic treatment, is most obvious and crucial in the analysis of patients with traditional neurotic disorders. Even in the standard psychoanalytic literature there continues an important debate about the role of non-interpretive elements in psychoanalytic cure.

Kohut (1984) recognizes that this issue is unresolved in selfpsychology and recommends a further study of his notion of transmuting internalization. He raises many significant questions. How does this take place? "Can enduring psychic functions be acquired with the aid of self-objects" that are not identical with "an intermediate gross borrowing of the self-object's functions?" (p. 100). What is the role of frustration in the psychology of the self? How is optimum frustration related to the laying down of psychic structure; how does optimum frustration lead to the building of this structure by transmuting internalization? What is the relationship between gross identifications with the self-object analyst, and the process of transmuting internalization? "Is there a decisive difference ... between the acquisition of psychic structure in adult life ... in the course of psychoanalytic treatment, and the acquisition of psychic structure in childhood" (p. 101), and if so, what is this difference? As Kohut points out, the problem of the formation of psychic structure in the psychoanalytic process remains a critical, unresolved issue in both traditional psychoanalysis and self-psychology.

Stone (1981) presents a review of the noninterpretive elements in psychoanalytic treatment as seen from beyond the vantage point of self-psychology; his description of the psychoanalytic situation shows that the ambience of the treatment advocated by self-psychology can emerge from traditional psychoanalytic considerations. Factors which determine a desirable ambience are:

- The analyst's attitude, which should be reasonable, sensible, and not "equated with coldness, aloofness, arbitrary withholding, callousness, detachment, ritualization, or panicky adherence to rules for their own sake" (p. 100).
- 2. The tone and rhetorical quality of the analyst's verbal interventions; Stone advocates "an affirmative affective tone" and warns us against the potential sadistic gratification that may dominate an analytic attitude as characterized in the quotation above.
- 3. Elasticity, which is best characterized by Freud's case presentations, in which "Freud's common sense is never excluded from his reservations and exceptions regarding the application of the more severe 'deprivations'" (p. 102). Stone believes it is implicit in Freud's method that "empathy is an integral part of analytic technique in any case" (p. 103) although he distinguishes this from Ferenczi's attempt to give patients the sort of demonstrative love of which they had been deprived in early childhood.
- 4. A climate, as demonstrated in Freud's case histories by Lipton (1977, 1979), in which can be established "a living personal relationship with each patient that was natural, friendly, and appropriate" (Stone 1981, p. 106n). When patients reacted to the personal relationship, Freud was ready to interpret such

reactions but did not allow this to inhibit his naturalness.

- 5. Empathy. Stone does not believe that the analyst's mirroring empathy can make up for defects in the archaic selfobjects, but he does argue that it can make for a much better analysis. He sees no need for self-psychology as a special system of therapy in which the treatment of the disorders of the self can be contrasted with the treatment of the neuroses of structural conflict.
- 6. Nuances of technical method: the atmosphere in which details such as fees, scheduling, and handling of the end of each hour, are treated by the therapist, as well as reactions to absences, intercurrent life crises, and other events. Atmosphere represents a critical noninterpretive element in psychoanalytic therapy.
- 7. The "indestructibility" of the analyst, as described by Winnicott (1969), when exposed to the intense hostility of patients is an important noninterpretive factor. Stone explains, "It must not be ignored that it is between the two adults that it all begins and ends. 'What sort of person is this to whom I am entrusting my entire mental and emotional being?" (p. 113).

Beyond Freud's common sense, "there is no specific mode of communication for such attitudes" (p. 115), but there is an increasing

body of opinion even in traditional psychoanalytic literature that the therapist who ignores these factors imperils the success of an expensive, arduous, and long-term treatment. Failure may mean the difference between psychological life and psychological death for a patient.

## Self-Psychology's Impact on Psychoanalytic Therapy and Psychoanalysis

Important advances in the conceptualization of the process of listening to a patient in psychoanalytic psychotherapy have been made since Freud. The existential point of view stresses the encounter and assessment of the state of the patient's being-in-the-world, listening to the material without preconceptions, and following closely the phenomena of the encounter in order to react spontaneously. Kohut and his followers have elaborated our understanding and search for transference-like structures—the mirror and idealizing transferences —as they manifest themselves in the patient's material, and have advocated a continuing assessment of the patient's sense of self, ranging from a firmed-up state to a fragmentation. Kernberg and other moderate neo-Kleinians have called our attention to projective identification and manifestations of split-off "all bad" self and object representations as they are projected onto the therapist, stressing the search for these in the material and behavior of the patient.

Langs (1981, 1982) presents a controversial view which stresses therapist pathology, the need of the patient to cure the therapist, and the spiraling communicative interaction (see Chessick 1982a). Blanck and Blanck (1973, 1979) have called attention to the reliving of early phases of ego development in the transference and patient-therapist interaction. These views are also controversial and lead to some directly conflicting clinical and theoretical approaches when compared to Langs. Blanck and Blanck require the therapist to be flexible, and they offer alternative ways of evaluating the patient's material which they say can lead to a considerable increase in opportunities for understanding and subsequent effective and correct interpretation.

There is a tendency for arguments on this topic to degenerate into emotional, wild analysis of the opponent, fostering the polarization of those who are "for" and "against" various positions. At this point we must treat different views as alternative possibilities which can enhance our skill at listening to patients in psychotherapy. Sometimes it is most valuable to try to shift from one view to the other, for example, from the traditional Freudian listening to the Bion style of listening without memory, desire, or understanding, especially in those cases where the therapy is not going well. This may provide new insights or hypotheses to be validated although the therapist must shift between inconsistent and irreconcilable positions.

I (1971, 1985c) have offered a series of suggestions for the teaching of psychoanalytic listening to psychotherapists in training. The special stance required, which must be learned painstakingly under careful supervision in order to tune in effectively to communications coming from the unconscious of the patient, is the hardest task to master in becoming empathic and sensitive in dyadic relationships.

In some instances, empathy is confused with specific technical interventions, as described by Schwaber (1981). She explains that "patients with more serious pathology seem to require some more active responsiveness on our part . . . we may feel we ought to say or do something more immediate . . . Such an intervention has often been taken as synonymous with an empathic response" (p. 128). However it

is not direct interventions by the analyst that utilize the work of empathy—and indeed such interventions may demonstrate a lack of empathy—but the unrelenting search for the meaning of the patient's communications. The success or failure of this procedure is demonstrated by the interventions, or lack thereof, decided upon by the analyst. To try to think of patients simply as bearers of symptoms can be done in psychopharmacology; but in trying to enter into a person's life in order to make effective lasting interventions, the understanding of a novelist or the sensitivity of an artist are required. Schwaber (1983) reminds us that for a long time the scientific outlook obscured "the impact of the analyst-observer as *intrinsic* to the field of observation" (p. 386).

Schwaber (1979) believes that Kohut's (1971) monograph "can be singled out as having made a unique impact as a turning point in clinical theory development and in stimulating further creative endeavor" (p. 468). Transference, according to her version of selfpsychology, "shifts our perspective and deepens our focus on the interwoven matrix of the patient-analyst as a contextual unit" (p. 476). The self-psychological perspective in psychoanalysis for Schwaber involves listening from the orientation of empathy and vicarious introspection in order to discover how one is experienced and responded to as part of the other person; this opens up new avenues to psychoanalytic understanding of the patient. She (1983) emphasizes repeatedly the importance of this shift in perspective through which even our understanding of the phenomenon of resistance changes. We move from viewing resistance as a product of internal pressures within the patient to viewing it as a phenomenon "in which the specificity of the analyst's contribution was seen as intrinsic to its very nature" (p. 381). The old view, according to Schwaber, of assuming the analyst to be the silent arbiter of whether or not distortion has taken place, implies a hierarchy in the therapeutic relationship in which the one who knows the truth incurs "the risk thereby of subtly, if not overtly, guiding the patient in accord with this view" (p. 391). When analysts claim to be a blank screen, arbiters of reality and distortion, they ignore their own participation in their patients' distortions, as well as the possibility of countertransference affecting their decisions.

A noxious experience of the analyst in the transference may be intrinsic to the way in which the patient experiences the analyst, but the analyst may resist seeing this due to a wish to deny unwitting

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participation in the patient's experience. In this situation the analyst retreats to a position of assumed scientific independence and neutrality; the therapist becomes the judge of reality and distortion. This is an old problem in psychoanalysis: it is always possible that the attribution of patient material to "transference" can protect the analyst from recognizing his or her countertransference contribution to stimulating patient material. Gill (1982), working from an orientation outside self-psychology, considers *all* transference material to be based on some stimulation from the analyst in the clinical situation, a view which is diametrically opposed to the "blank screen" orientation. I (1986) review this problem elsewhere, followed by a discussion from Gill.

Ornstein and Ornstein (1980) emphasize the impact of selfpsychology on the formulation of interpretations in clinical psychoanalysis. Interpretations of transference and resistance have been based on the notion that the patient confuses the old and the new object in a distortion of reality. In transference interpretations or reconstructions, the analyst traditionally (explicitly or implicitly) "pointed to the anachronistic nature of the wish for satisfaction or reassurance and thereby aimed at correcting the distortion directly" (p. 208). According to Ornstein and Ornstein (1980), "Such attempts unnecessarily increase the unavoidable resistances, often create an excessively frustrating ambience, and foster those surface adaptations that prelude deep, intrapsychic structural change or the acquisition of new psychic structures" (p. 208).

These authors advocate what they call empathic reconstructiveinterpretations, which focus on picking out the immediate precipitant of the patient's behavior, on trying to understand its transference meaning, and "acknowledging its appropriateness in the context of the regressive revival of the childhood constellation" (p. 208). The interpretation no longer tries to correct distortions in terms of adult reality but focuses on trying to understand and to explain the patient's childhood experiences "as the precursor of his present-day regressive response in the analysis, including the analyst's role in precipitating it" (p. 208). Ornstein and Ornstein believe that, if the process is based on empathic perception, understanding. correct and accurate reconstructions, the patient will feel understood and will take the initiative to explore these transference distortions. This, they contend, represents the felicitous road to structural change in psychoanalytic treatment.

#### IS THERE A "TRADITIONAL PSYCHOANALYST"?

Many traditional psychoanalysts believe that views such as those of Schwaber and of Ornstein and Ornstein set up the traditional psychoanalyst as a straw man, a kind of caricature of an unempathic, aloof, arrogant, arbitrary authority figure who pressures the patient to accept his or her version of reality. There are many well analyzed and well trained psychoanalytic therapists, and since it is impossible to be in their consulting rooms and observe the details of their work with patients, the evidence that there is such an individual as a "traditional psychoanalyst"—caricature or not—is unconvincing.

Although a basic explanation of patient material by drive and conflict theory—emended by the followers of Freud (described by Greenberg and Mitchell [1983]) to extend the drive/structure orientation—may characterize the analyst's metapsychological or scientific convictions, adherence to the drive/structure model does not necessarily produce a "traditional psychoanalyst." Traditional or orthodox psychoanalysts who adhere to the drive/structure theory vary in their clinical practice, from those who studiously avoid noninterpretive interventions to those who emphasize the important

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curative factors involved in noninterpretive interventions.

Loewald (1980), once a student of Heidegger, wrote, "I suspect that there is no psychoanalytic understanding worthy of the name that leaves that which is to be understood altogether untouched and unchanged" (p. 381). Although he follows the traditional view that understanding is communicated to the patient by interpretation, he also adds that understanding represents an act to which the patient must be open and lend himself or herself. He concludes, "Understanding would seem to be an act that involves some sort of mutual engagement, a particular form of the meeting of minds" (p. 382).

The problem is made even more complicated because, as Schwaber (1983) points out:

One of the most difficult challenges one encounters in reviewing the literature is to find clinical material which relates the specific details of the analyst's participation. More often, the patient's material is described in an already dynamically formulated fashion, with the reader deprived of the opportunity to learn what the analyst did or did not say. (p. 381) Even if we had detailed transcripts and could assume that the recording of such transcripts did not have a profound effect on the psychoanalytic treatment itself, we would still have only a secondhand version of the noninterpretive interventions. This makes the problem of how to evaluate such interventions difficult to resolve.

#### CONCLUSION

It is general clinical knowledge that threats to previously traumatized patients can often provoke panic and impulsive selfdestructive violence in their attempt to avoid the worst psychic catastrophe of all—fragmentation of the nuclear self. The psychotherapy of preoedipal patients, if based on an empathic understanding of their disappointment in archaic self-objects and the catastrophic abuse from their early self-objects, may well avert devastating self-fragmentation and self-destruction.

Generalizing on a universal scale, Kohut (1978) recommends intensification, elaboration, and expansion of man's inner life in order to reduce worldwide aggression and the threat of self-destruction of the species. Kohut's vision that individuals, families, and nations must relate through empathic understanding rests on his hope for the expansion of the inner life of the individual and for the higher development of the aesthetic and civilization potential of society at large.

This vision links Kohut's thought to the urbane nineteenthcentury tradition of the British man of letters, perhaps nowhere better and more brilliantly expressed than in Matthew Arnold's (1869) essay on "Culture and Anarchy." With Kohut we have come full circle, back to the British tradition of the urbane, reasonable, tolerant, empathic man who wants "a fuller harmonious development of our humanity, a free play of thought upon our routine notions, spontaneity of consciousness, sweetness and light" (p. 191) that Arnold considers to be "some lasting truth to minister to the diseased spirit of our time."

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