Narcissism and the Analyst's Countertransference

San Francisco, CA 2013[1]

Lee Rather Ph.D.

Introduction

It is a great honor to be invited to respond to Dr. Kernberg's presentation tonight. In the early 1980's, Dr. Kernberg's books (1975, 1984) were a dazzling introduction to object relations theory and the pre-oedipal world. I am indebted to him, not only for his brilliant theoretical integrations, but also for the courage his writing imparted to me for working with patients that were, and often still are, disturbing and intimidating. More recently, I have really appreciated his papers (e.g., 1986, 1996, 2000) encouraging a more creative atmosphere in psychoanalytic institutional life. The spirit of those papers allows me to feel confident that he will appreciate a discussion that may be somewhat different in its register, sensibility, and idiom.

Tonight, Dr. Kernberg has given us a wonderfully comprehensive paper on the treatment of different constellations of narcissism, including some extremely helpful suggestions for interventions. My remarks will be most relevant to our experience in treating the higher functioning end of the narcissistic spectrum in our private practices. However, regardless of the level of severity, and the challenges of frame management involved, Dr. Kernberg remains consistent with the point of view he has emphasized throughout his writing. He stresses that to be effective, the analyst must, from the very beginning or as early as possible, actively focus on, confront, and interpret the patient's efforts toward omnipotent control and devaluation as it appears within the transference. In his paper tonight he has written, with characteristic understatement: "the extended duration of unrelenting contempt may undermine the analyst's positive disposition toward the patient…" (p. 15)

---

[1] (2013). Invited Discussant for Dr. Otto Kernberg's presentation, 'The Incapacity to Depend: An Overview of the Treatment of Severe Narcissistic Pathology''. The Emanuel Windholz Memorial Lecture. San Francisco Center for Psychoanalysis. San Francisco, CA.

Dr. Kernberg's stance emphasizes the necessity for the analyst to sustain what he calls an "extended third party position that is able to explore the transference/ countertransference relationship without being immersed in it" (p. 19). In my experience as an analyst, as a consultant, and as a case conference leader, the feeling of being shut out is among the most difficult states for analysts to tolerate. The narcissist stirs up very powerful emotions in the analyst, and to paraphrase Bird's seminal paper (1972), this countertransference is both a universal phenomenon and the hardest part of the analysis of narcissism.

So, what I would like to focus on tonight are the internal obstacles that we encounter in attempting to follow Dr. Kernberg's wise recommendations. First, I will discuss the principal reasons for which the narcissist is the *bête noire* of the analyst. Then I will propose that the analyst needs to establish an *internal position* (not necessarily a technical approach) somewhere in between the 'Kernberg' and 'Kohut' (1971, 1977, 1979) sensibilities, one that reflects what I will call maternal function and paternal function. If there is time, I would like to also briefly reflect upon a recent paper of Dr. Kernberg's (2008) concerning the narcissist's relationship to death. My presentation will be brief, so I hope you will forgive many broad generalizations. I will start with a brief vignette, which I have disguised.

Clinical Illustration

NOTE: *In the interest of confidentiality, the following case material has been fictionalized. It is constructed of composites of several patients and multiple real-life scenarios with details altered to ensure anonymity. Any similarity to real persons, living or dead, is coincidental.*

It is the end of the last session of the week. The patient pauses at the door. He is a tall, slender man, perfectly groomed, and as usual, dressed elegantly in a beautiful black suit and bowtie. With an air of *noblesse oblige*, he turns to me and says in a mock patrician accent: "Have no fear. I shall be back on Monday to share more of my insights and

theories". That we are both able to chuckle at this 'routine' is the result of many years of work.

Like many patients with narcissistic character structures, he was pushed into treatment by the threat of divorce and the failure of a recent entrepreneurial voyage during which his colleagues had mutinied. Although he came to take pleasure in his sessions as an opportunity to talk about himself, he failed to see what I could offer and responded to interpretations, especially transference interpretations, as if I had stepped into his movie and was trying to steal the scene. He dismissed exploration of his dream life and slips as a remnant of a lapsed Victorian science that, though charming in a sort of literary way, was essentially 'antique'. But because he enjoyed our meetings, he humored me by recounting his nighttime adventures, and after many years a dream marked the aggregation of many small moments of work into a turning point.

> *He dreamed that he was in a house at the very top of a hill, in his bedroom dreaming, and, in the dream, became gradually aware that a group of aliens had regularly abducted him throughout his life. This time he could see them. They were figures in black suits, and though he was frozen on his bed, he could hear their strange and seductive voices. At some point he sat up and said, "I've had enough, now get out of here". He grabbed the arm one of the aliens and was extremely disturbed that it was not the cold inhuman titanium he had expected, but was instead a very soft, warm, and human flesh. At this point, the alien shape-shifted into a Fairy Queen, who took him in for protection and began leading him down the path from the hill.*

You may be reflecting on his black suit, my black suit, a Rosenfeld (1987) 'gang' of aliens, and perhaps also being frozen on the bed as nicely depicting Dr. Kernberg's observation that the search for omnipotent control results in an unconscious effort to prevent change by 'freezing' the therapeutic situation.

In my patient's associations, he recalled that having dismissed his parents, he read himself bedtime stories in which children wandering lost in a forest would become enchanted by a fairy, taken into a wonderful new world, only to be abandoned when the fairies tired of them. Fairies, he told me, were also what they called the weaker men in

the rugged hill country of the southern states of his youth, before he came to "airy-fairy California, the land of therapy magic". He played with the phrase 'taken in' and its double meaning and wondered whether I was 'leading him down the garden path'. Was I the weak Fairy Queen, the benign Fairy Queen, or the Trickster Fairy Queen, one of the aliens, or an ally against the aliens? Was he a precocious child who had magically raised himself, or a lost child fearful of being 'taken in'? Without going further, you can well imagine how this dream was the outcome of a long gestation of our work, and how it opened up a metaphoric path for more deeply exploring our relationship.

My patient was still Narcissus at the pond, but at least his gaze was beginning to wander a bit. We could now chuckle at his grandiosity, but this was long in coming! During the preceding years I had to contain and work-through intense countertransference reactions of boredom, hatred, futility, smallness, wounded professional pride, and the like, as I was lectured, critiqued, and condescended to when he paused long enough to actually listen to me. All of you are familiar with this!

The Narcissistic Transference and Countertransference.

Psychoanalysis begins with Anna O. (Freud & Breuer, 1895) and the erotic transference. While Breuer dropped the key, Freud, in a stroke of brilliance, picked it up by apprehending that the erotic transference, and more broadly, the 'transference neuroses" were not an obstacle on the path, but the path itself. On the other hand, his early idea that the 'narcissistic neuroses' were untreatable in principle is no longer held to be true. As Dr. Kernberg's work makes clear, the concept of narcissism has been vastly elaborated and discussion of useful technical approaches has blossomed. But one thing has not changed: the countertransference.

The erotic transference is difficult in its way, but with its long and honorable tradition, it tends to be more welcomed by the analyst. In the erotic transference, at the very least, the analyst does have the patient's attention! Similarly, the borderline's emotional rollercoaster of devaluation and idealization also places the analyst at the center of the

patient's attention. The borderline idealization and erotic idealization, may sometimes rub us the right way, but the narcissist's transference always rubs us the wrong way. The narcissist gets under our collective skin through constant devaluation, hitting us right where we live in our professional desire to feel helpful, valued, and loved. The problem with Narcissus is not simply that he is captivated by his own reflection, but also that the enthrallment with his image is sustained by devaluing, dismissing, minimizing, in short, *negatively hallucinating* the analyst.

Though narcissism comes in many flavors, i.e., charismatic, appealing, threatening, aggravating, or boring, the common ingredients are stirred together to serve up a patient who continues to speak as if we have not spoken. In cases of what Bion called "reversible perspective" (1962a, 1962b, 1963, 1965, 1970), this may not be simply a side effect of psychic retreat, but its main unconscious point. To quote Etchegoyen: "The reversible perspective consists, by definition, in that the subject begins analysis not in order to know himself, to be cured, to grow, or to resolve his problems, but with a different idea, which can even be to show his analyst that he does not need analysis" (1991, p. 769). Why does this rub us so much the wrong way? After all, speaking compassionately and depending on your theoretical perspective, the unfortunate narcissist has either been reduced to omnipotence as a solution to the problem of the (m)other's uneven responsiveness, or he has simply not yet traversed the difficult developmental ground of accepting difference, something which is a lifelong process for all of us.

Meanwhile, the analyst struggles to exist as a meaningful separate object with something to offer. We don't like this, and it most certainly does not fit our ideals. Bion uses the terms narcissism and social-ism to differentiate the ego-centric impulse from the socio-centric impulse. (1992, p. 122). We are the folks who speak about relationship, connectedness, empathy, attunement, the working alliance, and so on, and for us as a group, these constitute almost a form of mental health morality, one that is opposed by the narcissist's psychic ideology. While we stand for embracing civilization with its

discontents, the narcissist lobbies for an internal utopia where the discontents of difference have been made to disappear.

The Analyst's Neurosis

At a recent meeting of the American Psychoanalytic Association, the plenary address was entitled "The Analyst's Narcissism" (Chused, 2012). Unfortunately, we cannot talk about the treatment of the grandiose self without taking into consideration that of the analyst. Who is it that becomes an analyst? Our friends in other professions sometimes ask: "How can you listen to peoples' problems all day?" Despite the comic retort, "Who listens?", we do indeed listen with great emotional investment. Heinrich Racker suggested that we become analysts to overcome our guilt, by repairing the objects that we feel we have damaged in the first place (Racker, 1957, p. 325). I don't know if this is universally true or complete, but to the extent it is the case, those of us in this room share a fundamental professional countertransference and perhaps, even a fundamental neurosis. Our character and our defensive organizations will involve some variation of a grandiose professional self (Brightman, 1984). This professional self rests upon ideals of omnipotence, omniscience, and benevolence in helping others. Imagine the impact of the narcissist's challenge to these ideals! Here is another quote from Racker:

> …an analyst may come to hate a patient who is in intense resistance. For this resistance sometimes leads to the analyst's being persecuted by his own superego; he defends himself against this persecution by means of projection of the bad introjected objects in the ego and simultaneous identification with the superego projected upon the patient, which, in turn, leads to his feeling hatred and 'becoming angry. (Racker, 1968, p. 121)

The narcissist not only does not want to depend on the analyst, but also does not want to depend on collaboration with his own unconscious, an essential element of our method (Rather, 2001a). My point is that by showing us he doesn't need us or our cherished method, the narcissist aggravates us, and hits us right at the core. Consciously and/or unconsciously we are angry, and it is this that makes it most emotionally complex and difficult to follow Dr. Kernberg's recommendations for confrontation. (We may even

move toward the Kohut sensibility as reaction formation!). Intellectually, we understand that in using the term 'confrontation', he means something like Ralph Greenson (1967) meant in his classic text when he discussed the sequence of *clarification, confrontation, interpretation,* to *working through*. Here, *confrontation* means calling something to the patient's attention, with non-judgmental neutrality. But in practice, I think we fear that our own aggression toward the narcissist will be mobilized, and we will become 'confrontational' in the everyday sense of the word.

Maternal and Paternal Function

Active confrontation vs. empathic immersion, the polarities of the Kernberg-Kohut debate, may seem to be the choice, but perhaps this reflects our tendency to split both in institutional group life, and in theory and technique itself. My impression is that various aspects of analytic technique are imbued with qualities that may resonate as *maternal* or *paternal* (Rather, 2008). Concepts such as containment, reverie, mirroring, and holding are felt to be maternal, while active interpretation of conflict and defense may be felt as more paternal. It is, of course, important to emphasize here that in using the terms paternal and maternal, we are using shorthand, culturally based expressions for organizing experience. Hopefully the terms themselves may be used metaphorically without implying any essentialist notions concerning the true nature of mothers, fathers, or gender.

Freud embodied the paternal order in conceiving of psychoanalysis as form of work undertaken by two adults (Lipton, 1977; Losher & Newton, 1996). His model presumes a "division of labor" (Losher & Newton, 1996) in which the analyst's work is to interpret, and the analysand's work is to free associate (Freud, 1913a) and respond to the analyst truthfully (Thompson, 1994). Freud assumed that the analysand could get down to this analytic work. The German text (i.e., Freud, 1982/1914, p. 214-215) even suggests that Freud believed many resistances could be overcome ('überwinden') by conscious effort. However, in the post-Freudian era, under the sway of theories emphasizing primitive mental states and pre-oedipal dynamics, we have seen a gradual "developmental tilt"

(Mitchell, 1988) which has led to an increasing acceptance of the mother-infant relationship as the prototype of the analytic situation giving way to maternal metaphors of holding mirroring, digesting, and so on. Within the matrix of Oedipal vs. pre-oedipal dynamics, this issue has holding vs. interpretation as one set of coordinates, and conflict vs. deficit as another. Discussing the clinical process in terms of interpreting, acquiring insight, working-through, renouncing infantile strivings, and so on, we are emphasizing the need to *do* something within the paternal register. By contrast, when we consider the clinical process in terms of containing, holding, reverie, and empathy, we are emphasizing the importance of allowing *states of being* to flourish within the maternal register.

The prototypic analyst grounded in paternal function operates from an "outside" position, emphasizing the working alliance with the adult part of the patient, and appropriately confronts the narcissist with the task of renouncing infantile omnipotence in the service of the reality principal. The prototypic analyst grounded in maternal function, by contrast, operates from an "inside" position, emphasizing the therapeutic alliance with the "once-and-forever infant" (Grotstein, 2000), and acts as an infant advocate helping the patient mourn his lost entitlement (Grotstein, 1990) (Also see Rather, 2001b for a discussion of the conceptual distinction between the working alliance and the therapeutic alliance).

Because narcissism may have different etiologies, the technical and emotional approach must be custom made and stitched together with both paternal and maternal elements made for each individual. There is no 'one-size-fits-all' 'off-the-rack' black suit for the narcissist's treatment. Making it more complicated, the analyst's personal conflicts with paternal and maternal states will inevitably factor in. Nonetheless, the analyst needs to establish an internal emotional position (again as distinct from a direct technical approach) that integrates both the law of the father and the love of the mother, and this is incredibly challenging with the narcissist.

Mortality and Frozen Time

To return briefly to my case, the patient did remain in treatment for many years, long enough for age, illness, and physical decline to catch up with him dramatically. This was a severe shock to his sense of self as *puer aeturnus* with unlimited time and potential. You will remember that in his dream, he was 'frozen' on his bed. We could think not only that he is freezing the therapeutic situation as Dr. Kernberg has discussed, but also freezing time itself. I'll quote Dr. Kernberg from another paper in which he discusses the narcissist's destruction of time:

> Narcissistic personalities frequently experience, in later decades of life, a sense of not having lived sufficiently, that life has gone by without leaving traces of the past. The experiences of shrinkage of time, in these cases, may bring about an intense and growing fear of death, a sense of unfairness of the brevity of their life as they experience it. (2008, pp. 301-302)

He goes on to warn us "that the analytic culture in some institutes tolerates and fosters analyses of a duration extending beyond 10 or even 20 years, and discourages candidates from 'impatience' to graduate and become fully independent… An unconscious collusion between a narcissistic patient and the analyst regarding the 'timelessness' of analysis may be particularly dangerous under these circumstances" (p. 311).

As the narcissist often presents later in life when the blows against his omnipotence have achieved critical mass, and because the aging baby boomer population constitutes a large part of our practices, we are called upon to keep time, mortality, and death in mind.

There are three great and distinct sources of anxiety: 1) anxiety about the realistic and objective dangers in life; 2) neurotic anxiety proper (signal anxiety), and; 3) existential anxiety about the 'ultimate concerns': freedom, isolation, the question of meaning, and death (i.e., Becker, 1973; Yalom, 1980). I would suggest that, with regard to the 'examined life', psychoanalysis as a whole has tri-furcated leaving questions of meaning largely to the Jungians and questions of personal mortality largely to the Existentialists. Mainstream psychoanalysis has taken neurotic anxiety as its slice of the pie.

Freud wrote:

> …at bottom no one believes in his own death, or, to put the same thing in another way, that in the unconscious every one of us is convinced of his own immortality (1915, p. 288)

In this way, Freud essentially took death anxiety off the table, much as he later swept aside religion, spirituality, and the 'oceanic feeling' (1927). This may have set tone for a certain constriction within the mainstream psychoanalysis, and as a result, when concerns about death do appear in free association, there is a tendency to interpret them as metaphoric derivatives of the more familiar: anxiety about the dissolution of the self, separation anxiety, castration anxiety, and other 'calamities of childhood'.

The issues of personal mortality and death anxiety are often not taken up with our clinical work. I think such awareness has pressed in upon me more as I have aged and observed the impact of aging, diminishing health, and narrowing horizons for older patients with whom I have had long clinical relationships. As my own denial has decreased, I have become aware that my patients, both old and young, talk about death far more often than I had allowed myself to notice. It may be dismissed with such comments as "Oh that is morbid of me", but it is there.

Yalom (2008) uses the phrase, 'staring at the sun', to capture the difficulty we have contemplating our own mortality. Mostly, we seem to speak of death and dying mainly when it is unusually traumatic or when it involves the grief and mourning of survivors. And yet, to return to Bion, death is part of 'O' (Bion 1965, 1970), and not just the deaths of others, but also our own deaths. I am grateful to Dr. Kernberg for bringing this back to our attention, not only for the treatment of narcissism, but for all patients, as did Michael Parsons when he spoke here in 2011. The Latin phrase 'memento mori' ('Remember you will die') is classically depicted by a human skull placed next to a burning candle. The point is not to be morbid, but to awaken us to full vitality. The capacity for gratitude and creative living are in direct proportion to the capacity to sustain awareness of our own mortality. 'Carpe diem'.

Concluding Comments

Freud (1937) considered psychoanalysis an 'impossible profession' and Bion spoke of making 'the best of a bad job' (1994). It is clear enough how difficult it is to deeply understand, contain, and face our demons, and analysis is fated to be incomplete. But on a deeper level, psychoanalysis is also an impossible profession because the unconscious desires that draw us to become analysts in the first place are, by their nature, impossible to fully satisfy, especially with the unfortunate narcissist who responds to the siren call of omnipotence when faced with the storms of basic dependence.

I will conclude by emphasizing that with narcissism, the analyst needs an internal balance of paternal and maternal function to sustain the mix of strength, compassion, empathy, pity, and humility which best supports the active interpretive approach.

Years ago, I remember reading Dr. Kernberg's very positive review of Horacio Etchegoyan's colossal 800-page book: *The Fundamentals of Psychoanalytic Technique*. I will always remember in the midst of studying this imposing and scholarly tome, Etchegoyan makes perhaps his most memorable comment: "If an analyst lacks objectivity or goodness, or even pity for the defects of man… he cannot be an analyst" (1991, p. 602).

**References for this and all other presentations are listed on a separate PDF*