

WORKING WITH THE CONTEMPTUOUS  
CLIENT IN PSYCHOTHERAPY

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ABSTRACT

The purpose of this case study is to explore the issue of contempt in the therapeutic relationship. The aims are twofold; namely, to illustrate to what extent the case studied throws light on existing theories on contempt in psychotherapy, and to enquire about which stance adopted by the therapist is most appropriate in the therapeutic interaction with a contemptuous client.

It investigates the validity of using the case study method in examining both the content and the process of this particular course of psychotherapy.

Literature on contempt in psychotherapy is reviewed, as well as the foundation-stone on which it rests, namely, the Kleinian approach to envy. The concepts of the superego and false self are also drawn upon in understanding this particular client's dynamics.

The client's therapy is then presented and explored, in order to gain insight into how a psychotherapist's understanding of the contemptuous client can clarify the process of therapy. It highlights the limitations and potentialities that exist in working in this sphere of resistance, and raises questions relevant to therapists faced with these clients.

The case study shows how theory in this area is helpful in understanding the contemptuous client, and that the ability of the therapist to endure and survive the contempt of the client is a crucial factor in working with the contemptuous individual.

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## CHAPTER 1

**1.0 INTRODUCTION: AIMS AND RATIONALE**

In this project a case study of a therapeutic encounter with a contemptuous client is presented. The aims are twofold: to illustrate to what extent the case studied throws light on existing theories on contempt, and to enquire what stance adopted by the therapist is the most therapeutic for the contemptuous client.

In order to understand the dynamics of the contemptuous client, a review of the literature on contempt is examined. It is investigated to what extent the various explanations of contempt are useful to the psychotherapist, and whether any particular theory is more able to explain this dynamic. The different explanations offered are, self-contempt, contempt for the other, contempt and the superego, and contempt and the false self.

The client will then be introduced to the reader, and a presenting problem, family and personal history is presented in order to give the reader insight into the client's subjective world. A psychodynamic understanding of the client's presenting problem is formulated.

The outline of therapy focuses on specific themes in the therapy, using Langs' method of understanding the unconscious meanings of clients' verbalisations. In the discussion, theory and practise will be linked in order to ascertain whether the aims of the study are realised.

As the aims of the study can only be met by presenting the case in a qualitative way, the case study method will be used as the medium to impart this knowledge and experience.

It is important at all times to be aware of the fact that the therapeutic encounter was brief, and that the client was only at the beginning of his process of psychotherapy.

## CHAPTER 2

2.0 LITERATURE REVIEW2.1 Introduction

A dearth of material exists on the concept of contempt in literature on psychoanalysis and psychotherapy. This review explores the relevant literature accessible to this researcher, as well as briefly reviewing seminal works on envy, the superego and the false self (which are useful in understanding contempt and the dynamics of the patient in this case study).

2.2 Defining the Contemptuous Client according to Literature

There is no existing body of literature that particularly defines the contemptuous client. Various writers, however, have identified the manifestations of contempt in the therapeutic interaction, and proposed different theories regarding its aetiology. This is explored in the literature review, as well as commonalities that can be discerned in its manifestation, and ways of dealing with contempt. The literature does point towards the definition of contempt as falling within the realm of contempt for

the self and contempt for the other. With regard to the former, Proner and Fordham's work is reviewed; with regard to the latter, the work of Klein is scrutinised. The relation of Brenman's notion of the superego, and Winnicott's concept of the false self, to the concept of contempt, is also explored.

### 2.3 Self-Contempt

The phenomenon of self-contempt in clients is understood by Proner (1988) as pertaining to people who "... suffer from abnegation of a particularly virulent kind. These are often sensitive and creative people who are unable to bear the responsibility for their good feelings or good thoughts" (p.143). They are unable to accept appreciation and are genuinely threatened by recognition of their worth. Contempt for oneself leads to contempt for the other, because what cannot be contained is then projected onto all that are available to accept the projections, inter alia, the mother, the father, the lover, the therapist.

Proner (1988) points out that the problem with the contemptuous client is that he keeps the therapist at such a distance that any goodness that the therapist can provide is kept beyond the reach of the self. He sees these clients as needing to go "beyond the

'omnipotent' experience of needing nothing, and thus avoiding the vicissitudes of dependency upon something totally separate, which also interferes with the development of the realisation that the object is another person" (Proner, 1988, p.161). Thus contempt for the self protects the client from relating in a healthy way, and effectively blocks a therapeutic alliance from being attained.

Therefore the aetiology of this contempt, which then permeates the therapy, must be investigated in order to come close to overcoming the negative therapeutic reaction. If not, the therapy is blocked and, "perverse destructive aims dominate the picture: the attack on what is good and the conversion of good into bad objects and vice versa, the delusion that the analyst is concealing himself and depriving the patient of himself, that he is ill or is himself so pathological and infantile that he needs the patient for his emotional survival..." (Fordham, in Proner, 1986, p.275).

These people then employ what Fordham terms, 'defenses of the self', one of which is contempt or hate, which is manifested in a symbolic attack on the therapist. These patients cannot allow any goodness to be taken in

from their therapist, and can only identify with the therapist on a superficial level. They cannot hold onto any goodness within, and the goodness is put into a 'not-self' object. It is this not-self object which is envied by the self, and devours any goodness which the therapist may provide. Fordham (in Proner, 1986, p.275) identifies this phenomenon as occurring when the "annihilation of the bad object turns against the patient". The patient then splits off and attacks the good in himself, and in this way obliterates all pleasure in good experiences.

According to Proner (1988), these patients see the therapist as partially good, or else idealised, so that "despite the contempt and envy behind the idealisation, the goodness is kept outside themselves." In therapy, these patients ignore the person of the analyst or treat his communications with disdain, compliance or 'interest', but never take the analyst inside themselves to facilitate the life and colour of their inner world. The good object (the therapist in this instance) becomes a persecutor and thus a bad object, which is seen by the patient as the beneficiary of the goodness.

Proner (1988) sees analysis being of help to these

patients once there is a genuine realisation, "...achieved through the (patient's) recognition within the analytic relationship of his or her attacks on the very linking and combining with the other, for which he or she continually longs" (p.161).

#### 2.4 Melanie Klein and Envy

The roots of contempt can be seen to draw nourishment and sustenance from a dynamic identified by Melanie Klein, and further explored by Hanna Segal, namely envy. The aim of envy is to be as good as the object, but when this is found to be impossible, it spoils and destroys, with the result that introjection of the good object is not attained (Segal, 1981, p.21).

Klein (1975) sees envy as the oral-sadistic and anal-sadistic expression of anal impulses. In 'good-enough' nurturance, the primal object is introjected and takes root in the ego with relative security. In this instance, the basis for satisfactory development is laid. Envy is seen to arise when the infant is unable to internalise the good primal object/breast. This could be due to, inter alia, a difficult birth resulting in persecutory anxiety, or an overly anxious mother. The infant feels that the gratification which he has been deprived of has been kept for itself by the

breast. The aim of envy then becomes a destructive projection, the putting of primarily bad excrements and bad parts of the self into the mother, and firstly into her breast, so that she is spoilt and destroyed. The fantasy is that of a depriving, hateful breast that keeps its milk, care and love for itself. Excessive envy interferes with the primal split between the good and the bad breast, and the building up of a good object cannot be achieved sufficiently (Klein, 1975, p.192). These infants develop a heightened sense of idealisation, because the dominance of destructive impulses and persecutory anxiety reduces their capacity for love. In idealisation, the shortcomings of the loved one cannot be handled. The person who is idealised is later felt as the persecutor and onto him is projected the subject's envious and critical attitude.

For the envious person, a particular cause of envy is the relative absence of it in others, and the envied person (in this case, the therapist) is felt to possess what is most prized and desired, the good object.

Klein (1975, p.203) sees the aim of therapy with this type of patient as gradually enabling him to bring the split-off parts of himself together in relation to the

analyst. The patient, by recognising how envious and therefore suspicious he is of the therapist (on a superficial level), and of the primal mother (on a deeper level), can eventually have an experience of a good feed. But at all times the patient's envy fights against the 'good feed' and the patient makes the analyst "into a contemptible person" (ibid p.207). The patient tries to damage and humiliate the analyst, whom in another part of his psyche is highly valued. It is for the analyst to withstand this destructive attack.

#### 2.5 The Superego and Contempt

Freud and Abraham, in Brenman, 1982, see the contemptuous transference as symbolising the way the superego treated the patient. The patient is seen to treat his objects in exactly the same way the superego treated him. Hence in the transference "the analyst is treated with omnipotent contempt" (Brenman, 1982, p.304). The patient who was previously judged by his objects, now judges, and he does this with a vengeance. The patient and his internal objects can be seen to be locked into a mutually escalating interaction. This pattern was identified by Freud (1917) in Brenman (1982) as linking with sado-masochism and aggression based on oral cannibalism. The object is both clung onto and hated. These

patients are fixated onto this object and are not aware of the existence of a better object.

The superego is the supreme judge; no imperfections, faults, shortcomings are tolerated. Brenman (1982) states that "the primitive harsh superego is linked with a powerful narcissistic organisation which does everything in its power to prevent the patient and the therapist from having access to a good enough human object, rendering human understanding weak, frightened and contemptible" (p.305). He adds that the forces at work attempt to separate the patient and the therapist from relating in a way appreciative of normal love and creative human endeavour. The result is that guilt and concern, factors that stand up against this type of violation, are swept aside in contempt. Brenman sees these "disturbed" patients as not having sufficiently established helpful objects and parts of the self, that assist them in creating good object relations. He argues that they cling and hate sado-masochistically, that they are either fused with an ideal illusion or engaged in destructive intrusion, and that due to projection they feel invaded by persecutors. An erudite comment Brenman (1982) makes regarding his therapy with one of these patients is, "I considered that he believed I would rape his mind and belittle

him" (p.306). Such patients need to feel that they have complete self-sufficiency, which becomes more important to them than the mutual valuation of human beings. They become "contemptuous of human truth" (p.306).

Brenman (1982) advises that the therapist interpret the lost good parts of the relationship in detail, "to provide an experience of a parent who can bear knowing what is lost and has faith in bearing this experience of recapturing lost good elements". According to him, therapeutic change comes through a change of heart, when the good part can bear knowing what is lost, for whatever reasons. The pain of past deprivation through the absence of provisions and through the destruction of objects is the most important feature of any analysis, and the success of the outcome depends on how well this is met and worked through. The foundations for being able to work through the pain, depression and guilt over the responsibility of destruction can only be established through the therapist's tolerance and acceptance. The therapist must withstand the pain of maintaining this course when bombarded with rejection, contempt and reproach, and be able to link these attacks with the experience of separation (Brenman, 1982). The analyst must of necessity have the strength

to withstand the omnipotent contempt, and resist the power of the repetition compulsion, "where the analyst is blue-printed to act out the sadistic moralizing, or the masochistic pseudo-tolerance, or supply an ideal delusional provision to obviate problems" (Brenman, 1982, p.309).

### 2.6 Contempt and the False Self

Another dimension which can be seen to be linked to the notion of contempt is Winnicott's conceptualisation of the false self. The aetiology of the false self can be seen in the first stages of object-relationships, where the mother who is not good enough is unable to compliment the infant's omnipotence. She therefore repeatedly fails to meet the infant's spontaneous gesture, and instead substitutes her own gesture, which is to be given sense by the compliance of the infant. This compliance is seen as the earliest stage in the formation of the false self, and is due to the mother's inability to meet the infant's needs (Winnicott, 1965). Eventually the false self becomes a concrete wall, with no foundation, resulting in a person who feels unreal. Winnicott (1965) maintains that when a false self becomes organised in an individual who has a high intellectual potential a dissociation develops between intellectual activity and psychosomatic

existence and the more the false self is successful, the more 'phoney' he feels. Indeed, he becomes filled with contempt for himself, and for all others who accept him, eg., the therapist. The therapist becomes another person taken in by the mask. It is the goal of the therapy to slowly get into contact with the patient's true self, in a way that is unthreatening and acceptable to the client.

### 2.7 Concluding Comments

In conclusion, it is thus apparent that various theorists give an account of the occurrence of contempt in therapy, its aetiology and vicissitudes in the therapeutic encounter.

For Proner and Fordham, the contemptuous transference is seen to be rooted in the patient's contempt for himself. He takes in goodness, but this goodness is put into a 'not-self' object, which he envies, and which then attacks any goodness the therapist provides. The patient is seen to attack the good in himself, which is ultimately a self-destructive act, and seriously impedes meaningful object-relations.

Klein sees this need for the patient to make the therapist into a contemptible object as a result of the patient's envy. The good is seen to be located in an

other, and the patient enviously attempts to spoil or annihilate that which he does not have.

Brenman sees a link between the contemptuous transference and the patient's relationship with his superego. If the superego is contemptuous of the patient, the patient is likely to be contemptuous of his therapist. Like Proner, he sees the need for these patients to be separate from an other, as a self-protection device.

Within the paradigm of Winnicott's concept of the false self, the individual who realises that his life is a sham, is seen to be contemptuous both of himself, and of others who are taken in by the 'mask'.

Ultimately, all four theorists see change as occurring through the experience of good-enough parenting by the therapist. For Proner, the client develops self-awareness in therapy through the realisation of the faulty, destructive patterns of previous relationships. Brenman and Klein see the therapeutic change occurring when the client becomes able to tolerate what good part is lost, and look at the pain of past deprivation. Winnicott sees the accessing of the true self as bringing ultimate relief to the patient.

## CHAPTER 3

3.0 THE CASE STUDY METHOD3.1 Description and Rationale

Bromley (1986, p.1) describes the psychological case study as, "an account of a person in a situation", and more specifically, "a scientific reconstruction and interpretation, based on the best evidence available, of an episode (or set of related episodes) in the life of a person" (Bromley, 1986, p.2). This is further defined as "essentially a reconstruction and interpretation of a major episode in a person's life" (Bromley, 1986, p.3). Thus the case study is clearly selective, but that which is gleaned from the material at hand is examined intensively, and in so doing, the relevant material is slowly categorized and redefined and the "rules, generalisations and categories" are elucidated (Bromley, 1986, p.2).

The case study is also defined as "a record of history, environment, and relevant details" in which "an intensive analysis of an individual unit (as person or community) stressing developmental factors in relation to environment is made" (Woolf, 1975, p.172, in Milton, 1988, p.4). Milton further elaborates that as a

method, the case study "constitutes the exploration of an area of interest through the reflection, recording and elaboration of the meaning of events which occur, or have occurred, in a particular situation or situations" (Milton, 1988, pp.4,5). It is thus the telling of an individual's journey through a landscape textured by relevant life events and situations.

Edwards (1990) describes a continuum on which four types of case study are located. He sees these types of methods as representing "points on a continuum rather than exclusive categories" (Edwards, 1990, p.17). He also notes that any particular case study may have the characteristics of more than one type. The four categories are:

a) Exploratory-descriptive case study

In this method the writer aims at looking at a particular phenomenon with as little preconceptions as possible and, "opening up an in-depth understanding of something as yet only superficially known" (Edwards, 1990, p.18). Thus, primarily an understanding and description of the phenomenon is elucidated in this method.

b) Descriptive-dialogic case study

This case study is located within existing theory, and can be used to argue different points in the

existing theory. Thus it can be seen as a method used to redefine and to informally test the validity of current theories.

c) Theoretical-heuristic case study

This case study is concerned with the developing or testing of existing theory in a more rigorous way. Thus, when conducting a theoretical-heuristic case study the researcher would select a specific case in the context of the particular theoretical goals of the study.

d) Crucial or test case study

This study is only embarked upon once a theory has been well developed and operationalised.

Two additional types of case study are noted by Edwards (1990), which do not fit on the exploratory/theory development continuum. They are:

e) Working case study

These are case studies in which existing theory is used to solve practical problems without the expectation of extending or modifying existing theory.

f) Illustrative/didactic case study

In this case study material is presented to "render quickly accessible to the reader the theoretical principles that are being discussed", and in order

to do so, illustrative case material ranging from short vignettes to fairly extended and complex case descriptions are presented (Edwards, 1990). In so doing, it is seen to provide the "evidence for the generality and validity of case law" (Edwards, 1990, p.22).

The case study presented here can be seen to fall under the category of the descriptive-dialogic model as it is located within existing theory, argues different points, and informally tests the validity of current theories. It is important to note that other case study methods do touch upon the method of research used in this study, but they do not adequately address the particular method used.

### 3.2 Validity of the Case Study method

In order for psychological case studies to have validity, both external and internal, certain rules need to be adhered to. Bromley (1986) lists six such strictures:

- a) The investigator must represent the story in as accurate and truthful manner as possible.
- b) The aims, as well as the objectives of the study, should be unambiguous and explicit.

- c) At the conclusion of the study, an assessment should be made regarding to what extent the said aims and objectives were achieved.
- d) The researcher should be trained and equipped to deal with a close, lengthy and possibly difficult personal relationship.
- e) The person should be seen in an ecological context with a full account of the objects, persons and events in his environment being examined.
- f) The report should be written in a way that is objective, as well as being accessible to the reader, without detracting from its human interest as a story.

Bromley (1986) asserts that "results from a case study are by definition valid and reliable, and capable of being replicated or otherwise confirmed" (p.15). It is seen to provide "'insiders' in the case study with an objective 'outsiders' view of themselves" (p.15), as well as providing "a 'proximal' causal account of events" (p.15). Thus he asserts that contextual elements are revealed by the case study which are not revealed by more closely controlled studies. He adds that the aim of the case study is not to find correct or true interpretations of the facts, but rather to strive to eliminate erroneous conclusions in order to explore the best possible interpretations.

It can be argued of the case study method, and particularly of this study, that experimenter bias may contaminate the findings, as the researcher is subjectively involved in the material examined. However, this bias is counter-balanced by the wealth of knowledge that is accessed by the very nature of the therapeutic relationship. The intimacy and closeness of the relationship can be seen as an enormous factor in bringing to light the dynamics and the way-of-being in the world of this particular client. Where one is unable to claim that what is interpreted is true, it can be seen as the most judicious method used in gaining insight into his world.

### 3.3 Data collection and procedure

The client in this descriptive-dialogic model of the case study is a 22-year-old male, who was seen 11 times, for 50-minute psychotherapy sessions, over a period of three months. The client's name and significant details of his life have either been changed, disguised or omitted.

Each psychotherapy session was audiotaped, from which detailed transcripts were made. The initial history-taking, from the intern psychologist at the Rhodes Psychology Clinic, was used to elaborate on the

information given by the client during the course of therapy. The case was supervised by a practising clinician during the course of therapy, as well as being presented by this writer at a case conference at the Rhodes Psychology Clinic in August 1990.

In this research project the client is introduced, and his therapeutic journey is recorded and interpreted by an identification of certain themes. Special use will be made of Langs' method of interpreting the links between the client's verbalisations and the unconscious content of the transference. Further elaboration of Langs' method of interpretation appears in the introduction to the outline of therapy. In the discussion, the many strands are pulled together and conclusions are drawn. Thus the study endeavours to illustrate contempt in the therapeutic relationship, to show how this case throws light on existing theory, and what stance adopted by the therapist is most useful in working with the contemptuous client.

## CHAPTER 4

4.0 INTRODUCING THE CLIENT4.1 Identifying Data

The client, Sean Carey, was a 22-year-old single male student.

4.2 Referral Source

Self-referred to Rhodes Psychology Clinic.

4.3 Presenting Problem

Sean stated that he had decided to come into therapy due to "feeling out of touch with things, being unmotivated, and not dealing with things as well as before". Sean said that his problems began when he moved to Grahamstown from Cape Town at the beginning of the year (six months prior to our first meeting).

Sean felt that his studies in post-structuralism had led him to mistrust "feelings, rationality and language", and that he no longer had a basis from which to make decisions. He felt empty, like a "cardboard character", with no base nor foundation. He felt that since he had moved to Grahamstown he had compromised himself to the extent that he no longer had an

identity. Areas in which he felt he had compromised himself were having "conservative" friends and in his way of dressing.

Sean also viewed his sexual identity as problematic. He had had a number of homosexual and heterosexual relationships in the past, and was unable to decide which he preferred. He did not feel that he should classify himself as bisexual, as he did not believe in categories.

Sean described how he often felt "panicky and scared" when he heard loud noises in his communal home. He had the same feeling when he stood in a queue at the bank. His heart started beating fast and he had a sense of "needing to keep control, maintain and hold on". He much preferred using automatic teller-machines as "they don't watch you".

Sean was also concerned about the fact that he was due called up to do military service the following year. For him it reawakened all his "difficulties with authority figures".

#### 4.3.1 Associated Features

In Sean's initial assessment interview he related a

recurring dream which he had had in the past. In the dream he was surrounded by soft toys from his childhood, floating in the air, and attacking him from different directions. Many of his dreams concerned policemen, traffic-officers and armed soldiers.

#### 4.4 Family History

Sean's father died two years before at the age of 68. According to Sean his death was caused by chronic alcohol abuse. He had been an alcoholic for as long as Sean could remember. Mr Carey was a lecturer at a technical college. Sean described him as a "weak, unthinking person, who could not cope with emotion". Occasionally, while drunk, he would get aggressive and physically abuse his wife. When Sean was 18 he hit his father while defending his mother against his father's rage. During this episode Mrs Carey was "as usual, egging her husband on". As a child Sean would physically cringe when his father came near him. Only as an adolescent did Sean realise that his "abstract hatred" of his father was based on his mother's antagonistic feelings towards his father. Sean regretted that he never knew his father, yet he felt that his father was not a person, but a non-entity who had no "authenticity" about him.

Mrs Carey, Sean's mother, was 61 years old. In the past she was a nurse and a housewife, and later worked with families of alcoholics. Sean described her as a depressive who was "extremely frustrated and unwilling to take chances". Sean felt that he would have liked to have told his mother about himself, specifically his sexuality, but feared that she would blame herself for it. Sean said that although he loved his mother, he hated her for his "sick" childhood.

Sean's sister, Cheryl, 28, worked in the personnel department of a company. While in psychotherapy she had confronted her mother about the way they were raised as children. Ever since then they had had a strained relationship. Sean felt that Cheryl played a large part in his upbringing.

His brother, David, 27, a medical technologist, was described by Sean as being very withdrawn, with "bizarre" friends, such as policemen and golfers.

Sean had minimal contact with either Cheryl or David. He felt that he did not choose his siblings, nor his parents, and that they had not chosen him. He was unsure of whether to "integrate" his family, or break away from them.

#### 4.4.1 Home atmosphere

Sean described his home atmosphere as tense, with no affection or contact between family members. From the outset, Mrs Carey "enlisted her children in the war against her husband". She would constantly goad her husband for his inadequacies, calling on her children when he became angry. Sean described meal-times as a nightmare, when after the obligatory argument, Mr Carey would pass out.

#### 4.4.2 Family Illnesses

Medical: Nil.

Psychiatric: Other than Mr Carey's alcoholism, there was no history of psychiatric illness in the family.

#### 4.5 Personal History

At a young age Sean's mother told him that he was the product of his parents' last sexual contact. Sean was breast-fed for only three weeks, as his mother had "a problem with milk". As a child Sean was plagued with nightmares and had difficulty sleeping.

Sean never had a best-friend at school, nor was he ever part of a group. The Careys lived in a middle-class area, far from Sean's upper-class high-school. Sean was too embarrassed to bring his school-friends home,

with the result that his family never met them. Sean gained provincial colours for soccer in high-school, but gave it up soon afterwards as he did not like the feeling of being judged. At the age of 14 Sean started experimenting with cannabis, and passed out one day while in the shower. His mother asked if he had been "on" anything, which he denied. The subject was never broached again. For the next 4/5 years Sean experimented with various addictive substances, but never became addicted.

At the age of sixteen (Std 8) he one evening repeatedly slashed his arm with a knife and smeared the blood over his bedroom mirror before going to sleep. When his mother awakened him the following morning she did not comment on the blood on the mirror or on the bedsheets. When he arrived home after school the sheets had been washed and no mention was ever made of the incident. Sean stated that it had been a plea for help, but that it had not been heard.

Sean's academic performance at school was above average, and he gained a distinction for Art in Matric. After being rejected by the art department of a university, he enrolled for a marketing diploma at a

technicon. A year later he went to university. He had completed his B.A. degree the previous year.

Sean's first sexual experience was with his male Art teacher at the age of 17. Sean saw his teacher as his "guru" and said that all he had to offer him was his "nubile young body as a means of exchange". This relationship did not involve intercourse as Sean had decided that he first wanted to have intercourse with a woman. This happened the following year. Since then Sean has had four relationships with men, the longest of which lasted three months. When involved with men, Sean would become totally subsumed in the gay sub-culture, to the extent of dressing like a "real queen" and acting effeminately. His longest relationship with a woman lasted one year. During the year in which he received therapy, he had had three heterosexual relationships, and found himself adopting a feminist perspective due to a hatred of the "macho" stereotype often foisted on him.

Sean felt that his drinking was problematic. This worried him as his father had been an alcoholic. Sean had been drinking 4/5 beers daily for the past two years. He no longer took any drugs.

#### 4.5.1 Personal Illnesses

Medical Illnesses : Nil.

Psychiatric Illnesses : Nil.

#### 4.6 Clinical Impressions

The first time Sean came to therapy he exuded confidence. I had the feeling while he seated himself that he had taken over the whole room and I was a spectator. His posture and movements were seductive, and there was a contemptuous edge to his statements. I felt that Sean was angry for putting himself in a position of having to talk about his confused emotions, and that he felt a need to protect himself with a contemptuous attitude. It appeared that Sean was playing a role and was attempting to fascinate me with his physical and verbal antics, but that underlying his rhetoric was a deep despair. Although he articulated feelings of emptiness, this very articulation seemed like the role-play of an 'empty' character. His verbalisations appeared to hide deeper feelings of confusion and emptiness.

#### 4.7 Psychiatric Examination (Mental State)

##### 4.7.1 General Appearance, Behaviour and Speech

Sean was very thin and pale, with an attractive boyish

face. He always wore the same tight-fitting black jeans and hiking-boots. He often left his shirt unbuttoned to his diaphragm. His movements were seductive. He frequently gazed at me but his eyes often darted to and fro. Sometimes he drummed his fingers on the arm-rests. His speech varied between a staccato, reporting style, and a languid, contemplative tone.

#### 4.7.2 Affect and Mood

Sean's affect had range and he smiled frequently, but his smiles did not connote a sense of well-being. Although he was not outwardly depressed, he said that he had experienced mild depression before, as well as suicidal ideation while at technicon. Occasionally he appeared mildly anxious.

#### 4.7.3 Thinking

His organisation of thought was coherent and he had never experienced dispossession of thought, nor any delusions.

#### 4.7.4 Perception

Sean had never experienced hallucinations, derealisation, nor depersonalisation

4.7.5 Insight : Good.

4.7.6 Judgement : Good.

#### 4.8 Diagnosis

For ethical reasons, a diagnosis is withheld.

#### 4.9 Psychodynamic Formulation

It is clear from Sean's presenting problem that he had a pathology of the self, rather than within the self. It is beyond the scope of this formulation to examine the aetiology of Sean's damaged psyche. Rather, Sean's feelings of emptiness, his lack of identity, his anxiety, paranoia and problems with authority figures will be looked at in terms of the family dynamics that have been made explicit in this chapter.

Sean's emptiness can be seen in the light of his mother's inability to nurture him as a child. It would appear that Mrs Carey's own depression, and the anger and resentment she expressed towards her husband throughout her marriage, made it impossible for her to invest herself emotionally in her children. Rather than feeding Sean, she fed on him, using him as a pawn in the on-going battle with her husband. Due to his

oral needs having been left unsatisfied, he attempted to have this emptiness filled by alcohol.

Sean existed for his mother, hence his identity became subsumed by hers, and he was enveloped by a powerful maternal image. This links with his need to take on the identity of others (his effeminate stage), as well as his need to identify strongly with critical theory.

Sean's anxiety, when he found himself in a bank, can also be seen in terms of his relationship with his mother. In the bank Sean was surrounded by an awesome and enveloping world, and fears of being engulfed by this devouring image precipitated feelings of anxiety. The jarring noises in his house also disturbed his fragile sense of self, resulting in moments of terror.

Sean's recurrent dream was a representation of one of the worlds in which he lived. The toys of his childhood, which in Winnicott's terms would be considered as transitional objects, became free-floating and threatened to attack him from all sides, rather than comfort him. Sean became threatened by his own dependency needs.

By telling Sean that his conception had been the last

time she had had intercourse with her husband, Mrs Carey paved the way for what Freud would term Sean's Oedipal victory over his weak and discounted father. Not having had a father with whom he could identify, Sean rebelled against the masculine stereotype and struggled to form a stable sexual identity, vacillating between the roles of man and woman in sexual relationships. This too explains Sean's difficulties with authority figures. The hostility he felt towards his father was generalised to all males in more powerful positions than himself. His father did not fulfil the function of calling him into the world beyond mother. Sean hated himself for siding with his mother.

## CHAPTER 5

5.0 OUTLINE OF THERAPY5.1 Introduction

In this chapter, portions of the material of psychotherapy with Sean will be presented in order to demonstrate certain themes. The therapy, in part, will be interpreted using Langs' method of understanding of what occurs in the therapeutic encounter.

5.2 Langs and Unconscious Content

In essence, Langs (1978) sees the patient in psychotherapy as "consciously or unconsciously concerned with, and reacting to, the therapist all the time - without exception" (p.17). Thus, when the client talks of outside relationships, for example, it will have a significant link to the therapeutic relationship. The therapist is seen as a "translator" of encoded messages, and in order to decode the client's unconscious messages, "a therapist must draw upon self-knowledge, an understanding of human intrapsychic and interpersonal dynamics and conflicts, knowledge of the patient, and the entire scope of psychoanalytic theory and its insights" (Langs, 1985, p.35). It was decided that this model could help

explicate an understanding of this client's utterances and behavior in therapy, as well as identify the themes relevant to this study.

### 5.3 Themes

The themes chosen to explore in the process of therapy with Sean are:

- a) expression of anger towards self
- b) indirect expression of contempt to self, and to others, including the therapist
- c) expression of envy
- d) fear of 'true self' and desire for 'true self' - ie., self division
- e) movement from early to later sessions

#### a. Expression of anger towards self

During the course of therapy, Sean on numerous occasions expressed anger towards himself. In the fourth session he directly expressed this anger: "I feel angry, anger directed at my mother and myself and how I deal with things, a lot of anger just in terms of the situation I find myself in...". Sean's "situation" was his feeling about his awareness of his current psychological state, expressed in the presenting problem.

The fifth session, in part, continued this theme: "I need to punish myself for not getting things together, for being who I am. Not being able to do what I am capable of doing.... I'm feeling aggressive towards myself." In session seven he said, "I want to punish myself, feel pain, hurt myself." This emerged in the context of his reaction to me going on two weeks vacation. Once again his anger towards himself can be seen as a result of his feelings of powerlessness with regard to his overwhelming emotional state, as well as his possible awareness of his need for help from another.

b. Indirect expression of contempt towards self, others, and the therapist

(i) Indirect expression of contempt towards self

An important facet of the therapy with Sean, although less overt than the surface self-abnegation, was the indirect expression of contempt towards himself. This he manifested on several occasions.

In session two, while describing his relationship with an art-teacher, he stated, "the only thing I could give him in return was my nubile young body as a medium of exchange". Minutes later, when referring to another relationship with an older man, he said, "... all I had

to do was look pretty". The contempt for his body, indeed for himself, comes through clearly in the above-mentioned quotes.

In the fifth session this self-contempt again surfaced, this time in relation to his feelings of being "untogether": "I feel sorry for myself, I don't really like showing other people, it's very untogether, when I get like this I get cynical about myself, cynical about what I'm saying now." It can be postulated that Sean was referring to me when he spoke of "other people", and that by revealing his feelings to me he felt he had exposed himself, and responded to that with cynicism. His feelings of "untogetherness" were not acceptable to him, and evoked feelings of indirect contempt towards himself.

In the ninth session Sean reflected on the course of therapy, and again returned to this theme, saying: "The sessions stopping will make me feel threatened about what I've said and disclosed, and I'll see it as very silly, puerile." It is clear that he was consistently intolerant of his own feelings and needed to undermine himself with the indirect expression of contempt towards himself.

(ii) Indirect expression of contempt towards others

The indirect expression of contempt towards others featured prominently. In numerous sessions he referred to sexual relationships and sexual partners in derogatory terms, eg. "He was my puppy-dog" (session 2); "I'm always disappointed (by people in sexual relationships with him), people seem strong and independent, and finding out this is not so...", and, "you get too close, and familiarity breeds contempt" (session 8).

His contempt was also expressed in terms of people in general, his family, and men in particular. He indirectly expressed his contempt for others by his response to being judged: "Whenever I get really good at anything I stop it (soccer).... I dislike being judged" (session 6).

Another statement, "I don't like people because people don't help me when I really need help", offers an explanation for his contempt for others, namely their inadequate sensitivity to his needs. This links to statements like, "I'm anti- anything that is naturalistic, humanistic or individualistic" (session 7). Others needed to be discounted, as Sean was unable to feel that he could be met by them. Hence his

statement, "People make me bored, frustrated...." (session 6).

Sean also frequently described his family in contemptuous terms. In recounting how he should respond to a letter written to him by his mother, he stated in a contemptuous tone, "I don't know what to write to dear mama", and later added, "I don't know how to deal with my family, my mother didn't choose me, and I didn't choose her, and I didn't choose my siblings" (session 3). In session 4 he continued to discuss his family and described his "abstract hatred" for his father. His primal relationships seemed to be fraught with overtones of contempt, and as shown in the preceding paragraph, spilled over into relationships with others.

Sean's general manifestation of contempt includes a particularly negative attitude towards men, for example, "I hate male qualities, I hate maleness. Men are insensitive, unthinking, shallow.... I hate the soldier aspect of men, the corporal aspect, the completely false self.... I haven't a single heterosexual male friend" (session 9). This contempt seems to be linked to both his self-contempt and the indirect expression of contempt towards me, his male therapist.

(iii) Indirect expression of contempt towards the therapist

In explicating this theme, the use of Langs' model was particularly useful. When I asked Sean (session 3) how he was feeling, he retorted, "you can't work on a level of feeling, you have to have something to control you, bang Joe Soap on the head, kill Joe Soap". I not only felt that he was referring to himself or to the process of therapy, but to me, his therapist, as well. Twice afterwards, in the same session, he admonished me regarding my interactive comments. In response to a statement that I did not clearly understand him, he retorted, "You're going to be a psychologist for Pete's sake", and later with regard to a comment on what he was feeling, "That's straight from a text-book". This theme continued throughout the first half of the therapy, and when in session 6 he stated, "I dislike people because they do not help me", I felt that this was not only referring to people in general, but also to me. In later sessions he expressed direct criticism of me: "I get peeved when you don't respond, it's like talking to a wall" (session 7), and in session 8, in response to a process comment that it was difficult for him to stay in the moment, he replied, "that's an over-used term". It is apparent that during moments in the therapy, Sean used me as a receptor of his contempt.

c. The expression of envy

On several occasions during the course of therapy with Sean, the dynamic of envy was revealed. In describing the sexual relationship of two friends he stated, "I envy their relationship, I see it as an opportunity lost". Sean was expressing his envy of those who could be in relationship. In session 7, in response to a comment that termination was difficult, he replied, "As far as I can see my life involves less enjoyment and more suffering than others.... I look at others and they appear more at peace with themselves, more integrated". Sean desired to experience in himself what he perceived in others.

d. Fear of true self, and desire for true self

The phenomenon of self-division was made apparent in contradictory statements, which reflected his own ambivalence about a desire for allowing the expression of his true self.

In session 5, Sean stated, "I feel sorry for myself, I don't really like showing other people it (his untogether side)", and, "I don't see the point of confronting it". Yet minutes later he added, "There's only one way for me of going, that is to work through things, to face things". In session 7 he stated, "I

need to be bust". He was indirectly pleading for me to see through his mask, yet at the same time he expressed his fear of being exposed: "I feel threatened by people, that they have the potential to hurt me, and that I don't have the resources anymore to withstand that." It can be postulated that Sean, by allowing his true self to be exposed, was overcome by the fear of being left vulnerable.

In session 8 this dynamic was repeated in an interaction with Sean:

Sean: I think of myself as a farce.  
 Therapist: A fraud?  
 Sean: I'm a complete fraud, I've learned little tricks... and I don't know what's behind them anymore.  
 Therapist: And when you drop the mask?  
 Sean: Kind of vulnerable and open to rejection ...used to be able to when I painted ...now I'm not so sure it ever goes down.

In this interaction, Sean's dilemma is crystalised. He needs the feeling of being understood and accepted by an other, which is the prelude towards accepting himself, but the enormous feelings of exposure and ultimate rejection push him into adopting a mask, which is ultimately self-defeating.

#### e. Movement of therapy

During the first third of the therapy (sessions 1-4), Sean's utterances centred on his feelings about

significant others in his life, which included his family, his lecturers, sexual partners and friends. The pervading sense was that of someone who was disdainful and contemptuous of important people in his life, and who, by discussing his difficulty with people, was attempting to prevent an other, this time his therapist, from getting too close to him.

A breakthrough, however, occurred in the fifth session, when Sean stated that he would prefer to leave. On questioning this, he replied, "I need a break, I'm feeling really weak, really vulnerable". This statement precipitated a session in which Sean explored his vulnerable side, a marked contrast to the previous sessions. In the following two sessions he once again expressed his difficulty with people, but this time it appeared to come from a less defensive place: "I have hurt people in the past" (session 7). This was the first indication of him taking responsibility for his effect on others.

Sessions 8-11 dealt to a large extent with the issue of termination. During this phase Sean spoke of relationships which he felt he had damaged in some way. During the latter half of session 9 the therapeutic relationship was addressed both overtly and

covertly. He spoke of his interpersonal relationships: "I know that my relationships are fucked up. I can't cope with people liking me, with people showing affection towards me... I envelop them, take away their personalities."

Sean was clearly stating his fear of fusion with me, and his difficulty in believing that I actually liked him. When feeling comfortable with someone he wants to "envelop them", possibly a verbal comment on the process of introjection of a good object. Linked to the need for the good object, is his enormous fear of contaminating it with his badness - "take away their personalities (goodness)". Thus it is still apparent that Sean has difficulty in internalising anything good and is still only able, at this stage, to externalise.

A significant movement in the last phase was Sean's attitude towards men. In session 9 he stated his contempt for all "masculinised" men, yet in session 10 he commented, "there's an oogy part of me that wants to do it (military service). The part that wants to be accepted, not to be an outsider". On questioning Sean as to where these feelings were coming from, he responded, "In the past week I have acknowledged male characteristics, quite nice, no longer ignoring them."

Therapy was good for that process, it forced me to look at things on that level". It appeared that Sean's contempt for men had wained somewhat. At this point, approximately thirty minutes into the session, Sean made a motion to leave: "Should we leave it at that, should we end on a high?" I was wondering what Sean could not face, what he would not allow himself to feel, and whether his contemptuous defense was re-establishing itself.

Sean did not leave, but he addressed his feelings about my sexuality: "...nasty dynamic, sense of whether you are one of the Family, probably better if I didn't know. Maybe better if I did." Sean was attempting for himself to understand whether he had been met by a male he did not know was 'feminised' or not. I left him with that feeling of ambivalence.

Sean arrived late for the last session and only stayed twenty minutes. In that period I became strongly aware of Sean's inability to say goodbye, and his need not to feel rejected. During the course of the session he mouthed empty platitudes, reminiscent of my first session with him. The defences were up once more. He thanked me for being his therapist, and departed hastily.

## CHAPTER 6

6.0 WORKING WITH THE CONTEMPTUOUS CLIENT6.1 Working with Contempt from an Object-Relations Perspective6.1.1 Introduction

From the outline of therapy, it is clear that an understanding of Object-Relations theory can inform the therapist in a way that is beneficial to the therapy with a contemptuous client. This will be further elucidated on in this section.

Sean, from the outset of the therapy, was both contemptuous of himself and his therapist. It was clear to me that any meaningful work could only be done in the eleven sessions that we had with one another by eroding that contempt in such a way that a therapeutic alliance could be attained. Through Sean's lack of good-enough parenting he was never adequately able to introject a good breast, with the result, as Proner (1988) states, "...the patient cannot introject the meaning of a good relation to the analyst". He adds that at best, a secret, loving therapist is introjected. It was my concern that Sean be able to

own that 'secret, introjected good object', without needing to spoil and destroy.

The initial focus of the therapy was to observe the interplay between self-contempt and contempt for others. It became clear to me that Sean needed me to hear his self-abnegation, and feel that I did not feel the same contempt for him that he did for himself, but that I could meet him, understand him: "All real living is meeting" (Buber, in Hobson, 1985, p.1). Sean also needed to take his generalised contempt for men, and understand it by working through it by his projections on to me. Both the latter dilemmas will be examined in this section.

#### 6.1.2 Contempt for One's Own Inner World

Throughout the therapy, Sean belittled and undermined himself, continually negating his own goodness which in Jung's terms could be called "psychic destruction". Examples of this pervade his therapy: "I could become a bank clerk, anything"; "my nubile young body was a medium of exchange"; "I feel sorry for myself, cynical about myself"; "I need to punish myself". Sean needed to obliterate all the good within himself. Indeed, Proner (1988, p.143) states there is "(in this type of patient) quite evident envy of all the good things in

himself". Sean could not allow himself to receive or acknowledge anything positive from these good objects, the result being his need to desperately see himself as my equal, to identify with me on a level that was the least threatening, a level that would preclude any apparent dependency or need, a level that would prevent any taking in of 'good'. Thus Sean entertained me for the first few sessions, but at the same time his performances were permeated with attacks on me, attacks which I regarded as a positive step in the direction of him accepting me as a good object.

As therapy progressed, Sean, seemed to experience me as able to survive his attacks, both on myself and on himself, and slowly I became aware of him allowing himself the experience of a 'good feed'. It must be stressed that I had only glimmers of Sean allowing myself into his psyche, and that the therapy vascillated between outright rejection and potential introjection. However, I did see the potential for an acknowledgement and acceptance of the good within himself: "(There is) a part that wants to be accepted... therapy was good for that process, it forced me to look at things on that level" (the penultimate session).

### 6.1.3 Contempt for the Other's Inner World

A strong feature of Sean's dynamics was his feelings of contempt towards people in general, men in particular: "...I hate male qualities, I hate maleness. Men are insensitive, unthinking, shallow...". This quote can also be seen to fall under the latter section, as Sean himself is a man. Once again it was important for me as his therapist to see beyond these defensive attacks on men and my maleness, and to recognise his words as a verbalisation of the enormous envy he felt of those who were at peace with themselves. His envious part needs to destroy the good, with the attitude of, "If I can't get any goodness, I won't allow you to have it either". Throughout the therapy Sean displayed the need to devalue both the therapist and the therapy, with his attacks being particularly virulent after allowing himself to express vulnerability, eg., after discussing his vulnerable side in session 9, saying, "...there's anger at them for not helping me, there's anger at them that I feel threatened by them... and I don't have the resources anymore to withstand it".

It was important for the therapy that Sean become conscious of his envy of others, and that his defense of splitting be transformed into an ability to integrate these feelings. Towards the conclusion of

therapy I did become aware of Sean's contempt lessening. In the penultimate session his envy of men, including me, appeared less pronounced, and he displayed a greater willingness to accept me. Clearly, the way ahead with regard to any future therapy with him would be to make these envious feelings towards the analyst, and the primal mother, conscious.

### 6.2 The Therapist as Superego - difficulties

In the course of therapy with Sean it became apparent to me that the contemptuous transference I experienced with him was related to the harsh way Sean judged himself. An intolerant superego was at work in Sean's psyche, which would not tolerate any ambiguity, nor any mistakes. When Sean said "I'm incapable of a meaningful friendship... if people find out about me, they'll wipe me out completely...", he was articulating his enormous feelings of low self-worth, his feelings that he would be judged for being who he was, and that this judgement was total annihilation. Many times he meted out this same disdain for himself, and quite frequently he would embody this harsh superego, resulting in me feeling the destructive contempt, eg. "You're going to be a psychologist for Pete's sake," when I asked for clarification of his confused utterances. For me, the therapy was permeated by such

contempt, even though at times it was not verbal, but imparted through gaze, gesture and posture.

Brenman (1982) states that for the harsh superego to be displaced, the therapist needs to interpret the lost good parts of the relationship, to provide "...an experience of a parent who can bear knowing what is lost and has faith in recapturing lost good elements" (p.309). In the course of therapy with Sean I did not feel that these 'lost good parts' were addressed adequately, due to the short duration of our therapeutic relationship. However, it was my experience that Sean left feeling that he had been heard by an other - an other who at times was allowed by him to be a parental figure - and that in so doing, the harsh superego was slightly shifted closer to being displaced from its elevated pedestal.

### 6.3 Breaking through the false self defense

Winnicott's concept of the false self is particularly useful in understanding Sean's defensive way-of-being in therapy. From the outset of therapy I was aware of Sean attempting to turn therapy into a seductive performance. He himself later articulated this: "...therapy is like a stage." However, Sean was also pleading to be allowed to stop performing: "I need to



be bust...". From the case presentation it can be postulated that Sean's mother was unable, as Winnicott (1965) termed it, "to meet the infant's spontaneous gesture, and instead substitutes her own gesture which is given sense by the compliance of the infant" (p.145). For Sean, this mode of operating became functional in his adult world, with the result that, on numerous occasions, he articulated his feelings of not knowing what his true identity really was, as well as being angry with himself for being unable to let the mask down and expose his true self. Indeed, Sean felt that his true self was buried so far beneath the surface that he was unable to retrieve it. In session eight he articulated this quite graphically: "... (I) used to be able to (let down the mask) when I painted... now I'm not too sure it ever goes down". This was a poignant utterance on his deep feelings of alienation from himself.

An added complication with regard to the false self dynamic is the patient's uncertainty as to whether the therapist's acceptance is based on his true self or false self. If the therapist is "taken in", he is treated with contempt and disdain. Sean stated he needed to "be bust", implying if he was not it would undermine the therapy. The mask needed to be broken,

and the true self allowed to be brought into the harsh light of day.

With regard to this dynamic, it was important for me to work at chipping away at Sean's mask of contempt, in a way that he was able to withstand, and that was not too exposing and frightening to him.

To this extent, I believe a measure of success was achieved, but Sean himself stated on numerous occasions that he was feeling vulnerable with me. The therapy was not long enough to determine the success of this focus, but I gained a glimpse of Sean's frightened and fragile true self, and my feeling was that he did not get burned by exposing his true self to me.

#### 6.4 The building and maintenance of the therapeutic alliance

A concern of mine from the first session with Sean was to what extent I could hope to be able to sustain a meaningful therapeutic alliance, given the nature of his contemptuous defense. At the beginning of therapy, realising that he would be needing more therapy than the three months I could offer, I mentioned that he should see our work together as introductory, and that he should continue therapy at a later stage. Sean

concurred with this during the course of therapy. An aim, therefore, was for us to build a relationship that would endure over the three month time span, and that his experience would be good enough to enable him to go into therapy again.

My feeling, upon reviewing the therapy, was that the alliance was built on his sense of acceptance from me, and that he experienced that I could survive his attacks on himself and me. The relationship was tenuous, yet my felt sense was that Sean had begun to construct the foundations for a future relationship.

#### 6.5 Success or Failure?

It is debatable whether the latter heading be included in a study of our brief therapeutic relationship, indeed of any therapy. Whose success, what failure? But the question I feel needs to be addressed is understanding in what way this therapy can be useful to both myself and other psychotherapists.

Sean left his last session after twenty minutes unable to allow his feelings of loss to be truly felt and articulated. It is possible that he left with a feeling of rejection, but perhaps this experience provided him with a better understanding of where these

feelings were coming from. Sean needed someone to survive his contempt and to see it for what it was, namely a fragile defense that masks chaotic and confused feelings. To that extent I believe the therapy was marginally successful. Sean was able to lay his pathology on the floor of the therapeutic space, and to do it with conscious awareness.

## CHAPTER 7

7.0 CONCLUSION

My therapeutic encounter with Sean is over. In this project I have attempted, on the one level, to present as accurate account as possible of our encounter, and elaborate on what appeared to be the main focus of the therapy, namely, Sean's contempt.

Contempt was examined in the light of four different yet overlapping explanations of this dynamic in therapy. It is debatable whether Sean's dynamics with me could be located more in any of the four areas examined, namely, self-contempt, contempt for the other, contempt as a function of the superego, and contempt and the false self.

The conclusion reached with this particular client was that all four dynamics could be seen to be operating, and although different views were expressed on how to deal with this defense, certain commonalities were gleaned. From a theoretical perspective it appeared that Object-Relations theory provides a useful and dynamic understanding of contempt, and thus informs the therapist regarding his therapy with these clients.

With regard to the therapeutic stance in an encounter with a contemptuous client, the conclusion is reached that what is the most healing for these clients is their experience of the therapist as surviving their punitive attacks, and continuing to be a 'good-enough parent'. Sean was seen to adopt a contemptuous attitude towards me at the beginning stages of therapy, which abated but never quite disappeared over the remaining course of the therapy. However, as therapy progressed, he allowed himself to feel more vulnerable, and he became more able to become aware of his difficulties in interpersonal relationships. It became apparent that as he was able to trust that another person could survive his contempt, he was more able to make use of the therapeutic encounter. The therapist's ability to tolerate and survive the harsh attacks by the contemptuous client, and to consistently maintain an attitude of acceptance and understanding, seems to be the crucial factor in laying the basis for a potentially successful therapy.

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