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CONFRONTATION IN PSYCHOTHERAPY

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e-Book 2015 International Psychotherapy Institute

From *Confrontation in Psychotherapy* edited by Gerald Adler and Paul G. Myerson

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Confrontation as a therapeutic maneuver has been employed for many years in various forms of psychotherapy and psychoanalysis. Recent usefulness of confrontation in socio-political situations has created an environment in which psychotherapists must carefully reconsider the utilization of confrontation in the practice of psychotherapy. Without thoughtful consideration of the appropriate place of confrontation, it can lead to detrimental or even wild technique. Here we will examine the use of confrontation in classical psychoanalysis and psychotherapy and bring this into a current perspective. Confrontation as a technique, its relation to interpretation as well as to the state of the therapeutic alliance, its utilization as a parameter, and its employment at a state of impasse will be examined. Confrontation as considered in this paper includes a spectrum of activities whose polar positions are defined in terms of their routine versus their extraordinary aspects. The term heroic confrontation is introduced to define a therapeutic tool that has long been utilized but rarely highlighted in the analytic literature.

There are three noteworthy features from the area of socio-political

confrontation that have something in common with analytic confrontation. The first is that the confrontation is effective in calling attention to an issue. The attention appears to call forth a second feature, reaction, with the promise of some change being effected. There is thirdly an emphasis on rapidity of change. The overall atmosphere of socio-political confrontation is one of frustration, which is partly responsible for its effectiveness.

The success of the socio-political confrontation has been appealing primarily because of the rapidity with which it effects change. Direct equation of a technique applicable to structures in society with individual treatment is unwarranted by a careful examination of the process of therapy or analysis. Techniques that promise rapid movement are appealing in areas where we have become accustomed to rather slow change, finding that resistances are tenacious and the acquisition of meaningful unconscious insight is a difficult process. Confrontation is viewed by many as primarily an active technique, and active techniques that promote more rapid change have been previously reviewed from a theoretical standpoint.

Bibring (1954) described the process of therapy and outlined four therapeutic principles (procedures and processes) and five therapeutic techniques. The procedures are "(a) the production of material; (b) the utilization of the produced material,...; (c) the assimilation by the patient of the results of such utilization; and (d) the processes of reorientation and

readjustment" (p.746). The therapeutic techniques are those of suggestion, abreaction, manipulation, clarification, and interpretation. He observed that alterations in the classic technique relied heavily on manipulations "in combination with or in place of insight" (p.768), and he felt a theory of experiential manipulation was an urgent task for those seeking shorter therapies.

In his discussion Bibring noted that alterations of classical technique in general were best at rapid production and some type of utilization of the material; however, assimilation and processes of reorientation and readjustment were slower to take place. Manipulations were increasingly viewed as curative processes by their proponents through a process of experiential retraining or utilization of some latent ego system.

Bibring did not discuss confrontation as a basic technique. He viewed confrontation as taking place in the process of reorientation and readjustment; namely, "*confronting* the ego with the 'repressed'…with the task of reorientation and readjustment of finding new solutions to the partly reactivated infantile and later conflicts" (p.765; italics mine). Apparently he considered confrontations as no more than a routine aspect of the classical analytic process and not a major technical tool.

The use of a technique of confrontation applicable to individual

psychotherapy that utilizes attention, reaction, and change can be seen to work through several therapeutic principles. Focusing attention is an ordinary activity that goes on in every form of therapy. It is essentially an attempt to get the observing ego to focus on some situation, problem, or conflict and bring it within the analytic purview. The manipulative use of confrontation to focus on a failure to have developed a good observing ego and on the resultant inability to form a good therapeutic or working alliance may become parametric. Bibring's review left us prior to full development of the concept of the therapeutic alliance and just following Eissler's (1953) introduction of the concept of the use of parameters in psychoanalysis. Bibring viewed manipulations[1] as frequently used therapeutic techniques in analysis, but he felt that ultimately classical technique employed use of insight through clarification or interpretation. Implicit in this is that the manipulative use of a confrontation would eventually require working through and its reduction as a parameter. Techniques that were not analytic would not require this final step and would be content to find some curative principle within the confrontation manipulation itself.

Almost two decades have passed since this classic paper, which adumbrated the trends that we currently must examine. From a classical point of view, we must consider that the use of some forms of confrontation has always been a routine aspect of analysis, no different from what we clinically talk of as "helping the patient to see," "pointing out," or "calling it to

his attention."

Devereux (1951) has considered confrontation to be a routine aspect of analysis. "In simplest terms, confrontation is a device whereby the patient's attention is directed to the bare factual content of his actions or statements or to a coincidence which he has perceived, but has not, or professes not to have, registered" (p. 19). He views the most fundamental difference between a confrontation and an interpretation as the fact that the former is usually a starting point for the bringing up of new problems or associations whereas the latter is a means of bringing to a head and resolving some hitherto insoluble problem. Confrontation, he says, is "an analytic device only in so far as it leads to the production, or to the mulling over, of some new material, *which is, eventually, interpreted* in terms of the logic of the unconscious" (p.20). In his view confrontation does not demand unusual appropriateness in timing but may be made whenever the analyst has noticed something that the patient has not. For Devereux it is "a rather superficial manipulation of cathexes, *i.e.*, of attention" (p.20). It presages future interpretations and "facilitates transition to new material" (p.20).

Greenson (1967) has shown the routine usage of confrontation in the everyday work of the analyst. He uses the term variously but suggests that it is a part of routine analysis of the resistance. "Demonstrating the resistance may be a simple or even unnecessary step if the resistance is obvious to the

patient. If this is not the case, if the patient is unaware of the resistance, then it is essential to confront the patient with the fact that a resistance is present before we attempt anything further" (p. 104; italics mine). He advises caution against premature confrontation. For Greenson, appropriate confrontation leads systematically to the clarification, interpretation, and working through of the resistance.

In this aspect of both Greenson and Devereux there is the tendency to accentuate the routineness and the lower order of relevance in use of confrontation as compared with interpretation. However, this is just one pole of the use of confrontation. There is another, which in its background, employment, and intention is at the opposite end from the routine, which is distinguished in being considered something heroic, that which is perhaps a memorable part of the analyst's day. It necessitates understanding of the countertransference prior to its delivery in order to make sure that it is not being delivered solely out of countertransference irritation and frustration.

This procedure, which may also be illustrated in the examples cited elsewhere in this book, is what I designate as the dramatic or heroic confrontation. This has very specific characteristics and is employed at varying phases of analysis or therapy. A heroic confrontation may be defined as an emotionally charged, parametric, manipulative, technical tool demanded by the development of an actual or potential situation of impasse

and designed ultimately to remobilize a workable therapeutic alliance. Myerson (Chapter One) focused on such an illustration in quoting Alexander, who said to the patient that it was no wonder no one liked him if he behaved in such an unpleasant manner when people tried to help him. This focused on the fact that the patient would have to consider his behavior within the transference and in real life essentially ego dystonic if they were to proceed effectively. He worked towards Bibring's manipulation, in that he activated an "ego system" within the patient that led him to a more cooperative position. In modern terms, he essentially activated a system that enhanced development of the therapeutic alliance. I am mindful of Myerson's excellent discussion of the possibilities that existed that might have been employed by Alexander. However, it is a dramatic moment and has confronted the patient with several alternatives even as it has been stated. It has given the patient an instant awareness that it is he who is doing something that makes himself offensive to others. It informs him that he has a responsibility for his behavior and that he, in the analyst's opinion, can take a more constructive approach to what it is that he is doing. It defines for him an *alternate pathway* that is implicit in the analyst's having made this type of confrontation.

Murray (Chapter Three) also illustrates masterfully what is involved in the heroic confrontation. He takes up a situation with a patient that could readily alter the course of the analysis. Initially, a previous confrontation was made by the interim consultant prior to seeing Murray. The consultant had

told the patient that he was a therapeutic risk and that he might become sicker or have to be hospitalized if further therapy was undertaken. When Murray in the first few hours of analysis was able to see the paranoid position evolving, he made his confrontation in which he dramatically gave a message to the patient that emotionally was as follows: "Your premises are really wrong. Out of your anger you can become paranoid with me if you wish, but you can also accept that I can accept you and you can accept me and that either we can learn to get along with each other or you can essentially have the other fellow's predictions come true for you." This was a dramatic confrontation with many meanings, clearly avoiding the development of a too early, too intense psychotic transference with paranoid ideation predominating and permitting the development of an alliance within which they could consider how to get the patient to participate in a successful analysis. Again, an experienced therapist had reacted with an intuitive feeling that nothing else might work, and this was the introduction to setting up a situation within which an analysis might proceed.

A third example might be that of Greenson's (1967) analysis of a candidate who was in a prolonged resistance with a pseudo-therapeutic alliance and not doing analytic work. The patient was making a mockery of analysis, refused to take his affects seriously, and enabled nothing to develop in the analysis. He used persistent reasonableness as a means of avoiding or belittling his deeper feelings and would not permit the tracing of historical

origins of the mode of behavior. He was reenacting a nonconformist in the analysis and led Greenson to a feeling that the patient could not work consistently with the material. Greenson said,

> I finally told the patient that we had to face the fact that we were getting nowhere and we ought to consider some alternative besides continuing psychoanalysis with me. The patient was silent for a few moments and said frankly he was disappointed. He sighed and then went on to make a free association-like remark. I stopped him and asked what in the world he was doing. He replied that he guessed I sounded somewhat annoyed. I assured him it was no guess. Then slowly he looked at me and asked if he could sit up. I nodded and he did. He was quite shaken, sober, pale, and in obvious distress, (p.202)

Subsequently this led to an analysis that permitted this type of behavior to be analyzed as a resistance to the development of the transference neurosis. "Only when…he was about to lose the transference object did his rigidly reasonable behavior become ego alien and accessible to therapy…. Then he became able to distinguish between genuine reasonableness and the teasing, spiteful reasonableness of his character neurosis and the analysis began to move" (p.203).

These three examples, Alexander, Murray, and Greenson, are what I would prefer to see in terms of the non-routine but dramatic and heroic form of interaction that may occur in some analyses. All three were dramatic interventions, which thereafter permitted analysis to proceed along usual technical modes and in accordance with more classical features. Each

enhanced the therapeutic alliance. They were special, forceful, attention getting, reaction producing, and change demanding confrontations. They did not deal with intrapsychic, classical structural conflict, but dealt more with the patient's character and extra-analytic situations.

We can now consider times at which a heroic confrontation is necessary in classical therapies. One such situation may occur when the patient develops a narcissistic alliance[2] that defies development of a therapeutic alliance. The concept of narcissistic alliance is not generally understood and will be developed here. Often the conscious reasons for entering analysis have to do with character change or symptom relief, and the patient is willing to enter into a therapeutic alliance in which he undergoes that which is necessary for his cure. Unconsciously, some patients, those with more narcissistic predispositions and defenses, may hope that through the analytic procedure they will, in fact, make some alliance in which the therapist or analyst will help them to attain an unrealistic position. Sometimes this is entirely a narcissistic wish-fulfillment system and may be clinically manifest in terms of fulfillment of an instinctual desire or ego ideal aspiration. It may promise extraordinary reward of a sexual nature or intellectual giantism, and it may include omnipotent or grandiose fantasies. It is at variance with what is appropriate and realistic. What it promises, or what these patients promise themselves, is that the limitations of their character and symptomatology may be overcome in magical ways through the relationship with their omnipotent

analyst-parents. Though unrealistic, it may be an operative force and is one of the elements that motivates these patients to enter a therapeutic procedure. While present to some degree in all patients this sometimes masks the lack of development of a workable therapeutic alliance; and sometimes a therapeutic alliance is not present at all, but the narcissistic alliance is highly operative. A patient who is under the influence of this narcissistic alliance has the expectation that his analyst will help him to realize his goals. Here the analyst actually has the technical task of developing and channeling the healthy narcissism and converting the pathological narcissism into the development of a therapeutic alliance.

An excellent example of this type of narcissistic alliance is illustrated by the following case. The patient in diagnostic was convincing in that he wanted to alter himself and not his environment. He said that he wanted to improve his relationships with women and develop more mutually acceptable relationships. On this basis he was considered an acceptable analysand. Shortly after starting analysis he began to reveal that he had no intention of really changing himself, that what he wanted in fact was to attain omnipotence and a union that would permit him to gain all his ends without regard to what it might mean or how unrealistic it was. As such, he entered analysis having decided that participation in analysis was an alliance based on the promise of his realizing all the gratifications that he felt he had been denied by his past. The therapeutic alliance was not in evidence—he did not

want to work or observe but merely wanted a total experience of gratification. The alliance was conceived of in terms of a narcissistic wish fulfillment, rather than a realistic working alliance based on the need for analytic work with eventually a development of a greater capacity for mutual object relations and more deeply, an awareness of the inability to gain total control over the frightening and threatening world of his childhood. It should be understood that a realistic working alliance is a gradual development in analysis. It develops by the substitution of therapeutic attitudes through the medium of the transference, which itself is narcissistically founded, and, gradually, through analytic work into a therapeutic alliance. When the patient is under the influence of a narcissistic alliance, as all patients are to some extent initially, it must be gradually transformed into a working alliance as the analysis itself is structured. The narcissistic alliance operates as the glue between therapist and patient yet may also operate as a resistance. The patient may not be prepared to undergo the rigors of a frustrating transference neurosis and may be basically unwilling to bear pain in the analysis and thereby work on the mastery of painful affects. When the narcissistic alliance is used as a resistance, the patient wants the gift to be bestowed magically upon him rather than working to overcome his limitations and develop through affect mastery. To such a patient all attempts to analyze will be seen as hostile attempts to deprive him of his narcissistic wishes and their realization. Only with the development of an alliance of more

ordinary proportions can an analysis proceed. Confrontation with such a patient includes recognition that he is not working in the analysis until he can conceive of doing analytic work, that there is no magical result in the analysis, and that he has the choice either to work on enabling himself to participate or to terminate the experience. This may be brought to his attention as an early issue; namely, whether analysis is possible or desirable, or whether he is holding to a status quo of narcissistic alliance because he cannot undergo the development of a working alliance, which itself implies a major alteration of his wish-fulfillment system and willingness to engage in the deep and demanding process. He gets his choice as to whether he really is in it for a therapy or whether he should not be in analysis but should be undergoing a different procedure preparatory to or substituting for the analytic process. Preparatory to any confrontation it is desirable that the analyst deal with the patient's initial attitude in terms of its resistance potential, its defensiveness, and the fears of the early stages of therapy and in terms of the fundamental aspects of why the patient is so afraid to put himself in any other position than the omnipotent one. The confrontation comes only when the routine analysis of the situation has been exhausted and still no movement to real analytic or therapeutic involvement is discernible. Again, this is analogous to Greenson's confrontation.

This type of confrontation might be made as a more or less routine analytic procedure for the patient, if he is willing to hear it in such a way; or

on the other hand, it might be considered a major threat to him. The confrontation may, through its analysis, facilitate an attitude that will enable the analysis to proceed; or it may just clarify enough to allow the patient to leave without his getting into a situation that might portend too much loss of control, too much regression, or too great a possibility of disappointment, with concomitant release of unbearable affects.

From these observations it is apparent that the use of the heroic confrontations may occur at any time during the therapy or the analysis. The therapist might be faced with the possibility of having to deviate from what he would classically like to do depending on the actual or potential development of an impasse situation. The purpose is invariably to facilitate or make the therapy or analysis possible. The therapist attempts to work from the standpoint of routine confrontation as much as possible. The patient himself sometimes is the one who determines whether a confrontation will be merely routine and ordinary or dramatic and heroic. He does this by hearing what the analyst says from the standpoint of a good therapeutic alliance or a poor one. In a poor alliance, no alliance, or a narcissistic alliance, what is said may invariably be heard on some level as critical, rejecting, punitive, authoritative, but not as merely good analysis trying to bring something of importance into an analytic purview. The key to understanding the nature of confrontation and that pole it leans toward appears to be at the level of the development of the real or working alliance. When that is good, most

elements will at least be admitted for analysis, be they symptoms, behavior, acting out within or without the transference, or the more silent aspects of character resistance. It is always to be hoped that the patient can accept the therapist's confrontations as routine and necessary help in setting up that which has to be analyzed, rather than perceive attack in the confrontation.

Impasse can occur, as demonstrated above, immediately or after many years of therapy. If the fundamental tenets of the analysis or therapy are not taken up early, the entire analysis may be under misguided notions; and therefore, great expectations may proliferate that could lead to massive stalemating within the analysis. Such a situation should be faced sooner rather than later. It is possible, however, that only after several years and after analysis of many more superficial layers will a deeply regressive impasse develop in which the alliance is so broken down that the patient is more devoted to hurting the analyst (or the analysis) or the transference figure (parent) than to continuing to analyze productively. It is at such a point that it is often necessary to confront, but at this time heroically and in an effort essentially to save the therapeutic situation. It should be noted that much negative direction and negative transference do not portend the development of impasse. There are many times in analysis that are temporarily difficult but fall short of impasse and that are critical in giving the patient the idea that he and the analyst can work through a particularly difficult situation together. It is in such circumstances that the therapist

avoids heroic confrontation rather than precipitate anything beyond the scope of the ordinary.

The ways in which confrontation differs from interpretation must be considered. In the interpretation the patient is offered a hypothesis, one that he has the opportunity to verify, elaborate, contradict, but above all, investigate. This occurs after a reasonable clarification of other levels of behavior or thought processes. Ideally, the interpretations are hypothetical, not charged as such, but observational, unemotionally delivered. They are given in the context of awareness that the analyst and patient together are joining with an observing ego to deal with the experiencing part of the analysand in order to uncover some unconscious material. Both are in agreement that an experiential regression is going on involving part of the ego and the instincts. At the same time, a split-off aspect of the observing ego, which will work together with the analyst on the interpretation, is reserved for the therapeutic alliance. This is analogous to the analyst and patient flowing along a river in the same direction;[3] the common cause is agreed upon; mutual trust is established; and even if there is disagreement, they are willing to work out their differences. They can participate in negative transference reactions, can analyze them, and can maintain respect while they work through the negative responses. Such is the classical therapeutic situation, one in which all confrontations will be seen as routine and parameters are by and large unnecessary

What is to be emphasized is that the atmosphere for such work is constructive even if the material itself is painful. Confrontations given in such a context may also serve as interpretations, depending on the definition of interpretation.

In heroic confrontation, the atmosphere is different. To further the river analogy, it is as if the current were going against the therapist. In the ideal case he has made the routine confrontations, clarifications, and interpretations; he has considered the different levels of the resistance and has followed the rules of classical analysis carefully, has interpreted from superficial to deep, has worked on resistances of superego, ego defenses, secondary gains, etc.; he has made adequate reconstructions and has pointed to the anxieties of different levels. Though he has done this, he nevertheless sees his alliance eroded away, his patient beginning to oppose him no matter what he says. It is in this situation that he has analyzed the countertransference and struggled to understand the patient's position. He has done all that he might reasonably be expected to do, all that is in fact, analytic. At this point, having worked also with his routine analysis of the negative therapeutic reaction, he then recognizes that he has to do something that in effect is extra-analytic, or parametric. It is at such a point that planned heroic confrontations are made.

What then is the purpose at this point? It is as if the analyst were saying,

"We no longer are going the same way in this analysis or therapy." The therapist is going upstream against the patient's resistance, against the current; they are not going together. The analysis can make no further headway because the flood of resistance is such that nothing that is said is useful and is only responded to negatively. The tide has turned against the analyst and his procedures. Patient and therapist may have been caught for a while in an eddy, but then it becomes clear how forceful the mainstream of resistance is. The analyst feels that he can proceed along the usual lines, but all he says will be washed downstream. He must, therefore, do something beyond his usual procedure.

At the moment that he does it, the analyst takes a position that is never implied in an interpretation. In common with some forms of interpretation, he says something with surprise and shock value that may be dramatic and may touch the patient's narcissism. Beyond this, and exclusive to heroic confrontation, he says something that implies action, either his own (the analyst's) or the patient's. What he says may be heard in many ways: some as positive and loving, but others as a warning, a prohibition, a threat, or a punishment. It must inevitably arouse an anxiety on some level within the patient. The deepest dread is that of abandonment, though unconsciously other patients will have castration or superego anxieties aroused. The real strength of such a confrontation on its deepest level is that it often implies that unless the patient is able to hear it, to rise above his current difficulties

and the regressive state within which he is living in his analysis, he will inevitably go downstream with a tide running out and the analyst will not be able to stop him. Going downstream is really succumbing to the illness and to analytic or therapeutic abandonment. The heroic confrontation here reestablishes a healthy narcissistic alliance that may be utilized in recreating a therapeutic alliance.

This is, to my way of understanding, why a heroic confrontation is a distinct entity that differs from an interpretation. An interpretation, well timed, well worked, leads to further insight. It does not imply that a working through will take place or that an assimilation will necessarily result. It may provoke more resistances, but it is given in an atmosphere in which there is a reasonable expectation that patient and therapist will continue to work on its hypothetical importance.

The heroic confrontation, however, says essentially either the patient must do something—*i.e.*, *change* in some way within the analysis—or he and the analyst will have to stop the analytic work, which has become nonproductive. When such a statement is made, it is an *emergency situation*, acute or chronic. The analyst knows it, the patient is either vaguely or distinctly aware of it. But both know the moment it is uttered that it may have a prophetic significance for the patient. In short, it implies that a psychic reaction must lead towards reestablishment of a working alliance.

In short then, the interpretation puts less burden on the patient than the heroic confrontation. The heroic confrontation is the emergency measure, not the routine measure; it is the dramatic, not the common procedure.

Why it is effective then, is an important question. Preceding discussions of confrontation have emphasized that it may eliminate the development of expected transference (even if these were to be paranoid or psychotic) or that it involves a terror, either of abandonment, castration, or punishment in some way. There is little doubt that the immediate mechanism of such a confrontation is that the patient is forced to accept and make the change for the time being. Not to accept the confrontation will leave him the choice of the or, which is that analysis or therapy will not go on or cannot be successful. That means to the patient that he has to live with himself in his old sick ways, the ways that originally motivated his coming to the therapist. For most, this is not adequate and will mobilize ego systems to work productively again with the therapist.

It is in this period following this shock that the patient may undergo his most agonizing periods in analysis. Often terrified, having an anxiety of various dimensions but basically related to a dread of abandonment, he may be willing to mobilize all his forces to continue the analysis. He may do it simply out of his fear—an identification with the aggressor is perhaps the most common way. But this does for him something he considers vital, if not

yet productive; namely, it preserves the relationship with the therapist. It makes him reevaluate his position and may begin to help him mobilize a more workable alliance with the analyst, if he is capable of doing so. It may ward off his deepest terror if he is willing to make the indicated changes that the confrontation requires. Even if he employs the mechanism of identification with the aggressor temporarily, at another level he may get the message that the analyst has cared enough to interact in a vital way with him, in a manner that indicated that the love[4] of the therapist was available—but that it was conditional. This love, actual or transference, is one of the elements that must be perceived at some level by the patient, even if the more superficial mechanism is that of the identification with the aggressor. Here we are again reminded of Eissler's warning that the use of parameters might substitute obedience for structural change and that they must be capable of being reduced to zero.

If no element of love is discernible by the patient, then the confrontation can be taken as a proof by the patient that in the end the analyst will be just as cruel, rejecting, demanding, punitive, or unnecessarily harsh as the negative side of the parent in transference. For some patients, the analyst's heroic confrontation may finalize their case against the analyst. It is in such circumstances that the analyst should avoid the confrontation until the patient himself makes the confrontation, brings to light the state of impasse, and essentially confronts himself with the possibility of the bleak outlook

unless he makes some changes. We are therefore presented with the consideration of when not to confront. Such a situation is spoken of by Balint (1968) in the cases where he feels that a therapeutic regression is taking place that is in the area of the basic fault and where words are relatively meaningless. Such situations must be lived through as supportively and non-threateningly as possible. There are special situations and their recognition is essential if destructive heroic confrontations are to be avoided.

I shall now illustrate two cases in which heroic confrontation as a critical intervention appeared to be a constructive measure. Both were at a situation of impasse: the first due to chronic discharge through acting out, and the second through the development of a negative transference of unworkable proportions. Both interventions came after long preparatory periods with painstaking and careful work carried out in accordance with classical methods.

Case I

The patient was a 36-year-old married man who entered analysis for work and marital difficulties. His narcissistic and exhibitionistic character traits took the form of aggressive outbursts that immediately embarrassed him and thwarted his work interests and attainments. Every aggressive foray that he felt compelled to enact ended in his masochistically arranged-for

punishments from superiors. Narcissistically oriented sexual exploitations were also frequent.

The early analytic work was marked by external or analytic frustrations invariably provoking these episodes. Routine clarification of this behavior, the specific forms that it took, its relation to frustrations in the analysis, and attempts to make up some blows to self-esteem were investigated. Some vague outlines of the infantile neurosis were dealt with intellectually, but affects were so discharged that analysis began to appear stalemated. A repetitive cycle of discharge through acting out with guilty return for forgiveness and marked contrition was apparent.

Of interest was that despite the repetitive cycle of acting out, the patient wished for the analyst to provide some acceptable superego controls and a model of mature identification as part of his ego ideal.

Following a year of acting-out behavior that did not abate, the analyst avoided prohibition but confronted the patient analytically with the fact that the analysis could not proceed if all the feelings were being discharged into the rationalized acting out. It was indicated that his acting out made a mockery of the analysis, the analyst, and the patient himself.

The patient was surprised and upset, felt that he was being given the choice of continuing as a sick person or getting better through the analytic

procedure. What became clear was that the sick actions were those that were an identification with a manipulative, primitive, sadistic, rationalizing, con-man father. On the other hand he had the analyst, who was at once the ego ideal and the good superego model. He really had no choice. His reponse was dramatic. He stopped his overt acting out and began to contain it within the analysis. He was fearful of losing the analysis more than he yearned for the opportunities to reenact. Then all that had been pale in the previous descriptions of the infantile neurosis and trauma became alive within the analysis. The specific details of the infantile neurosis that led to the marked acting out are beyond the scope of this paper.

The confrontation, therefore, was parametric and manipulative. It was a Hobson's choice for the patient, in view of the fact that the patient was certain to continue with his old behaviors, jeopardize marriage and career, and put himself in a permanently punitive position. When he stopped this he had great struggles with his control but basically did it partly out of tremendous anxiety, partly out of a need to identify with an aggressor who could really put him out, and partly out of a need for development of some internalization of the ego ideal and superego aspects of the analyst.

The analysis and the patient's life then began to proceed. A distinctly less narcissistic usage of people began to provide some reality reward as his work and marriage flourished. A good alliance developed, and within it he

worked on negative transference feelings but with containment of acting out. When he began to consider termination, the analyst reminded him of the unfinished business; the actual (heroic) confrontation itself had not been dealt with fully, and he still felt that he was on good "behavior" out of anxiety and terror. At this point, the patient viewed the analyst as too petty, too perfectionistic. But simultaneously, the acting out began, was initially concealed and then brought out. This then was the opportunity to work with the patient on the meaning of the current behavior in terms of a loss of the analyst. That he had to alter his position from identification with the aggressor to integration of all the modified superego and ego ideal identifications was apparent and was the work of a prolonged termination. As the deep hostility for the aggressor was worked through, he began to feel that he was doing what he did for himself and not simply to satisfy his analyst.

This is to be seen as significant in terms of Eissler's caution on reducing the parameter to zero in order to complete the analysis. The confrontation in this case was used at a point where acting out interfered with any productive work of assimilation. It provided a period of anxiety and then motivation to work in the classical manner. Then there was some sense of mastery, some growth, and some resolution of the initial traumatic issues that were woven into the neurosis. Finally a stage was necessary in which the patient no longer had to accept the confrontation, but could incorporate a mature identification and could develop into what he himself would desire, rather than merely

being under the domination or control of the analyst.

Case II

The patient was a 30-year-old man who was referred to earlier in the section on reducing the pathological elements of a narcissistic alliance and allowing development of a therapeutic alliance. The patient was at this time in his fourth year of analysis, having shown little movement. His initial year, following the earlier confrontation, had been slow-moving and characterized by performance, conformity, and suppression of hostilities. Then as the analysis deepened, it dealt with early traumatic situations. A sibling was born when he was two, at which time he lost his world of fantasied omnipotence. Having recovered from this, a year later he had faced the birth of another sibling coincident with his own actual life-threatening illness, a further severe trauma, from which he had recovered intellectually but never emotionally. His intellectual brilliance was manifest again, but never his former sense of omnipotence, as he had in fact retrospectively idealized his previous situation. In latency and on through adolescence and into adult life, he nurtured the illusion of magical restoration of his previous powers through possession of a dream woman, whom he could take over, become like, and share in her magical powers. The essence of the fantasy was that through it he would regain all he had lost at the time of his narcissistic injury. He held this illusion throughout the analysis and eschewed work on it. The transference

gradually got beneath his brilliant and clever defensive intellectualization and led to a position wherein the intense bitterness and hatred toward the negligent mother came out. After an earlier isolation of affect at his mother's coldness, he began to develop a real bitterness that led to breaking all contact with her. He shifted his hatred onto the analyst and began to luxuriate in fantasies that attempted to prove to the analyst how poor the analyst was and just as terrible, inadequate, incompetent, and unloving as the real mother. This went on for the better part of a year. It gradually became clear that the patient was again at an impasse. This time the impasse was such that he was gratifying his hatreds, becoming less able to do anything outside the analysis, and only demanding the analyst's help in order to make the analyst feel helpless, thereby proving the analyst's stupidity, incompetence, and indifference. All of these attacks had previously been leveled at the mother.

Ultimately the analyst made a heroic confrontation in which he stated, "I agree that we are at an impasse. The impasse is one in which you are not analyzing but just luxuriating in the hatred and destruction of me. I am willing to go on if there is motivation for further analytic work, but this cannot simply become the gratification of your hatred at such great expense to your real life."

The patient was furious. He said that the analyst was "kicking him out," that it was true that the analyst was no better than his parent had been. He

went on to note that this was another abandonment, leaving him helpless, and proved his principal theme that the patient was helpless, that he had a bad and abandoning analyst, and that it justified his permanent position of doing nothing and his hopelessness, helplessness, and depression.

He evoked within the analyst the feeling of "I am bad, and I have done such harm to this patient that it can never be undone." The analyst had, however, many previous times dealt with this and could point out how the patient was using an old tactic, one that was labeled "guilty analyst," a technique that he employed to avoid actually examining his positions in order to avoid responsibility, analyzing, and as part of his projective system of blaming parents, world, and analyst. The analyst then stated that the destructive use of the guilty analyst position by the patient was intended to force the analyst to retract the confrontation and essentially continue to set up the bad analyst position that was the real impasse.

The analyst therefore stuck to his position and pointed out that he was entirely willing to work with the patient, who wanted to work through this position, but would not be willing to go on if the patient over a period of several months did not get back to analyzing. The patient then underwent some remarkable work. He realized that all previous situations had in fact been those he took out of terror. He certainly felt terrorized by this confrontation—to be without analyst was indeed an abandonment; he could

do so little on his own. However, he began to find a more positive side of the relationship, began to have dreams in which he questioned himself regarding his responsibility for misuse of the relationship with the analyst. He began to consider that he would have to give up the fantasied dream girl and with it an approach to life. He underwent with this a different degree of depression, one that could now be felt as a real depression that was not used merely for manipulative purposes. He had real confusion at having to give up a fantasy that was restitutive for many years. Here the analyst's support, now no longer confrontational, began to have meaning for the patient, who moved into areas of feeling within the analysis that had not previously been touched upon and that dealt with the much defended against, positive side of the relationship.

This confrontation had again been used at a point of impasse, here later in the course of the analytic work. What had been going on was that the analyst was becoming more of an object of the anger that was less and less within a therapeutic alliance and more and more distorted. When the analyst confronted the patient, it was to avoid stagnation and dissolution of the analysis. The analyst had dealt with the negative countertransference feelings which were acknowledged at appropriate times in the analysis. Because this preliminary work had been done, the analyst was prepared to deal with the patient's resistance as he used the "guilty analyst" ploy. Ultimately, the situation showed considerable improvement as the work once again began to proceed following the confrontation. At this stage of the analysis the

confrontation was useful, though ultimately the analysis was interrupted prematurely.

The above cases are illustrative of the heroic type of confrontation. In the first case the analysis approached impasse through the excessive acting out of the patient. The acting out of the patient was not prohibited, but the question of proceeding with analysis with such massive acting out had to be confronted. In the second case, the confrontation was made in face of the patient's luxuriating in what promised to become a stalemated negative transference. Both were memorable. Both occasioned dramatic responses. The analyst was in neither case angered at the point of confrontation, but sought to make these moves as manipulations to get some kind of productive work and alliance going again. The analyst paid the price of the patient's undergoing a temporary parametrically induced identification with the aggressor, and only much later could the analyst really deal with this initial confrontation. Both of these confrontations were effective because the fear of losing the analyst was greater than the tenacity of the particular form of the resistance. There are, without doubt, many other levels of confrontation, but this is basically what is implied in confrontations that are heroic.

There is a further type of confrontation that is heroic but is one that is made by the patient. This was first drawn to my attention by Dr. Ralph Kahana; shortly after a patient presented an excellent example.

The patient was a 25-year-old obsessional character in the second year of analysis. What had come out repeatedly was his fear of entrapment of any sort. Descriptions of sadistic treatment by a consciously perceived tyrannical father abounded in his work. Over the issue of vacation, which had been carefully scheduled prior to start of the analysis, the patient underwent a strongly regressive moment. He chose to schedule different vacations from the analyst. This alteration was due to certain events that seemingly justified a change in his schedule but progressed from taking off a day, to a week, and then to a month. As the analyst commented on this progression and its deleterious effect on analysis, the patient got frightened. Suddenly there loomed the image of his father and unconscious fears blossomed forth. He wanted to break off the analysis. “Did he have to be there?” he wanted to know. The analyst pointed out the realities of the treatment situation—that it imposed some restriction on both patient and analyst. However, the patient then said in his confrontation, “Do I have to be here on those days. I am confronting you. If you are that rigid, then we cannot work together any longer.” It was clear that the patient in work and deed was presenting with heightened emotional meaning a major feature of his obsessional character structure. He could not tolerate anything being beyond his control. Momentarily he could have no trust and no belief in the analyst. The confrontation came as a question of the analyst’s flexibility so that he could be differentiated from the father, from whom he could expect only sadistic

treatment that could be meted out through the father's rigidity. The analyst accepted the patient's confrontation, letting him know that he was responsible for the hours but did not have to come. The analyst then went on to point out the terror that being under someone's control caused him and took the opportunity to clarify the tremendous need for control that existed in the patient.

This confrontation, though accepted at the time by the analyst, was itself indicative of the need ultimately to analyze the patient's need to control the environment, which was manifested in the rigidity so characteristic of his personality. Here the analyst accepted a confrontation made by the patient with the idea that at a later time it too would be analyzed in depth and that it actually would be a central issue of the analysis of the transference. The confrontation and the parameter it introduced were a direct result of the patient's heroic confrontation.

The price of heroic confrontation is one that is never fully paid until the waning period of the therapy or analysis. It is then, in termination, that the analyst can see whether the parameter employed was really worthwhile. The patient can ultimately help resolve the parameter by permitting its analysis. Ultimately he must work through to the point where he can accept the threat implicit in the confrontation as necessary at a time in the analysis when he could not resolve his resistances in any other way. Essentially a parameter,

the heroic confrontation is used in situations of impasse when the dynamic situation is adequately grasped by analyst and patient, at least intellectually. The transference has been clarified and interpreted. The anxieties of other positions have been interpreted. The patient continues to prefer the resistance position and this necessitates considering discontinuation of therapy. The patient may begin to play out a deleterious game in the analysis that is anti-therapeutic or may even threaten to exceed reality bounds. Such a situation calls for the heroics of a heroic confrontation. It may then save the patient from deteriorating into a sadomasochistic and destructive game, moving into a psychosis, or moving into other forms of stalemate.

It should finally be stated that the confrontational manipulation itself should hopefully coincide with a good opportunity of having a positive effect. At the point of impasse, it is important that the analyst combine his soundest knowledge, his keenest foresight, his greatest empathy, and maximum intuition in a move that can hopefully resolve the impasse, save the therapy, and give the patient the opportunity to free himself from further neurotic suffering.

It should be noted that the confrontation here is viewed as being done not electively but by the demands of the particular case after adequate assessment of all variables involved. It is heroic in that it is a measure reserved for situations that require other than the ordinary treatment; thus

the term is borrowed from the field of medical heroics.

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Notes

1) Manipulation as used by Bibring is a sophisticated maneuver making use of unconscious patterns and ego systems triggered by comments by the analyst.

2) I am indebted to Dr. Robert Mehlman for the origin of the term narcissistic alliance and numerous discussions with him on the evolution of this concept and its clinical relevance.

3) I am indebted to Dr. Jeffrey Nason for development of the river analogy.

4) Perception of the loss of the therapist is part of the narcissistic alliance. This may be a positive and useful force and may "touch" the patient enough to let him see the necessity of transforming his narcissistic alliance into a useful rather than resistance form. The therapeutic alliance is the evolutionary form superimposed on the narcissistic alliance and has conditional elements involved.