

**A PSYCHOANALYTIC HERMENEUTIC INVESTIGATION
OF DESTRUCTIVE NARCISSISM**

ESTELLE DE WIT

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ABSTRACT

The purpose of this research was to investigate the clinical phenomenon of destructive narcissism. Contemporary Kleinian and neo-Kleinian theoretical perspectives provided the interpretative perspective on the complexities of inaccessible personalities and subtle forms of internal destructiveness. Four research questions were formulated to interrogate the individual and collective experiences of three male patients whose internal worlds seem to be governed by rigid intrapsychic structures organized around the dictatorship of a constellation of seemingly impenetrable defensive strategies. These questions were as follows:

1. What emotional states, actions and experiences of self and others characterize the clinical phenomenon designed as destructive narcissism and distinguish it from other forms of character pathology?
2. What early developmental experiences and relationships may have pre-disposed individuals to the development of this type of character pathology?
3. How are the psychodynamic processes of destructive narcissism structured and configured in the psychotherapeutic process and progress?
4. What are the transference/countertransference psychotherapeutic manifestations of the psychodynamics of destructive narcissism?

The illustrative-didactic case study method was utilized to discuss pertinent aspects of each patient. This included their early developmental histories, inter- and intrapersonal relationships, their current mental state, defensive strategies and their stated reasons for commencing psychotherapy. In addition, the structure of the psychotherapeutic process with these patients was reviewed in depth. Various psychic and personality features, as unveiled through this process were discussed, as well as the implications of these for the therapeutic endeavor. The features chosen for discussion were: Firstly, the constellation of the internal object world, the capacity for symbolic thought and defensive

organizations. Secondly, therapeutic ambivalence, which made psychotherapy untenable, was explored in conjunction with transference/countertransference issues. Thirdly, the shadow sides of psychotherapeutic change with these patients were considered and the issues of therapeutic failure and other treatment possibilities were examined.

It was concluded that there need be an important shift with regard to the psychotherapeutic goals for those patients whose condition may be chronic, and for whom it appears that psychotherapy is of little benefit. In essence, the intent of psychotherapy with these patients is to reach the healthy sane patient of the patient within the pathological organization. Attempts to unravel the perverse gratification and protection derived from the domination of the narcissistic structure may not be enough, and the patient's collusion with the internal destructive gang should also be exposed. If this can be achieved, the patient may come to accept the existence of a part of himself as truly destructive. This, in turn, cannot be disowned, therefore the patient has to live with it. Thus, in destructive narcissism, the challenge for the therapist is the extremely difficult task of disentangling the patient's pain from the idealization of internal destructiveness.

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CHAPTER ONE

INTRODUCTION

'A fine wound is all I brought into the world;
that was my sole endowment'

Franz Kafka

1.1 On Narcissism: Preliminary Thoughts

The term narcissism, associated with the Greek myth of Narcissus and its theme of excessive self-love and adulation has been widely documented in literature and mythology to describe a wide range of conscious and unconscious inter- and intrapersonal phenomena. The myth began a long literary tradition which only touches the surface of a vast and complicated concept that has been the subject of long-standing human concern. In psychoanalytic literature the definition of narcissism became increasingly more complex as the term was adapted to fit the changing frames of reference demanded by the libidoeconomic, topographic, developmental, genetic and structural points of view. This profusion of usages has led to considerable confusion, both clinically and theoretically, and in the voluminous literature on narcissism there are probably only two facts upon which everyone agrees: firstly, that the concept is one of the most important contributions of psychoanalysis, and secondly, that it is one of the most confusing (Pulver, 1986).

Attempts to understand the concept of narcissism, the role of the self and the nature of self-esteem regulation have increasingly occupied psychoanalytic writings over the past decade. Psychoanalytic attempts to understand the 'self' as a supraordinate organizing conception, have resulted both in various attempts to understand the clinical phenomenon of narcissism and also in a general agreement that any concept of narcissism should include healthy, as well as pathological, developmental and descriptive aspects. Cooper (1986) suggests that the intensified interest in the study of narcissism relates to a number of current historical trends, concordant with powerful contemporary currents in philosophy, art and literature, in an attempt to address the problem of maintaining a sense of self in an alienating modern

world. In addition there has been a renewed interest in the role of early preoedipal development and an increasing interest in issues of early dependency, self-definition, separation and individuation, identity formation and the earliest stages of object relations in psychoanalytic literature.

In clinical practice, Carrilio (1981) observes the increasing confrontation with patients who do not fit "into traditional categories" and "manifest a range of impulsive behaviour, feelings of emptiness, isolation, alienation and rootlessness, which may be seen as manifestations of narcissism" (p. 107). Similarly, Mitrani (2001) points to the difficulty of working with patients who "come to analysis appearing quite ordinary on the surface. However, when we scratch that surface we often find something quite unexpected: extra-ordinary protections that keep at bay the awareness of extra-ordinary happenings occurring at some point when the awareness of such happenings would have been overwhelming, even life-threatening" (p. 1). Furthermore, psychotherapists interested in character pathology, the formation of the psychic structure and pathological intrapsychic development have been increasingly willing to undertake intensive psychotherapy with patients who previously would have been considered unsuitable for analytic treatment. This has resulted in greatly enriched descriptions and new psychotherapeutic knowledge concerning the treatment of the narcissistic aspects of personality. This is, however, not an easy task because, as Bromberg (1986) notes, "the descendants of Narcissus now lie upon an analytic couch, as self-absorbed as ever, while behind them, as in the myth, sits the determined but sill frustrated counterparts of Echo, trying to be heard" (p. 445).

The broad use of the concept narcissism derives directly from the non-specific nature of Freud's original concept and from his efforts to use it to unify a diverse group of clinical processes, states and entities in libidinal terms. In the traditional psychoanalytic drive theory, Freud's very early writings depicted narcissism as pertaining to the libidinal cathexis of the self. It is evident from these writings that Freud had extraordinary difficulty in conceptualizing the self within the libido theory and that this difficulty was compounded as he developed his

structural point of view alongside the instinctual one (Pulver, 1986). In his early efforts to deduce how the narcissistic ego was constituted he turned to Ellis's (1898) notion that narcissism derived from eroticism. Borrowing Ellis's use of the word "narcissism", which at the time was deeply rooted in literature and mythology, Freud was able to denote an intermediary stage between auto-eroticism and object love and come up with several explanations of how eroticism could shift between ego and object. He first described narcissism in a footnote to his *Three Papers on the Theory of Sexuality* (1910) where he associated it with autoerotic self-stimulation and the libidinal gratification of investment in the self, which he speculated could explain homosexuality and sexual perversions. From this perspective the narcissistic individual tends to choose and love an object on the basis of (a) what he himself is; (b) what he himself was; (c) what he himself would like to be; or (d) someone who was once part of himself.

By 1914, Freud saw wider applications for the concept of libidinal self-love and made a distinction between primary and secondary narcissism. Primary narcissism was defined as a state of indifference between the ego and id, characteristic of the mental life of newborns, psychotics and those depressed or in mourning. In primary narcissism the body is taken as an exclusive sex object, and, like the mythical Narcissus, there is a withdrawal of interest from other people and the world. Freud regarded this condition as a perversion and also found that such patients did not improve with psychoanalysis, because of their lack of libidinal investment in other people, coupled with a grandiose inflation of the self in combination with feelings of being perfect and powerful. However, Freud (1914) also regarded primary narcissism as an important aspect in the course of human development and formulated the concept of primary narcissism as "a libidinal complement to the egoism of the instinct of self-preservation, a measure which may justifiably be attributed to every living creature" (p. 78). While the mental states of primary narcissism are specifically marked by an absence of object relations, secondary narcissism occurred after an investment in objects and resulted from the withdrawal of cathexis from external objects and reinvestment in the self after excessive frustration.

Freud's 1914 paper *On Narcissism: An Introduction* provided three important aspects pertaining to the definition of narcissism. Firstly, narcissism was described as a developmental stage that followed autoerotism prior to anaclitic object choice; secondly, narcissism was defined in terms of object relationships to denote a type of object choice and a mode of relating to the environment; and thirdly, to assimilate various aspects of the complex ego state of self-esteem (Pulver, 1986). In his 1917 paper *Mourning and Melancholia*, Freud considers narcissism to be a moiety of the internal world of the melancholic by positing a dialectic between object relations and narcissism which was to become Freud's profoundest contribution to object relations theory and the template for the later contributions of Klein and Fairbairn. In this paper Freud argues that when an individual cannot tolerate the loss of an object (functioning as a part-object) he is able to deny this loss in unconscious fantasy by internalizing the lost object. In addition, the object is split into two different part-objects, one assigned to an identifiatory relationship with the ego ideal and the other identifying with the ego itself. The former structure employs a maximum of sadism towards the latter, which maintains a relationship with it masochistically. The loss is in part successfully denied at the cost of an inner melancholia. Thus, the interaction of the four entities (two part-objects and two part-egos) constitutes an internalized narcissistic object relationship.

Although Freud pioneered much of the early understanding of the concepts of narcissism and object relations, he never sufficiently clarified the distinction between narcissism as an object relationship and as a non-object relationship (Symington, 1993). In addition, Freud's emphasis on the libidinal aspects of narcissism has resulted in an oversight with regard to processes concerned with destructive and anti-libidinal narcissistic investment. It was in the work of the British Object Relations Movement that the roots of the current theory of narcissism were to emerge more clearly. This was followed by the contributions of Kohut and Kernberg, whose radically different theories have led to the development of what may be constituted as the two main current schools of narcissism. It was also in these latter works that attention was drawn to pathological forms of narcissism, essentially differentiating this

type of narcissism from normal infantile and normal adult narcissism. Stolorow (1986) suggests that the difference between normal and pathological forms of narcissism is to be found in mental activity. In a comprehensive effort, he suggests the incorporation of the libidinal and anti-libidinal aspects of narcissism by proposing a *functional definition* of narcissism. He argues that mental activity is "narcissistic to the degree that its function is to maintain the structural cohesiveness, temporal stability and positive affective colouring of the self-representation" (p. 198). In Stolorow's view the functional conception of narcissism lends clarification to our understanding of the "narcissistic perversion, narcissistic object relationships, narcissism as a developmental line, the relationship of narcissistic activity to self-esteem, and the issue of healthy versus unhealthy narcissism" (p. 208).

Diverting our attention to the phenomenon of pathological narcissism, it is interesting to note that all the major approaches to the study of pathological narcissism stem from Freud's 1914 paper on narcissism. In a series of highly condensed papers published between 1964 and 1978 Rosenfeld, basing his work on the object relations theory of Melanie Klein, provides a detailed analysis of the structural characteristics of narcissistic personalities and the transference developments in the course of psychoanalysis. In doing so he links, for the first time, a Kleinian approach to treatment with a descriptive and characterological analysis of a specific group of patients, and developed the first contemporary theory of pathological narcissism. Narcissistic personalities, Rosenfeld proposes, have omnipotently introjected an all-good, primitive part object and/or have omnipotently projected their own self "into" such an object, thus denying any difference or separation between self and object. This permits such patients to deny a need for dependency upon an external object (Rosenfeld, 1964). Dependency would imply the need for a loved and potentially frustrating object who is also intensely hated, with the hatred taking the form of extreme envy, the earliest manifestation of aggression in the realm of object relations.

Drawing on Klein's assumptions that envy is the primary expression of an intrapsychic death instinct, Rosenfeld (1964) states that narcissistic object relations permit the avoidance of

aggressive feelings caused by frustration and any awareness of envy. These patients have a highly idealized self-image and omnipotently deny anything that interferes with this picture. They may assimilate other people's values or may devalue and destroy what they receive from others resulting in a chronic sense of dissatisfaction with what they are receiving from others. Rosenfeld (1971) examines a further complication of these personality structures, derived from the contamination of their self-idealization by idealization of the omnipotent destructive parts of the self. The infiltration of the pathological 'mad' self by primitive aggression, gives these patients a quality of violent self-destructiveness and, in extreme cases, such patients feel secure and triumphant only when they have destroyed everyone else and, particularly when they have frustrated the efforts of those who love them. Rosenfeld (1975) links this theory with the severest forms of the negative therapeutic reaction. Kernberg (1984) defines pathological narcissism as the "libidinal investment not in a normal integrated self structure but in a pathological self structure. This pathological grandiose self contains real self, ideal self, and ideal object representations" (p. 190). In pathological narcissism devalued or aggressively determined self and object representations are split off or dissociated, repressed, or projected. The psychoanalytic resolution of the grandiose self, as part of a systematic analysis of narcissistic resistances, regularly brings to the surface primitive object relations, conflicts, ego structures and defences characteristic of developmental stages that predate object constancy.

The destructive quality of pathological narcissism, which Fayek (1981) characterizes as the "absence of desire" and "contentment with being in a relationship with his echo", is "symbolic of a dead psychic life and the death of life around" (p. 315). Fayek links narcissism with the death instinct and postulates the symbolic death of both the world and the self in narcissistic character pathology. It is this aspect of narcissism which needs further elaboration to elucidate some aspects of the tormenting quality of the libidinisation of the desire for self-destruction evident in pathological forms of narcissism.

1.2 Aim and Objectives

The aim of this thesis is to explore the subjective experiences of a small group of psychotherapy patients who display characteristics of a narcissistic condition where nothing but death and the desire for self-destruction prevails. It is a malignant type of self-destructiveness described by Joseph (1989) as "an addiction to near-death" (p.127) and refers to a perverse alliance between the self and an omnipotent bad internal object. These patients are typically difficult to reach therapeutically, and despite the skill and technique of the therapist, more often than not represent the failed cases. They have histories of chronic suicidal gestures and destructive intrapsychic processes which, despite therapeutic interaction, leave them seemingly unable to change and the therapist perplexed as to the patient's motivation for entering a therapeutic relationship.

This phenomenon has variously been described by a number of authors who attempted to grasp the dynamics of what Rosenfeld (1971) describes as destructive narcissism. These include Fairbairn's (1952) reference to a *satanic pact*, Meltzer's (1979) *internal tyrant*, Rosenfeld's (1971) *criminal gang*, Grotstein's (1990a) *mad jailer* and Steiner's (1993) *psychic retreat*. Fairbairn (1952) eloquently captures the dynamics of this personality organization by suggesting that the therapist is "dealing with a powerful psychological gang dominated by a leader, who controls all members of the gang to see that they support one another in making the criminal destructive work more effective and powerful" (p. 174). The theory of destructive narcissism, as formulated primarily within a Kleinian tradition (Joseph, 1989; Meltzer, 1979), suggests that it refers to a structured scenario in which the mental processes of the patients in question symbolize a perverse and sadistic relationship with self-destructive aspects. This process differs from that in which individuals behave self-destructively and pursue destruction and death as a relief from suffering. In such individuals, "just to die, although attractive, would be no good. There is the felt need to know and have the satisfaction of seeing oneself being destroyed" (Joseph, 1989, p. 128). The current research is an attempt to explore these destructive processes empirically. An attempt will also be made to shed

some light on understanding deep-seated resistance to analytic treatment and the “tendency to hold on to illness and suffering” (Freud, 1937, p. 242), termed the *negative therapeutic reaction*. A theoretical shift from these original formulations of destructive processes will be explored by focusing on contemporary literature with a more subjective understanding of destructive internal processes.

This exploration will be situated within an extensive body of psychoanalytic literature that addresses the issue of self-destructiveness. This includes foundational literature on destruction, commencing with Freud’s claim that the “aim of all life is death” (Freud, 1920, p. 38) to perspectives which include the theoretical stances of Fairbairn (1952), Guntrip (1968), Winnicott (1957), Klein (1946), Lacan (cited in Boothby, 1991) and Grotstein (1990a, 1990b). The aim is to achieve a more comprehensive understanding of destructive narcissism by addressing not only the dynamics of the destructive gang, but also the dynamics of the patient’s motivation to enter into a therapeutic relationship which holds some hope of recapturing a self-alienated personal experience. At present no coherent psychological model has emerged to answer these questions, and existing literature on the concept of destructive narcissism has been under-theorised and researched. The newfound clinical interest in Freud’s concept of the death instinct and its subsequent resurrection in psychoanalytic literature (Black, 2001; Feldman, 2000; Undrill, 2001) points to the importance of research with regard to psychotherapy with patients who seemingly fail to benefit from the therapeutic alliance.

1.3 Dissertation overview and structure

It should be said from the onset that each chapter in this thesis has been conceived as an integral part of the research endeavour as a whole. Although presented using the standard formula of literature review, methodology, results, discussion and conclusions, every stage of this thesis is conceived as part of the overall research process. The entire study was a self-consciously conceived effort to be reflexively aware of its own methodological and epistemological underpinnings. It is hoped that in its conception and in its execution the study

achieves the goal of being not only a useful study on destructive narcissism, but also an example of the type of investigative and exploratory research which the emerging tradition of hermeneutic research in psychology espouses. The structure of the dissertation is as follows:

Chapter Two provides a theoretical overview of destructive internal processes commencing with literature on Freud's concept of the death instinct. Theoretical perspectives on destructive narcissism are considered in conjunction with object relations theory in an attempt to grasp the complex intrapsychic structures at work in destructive narcissism. An attempt will also be made to explore the nature and significance of the object relations tradition on this particular clinical phenomenon.

Chapter Three identifies the key issues relevant in the psychotherapeutic process with destructive narcissists and draws on the clinical and theoretical arguments of Rosenfeld, Steiner and Seidler in an attempt to systematically identify the common problem areas in psychotherapeutic encounters with these patients. This chapter also provides some broad definitions of the concepts of internalization as this is considered to be an integral aspect to explain the internal world of the patient.

Chapters Four and Five comprise the empirical component of this dissertation. Chapter Four is an outline of the methodology and related research issues. The hermeneutic research method, situated within an object relations framework, attempts to obtain an understanding of destructive narcissism by focusing on the entire phenomenon from all perspectives and expressions. Chapter Five presents the case material and hermeneutic narratives of three narcissistic patients, and will comprise both detailed case presentations and a psychoanalytic interpretation of their intrapsychic functioning.

Chapter Six will focus on the commonalities emerging from the individual analysis of the cases presented in Chapter 5. This chapter is also devoted to the discussion of the research findings and concludes the dissertation.

1.4 Notes on terms used

- The term “psychic structure” is used to describe a “dynamically determined, internally consistent, stable frame for organizing psychic experience and behavioral control” (Kernberg, 1992, p. 19). The nature of the psychic structure is “confirmed by its behavioural consequences, its expression in character formations, and its human depth and moral commitment in relations with others” (Kernberg, 1992, p. 19).

- The term “dynamics” is utilized to describe operations, through which contradictory forces come to exert an influence on the unfolding therapeutic account and refers to a dialectic process in “which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic (everchanging) relation with the other” (Ogden, 1992, p. 208).

- The term “internal object” refers to those aspects which make up the individual’s internal world and whose formation is dependent not only on the nature of one’s external objects, but also on the way one projects one’s own impulses and qualities into the objects. In this way internal objects make up the inner world of the individual and provide internalized representations of interactions with others. The quality of these internal relationships is determined by a variety of factors, including the “capacity to feel identified with or supported by benign, loving objects, or at the mercy of internally persecuting experiences” (Roth, 1999, p. 2).

CHAPTER TWO
THE INTERNAL TYRANT:
SOME THOUGHTS ON DESTRUCTIVE PROCESSES

2.1 Introduction

The purpose of this chapter is to provide a detailed object relations working model for interpreting destructive internal mental processes. The hypothesis will be explored that there exists in the mental life of destructive narcissists an *internal establishment* (Hoggett, 1997) that operates as a reactionary force which, through a perverted twist, offers some protection from the terror that it is itself a derivative of. The chapter begins by examining the status of Freud's concept of a death instinct which acts as an antithetical force threatening to destroy the individual from within. Drawing from the assumption that this operates as an invisible, secretive and reactionary force which patrols internal object relations, this will provide a first attempt at clarifying the dynamics of destructive internal processes. An extension of Freud's theory will be provided in the second part by examining the work of Herbert Rosenfeld and his followers on destructive narcissism. This section will focus on various seminal theoretical contributions in this field in an attempt to grasp the power of destructive processes and their internal status as psychic structures.

2.2 The death instinct: Freud's contribution

Various authors have pointed out that Freud's ambiguous concept of the death instinct has arguably been his least generally accepted and most controversial idea (Allen, 1967; Chessick, 1992; Dufresne, 2000; Friedman, 1992; Lowental, 1983; Pedder, 1992). Boothby (1991) eloquently captures this discourse by referring to it as "the darkest and most stubborn riddle posed by the legacy of psychoanalysis" (p.1) and Laplanche (1970) terms it the "most fascinating and baffling text of the entire Freudian corpus" (p. 106). Given Freud's authoritative position, the repudiation of the death instinct hypothesis presented a single exception to his otherwise generally accepted theory of psychological functioning. Much speculation about Freud's own state of mind at the time of the formulation of this concept has

been cited in literature with the recent deaths of his daughter and favourite grandson, the onset of his cancer and concerns about his own mortality, set in the aftermath of World War I cited as contributory factors to his preoccupation with death (Boothby, 1991; Chessick, 1992; Dufresne, 2000; Jones, 1957). Undoubtedly, Freud's introduction of the concept heralded the beginning of a deeper awareness of aggressive and destructive phenomena. In attempting to retrieve what Freud struggled to articulate with this controversial claim, it is evident that this was his first recognition of an outwardly aggressive instinct, which he vehemently resisted when it was introduced by Alfred Adler in 1908, as well as the existence of self-destructive impulses postulated by Sabina Spielrein in 1912. Freud's death instinct formulation not only led to a revolutionary thesis on aggression i.e. that all aggression and destructiveness in human beings is self-destructiveness, but also shed light on the concept described in his 1919 paper *The Uncanny* as the "constant recurrence of the same thing" (p. 234) later termed the *repetition compulsion* and the "demonic character" (p. 238) of certain aspects of the psyche referring to punitive superego development.

Prior to 1920, Freud heralded the self-preservative and sexual drives coupled with the pleasure principle as the governing principle of the mental apparatus. However, Freud became aware of a number of incidences where the psychic system appeared to behave precisely contrary to expectation. This included the repetition of traumatic experiences, the repetitive games of children where painful loss is symbolically re-experienced, the puzzling phenomenon of masochism and the tendency to obstruct effective analytic treatment (Boothby, 1991; Dufresne, 2000). Thus, certain experiences seemed governed by a principle of repetition that did not discharge energy, but stored it up within the psychic apparatus. Hence these experiences went beyond the intrapsychic dynamics of the pleasure principle. Freud (1937) notes that these "phenomena are unmistakably indications of the presence of a power in mental life which we call the instinct of aggression or of destruction according to its aims and which we trace back to the original death instinct of living matter" (p. 243). Freud points out that the instincts of life and death are always fused with each other. Although fused, the two instincts struggle against each other, and whilst the life instinct aims at union

and interdependence, the death instinct aims at breaking up the organism and the cessation of interdependence. For Freud (1933) the dual theory of instincts became “our mythology. Instincts are mythical entities, magnificent in their indefiniteness. In our work we cannot for a moment disregard them, yet we are never sure that we are seeing them clearly” (p. 95).

Tracing Freud’s (1920) thoughts on the death instinct, he stipulated in his original formulation of the concept the “far fetched” and “speculative” (p.24) nature of his arguments and described the death instinct as a biological force that manifests itself in the striving to restore the Nirvana state from which life had emerged. In *Beyond The Pleasure Principle* (1920) Freud notes that the death instinct “is an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces” (p.36). He concludes that if we consider that “everything living dies for *internal* reasons – becomes inorganic once again – then we shall be compelled to say that *the aim of all life is death* ” (p.38), leaving the impression that the death instinct is more powerful than the opposing power of Eros as “inanimate things existed before living ones” (p.38).

In his 1923 paper *Ego and Id*, he states that life “consists of a continuous descent towards death” (p. 47) suggesting that psychic life is structured by the death instinct. The consequence of this is that for Freud death became the natural pleasurable and true state of life. Dufresne (2000) captures this by stating that according to the Freudian stance “one lives only to die” – or, according to Freud’s Schopenhauerian reworking of Shakespeare, “Thou owest Nature a death”. As that which makes life worth living, death points to a timelessness before and after life, both origin *and goal* – that is, to a circle” (p.57). This definition seems to suggest that for Freud the original life story was indeed a death story (Phillips, 1999) and that the active undoing of life and growth was the only source of psychic satisfaction.

In subsequent writings Freud (1930) elaborated his original formulation by adding aspects relating to the narcissistic gratification of the death instinct. He notes that “in the blindest fury

of destructiveness, we cannot fail to recognize that the satisfaction of the instinct is accompanied by an extraordinarily high degree of narcissistic enjoyment, owing to its presenting the ego with a fulfilment of the latter's old wishes for omnipotence" (p. 21). To Freud this formulation shed some light on the understanding of deep-seated resistances to analytic treatment and the "tendency to hold on to illness and suffering" (Freud, 1937, p. 242), later termed the *negative therapeutic reaction*. By 1933, he characterized the death instinct as primary masochism and proposed in his final writings on the subject in 1940 an additional dualism, contrasting individual death (with some portion of the death instinct remaining permanently within) with the death of the species because of the failure to adapt to external changes. As Chessick (1992) points out, in his final formulation, Freud's thinking seems to coincide with the dictum that the death instinct is a destructive aggressive sadistic assault on the organism, which may be directed outwards or stored in the superego. The dialectic of life and death represented a culmination of Freud's thinking on human aggression throughout the latter part of his life and as Boothby (1991) points out "the notion of the death drive was thus the veritable keystone of Freud's most mature and far-reaching theoretical synthesis" (p. 6). Phillips (1999) captures the importance of the concept of the death instinct by stating that Freud's notion of a death instinct acts as an object of desire and "suggests, at its most minimal, that we can want something we know nothing about, and that we are most drawn to what we think of ourselves as trying to avoid. But death, in Freud's poetic fiction, is a paradoxical and therefore exemplary object of desire; it is the object of desire that finally releases us from desire. The end, in both senses, of our suffering" (p. 111).

Contemporary critics regarded Freud's formulation as too speculative (Penrose, 1931), psychoanalytically unacceptable (Bibring, 1941) and not compatible with the approved biological concept of instincts (Fenichel, 1945). Later critics included Fairbairn (1952) who reconceptualized Freud's instinct theory by claiming the object-seeking nature of a pristine integrated ego and based his theory of internal objects solely on bad internal pathological structures. According to Fairbairn once the bad object is internalized it undergoes a complex splitting that results in splitting of the ego. The bad object splits in two to form an *exciting*

object with contains the promising and enticing aspects of the object and a *rejecting object* that contains its destructive depriving aspects. Those parts of the ego that are attached to these two objects split from the central ego so forming a corresponding libidinal and anti-libidinal ego. For Fairbairn (1952), all instincts are essentially expressions of life, and he regards aggressive impulses as an attempt to eliminate a source of danger. He therefore views the death instinct as a manifestation of masochistic relationships with internalized bad objects and notes that "a sadistic relationship with a bad object which is internalized would also present the appearance of a death instinct" (p. 79). He also states that the "death wish is only possible for a mental organization sufficiently advanced to realize that killing is the safe permanent measure of elimination; and even here it is not death but elimination that is primary" (Fairbairn Birtles & Scharff, 1994, p. 123).

Guntrip (1968), who radically altered Fairbairn's theory by postulating that the libidinal ego undergoes a further split and withdraws to a womb-like state, also abandoned Freud's mechanistic energy theory by focusing on internal processes where the contact-orientated self meets a blank other which is unavailable to provide object relational needs. Guntrip emphasizes that the needy aspect of the self is only given up in circumstances of extreme duress which then manifest themselves in the desire to die or to return to a *passive womb like state* where there appears to be an escape from the pain of a failed existence. The dread of nothingness gives rise to the hating, attacking and spoiling of all external relatedness, resulting in an objectless state, which represents the "profoundest expression of infantile dependence, when a weak infantile ego cannot cope with an inadequate or traumatic environment" (p.54). This results in a return to "a retreat of the vital heart of the psyche to a secret safe inside position which is felt and phantasized as a return to the womb" (Guntrip, 1961, p. 434). Whilst Guntrip recognizes the intensive regressive withdrawal to this position as a representation of a wish to die, he regards it more as a healthy protective reaction to danger. The regressed ego seeks the protection and security of the womb whilst at the same time, longing for rebirth and renewal.

Winnicott (1957) also rejected the notion of a death instinct and describes it simply as "unnecessary" (p. 127). In *Playing and Reality* (1971), he argues that in Freud's original formulation "the concept of the death instinct could be described as a reassertion of the principle of original sin" (p. 70) where man is doomed to destruction and failure. Winnicott notes Freud's failure to address the all-important issue of environmental provision in his postulation about the death instinct and henceforth ignores the impact of infantile dependence in aggressive impulses, since "the history of an individual baby cannot be written in terms of the baby alone" (p.71). He thus argues, that individuals who fail to live creatively and are doubtful of the value of living, failed to receive good-enough mothering and the roots of their destructive internal processes are to be found in the quality and quantity of early environmental provision, rather than the presence of an innate destructive impulse. Winnicott (1986) relates destructive internal processes to a *primitive agony*, which causes the ego to erect a defensive organization. He notes that "the original experience of primitive agony cannot get into the past tense unless the ego can first gather it into its own present time experience and into omnipotent control ... the patient must go on looking for the past detail which is not yet experienced. This search takes the form of a looking for this detail in future" (p. 177). Hence, Winnicott's reading of the death instinct entails that we regard it not as drive or force of destruction, but as the absence of adequate environmental provision and good-enough mothering. Winnicott concluded his thinking on the death instinct by stating that "I have never been in love with the death instinct and it would give me happiness if I could relieve Freud from the burden of carrying it forever on his Atlas shoulders" (cited in Carveth, 1994, p. 238). Winnicott (1969) perceives destructiveness as a 'symptom of being alive' and regards destructiveness not as the simple reference to the Freudian or Kleinian idea of innate destructiveness. He writes, "it will be seen that, although destruction is the word I am using, this actual destruction belongs to the object's failure to survive. Without this failure, destruction remains potential. The word 'destruction' is needed, not because the baby's impulse is to destroy, but because of the object's liability not to survive, which also means to suffer change in quality, in attitude" (p. 93).

2.3 Contemporary perspectives on the death instinct

Subsequent writings on the death instinct resulted in various reformulations, with Federn (1932) being one of the first authors crediting Freud for the usefulness of the concept in the understanding of melancholia. He notes that the pure form of the death instinct is best described in melancholia where "it means complete cessation of the rest of mental life" (p.140), "nothing but death" (p. 141) being alive in melancholia and the claim that "every manifestation of the death instinct is only pain" (p.142). Similarly, Allen (1967) argues for the existence of the death instinct in states of depression and paranoia and states that "the impulse may be present consciously as a wish to die or suicide attempt, preconsciously as an obsessional fear, or unconsciously as self destructive behaviour or exaggerated scrupulosity" (p. 434). In paranoia, he further argues, the death instinct serves as a defensive organization where the individual projects the suicidal impulse onto the environment in an attempt to deal with grandiose and persecutory delusions. This often results in hypochondriasis in an attempt "to deny the suicidal impulse and deal with it not as a phenomenon of subjective experience and motivation but as coming from some region of the body, a somaticized externalization, rather than a projected or personified externalization" (p.436).

Klein (1946), following Freud, placed the death instinct at the centre of psychic life with particular emphasis on innate aggression as a manifestation of the death instinct essentially basing all her theoretical and clinical work on this assumption. Fascinated by the irrepressible urge of young children to destroy their objects, coupled with the desire to preserve them, she believed that Freud's discovery of life and death instincts were a tremendous advance in the understanding of primitive mental processes. Klein asserted that there is an experience of the death instinct from the beginning of life, that is experienced as a threat of annihilation from within and that it is the primitive ego rather than the organism that deflects the death instinct outwards (Klein, 1958). In an attempt to ward off anxiety, the primitive ego projects part of the death instinct into an external object, which becomes a

persecutor, while the part that remains in the ego turns its aggression against the persecutory object. This results in splitting, as bad persecutory objects are split and kept apart from loving and idealized objects (for Klein a manifestation of the life instinct) keeping the instincts in a state of defusion. Fusion of the life and death instinct is initiated through the process of introjection, which Klein believed combats the death instinct because it leads to the ego taking in something life giving. If however projection, splitting and introjection of bad internalized objects proliferates it results in the impoverishment of the ego and the dispersal of emotions which in turn gives rise to emotional deadness, lack of emotion and unresponsiveness (Eigen, 1995). In essence, Klein wanted to emphasize the aggressive components of psychic life by emphasizing the existence of primary destructive phantasies such as biting, tearing and intruding into the mother's body as primary components of the death instinct (Maizels, 1985). This led to the postulation of her theory of envy, characterized by an oscillation between primitive self-destructiveness and a hatred of external sources believed to be all good, but withholding in nature resulting in part-object relating (Hinselwood, 1994). Thus, for Klein the death instinct became an essential part of all clinical discussions and was incorporated in her developmental model as an essential aspect of psychic life present throughout the paranoid-schizoid position and in the depressive position where depressive anxieties are warded off by defence mechanisms such as psychosis and mania.

Klein's followers made very few changes in the basic conception of the death instinct and envy and have explored the operation of both these concepts in the inner world of ego and objects. They utilized the word 'organization' in an attempt to emphasize the permanency and relative stability of a structured pattern of impulses, anxieties, defences and relations within and between objects and the ego. These organizations root the personality somewhere between the paranoid-schizoid and depressive position and may allow for the apparent shifting of psychic energy, but are really profoundly resistant to change. Bion (1962) was one of the first authors to tackle the problems of how an organization of this sort arises. His model of what he calls 'minus K' paints a chilling picture of the inner world when reverie and alpha function fails. In Bion's model destructiveness is the result of envy. The infant

projects his fear of dying into the breast coupled with envy and hatred of the breast. These envious attacks take away the infant's will to live and when the object is reintroduced it becomes an extremely destructive internal object, bent on stripping the infant of any qualities he still possesses, enviously asserting moral superiority and arousing guilt. Green (1986) captures Bion's sense of internal catastrophe as "an unimaginable abyss beyond oblivion, a horrific spacelessness in which there is no direction or valence other than horror itself. It fuses chaos and nothingness, scattered noise and blankness. This happens because the personality is in the process of disintegration, experiencing and representing its disintegration, representing the disintegration of presentations, and undoing itself and its representational capacity as far as unhumanly (yet all too humanly) possible" (p. 119). This notion of an internalized reintroduced component is also emphasized by Eissler (1972) who made an attempt to construct a more inclusive aetiological equation of the death instinct. He argues that infantile orality (in the form of sucking) appeared as the first manifestation of the deflected death instinct and notes that on an archaic level, "an object is either swallowed or totally rejected" (p.64). This notion was also emphasized by Maizels (1985) who regards the revised formulation of the death instinct as a "phantasy conglomeration of wanting to re-enter the mother's body forever and return to a state of sleep in her womb" (p.185.)

A further reformulation of Freud's hypothesis is to be found in the work of French psychoanalyst, Jacques Lacan, who regards this theory as the pivotal point of psychoanalysis. For Lacan the death instinct is the key to understanding Freud's topography of id, ego and superego and he states that life and death "are the terms par excellence of the Freudian dialectic" (cited Boothby, 1991, p. 10). Lacan locates the death instinct in the context of language, where a linguistic signifier comes to stand in place of the thing it signifies. It is this entry into the world of language that results in loss, because in naming an object a mediated relationship is established, which gives rise to separation and the inability for complete possession of the object (Lopez, 1996). The subject comes into being barred by the signifier of loss and thereby is injected with a sense of death. For Lacan, "the taste for death is not something that the subject acquired through experience, as it has been there

from the start as a perilous gift from the signifier, and one that cannot be refused (Boothby, 1991, p.162). Thus, despite applying the term in his own way, Lacan insists that the notion of a death instinct is not merely an unthinkable conundrum. Instead, it is to be regarded as an active void, present in every human, which is characterized by predatory activity and narcissistic disturbances displayed as primordial aggressivity towards the self (Chessick, 1992).

This was also echoed by Laplanche (1970) who regards the concept not as a drive to murder (turn aggressivity outwards) but as a drive to suicide and he insisted that the death instinct should be understood in its original radicality. He states that "every living being aspires to death by virtue of its most fundamental *internal* tendency, and the diversity of life, as observed in its multifarious forms, never does anything but reproduce a series of transformations determined in the course of evolution, a series of adventitious detours provoked by any one of a number of traumas or supplementary obstacles: the organism wants not simply to die, but "do die in its own way" (p. 107). Similarly, Andre Green's (2001) work on *negative narcissism* demonstrates the necessity of postulating the existence of a narcissism of death, which aims towards the abolition of the self towards a "zero level" (p. 26). In negative narcissism self-withdrawal becomes the ultimate defence. In Green's view, the abandonment of the object provides a tantalizing aspiration towards nothingness "which drags the patient to a bottomless pit and eventually to negative hallucinations of himself. This tendency towards nothingness is far more than the aggression which is only one of its consequences. It is the real significance of the death instinct" (Green, 1986, p. 55), Green (2001) states that in negative narcissism there is a tendency towards "non-existence, anesthesia, emptiness and the *blanc*" (p. 10) since this form of narcissism constitutes the paradox of "interwordly and outerwordly, self-affirmation and self-dissolution" (Finlay-de Monchy, 1995, p.480). Hounded into a corner, "selective shrinking is the only alternative the self has bringing in its wake psychological death and perhaps death itself" (Green, 2001, p. 28).

The dual emphasis on Freud's original formulation of the concept, as well as a more symbolic aspect to it, seems to encompass contemporary interpretations of the death instinct. Various modern formulations, reflected in different terminology, seem to regard the death instinct as a 'black hole'. This is utilized to convey a sense of a catastrophic discontinuity of the self, feelings of falling over the abyss into a void and no inner source of security, resulting in disorganization, terror, chaos, randomness and entropy (Eshel, 1998; Grotstein, 1990a; 1990b). The term "black hole" was first applied clinically by Bion (1970) in relation to the infantile catastrophe of psychotics and was later developed and utilized by Tustin (1990) to the psychogenic autism of children. Eshel (1998) describes the term as an apt metaphor for "individuals whose interpersonal and intersubjective psychic space is dominated by a central object that is experienced essentially as a black hole, and they are thus either gripped by its enormous, compelling pull, or are petrified in their interpersonal space, from fear of being pulled over the edge" (p. 1116).

Grotstein (1986) first described the term in reference to psychotics and severe personality disorders. He elaborated this formulation and states that "it is my belief that the "black hole" phenomenon is the profoundest meaning of the death instinct – or, more properly, that the death instinct is its signifier and the "black hole" is its profoundest signified" (Grotstein, 1990b, p.404). He further states, that the "black hole" is "connected to the active and passive phantasmagoria associated with the death instinct and may be its most apocalyptic manifestation" (p. 378). The "black hole" experience, according to Grotstein, may have its genesis in primal states of nothingness and meaninglessness as the epitome of traumatic states. This "black hole" phenomenon not only includes a sudden passive implosion into the individual's inner nothingness and meaninglessness but also includes an active combination of "intense greed and envy, causing the massive internalization of objects and part objects which then undergo even more massive compaction and disintegration" (Grotstein, 1990a, p. 260). Once developed, the hole "haunts and torments and also ensorcells its victims into it to bond with it, after which they feel bound to it forever as doomed and damned prisoners of their personal Hell, which paradoxically and perversely becomes their dark "Saviour"

(Grotstein, 1990b, p.402). The 'black hole' experience thus conveys a retrospective sense of curse and damnation. It strips the individual of the protection of so called good objects and once the experience of descent into the hole has taken place these individuals "can never believe that they can really be allowed to leave it and that they are forever stigmatized as victims who have been or are still there – without any entitlement to success or blessedness" (Grotstein, 1990b, p. 403). Hence, these internal object relations become a silent driving force in destructive processes as these personal and universal mythic structures paradoxically betray a more primitive organization.

The role of the death instinct in the therapeutic process has also been explored with some vigor over the past decade, which resulted in a few seminal contributions on the gratification received from undermining the therapeutic relationship. Feldman (2000) postulates that the instinctual drive towards death can be seen as an attempt to account for the manifestation of destructive psychological forces palpably present in many patients. He discusses some of the experiences, activities and aims that reflect this destructive psychic force, and the conscious and unconscious gratification that is intrinsically bound up with it. Segal (1993) also makes poignant arguments for the clinical usefulness of the concept of a death instinct and describes how analysis of the "vicious circles" (p. 61), created by the appearance of the death instinct in analytic work, can be mobilized in the stable setting of a psychotherapeutic relationship to access the life forces present in the patient. She states that "destructiveness towards objects is not only a deflection of self-destructiveness to the outside, as described by Freud – important though it is – but also from the very beginning the wish to annihilate is directed both at the perceiving self and the object perceived, hardly distinguishable from one another" (p. 56). Similarly, Eshel (1998) suggests that the analysis of the death instinct can lead to a situation where nothingness can be transformed into 'no-thingness', where there is a "symbolisable absence" (p. 1123) through which feelings and thoughts may enter and consequently be felt and thought about. This is attained through the analysis of mourning for "the want that could not be repaired, for the things that were not and would never be" (p. 1123). Keeping the notion of an internalized "black hole" psychic space in mind, it is worth

exploring the relatedness of the death instinct as a silent but integral aspect of narcissism. Seeing that the objective of the death instinct is the extinction of the subject himself i.e. essentially a narcissistic wounding, the duality of these concepts will now be explored in terms of a developmental narrative by looking at the various theoretical perspectives on destructive narcissism in clinical theory.

2.4 Destructive Narcissism in Clinical Theory

Rosenfeld (1971) who coined the term *destructive narcissism* used it to refer to the interrelatedness between narcissism, narcissistic withdrawal and the death instinct by arguing that all states of narcissism are destructive in nature and suffused with the death instinct. He attempted not only to show the importance of the operation of the death instinct in the destructiveness of certain narcissistic disorders, but also concluded that these destructive processes constitute a fusion between the life and death instinct. For Rosenfeld the death instinct seldom appears in pure form as described by Freud, but merges with libidinal parts of the self, derived from the life instinct. It is this merging which gives rise to destructive impulses, as it is directed against any libidinal object relationship and any libidinal part of the self which experiences the need for an object and the desire to depend on it. In this psychic constellation the capacity for symbolization and internalization serves the purpose of merging into an undissociated subject-object union in a world without consciousness devoid of the pain of separateness from the object world. In attempting to differentiate between the libidinal and destructive aspects of narcissism, Rosenfeld (1971) notes the importance of the concept of self-idealization. In libidinal narcissism, self-idealization or the over evaluation of the self plays a central role and is maintained by omnipotent introjective and projective identifications with good objects and their qualities. In considering the destructive aspects of narcissism it is evident that self-idealization again plays an important role. However, here it is directed against any positive libidinal object relationship and any libidinal part of the self that experiences need for an object and the desire to depend on it. Rosenfeld (1971) states that the destructive omnipotent parts of the self often remain disguised or they may be silent and spilt off, which "obscures their

existence and gives the impression that they have no relationship to the external world" (p. 173). The destructive narcissistic organization is likened to a powerful criminal gang, dominated by a leader who "controls all members of the gang to see that they support one another in making the criminal destructive work more effective and powerful. The main aim seems to be to prevent the weakening of the organization and to control members of the gang so that they will not desert the destructive organization and join the positive parts of the self or betray the secrets of the gang to the police" (p.174). In subsequent writings, Rosenfeld (1987) argues the development of these constellations as an attempt to prevent dependent object relations and stresses the profound implications of this constellation in object relating, as external objects are permanently devalued posing serious obstacles to object relatedness.

For Rosenfeld the process of envy is central to destructive narcissism, as the fulfilment of the desire to cease existing, results in a psychic situation where dependent object relations appear unattainable. Destroying the desire for connectedness in envious attacks becomes a way of eliminating the pain of being excluded from the self and others and provides the patient with a sense of superiority and narcissistic self-dependence. Thus, the aim of this omnipotent identification, which takes place simultaneously through introjection and projection, is to deny the separateness of the object and hence dependence on it. Through denial, feelings of envy, helplessness and depressive anxiety are warded off resulting in an idealization of the bad self and its ability to triumph over the good (essentially dependent) self. Rosenfeld (1971) states that in such conditions "the whole self becomes temporarily identified with the destructive self, which aims to triumph over life and creativity by destroying the dependent libidinal self experienced as a child" (p. 173).

Several authors on the subject of destructive narcissism have provided a range of rich metaphors relating to the evil and demonic nature of these internal processes in attempting to encompass the integral sadistic nature of this personality organization. Fairbairn's (1952) notion of the internalization of bad objects seems to be a hallmark in understanding the

phenomenology of destructive processes. He uses the metaphor of a *satanic pact* to describe pathological disorders where there is an alliance between the ego and bad internalized objects. Fairbairn suggests that the initial internalization of objects derived from the need for relatedness and that consequent dilemmas were posed by lack of adequate parental mirroring and availability. Owing to the fact that the child needs to preserve parental goodness, bad aspects of the parents are consequently internalized in an attempt to take upon the self the undesirable qualities of the parents. This leads to the formation of the *internal saboteur* and attachment to the anti-libidinal aspects of the self which give rise to various destructive interpersonal relationships "since the joy of loving seems hopelessly barred to him, he may as well deliver himself over to the joy of hating and obtain what satisfaction he can out of that. He thus makes a pact with the Devil and says, 'Evil be thou my good', but also of 'Good be thou my evil'. It is a reversal of values, it must be added, which is rarely consciously" (p.27). According to Fairbairn, enslavement to and identification with bad objects is preferable to the sense of abandonment and desolation that would ensue if the individual lacking good object relations sacrificed the bad objects as well. The demonic pact, to which Fairbairn refers, protects against the absence of internal goodness and makes identification with bad objects the only way of establishing and maintaining object relatedness.

A similar line of thought is pursued by Brenman (1985) who argues that the destructive narcissistic part of the self exiles the needy real part of the self. Therefore, these individuals exist in a "cruel, exacting, narrow world, which feeds his fear and hatred, and he is forced to worship this system, subordinate himself and identify with it, partly out of fear, and partly because it contains his own vengeful omnipotence" (p. 279). For Brenman, this narcissistic organization arises in infancy as a compensation for a sense of envy and inferiority stemming from an awareness of separateness from the maternal object. The good internal object is attacked and obliterated leaving the infant at the mercy of a cruel superego. The omnipotent idealization of this cruel superego blurs the boundaries between self and object and hence denies helplessness, the needs of the self and the dependence on good objects. In order to

evade conscious guilt, mental perceptions of objects are narrowed to justify cruelty and ignore goodness in the self and others.

Meltzer (1988) states that the aim of the destructive part of the personality is to create confusion and chaos so that the good infantile self will abandon psychic and external reality and willingly submit to the voluptuous despair offered by the bad self. In typical Kleinian jargon, he suggests that the aim of the bad self is to offer protection from the terror of dead babies killed off in phantasized attacks of good parental intercourse and its products. No other author traces the grip of the bad self to such a specific cause. Meltzer (1979) also demonstrates that in some narcissistic patients the destructive parts of the self are linked to a psychotic structure or organization which is split off from the rest of the personality. This psychic structure or object acts as a delusional world into which parts of the self tend to withdraw. It appears to be dominated by an addiction to an omnipotent, omniscient and perverse part of the self which, although dreaded, cannot be given up as it creates the notion that within this delusional world there is complete painlessness and also the freedom to indulge in any sadistic activity. Hence, the whole structure is committed to narcissistic self-sufficiency and strictly directed against any object relatedness. Essential in this process is the notion of submission to the tyrannical part of the self which simultaneously acts as persecutor and protector acting as a brute torturer on the rest of the personality. This *internal tyrant*, which assumes a life of its own, not only serves the purpose of securing a fearful influence over the psyche but also acts as a protector from pain in the face of regression as it provides the vulnerable ego with weaponry and armour. This results in the ability to stop attending to outer-inner events and withdrawal into a world characterized by numbing, stupor and emptiness which provides a sense of psychic safety as there appears to be a dropping out of existence.

Similarly, Money-Kyrle (1969) suggests that the infant mind is born into chaos and madness. As the individual mind develops the mad part of the self feels that its independence and omnipotence are threatened by sanity and that sanity will expose it to envy as well as to

dependence. Hence, the mad self tries to dominate the sane self, resulting in a situation described in Meltzer's paper *Terror, Persecution and Dread*. Meltzer (1988) concludes that where a "dread of loss of an additive relation to a tyrant is found in psychic structure, the problem of terror will be found at its core, as the force behind the dread and submission. The dread felt in relation to the tyrant is fundamentally a dread of loss of the illusory protection against the terror and may be seen to appear especially at times when rebellion has been undertaken in alliance with good objects which are then felt to be inadequate or unavailable" (p. 237). Leslie Sohn's (1988) concept of the *identificate* provides another way of constructing the formation and maintenance of the bad self. His work was based on Rosenfeld's conception of destructive narcissism with an emphasis on omnipotent identifications which take over, or virtually steal, the good qualities of the object in order to avoid dependence and envy. The part of the self, which Sohn calls the *identificate*, not only triumphs over the object and the rest of the self but wipes out the rest of the self, i.e. it claims to be the whole self. Sohn argues that this process takes place through omnipotent projective identification, which leads to the *identificate* believing that it has become the desired object.

Grotstein (1981) identifies a particular kind of dissociation between "disavowing" and "disavowed" aspects of the self. He utilizes the metaphor of a *mad jailer* to describe certain individuals who have disavowed parts of themselves and simultaneously fallen prey to a "diabolical self which is the active, retaliatory aspect of the disavowed self" (p. 67). This aspect of the self then seeks to re-enter and combine with the disavowed self in order to "torment it and repossess it under its diabolical control" (p.67), resulting in feelings of imprisonment from the separate diabolical personality. The diabolical personality then acts as a *kidnapper*, which takes control for the purpose of achieving omnipotence as the abandoned self is taken over by a host of nameless intruders. The result is a *demoniacal possession* where there is a belief that "self-forfeiture or disavowal has been achieved via a pact with the Devil" (p. 67). Similarly, Riesenberg-Malcolm (1981) discusses a particular type of mental organization in which perverse masochistic elements predominate. In this constellation the patient turns to self-punishment in an attempt to use expiation and suffering to avoid a

perception of the damaged state of internal objects and to ward off guilt. The punishment takes the place of what instead should be reparation i.e. restoration of internal object that has been attacked in fantasy. Hence, self-punishment serves as a further attack on the object and as a result the guilt is increased leading to a therapeutic impasse.

Joseph (1989) describes destructive narcissism as an *addiction to near death* where there seems to be a pull towards hopelessness and involvement in activities that guarantee destruction. Joseph notes, that for those addicted to death, a perverse gratification is obtained from destructiveness and emphasizes that this process differs from that in which individuals behave self-destructively and pursue death as a relief from suffering. In these individuals "just to die, although attractive, would be no good. There is the felt need to know and have the satisfaction of seeing oneself being destroyed" (p. 128). Essentially, this entails a form of perverse gratification in observing the slow agony of self-decline and destruction. Destruction of the self is observed in various ways such as overwork, lack of sleep or addictive behaviour and is also characteristic of the thought patterns of these patients where there appears to be a "circular type of mental activity, in which they get completely caught up, so that they go over and over with very little variation" (p.131) described by Joseph as *chuntering*. As Joseph notes, however, despite the destructiveness observed there appears to be a part in the psyche that is drawn towards health and life, usually projected into the therapist. The destructive part attacks the therapist's efforts to help, while sadistically victimizing the benign part of the patient's self, which becomes enthralled by a form of intrapsychic masochistic addiction.

Kohut's (1972) writings on narcissism seem to focus only on the libidinal aspects of narcissistic disorders with little emphasis on destructive and anti-libidinal narcissistic constellations. This failure to distinguish normal from pathological narcissism constitutes a major problem in this theory (Kernberg, 1984). According to Kohut narcissistic psychopathology derives from the traumatic failure of empathic mothering and from the failure of the undisturbed development of the idealization process. These traumatic failures

bring about a developmental arrest or fixation at the level of the archaic infantile grandiose self, and an endless search for the idealized selfobject, needed to complete psychic structure formation, ensues. For Kohut (1972), narcissistic destructiveness may be seen as expressions of narcissistic rage turned against the imperfect and therefore shameful self. He notes that suicides arising from narcissistic rage are "based on the loss of the libidinal cathexis of the self. These suicides are preceded not by guilt feelings but by feelings of unbearable emptiness and deadness or by intense shame i.e. by the signs of profound disturbance in the realm of the libidinal cathexis of the self" (p. 374). As such, Kohut argues that the self has a line of development independent from that of object relations. A major criticism of Kohut's supportive reeducative approach to narcissistic pathology is that he seems to assist patients to rationalize their aggressive reactions as a natural result of the failure of other people in their past. He neglects the interpretations of negative transference and at times even artificially fosters idealization in the transference (Kernberg, 1984). Given the fact that destructive narcissists display an inability to idealize almost anything but conscious and unconscious destructiveness, Kohut's theory neglects the broader function of the psychoanalytic approach on internal destructiveness. Kernberg (1984) states that in Kohut's theory, no mention is made of "bad" or frustrating object representations. As such Kohut's intrapsychic world contains only "idealized images of the self and others (selfobjects). This theoretical restriction fails to explain the reproduction in the transference of internal relations with "bad" objects, a crucial observation not only in pathological narcissism but in all cases of severe psychopathology" (p.187).

Kernberg (1992) identifies some patients with the syndrome of *malignant narcissism*, related to primitive hatred, which is characterized by ego-syntonic aggression, paranoid and antisocial tendencies and narcissistic personality disorders. According to Kernberg, this type of narcissism is characterized by an "attempt to destroy, symbolically castrate, or dehumanize significant others" (p.23) where the "pathological grandiose self crystallized around the sadistic self and object representations" (p.254). Kernberg's account of malignant narcissists closely resembles Rosenfeld's account of destructive narcissism. Malignant

narcissists are "so dominated by the earliest sadistic superego precursors that the subsequent idealized superego precursors cannot neutralize them; hence the superego integration is blocked and more realistic superego introjects of the oedipal period are largely unavailable" (p. 81). Hence, these individuals convey "the impression that their world of object relations has experienced a malignant transformation, leading to the devaluation and sadistic enslavement of potentially good internalized object relations on the part of an integrated, yet cruel, omnipotent, and "mad" self" (p. 82). Kernberg notes that these individuals normally report childhood experiences of hostile and violent behaviour from parental figures. The pain of depending upon such powerful, but essentially sadistic objects, is therefore transformed into rage which, when projected, exaggerates "the sadistic image of powerful bad objects who become towering sadistic tyrants" (p. 82).

Steiner (1993) also made some important contributions to the understanding of destructive narcissism by drawing on Rosenfeld's ideas but de-emphasizing the aggressive instinctual aspects and focusing more on the unbearable anxiety of object relatedness in therapeutic settings. Steiner argues that internal sources of destructiveness manifest themselves in primitive envy, which threatens to destroy the individual from within and results in a negative therapeutic reaction or the flight from therapy altogether. A rigid constellation of defensive systems, called a pathological organization, is set in motion in therapeutic encounters as it offers the seduction of peace and calm but the refuge provided is a terrifying one as the patient becomes "addicted to it" (p.52) as it holds the personality together, albeit in a primitive and destructive manner. Thus, defensive organizations provide a *psychic retreat*, essentially regarded as a primitive symbol for the mother's body, resulting in a therapeutic impasse because libidinal connection with any other results in feelings "that their minds have been taken over, that they have got into a mad state, that they have lost their freedom, that their need makes them a prisoner of a crazy kind of analysis, so that they feel trapped and unable to escape" (p. 53). The retreat serves as an area of the mind where reality does not have to be faced and where fantasy and omnipotence can exist unchecked and where anything is permitted. Steiner states that such a retreat can be permanent psychic constellation with the

cost of isolation, stagnation and withdrawal. Furthermore, he notes that the retreat may be found in a space inside the object or part object. The patient's view of the retreat is reflected in descriptions that are evident in unconscious fantasy or revealed in dreams, memories and reports from everyday life that give a pictorial or dramatized image of how the retreat is unconsciously experienced. Typically, Steiner states, "it appears as a house, a cave, a fortress, a desert island, or a similar location which is seen as an area of relative safety. Alternatively, it can take an inter-personal form, usually as an organization of objects or part-objects that offers to provide security. It may be represented as a business organization, as a boarding school, as a religious sect, as a totalitarian government or a Mafia-like gang. Often tyrannical and perverse elements are evident in the description, but sometimes the organization is idealized and admired" (p. 2). Whether the retreat is psychical or physical, it offers a comfortable, even if persecutory, familiar inner space where it protects the individual from the fear of a loss of equilibrium. As Steiner states, the retreat is "clung to as preferable to even worse states which the patient is convinced are the only alternatives" (p. 2).

Jenkins's (1999) paper bears a striking resemblance to Steiner's concept of a psychic retreat. Utilizing the concept of *internal cohabitation*, Jenkins makes a case for the possibility of different psychic states that coexist within one human being. Drawing on the above mentioned works of Rosenfeld, Bion and Sohn, Jenkins conceives of the *internal tyrant* as an *internal cohabitee* which controls the actions of the patient in ways that are not experienced as ego alien. Jenkins describes this internal counterpart as "a noisy or intrusive neighbour, a disruptive member of a group or a mentally unstable friend, sibling or partner with whom the patient feels himself to be particularly emotionally tied up" (p. 35).

Seidler's (1999) recent paper provides a seminal contribution to the understanding of the underlying psychodynamic configuration central to destructive narcissism. In addition to outlining certain symptoms and disorders related to destructive narcissism, he argues that destructive narcissism is to be seen as the expression of a desire to suspend both "objectal separateness between the 'I' and the object world" and "consciousness and self-

consciousness" (p.292). Seidler argues that the development of consciousness is bound up with interactional and intrapsychic reciprocity, and in destructive narcissism the "development of a 'object world' to which the subject both belongs and is confronted by is an extremely painful process" (p. 294). Hence, the experience of being a unique individual is indissolubly bound up with the awareness of being distinct and separate from others. Seidler states, "it is this objectal segregation that invokes as its adversative counterfoil the tendency to obliterate everything" (p. 294). This position has profound implications for intrapsychic function as it results in a situation where the work of mourning associated with the emergence of a capacity for symbolization is impaired. As a result of the fact that the bipersonal space is not objectally occupied (due to obliteration) the individual is incapable of finding an intersubjective space between self and object which results in a situation where the mourning of the loss of the other becomes "nameless or wordless and hence unbearable. That is why the 'real' object has to be completely eliminated" (p. 295). In addition, the experience of exclusion results in envy and as a result of the fact that fulfilment of the desire to 'belong' seems unattainable, destroying the original aim of the desire provides a way of eliminating the pain of being excluded.

A further intrapsychic dynamic of destructive narcissism identified by Seidler is the experience of self-consciousness constituted via the experience of others as a limit or boundary. Seidler notes that, given the aim of destructive narcissism as the obliteration of self-consciousness, 'others' may be experienced as imposing restrictions on the subject's desire for unboundedness and these 'strangers' or 'foreigners' may act as a reminder of the relativity of one's own identity and inadequacies. Seidler concludes that destructive narcissism not only attacks difference and obliterates the world of symbols, but also "obliterates the very conditions which make difference possible" (p.299). An important interpersonal aspect identified by Seider points to the biographical significance of the role of the father. Seidler states that the father figure ideally separated the mother-infant dyad and acts as a 'salutary interloper', providing the infant with the alterity or 'otherness' it requires for normal psychic development. According to Seidler "the loss of this paternal dimension is

interpreted as leading to a situation where apparently more and more people find it difficult to resist the 'pull' towards unconsciousness" (p. 295).

CHAPTER THREE

IMPLICATIONS FOR PSYCHOTHERAPY

3.1 Introduction

The theoretical arguments of the aforementioned authors point to a personality structure, originating within the first years of life, which predispose individuals to the formation of a malignant sadistic part of the self, fused with bad introjects, which prevents the dependent and needy part of the self from gaining access to good objects. In summary, it seems that the dialectic nature of the process of self-destruction, the desire for death and the suspension of human relatedness give rise to a condition where the tandem working of these phenomena leads to the formation of a deadening and barren internal psychic landscape. These internal processes structure the existence of the individual, resulting in a fixed sense of space and time which gives rise to intrapsychic fragmentation akin to Bick's (1967) descriptions of the infant's primitive anxieties of falling to pieces, disintegrating or liquefying. Despite this dread, the persecutory internal psychic life can be lived in with some sense of it being a known quality, providing some form of containment within a pathological organization. It allows for identity formation and for the experience of the possibility of non-existence resulting in a void-like state where a total "emptying out, collapse or depletion" (Emanuel, 2001, p. 1071) of psychic life occurs.

Trapped in this void, defined as the domain of non-existence, it restores psychic equilibrium in that it provides a defence against psychic change and object relatedness. All manifestations of existence are threatened by contact with external objects and the void proves 'deadly' in the way in which meaning, specificity and differences are attacked and developmental processes retarded or undermined. The vitality is taken out of the individual, as well as his objects, and the aim of the destructive drive is to maintain a link with an object that has an evidently tormenting quality. An essential element of this is the attacking, spoiling and undermining quality of the destructive drive, whether directed to the self or the object. It has an "unbounded, dimensionless and undefined nature" which attempts to "suck in and

destroy any object that approaches too near" (Emanuel, 2001, p. 1070). It is not only a feeling of psychic deathliness, but "often felt as a fate literally worse than death" (Emanuel, 2001, p. 1071). Lurking just beneath the surface of existence, it can be easily evoked and aims to defend against an even more terrifying state of mind, described by Joseph (1989), as "dropping out of a globe into dark terrifying nothingness" (p. 82). In order to adequately grasp how this internal organization is established and maintained it is necessary to explore some theoretical arguments on the nature of psychic structure formation. Among the most critical, yet least understood, aspects in the development of an individual, is the process whereby inner reality comes into existence. The abstruse notion of the desire of death and self-annihilation, evident in destructive narcissism, is but one aspect of a puzzling, yet crucial, task to objectify and remedy the internal states of being that bring about these oscillating states of agony and ecstasy.

3.2 An object relations view on psychic structure formation

Object relations theory, based on the view that all motivation unfolds from our personal experience of exchange with others, provides the most comprehensive model for understanding the dynamics of destructive narcissism. Object relations theorists are principally concerned with how the internal world is structured in terms of the ego's relation with internal objects, and the degree to which these objects are assimilated into the self. The degree of assimilation and the defensive strategies that the ego employs to manage unassimilated objects have vital significance for personality structure and integration (Ivey, 1997). The analysis of internal object relations centres upon the exploration of the relationship between internal objects and the ways in which the patient resists altering these unconscious internal object relations in the face of current experience (Ogden, 1992). Before applying object relations theory to destructive narcissism and examining the impact of this constellation on the psychotherapeutic process, the relationship between internal objects and the subject that contains them needs to be adequately conceptualized in terms of identity formation. Kernberg (1986) defined identity formation as:

the more general intrapsychic process of integration of libidinally and aggressively invested self representations into a cohesive self, in parallel to the simultaneous integration of libidinally and aggressively invested object representations into broader representations of significant objects (p. 147).

The processes leading to identity formation (incorporation, introjection, internalization, splitting, assimilation and identification) are central to understanding the developmental histories of destructive narcissists and thus warrant some brief elaboration.

3.2.1 Incorporation, introjection and splitting

The fantasy accompanying the physical act of ingestion is called incorporation (Tyson & Tyson, 1990). Hinselwood (1991) defines incorporation as the fantasy of "bodily taking in of an object which is subsequently felt to be physically present inside the body, taking up space and being active there" (p. 321). Similarly, Moore and Fine (1990) conceive of incorporation as an undifferentiated level of internalization in which confusion in self/object distinction is associated with the fantasy of oral ingestion, swallowing or destruction of an object. Incorporation thus involves the oral fantasy of assimilating something into one's body in order to appropriate aspects or qualities of the object and is conceptualized as the genetic precursor of internalization. Although various perspectives exist on the concept of incorporation, a common thread is the notion of a primitive unconscious or instinctual mechanism, rooted in the oral psychosexual phase which exists in fantasy as an image or experience of devouring or ingesting an object (Wallis & Poulton, 2001).

A mental process closely linked to incorporation is introjection. Incorporation and introjection are utilized as synonymous and interchangeable terms. Despite overlaps between incorporation and introjection, the latter term is generally assumed to "connote a type of internalization that is developmentally intermediate between incorporation and identification and which embodies both assimilative and structuring features" (Wallis & Poulton, 2001, p. 11). Introjection refers to an unconscious psychological process whereby an external object, or part of that object, is transposed by means of oral fantasy (incorporation) from outside to

inside the ego (Ivey, 1997). The object, once introjected, is referred to as an *introject*. Schafer (1968) provides a comprehensive definition of this term as:

an inner presence with which one feels in a continuous or intermittent dynamic relationship. The subject conceives of this presence as a person, a physical or psychological part of a person (e.g., a breast, a voice, a look, an affect), or personlike thing or creature. He experiences it as existing within the confines of his body or mind or both, but not as an aspect or expression of his subjective (p. 72).

Following Klein (1948), one needs to distinguish between primitive and more mature introjections, based on the extent to which negative and positive aspects of the introject are either integrated or actively separated into dualistic qualities of absolute good and bad. Integrated introjects based on the realistic composites of both negative and positive qualities are referred to as whole objects. Similarly, split introjects, resulting from the subject's defensive dissociation of objects' perceived good and bad qualities, are termed part object, since the object is separated in fantasy into polarized attributes. In this type of object relating each part is related to as a separate object rather than different aspects of the same composite object.

Splitting involves a defensive process and is defined as "an unconscious phantasy by which the ego can split itself off from the perception of an unwanted aspect of itself, or can split objects into two or more objects in order to locate polarised, immiscible qualities separately" (Grotstein, 1981, p.3). Defensive splitting involves a cleavage in the experience of the primary object and every split in the object experience is accompanied by a split in the individual's self experience as well. Consequently, split objects, embodying opposite qualities, are related to by the split self, "which corresponds to identifications with relative perceptions of the objects" (Grotstein, 1981, p. 10). The significance of splitting is that the individual, having separated global self-experience into stark dualities, perceives the negative aspect to be an alien entity which, when re-introjected, is experienced as a foreign presence inside the self. This is a universal and widespread phenomenon which refers to the "universal experience of man and originates from the experience of existing in separate

subelves or separate personalities which have never been totally unified into a single oneness" (Grotstein, 1981, p. 18).

3.2.2 Internalization

The process whereby introjects become part of the developing psyche is termed internalization. Generally, the process of internalization refers to some changes taking place within the internal world of the patient, as well as a change in external relationships facilitated by the changes within the internal mental apparatus. The internalization process has crucial significance insofar as the internalization of aspects of object relations provides the foundation for the development of intrapsychic structures.

The process of internalization is initiated by an infant's felt sense of disruption in relationships with primary caregivers, thereby prompting the infant to preserve significant aspects of the relationship through internalization. Through the process of internalization negative or positive object representations, deriving from relationships with external others are transformed into internal relationships that organize the individual's personality structure (Behrends & Blatt, 1985). Schafer's (1968) seminal work on the concept of internalization defined it as "all those processes by which the subject transforms real or imagined regulatory interactions with his environment, and real or imagined characteristics of his environment, into inner regulations and characteristics" (p. 9). Schafer integrated much of the work done by his predecessors and introduced important refinements by stating that: (1) it is the subject who does the work of transformation or replacements, though possibly in response to the environment, (2) environmental influence or pressure may be in whole or in part imagined by the subject, and (3) not everything internalized has the objective character of being a 'regulation'.

Loewald (1962) extends this definition by stating that internalization refers to the creation of an inner experience through "certain processes of transformation by which relationships and interactions between the individual psychic apparatus and its environment are changed into

inner relationships and interactions within the psychic apparatus” (p. 489). Meissner (1981) reformulates this definition somewhat with more emphasis on the central role of external relationships. He states that “internalization is any process of transformation by which external relationships, object representations, and forms of regulation become part of this inner psychic structure and thus part of the inner world. By this concept of internalization, we refer to the movement of structural elements, derived from sources in reality, in the direction of integration with that part of the psychic structure which is seen as central to inner reality – the ego” (p.10). Kernberg (1986) provided a further extension on the understanding of the concept by emphasizing the instinctual and the dyadic aspects of internalization and emphasizing that it is not simply objects that are internalized, but object relationships per se:

I use internalization as an umbrella concept to refer to the building up of intrapsychic structures that reflect both actual and fantasized interactions with significant objects under the impact of drive derivatives represented by specific affect states. The basic unit of internalization is a dyadic one, that is, it consists of a self and object representation in the context of a specific affect representing libidinal and/or aggressive drives (p. 147).

In Kernberg’s (1995) view, “identity is built from identifications made with a relationship to an object rather than with the object itself. This implies an identification with both the self and the other in their interaction and an internalization of the reciprocal roles of that interaction” (p. 11). The relationship between the child and his objects is partially determined by the affective tone that the child brings to the interaction and internalized objects will be experienced as good or bad depending on the tone in the initial interaction. Hence, internalization of good and bad objects creates the structural nucleus for inner images of self and other (Wallis & Poulton, 2001).

3.2.3 Identification

Identification, according to Abend & Porder (1986) expresses “the unconscious wish to be, or become like, another person in order to satisfy instinctual, defensive, and superego goals, in combination and simultaneously, according to the principles of compromise formation which govern psychic life” (p.207). Identification is the most mature of internalizing mechanisms

and has modeling characteristics. It is less drive dependent and more adaptively selective. Identification may be consciously and deliberately employed and may serve adaptive and defensive purposes (Wallis & Poulton, 2001). Mature identifications promote stable, enduring, and essentially non-conflictual character traits (Abend & Porder, 1986). Difficulties with the development of mature identifications result in the undermining of mental stability as primitive identifications, which may include destructive drives, immature defensive strategies, and persecutory superego components, will result in a pathological psychic organization (Ivey, 1997). Identification may also occur through a projective modality known as projective identification. This refers to a splitting process "of the early ego, where either good or bad parts of the self are split off from the ego and are as a further step projected in love or hatred into external objects which leads to fusion and identification of the projected parts of the self with the external objects" (Rosenfeld, 1988, p. 117). In destructive narcissism, Rosenfeld (1987) emphasizes the existence of primitive processes, which he terms forerunners to projective identifications. These forerunners, referred to as *primitive primordial forms* of projective identifications, reflect states of encapsulation where there is a desperate struggle with contradictory and confusing thoughts and feelings referred to by Rosenfeld as *osmotic communications*. These communications already commence *in utero* and could be communicated or held on to in anti-communicative ways. Rosenfeld further distinguishes between two types of projective identifications, i.e. *delusional* and *parasitic* identifications. These processes are used for both communicative purposes and to unburden the psyche of unwanted parts. In the delusional form the patient seems to enter a mad world where he believes that inside the object there is complete painlessness and freedom to indulge in any whim. The parasitic counterpart is linked to Nirvana-like experiences, which involve a primitive desire to live in a state of pleasurable fusion with an object. This type of narcissistic object relations depends on the operation of projective identification which entails that the patient does not really relate to separate objects but to part of the self embedded in objects.

Drawing our attention to the dynamics of destructive narcissism, Ogden (1994) notes the significance of Fairbairn's model of endopsychic structures in that it "fully establishes the

concept of internal object relations between active semi-autonomous agencies within a single personality” (p. 94). In Fairbairn’s view, endopsychic structures are dynamic structures that arise from the splitting of the ego in association with split internal objects. Endopsychic structures may be more specifically described as split-off and repressed subsystems of the self, associated with the defensive internalization of painfully frustrating object experiences. Rubens (1994) defines the concept as:

a particular aspect of the self, defined by its particular affective and purposive relationship with a particularized object, and reflecting a fundamental aspect of self-definition within the psyche, too intrinsic and powerful to be abandoned and too intolerable and unacceptable to be integrated into the whole – this fully functional, albeit crystallized subsystem of the self is what becomes an endopsychic structure by virtue of the act of its repression (p. 161).

The nature of the endopsychic structures arising from the internalization of bad objects, according to Fairbairn (1943) depends on the operation of three factors: (1) “the extent to which bad objects have been installed in the unconscious and the degree of badness by which they are characterized, (2) the extent to which the ego is identified with the internalized bad object, and (3) the nature and strength of the defences which protect the ego from these objects” (p. 65). Fairbairn (1943) states that when such “bad objects are released, the world around the patient becomes peopled with devils which are too terrifying for him to face” (p. 69). Fairbairn further notes “it is to the realm of these bad objects, I feel convinced, rather than to the realm of the super-ego that the ultimate origin of all psychopathological developments is to be traced; for it may be said of all psychoneurotic and psychotic patients, that if a True Mass is being celebrated in the chancel, a Black Mass is being celebrated in the crypt. It becomes evident, accordingly, that the psychotherapist is the true successor of the exorcist, and that he is concerned, not only with the ‘forgiveness of sins’, but also with the ‘casting out of devils” (p. 70).

Fairbairn saw internalization as defensive mainly in the context of the interpersonal relationship with the external object. By internalizing bad aspects of the external object, the individual attempts to ‘purge’ the external object of its badness, so that the interpersonal

relationship may continue undisturbed. The reason for this lies in the individual's complete dependence on the object. Thus, by taking in the bad object, the individual attempts both to control and to make it good, and as such, by taking on himself the badness of the object allow the external relationship to go undisturbed. One of the basic insights, which Fairbairn was trying to account for in his theory of internalization, was that of the withdrawal of interest in interpersonal relationships in favour of a preoccupation with an inner reality. Here internal objects provide a substitute for interpersonal relationship, to which some individuals withdraw, rather than risk the dangers of a 'real' relationship, over which they have no control. Ogden (1989) eloquently captures the dynamics of Fairbairn's conceptualization of internal objects by stating that:

these phantasied object relations are conducted in the realm of omnipotent thought with heavy reliance on splitting and projective identification as modes of defence. It is a world of heroes and villains, of persecutors and victims; a world in which object ties are often addictive in nature, and loved objects are tantalizing and unattainable; a world in which introjects are omniscient and conduct unrelentingly critical narratives of one's phantasied and actual behavior (p. 85).

Grotstein's (1997) description of internal objects as 'demons' provides a particularly apt metaphor to describe the nature of the internal objects characteristic of destructive narcissism. He notes that the "term *monster* accounts for the gallimaufry assemblage, if cannibalized, part that contributes to the grotesque, misshapen, bizarre otherness that characterizes these demons" (p. 54). Grotstein describes internal objects as demonic third forms of the internal world where the "projecting subject's re-identification with (not acknowledged ownership of) the projection causes the emergence of a state of *misrecognition* or internal *alienation*, which potentiates a vulnerability to identity diffusion and fragmentation" (p. 52). The damaging objects maintain a 'hypnotic' thrall-trance dominance over the damaged objects in the ego and the latter counter this dominance with an impassively passive-aggressive depressive (masochistic) counter defence. In such circumstances the "internalized image, to say nothing of its external counterpart, has undergone a significant transformation – a compounding and montaging exaggeration, or perhaps caricaturing, and an uncanny preternatural alienation" (p. 53).

3.3. The psychotherapeutic domain in destructive narcissism

The implications for psychotherapy where such a personality organization prevails are profound. Viewed from an object relations model, psychopathology is the direct result of internalizations of failures in the child's early relationships. Through the in-depth study of the role of internalization in psychopathology the object relations school inspired treatment models in which the therapeutic relationship is seen to replicate early relationships as they were shaped by internalized self and object representations. Similarly, the concepts of internalization, internal objects and projective identification remain an important feature of the object relations view of primitive processes. From this perspective, aspects such as transference are not viewed as a resistance to treatment, but as a means by which the therapist can become familiar with the patient's internal organization of experiences. Knowledge of the internal object representations thus provides a wealth of opportunity for the modification of the patient's relationship to the self and others. One mechanism by which transference occurs is *projective identification*, described by Klein (1955) as "a combination of splitting off parts of the self and projecting them on to (or rather into) another person" (p. 311). When projective identification occurs in therapeutic settings the patient projects a threatening or disavowed part of the self onto the therapist and the emotional connection to the projected element is maintained through unconscious identification with the carrier of the projection. The projector then characteristically attempts to control or defend against the projected elements through various modes of relating to the carrier.

The aim of a destructive narcissistic psychic structure is to obliterate the other or obliterate consciousness itself. In essence, these internal processes are geared to eliminate the objectal tension of separateness between subject and object. Seidler (1999) states that "destructive narcissism is directed at everything that makes the subject-object tension tangible, i.e. the world of object as well as the world of the symbolic unfolding itself in therapy, because this world represents the separation of subject and object and repeatedly makes it perceivable. On the patient's side there is usually an absence of any kind of

perception of envy, hate, anger and mourning, due to their overwhelming character and the disorders in the symbolization of affective experience" (p. 302). In attempting to systematically deconstruct the psychotherapeutic encounter with these patients two aspects pertaining to this type of work need to be explored (1) patient dynamics, with the emphasis on the destructive inner world, and (2) psychotherapeutic process dynamics. Through the process of analyzing these two elements it is evident that both aspects occur simultaneously and both dynamics appear to work in tandem in order to destroy the psychotherapeutic endeavor.

Destructive narcissists are typically difficult to keep in treatment, remain unmoved by breaks in the therapeutic process, sneer at interpretations directed towards need and dependency and maintain an impenetrable position of superiority. Analytic work is often characterized by persistent indifference towards treatment, tricky repetitive behaviour and open belittlement of the therapeutic encounter. The destructive internal constellations dominate the patient's life and also dominate the way in which he brings material to the treatment and the type of relationship he establishes with the therapist. Given the fact that the whole self is identified with a destructive structure whose sole purpose is to survive by triumphing over life and creativity, the analytic process is rigid and effective analytic work is prevented by the patient's dedication to the destructive constellations, which attack the analytic dialogue. This, coupled with the potential for both violence and self-destruction during the therapeutic process, often leads to collusion with the patient and the development of 'blind spots' (Ogden, 1997) in the therapist as the destructive internal world of the patient seems to contaminate not only the analytic setting but also the internal world of the therapist. In these cases, it seems, the therapist is first crushed and then internalized as a damaged object which hence becomes part of an internal "crushing and crushed situation and paralysis and deep gratification ensue" (Ryle, 1993, p. 89). Steiner (1993) states that the therapeutic situations with these patients are complicated "by the fact that the analyst is used as part of the defensive organization and is sometimes so subtly invited to join in that he does not realize that the analysis itself has been converted into a retreat. The analyst is often under

great pressure, and his frustration may lead him to despair or mount an usually futile effort to overcome what are perceived as the patient's stubborn defences" (p. 3).

As Joseph (1989) also points out "it is clearly extremely difficult for such patients to move towards more real and object-related enjoyments, which would mean giving up the all-consuming addictive gratifications" (p. 138). Similarly, these patient's persecutory superego formation contains many envious components, which give a begrudging, delusional and spoiling character that tries to destroy any progress in treatment. When these patients make some progress and form some dependent relationship to the therapist, severe negative therapeutic reactions occur as the destructive part of the self exerts its power and superiority over life and the therapist by trying to "lure the dependent self into a psychotic omnipotent dream state which results in the patient losing his sense of reality and his capacity for thinking" (Rosenfeld, 1971, p. 175).

Rosenfeld (1971) further states that psychotherapy with these patients is often characterized by patients feeling withdrawn from the world and they often express complaints of feeling drugged or having lost something. This is coupled with feelings of being trapped, claustrophobia and an inability to get out of this state" (p. 175). In this state of narcissistic withdrawal, the sane dependent part of the patient enters a delusional world and projective identification takes place in which "the sane self loses its identity and becomes completely dominated by the omnipotent destructive process; it has no power to oppose or mitigate the latter while this pathological fusion lasts; on the contrary, the power of the destructive process is greatly increased in this situation" (p. 175). Faced with the reality of being dependent on the therapist, these patients seem "to prefer to die, to become non-existent, to deny the fact of their birth ... or become very depressed and suicidal, and the desire to die, to disappear into oblivion, is expressed openly" (Rosenfeld, 1987, p. 107). Given the fact that these patients are determined to believe that they have given life to themselves and are able to feel and look after themselves without help, their analytic work is accompanied by the

appearance of violent self-destructive impulses where death is idealized as a solution to all problems.

This deadly force threatens both the patient and the therapist, particularly when the patient feels overwhelmed by a deadly destructive 'explosion' (Rosenfeld, 1987). As a result, a pathological organization is created where the patient is prevented by the internal force, to experience a progressive withdrawal of destructive projections. Steiner (1990) points out that it is imperative for these individuals to recognize separateness between self and object. This process is set in motion by transference and "takes place whenever the analyst is experienced as acting independently outside the control of the patient" (p.88) or in these cases, outside the control of the destructive gang. Hence, it is of utmost importance to communicate to the patient that the destructive gang has not managed to imprison the therapist as well. Implicit in this process is the therapist's capacity to contain the projections of the patient. This containing does not imply a passive attitude, but refers rather to the therapist's ability to enter into an "intense relationship" and retain the function of putting experiences into words. Rosenfeld (1987) notes that it is the therapist's duty to "gradually play back to the patient the 'inchoate' communication of the patient so that it becomes understandable to the patient – an activity which is almost an art" (p.160). He further notes "this activity diminishes the anxiety which prevents the patient from holding on to a logical natural state of mind" (p. 160).

This process resembles Grotstein's (1981) view on therapeutic interaction that a *Siamese bonding* between patient and therapist needs to be established which progresses through autistic, symbiotic, separated and eventually individuated relationships. However, in destructive narcissists, it seems as if the therapeutic process and progress is halted due to the patient's inability to move from autistic relatedness and the encapsulation of destructive processes towards health, integration and whole-object relatedness. The primary aim and principle function of the therapist is to seek to conceptualize and understand what the destructive communication (verbal and non-verbal) means, hence addressing the fixation of

the personality on an early level of development. Rosenfeld (1987) further argues that it is imperative to expose the destructive narcissistic structure to the patient in a gradual way as he notes that "even patients who appear to be completely identified with the narcissistic structure are from time to time aware that they are caught up and trapped but do not know how to escape from this prison" (p.116). He states the importance of the therapist's capacity to uncover the pathological fusions that have occurred between good and bad aspects of the personality – as Tuckett (1989) points out "a very demanding task and one which, when it comes to its practical implementation in the consulting room, can incite controversy whenever two or more analysts try to discuss a particular example" (p. 622).

In order to uncover pathological fusions, Rosenfeld (1987) places great emphasis on the significance of the patient's personal history. He was very critical indeed of therapists who appeared to have little knowledge or attached little importance to the patient's past. He stressed the importance of the interactive nature of the therapeutic process and emphasized the need to pay direct attention to the patient's inner world of fantasized object relations as revealed in the transference-countertransference process. He states that the "cornerstone of my view about therapeutic change is my belief that even the most disturbed and tricky patients, whose pathology may cause them time and time again to defend themselves against anxiety by distorting and undermining the analytic process, not only seek to communicate their predicament but also have a considerable capacity for co-operating with the therapeutic endeavor, if the analyst can recognize it" (p. 32). Rosenfeld (1987) emphasizes that in therapeutic encounters with destructive narcissists it is imperative that the destructive parts of the personality should not be overly emphasized. He notes "it is particularly important to help them to retain the positive aspects of their narcissistic organization by making them aware of the conflict within the destructive narcissistic part of themselves with which they are not identified" (p. 275).

Seidler (1999) echoes this approach by suggesting that in therapy with these patients the analysis of countertransference is of paramount importance. For Seidler, the therapist's

countertransference experiences can act as a substitute for the deficient psychic function process in the patient and provide them with an initial form of symbolization or working through to "make up for the patient's deficiency in this respect" (p. 302).

This was also emphasized by Grotstein (1993) who uses rich religious metaphors to portray the countertransference experiences with these patients. For Grotstein the analytic experience must have a dramatic phase or moment, akin to the return of the repressed, before verbal significance can be applied. The therapist must suffer guilt for the pain that analysis caused the patient. But the therapist is also like Christ, who must suffer the projective assignment of the patient's unbearable pain so as to "become his 'saviour' and help him bear it and transcend it until the blessed grace of meaning transforms it. It is only through 'meaningful suffering' that "salvation (true belief)' can occur" (p. 114).

Ivey's (1999a) paper on transference-countertransference constellations and enactments in the psychotherapy of destructive narcissism captures the essence of the difficulties therapists experience in this process. Ivey notes the importance of a precise theoretical formulation of this specific narcissistic structure. He further states that consideration should also be given to psychotherapy contra-indications and the ability of the therapist to manage and utilize the intense countertransference reactions to these patients in an attempt to establish and maintain a tenuous therapeutic alliance. Ivey emphasized that the negative therapeutic reactions and destructive transference enactments, combined with powerful countertransference reactions, mobilize these patients' projective identifications and threaten to disable the therapist and destroy the treatment process. Ivey argues that these patients' internal worlds "do not emerge primarily as words or fantasies, but as fluid affective environments in the therapeutic setting, shaped essentially by the unconscious way in which patients use or manipulate therapists into incarnating internal self or object aspects arising from their particular family histories" (p. 63.) He concludes by stating the difficulty involved in this process and notes that when "wrestling with such demons we, as psychotherapists, are thrust into a bruising confrontation with our technical and personal limitations" (p. 74). In

essence, it seems as if the therapist's ability to survive the experience of being gripped, devoured, distorted and annihilated by the enormous forces of deadness, death and destruction is the key to unravelling the 'black hole' experience. It is not surprising that these overwhelming experiences are particularly burdensome and difficult to describe and reveal.

CHAPTER FOUR RESEARCH METHODOLOGY

4.1 Introduction

The broad research objective of this dissertation is to investigate the dynamics of destructive narcissism, characterized as a pathological psychic structure organized around the dictatorship of destructive internal objects. The aim is to examine the particular transference and countertransference constellations of fantasies, object relations and defences characteristic of destructive narcissism and to investigate the barriers created by these constellations in establishing and maintaining therapeutic contact with the patients concerned. Hence, the task is to develop a methodology to attain a more comprehensive understanding of the phenomenon of destructive narcissism by focusing on the psychodynamic psychotherapeutic process. Despite the fact that the phenomenon of destructive narcissism has been clinically defined and theoretically constructed from various perspectives as pointed out in Chapter 2, there are few documented attempts in psychoanalytic literature to systematically deconstruct the therapeutic process with these patients. This thesis is an attempt to bridge these gaps between theory and practice, by focusing not only on the characteristics of this particular internal structure, but also on how it finds interpersonal expression within the analytic relationship.

4.2 A research approach to the study of the psychotherapeutic process

The psychotherapeutic process, being an investigative process, is regarded as a research process in itself and of itself (Grünbaum, 1984) and clinical theoretical development has proceeded through reflection upon clinical findings. There are two main objectives in psychotherapeutic process research. One is the study of the process of therapeutic change whilst the other is the study of participants' experiences of therapy. Researchers studying therapeutic change are typically interested in describing, analyzing and understanding what is being changed in the service of the improvement of psychotherapy as an intervention (Rennie & Toukmanian, 1992). Hence, psychotherapy process research is a field of

investigation aimed at theoretical understanding of effective processes in psychotherapy and applying this knowledge for guiding the actions of practising psychotherapists. However, as psychotherapists know it is no simple matter to get at the actual events of psychotherapy. Elliott (1989) captures the complexity of this process eloquently by pointing out that "understanding even a single event in therapy can be as complex as surveying an entire river, first mapping its diverse tributaries (prior factors in and out of therapy); then following its sometimes circuitous windings or disappearances underground (indirect and covert processes); and finally evaluating its effect on the land it flows through and the sea it eventually reaches (immediate impact and treatment outcome)" (p. 165). Transference, countertransference, therapeutic resistance and various other aspects of the therapeutic relationship have been explored at length resulting in innumerable attempts to uncover and describe precisely how it is that psychotherapy can cure. Despite these attempts, the field of psychotherapy has variously been described as disordered, fragmented, creative and chaotic (Bouchard & Guerette, 1991) given the great diversity of combinations of theoretical views and therapeutic techniques. A critical analysis of the multiple models used in the daily practice of psychotherapy shows that it draws upon deeply rooted philosophical and epistemological convictions holding out the possibility of grasping the symbolic and narrative meaning of the patient's discourse. The three main epistemological currents behind the various psychotherapeutic practices are empiricism, the phenomenological-existential stance and hermeneutics (Bouchard & Guerette, 1991). Each approach emphasizes different aspects of the therapeutic process and consequently each approach to psychological research would vary accordingly. From the perspective of empiricism, psychotherapy and psychotherapy process research gains the status of a behavioural science, which should be studied accordingly. This mode of research, encompassed in quantitative research methods, argues that procedures in the human sciences that do not accord with those used in the natural sciences demonstrate a lack of scientific maturity.

Qualitative research has been widely documented as an appropriate method to study the clinical inquiry of the psychotherapeutic process in ways surpassing that of experimental and

quantitative methods (Crabtree & Miller, 1992; Maione, 1997; Maione & Chenail, 1999). Psychotherapeutic encounters face the therapist with the challenge of description, interpretation and understanding through a process of constant comparison which echoes the grounded theory method so prominent in the qualitative research world. Qualitative research is synonymous with a "case by case way of knowing" (Maione & Chenail, 1999, p. 57) central to the everyday practice of therapists in an attempt to understand the patient and the dynamics of the psychotherapeutic process. Qualitative research, in general, proposes that research questions are not predetermined by established research practices as in quantitative models. Rather, research methods are adapted or created to satisfy the demands of the research questions. Given these assumptions the growth of the phenomenological tradition throughout the last century has provided a rich set of conceptual tools and research practices with which to readdress the theoretical tensions between the domains of language and culture on the one hand, and the mechanisms and causes on the other. In this type of research "what we do is less important than *how* we do it. This statement means that actively involving people in the development process is an end in itself, not just a means to some more material end; the process *is* the point rather than the means of arriving at some other point" (Patton, 1990, p. 95).

The phenomenological-existential model, based within a qualitative paradigm, is broadly classified according to whether it follows a descriptive or interpretative logic. Phenomenological description emphasizes the "context of discovery, rather than in the context of verification" (Giorgi, 1985, p. 14) and suggests the suspension of the researcher's beliefs. Phenomenological description is defined as the process of "bracketing" one's presuppositions about the research phenomenon, and then explicitly describing "what presents itself precisely as it presents itself, neither adding nor subtracting from it (Giorgi, 1992, p. 121). Meaning, the phenomenologists argue, is not to be discovered through the correspondence of words to an underlying "reality", but is constituted within the "intersubjective" processes of culture and language (Lepper, 1996). This descriptive approach attempts to remain faithful to the phenomenological reality of a subject's

experiential world, and operates within the "constraints of intuitive or presentational evidence" (Giorgi, 1992, p. 121). However, this assumption that, "the real is revealed to us of itself" (Bouchard & Guerette, 1991, p. 386), attained through the process of description, seems to be rather naïve in trying to grasp the complexity of the psychotherapeutic process. Given the fact that the aim of the psychodynamic psychotherapeutic process is not only to focus on the precise and rigorous description of the patient's discourse, but also attempts to understand the hidden (unconscious) meaning of a specific discourse, a descriptive phenomenological approach in itself cannot adequately grasp the key psychotherapeutic dynamics of unconscious phenomena. Ivey (1999b) notes that "those meanings readily accessible to conscious self-reflection are obviously open to descriptive approaches, whereas those cases in which self-reflection is distorted by defensive psychic or ideological strategies require methods that go substantially beyond subjects' conscious self-descriptions" (p. 255).

In this current research, what is called for is a method that allows for the analysis of a deeper meaning, one that can contain both the hidden and that which is already there, through the process of psychoanalytic interpretation. Focusing on the study of interpretation, a methodology is required where the "method becomes an integral part of the problem studied, and develops in accordance with rather than independent of the ways in which a problem is approached. It is the unique demands which indicate the method rather than the method which limits the problem" (Romanyshyn, 1971, p. 107). It may be argued that psychotherapeutic interpretative practice has developed through something of a trial-and-error process and that the most appropriate approach at this stage is not to bring yet another set of ideas to this already ungainly field, but to study and understand the interpretative practices already in place. However, the point here is not to create something new, but to bring greater clarity and perhaps refinement to our understanding of methods that have developed over the past hundred years of psychotherapeutic practice.

The conceptual tools are present-at-hand if we turn to the practice of hermeneutics. Kelly (1994) states that it is indeed astonishing that "psychotherapists have not looked with greater interest to this rich font of ideas which promises to bring much needed self-understanding to psychotherapeutic interpretation" (p. 28). The relevance of hermeneutics to psychotherapy is to be found in the fact that it does not offer a new technology but a different vocabulary and way of orientating one's thinking about the nature, purpose and the limitations of the psychotherapeutic process (Sass, 1998). The aspects of hermeneutics that have had the greatest influence on psychotherapeutic practice include Heidegger's refusal of mechanistic and deterministic visions of human nature and Gadamer's rejection of methodology and of objectivist conceptions of the truth. Given the fact that psychotherapy's healing influence is essentially derived from the power of the narrative, of the words and personal metaphors, and from the persuasive force of the symbols and scenarios of the patient's internal psychic reality, hermeneutic engagement in the psychotherapeutic process is conceived as a process through which "meaning is translated and constructed, and is no longer expected to be self-evident" (Bouchard & Guerette, 1991, p. 386).

The special hermeneutic problem with which psychotherapy is confronted originates in the need to understand a person's life from the point of view of the human subject whose life is the point of study. If psychotherapy is concerned with nothing else, it is concerned with the study of the subject's own relation to experience and meaning. Psychotherapeutic hermeneutic exploration begins with the assumption that understanding necessarily begins with an initial interpretation of the global meaning of what the patient says. In this way truth is constructed rather than revealed i.e. meaning is created rather than just found and in the process of psychotherapy, "the two partners commit themselves to a common project of elucidation and unveiling of hidden, obscure and incoherent truths" (Bouchard & Guerette, 1991, p. 386).

4.3. Toward a hermeneutic understanding of the psychotherapeutic process

Hermeneutics refers to a wide range of theories and practices united by a “common concern with the interpretive understanding of the meaning of human symbolic productions” (Ivey, 1997, p. 230). Hermeneutics developed during the course of the eighteenth and nineteenth centuries as a philosophical discipline concerned with the interpretation of a range of types of text and the term became synonymous with the theory of how best to render the meaning of texts. How this process is possible, constitutes the *problem of hermeneutics*. Both Ricoeur and Gadamer regarded hermeneutics as the methodological foundation of the human science. Ricoeur endorsed the definition of hermeneutics as a theory of rules for the interpretation of texts, whilst Gadamer extended it to the broader field of human communication, especially verbal conversations, play and art (Bleicher, 1980).

Recently there has been a spate of interest in applying the principles derived from hermeneutics to the practice of psychotherapy (Bouchard & Guerette, 1991; Mook, 1991). Despite the foundational differences between hermeneutics and psychotherapy both “encounter texts that call for deciphering” (Mook, 1991, p. 182). In both disciplines there is an acute appreciation of the role of past experiences of the individual, forms of awareness that are not fully conscious, and, in general, the elusive complexity of human existence (Sass, 1998), albeit from slightly different perspectives. For example, Merleau-Ponty (1962) elaborates the Freudian concepts of repression and past experiences by rejecting the view that traumatic past experiences survive only as “a representation in the mode of objective consciousness and as a ‘dated’ moment” (p. 83). For Merleau-Ponty, if “we continue to be the person who once entered on this adolescent affair, or the one who once lived in this parental universe” the world “loses its substance and eventually becomes no more than a *certain dread*” (p.83). From the Freudian view of repression, new experiences do register and new memories and emotions do occur – but they affect only the content, not the general form or structure of one’s existence. As such “impersonal time continues, but personal time is arrested” (p. 83). If one adopts the hermeneutic point of view, one sees the past as having its

most significant existence not in the repositories of memory but in the structures and rhythms of present-day experience. Sass (1998) points out that from a hermeneutic account “memory is not a storehouse, museum, or photo album in which prior experiences are preserved in more or less their original form. It is precisely through losing their salience as particular contents of experience (whether conscious or unconscious), by dissolving outward into the horizons of awareness, that past events can retain such a grip on us, structuring our present orientations and projects toward the future” (p. 275). From this perspective events of the past could be said to survive in the sense of having a constant effect on the present, through the act of disappearing or dissolving into the background. The past permeates the present and in this sense one might argue that it *is* our present, it *is* our world, surviving as a *horizontal presence* (Sass, 1998, p. 274). As such, the past will not take the form of present-at-hand facts waiting to be discovered. Instead, it will have the revealing/concealing aspect of human existence about it, which can only be disclosed and adequately grasped through the non-objectifying, never-final modes of *understanding* and *interpretation* (Sass, 1998).

The concepts of understanding and interpretation are closely linked in the hermeneutic tradition, indeed often virtually indistinguishable. Interpretation, here focuses on the active contribution of subjectivity, whilst understanding connotes a more passive or recipient role, whilst emphasizing not the intelligibility given to the world so much as the significances received from it (Sass, 1998). For Gadamer (1984), interpretation and understanding are not distinct processes which could ever be separated since “all understanding is interpretation” (p. 350). Instead, both refer to ways of calling attention to aspects of a unified process or event. For Gadamer (1984), hermeneutic understanding is not a “mysterious communion of souls, but a sharing of a common meaning” (p. 260). Hermeneutics begins with the assumption that “what makes revelatory understanding possible is the activity of *interpretation*, rather than description. Seen from this perspective, interpretation becomes our “primordial mode of being-in-the world” (Ivey, 1999b, p. 253) and understanding is grounded in the accessible, taken-for-granted lived meanings that specific behaviour and experiences have for us within a specific historical, social and cultural context. This intelligibility, the

backdrop of all interpretation, is referred to as one's "everyday participatory understanding of people and events" (Packer & Addison, 1989, p. 23) and the interpretive process may be identified as the "working out of possibilities that have become apparent in a preliminary, dim understanding of events. And this pre-understanding embodies a particular concern, a kind of caring. It provides a way of reading, a preliminary initial accessibility, a stance or perspective that opens up the field being investigated" (Packer & Addison, 1989, p. 277). The interpretative process makes use of existing literature that acts as a hermeneutic lens through which a deeper understanding of phenomena may be obtained (Edwards, 1998). This process is termed 'hermeneutic reflection' (Packer & Addison, 1989). In addition to hermeneutic reflection, interpretation is also concerned with rigorously developing and testing existing theory, a process known as the 'hermeneutic dialogue'. Through this process the existing literature, which has served as a hermeneutic lens, in turn becomes the theoretical framework that undergoes evaluation and modification through dialogue with the case material (Packer & Addison, 1989).

Strenger's (1991) critical enquiry into contemporary psychoanalytic thought, *Between Science and Hermeneutics*, adds to this by proposing two views of hermeneutic activity in the current practice of psychoanalysis: (1) interpretation as a search for meaning; and (2) interpretation as the creation of meaning. Strenger makes a case for limited truth claims in both areas of interpretation and for the possibility of empirical investigation of the analytic process. He presented these arguments as a basis for an urgent and essential re-evaluation and development of the therapeutic process that neither seeks the claims of certainty demanded by "science", nor accepts the subjectivity and relativism of many of the proponents of hermeneutics. Strenger based his study on the theory and practice of analysis as developed within the classical Freudian theoretical paradigm which entails that psychoanalysis is primarily concerned with the intrapsychic processes of the individual, with the developmental processes of the individual understood as a function of ontogenetic development, and with interaction (with the mother-infant dyad as the primary instance) understood as a product of individuals as psychological entities. Lepper (1996) drawing on

Stenger's assumptions argues for the elaboration of this stance on interpretation and states that psychoanalytic interpretation should not only reflect a "privileged act based on the demonstration of a correspondence between the words spoken to the underlying drive-based 'psychic representations' of the subject" (p. 224), but should also reflect the human communicative and interactive dimension taking place between patient and therapist. Essential to any hermeneutic study then is the fusion of theory and practice, between psychoanalytic knowledge and psychoanalytic practice. In Sass's (1998) eloquent words according to the hermeneutic view on psychotherapy "experience is not transparent to itself; it is a kind of text analogue, an intrinsically obscure object that needs to be interpreted to bring light to its hidden meaning, and that can be evoked only by an approximate and metaphoric, perhaps even quasi-poetic mode of description" (p. 258). For ontological hermeneutics then, "human beings are constituted by their self-interpretations, but for the most part, these interpretations are not unique, freely chosen, or consciously recognized, since they are deeply embedded in the public and determining facts of language, culture, and history, and are so pervasive as to be nearly invisible" (p. 258). Echoing Gadamer's (1984) words that self-awareness is "only a flickering in the closed circuits of historical life" (p.245) a hermeneutic application to the psychotherapeutic endeavor aims to emphasize the truth that we live in "webs of significance" (Geertz, 1973, p. 5) we ourselves have spun, but this does not mean that we spin them at will, by choice, or on our own.

As mentioned before, the irreducible complexity of the therapeutic situation should be obvious enough and it will hardly be news to the experienced clinician that the therapeutic process is a kind of art, requiring a half-conscious sense of human intuition, which Gadamer (1984) describes as *phronesis*. For Gadamer *phronesis* refers to the "virtue of thoughtful reflection" (p. 288), a kind of moral judgment and practical knowledge that is required, he says, in all true conversation or in any meaningful encounter with a text. A distinctive feature of this sort of knowing is that one's general knowledge may be fundamentally altered or improved by the circumstances of application, which require a recognition (always incomplete), of how our prejudices can limit or distort our view. Instead, we must recognize

the inevitable partiality of all that we know, and with this, the element of commitment in all knowing along with the sense of responsibility this entails. Thus, in psychotherapeutic practice, understanding does not precede application because, as Gadamer states (1984) "everything decisively depends on the circumstances" (p. 23). To recognize the crucial, yet unpredictable role of context and circumstance is to see that uncertainty is quite unavoidable in the therapeutic situation. The real event of understanding, Gadamer (1976) states, "goes beyond what we can bring through methodical effort and critical self-control. Indeed, it goes far beyond what we ourselves can become aware of" (p. 58).

The hermeneutic appreciation of human embeddedness, of the role of culture and historical tradition in molding both our knowing and our being should help us see that, along with the help we provide as psychotherapists, the techniques we apply do not merely analyze, explain, or treat, but actually help to constitute the modern psyche. A hermeneutic understanding of both psychotherapeutic practice and psychopathology is relevant since it encourages the therapist to appreciate the tentativeness of one's formulations, recognizes the role of bias and provides a concomitant appreciation of the incompleteness of any single diagnostic concept or interpretive formulation. Hermeneutics provides a particularly relevant way to direct the interpreter's gaze 'on the things themselves'. As Gadamer (1984) explains "a person who is trying to understand is exposed to distraction from foremeanings that are not borne out by the things themselves ... thus, it is quite right for the interpreter not to approach the text directly, relying solely on the foremeanings at once available to him, but rather to examining explicitly the legitimacy i.e. the origin and validity, of the foremeanings present within him" (p. 236). From the hermeneutic perspective then, every act of illumination is also an act of concealment. As Sass (1998), notes "among the things that get concealed are, of course, the (enabling) presuppositions of the knower in the very moment of his knowing" (p.290). A full awareness of this will lead to the perception that new insights will always be accompanied by new forms of obscurity.

4.4 The Hermeneutic Circle

Heidegger (1962) conceptualizes human existence through his concept of *Dasein*, which refers to the condition of human existence as “being-in-the-world”. This entails the avoidance of a subjectivistic or idealistic conception of human existence and the conceptualization of human existence as always and already engaged with the world so that meaning is not something we assign to the world but a reflection of our prior engagement with the world (Kelly, 1994). Enmeshed in the world and open to the meaning of being, *Dasein* is inevitably embroiled in understanding (Dallmyr, 1991). From this perspective, understanding is not the result of a correct procedure but considered to be an ongoing and inextricable feature of *Dasein*. The hermeneutic position is not founded on a world which is naturally described as ‘the world’. It is founded on a world of linguisticity and offers an understanding of human intersubjectivity that is not a repository of objectified, natural facts. It focuses on an attribute of humanity, the medium of which manifests understanding in a world of intersubjectivity and not objectivity (Barclay, 1993). As such, the whole of the hermeneutic enterprise and the conversation that it invites and provokes continues to emphasize the tentativeness of the process of relations and intersubjectivity. It “continues to remind us that readings and the meanings that appear true at once, can transform themselves into something also seemingly true; that the truth lives in the relation of subjects during a particular time and according to a particular context” (Barclay, 1993, p. 99).

The application of hermeneutic interpretation to the discipline of psychotherapy, by focusing on the process of coming to understanding through the establishment of shared meaning through dialogue, is represented in the image of the *hermeneutic circle*. Schleiermacher gave the first description of this now famous concept by stating that understanding inevitably involves reference to that which is already known and thus, it operates in a circular, dialectical fashion. In essence, the hermeneutic circle describes the contextual nature of knowledge. A ‘fact’ does not stand on its own independent from its context or its interpreter, but is rather partially constituted by them. In explicating the circle of understanding, we move

back and forth between part and whole, as this involves “a continuous dialectical tacking between the most local of local detail and the most global of global structure in such a way as to bring both into view simultaneously (Geertz, 1973, p. 239). Palmer (1969) describes this process by arguing that “an individual concept derives its meaning from a context or horizon within which it stands: yet the horizon is made up of the very elements to which it gives meaning. By dialectical interaction between the whole and the part, each gives the other meaning; understanding is circular, then. Because within the “circle” the meaning comes to stand” (p. 87). Hence, the therapeutic process becomes a vehicle to create understanding, through the process of interpretation, in a circular dialectic process. Interpretation, as seen from the hermeneutic postulate, is therefore a process whereby our pre-understandings are challenged, refined and modified into transformed understandings. Interpretation then becomes not simply the restatement of our preconceptions but becomes a reflective, sense-making form of engagement.

This circle of interpretation consists of forward and backward arcs, where the forward arc comprises the projected pre-understandings of a phenomenon, and the backward arc comprises new, modified understandings, which challenge the original pre-understandings (Packer & Addison, 1989). It entails the ability to enter into a circular inquiry between what is to be understood and the pre-understanding which is brought to it and which sets the inquiry in motion. Interpretation of an event thus means approaching it with an inevitably prejudicial or pre-structured propensity to understand in a certain way. This type of interpretation is the access to the text - in this research the psychotherapeutic process as it unfolds over time - as it provides the questions with which we approach the inquiry and through which we enter into relatedness with what is to be understood (Kelly, 1994). This is an essential part of the practice of psychotherapy as these interpretative strategies allow the therapist to grasp what is meant, both consciously and unconsciously, by the actions, symbols and language of the patient. In essence then a narrative approach to interpretation is proposed as it concerns the life story of the patient which “must encompass the fantasies, the memories, the traumatic events, the internalized object relations, the character, and so on ... and allow the

establishment of connections between these and the factual events, symptoms and objective degree of adaptations” (Bouchard & Guerette, 1991, p. 391).

Hermeneutic reconstruction, taking place within the therapeutic setting, is necessary for the patient as it helps restore continuity and it provides a sense of cohesion. Similarly, it is necessary for the therapist, as it assists in the understanding of the drama unfolding within the therapeutic relationship. This way of proceeding is in turn subject to the psychotherapist’s adherence to a specific school of thought and the therapist’s own conflicts, prejudices, beliefs and expectations. Hence, it requires a veritable understanding and sensitivity on the part of the therapist whose role is to construct a “meaning project” whose fruitfulness in terms of the narrative can only be determined as the narrative unfolds” (Bouchard & Guerette, 1991, p. 388).

The hermeneutically inclined generation of psychotherapists argues that the therapist is not and cannot be objective in the sense of the empiricists. The therapist does not come to the therapeutic encounter content free or even relatively free, but thoroughly embedded in a system, with a set of storylines ready to hand. Rather, the objective here, to take clinical analytic work as text interpretation, is to establish the therapist and patient as influential co-authors of the analytic text that is being interpreted. In other words, the “text is never fully delivered to the analyst, rather, it evolves out of the analysand’s and analyst’s interpenetrating contributions. Increasingly, the two of them inhabit the text of the analysis; at times it seems that “cohabit” would be a better word for it. Cohabitation is what follows from throwing into question manifest content, including manifest avowals of intent and other such “explanations”. In the end, the text and its interpretation are not altogether indistinguishable” (Schafer, 1992, p. 177). From the hermeneutic stance pathological horizons can be understood as those dominated by relatively inauthentic modes of experience. This includes aspects such as the loss of authentic temporality or spontaneity, a failure to fully inhabit or take responsibility for one’s own actions, and forms of subjectivism or objectivism that distort or disguise the primordial relationship of *Dasein* to its world and other human beings (Sass,

1998). In the therapeutic process the hermeneutic stance provides for the assumption that although transference and countertransference are conceptually distinct, they are also fused components (Heimann, 1960) in an intersubjective field where patients unconsciously dramatize their transference illusions and compel therapists to relive elements of the patients' histories and internal object relations by means of countertransference. Only from within this perspective, from a position of embeddedness within attitudes (both theoretical and clinical) is it possible to understand another human being in any depth.

4.5 Research design and method

The methodological process utilized in this study is comparable to Addison's (1992) "grounded hermeneutic research approach". In this approach, the data gathered and the emerging interpretative account are intertwined and in the process of doing the research these mutually inform each other and develop together. The intended outcome is not to come up with results, but rather to discover and formulate new ways of thinking about the phenomena under study. For the purposes of this research, a method was devised which was comprised of hermeneutic interpretative elements. The hermeneutic method was utilized to interpret the themes explored in the therapeutic process in terms of object relations theory thereby engaging in a hermeneutic dialogue between the case material and contemporary literature on destructive narcissism, and, in so doing, to evaluate and extend existing theory.

For this purpose a case study method was deemed to be most appropriate as it provided for the systematic examination of the dynamics of destructive narcissism as this emerged in the words, actions and interactional phenomena of each patient. The case study account also attempted to focus on the therapist's experience of therapy in each case. The latter involved a close examination of countertransference broadly defined as "all the reactions the therapist has in the interaction with the patient, reactions that may or may not be the result of projective identifications from the patient and may or may not be processed in a manner that could be labeled empathic" (Tansey & Burke, 1989, p. 41). Ogden's (1997) use of the term countertransference referring to the therapist's experience of and contribution to the

transference-countertransference is applicable here. In Ogden's view transference and countertransference are not separable entities that arise in response to another, rather "these terms refer to aspects of a single intersubjective totality experienced separately (and individually) by analyst and analysand" (p.25).

Bromley (1986) defined the psychological case study as 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" (p. 2). The value of the case study is twofold, firstly, where it makes a particular clinical phenomenon explicable, and secondly, where it contributes to the "case-law" of that particular area of discovery. Case law or theory, in Bromley's view is "developed by successively comparing and contrasting intensively studied individual cases. In this way, knowledge is gradually systematized and refined and subsequently rules, generalizations and categories emerge" (p. 2). The cases presented in this dissertation will provide an extended and complex case description through the use of illustrative material. Hence, the cases presented fall within the illustrative-didactic case study method (Edwards, 1990) since the purpose is to provide an important contribution to the theoretical and psychotherapeutic conceptualization of destructive narcissism. The research comprised three stages: (1) a preparatory theoretical phase, (2) case selection and description, and (3) the data analysis phase.

4.5.1 Preparatory theoretical phase

The first step in this research was a critical and comprehensive review of existing academic literature on the characteristics of destructive narcissism from various theoretical perspectives. Denzin (1989) refers to this process as "deconstructive reading" (p. 51) as it entails a critical analysis of how a particular phenomenon has been presented, studied and analyzed in the existing research and theoretical literature. Denzin provided four criteria for deconstructive reading which entails that it:

1. lays bare prior conceptions of the phenomenon, including how it has been defined, observed and analyzed;
2. provides a critical perspective on previous definitions, observations and analysis that have been offered;
3. critically examines underlying theoretical models of human behaviour and experiences used in prior studies;
4. articulates the preconceptions, prejudices and biases surrounding existing understanding of the phenomenon.

Existing literature on this subject, primarily from a Kleinian and post-Kleinian object relations perspective, was analyzed in an attempt to identify the existing theoretical conceptions of destructive internal processes. The review of the literature suggests that a theoretical framework addressing the issue of unconscious motives and structures is appropriate for answering the research questions posed by this dissertation. Therefore, it was argued that object relations theory is best suited to understanding the psychological reality of destructive narcissism and the historical interpersonal contexts predisposing individuals to this condition. The usefulness of object relations theory in understanding destructive narcissism has been demonstrated by a number of clinicians (Brown, 1998; Kernberg, 1992). However, a rigorous and systematic method for investigating this phenomenon therapeutically from an object relations perspective has not been attempted. An original interpretative method was thus devised to grasp not only the particular dynamics of this condition, but also to provide a more comprehensive understanding on psychotherapeutic involvement with these individuals. The existing literature provided some preliminary questions and the projected understandings implicit in them, which in turn provided a starting place for inquiry.

After carefully considering the available literature on destructive narcissism important psychotherapeutic and clinical issues that were omitted or inadequately researched were identified as potential research questions. The overarching question was: What is the nature of the internal object world characterized by destructive narcissism? This question was then

broken down into four more specific questions, each identified as central to a comprehensive understanding of the dynamics of destructive narcissism. These questions are as follows:

- (1) What emotional states, actions and experiences of self and others characterize the clinical phenomenon designated as destructive narcissism and distinguish it from other forms of character pathology?
- (2) What early developmental experiences and relationships may have pre-disposed individuals to the development of this type of character pathology?
- (3) How are the psychodynamic processes of destructive narcissism structured and configured in the psychotherapeutic process and progress?
- (4) What are the transference/countertransference psychotherapeutic manifestations of the psychodynamics of destructive narcissism?

4.5.2 Case selection and description

The specific psychodynamics of destructive narcissism has not been identified as a personality disorder in its own right (Brown, 1998; Seidler, 1999) and the two most widely used diagnostic manuals (ICD-10 and DMV-IV) do not provide specific diagnostic criteria for this condition. Although symptom classification, like those listed in descriptive psychiatry attempt to establish diagnostic categories in a manner that is as independent of theoretical affiliations as possible in Kleinian literature this configuration is recognized as a personality structure disorder. Perhaps it is this discrepancy between competence in psychodynamics on the psychotherapeutic side and neglect of the symptomatological plane in diagnostics that explains the apparent absence of any systematic attempt to categorize the specific clinical manifestations of this disorder. However, despite not being recognized as a personality disorder, in psychiatric literature, this configuration and its effects, can be described as a dynamically operative structure, which characterizes the underlying destructive side of narcissism. In essence, the term seeks to give structure to behaviours, attitudes and feelings displayed primarily through destructive internal processes and the obliteration of subject-object relations.

Given the fact that destructive narcissism is displayed in only a small group of patients within psychotherapeutic practice the procuring of research participants was understandably difficult. Drawing from previous literature on the dynamics of destructive narcissism four patients, displaying some of the theoretically identified phenomena of this condition, were selected from the researchers own private psychotherapy practice. Two of the patients had been referred by their respective psychiatrists, following suicide attempts that required hospitalization, and therapy commenced after their discharge from hospital. The third patient had been referred by a family member, who expressed concern about his addictive behavioural manifestations and his inability to establish and maintain meaningful interpersonal relationships. The fourth person identified as a possible candidate refused permission to take part of the study after the researcher requested his permission upon termination of the psychotherapy process.

The participants were selected from the researchers own practice as the aim was to investigate the transference-countertransference phenomena characteristic of this condition and to describe the devastating impact of the therapeutic endeavour with such patients on the therapist in detail. Ivey (1999a) followed a similar approach with a single case study outlining the dynamics of this type of psychotherapy and his study provided the backdrop for the current research approach. At the onset of the psychotherapy process the researcher was unaware of the fact that these individuals could be described as destructive narcissists. This only became evident after a detailed analysis of the patients personal histories, histories of psychopathology, the analysis of process notes and the analysis of the transference-countertransference interactions.

Permission to utilize the patient's psychotherapy material (in the form of process notes) was only obtained after all three of the respective therapeutic relationships had been terminated. The patients (and neither the therapist) were, at the time of onset of psychotherapy, aware of the fact that their material would be utilized for research purposes. Patients were never provided with any diagnoses of their respective psychopathologies and also not provided

with any theoretical arguments or information on the clinical phenomenon of destructive narcissism.

It may thus be argued that their essentially narcissistic psychic constellation, and the ensuing destructive interactions with the therapist, was not an attempt by these individuals to exaggerate their symptoms or to provide a particular clinical picture to the therapist that could be utilized for research purposes. As such, it is my clinical opinion that the narratives provided in this thesis provide a relatively 'clean' description of the dynamics of destructive narcissism.

The nature of the therapy was psycho-dynamically orientated, primarily from an object relations perspective, and all patients were in once-weekly therapy for a period of at least 12 months. It may be argued that once weekly sessions were insufficient to classify the psychotherapy process of the patients as proper psychoanalytic work. However, attempts to increase the psychotherapy sessions (during times of crisis and when deemed necessary by the therapist in an attempt to contain these patients more adequately) were sabotaged in various ways (described in Chapter 5) by all three participants. As a result once-weekly sessions were considered sufficient in an attempt to provide a psychoanalytic exploration of patient and process dynamics. Once patients agreed to 'hold' the psychoanalytic frame of once-weekly sessions they also appeared less reluctant to continue with psychotherapy. Clinically, it was my experience in working with these patients that more frequent sessions only proved more destructive to the already fragile therapeutic alliance established with all three patients over a period of many months. It is also my opinion that the frequency of the sessions did not make these therapies untenable, but rather the internal psychic defensive constellations to be described in the following chapters.

After careful consideration of the therapy material the researcher was able to identify the following characteristics, present in all three, which correlated with existing literature in the

field of destructive narcissism and pointed to the existence of a destructive internal psychic constellation:

- A history of suicidal ideation characterized by either suicide attempts or suicidal thoughts prior to and during the therapeutic process;
- Frequent and consistent referrals to feelings of being controlled by a sadistic and perverse internal "force" that controls and guides behaviour. Although different terminology was used by these patients all three referred to concepts such as "being trapped", "an inner void", "a dark force", "a bubble" and "an island" when referring to the force described;
- An urgent and constant desire to die expressed through various verbal reports in which death becomes an imaginary character seemingly capable of relieving the individual from the overwhelming destructive nature of the internal force;
- The impairment of thought processes and the capacity for symbolization as a result of the control of the perceived internal force;
- Excessive and addictive behavioural manifestations characterized by overworking, overexercising, drug and alcohol addictions;
- Excessive moralizing, characterized by frequent referrals to God and the presence of a harsh superego which led them to assume that "punishment" would follow their behaviour;
- A persistent theme of being unable to form and maintain intimate relationships with significant others;
- A sustained reluctance over the course and duration of therapy to form a therapeutic alliance with the therapist, which became evident during the course of therapy. This included the consistent rejection of therapeutic interventions characterized by the failure to benefit from therapeutic insights, suicide attempts, acting out through various missed sessions threatening to derail the therapeutic process and the utilization of typical defence mechanisms such as denial, intellectualization and excessive moralizing.

In addition to these factors displayed by the patients, the strong countertransference responses evoked in the therapist by these patients were also deemed to be diagnostically significant and of paramount importance. On the part of the therapist this included feelings of terror, internal chaos, dread, an inability to “hold on” to the material brought to sessions even for short periods of time during and after sessions, feelings of incompetence and worthlessness, at times an urgent need to “rescue”, as well as a profound sense of loss and rejection. Ivey (1999a) reported similar countertransference feelings in his work with these patients that “threaten to disable the therapist and wreck the treatment” (p. 74). Hence, a precise theoretical formulation of this specific narcissistic disturbance, serious consideration of psychotherapy contraindications and the ability to manage and use the intense countertransference reactions to these patients were deemed as the most important factors in addressing this intrapsychic phenomenon therapeutically.

4.5.3 Data collection and procedures

Data was gathered from psychotherapy sessions with the three private patients displaying the characteristics of destructive narcissism as described above. Patients were requested to provide their written consent for the researcher to utilize their psychotherapeutic material (Appendix A). Psychotherapy sessions were carefully documented from memory directly after each session – as close to verbatim transcripts as possible were attempted. Utilizing Elliott’s (1989) suggestions for *comprehensive process analysis*, process notes covered the contents of each entire session and reflected the natural episode structure of each session. These detailed process notes included major therapist and patient statements, as well as repeating themes over the duration of therapy, including the therapist’s countertransference feelings. Following Ogden (1997), suggestions on recording the “moment-to-moment thoughts, feelings and sensations” (p.43) of the therapist’s analytic work, process notes were written for all meetings, including those that the patients failed to attend. Ogden suggested that the patient’s absence creates a specific form of psychological effect in the therapist and the psychotherapeutic process. This seems to be particularly applicable to understanding the psychotherapeutic dynamics of destructive narcissism, given the multitude of missed

sessions, characteristic of this analytic process. Focusing on the therapist's experience of the missed session, the "specific meaning of the patient's presence in his absence is transformed into analytic objects to be fully experienced, lived with, symbolized, understood, and made part of the analytic discourse" (p.43). Utilizing process notes in this way, the therapist attempts to unravel and speak to himself about his experience with the patient "no matter how seemingly unrelated to the analysand, the analyst's fantasies, physical sensations, ruminations, daydreams, and so on might appear to be" (p.43). Patient themes typically involved interpersonal wishes and fears, accounts of their daily struggles and detailed accounts of the nature and extent of the internal destructive force. In fact, most sessions, with all the patients concerned, were characterized by a repeated reference to the nature, origin and dynamics of the "internal tyrant" and the impact of this force on their behaviour, interpersonal relatedness and intrapsychic world.

The data was analyzed by dividing psychotherapy process material into parts, then organizing and expressing it in an appropriate disciplinary language and finally consolidating an explication of the structure of the lived experience of destructive narcissism. This process entailed three steps. Firstly, a comprehensive case history was constructed for each participant to examine the predominant object relations and defensive structures and possible indications for the formation of the destructive narcissistic condition. In order to protect the patients, their personal identifying details were changed, disguised or omitted from the final research document. Secondly, the psychotherapeutic process with each participant was analyzed making use of a critical analysis of the transference-countertransference constellations as played out in the therapy. During this phase the countertransference dynamics present in each case was extensively supervised by the researcher's psychotherapy supervisor, a clinical psychologist experienced in psychodynamic psychotherapy, to ensure the most complete of the therapist's observations. Verbatim accounts of a single psychotherapeutic session with each patient are included as Appendix B. These sessions are included in an attempt to elucidate some of the main dynamics at work in each case and serves to provide the reader with a glimpse of the

session dynamics. Thirdly, a comparative analysis between the three cases and the theoretical arguments on destructive narcissism was dialogued with classical, contemporary and critical psychoanalytic discourses. The above progression illustrates the circular movement of hermeneutic research from understanding to interpretation to deeper understanding to more comprehensive interpretation. Moving around the hermeneutic circle the researcher's understanding continued to deepen and the account became more coherent, cohesive and comprehensive.

4.5.4 Data analysis and interpretation phase

Stake (1995) states that, "there is no particular moment when data analysis begins" (p. 71). Rather, data analysis is a matter of giving meaning to first impressions as well as to final compilations. Data analysis in the psychotherapeutic process is linked to the data gathering and a considerable portion of all data is impressionistic and picked up informally as the researcher first becomes acquainted with the case. Many of these early impressions will later be refined or replaced, but the pool of data will include the earliest observations of the researcher. In this study, data was analyzed during two stages: (1) by compiling a detailed account of each case in an attempt to understand the behaviour, intrapsychic phenomena and psychotherapeutic issues relevant in each case, and (2) by providing a theoretical formulation of each case through the application of hermeneutic principles. This was attained in the following way:

a. Compilation of case study protocol

Following Addison's (1992) list of practices central to grounded hermeneutic research, the following seven practices were carefully followed in the process of constructing the case study account of each individual:

1. Immersing oneself in the participants' world in order to understand and interpret their everyday practices;

2. Looking beyond individual actions, events, and behaviours to a larger background context and its relationship to the individual events;
3. Entering into an active dialogue of the participants' values, assumptions, interpretations and understandings;
4. Maintaining a constantly questioning attitude in looking for misunderstandings, incomplete understandings, deeper understandings, alternative explanations and changes over time and context;
5. Analyzing in a circular progression between parts and whole, foreground and background, understanding and interpretation, and researcher and narrative account;
6. Offering a narrative account of the participants' everyday practices that open up new possibilities for self-reflection and changed practices;
7. Addressing the practical concerns of the researcher and the research participant against a larger social, historical and cultural background.

The process notes obtained after each session were read, re-read and analyzed to identify both individual and general characteristics of object relations derivatives in the three patients' protocols and to address the four research questions from an object relations perspective. After examining the process notes of each individual, a comprehensive case study account of each patient's experiences was compiled. Repetitions, redundancies and contextual details were eliminated with care to retain the essential sense and context of the meaning. At this stage in the process of analysis the intention was not so much to interpret or make meaning out of the data in terms of the questions being asked, but to faithfully reproduce the sense of what the patient was trying to convey in summarized form. This type of analysis, referred to by Strauss (1987) as 'in vivo' coding consisted of selecting from the process notes words or phrases that stood out to the researchers as potentially significant for understanding the clinical phenomenon of destructive narcissism. Once the material was written in case study format, each extended synopsis was reduced to a narrative synopsis in an attempt to provide a more global type of analysis. This type of analysis was a reflective process and included biographical information on each patient, as well as aspects such as

the developmental history of the patient, focusing on the role of early childhood experiences and parental figures.

In the next step, an attempt was made to provide a commentary on the intrapsychic life of the patient by focusing on the mental functioning of the patient, the patient's capacity for symbolic thought and the internal tyrannical force, viewed by the patient as a 'creative' force. Attempts were also made to interpret and understand the dynamics of this omnipotent internal force as a defence mechanism. In the next phase aspects pertaining to the psychotherapeutic process were carefully analyzed. This included aspects such as the establishment and maintenance of a psychotherapeutic frame, the management of acting out during the psychotherapeutic process, the negative therapeutic reactions after periods of constructive analytic work and the dynamics of the transference-countertransference process in each case. The latter provided an ongoing commentary on the therapeutic engagement in each case.

The next step was the identification of recurring themes and intrapsychic patterns that emerged in the process of analysis with all three patients. Thus, the aim was to understand the unique individual experiences of each patient, and also to single out common features that identify a more general account of the dynamics of destructive narcissism. The objective here was to attain a level of interpretation that is, neither universal nor particular, but general in order to obtain a psychological interpretation that offers a plausible account of the dynamics of destructive narcissism as played out in psychodynamic psychotherapy. The psychotherapy process data pertaining to the research questions was extracted from the mass of redundant data in which it was situated. Data was then rewritten and organized to the extent that it provided a summary of the pivotal moments of the intrapsychic and therapeutic process. Data was analyzed in a hermeneutic format that included the following:

b. Hermeneutic phase

In this phase the essential meanings identified were interpreted, where possible, in terms of an object relations theoretical framework. The theoretical framework utilized derives from the work of Kernberg (1984) and Ogden (1992) and draws on the work of Ivey (1997) who utilized this framework in describing the dynamics of satanic cult involvement.

Kernberg's work provides a clear and systematic outline of the components of internal object relations and it proposes that objects manifest in primitive forms as alternating contradictory "ego states" involving affect, ideational content, subjective and behavioural manifestations. From this perspective, the internal object world is characterized by: (a) object images or object representations; (b) self images of self representations, and (c) drive derivatives or dispositions to the specific affective states. This tripartite scheme of internal object relations allows for extension beyond the clinical setting and the development of a hermeneutic methodology for identifying object relations derivatives in research narratives. Kernberg (1992) states that "a self-representation, an object representation and an affect state linking them are the essential units of psychic structure relevant for psychoanalytic exploration" (p.87). In Kernberg's view the self and object representations internalized by destructive narcissists include: (1) the experience of external objects as omnipotent and cruel; (2) the sense that any gratifying relationship with an object is frail and easily destroyed; (3) a sense that total submission to a cruel overpowering object is the only condition for survival, with the result that all ties to a good and weak object have to be severed; (4) identification with a cruel omnipotent object providing a sense of power and enjoyment, coupled with the freedom from pain, fear and dread; and (5) alternatively, the discovery of an escape route by the adoption of a false, hypocritical and cynical mode of being in the world (Kernberg, 1984, p. 299). Kernberg (1984) concludes, "all these dangers, escape routes, and the terrifying conceptions of human reality represent a dramatic, extreme deterioration in internalized object relations". (p. 299). Extending on Kernberg's work of internal object relations as ego states it was deemed necessary in this research to draw on Ogden's (1992) definition of internal object

relations. Ogden's formulation of internal object relations, as dynamically unconscious suborganizations of the ego which are capable of generating meaning and experience, i.e. capable of thoughts, feelings and perceptions, provides a radical and coherent interpretation of object relations which enables the researcher to capture the dynamics of the development of semi-autonomous suborganizations of the personality. In Ogden's view internal object relations are predominantly unconscious, and therefore not accessible to subjects' self-reflection and experiential description. However, they manifest indirectly in subjective perceptions of the self and others. These perceptions of self and others provide "fluid interactional manifestations of introjected and projected psychic structures, comprising dynamic fantasy representations of internal configurations of child-parent interactions" (Ivey, 1997, p. 240). This results in the formulation of a causal chain of events between historical experience, posited intrapsychic structures and behaviour. Drawing from the work of both Kernberg and Ogden it became possible to interpret methodically and systematically the case study narratives for the purpose of identifying the nature and structure of the patients' internal object relations

The interpretive phase comprised two stages. In the first stage the self and object representations of the patients' narratives were identified, along with the associated affective links, interpersonal contexts and the patients' fantasies about these contexts. This provided for a psychoanalytic interpretation of unconscious mental processes and included aspects such as introjective and projective mechanisms in relation to objects, instinctual drive derivatives, anxieties and defence mechanisms. It also allowed for the exploration of predisposing factors in the development of destructive narcissism, the experience of the condition of destructive narcissism and the impact of this on inter- and intrapersonal relatedness. The second level of this first stage comprised an exploration of the transference-countertransference experiences as evident in each case. In the second and final stage, the life events, object relations structures and fantasies common to all patients were identified in order to formulate a general psychoanalytic explanation of destructive narcissism in terms of object relations theory. These cross-case analyses were deemed

necessary to identify the commonalities across multiple instances of the same phenomenon that provides for generalizations to be made on the basis of these common features.

4.6 Criteria for evaluating interpretative research findings

Given the fact that this study is focusing on the psychotherapeutic process from a hermeneutic perspective where therapists have no "transcendental ground from which to contemplate the process of which they are irretrievably a part" (Schwandt, 1994, p. 121) it is of the utmost importance to assess the credibility of research findings.

Sherwood (1969) describes three requirements which the adequate interpretative 'story' must meet: (1) internal consistency (one part of the narrative does not contradict another part); (2) coherence (ability to accommodate an individual's behaviour within a narrative and make it intelligible therein) and (3) comprehensiveness (the degree to which the explanation is complete and incorporated within the totality of the individual's life, case history or psychodynamics. These correspond to Ricoeur's (1976) principles of 'congruence' (1 and 2) and 'plenitude' (3). Similarly, Steele (1989) describes the following criteria which can be used to judge the merit of an interpretative account: the degree to which it provides a coherent and logically consistent account; the degree to which the exegesis weaves together the totality of the phenomena in question; the relations of the parts to the whole; and its ability to incorporate new or parallel textual material. Schafer (1989) also supports this view and states that the narrative structure has its merit in its coherence, continuity and credibility. He regards the therapist and patient as engaged in a narrative performance that changes as analytic work progresses. Together they create an account that is comprehensive, plausible and coherent. This coupled with the formulation of interpretations results in the retelling or 'narrative revision'. As a result of the fact that in psychotherapy there is no definite standard through which to privilege one adequate, coherent story over another, Schafer advocates the use of contextualizing language which remains faithful to the clinical landscape of events. These events are contextualized in relation to each other rather than in relation to external

points of reference. It is this meaningful linking of parts of experience into a network of meanings and ultimately into a landscape of meaningful action which gives hermeneutic interpretation its proper value.

CHAPTER FIVE

CASE MATERIAL

5.1 Introduction

The following chapter will provide a detailed narrative account of the three patients in question. The aim here is to present the meaning of a constellation of events in the manner of an intelligible story, i.e. by lending coherence and 'shape' (structure) to the events described therein (Woolfolk & Messer, 1988). This first section will provide an outline of the biographical data of the patients and will include aspects such as identifying data, the reason for referral, family background and highlights of childhood history and current psychological functioning. The second section will focus on the therapeutic process with each participant and will deal with the phases of treatment. For the purpose of coherence and structure this section will be divided into initial, middle and final phases of treatment. Relevant verbatim quotations from the psychotherapy sessions will be utilized to illustrate significant themes. The third section will include a theoretical integration of the material presented by focusing on the research questions presented in Chapter 4 and will complete the individual account of each participant.

5.2 Participant One

5.2.1 Background Information

Mr A. is a 50 year old, married managing director of a successful export company. He was referred for psychotherapy in November 2000 by a psychiatrist who indicated in the referral letter that Mr A. has an extremely busy schedule that should not be allowed to interfere with regular psychotherapy sessions. The referring psychiatrist also noted that he displayed marked avoidant personality traits, coupled with a severe social phobia. He has never received long-term psychotherapeutic intervention but has consulted various psychiatrists and psychologists since early adulthood for depressive symptoms.

Mr A.'s referral followed a near fatal suicide attempt in October 2000 after which he was hospitalized in a private clinic for a period of three weeks. At the time he was addicted to appetite suppressants, sleeping tablets and cannabis. He also masturbated excessively throughout the day at work and driving home in his car at night, whilst fantasizing about beautiful younger women or just a face he had passed in the street. These "filth sessions" were followed by periods of profound guilt and shame after which he would become depressed and suicidal, vowing to become clean. Sobriety, however, never lasted more than a couple of days and he soon found his way back to addictive substances and sexual fantasies. His profound feelings of guilt, isolation and self-destructive thoughts eventually culminated in the brutal suicide attempt mentioned above when he took an overdose of prescription medication and strangled himself in his garage with a sheet. He mentioned that he was looking forward to a nice violent death and that this "constructive" process of destruction was an attempt to stage his "final act towards oblivion". The following aspects pertain to Mr A.'s childhood history:

Mr A.'s overall recall of his childhood is sketchy and he related that when forced to think about his parents and "that part" of his life, it was with no form of endearment. The last born of five children, he grew up in a poor working class family, in an atmosphere completely "devoid of love". Both his parents suffered from bouts of depression, coupled with heavy drinking, during which the children would be left to fend for themselves. He described his parents as free spirits, who probably should never have had children. The marital relationship was difficult and characterized by verbal and physical violence between the parents. His mother left the family for a brief period during his early childhood, but soon returned after a passionate reconciliation. He remembered an intermittent period of peace and quiet after her return, but this was soon followed by more brutal arguments and violent confrontations. He stated that he felt relieved when his parents passed away shortly after each other in his early twenties. He never attended his father's funeral and has no contact with any of his siblings. He described his father as a sour son-of-a-bitch, who was never happy. He stated that his father liked silence and ran the household according to a fixed schedule. Should this

schedule be disrupted his father would become enraged and violent, with Mr A. bearing the brunt of his father's aggressive assaults as he tried to protect his mother. Mr A. would often switch off during these confrontations, and go into "that state of mind" referring to thoughts about death, which first surfaced shortly after his mother left the family home. He recalled telling a friend at the time that he had an inner voice, which urged him to kill himself.

Mr A. described his mother as a soft-spoken woman, who knew her place. He stated that he felt desperately sorry for her and mentioned that he probably loved her, as he used to sleep in her bed up until early adolescence. He also recalled that he used to suck his thumb and wet the bed up until this age. A single poignant childhood memory centered on his mother trying to gas herself in the garage when he was about seven years old. He remembered smelling something bad and recalled walking into the garage and seeing his mother slumped in the seat of the car. She looked dazed and confused but started shouting at him and told him to "fuck off". After this incident he perceived his mother as invisible, and thought that she probably blamed him for surviving. During this time he withdrew from the world and recalled spending hours on his own, whilst listening to the radio and fantasizing about the people inside the radio coming alive. In an attempt to alleviate his loneliness, he stole his own radio during a Boy Scout outing, and when this was discovered his father's shame resulted in his being severely beaten. He felt deserving of his fate and following this incident his fantasies about death seemed to increase as he stated that the voice of death was now a "constant companion", following him with different intensities depending on his state of mind.

Mr A. remembered adolescence as particularly bad. He struggled with acne and remembers being painfully shy and alienated from his peers, describing himself as a social misfit and a loser. He dropped out of school at the age of sixteen shortly after his first suicide attempt. This followed after his first girlfriend rejected him, when he tried to fondle her breasts. At the time he felt that he would be doing everybody a favour by disposing of himself. He took an overdose of his mother's medication but nobody noticed that something was seriously wrong. He was taken to hospital and treated for sunstroke. Having survived this attempt he moved

out of home and became a drifter who performed a series of menial jobs to sustain himself. During this time he stole a gun from one of his employers, with which he wanted to kill himself. He got into serious trouble and after a brutal confrontation with his employer he was fired. Shortly afterwards, profoundly aware of his shameful defiant character, he started military training. He remembered feeling powerless and worthless as he was struggling to cope with the verbal abuse from officers whom, he believed, perceived him as a worthless piece of shit. Severely depressed at the time, he was referred for psychiatric treatment. He stated that this intervention made him feel like an experiment and maintains that the treating psychiatrist used him as a "lab rat", as he was required to take part in a pharmaceutical trial testing a new type of anti-depressant. He became severely suicidal and took an overdose of the prescribed medication. He wanted this attempt to look like an accident by blaming it on the treating specialist. He stated that he wanted his parents to believe that he was killed in the line of duty, as he did not want other people to see that he was the master of his own destruction. This second failed attempt on his life left him feeling despondent and he decided to "make something" of himself instead.

Upon completion of his military training, he started working in a small export company and joined a Christian "happy hippie" group where, for the first time in his life, he felt accepted. He stated that he became overly religious and thought that Christ was the only way. He mentioned various Christian outreaches to "lost souls" on rainy nights, which left him feeling less lonely, because he was surrounded by those who, like him, were scraping the bottom "of the barrel of life". At that time he met his first wife and fell in love with this beautiful girl, who came from an upper class background. The relationship however, was doomed from the start, as he always felt inferior and struggled to connect with her on an emotional level. The relationship was highly sexualized and the marriage lasted only two years as they divorced shortly after he discovered that his wife was having an extra-marital affair. He was devastated after this loss and became obsessive about her, following her around and attacking her and her lover in a vicious confrontation. After finally accepting the loss of this relationship he completely withdrew from all social interaction. He cut himself off from the

external world and his life consisted of “work, work and more work”. He was drinking heavily at the time and, despite this, managed to become financially very successful after opening his own export company. The remainder of his twenties were characterized by long working hours, excessive drinking and complete social isolation. He started studying at this time through a distance education university and emerged as a successful student, completing a post-graduate degree in business administration. Despite being successful in his business ventures and studies, he still perceived himself to be a complete failure and he constantly toyed with the idea of doing away with himself.

In his early thirties he met his second wife, a social worker who had previously been married to an abusive husband. She had two children from this previous marriage and Mr A. stated he was intrigued by the idea of having a family. He perceived his function in the relationship to be that of a good financial provider, which he maintained with great success. Mr A. stated that his mood improved dramatically during the first few months of his marriage and he managed to stop drinking completely, an aspect which still mystifies him, and which he believes to be the result of his wife's continuous prayers. A deeply religious woman, Mr A. described his wife as a rock. However, his inability to connect with his wife and the two children who were born from their marriage, resulted in his depressive mood resurfacing. Finding it increasingly difficult to cope with the demands of work and family, he felt stuck between the devil and himself, and it was thoughts of death, and only death, which could comfort him. Perceiving himself as a parasite, who was dead to others, he related that the monster inside, provided him with the only alternative to survive this “nerve wracking business” of being alive.

5.2.2 Psychotherapeutic Process

Psychotherapy commenced in December 2000 and has been ongoing since. To date there have been 67 sessions scheduled with 27 missed sessions over the duration of therapy. In December 2001 he attended no sessions, stating that he wanted to have time to “work through” this on his own. He returned at the end of January 2002 and requested bi-monthly

psychotherapy, as he felt that weekly sessions left him feeling overwhelmed and therapy was beginning to “erode” his mind. He has been treated by the referring male psychiatrist throughout the psychotherapeutic process. He has managed to form a workable relationship with him, as he only focuses on medication and Mr A. perceives these consultations as less intense. Psychotherapy has progressed over three stages, which will be explored here in some detail:

INITIAL PHASE

A slender, tired-looking man, wearing a full beard to hide his acne scars, he presented himself during the first sessions in a well-groomed business-like manner. He gave an articulate account of his depressive difficulties and previous suicide attempt. Despite the manifest contraindications for psychodynamic psychotherapy, I was struck from the onset by Mr A.'s honesty, openness, capacity for guilt and his apparent indications that he was earnestly seeking help, describing this “endeavor” as a urgent attempt to emerge from “my bubble”. Given the extent of his depressive difficulties I requested to see him twice a week for psychotherapy but he indicated that his weekly business trips would enable him to come only once a week. He also expressed fears that delving into his mind that often, would cripple him. Hence, we agreed to weekly sessions and he left the first session stating that he felt relieved and grateful for my understanding his predicament.

During the second session he described himself as highly successful in financial matters and a degree of latent grandiosity was evident as he proceeded to tell me about his colleague's admiration for his ability to strike a business deal. Despite his manifest self-hatred he was proud of the fact that was a “smooth talking dealer” who could convince even the most reluctant customer to utilize his services. Painfully aware, however, that his outward success was a façade, he also lived in constant fear that he would be exposed for “whom and what I really am”. This was aptly demonstrated in a dream fragment he related during the second session, possibly also pointing to his vulnerability upon entering the therapeutic relationship:

I am in the conference room of a dilapidated hotel with some of my colleagues and we are discussing a particularly important deal about to come off. The place smells bad and is horrible looking. The next moment they start bouncing me in a blanket. I realize that I only have a shirt on and that my privates are exposed. I feel anxious about what these people are going to say when they realize that I am naked.

He left this session stating that I looked overwhelmed and he wondered whether I was feeling in over my head. He also stated that he thought that I had taken on more than what I initially thought I was dealing with. Discussing his masturbatory fantasies, he also stated that I was probably disgusted, and he felt that I saw him as a dirty old man. My early attempts to interpret this by stating that he was possibly projecting some of his own feelings onto me and that he was wondering whether I would be able to deal with the extent of his destructive and sexual fantasies, were met with a secretive smile and a passive nod.

Persistent themes in therapy during the first six months included a constant suicidal ideation during which he would fantasize about death and almost constantly ruminate on the beauty of the quiet dark place which would bring him peace and solitude. He referred to a dark force inside him, which would feast on his body and mind and relentlessly pushed him onto an island where no-one could reach him, and where he could be reached by no-one. His approach to sessions during the initial phase of therapy followed an almost ritualistic pattern. He would arrive on the hour of the session and request to go and do "my thing", which consisted of him going to the bathroom and remaining there for a few minutes, washing his hands and grooming his hair. Once in the consulting room, settling in the chair he would briefly scan the room and begin the session by providing some information about the activities of the past day. Missed sessions, also followed a particular pattern. During the first part of treatment I contacted him telephonically when he failed to turn up for a consultation. His initial response was that of surprise that I even noticed. He would always state that he had forgotten, as he was busy and he never had time to give therapy a single thought. During the latter part of treatment he would almost always cancel on the day at the exact time of his session by leaving a message on my answering machine, thereby constituting his presence in his absence. I explored this aspect during a number of sessions whereupon he stated that he did not want me to worry about his whereabouts.

Although eloquent, I was struck from the onset of therapy by how difficult it was for him to relate to me in any verbal manner. He would embark on long verbal discussions, normally centering on his perception of God, as if he was alone in the room. Avoiding eye contact for the most part of the first year of therapy, sessions were also typically characterized by long periods of silence. He responded to even the simplest of my questions with long periods of intense thinking, as if he was trying to weigh up my response to his answers. Tentative interpretations were completely ignored and he would respond to my comments regarding his emotional state in an indifferent and dismissive manner. He tended to moralize all aspects of his functioning whilst constantly referring to the overpowering love of God, who so loved the world that He was prepared to die to save us from sin. This was normally followed by a long discussion on his inability to grasp such love. He also stated that he felt undeserving of this, as he was a "shitty shallow piece of work". Attempts to focus on his perceptions of God were dismissed, as he would state that it had no value to explore the vastness of the concept of God. My further attempts to explore whether he identified with the long-suffering Christ-figure were also dismissed and followed with elaborate discussions on suffering figures from the Bible.

Throughout this time I was particularly struck by his lack of empathy for himself, perceiving himself as guilty whenever a relationship or business deal soured. I was aware of a particularly sadistic quality in his relatedness to himself and I pointed this out to him on a number of occasions. However, Mr A. remained insistent that there was no reason to find excuses for his behaviour and that I could never convince him otherwise. He was unable to identify any experiences which could have instilled the destructive part of himself and perceived himself as the instigator in the horrific trauma that he was going through. Even the painful childhood memory of his walking in on his mother trying to kill herself was disregarded and dismissed as an insignificant event, probably caused by his overwhelming neediness at the time. It seemed as he was unmoved by my attempts to provide him with a more realistic perspective on his internal world and I felt stuck between the devil and him, as I was unable to mobilize any life-giving parts of his personality. This was particularly

eloquently demonstrated in an early session where he proceeded to tell me about his garden. He went on to say that he had been trying to revive his garden over the past few months but realized during the past week that he had lost all interest. In fact, he related, he was now finding a particular pleasure in sitting in his garden and watching the trees, he so carefully planted some months before, die as a result of his inability to feed and water them. What Mr A. was telling me unconsciously was that our therapy, intended as a life-saving process, was destined to be the reverse, and that, like his garden, our therapy process would end up being a lifeless landscape. Again, on pointing this out to Mr A. he remained unmoved by my remarks and stated that I would soon realize "who" and "what" he was. He also felt that if I were able to see him in the way he was seeing himself, I would have a clearer view on why he hated himself so much.

My countertransference feelings during the initial phase of treatment were characterized by a profound sense of concern and at times an overwhelming anxiety, when he left the therapy room, that I was never going to see him again. His excessive moralizing and constant references to God during the early phases of treatment left me feeling impotent and unable to get to the core of his destructive impulses, which continuously threatened to derail the therapeutic process. In overview, the first six months of therapy were characterized by very little psychotherapeutic progress. Besides the fact that he was able to continue coming for treatment, his sessions were characterized by his constant absence and I often felt as if I had been naïve to even engage in a therapeutic relationship with such a destructive man. The material he presented often invited interpretations but in such a way that, if I responded, it produced an uneasy feeling that I had been drawn into an activity which was futile and irrelevant to his actual needs. However, I perceived him as a likeable and talented man and I was aware of a strong countertransference feeling of wanting to rescue this lonely and obviously desperate man. Towards the end of the fifth month, Mr A. during one session thanked me for my valuable support and sympathetic stance to his needs. His gratefulness, notwithstanding, he stated that therapy made him realize what a shameful wanker he was, and he was now hell-bent on ending this "entire endeavor". At this time he was plotting an

elaborate plan to commit suicide by pretending that he had been run over by a heavy-duty truck alongside a road he often travelled. He stated that he wanted somebody else to take responsibility for his death, as this would ensure his wife's financial fortune and allow him the opportunity not to leave "this legacy of destruction" behind to his children.

I was aware of my countertransference response during this session of feeling unable to connect with him, as well as an overwhelming feeling of anxiety upon becoming aware of the shadowy presence of the malevolent destructive part of himself present in the room. I told him that if he were to be helped, some prevailing part of him would have to be mobilized in opposition to the destructive presence. I also mentioned the fact that he managed to continue coming for treatment as a positive aspect, possibly pointing to a part of himself, which, as he indicated in the first session, earnestly required to be rescued from the destructive force. Upon his return the next week he mentioned that he had stopped taking all substances and that he had been able to stop masturbating. He also stated that my comments about his having to take responsibility, made him realize that he had to end this downward spiral. During this session he also started expressing concern for his children, as he now realized for the first time that he had been exposing them to the same plight he had had to endure as a child. It was evident that for the first time he was able to connect with his feelings for other people, although also profoundly characterized by feelings of being a "miserable failure" at parenthood. I left this session feeling a bit more hopeful about him as he seemed more concerned about improving, more connected with his feelings and more able to verbalize his thoughts.

MIDDLE PHASE

The middle phase of therapy was set in motion six months after the commencement of treatment, after the abovementioned session, as it seemed as though the life-preserving aspects of his personality were mobilized to some extent. An aspect that contributed to this, was the fact that Mr A. was booked off work for a period of three months, which resulted in

an initial improvement in his depressive symptoms. Despite the clinical improvement, the middle phase of therapy was characterized by long periods during which Mr A. would fail to turn up for sessions, with 16 of the 27 sessions missed over the duration of therapy occurring during this period. When I confronted Mr A. about this aspect, he mentioned that he felt great during therapy breaks and thought nothing about missed sessions. He also started expressing concerns about the financial implications of coming for treatment. During this time he managed to sustain his abstinence from addictive substances and masturbation and he was now more aware of the damage that he had done to his mind, body and soul. Repetitive thoughts about killing himself still surfaced during every session, albeit to a lesser extent. His sessions were now characterized by a deep concern for his adolescent son who had been experiencing similar problems. Their relationship deteriorated to such a degree that their interactions often ended up in verbal confrontations, during which his son would tell him how much he hated him and on two occasions urged him to go and kill himself. Deeply hurt by his son's indifference towards him he started becoming more emotional during sessions and expressed enormous guilt and shame about his inability to be a loving father. My interpretations at the time, that his profound sense of sadness and guilt were that of a loving and concerned father, were dismissed and Mr A. would often verbally attack me during these sessions by stating that I was naïve and that I obviously had no idea what destructive impact he had on the lives of his wife and children.

During two follow-up sessions, he again earnestly requested my help to stop doing the things that "are messing up my life" and he stated that he wanted to "get off my island" and live a more productive life. During this phase he turned his back on his wife's God, resulting in more productive therapeutic work, as he was able to accept some interpretations without immediately attacking these from a religious perspective. Despite the fact that Mr A. seemed more connected with his feelings, he maintained his punitive attitude towards himself describing himself as a selfish bastard, who cared about no-one, but himself. Deeply aware of how self-centered he had been, he related that he felt ashamed when thinking about the fact that he had not made love to his wife for a period of more than two years. He struggled

to understand why she was still around and mentioned during this session that she was feeling increasingly uncomfortable about the fact that he continued to see a therapist because she could not understand why he could talk to me and not to her. Fears of the future started to surface as he mentioned the fact that he had not built up any relationships. He mentioned the perpetual strain of his feelings of self-incrimination and the strain to pretend that his condition was improving. Towards the end of this middle phase he again became actively involved in tying up all the loose ends and left a particularly emotional session describing himself as a lost, sad, desperately unhappy soul with too many regrets. The following day he was admitted to hospital after his wife alerted the treating psychiatrist when she found him locked in their bedroom with his gun on his lap. She requested that he should stop psychotherapy as she felt that his condition deteriorated after every session and felt that a supportive approach was more appropriate. Despite this, Mr A. indicated that he wished to continue his treatment after his discharge from hospital.

FINAL PHASE

This current phase commenced after his return in January 2002. After Mr A.'s discharge from hospital he agreed, without my knowledge, to undergo electro-convulsive therapy (ECT). Upon his return for therapy he related that the treatment left him with no visible improvement. He still felt depressed like hell, and the only positive aspect about the encounter was the brief moment of oblivion when the anaesthetic took effect. He described this sensation as a little foretaste of death. Relating an incident, which occurred shortly after the completion of the ECT treatment, he mentioned that he was playing with a staple remover and wanted to use it to rip out the veins in his arm. He quickly interrupted himself and stated that he obviously got some pleasure out of seeing himself being destroyed, as he willed his mind "to go there". Feeling like a waste of human flesh, he related that he felt like the specific target of evil, and that he was now completely under the spell of the evil bloody force that controls his mind. He continued to describe this force as something which he had no control over, as it just comes over him, and concluded that it was going to be his downfall one day. He left the session by

saying that I looked overwhelmed and he wondered whether I believed that he would indeed be able to commit suicide. He proceeded to ask me whether I had ever lost a patient to suicide and stated that he did not want me to feel responsible should anything happen to him.

Despite his increasing reference to suicide and the resurfacing of an overwhelming depression, my countertransference feelings during this phase were characterized by feelings of being a passive observer and quiet bystander in the entire process and I often felt that my reactions were being tested. I confronted Mr A. about the fact that he never told me that he was considering ECT treatment. He related that he did not think that it would be an issue and stated that he was desperate for any type of treatment, that would alleviate his depression. He also felt it to be an aspect of his treatment which would please his wife, as she was growing increasingly uncomfortable with my therapeutic intervention. According to Mr A., his wife perceived me as being stubborn and secretive which left her wondering about what I was attempting to achieve, because despite the fact that Mr A. continued to see me there had obviously been no improvement in his condition. It was also evident that his wife perceived me as withholding and I was compared with the psychiatrist who was always freely available for mutual sessions, offered to increase his medication and even resorted to ECT treatment and hospitalization in an attempt to rescue Mr. A. I was left with the feeling that Mr A. was finding some pleasure in the fact that his wife and the doctor were becoming increasingly desperate to assist him, whilst I was left out of their frantic attempts to save him. I was surprised by the fact that he continued to come for treatment despite his wife's reservations, and when I confronted him about this he stated that he felt connected to the outsider experience of therapy. This confirmed my previous feelings of being a passive observer ousted from the therapeutic endeavor. Having managed to construct the therapeutic intervention as an outsider experience, he had now aligned himself to me, the forgotten and rejected child/therapist whom he was protecting from the Oedipal triangle represented by his wife and the psychiatrist. When I pointed this out to Mr A. he became increasingly anxious during the session, ignored my comments and proceeded to embark on

a long discussion on the rulers of darkness, again utilizing the religious defence which he so often made part of the process during the initial part of treatment. However, what was interesting to note was the fact that he had now managed to integrate the idea that these rulers were forces that deceive you, and given the fact that it was lodged in his mind he had some form of control over it. It was evident that he had managed to disentangle himself to some extent from the perception of the overwhelming quality of the force, which he previously thought he had no control over. I pointed this shift out to Mr A. and he responded to this with a felt sense of relief. He also stated during this session that he thought that his wife was scared of his getting better, despite her feverish attempts to assist him with his difficulties. He stated that she felt threatened by his potential improvement, as this might result in his discovering aspects of himself and their marital relationship, which could possibly leave him dissatisfied. Aware of the fact that he was possibly also referring to the therapeutic relationship, I proceeded to question Mr A. about his perception of the therapeutic endeavor and my effort to assist him with his personal difficulties. He continued to say that he hardly ever gave therapy a thought and that he never looked forward to coming. He also mentioned that he was pleased when therapeutic breaks occurred as he was saving money, and that he had no particular perception of myself or the therapeutic process. Thus, despite the fact that this particular session left him relieved it was evident that he was unable to take in any of the positive and life-affirming aspects of the therapeutic relationship. To add insult to injury he ended the session by stating that he was still thinking about suicide and that the inheritance he received from his childhood, referring to the constant dark thoughts, still lurked in the background. After this session I was aware of the fact that I was feeling like a worthless piece of shit and in the following weeks my attempts to rescue Mr A. from the destructive force were becoming increasingly less important to me. Feeling crushed and hopeless I realized that I was dealing with an insurmountable case and had been unable to mobilize any life-giving aspects of himself. This left me questioning why he still continued to come for treatment, despite his obvious reluctance and perception of this being a useless exercise. I felt fragmented as my internal world, initially littered with unintegrated islands of affection, interest and overconcern, were now replaced with coldness,

withdrawal and indifference. These countertransference feelings also made me think of an abusive relationship between a sadistic authority figure and a masochistic subordinate unable to flee from the distressing attacks of the abuser.

I mentioned these feelings to Mr A. by stating that his ability to position me as an outsider in the saving process probably left him feeling as if he was in control of the entire process and that he had managed to make me feel like the forgotten child he once was. He responded with a feeling of sadness and stated his profound appreciation for my concern. Subsequently this resulted in Mr A. becoming more responsive to treatment. During a recent session Mr A. stated that he felt more alive and that he had managed to unravel the defensive strategies of the enemy. Stating that he was now able to recognize the strengths and weaknesses of the internal force he has become able to mobilize strategies to ward them off. He mentioned that it was a matter of realizing "how far you can go" and he left the session visibly more aware of the negative impact of the destructive forces. It seems that on an unconscious level, Mr A. was now able to integrate the psychic pain, effort and thought of the analytic process which resulted in a positive move away from the destructive internal world, with seemingly no-exits, in which he had previously been incarcerated.

5.2.3 Discussion

The overarching research question cited in Chapter 4 on the nature of the internal object world characterized by destructive narcissism was broken down into four subsidiary questions i.e. the emotional states, actions and experiences of self and others, the predisposing developmental experiences and objects relationships and the nature of the psychotherapeutic process with these individuals which is intrinsically bound up with transference/countertransference phenomena. These aspects will now be explored individually and concurrently in an attempt to formulate a complete picture of Mr A.'s intrapsychic functioning.

DEVELOPMENTAL AND INTRAPSYCHIC ASPECTS

The developmental context predisposing Mr A. to the development of a destructive narcissistic character centers on the absence of any nurturing relationship with either parent. His depressed and emotionally unavailable mother was internalized as a "psychically dead" (Green, 2001, p. 170) maternal object. His corresponding self-representation was that of an unworthy and inadequate child unable to rescue his mother externally from an abusive husband and internally from her deadly (and deadening) internal world. Her early departure during his childhood, coupled with her suicide attempt, resulted in unconscious "psychical holes" (Green, 2001, p. 174), which mobilized powerful defence mechanisms. When referring to his formulation of the concept of a *dead mother* Green (2001) writes:

I wish to make it clear that I shall not be discussing here the psychical consequences of the real death of the mother, but rather of an imago which has been constituted in the child's mind, following maternal depression, brutally transforming the living object, a source of vitality for the child, into a distant figure, toneless and practically inanimate, deeply impregnating the cathexes of certain patients whom we have in analysis, and weighing on the destiny of their object-libidinal and narcissistic future. Thus, the dead mother, contrary to what one might think, is a mother who remains alive but who is, so to speak, psychically dead in the eyes of the young child in her care (p.170).

According to Green, the narcissistic trauma of the mother's abrupt emotional detachment from the infant is experienced by the child as a catastrophe. The loss of the mother not only constitutes a premature disillusionment in terms of the loss of love, but also results in the loss of meaning as the baby disposes of no explanation to account for what has happened. This inability to mourn the loss of the first loved object results in primary regression and a massive decathexis from the maternal object. Green (2001) points out that this decathexis constitutes a "psychical murder of the object" (p. 178) and results in a "hole in the texture of object-relations with the mother" (p. 179), giving rise to overwhelming feelings of emptiness, loss, loneliness and hatred. Green states that this situation will be particularly serious if the child discovers the mother's psychic inaccessibility at the same time when he discovers the existence of the father. If the new attachment is interpreted by the infant as the reason for the mother's detachment, the baby is caught between a psychically dead mother and an

inaccessible father. Pathological defense structures are established in response to these childhood narcissistic trauma and the primitive rage reactions characteristic of narcissistic injuries are frequently bound into masochistic, depressive and paranoid character features. This corresponds with Klein's (1957) view that when primitive envy is prominent, since good objects are attacked and devalued, the personality is fragmented into a number of different parts resulting in severe anxiety, depersonalization and states of confusion. Steiner (1981) also notes, that when these dynamics are at work, a destructive narcissistic structure sometimes offers itself as the only structure capable of "organizing the chaos, and a bargain may be struck which brings the remaining parts of the self together under the umbrella of the narcissistic organization. The gang may then trap parts of the personality which are not primarily destructive but which are unable to free themselves to relate directly to objects" (p. 242).

A more serious result of Mr A.'s premature disillusionment is the primary mode of identification with the dead maternal object. Identification with such an object sets in motion the need to get rid of the object, hence its alienating characteristics. According to Green (2001) this primary identification with the dead mother, transforms positive identifications into negative ones, that is "identifications with the hole left by the decaethexis" (p. 183). Green (2001) states the dead maternal object draws the infantile ego "towards a deathly deserted universe. The mother's blank mourning induces that blank mourning in the infant, burying a part of his ego in the maternal necropolis" (p. 195). In Green's (1986) view, primary identification with the dead mother results in a preoccupation with internal destructiveness and hence, in an attempt to keep the ego alive, it organizes itself around emptiness, hatred of external objects, solitude and primary ambivalence.

This resonates Riesenber-Malcolm's (1999) view that primary internal destructiveness is utilized by those patients who use self-punishment and suffering to avoid what for them is feared as even greater suffering and danger, i.e. their perception of the damaged state of their internal objects. In these patients masochistic behaviour serves the purpose of

preventing the emergence of any awareness of their feelings of guilt and they feel they are making expiation by being incessantly punished for what they believe is the damage they have done. This self-punitive behaviour takes the place of what should be reparation. This reflects Eshel's (1998) view that individuals under the impact of the "dead mother are either held and trapped in her devouring, deadening inner world, or if they succeed in detaching themselves from her grip are petrified and paralyzed in their interpersonal space, because of the imminent threat of being drawn back again into the mother's deadness" (p. 1117). This results in psychic spaces characterized by "the shadow of the object" (Bollas, 1987), "the shadow of the basic fault cast over one's whole life" (Balint, 1987, p. 183) or "the shadow of the mother's psychic absence" (Green, 1986, p. 154) and the consequent inability to form object relations of closeness, love and intimacy.

In Mr A.'s case it is evident that his destructive aggressivity, intended as a defence against the loss of an unavailable maternal object, resulted in destructive fantasies from an early age. The destructive fantasies were clearly set in motion as an attempt to preserve some capacity to surmount the dismay over the lost maternal object. Hence, the destructive thoughts were destined to mask the hole left by decaethesis, resulting in an almost erotic excitation teeming on the edge of an abyss of emptiness. The fantasy of fusion with the maternal object in Mr A's case resulted in a deep-seated longing for satiety and security, which unconsciously could only be found in death and self-destruction. Drawn to states of death and oblivion death was idealized as the solution to all problems resulting in perverse intrapsychic relationships between the parts of the personality produced by the split between libidinal and anti-libidinal parts of the self. The situation is however more complex as Steiner (1981) points out that "what appears superficially as a single split between the libidinal and destructive parts of the self often turns out to be a more complex phenomenon and not the result of normal splitting" (p. 242). The primitive destructive part of the self, under the dominance of the narcissistic structure, holds the self together in an unnatural way and the malignancy of the narcissistic structure is disguised in an attempt to lead the healthy parts of the self away to their death and leaving behind a crippled personality. This aspect of Mr A's

personality functioning was aggravated and complicated by the internalization of a hostile and abusive paternal object, linked in hate and fear to negative self-representations. Thus, in addition to the feelings of psychic deadness in relation to the early maternal object, the destructive interaction with a violent father intensified Mr A.'s negative self-experience, making this self suborganization vulnerable and threatened.

Mr A.'s inability to internalize any good object experiences, which could partially alleviate the strength of his parental introjects, resulted in a growing realization that nothing he could possibly do would ever elicit love from external objects and that perceived good objects would either psychically kill one, reject one or leave one feeling shamed and undeserved of love. Mr A.'s later object-relations mirror the active decathetment from any object that is about to bring disappointment. By repeating his old defences he remained totally unconscious of his identification with his dead mother, with whom he reunites by re-cathetcing the traces of the trauma. This was demonstrated in his first suicide attempt, which was preempted after his first girlfriend rejected him and served to confirm his beliefs about himself as that of a "rotten" and "shameful bastard" who deserved to be rejected. Similarly, the loss of his first wife to a male (paternal) rival also served as a powerful identification with a negative self-representation. This development can also be traced to his perception of God. The god-like figure which first made him feel loved and wanted during his "hippy Christian" days soon became a further source of brutal torture as he realized what a "shitty wanker" he was. Consequently, feeling undeserving even of God's love he now unambiguously experienced himself as an abandoned orphan (symbolically achieved by his feelings of "relief" after his parents passed away and his subsequent cutting himself off from his siblings) "devoid of love". This total identification with one personality suborganization meant the obliteration of any "good" self suborganization. The full instinctual charge of hatred was unleashed mobilizing fantasies of self-destruction and death in a defensive reaction to overwhelming feelings of hurt and rejection. The role enactment of this negative identity meant the immediate cessation of all life-giving aspects of his personality and the active embrace of the "dark force" which provided the only source of gratification. This was

eloquently demonstrated in his repeated references to himself as “powerless” and “worthless” which was acted out in his becoming a “loser”, “social misfit”, “shameful wanker”, “thief” and “drifter”. In doing so, he was able to negate all positive aspects of his behaviour and consequently all successes were narcissistically attacked through brutal sadistic self-assaults.

The defensive strategies employed by Mr A. included a persistent inability to benefit from the therapeutic encounter by dismissing or demeaning any interpretations. Utilizing a moral defensive structure, characterized by a “religious super-ego” (Green, 2001, p. 147) Mr A. was able to maintain his autistic encapsulation within his destructive internal world. Green (2001) points to the overwhelming presence of destructive drives, the role of splitting and the accentuation of idealization of destructive aspects of the self as key concepts in attempting to understand what he terms *moral narcissism*. Describing moral narcissism as an intermediate situation between rejection and disavowal Green points to the seriousness of this narcissistic structure (linking it to forms of psychosis), as it is associated with a repudiation of reality and object-cathexis. Green also states that moral narcissism is both positive and negative at the same time. It is positive in its concentration of energy upon a “fragile and threatened ego” and negative because it “gives value, not to satisfaction, or frustration, but to privation” (p. 149). In this type of functioning, idealization and persecution go hand in hand and beyond this “there is a chaotic state which does not recognize the primary symbolizing division, that of good and bad” (p. 151). Green extends his hypothesis on the internalization of the psychically dead mother through his concept of moral narcissism and links this development to the absence of a primary relationship with the father. In the analytic situation, Green states that the plan of the moral narcissist is to “use morality as a crutch in order to free itself from the vicissitude involved in the tie to the object; and so, by this roundabout method, to obtain liberation from the constraints involved in the object relation” (p. 145). In Mr A.’s case moral narcissism is utilized as an aspect of the destructive gang which *knowingly* takes over the healthy part of the self. Steiner (1981) refers to the perverse nature of this situation when he states that the “patient acts as if he has no insight but in fact seems to have considerable

insight which is ignored. The dependent part of the self may be subjected to enormous pressure to ignore the truth but also to some extent knowingly allows itself to be seduced" (p. 243). In such cases, sexual overtones seem to be a common aspect of collusive liaisons and result in perverse fantasies usually of a sado-masochistic nature. Joseph (1989) states that this internal state of the patients resemble the withdrawal into " a secret world of violence, where part of the self has been turned against another part, parts of the body being identified with parts of the offending object, and that this violence has been highly sexualized, masturbatory in nature, and often physically expressed" (p. 137). Thus, the destructive gang in Mr A.'s case, populated by images of moral decay and sexual deficiencies, only further served to strengthen the collusions with the destructive narcissistic part giving rise to overwhelming feelings of guilt and shame.

These feelings can also be linked to Green's formulation of moral narcissism. Shame, according to Green, is of a narcissistic order, whereas guilt is of an objectal order. However, both shame and guilt coexist and in analysis a distinction is to be made between guilt in relation to masturbation (which is connected to the fear of castration) and shame which as an "irrational, primary and absolute character" (p. 148). In such cases Green further states "shame is not a question of the fear of castration but rather of the prohibition of any contact with the castrated person. It must be stated that only a defusion of narcissism and the object-tie enables shame to have such a great importance. As any defusion favours the liberation of the death drive, suicide on account of shame becomes more understandable" (p. 148).

Mr A.'s schizoid withdrawal and the autistic quality of the analytic relationship also function as powerful defensive mechanisms. These processes seem to reflect Tustin's (1990) notion of an *autistic encapsulation* utilized as a defence against insufferable traumatic experiences. In this process of encapsulation attention is distracted from the destructive internal and external world to such an extent that the individual seems to be "in a shell" (p.122) resulting in failure to develop a sense of self which spells death to the psyche. This corresponds with Segal's (1972) notion of a delusional system which acts as a defence against the repetition

of a catastrophic situation and mirrors Ogden's (1997) view that autistic objects and object relations encompass a "form of deadness that involves a pathologically autistic aspect of the personality" (p.54), with the consequential development of false self states. Ogden further argues that this autistic object seems to reflect an obscuring interrelationship between being alive and dead with oscillation between the coexisting paranoid-schizoid, depressive and autistic-contiguous positions, having profound implications for the development of a sense of self. Winnicott's (1960) eloquent description of ego distortions in terms of true and false self developments deserves some attention here as well. He notes that the false self has as its main concern a search for internal and external conditions that will enable the true self to come into its own. If such conditions cannot be found it results in a reorganization of the self and the establishment of a new defence against the true self, resulting in suicidal ideation. Winnicott concludes that "suicide in this context is the destruction of the total self in avoidance of annihilation of the true self. When suicide is the only defence left against betrayal of the true self, it becomes the lot of the false self to organize the suicide (p.143). Hence, it eliminates the need for a continued existence and results in an isolated existence in primitive parts of the personality.

TRANSFERENCE/COUNTERTRANSFERENCE MANIFESTATIONS

It is evident that the transference and countertransference enactments of this narcissistic constellation determined the course of therapy. Mr A.'s appeal to me to assist him to find the life-giving aspects of himself mobilized punitive and retaliatory attacks from the internal mad jailer (Hoggett, 1997). Despite Mr A.'s conscious suffering the profoundly destructive part of him actively sabotaged this therapeutic striving, attacking the efforts of those committed to assisting and caring from him. His repeated reference to the "evil force" and my experience of an alien malignant presence indicates a split-off narcissistic omnipotent structure that had assumed control of his psyche. It is important to discriminate between different projected aspects and the role that each of these played in protecting Mr A.'s psychic equilibrium while perpetuating the narcissistic pathology. In the initial phases of treatment, I felt unusually anxious and distressed when Mr A. failed to turn up for sessions. I was desperate to rescue

him from the "evil force" which threatened to destroy him from within. This announced my identification with a live maternal object attempting to protect the libidinal and life-affirming aspects of the self. This was particularly evident in my anxious telephonic calls to determine whether he was still around after a series of missed sessions, only to find him "surprised" by my concern for his life. Feeling like an anxious mother desperate to revive a starving infant, in this phase I had become the voice "inside the radio" that struggled to enliven Mr A.'s deadly internal world. The fact that I had noticed that something was "seriously wrong", in direct opposition to his mother who failed to notice, and the physician who treated him for "sunstroke" after his first suicide attempt, was dismissed by Mr A.'s repeated comments that I should not "worry" about him and his refusal to benefit from early therapeutic interpretations. It seemed as if the destructive narcissistic structure allowed him an attenuated life where he felt temporarily free from despair, intrapsychic pain and depression, whilst the anxious mother /therapist was left on the brink of despair when realizing the futility of trying to revive an already dead infant.

During the middle and final phases of treatment, with his therapy attendance becoming more erratic, I was left with feelings of being professionally inadequate and rejected. This was another projected facet of Mr A.'s personality which surfaced as painful vulnerability, self-disgust and worthlessness in his relationships with those around him. It was also evident that this part of his internal world colluded with the demonic aspect, thereby protecting him from narcissistic injury by destroying any meaningful relationship as soon as dependency began to emerge. In the latter part of treatment when I became despondent about the value of therapy I was also particularly aware that on some level he had managed to imprison me within his deadly world. In essence, I had now become identified with the dead maternal object that was unable to respond to any of his needs. I realized that I had been unconsciously coerced into assuming the role of a dead "outsider" other, thereby not only identifying with his own projected feelings, but also allowing him to play the role of the destructor of the libidinal object. By me "giving up" on him he achieved some form of sadistic gratification, resulting in an improvement of his depressive symptoms and his ability to

"understand" the nature of the "unseen force". By positioning me as an outsider I was able to withstand the "frantic efforts" of his wife and treating psychiatrist. My countertransference feelings were characterized by a strong identification with his feelings whilst doing military training that he was a "lab rat". Feeling like an experiment, to be exploited and used when he felt like it, I recalled his description of himself as a "lost soul with too many regrets" during a number of sessions.

I believe that this aspect has been the most crucial in my analytic treatment of Mr A. as I was able to "survive" his retaliatory attacks on the analytic situation. This has resulted in the fact that for the most part of the past year of therapy Mr A. has been able to continue analytic treatment despite the "dark force" still lurking in the background. It seems then that only in my giving up my frantic efforts to "save" him, Mr A. was able to mobilize some libidinal strivings left within his delusional world. It is possible that some aspects of him now feel sufficiently contained to endure the demands of this process which he initially felt "eroded" his mind. Despite this, I am still of the opinion that his prognosis is guarded and that more positive therapeutic results will only occur if he is able to maintain his capacity for reflective work. It is also possible that by crushing my therapeutic efforts he had managed to convert the psychotherapeutic domain into a *psychic retreat* and that the deep gratification described by Ryle (1993) from crushing the therapist and the therapeutic situation is in fact at work here. Riesenberg-Malcolm (1999) provides an eloquent summary of the dynamics at work in the cases where the patient clings to a situation of what she terms "non-analysis" (p. 94). She states that:

the patient's awareness of being able to produce the halt in the analysis also brings feelings of triumph, often linked with sexual excitation. This erotic satisfaction contributes, in part, to the perpetuation of this type of behaviour. The patient believes that he avoids or denies his helplessness through keeping things as they are. He projects his helpless self into the analyst, and also his own potential for feeling guilty. Through the use of these mechanisms of projective identification, he not only feels that he has rid himself of undesirable feelings and problems, but also he avoids responsibility, for now the analyst is the guilty one (p. 94).

As Joseph (1989) states, it is very hard for these patients to find it possible to abandon the "terrible delights" (p. 138) of the pull towards despair and near-death for the uncertain pleasures of real relationships. The movement towards more real and object-related enjoyments, which would necessarily entail giving up the all-consuming addictive gratifications of mental torment, is thus sabotaged throughout the therapeutic process, regardless of psychotherapeutic effort and proper analytic technique.

5.3 Participant Two

5.3.1 Background Information

Mr B. is a 38 year old academic specializing in uncovering government corruption. He has never been married. He was referred for psychotherapy by a family member, a psychiatric nurse, who expressed concern about his excessive alcohol abuse and increasing social isolation since the break-up with his girlfriend shortly before the commencement of psychotherapy. When Mr B. telephonically contacted me to make the initial appointment he stated that he was obviously a raging depressive, who needed some instruction on how "not to feed the vultures". He missed his first appointment but phoned the next day to apologize for his oversight. He explained that he was unable to find my consulting rooms as he got lost along the way, an aspect which seemed to have been a very apt metaphor for his internal feelings and the therapeutic encounter that was to unfold itself during the next few months. Arriving late for his next session, he appeared visibly anxious. An eloquent, intelligent and well-read man he quoted Sartre's words "Hell is other people" repeatedly during the first session, and it was evident that he was well versed in philosophy, literature and psychoanalytic theory. He stated that he had been feeling increasingly depressed and isolated since the end of a three-year relationship with his girlfriend. Subsequently, he withdrew himself from the outside world and spent reclusive days in his one-bedroomed flat, seldom venturing outdoors. During these periods he read and wrote, whilst withdrawing inside his mind, which he described as a "comfortable torture chamber". He only ventured outside at night and would spend most of that time in a pub, not talking to anyone, getting as "wasted" as possible, whilst observing other people's "idiotic maneuvers". This left him

feeling as if “encapsulated within a secret chamber”. The following information was obtained on his childhood history:

Mr B. was born in Namibia, the youngest child of three from his mother’s second marriage. His mother went into cardiac arrest during his birth and as a result he ended up spending the first six months of his life with his paternal grandmother. She was increasingly unable to cope with the “demanding” baby and he was returned to his mother who, according to Mr B., described him as a hyperactive maniac. He also mentioned that his mother thought he was retarded, as he could never focus on only one thing at a time, but would sometimes be able to sit on his own for hours staring out of his bedroom window. His mother was struggling with her health, which soon culminated in volatile moods during which she would become violently aggressive. He recalled various incidents during his childhood where she used to “rant” like a child and described a particularly vivid episode where she threw a brick in his face when he cried. At the age of three the family moved to the United Kingdom, whilst his father remained in Namibia for a brief period of time, working as a contract builder. His early childhood in the UK was described with fond memories of being a confident and happy little boy. However, he feared his brutal mother, who stole his “joy and creativity”, leaving him feeling “frozen” as a consequence. Mr B. mentioned that he missed his father terribly during this time and recalled having very vivid dreams of God, dressed in an army uniform, reassuring him that He would bring his father back. His father’s arrival however, after an absence of eighteen months, was no happy occasion. Describing him as a weak pathetic alcoholic, he remembered the despair he experienced when his real father, and not the one he had carefully nurtured in his mind as the person who would come and rescue him from his mother’s brutal physical attacks, returned to his life.

The marital relationship was strained and Mr B. recalled various physical confrontations between his parents during which his mother would put “the fear of God” into everyone. He described his mother as a four-foot monster, who, like a man, could beat you senseless and treated you like an object. Her violent beatings continued until Mr B. left home when he

matriculated. He mentioned that his mother hated him and that he never felt loved. He perceived this to be his own fault however, and deduced that he messed up her life "right from the start". He also felt that she blamed him for the health problems she experienced as a result of his birth. His fear of his mother soon developed into a manifest hatred, which culminated in vivid fantasies of wanting to poison or strangle her, because she used to force him to wear polo neck sweaters. He perceived this as her attempt to suffocate him. During this time, he felt like his pet hamster locked up in a cage, and often fantasized about a woman coming to rescue him from his plight. The rescuer came in the form of a paternal aunt who used to dote on him, telling him what an intelligent boy he was, when she discovered at an early age that was able to read fluently. He described her as an ugly overweight woman with large voluptuous breasts and recalled having strong sexual fantasies about her. This made him feel awkward and ashamed. Consequently, he avoided being alone in her presence.

Financial hardship and the increasingly destructive relationship between Mr B.'s parents forced the family to move to South Africa five years later when his father managed to obtain secure employment. The move was experienced as painful and Mr B. mentioned that he became excessively and overly aware of himself. The family settled in a small conservative Afrikaans speaking community, which only exacerbated his awareness of himself as different. Describing himself as a pale child with a strange accent, who was ridiculed by others and teased mercilessly, he struggled to adjust to the strange country. He cited this early awareness of himself as the root of an utter despair which was to follow him throughout his life and rob him of his childhood. Early childhood memories of this time centered on vividly recurring fantasies of wanting to take a gun to shoot the "children's brains out". He also remembered sitting in a tree at his school on one occasion, having fantasies of all the children burning in Hell and him standing there, passively observing the situation, whilst laughing at the screaming burning children.

His parents divorced when Mr B. was 11-years old and his father disappeared from his life completely. He remembered being utterly alone and recalled praying to God to take away his loneliness, but God never listened. As a result, he started hating God and Christians, finding a perverse pleasure in shocking his teachers and peers by refusing to sing the Lord's Prayer and openly stating his sympathy for Satan, whom he perceived as the underdog. At the time he recalled having fantasies of killing himself because he perceived this to be the ultimate act of rebellion. By Grade 10 he was trying to read Nietzsche because he wanted to find meaning in life. He recalled constantly reminding himself of Nietzsche's words in *The Birth of Tragedy* that the very best things in life were quite unattainable and constantly quoted parts of the book to teachers and peers, declaring that it is best not to be born or to exist or to be nothing and to die as soon as possible. He soon realized this was a futile exercise. Instead, he turned his attention "inwards" and started admiring and identifying with the likes of Jim Morrison and Kurt Cobain (who both committed suicide). Excelling academically, something which he perceived as setting him apart from others, he recalled hating stupid people and stated that he found the whole world a false bizarre concoction of idiots. He perceived other people as energy vampires and recalled that he consciously attempted to hold people at arms length, maintaining a 'devil don't care' attitude by starting to drink and smoke whilst pretending to be a "hooligan". Despite this, he still maintained an A aggregate in school and he coped with life through reading and drinking. Upon leaving school he moved away from his mother and felt an overwhelming sense of freedom as he was now able to leave behind everybody who attempted to destroy him. His student years were, however, characterized by feelings of being strange, and he again withdrew into himself, reading philosophy and psychology in addition to his demanding academic course. Academically he excelled and he mentioned that he was deeply proud of the "adulation" he felt when he obtained his first degree cum laude.

His first serious romantic relationship commenced shortly after he started a post-graduate degree. He described the relationship as weird and sinister, as they set out to destroy each other. A highly sexualized relationship, he suggested that they would spend days in bed

together eating, drinking and making love, only to tear each other apart the next day. Mr B. mentioned that he loved the feeling of merging during their lovemaking and wanted to stay interlocked with her in his room for time eternal. According to Mr B. his girlfriend was seriously disturbed and her blue moods, which could "hang over you like a cloud", soon made him feel helpless and petrified. The relationship ended when she left him for an ex-boyfriend. After their break-up she changed her complete appearance, and Mr B. was left with feelings that their entire relationship had been a figment of his imagination, repeatedly questioning himself "did I dream this up?" He felt utter despair after this relationship ended and vowed never to get that close to anyone again, as intimacy only resulted in pain. Becoming increasingly depressed he again realized that there was no meaning in life, resulting in his suicidal and destructive thoughts recurring with a vengeance. He started drinking heavily at the time, in an attempt to anaesthetize himself, and stated that his thoughts of death and destruction made him feel larger than life. He mentioned that although he was seriously contemplating suicide at the time, he already felt "buried above the ground", and as a result he realized that suicide was not the answer. Instead, he embarked upon a series of relationships, with women falling in love with him and him finding pleasure in seeing them hurt as a result of his emotional indifference.

He met his second girlfriend in a pub, four years after he completed his post-graduate studies. He remembered being "obnoxious" and did not think that she would be interested in him, as he got involved in a physical fight with someone on that night who told him that he was "strange". He stated that he was attracted to this "reserved" girl, as he felt safe and secure that a shy girl would never embarrass him and make a fool of his feelings. He explained that shy girls often made better partners, as their feelings of insecurity left him feeling more in control. The relationship was difficult from the start with Mr B. displaying strong ambivalent feelings towards her, constantly testing her loyalty and affection. She came from a loving well-functioning family and he mentioned that her "wholesome goodness" sometimes made him "sick to the point of puking". He never trusted her, became obsessively jealous of her female friends and wanted them to spend every waking and sleeping moment

together. He wrote her long poems and wanted to love her passionately. At the same time he perceived her to be withholding and described her as a cat that wanted to reel you in, only to become aloof and indifferent when you responded. He stated that despite his feelings of love, he found a sadistic and perverse pleasure in insulting her, often telling her how stupid and naïve she was for trusting him and often fantasized about brutally assaulting her. She ended the relationship as she felt that they had no future together and her family started expressing concern about her being involved with such a broody and dark person, who constantly picked on her by focusing on her minor emotional and physical flaws. His utter loneliness and despair after this relationship ended left him feeling as if he was living in a void and the “attractive thoughts” about death soon resurfaced.

5.3.2 Psychotherapeutic Process

Psychotherapy commenced in May 2001 and ended in July 2002 shortly before Mr B. emigrated. In total there were 42 sessions scheduled, which included 15 missed sessions over the duration of therapy. Missed sessions were typically ignored or he would phone to say that he had to attend an urgent meeting. On four occasions he phoned to say that he had overslept after a night of heavy drinking, which left him unable to come to therapy. Mr B. stated during the first consultation that he wanted to enter therapy as he had a felt desire to have balance, as he was aware of the destructiveness of some of his behaviour. Although eager to find some direction on how to change this, he mentioned during the first session that he questioned the effectiveness of psychotherapy as he had been in two previous short-term therapeutic encounters as a student. The first therapy, with a male therapist, ended when the “idiot” told him that his only salvation in life was to “turn to Jesus”. He left therapy immediately and started seeing a female student therapist, whom he found to be too “passive and Rogerian”, mocking her repeated question “and how does that make you feel?” Despite his reservations about therapy he agreed to see me on a weekly basis. The progression of therapy can be structured in the following way:

INITIAL PHASE

From the onset of therapy I was struck by a nervous energy that accompanied Mr B. as if he was constantly agitated. In sessions he would tap his feet or play with his fingers and hair whilst talking incessantly, leaving very little room for me to make comments or interpretations on his long verbal monologues. Dressed informally, he often came to therapy with unkempt hair and his shirt hanging out, which gave him a boyish look, as if he had just been in a playground brawl. However, it was evident that this boyish playfulness masked a sense of deep despair and loneliness. His intelligence, verbal eloquence and quotations from philosophy and literature often left the impression that he was making a speech. It was also evident that he was not really present in his own dialogue, leaving me aware of the fact that he utilized his "razor sharp" intelligence as a defence against focusing on his internal world. Always arriving a couple of minutes late he would typically start the sessions by telling me of his reasons for being late, self-consciously rub his hands together and proceed to ask me if it was in order for him to leave his cellular phone on in case "something happens". My early attempts to interpret this behaviour as a possible fear of being alone in his own company, without the intrusions of other people, were mocked as the "anal" aspect of psychoanalysis. He proceeded during that particular session to take two phone calls, as if challenging me in some sadistic way. From the onset I was also aware of another powerful aspect which characterized my work with Mr B. Upon his departure from the therapy room I often had a strong countertransference feeling that the room was too neat, tidy and 'pretty'. During this early phase I had fantasies of rearranging the pictures on my wall and was aware that I wanted to 'ruffle up' the therapy room so that he would feel 'more comfortable'. Initially, I was unable to make proper sense of this very strong feeling but, as it later emerged, it provided a powerful visual metaphor in describing the disordered and fragmented state of Mr B.'s internal world.

In the fifth session, Mr B. proceeded to ask me whether he had a dependent personality, as he was obviously unable to let go of the images of people who "damaged" him. He proceeded to tell me about a poem that he had been reading during the previous week called "The Meeting". Uncharacteristically unable to remember the entire poem, he mentioned that it had been about two people going up a flight of escalators. Their meeting is momentarily frozen in time when there is a power failure and quickly interrupted as they drift away from each other when the power is turned on again. He also told me about a book with only two characters which ends in utter misery, when the two people are forever unable to establish a connection. These references to disconnectedness and failed meetings, coupled with his fears at the beginning of the session that he may have a dependent personality, signalled that Mr B. was unconsciously warning me about the outcome of therapy. Our meetings, intended to assist him to find balance and aspects of himself which could foster his dependency needs, would indeed be fruitless because the destructive part of himself would sabotage these efforts through various power failures resulting in our efforts evaporating into thin air. I mentioned this to Mr B. and he was visibly moved remembering his urgent seeking as a child to feel loved and cared for. Unable to recall any moments during which he felt loved he expressed anger and rage at his mother who was always "only about herself". He fled from these painful feelings by interrupting himself and referred to a book that he was reading called "A Heartbreaking Work of Staggering Genius". Unable to relate the contents of the book, he mentioned that the title would provide a particularly eloquent epitaph. He left the session feeling "vulnerable", as if naked, and quietly thanked me for my assistance as he was walking out of the room.

Mr B. missed the next two sessions because he had left town working on a particularly important case. Upon his return he mentioned that he was trying to become as successful as possible in his career, as he wanted to prove to others that he was capable of making a success of his life. A marked degree of grandiosity and narcissistic gratification was evident during this session, as he continued to elaborate on his extra-ordinary capabilities as an academic. Highly successful, receiving a number of awards for his verbal eloquence and

writing skills, he mentioned the warm feeling of utter adulation when seeing his name in print on the front of a newly published book or article. He mentioned that he often had vivid fantasies of being admired by hundreds of people, with him being separated from the "mob" inside his "secret chamber", leaving him much desired but unattainable. His mood changed as he continued to say that he often felt extremely self-aware when attention was focused on him and mentioned that he was ashamed of some of his feelings about himself and other people. This included vivid fantasies of urinating and vomiting in other people's lounges and being as obnoxious as possible, in order to test people's reactions. In reality he often mocked his colleagues' hypocrisy and shocked them when he would, just to test their reactions, tell them that he had the felt need to crucify a couple of Christians by impaling their bodies on streetlights running across a public road. He also stated that he particularly enjoyed the shock on a female colleague's face when he told her that he wanted God to take His creation and shove it up His arse with a shotgun. At the time he felt a particularly strong feeling of identification with certain literary figures and people whom he perceived as tragic strangers. Mentioning Lord Byron and Marques de Sade, he told me during this session that he was reading a particularly interesting book on serial killers, as he found their internal make-up fascinating. His love for war surfaced and he mentioned the decadence of destruction, coupled with his blood lust, as extremely attractive qualities. He stated that he often wished that World War III would break out so that the destruction could start. At the end of the session he mentioned that he was "sinking" and left in a state of nervous anguish referring to an existential angst located in the pit of this stomach. The increasingly sadistic fantasies and repeated references to anal aspects left me concerned that he might act out on these fantasies. I made a brief remark on his enjoyment of sadistically destroying links formed with other people. I proceeded to comment that his love for war, blood and destruction seemed to mirror his internal feelings, hence his fantasies of wanting to "scar" any potential loving or peaceful place. He sarcastically smiled at these comments and left the session stating that he would spare me from "cocking" himself in my therapy room.

He started the next session by mentioning that he felt depressed and desperate. He described a death force, which had been instilled in him from a young age, and compared this force to the pleasure he experienced during orgasm, which he described as the "little death". Becoming increasingly isolated at the time, he mentioned that he would lock himself up within tormenting thoughts of death, and that he constantly feared contracting brain cancer as a result of these thoughts. He mentioned that he did not want to die from such an illness, as he was unable to control that, and that he wanted to be able to observe his own descent into Hell. Focusing on his plans of destruction, he mentioned a particular form of freedom associated with these thoughts as he could make his mind "go there at any time". He stated that everybody else wants life, and he only desired death. His fantasies about death included particularly brutal images of wanting to "cock" himself in the head in a public place or of jumping naked off a bridge with a poster tied to his body reading "I hate life". Mr B. stated that he loved the decadence and attractiveness of these thoughts. He would fantasize about his funeral, during which people would be crying bitterly, asking him for forgiveness for treating him so brutally. He mentioned that these thoughts about his own death and funeral were the only thoughts that could ever bring tears in his eyes. He failed to turn up for the next appointment and after a holiday break he missed two follow-up sessions, leaving me concerned as to his whereabouts. I contacted him telephonically and he stated that he had been very busy at work but would attend the next session.

MIDDLE PHASE

The middle phase of therapy was characterized by sporadic missed sessions and an increase in his destructive fantasies, coupled with the resurfacing of a number of painful childhood memories. During one particular session he described himself as paranoid, and not well "upstairs". This paranoia seemed to be related to obsessional thoughts of being followed around and increasing fears that he was going to die from an internal illness like diabetes, cancer or Aids. He stopped drinking during this phase and managed to maintain his abstinence for a period of six months. Sessions during this phase were typically characterized by long verbal discussions on his hatred of the world and the people who

inhabit it. He stated that he profoundly hated homosexuals, hippies and happy people, who pretended to be "what they're not". He mentioned various books and television programmes portraying happy families and related that "all that love" made him sick. It was during these times that he would plan elaborate schemes to destroy other people's happiness, as he found a perverse pleasure in spoiling other people's fun. He again mentioned the fact that he felt unable to make an impression on other people's lives and felt that not even his destructiveness could make anyone sit up and notice him. During one session I again made a comment about his destructive thoughts and fantasies being a particularly desperate attempt to forge some links with other people, whilst it was also actively destroying any possible links that he might form. He responded to this with overwhelming sadness, which stirred a string of painful childhood memories. He mentioned that the only person who would affirm him during this childhood was his aunt and the God of his dreams. He recalled a recurring dream during his childhood where God would bring him beautifully wrapped Easter eggs. He stated that these dreams left him feeling calm and nurtured and he expressed his horror upon awakening when realizing that the God of his dreams and the God of the Bible were not the same. He stated that this latter God petrified him and ended the session by saying that "this", referring to life, is all a joke and the sooner he ended it the better it would be for everyone. He was involved in a car accident that night and managed to escape with only minor injuries.

FINAL PHASE

The final phase of therapy commenced with Mr B. announcing that he had arranged a meeting with his father whom he had not seen for a period of five years. He related that he felt anxious about the upcoming meeting and feared the consequences, as he was scared that his father would be disappointed in him. The proposed meeting seemed to stir a number of memories pertaining to his "manhood" and sexual identity. He suddenly remembered an incident in high school where an older man tried to kiss him and again mentioned the primary school incidents where the children called him queer. He also related various incidents

during his adulthood where he tried to befriend males but felt overwhelmed by their confidence and sexual assuredness. Given this, he mentioned that he had been worried for a long period that he would turn out like his father and would be left a desperately lonely man. He returned to the next session in a state of almost manic inflated grandiosity and proceeded to embark on a long discussion about the unfoundedness of the reservations he expressed during the previous session. He stated that he had no reason to compare himself with such an inadequate loser, because he was obviously on a "different level". He was left feeling embarrassed and ashamed of this ageing man, who had been wrecked by alcohol-induced diabetes. However, he also mentioned that he felt overwhelmingly sad when he left his dad and went to the pub where he got drunk and felt "completely out of my mind". Feeling extremely embarrassed about the fact that he had started drinking again he apologized profusely for the fact that he was a lost case scenario. I responded to this by referring to his earlier comments about the particular nature of his relationships. Not only was he feeling vulnerable after meeting with his father, but also, he was now particularly aware of the fact that he had become vulnerable enough within the therapeutic situation to trust and depend on me by sharing his feelings of vulnerability so openly. His drinking was an attempt to destroy this link and I asked him whether he secretly hoped that I would see him as a lost case or a raging hooligan and give up on him. Mr B. was visibly moved by these comments and started to cry silently. Unable to console himself he left the session ten minutes early. He never arrived for the follow-up session and cancelled the next appointment by stating that he had to see off his cousin, who was leaving the country, at the airport. It was evident that his libidinal stirrings were too much for him to deal with and that he was unconsciously telling me that the therapeutic relationship was now in great danger as he could also fly off to an unknown destination.

Upon his return for his next session his arm was in a sling and his eyes were blood shot. He mentioned that he had been drinking non-stop and that a vicious dog had attacked him the previous night on his way home from the pub. He wanted to embrace the dog, but the dog turned on him and nearly destroyed him. I asked Mr B. whether my comments in the previous

session left him feeling brutally attacked and possibly destroyed, as he was now aware of the fact that I could see through his powerful intellectual and destructive defences. He affirmed this and stated that he had been having increasing thoughts of wanting to leave South Africa, as there was obviously no point in his staying here. He mentioned that he had thoughts of leaving therapy as well as he could no longer afford it, and he wanted rather to save his money before going overseas. My comments on this, that his reluctance to continue with sessions had nothing to do with money but possibly symbolized the fact that he felt that I was bankrupting him by taking away some of his powerful defence mechanisms were met with a sarcastic comment, again referring to the "anal" part of the word psychoanalysis. He proceeded to embark upon an intricate discussion on astrology whereafter he asked me my Zodiac sign to ascertain if I had psychic abilities. My refusal to disclose this information was met with a blank stare and a missed follow-up session. It was evident that in his mind I had now become the aloof and powerful cat-like figure that was able to emasculate him with what he perceived as extra-ordinary abilities. The increasing libidinal desires which surfaced during therapy now posed a great threat to his destructive internal fantasies and resulted in his wanting to flee from the therapeutic process. He returned for two follow-up sessions stating that his destructive energies were becoming stronger and he felt enraged with his mother who was trying to stop him from obtaining his ancestral passport from the British Embassy. He stated that she wanted to block his progress and mentioned that he hated women who were trying to rule his life. My interpretations about these comments, which I believed served as a powerful metaphor for the therapeutic relationship as well, were dismissed and he stated that I think too much about non-essential things. He continued to embark on a long discussion on the dangers of becoming too analytical, and stated that he pitied me for having to listen to other people's crap "all day long". He returned after a short holiday break and paid his full account. Still uncertain about when he would leave the country he continued to schedule appointments but failed to turn up. I contacted him telephonically on a number of occasions but he was always unavailable. Given the fact that his cellular phone was always switched on, even during therapy sessions, I realized that he was attempting to avoid me. I finally managed to track him down at his office and he stated that

he wanted to give therapy a break. I had to contact Mr B. shortly afterwards to obtain his permission to use his therapeutic material for this research project. He was surprised and flattered by the fact that I had wanted to use him as a "case example". He agreed to take part in the study telephonically but never mailed back the consent form, which resulted in my having to contact him again. He finally ended up faxing the consent form to me shortly before he left the country two months after informally terminating therapy.

5.3.3 Discussion

The following aspects apply to Mr B.'s case when viewed from the abovementioned research questions:

DEVELOPMENTAL AND INTRAPSYCHIC ASPECTS

The developmental context predisposing Mr B. to this type of character pathology stems from the internalization of a sadistic and tyrannical maternal object giving rise to an overwhelming infiltration of aggression into a pathological grandiose self-structure. It is possible here to show how the problematics of narcissism can be traced as far back as Mr B.'s birth with his perception of his mother's broken heart as his fault. His premature separation from her, coupled with her volatile moods and tyrannical assaults, which essentially made her emotionally unavailable to him, were eloquently demonstrated in his reference to himself as a "heartbreaking work of staggering genius". From the onset of therapy it was evident that his libidinal self seemed to appear in his material as a small, needy and lost boy who felt humiliated by his dependence on his objects. Only rarely was this part of him able to protest directly at the frustrations he had to endure. It was especially when the libidinal part of himself felt frustrated and not understood that it was liable to be drawn into the collusion with his destructive narcissistic part.

Having positioned himself as a cruel and tyrannical object, capable of putting his mother's life in danger from the moment of his birth he developed a type of *heroic compensation* (Steiner, 1999) to overcome the primal affect of anxiety that arose from the trauma of his birth. R.

Steiner (1999) describes heroic compensation as a typical phenomenon in narcissistically disturbed patients where there appears to be a particularly traumatized constellation of personal vicissitudes. The complex symptomatology characteristic of the heroic compensation is utilized to cover up and to defend the infant from profound feelings of inferiority and hatred. Steiner (1999) further states that "if there is an excess of negative internal or external factors, and the primitive interaction between the baby and the mother is disturbed, the interaction between the baby's projective and introjective identification, and his carers, becomes too pathological and, can, for instance, lead to an excessively narcissistic and grandiose attempt by the baby to maintain his heroic self" (p. 696). This, in turn, implies a depletion and damaging of the libidinal internal world. It often leads to the establishment of a demanding and persecutory ego-ideal and pathological superego development. In Mr B.'s case, his frantic efforts to constitute himself in the role of a "larger than life" heroic character, resulted in the fact that he retreated into a "permanent uterus" (Rank, 1993, p. 107) protecting himself with a horny skin by being an obnoxious and raging hooligan. The exhilarating sense of power and enjoyment found through this identification, coupled with fantasies of being free from fear, pain and dread resulted in a deep narcissistic gratification during which he was able to destroy any good object. Coupled with the fact that the gratification of aggression was perceived as his only significant mode of relating to others, he consequently devoted himself to a complete identification with this omnipotent introject.

It is evident that Mr. B's manifest self-hatred, damaged self-regard and devalued sense of identity resulted in the formation of an "anti-self" (Royston, 1998, p. 19) structure where he perceived himself as the sole author of his intrapsychic sufferings. Royston links the development of the anti-self object to narcissistic deprivation. He states that "an anti-self is internally dominated by a narcissistically demanding and aggressive internal anti-selfobject which has damaged the patient's protective boundaries, leaving a self open to misuse as a container by others. When the self develops, the patient feels guilty and afraid. These reactions are generated by the internalized anti-selfobject" (p. 27). In Mr B.'s case the

narcissistically damaging situation was ameliorated but also consolidated by an admixture of intellectual and moral masochism.

It is also evident however that there were numerous desperate attempts in his internal life to withstand the enchantment of the destructive identification before finally succumbing to its magical powers. This was demonstrated in his recurring childhood dreams where the God he created in fantasy was able to magically relieve him from suffering and provided him with a sense of comfort and security. These perceptions of a "good" God, found in his vivid dream life and schizoid withdrawal in literature, poetry and philosophy, were an attempt to partially alleviate the strength of the hostile maternal introjects, but it proved to be a "futile exercise". Instead, he destroyed the good object by killing it off within the torture chamber of his mind and his subsequent aggressive assaults on any potential good object internalization. The benign influence of these fantasized good objects was powerfully undercut by two factors: firstly, the growing realization that nothing Mr B. could ever do would elicit maternal love or attention and, secondly, the dramatic discovery of his father as a weak and pathetic man who was unable to rescue him from this tyrannical internal and external world. Realizing that nobody would be able to save him he attempted to save himself and all his escape routes represented a dramatic and extreme deterioration in object relations, hence his identification with destructive literary characters and "strange" romantic outsiders.

These identifications resulted as Mr B.'s only alternative compromise solution to the assumed pain of external object relatedness and created a state of deficiency whose consequences and after-effects appear to be irreversible. Having identified with the tyrannical aspects of his maternal introject, it seems as if this internal self-representation was utilized in an attempt to console and soothe himself throughout his life, thereby freeing him from the burden of healthy object relatedness. Caught in a pincer movement, Mr B. knew neither which way to turn nor which front presented the most pressing danger and consequently he employed the only resources at his disposal; that is, to bring destructive thoughts into play. This resulted in the hatred of both internal and external reality, as well as

envy for those whom he perceived as "happy". His identification with characters from literature and philosophy, his repeated need to shock others when referring to God and his destructive fantasies since early childhood served as a way of protecting himself from intimacy, emotional contact and real understanding.

Kernberg (1992) points out that the intense attachment to a frustrating mother is the ultimate origin of the transformation of narcissistic rage into hatred. This develops as a result of the fixation to a traumatic relationship with a fundamentally needed object that is experienced as all-bad and as having destroyed or swallowed up the ideal good object. The revengeful destruction of this bad object is intended to magically restore the all-good one, but in the process it leads to the destruction of the very capacity of the self to relate to the object. As Kernberg (1992) notes, this transformation "takes the form of identifying not simply with the object (mother) but with the *relationship* to her, so that the hatred of mother as victimized, with its painful, omnipotent, paralyzing implications, also is transformed into identification with her as the cruel, omnipotent, destructive object" (p. 27). In identifying both with the suffering self and the sadistic object, the self is swallowed up by the all-encompassing aggression of the relationship. Hatred in this sense is a basic type of revengeful triumph over the object, a triumph also over the terrifying self representation achieved by projective identification and the symbolic revenge for past suffering condensed in the fixation of sadistic behaviour patterns. This hatred towards external objects is regarded by Bollas (1987) as a defence against emptiness where hatred is a form of object relation utilized not to destroy the object but to preserve and maintain it. Since true loving object relatedness has never been a real possibility for such individuals, Bollas concludes they "become deficient in techniques of ordinary insight and self-reflection" (p.131). Under such conditions pathological hatred is absorbed into the superego, which is characterized by the most primitive layer of superego precursors and an urge for power over and destruction of all object relations.

The superego functioning of Mr B. clearly displays the dynamics of a deep level of superego pathology. Kernberg (1984) notes the following aspects which characterizes the superego

functioning present in destructive narcissism: firstly, the absence of idealized superego precursors other than those integrated into the pathological grandiose self; secondly, the predominance of the earliest level of sadistic superego precursors, which present, as a result of their inordinate power the only reliable object representations available, and thirdly, the intrapsychic consolidation of a status quo in fantasy which permits survival when the only reliable object representations available would seem to be of sadistic enemies. The frailty of the libidinally invested self representations in the presence of the overriding and dominating aggressive superego precursors "indicates the danger of destruction of whatever is not adjusted to or incorporated by the dominant intrapsychic sadism" (Kernberg, 1984, p. 298). Hence, regressive fantasies, played out in suicidal thoughts and actions are not only a triumph over libidinal needs but also "represent freedom from fear by identification with the aggressor and yield a deeply gratifying feeling of closeness and belonging by joining the aggressor as victim" (Kernberg, 1984, p. 300).

Another aspect of Mr B.'s functioning deserving of some attention is his nervous energy which I believe to be an expression of his "existential" anxiety. Given the fact that the theme of painful separations runs like a red thread throughout Mr C's life history, it is evident that separation anxiety, coupled with the felt dread and feelings of fragmentation when such separation occurs, it is important to briefly elaborate on the nature of this type of anxiety to make proper sense of Mr B.'s internal world. Separation anxiety occurs when there is an immediate and absolute experience of a sudden rupture in the attachment-bond (Grotstein, 1990c). Green (2001) describes a type of anxiety, linked to separation anxiety, which signifies the loss of the object, and intrusion anxiety, that is, the danger of being invaded by it, where the desire for narcissistic fusion becomes synonymous with being devoured by the object. In such cases the object is either lost, that is dead, as far as the individual is concerned, or phantom-like, that is transformed into a vampire thirsty for blood. This gives rise to splitting and paranoid-schizoid functioning because the narcissistic carapace, developed to protect the ego, has to cope simultaneously with the fantasy of ideal self-sufficiency and the danger of separation and intrusion anxiety. As Green (2001) states "to

counter this way of functioning there is only one possibility: the constitution in the unconscious of a complex of object representations and affects (fantasy) accompanied by the function of signal anxiety" (p. 116). Signal anxiety, according to Green, comprises of the danger of unity with destructive aspects resulting in the ego fragmenting into bits, which in turn is reduced to nothingness. In such cases the ego wants to be left in peace, to ignore the external world – a source of excitation – and the internal world. Green describes this as the right under a "foreign occupation to govern oneself according to one's own laws" (p. 120).

The defensive strategies employed by Mr. B. point to the fact that the narcissistically damaging situation was ameliorated but also consolidated by an admixture of moral masochism and intellectual superiority. However, the solidity of his character defences proved to be vulnerable in the wake of his overwhelming identification with an omnipotent cruel object. Utilizing a moral defence, where the bad aspects of his maternal object were absorbed into the self in an attempt to protect him from its dangerous consequences, he developed a personality structure characterized by a narcissistically demanding and aggressive internal anti-selfobject, which resulted in damage to his protective boundaries. This is powerfully demonstrated in the repeated references to anal explosive aspects. Eigen (1986) describes a "fury deeper than hate" which often finds expression in mind-body splits with the anal metaphor as one of the "devil's favorite hiding places" (p. 181). According to Eigen anal images tend to function as signs of spoiling, stain, toxicity and evil itself linked to features of the repressed bad-self representation, reflecting "demonized ego operations" (p. 183). Addiction is similarly steeped in anal imagery and functions as an attempt to rid the self of hated contaminants through the process of being "blown away" or "getting wasted".

Green (2001) points to the presence of both moral and intellectual narcissistic gratification found in certain narcissistic individuals. Intellectual narcissism, bearing a close resemblance to moral narcissism, is described as a form of self-sufficiency and solitary self-entertainment which, by virtue of intellectual mastery or intellectual seduction, makes up for the lack of human desires. In Green's view, intellectual activity can represent an "escape hatch of

aggressive instincts. To read is to incorporate power of a destructive nature; to read is to feed upon the corpses of the parents, whom one kills through reading, through possessing knowledge" (p. 142). In such a way intellectual activity becomes highly eroticised. In Mr B's case it seems as if his intellectual pursuits from an early age, perceived by him as the only aspect setting him apart from others provided him with some form of narcissistic gratification as this would endow him with the gift of immortality. His writing, intended as a source of invoking envy in others, coupled with his knowledge of literature, philosophy, politics and psychoanalysis became the source of a deep narcissistic gratification as he could reduce other people to "zero" level with these activities.

TRANSFERENCE/COUNTERTRANSFERENCE MANIFESTATIONS

My initial impression of Mr B. was that of a charming, highly intelligent man and he managed to seduce me right from the onset of treatment with his intellectual powers. Initially, I often had a feeling that he was testing my knowledge on philosophy, literature and psychoanalysis in an attempt to ascertain whether I was at his intellectual "level". If he could prove to himself that I was to be another idiotic Rogerian therapist he would have reason to discard the entire process and on some level it seemed evident that he was trying to ascertain whether the only idealized and lively part of himself, the intellectual genius, would be in safe hands. Unconsciously, this testing period represented a repetition of his childhood efforts to win parental love and recognition and to become an accepted member of his family. By utilizing his intellectual powers he succeeded throughout his life in his striving for affirmation and acceptance, which was ironically moulded to the inverted norms of a destructive narcissistic personality constellation. Intellectual giants were idealized as omnipotent objects with whom Mr B. strongly wished to identify in order to compensate for his underlying sense of vulnerability and impotence.

The first phase of treatment with Mr B. was characterized by feelings of his not really being present in the room and my overwhelming feeling of the therapy room being too neat and pretty. He established himself in the role of a raging hooligan who would always come late to

therapy, often after a night of heavy drinking, and continue with a long monologue on the depressive difficulties he was experiencing. His nervous boyish energy often left the impression that he was disturbing a calm peaceful place and his presence left a distinct feeling of his being 'a bull in a china shop'. I also had vividly visual images in my mind of volcanoes erupting and on one occasion a particularly painful image of a peaceful village asleep, and the peace and quiet brutally interrupted by gunmen charging into the village and blowing everything to pieces. This indicated my identification with the fearful, unloved child whose emotional life was in danger and disrupted from birth by an emotionally brutal and unavailable maternal object. This, coupled with further painful separations from loved objects and their inability to save him from these dangerous situations, left a distinct visual image of the devastation left by aggressive intruders who leave maimed internal landscapes in the wake of their destructive forces. These images not only functioned as particularly useful aspects in understanding Mr B.'s internal world but also functioned as a reminder of the devastation he wanted to leave behind with his references to early childhood fantasies of wanting to shoot the children on his playground, or finding pleasure in seeing them burning in Hell. Coupled with my feelings of the room being too pretty and the strong visual images of destruction, I was also aware of a felt sense of shallowness, and I perceived myself as "false". This can only be properly verbalized as a profound loathing of my initial comments, interpretations and even my voice and appearance. I felt split off from my own private inner reality and adopted a false self to meet this bizarre other. In examining these thoughts and feelings it signalled an identification with the false self adaptiveness, by conjuring a negative identity, that Mr B. had developed as a defence in situations which presented a similar kind of human intimacy. In summary, it was evident that right from the beginning of treatment – I would say from the first telephonic interaction – Mr B. had a totally bewildering and paralyzing power over me at times. In my countertransference, I often felt as if I did not know where I was, and sometimes felt as if I were in a total stupor, as though I were being projected into a space that had neither dimension nor containment.

During the middle phase of therapy Mr B. would often interrupt me and would state on a number of occasions after careful interpretations that he "knew that already", setting countertransference feelings in motion of my being stupid and intellectually deficient. Feeling part of the "idiotic concoction" of the "mob", I was aware of feelings of powerlessness and a distinct notion that I was left on the outside looking in whilst admiring a larger than life heroic character. This signalled my identification with another projected part of himself, i.e. the retarded child who could sit for hours on his own entertaining himself with his own presence. Upon his leaving these sessions I often had a felt sense of mindlessness and upon wanting to write notes I found it increasingly difficult and anxiety-provoking to try and separate the material he brought to the session into sections of what was real and what was fantasy. In essence, all of what was happening in therapy seemed wordless and my attempts to put it into words seemed clumsy and even absurd. I was also struck by the fact that it seemed as if I was a 'non-entity', and I often felt as if in a dream-like state where I would question myself, as he did upon the end of his first romantic relationship, "did I dream this up?" This signalled my identification with him as an autistic individual encapsulated in a secret chamber of death and destruction where the only lively aspects of myself were to be found in my increasingly urgent attempts to find (intellectual) ways of assisting Mr B. to "escape" from his internal world. His inability to withstand these periods of connectedness eventually resulted in his fleeing from therapy. When he was in touch with his libidinal needs the narcissistic structure was projected into me as his therapist, as he tried to persuade himself that he would not be understood and would be treated cruelly. To protest would be to acknowledge his separateness and dependence on me, and would represent also a stand against the internal narcissistic organization. It was especially when the libidinal part of himself felt frustrated and not understood that it was liable to be drawn into the collusion with the destructive part. At some level Mr B. often appeared to have insight into the destructive gratification of his internal world. He was aware that his superior intellectual devaluing of others was stunting his development, and he seemed to know that he was allowing this to happen. He appeared to collude with the destructive narcissistic structure in an attempt to escape a confusional state and thus became the passive collaborator in an envious invasion.

5.4 Participant Three

5.4.2 Background Information

Mr C., a 50-year old married medical researcher in microbiology, was referred for psychotherapy following a serious suicide attempt, in which he took a massive overdose of anxiolytic medications and prescription tranquillizers. The referring psychiatrist felt that he was unable to adequately assist Mr C. with his depressive symptoms, as the patient was difficult to relate to. He also expressed frustration at the patient's non-compliance in taking medication and repeated refusal to be hospitalized for psychiatric treatment. The referring psychiatrist also felt that Mr C. needed some assistance to come to terms with events that happened during the apartheid regime as Mr C. is from a mixed race family.

Mr C. had been in therapy two years prior to this current intervention, with a male therapist. He left this therapy after a period of six months in a state of panic, having lost all hope that he could ever be helped. Although very evasive about the nature of the therapy and themes explored, he mentioned that the therapist forced him to focus on his Oedipal relationship with his father, which he felt was inappropriate at the time. He vowed never to seek psychiatric help again, started an extensive exercise programme and focused on his work. Over a period of time I was able to reconstruct some parts of Mr C.'s family history and although it is presented here in chronological order the information has been pieced together over a period of months where he would sometimes let things 'slip' about his formative years.

Mr C. is the last born of six children and the only son. He stated that his birth upset the balance at home, as he was an unplanned baby born shortly after his mother's 44th birthday. Repeatedly describing himself in initial sessions as an accident of birth, he remembered growing up in a cold, quiet house in an affluent suburb and related that he was brought up by a nanny to look after maternal needs and a cook to look after physical needs. He had no early memories of his mother or father, besides the fact that they were seldom at home as his mother was involved in social activities and his father, a successful businessman, spent

most of his time at work. He described his mother as cold and strict and his father as a complete mystery who never came out from the veneer. It seems, from Mr C.'s account, as if the marital relationship had been cold and distant as he had no memories of his parents ever being affectionate towards each other or their children. He also recalled that they had separate bedrooms throughout their marital life. His father passed away during Mr C.'s early thirties and his mother never remarried. He maintained a distant relationship with her throughout his adulthood as he stated her presence often left him feeling down-and-out and confronted him with feelings of being a miserable failure.

Mr C. described himself as a lonely, serious and dull little boy who preferred his own company and could spend hours in his room entertaining himself by drawing and daydreaming. The daydreaming seemed to consist of elaborate plans of attaining independence, as he often had various schemes in attempting to make money so that he could look after himself. This was also coupled with fantasies of becoming a hermit, in an attempt to prove to himself that he would be able to survive under the worst of conditions. It seems as if his drawings at the time were powerful expressions of his internal desolate state because he mentioned that he drew repetitive images of woods consumed by fire. Mr C. started school at the age of four because his mother felt that he was too much, as he was driving her crazy with his analytical stance towards life as he always wanted to know the deeper meaning of events. Although his early memory was described as blank he related that one of his first recollections was of himself sitting in their back garden when he was about five years old sharpening his pocketknife and wanting to cut his throat to rid himself of all of this. This suicidal gesture was precipitated by a particularly painful blow-up at home where he brought his school's progress report home in which the teacher appended a comment that read: this child is in desperate need of attention. His mother was appalled by the teacher's arrogance and flew into a violent rage, which finally resulted in his being taken out of school. He was also vehemently reprimanded for talking about the family's business (which he couldn't recall doing) and vowed never to discuss his private thoughts and feelings again. Feeling responsible for his mother's agony and the maker of her misery, he felt that

death would be a relief to all, since he was already more intrigued and fascinated by the workings of death, than the duties of life.

Mr C.'s primary and high school years were characterized by isolation from others. He excelled in sport, but once again preferred solitary activities, remembering panicky feelings when in the company of others. During the last three years of high school he took on a part time job which allowed him some financial independence from his parents, although it alienated him even more from his peers as he never had anything to talk about, but work. In his final year of school he was still undecided about his future plans until his mother intervened and suggested the possibility of microbiology. She requested application forms and carefully completed these in pencil, giving him suggestions to improve his chances of being accepted at a proper institution. He mentioned that this was his first recollection of his future being carefully orchestrated by his mother. Despite this, he seemed grateful for her efforts and decided to become a successful professional to please his parents and to relieve himself of the burden of dependence on others. In his second year of studies, shortly before his final exams, he had a "mental breakdown" as he felt unable to cope with the increasing workload. Living on his own in a small flat at the time, his mother came on a "rescue" mission, to help him through the finals by cooking, cleaning and catering to his physical needs. He suggested that he had vivid fantasies at the time of suffocating his mother in her sleep as she made him feel trapped. He started developing thick heads, and explained that these heads would come over him and wipe him out. Both as source of agony and comfort he sometimes welcomed the thickness because it transported him to a different state of mind, characterized by recurring thoughts of suicide.

On completion of his studies he met his first girlfriend, seven years his senior. Describing her as domineering, forceful and being of very strong character, he soon felt that he became swallowed up by her affections and he tried to break off their fiery relationship. Following the break-up of this relationship he decided to let his hair down, and got involved in various short-lived romances with most women leaving him, because they all complained of his being

unable to make contact with them. This period was also characterized by obsessive long distance marathon training, coupled with periods of mental blankness and some self-destructive behaviour in the form of overworking and occasional alcohol and recreational drug abuse. In his late twenties Mr C. joined an established medical research firm and met his future wife shortly afterwards. He stated that he got married because everyone else was, and he felt that his wife would make a suitable partner. As a qualified medical practitioner he felt that she had the emotional resources to look after herself. The couple struggled to conceive their first child, resulting in their sexual relationship becoming strained, as he felt like a sperm factory. He lost interest in the clinically controlled environment of their bedroom and withdrew from his wife, throwing himself into his work, which by now he described as a death trap. On the one hand his profession provided him with the professional status he desired, yet simultaneously it killed his mind, as he found there to be no creative expression of thought. Through his interactions with patients and colleagues he had become an expert at reading non-verbal signs, and felt himself able to guess the mood, fears and possible medical problems of people by merely looking at the person. His ability to utilize these skills left him convinced that people feared and hated him. The thought of people being scared of him was abhorrent to him, and he explained that he felt panicky in the face of other people's anxiousness, which resulted in feelings of being totally dead inside his mind.

As a result of these thoughts, his marriage became increasingly desolate, resulting in Mr C. fleeing from his wife. This was coupled with isolation from his growing family, excessive sleeping and exercising in an attempt to escape the superfluous noose around his neck. He mentioned that he became a recluse during times of severe depression but also feared being on his own, because he was not sure what the dark thick thoughts might impel him to do. It seems as if he could never tolerate the capacity to be alone and related that he often became mindless in his own company. Thus, he avoided being on his own at all costs but felt frustrated and even more aware of his terrible isolation and abandonment in social situations. Constantly on guard, he described how his self-ego would deflate, and he would experience self-inflicted pain by having to keep up the appearance that he was coping with

being in the company of others. He also mentioned that he experienced life as either doing what was the right thing to do, or doing what others expected of you. The deadly mundane routines of life became a powerful metaphor for his life up to this stage, as his empty internal world left little scope for individual thought and action. It was during this time that he carefully started hoarding tablets over a period of months, which culminated in the suicide attempt that brought him to my therapy room.

5.4.2 Psychotherapeutic Process

Therapy commenced in February 2000 and ended in June 2001 when the patient terminated treatment after a second suicide attempt. In the first year of treatment there were 31 sessions scheduled with a total of 14 missed sessions, and in the second year of treatment 22 sessions of which 7 were missed sessions. The progression of therapy can be described in the following way:

INITIAL PHASE

Mr C. arrived at my rooms and introduced himself in a formal and aloof manner, which was to characterize the mood of therapy in months to come. A tall slender man, I was struck from the onset of therapy at how he would carry himself in such a way, that it appeared as if he wanted to protect himself from taking up as little physical space as possible. He seemed uncomfortable in his own presence, avoided eye contact and from the beginning filled me to the brim with his deadening nothingness. Clearly anxious, he indicated that the purpose of this intervention was only to relieve internal pressure, and that he did not want to embark on long discussions about his childhood. Despite difficulty in following what he was trying to express, since his thoughts were racing from subject to subject, he spent the first session explaining the events leading up to his suicide attempt. According to him he felt mindless, went into neutral mode and wanted to take a bomb and go to sleep. On the surface it appeared as if the main motivating factor had been the fact that he felt financially unable to cope with the stressors of keeping up with the Jones's. This was coupled with the fact that he had lost all his interest in his professional life leaving him with feelings of being trapped by

life, work and debt. Significant to note was that on the day of the suicide attempt he was contacted by his bank manager to inform him that he had exceeded his overdraft limit. He immediately started feeling panicky, which soon developed into a thick head. This left him so desperate that he wanted to drill a hole in his skull to relieve some of the pressure, as he felt cut off and wanted to get rid of his head. He later mentioned that on this particular day he also had fantasies of hanging himself in his office after work that night, but his colleague worked late and he got tired of hanging around waiting for him to leave. He left work that evening overwhelmed by feelings of having sunk into a black hole, took the sleeping tablets and went to bed. He was discovered by his wife during the early hours of the morning and rushed to hospital. Having survived this attempt, he expressed fears that his vulnerable character would now be exposed to the world, leaving him feeling frail and frustrated, being easy prey for people to feed on.

In the next session he proceeded to embark on a long discussion of his ability to deal with the world on his own and how he had managed to look after his own needs and become independent from an early age. Early memories of his lonely formative years were disclosed and he recalled a colleague who mentioned years later that he was the object of much discussion between friends at school because he was such a mystery. Similarly, they envied him because he was financially independent and he did not seem to have the need to be one of the boys. It was evident that he took pride in this and proceeded to use the metaphor of himself as a dark horse in the race, which intrigued other people. Always feeling unable to live up to other people's standards, he mentioned that these dark horse feelings left him with some form of pleasure, as other people could never pin him down. He also reported that his hatred towards the outside world resulted in his feeling uncomfortable in the company of others, as he often had the feeling that others could read his mind. Hence, he withdrew into a world of his own where nothing seemed to be real and where nothing could touch him, resembling a robot-like state where everything was automatic. This was powerfully symbolized in his activities at the time which consisted of obsessive running and overworking.

Towards the end of the session he concluded by briefly mentioning the black zone in his head, which was always accessible, waiting and hoping to calm the darkness of thick heads and dull insides. The black zone, he briefly elaborated was the space in his mind where death lives. Although not recognizing it at the time, it was during this session that for the first time I experienced Mr C. as present and alive in the room when he attempted to explain some aspects of his concept of death. In this session I focused more on the initial theme he introduced i.e. the perverse pleasure of cutting himself off from the world and other relations, as well as his ability to survive in the world on his own. I also had the feeling that he introduced the theme of death only towards the end of the session to test my reaction, possibly to ascertain if I would be able to deal with the extent of his primitive destructive fantasies. An attempt to explore some of this material was carefully avoided and he left the session with disinterested aloofness talking about people who read too much into things when I made an observation about his eyes lighting up when he spoke about death.

The next day, I received a phone call from his psychiatrist to inform me that Mr C. had tried to hang himself in a colleague's vacant beach house. He was hospitalized in a comatose state and discharged after two days. Countertransferentially, I was left with feelings of failure and responsibility for my oversight in not grasping what he attempted to communicate to me and my inability to incorporate the importance of his concluding remarks. I also felt it to be significant that he had tried to hang himself, i.e. symbolically cutting off his head, which was both a source of pain and pleasure, as it had become the container for the expression of both his deadness in object relatedness and his aliveness in describing death. Furthermore, feelings of anxiety about my performance as a therapist, which were present since his first arrival and formal introduction of himself. This was coupled with a state of blankness in my mind when I suddenly and uncharacteristically found it difficult to recall what he had said in the session. I also became aware of the presence of a third force lurking in the background, which had not been part of the therapy in the initial sessions. This third force i.e. the black hole was suddenly not only part of Mr C.'s internal world, but also became a part of mine, as

my thoughts about him were suddenly killed off and essentially became inaccessible for exploration.

Mr C. failed to turn up for his next appointment and, in the follow-up session, arrived late and proceeded to apologize for his erratic behaviour. He also mentioned that he felt that the discovery of new aspects of himself left him emotionally drained, overloaded and unable to connect with the live-giving parts of himself. He stated that he felt disgruntled about all the unfinished business which left him feeling incomplete and depressed, again in a mindless state, where it felt as if his thoughts were muddled up like electric wiring. Mr C. related that he often felt frozen in his mind, as his thoughts would race and be ten paces ahead of his speech. In his early adolescence this resulted in a speech problem (stuttering). He mentioned that his mother often instructed him to swallow his spit, as he could not verbalize what he attempted to say, resulting in excess saliva in his mouth. He elaborated that he was never blessed with the gift of the gab, which resulted in his mind becoming a mess, as he could never sort things out by talking about them. Instead, he would kill things off in his mind in an attempt to regain control of his internal headspace. During this time he again expressed that his professional interaction with me left him feeling hopeless which gave rise to the suicide attempt. Talking about his abhorrent thoughts, he mentioned that I made him realize how useless attempting to seek help was, and that death would be his only escape. Deeply depressed at the time he continued treatment and on a number of occasions stated that he felt a deep sense of gratitude for the space he experienced when exploring his abhorrent thoughts in therapy sessions.

MIDDLE PHASE

The abovementioned feelings explored in therapy set in motion weeks of sessions where he would schedule an appointment and not turn up. He also failed to pay his account during this time, first leaving an unsigned cheque in my postbox and then sending me a copy of my account without payment attached. His behaviour possibly suggested that some libidinal

thoughts and longings for connectedness surfaced during our encounter, but he felt unable to deal with the intensity and overwhelmingness of these desires. His psychical inaccessibility was later confirmed when he reported that he had had a dream about therapy where the room was cut in two with a thick piece of glass and where neither one of us was able to hear what the other one was saying. This essentially reflected a transference situation in which I was present, but only in the barest sense as an unresponsive object characterized by a reciprocal feeling of being unable to comprehend what the other was trying to express. Following a three-week period of not turning up for appointments he arrived and apologized for the delay in payment and proceeded to talk about his training as he was preparing for a particularly grueling long distance marathon. Over the years, Mr C. had become more obsessive about his training and would often set himself various challenges. This resulted in his being hospitalized for exhaustion during various marathons, whereafter he lost some interest but proceeded to pursue different activities such as absailing and bridge jumping. Although physically exhausted he often felt unable to stop his legs from running, sometimes up to 140 kilometers per week. This became even more excessive in the weeks leading up to the first suicide attempt. Unable to train on his own, as solitary running's soothing deadening effect on him resulted in a thick pounding head, he preferred to run with a partner who kept his racing mind from digging too deep. Slowly, I became aware that this was also an eloquent expression of his feelings about therapy, with him seeing me as a forceful running partner who impelled him to dig deeper into his unknown thoughts. This was confirmed for me in various statements he made about himself during this time such as describing himself as a racehorse with an opponent breathing in his neck and feelings of being observed by a passive spectator whilst falling over a cliff. My attempts to interpret this material were disregarded and he commented that coming to therapy had become a routine task. Furthermore, he stated that he never gave the sessions much thought afterwards, as he could not recall any significant detail. Using the analogy of running, he further illustrated that therapy had very little value for him, as the attempt to run away from his thick head had now become an impossible mountain.

FINAL PHASE

Two days after the abovementioned session I received another call from Mr C's psychiatrist, who informed me that he had again tried to commit suicide by taking an overdose of sleeping tablets. He was admitted to hospital and asked to see me. Upon my arrival he was fully orientated and alert, but very self-conscious and remorseful. He repeatedly stated that he was unable to keep his mind from going there, referring to his thoughts about death and self-destruction. Deeply grateful for my care and concern he stated that he would contact me upon his discharge from hospital as he realized during the early morning that "my way" was the "right way" to go in order for him to "deflate" the intensity of his "aggressive" assaults on himself. I felt a sense of relief and was left feeling a bit more hopeful about his prognosis as it seemed as if he was now able and willing to connect with some of his thoughts and feelings about the therapeutic process. This state was short-lived however, as he attended a follow up session where he stated that psychotherapeutic treatment left him feeling hopeless and he was unable to withstand the strength of his abhorrent thoughts. He stated that life itself was now crushing him, while death was an aspect that he could control by "slipping into the comfort of what is known". He failed to turn up for a follow up consultation and after another missed session terminated therapy by leaving a message on my answering machine. My efforts to contact him and schedule a termination session were in vain. He refused to talk to me telephonically and instructed the referring psychiatrist to inform me that he would not be returning because the therapeutic treatment left him feeling guilty, as if he was a "miserable failure". Countertransferentially, I was left with feelings of an overwhelming sadness and heartbreak and I was unable to make proper sense of the entire therapeutic encounter. I was unaware of Rosenfeld's work on destructive narcissism at the time of commencement of therapy and struggled with overwhelming feelings of professional incompetence having vivid fantasies that this failed case would be the "end" of my therapeutic practice and me. These feelings were later replaced with sadistic thoughts of wanting to confront Mr C. and his having to "own up" to some of the devastating feelings I was struggling with. I later learned

from the referring psychiatrist that he had been subsequently referred to a male therapist. He soon terminated therapy with this therapist as well after another suicide attempt.

5.4.3 Discussion

The following aspects are of importance in this case:

DEVELOPMENTAL AND INTRAPSYCHIC ASPECTS

It is evident from the material described above that the developmental context predisposing Mr C. to this personality constellation centers on the introjection of a cold and unavailable maternal introject and a mysterious and aloof paternal introject. Perceiving himself as a "draining force" in his mother's life, one who was the cause of her "misery", he developed a split ego since his frustrated libidinal desire for his mother and his depriving experience of her gave rise to a split-off central ego leaving it drained and empty. This gave rise to a schizoid condition where primitive defence mechanisms such as splitting, denial and projective identification were utilized in an attempt to ward off feelings of inner emptiness.

In terms of Fairbairn's (1952) model it could be argued that Mr C.'s emotional absence can be defined as the withdrawal from external objects in order to introject his own experience of being cut off from the external world in an attempt to master and control it. Mr C.'s internal sense of badness and being too much can also be explained through Fairbairn's conceptualization of the internalization of only bad internal objects. This confirms Fairbairn's dictum that the infant's belief that the intensity of oral libidinal cravings would destroy the very object he desires. This sets in motion powerful defence mechanisms such as emotional detachment, the preoccupation with internal reality and an attitude of omnipotence clearly evident in Mr C.'s internal world. However, this gives rise to *primitive agony* described by Winnicott (1986) as a "return to an unintegrated state, feelings of falling for ever, a loss of a sense of reality and a loss of the capacity to relate to objects" (p. 176). It was also evident that this internal drama was repeatedly acted out in his relationships with others, resulting in a withdrawal from others in cutting himself off from relationships. Mr C.'s internalization of his

mother's deadness, acted out in destructive fantasies, is symbolic of this process. The destructive impulses were not directed towards the ending of his life and the return to an inorganic state, but served to protect him from a barren and empty internal and external world. The deadness, quietness and solemnness of his infantile world was perceived as a safe internal space to which he could return at any stage to provide him with the necessary nutrition to cope with an empty world. Thus, however destructive, it provided the safety of a known *black hole*, which safeguarded him from overwhelming loneliness and entrapment. The only verbal way to capture his feelings would be to state that he felt dead in the thoughts of life and alive in the thoughts of death as aliveness gave rise to libidinal aspects of himself that he was unable to access. In the material explored it seems evident that Mr C.'s sense of self never fully developed because his experience of "I-ness" confronted him with hollowness, emptiness and connection with internal destructiveness resulting in the impoverishment of his imaginative and emotional life. This gave rise to various false-self states protecting him from the persecutory reality of the outside world, functioning as another form of psychic entrapment. He protected himself from the external world by being unembodied and so achieved a sense of self and security by safeguarding himself from his original ontological insecurity through the enchantment of death. This may be related to his primary sense of guilt at not having the right to life, and hence of being entitled at most only to a dead life. In this psychic constellation as Laing (1959) points out "one no longer fears being crushed, engulfed, overwhelmed by realness and aliveness, since one is already dead" as subsequently the interactionary I-thou relationship is dead. In Laing's (1959) idiom his head had become a "solitary cell" that resembled "its own enclave and torture chamber" (p.162) able to rid him of the deadness of life.

Mr C.'s sense of bodiliness is a reflection of Guntrip's (1968) notion that a lack of internal experience, indicative of a lack of a coherent self, is often portrayed on a surface level i.e. in bodily experience. The destructive fantasies not only became lodged in his mind, but also became an integral part of his bodily relatedness. He experienced his body as a "torture chamber" deriving an almost perverse pleasure from destructive attacks on himself. In

attempting to trace the origins of this intrapsychic process, it is significant to note that Milner (1987) suggests that the development of a sensory awareness of being alive in a body is a gradual process set in motion by early mother-child interaction with deficits in early mother-infant relations experienced as a laceration to the body. Essentially, the mother functions as a *supplementary ego* (Heimann, 1956), creating a *facilitating environment* (Winnicott, 1963), where the baby's omnipotent sense of self is reinforced by the mother's way of interacting with the child on an embodied level. Clark (1996) also comments on the intricate nature of this process by stating that bodily sensations are sometimes psychosomatic metacommunications which are experienced during the *participation mystique* through "projective identifications, extractive introjections and in other processes of personal and interpersonal psychic contamination and infection which are also somatically affective" (p. 354). Fulfilment of these early needs enables the baby to individuate and separate from the mother who acts as a protective shield against premature intrusion from the external world. This leads to the development of the self, which enables the infant to create a sense of a self i.e. the ability to form an intersubjective field shared between two persons not necessarily on an interpersonal but rather on an intrapsychic level.

Looking at Mr C.'s internal state of mindlessness, it is evident that the notion of a mindless objectless state was present since his first arrival for therapy, suggesting that the schizoid emptiness, which characterized his external life, was perceived as a *mindful mindless* (Eigen, 1986) state with his repetitive references to "thick heads", "mindlessness", "neutrality", "blank states" and "black holes". However, it was also evident that there was a different dynamic at work here. Despite his feelings of mindless emptiness and deadness when relating to others, it soon became evident that the existence of fantasies about death was providing him with a sense of mindfulness as he related, that no matter how jumbled the thoughts became, the thought of death was always crystal clear. In an attempt to capture the chaotic nature of Mr C.'s psychic life some consideration will now be given to the existence of two states of mind described by him. Firstly, a state of mindless panic when faced with external objects and, secondly, a state of mindful enchantment when interacting with his internal fantasies around

death, essentially describing his sense of self being tortured by his own destructive (but enticing) mind. The simultaneous operation of these two states of mind will be linked to Mr C.'s capacity for psychic internalization and symbol formation which is intrinsically linked to his inability to form relations with others and his ability to relate to himself only in destructive processes.

Eigen (1986) uses the term *mindful mindlessness* in an attempt to capture the defensive organization of decaathexis, where there is a withdrawal of energy from or a loss of interest in objects resulting in states of emptiness and aspirations of non-being and nothingness. He states that "the subject commits a kind of psychological suicide by emptying or denuding experience, by becoming inanimate. More than a return to the womb and primary narcissism, it is an undoing of all psychic aliveness and all that might keep one in existence" (p. 105). Green (1975) also attempts to describe a sense of mindlessness by noting that the absence of thought in object relations is the primary "linking and unlinking activity" (p.7). He relates this to the existence of a fundamental psychotic kernel called a *blank psychosis* present in the individual's internal world in an attempt to ward off separation and intrusion anxiety. For Green (1975) this *double anxiety* is related to the primitive ability of the formation of thought and is avoided by the blocking of thought processes and symbol formation. This gives rise to a divine idealization of an inaccessible good object and a diabolical persecution by a bad object. This results in a "paralysis of thought" (Green, 1975, p. 8) which is characterized by repetitive thought processes to ward off the anxiety of an empty internal world. Furthermore, this gives rise to the awakening of "an artificial thought process: ruminations, a kind of pseudo-obsessive compulsive thought and quasi-delirious wanderings" (p. 8). In a similar line of thinking Ogden (1992) also considers the intersubjective quality of schizoid emptiness by describing it as an "ungroundedness in anything outside the mind" due to the patient's disconnection "from intersubjective human experience through which the self ordinarily acquired a sense of its own realness through recognition by the other" (p.86). It seems as if it is in this different state of mind where he could entertain his destructive attacks on himself which gave rise to the development of a *maddening object* (Garcia Badaracco, 1986) which

"leads to submission, hinders growth and development, traps without escape, leads to pathological symbiosis and finally leads to death" (p. 136). Furthermore, the presence of these maddening internal objects "leads to pathological mental organizations that determine an unstable equilibrium which is constantly threatened from within and from outside" (p. 139).

In Mr C.'s case his refuge or defensive strategies seem to be the withdrawal into a fantasy of death where death is seen as the primary object which will relieve him of the overwhelming suffering he experienced in being object related. The "black zone" in his mind, which had become such a constant companion, demanded undivided attention and immediate action. His own mental functions were attacked, often resulting in a degree of confusion and fragmentation, which resulted in feelings of paralysis as he could not properly understand, think or work. Similarly, objects were often attacked in a dispersed and invasive fashion, cutting them out of his existence and thus drawing them into a cruel, tormenting and gratifying imprisonment with him. This provides some insight into the demonic nature of this internal force. Thus, Mr C.'s yearning for death seems to mirror Davoine's (1989) notion that death, resembling "a catastrophic interruption in the infant's or child's ongoing sense of being has already taken place, but at a time and under circumstances when the child could not possibly encompass and therefore experience it. Hence, the fact that the catastrophe is forever an impending threat to the fragile and brittle limits of the patient and is also forever sought" (p. 585). This also resonates aspects described in Winnicott's (1986) as the concept of *phenomenal death*. Winnicott states that the desire to die represents the wish to send the body to death, an aspect "which has already happened to the psyche" (p. 179). For Winnicott this yearning to die has the meaning of annihilation of the psyche that mirrors the impingement of failures in the facilitating environment. Hence, Mr C.'s search for personal non-existence provided him with a sophisticated defensive structure in an attempt to avoid any libidinal relatedness.

As a result of the fact that Mr C.'s early object world failed to provide him with an opportunity where internal persecutory objects could be projected into someone else for the safe-

keeping, it gave rise to the destruction of any libidinal life-affirming aspects of himself and resulted in engulfment by the internal *mad jailer* (Grotstein, 1990a). This resulted in feelings, both in me and in him, of stumbling through a mindless fog where there was a constant struggle to hang on to his words, and fantasies of *falling forever* over the abyss of his dark black hole. As Grotstein (1990b) points out "the blackness of black hole represents the death of meaningfulness of self and objects. The hole itself represents the awareness of a cosmic nothingness which now contains the ghosts of abandoned meaning" (p.388). Grotstein's further assumption that there seems to be two black holes i.e. one referring to a personal myth about ultimate psychical disaster and the other based on the feeling of personal forfeiture of one's soul, provides further clarification on Mr C.'s internal world. Once the hole developed it became the primary instrument in the writing of his psychic history where feelings of being doomed forever were paradoxically and perversely desired, as they became his "dark Savior" (Grotstein, 1990b, p.402). This also correlates with Rosenfeld's (1987) dictum that in projective identifications directed towards a delusional object (in Mr C.'s case the existence of life only through death) the "saner parts of the self may become trapped or imprisoned within this object" (p. 168) resulting in physical and mental paralysis amounting to catatonia.

TRANSFERENCE/COUNTERTRANSFERENCE MANIFESTATIONS

There are a number of transference/countertransference aspects important for exploration in this case and again it is important to sort out and discriminate between different projected aspects and the role that each of these played in protecting Mr C.'s psychic equilibrium. Firstly, there was a sense of being intimidated by his formal aloof and far away stares which made me feel completely cut off from him and unable to reach him in any way. This announced my identification with the split off vulnerable child part of him which felt cut off from the world in the lonely cold house where there was nobody to tend to his emotional needs. Over the course of therapy it seemed as if these feelings played themselves out externally in references to his work and internally in the ominous silence of his death wish

and resultant object relations. Furthermore, his state of mindlessness was also powerfully communicated in the therapeutic interaction played out in transference-countertransference constellations, where I would feel as if his words were floating around in my mind in a blank empty space with me being unable to “catch them in time”. I often found myself struggling to pin down process notes as it felt as if my mind went “blank”, coupled with a “spaced-out” feeling of hollowness. I also had the fantasy of drowning during three sessions and saw myself coming up for air, coupled with feelings of the air being too thin to breathe resulting in death. On various occasions, I also entertained the thought of wishing that he wouldn’t turn up because he left the room in a state of blank hollowness and unmentalized material with his fixed and far-away stares into space which left me feeling trapped in my safe space. At the time, I was also struck by an overwhelming sense of panic shortly before his arrival for sessions and a numbing fear that I wouldn’t have anything to say to him. This left me feeling frozen and lifeless. These feelings were powerful projective identifications and various authors pointed out that the fear of drowning and feelings of being trapped sometimes appear to be common in schizoid patients (Guntrip, 1968; Ogden, 1992).

Secondly, there were also feelings of being scared and intrigued by this tragic figure. In essence, I believe this resonated his mother’s feelings towards him, because she felt him to be the person who was able to unsettle the fragile equilibrium at home. Confronting her with her emotional unresponsiveness, she perceived him to be an internal torturer which I believe explained in some way her reactions towards him when he projected his image of being “in desperate need of affection” to the outside world. Thus, she became unable to respond to any of his needs, which resulted in feelings of empty observation and emotional numbness. Furthermore, I believe that his mother’s omnipotent control was instrumental in Mr C.’s initial suicidal thoughts and the creation of his destructive fantasies, as from the outset she was able to create chaos in his world by taking him out of school, deciding for him which career path to choose and rescuing him from the disaster of failing his medical exams, which made it impossible for Mr C. to escape her constant control. This resulted in frustration and hatred which were later projected onto the outside world as his mother, the first representation of

both an exciting and a rejecting object, failed to provide him with any satisfactory libidinal relationship which resulted in his turning to other forms of substitutive satisfactions.

In the next stage of therapy, where his self-destructive behaviour intensified, culminating in his second suicide attempt, and his therapy attendance became erratic, I was left with feelings of being responsible for his fate, coupled with feelings of therapeutic impotence and professional inadequacy. It also gave rise to feelings of being rejected and I became uncertain as to whether or not I would see him again. This was another aspect of the projected facet of his personality which surfaced in his painful vulnerability, self-doubt and feelings of worthlessness in relationships with others. It was also this part of his internal world, which colluded with destructive aspects, thereby protecting him from narcissistic injury by destroying any meaningful relationship as soon as his love and dependency began to emerge. In Mr C.'s case the destructive suborganization appeared as a visible and dominant aspect of his personality and his suicide attempt during the course of therapy could be interpreted as an unambiguous warning that he would rather kill and bury any libidinal aspects of himself than run the risk of living through an anxiety-provoking dependent therapeutic relationship.

A third projective aspect also surfaced in later stages of therapy, where I was left with feelings of being forever unable to understand the capacity of his destructive thoughts and grasp the malevolence of his destructive aspects. This again mirrored his feelings of being misunderstood and a "mystery" to himself and others. It is in this mystery that he found the only aspects of himself still to be alive and displayed to what extent I had also become frozen by the tyrannical aspects of himself. This was characterized on my part by my often frantic attempts to hold on to the material we had discussed in therapy by rushing to pin down in writing as much as possible of the session before the content would disappear into thin air. It was as if Mr C. ceased to exist the minute he walked out of the door and as I ceased to exist for him when he left therapy. This left me with feelings of a mad charade where he again was "doing what was the right thing to do", instead of attempting to gain any substance from our therapeutic endeavors. It was also evident that I was unable to metabolize the parasitic

nature of his attachment to death located in his fragmenting self. Rendering me a mundane aspect of his "death trap", gave rise to an autistic encapsulation powerfully demonstrated in his dream about therapy, where neither of us was able to make contact, to hear and essentially to grasp what the other was trying to say. Gomberoff et al. (1990) point out that this type of transference-countertransference relationship is typical of narcissistic patients in whom an autistic modality evokes a state of disconnection and the incapacity to think which results in absolute inaccessibility "as if there were a glass in between" (p. 252) patient and therapist. The improvement of his capacity for self-awareness mobilized his destructive defences resulting in his fleeing even further away into an omnipotent state of nothingness.

CHAPTER SIX

DISCUSSION AND CONCLUSION

6.1 Introduction

This section will comprise a general interpretation of destructive narcissism, formulated by extracting essential themes common to all the participants' experiences. Utilizing an extended description as a point of reference, the findings are dialogued with the literature of destructive narcissism and other salient theories. The discussion tracks the sequence in which destructive narcissism occurs and the existential themes around which it pivots. For the purpose of structure the material will be divided into three sections: firstly, by looking at developmental relationship aspects, secondly by focusing on intrapsychic dynamics and thirdly, by exploring the psychotherapeutic process.

6.2 The concept of internal destructiveness

From an object relations perspective, destructive narcissism may be understood as the result of the child's internalization of parental objects experienced as bad, i.e. cruel, indifferent, rejecting or emotionally depriving. Henderson (1982) notes that early intrapsychic life is set up through the processes of introjection and incorporation in response to frustration in the early infant-mother relationship. While the perception of objects as bad may partly result from destructive projections, the realistic attitudes and behaviours of parental figures towards the child strongly influence the quality of the child's introjects. Introjection, as mentioned in previous chapters, refers to the fantasized process whereby external objects are internalized and unconsciously experienced as residing within oneself as dynamic subpersonalities which influence thought, feeling and perception. Bad objects are present in the child's fantasies as grossly distorted persecutory parental images i.e. monsters, demons, evil magicians or witches (Klein, 1929). As Klein (1933) notes "the real objects behind those imaginary, terrifying figures are the child's own parents, and that those dreadful shapes in some way or other reflect

the features of its father and mother, however distorted and phantastic the resemblance may be" (p. 249). Once introjected these objects retain the capacity to become enduring structures in the child's internal world. Klein accepts that experiences in relation to the mother are sometimes displaced onto the father and thus introjects frequently carry traces of both parental objects. This aspect is also emphasized by Fairbairn (1952), Rosenfeld (1987) and Manzano et al. (1999).

In destructive narcissism, as Rosenfeld (1987) points out, there appears to be an addiction to bad internalized objects. These objects, characterized by the idealization of omnipotently destructive parts of the self, develop as a result of a lack of dependency on good objects. As Meltzer (1988) states:

where dependence on internal objects is rendered infeasible ... and where dependence on a good external object is unavailable, or unacknowledged, the addictive relationship to a bad part of the self, the submission to tyranny, takes place. An illusion of safety is promulgated by the omniscience of the destructive part and perpetuated by the sense of omnipotence generated by the perversion or addictive activity involved (p. 237).

In an earlier contribution, Meltzer (1979) elaborates on the tyrannical influence exercised by this narcissistic organization on the rest of the personality. He states that the destructive part "presents itself to the suffering good parts first as a protector from pain, second as a servant to sensuality and vanity, and only covertly – in the face of resistance to regression – as the brute, the torturer" (p. 79). Meltzer makes an important point concerning the nature of the internal good object. When such a resource is not available, the personality is vulnerable to its destructive part and the seduction of a perverse view of dependency. Instead of a true awareness that as a baby he lived because of his mother's care, he supports an illusion about the omniscience of his destructive qualities. In this way deceit is idealized as good, death as exciting and as such, these patients become victims of their self-directed aggression. Fairbairn (1952) echoes this by stating that the process of internalization of bad objects provides a sense of outer security which is "purchased at the price of inner insecurity; and the ego is

henceforth left at the mercy of a band of internal fifth columnists or persecutors, against which defences have to be, first hastily erected, and later laboriously consolidated” (p.65). These objects retain their prestige of power in the inner world and the child “not only internalizes his bad objects because they force themselves upon him and he seeks to control them, but also, and above all, because he *needs* them” (p. 67). According to Fairbairn a relationship with a bad object is either sadistic or masochistic in nature and the haunting quality of these internalized objects gives the impression of a “pact with the Devil” (p.67). This experience of being possessed, controlled or invaded by a bad object is a manifestation of an omnipotent fantasy in which the boundaries between the object and the self have become blurred or non-existent. It is the narcissistic nature of this incorporation fantasy that is of importance in destructive processes which occur as part of projection, introjection or a combination of both. As Caper (1999) states, the relationship that one has “with such an internal object is not a relationship with an object, but with an internalized chimera of self and object” (p. 100). Given this context, the common themes which emerged from the individual accounts presented in Chapter 5 will now be explored in more detail.

6.2.1 Developmental Aspects

The developmental aspects contributing to the formation of destructive narcissism center not only on intrapsychic but also on interpersonal developmental aspects. In an attempt to explore the unconscious conception of destructive narcissism attention will first be drawn to the nature of the external world, with its initial representatives being parental objects, which inevitably gives rise to the development of internal psychic structure. Secondly, the nature of the destructive narcissistic psychic structure will be explored by focusing on the development of a defensive organization which is characterized by feelings of entrapment in the mind and body i.e. as something existing in the borderland between psyche and soma.

6.2.1.1 The role of parental objects

It is evident from the accounts given that all the participants' experiences, despite different contexts, could not be understood outside of their personal and familial histories. More specifically, all three participants have historical narratives of failed relationships that centered upon childhood rejection and deficient parenting. The participants' experiences of growing up in interpersonal environments characterized by the absence of affection, protection, affirmation and demonstrative caring were perceived as self-inflicted because of their own faulty, needy or overwhelming nature. All participants referred to perceptions of themselves of being too much for their parents to bear, and blamed their fate on their unwanted or untimely birth. In addition, themes of painful emotional separations were evident in all three participants' accounts of their early mother-infant interactions. Rosenfeld (1971) discusses the question as to why separateness is so terrifying. He suggests that the reason has to do with the fact that both good and bad aspects of the object become more clearly visible as the infant/patient begins to emerge from a fusion with the object. In narcissistically disturbed patients the emerging from an idealized state of fusion with the mother and the realization of her shortcomings have a particularly painful colouring connected with a sense of disappointment and betrayal.

Mr A. reported feeling invisible to his mother after her suicide attempt, Mr B. was separated from his mother shortly after birth as a result of her cardiac condition and Mr. C.'s reference to a cook and nanny who provided for his maternal needs are all poignant references to unavailable maternal objects. These mother-child interactions set off painful associations which resonates Sidney Klein's (1980) observations that the intense and unbearable fears of "pain, and death, disintegration or breakdown" (p. 400) result from troubled separation experiences in early infancy. S. Klein observes an encapsulating force that seems to cut the person off from the external world and an internal refuge is found in a walled off isolated area inside the mind. In Fairbairn's (1952)

view this provides the first experiences for the development of the internal saboteur (anti-libidinal ego) where the internalization of a maternal object, perceived as a rejecting object, results in self-experiences of hatred for having asked for/or needed something from the mother which she did not give. The same object who rejects also simultaneously excites and the experience of such a frustratingly exciting relationship comes about when separation anxiety has gone past some critical point of tolerance when the attachment figure was needed and not available. It may be argued, through the cases presented, that these early catastrophic experiences provided the Rosetta stone for the development of destructive internal forces.

Returning to the case material presented, all three participants portrayed their mothers as indifferent, neglectful, depriving, unloving and insensitive to their needs for affection and affirmation. All participants had felt the need to defend themselves from this inadequate maternal provision through various complex defensive mechanisms. From early childhood, these mechanisms were manifested as the need to cease existing. In all three cases the early childhood suicidal thoughts and gestures can be traced back to primary identification with a dead (and deadening) maternal object. This culminated in a vivid fantasy life initially characterized by repetitive thoughts and feelings of rage and despair, which were then replaced by fantasies of death and self-destruction. In essence, it seems as if all three participants had an unconscious awareness that their mothers' emotional detachment was capable of destroying their own psychic survival. Again, these internalizations mobilized powerful defence mechanisms. Whilst both Mr B. and Mr C. had fantasies of killing their mothers i.e. killing off the deadening object, they never seemed to escape from the all encompassing grasp of the dead maternal object. Similarly, Mr A.'s first suicide attempt, where he took an overdose of his mother's medication, may be symbolically perceived as an attempt to identify with her deadness i.e. by literally taking in his mother's 'poison'. Mr B.'s references to feelings of being suffocated by his mother, and Mr C.'s reference to his awareness of his future being carefully orchestrated by his mother also points to

overpowering feelings of helplessness and entrapment in the deadening object. The sense of deadness, coupled with painful separations, set the stage for the development of semi-autonomous suborganizations of their personalities resulting in "despair beyond despair" (Styron, 1990). Consequently, an enchantment with death was created as the only sense of meaning and structure in a chaotic internal world. This gives rise to the following two questions: (1) is destructive narcissism an attempt to kill the dead (mother) part of the self? and (2) do fantasies of self-destruction become the only way to feel emotionally alive in the face of the realization of the dead maternal internal object? In an attempt to grasp this on a theoretical level, it is important to focus briefly on the experience of fissures between regions of the self, which are created by the rupture in the early mother-infant bond and the internalization of a dead maternal object.

Bick (1967) pointed out that psychic aliveness, felt when contact with the surface of an object is achieved, serves to bind together primitive undifferentiated parts of the personality. This internal function of containing parts of the self is "dependent initially on the introjection of an external object experienced as capable of fulfilling this function" (p.187). However, the formation of a sensory surface brings with it a specific form of anxiety, which originates from the loss of cohesiveness that, at this level, is provided through contact with external objects. If this containing function has not been introjected, the concept of a space within the self cannot arise, resulting in confusions of identity. Furthermore, disturbance in the primal skin function often leads to a development of a second skin formation through "which dependence on the object is replaced by a pseudo-independence, by the inappropriate use of certain mental functions" (p.188). Winnicott (1962) also comments on these mental processes by stating that disruptions in the infant's sense of his own "continuity of being" may produce an "over activity of mental functioning" (p. 61). In these processes a precocious development of omnipotent fantasies of a defensive nature is produced to "take over and organize the caring for the psyche-soma; whereas in health it is the function of the environment to do this" (p. 61). In the three cases presented there is ample evidence of this type of inappropriate mental

function, coupled with fantasies of having to take over their own growth and development. In essence, it seems as if the dead mother was revived through mental processes where death becomes a lively object which provides a sense of safeguarding against the overwhelming psychic loss of the maternal object. This seems to reflect the true expression of an instinct towards death and destruction and links with Bollas's (1995) concept of a *terminal object* bearing the characteristics of an intersubjective experience of shallow and empty contact with the external world.

Tustin (1981) also provides a range of terms to describe the experience of premature rupture in the mother-infant bond. She refers to this rupture as a *premature psychological birth* or the "black hole with the nasty prick" (p.91) and further notes the nameless dread associated with "premature twoness" (p. 91) between the mother and infant. Tustin states that the inadequately prepared infant experiences too great a gap between itself and the now suddenly-separate mother and defensively withdraws into its own disconnected sensual experiences. These disconnected sensual experiences, which had once linked the mother and infant, now become autosensual, i.e. totally under the omnipotent control of the baby who then becomes cut-off from the experience of human contact with the primary object. In the cases presented it seems as if all three participants' defensive manoeuvres included various sensual self-soothing activities, coupled with a schizoid flight from the external world. For example, in early childhood Mr A. resorted to thumb sucking and listening to the radio, Mr B. took refuge in reading and Mr C. extracted himself from a perceived hopeless situation by drawing and daydreaming about independence. These soothing activities were accompanied by repetitive thoughts of death and destruction which became an "constant companion" akin to an "inner voice" in the case of Mr A., a "heartbreaking work of staggering genius" for Mr B. and a fiery landscape of woods engulfed in flames in the case of Mr C.

What is of importance, is that in all three participants the mother was perceived as a psychically dead object, unable to bring relief from suffering, resulting in an objectless

state in the self characterized by thoughts of death and destruction which is felt in the psyche as a black hole of unimaginable power. Eshel (1998) argues that *black holes* of interpersonal psychic space refer to "descriptive formulations regarding the nature of early infantile traumatisations of bodily separateness from the primal mother, which result in primitive mental disturbances" (p.1116). These black holes result in shadows of impending doom, hovering forever on the edge, where the person is "either gripped by its enormous, compelling pull, or are petrified in their interpersonal space, from fear of being pulled over its edge" (p.1116). Under the impact of the mother's emotional and psychic deadness there are overwhelming feelings of blankness and emptiness and the child forms a desperate and intense need to revive the mother and the self. The yearning to repair this central fundamental relationship is enormous and in the face of nothingness a fantasized good object is magically created, often through a perverse and highly erotic process, in order to protect the child from within. This resonates with Fairbairn's (1952) understanding of the schizoid condition and explains the schizoid withdrawal present in all three participants. Fairbairn states that when the maternal object is not available, through her own withdrawn state or emotional unavailability, the infant turns inwards and provides its own object. The infant turns to this inner object and this is always accompanied by some form of bodily or psychic gratification which typifies schizoid withdrawal. Schizoid withdrawal results from the failure to direct libido towards the object, which is equivalent to the loss of the object. This results in a "complete impasse, which reduces the ego to a state of utter impotence. The ego becomes quite incapable of expressing itself; and, in so far as this is so, its very existence is compromised" (p. 51).

In turning to the role of the father it is evident that the case material of all three participants is replete with references to paternal deprivation as well. This sense of abandonment by the paternal figure manifested itself as a "sadness that cannot be named and a sense of yearning without an object" (Bethcer & Pollack, 1993, p. 39). Fathers were consistently perceived as mysterious figures capable of inflicting emotional

pain and were described as abusive, neglectful and unavailable. Mr A. described his father as rigid, abusive and impossible to please, Mr B.'s image of an idealized protective father was scattered and destroyed by a "weak pathetic" man and Mr C. never seemed to form a symbolic equivalent of his father, whom he described as a "complete mystery". This resulted in overwhelming feelings of hatred towards the paternal object which only served to strengthen the grasp of the personality structure already in existence. Developmentally, the importance of the need for the preoedipal father is noted in literature as providing a sense of *otherness* (Burlingham, 1973; Rosenfeld, 1992). This aspect is also demonstrated by Greenacre (1966) who observes that infants have a sense of father from the very early months of life. Although the father is perceived as a twilight figure during this time, the quality of his relating to the infant will depend on his own temperament, that of the mother and on the relationship between the couple. The father also assists in the differentiation of the infant from the early mother, thereby diffusing the intensity of the early maternal bond. Winnicott (1964) emphasizes the importance of the presence of the father as a figure which provides security and who is needed "at home to help mother feel well in her body and happy in her mind" (p.114). McDougall (1989) elaborates on this concept and concludes that an absent father is unconsciously carried within the child's mind, depending upon the place given to the baby's father in the mother's psyche.

Diamond (cited in Kimble Wyre & Welles, 1994) enumerates a developmental task model of *good-enough fathering* (specifically referring to males) which essentially entails: the ability to provide a sense of security; the facilitation of the process of separation from the mother; the ability to act as a model in various aspects of development such as gender identity; as well as expressive masculinity and fatherhood throughout the life span. Failure in these tasks results in a constellation of *the missing father and the all-too-present mother* (Seligman, 1982). Furthermore, the absence of the father necessitates that the child creates a fantasized father with whom he then relates on an introjected level (Gill, 1991). Neubauer (1960) concludes; "when a parent is absent,

there is an absence of oedipal reality. The absent parent becomes endowed with magical power either to gratify or to punish" (p. 308).

All three participants reported conscious feelings of wanting to please their fathers and their perceived inability to do so resulted in overwhelming feelings of shame and failure. It is interesting to note that all three participants attempted to triumph over the feelings of incompetence by becoming professionally successful. Symbolically, this was achieved through financial independence (Mr A.), intellectual superiority (Mr B.) and professional status (Mr C.). Despite this, all three participants still perceived themselves as "failures", "worthless", "shit" and "dirty", giving rise to painful feelings of shame. The repeated references to feeling shameful, present in all three participants' responses, thus needs some clarification.

The personal experience of shame is linked in literature to the experience of failure with respect to the ego-ideal, essentially reflecting flaws in the experience of self and failures in early object relationships (Morrison, 1989). Both Chasseguet-Smirgel (1985) and Sandler (1987) point out that shame is experienced when there is an evaluation of self-regard in the face of the realization of the failure to achieve the goals of the ego ideal. In other words, shame is experienced when pre-conscious (primitive) material is made conscious, which leads to feelings of humiliation and embarrassment and essentially involves the experience of failure or unfitness. As far as the role of shame in early psychic development is concerned, it is of importance to note that shame is often regarded as a primitive pre-verbal affective state (Lewis, 1971) as it involves "autonomic reactions and awareness of the body" (p. 85) essentially linking the experience of shame to primitive libidinal aspects of psychic development. Morrison (1989) mentions that "shame earns its place at the center of the narcissistic experience" (p. 62) as it reflects the alternation of narcissistic tensions around the ideal of perfection and faces the self with the inevitable realization of imperfection. Chasseguet-Smirgel (1985) eloquently describes the relationship between narcissism and shame and links the two intrapsychic

processes through the notion of the development of the *ego ideal*. Shame becomes a part of the intrapsychic constellation in relation to perceived failure in parental and environmental demands. Lax (1989) points out that these often alien aspects of the self are integrated due to the fact that the child's particular way of being "is the only way to maintain an object tie, hold parental love, gain attention or feel accepted" (p. 82). If the only tie to the object is a shameful one this results in depressive narcissism and the surrender of the self.

The abovementioned parental internalizations, present in all three participants, resulted in the negative maternal and paternal figures being perceived as dynamic psychic structures comprising object-representations of abusive, rejecting and unloving parental figures interacting with self-representations of rejected, unloved, unworthy and helpless infants. The presence of these persecutory internal bad object constellations resulted in overwhelming anxiety and, consequently splitting defences were employed to protect what little good object experiences they had managed to maintain. Splitting resulted in the fantasy of an ideal part object representation, in the form of an all-loving, protecting and affirming parental figure. Both Mr A. and Mr B. found his parental figure in the form of a God-like figure who was capable in fantasy of rescuing them from their external worlds.

This ideal object was consciously or unconsciously longed for and sought after, and actualized in fantasy as a relationship with a benevolent internal object, seemingly capable of relieving them from the overwhelmingness of life. The relationship between the negative maternal and paternal introjects appears to include: (1) defensive displacement of the negative aspects of the maternal and paternal objects onto the self, and (2) the super-imposition or fusion of bad maternal and paternal part-objects. In all three cases these negative perceptions of themselves were clearly illustrated through their self-representations.

The predominant affect accompanying these internal object relations was despair, manifest as hatred of the self and the world that the self inhabits. This was characterized by a schizoid withdrawal where all three participants' reported feelings off being cut off from the external world, i.e. perceiving themselves as outsider figures capable of presenting a façade of self-sufficiency and independence. This isolation may be seen as an attempt to protect the outside world from their internal destructiveness. As Bollas (1987) states, if an internal object is damaged by hate this may:

lead to a phobic withdrawal from the external representations of the object, or it may lead to an addictively depressive state that is a compromise formation between the wish to damage the object further and the dread of being attacked from within for such destructiveness. If the internal object is psychologically destroyed, it may be expelled into fragmented objects which assume a bizarre quality (p. 117).

6.3. Intrapsychic aspects

In addition to the abovementioned developmental aspects there are also a number of intrapsychic aspects which contribute to the formation of the internal tyrant. These aspects include the formation of a defensive pathological retreat, feelings of entrapment in the mind and body posing serious obstacles to the capacity for symbol formation and the developmental role of the superego. The aim of this part of the discussion is to address the hiatus in literature on destructive narcissism by attempting to describe, in specific detail, the participants' experiences of their internal worlds.

6.3.1 Defensive Organizations

Steiner (1990) states that the pathological organizations described in the aforementioned participants represent a narcissistic type of object relationships in which projective identification leads to a lack of distinction between self and object. He emphasizes the rigid structure which leads to the creation of a borderline position which exists in equilibrium with the paranoid-schizoid and depressive positions. This position offers what Steiner terms a "pseudo-structure" (p. 102) to help the individual deal with a

confused and chaotic state of mind characterized by disintegrative splitting. The nature of this psychic retreat has been explored in Chapter 2. However, the question of how this retreat develops within intrapsychic structure and the behavioural and emotional manifestations which characterize such as retreat still remain.

Theoretically, Mitrani (2001) provides a particularly eloquent description of the development of defensive strategies in severe pathology. Drawing on Bick's (1986) concept of *adhesive identification*, Mitrani (2001) tracks the development of primitive modes of defence that developmentally precede those outlined by Klein's (1946) theory of projective identification. Mitrani suggests the development of *adhesive pseudo-object-relations* as the origin of pathological defensive structures. Mitrani (2001) points out that adhesive pseudo-object relations are characterized by an:

asymbolic aberration of normal development, rooted in traumatic experiences of extreme privation occurring *in utero* or in early infancy. This way of being interrupts the necessary development of and trust in a 'rhythm of safety' between mother and infant, resulting in a crippling of the emerging elemental state of subjectivity and the gradual development of true objectivity (p. 37).

As such, they are obstructive in the ongoing development of normal object-relatedness and are nearly always pathologically defensive and static. Mitrani lists the following characteristics of object-relations in such structures: (1) in adhesive states, objects are experienced as inanimate 'things' which are to be absorbed, exploited, manipulated or avoided in a desperate attempt to gain a sense of existence, safety or impermeability; (2) in adhesive object relating normal "flickering states of awareness" of otherness cannot be tolerated. Consequently, self and object remain largely undifferentiated and is mainly experienced on a sensuous level. These sensations serve to draw the subject's attention away from anxiety or it may have a numbing or tranquilizing effect upon the subject, which serves to block out some terrifying and unbearable awareness; (3) anxieties in adhesive pseudo-object relations are conceptualized as "states of raw and unmitigated panic, equated with the elemental fear of falling forever, of discontinuity of being, of nothingness, dissolution and evaporation – of being a no-body-nowhere" (p.

39). As a result the subject employs adhesive equation and the blocking-out of painful and life-threatening awareness which protect the self from the terrifying sensations of "falling, spilling, dissolving, evaporating, and diffusing without hope of recovery" (p. 39); (4) in adhesive pseudo-object-relations the ego exists and operates predominantly in an unmitigated state of passive primary unintegration; (5) the nature of thinking in these adhesive states is characterized by little actual mentation. Instead, it is characterized by an absence in "symbolization, phantasy, and imagination, since the experience of 'transitional space' is inexistent" (p. 39); (6) in adhesive identifications dependency needs assume the "form of a thin and tenacious clinging to the surface of an as-yet undifferentiated object, felt to be part of and contiguous with the subject" (p. 39); (7) when defences against the awareness of separation and loss break down in adhesive object relationships, the failure is felt as a totally catastrophic collapse or as a "dreadful sensation of being ripped-off and thrown away" (p. 39).

I find Mitrani's (2001) description of these types of object relations invaluable in understanding the dynamic intrapsychic structure of destructive narcissism. Not only does it provide a detailed outline of pathology on a pre-oedipal level but it also serves to confirm the existence of a primitive narcissistic state, preceding the subsumes of the paranoid-schizoid position. This confirms Ogden's (1989) view on the development of the autistic-contiguous position and supports the notion that until the containing function of the mother has been introjected, the concept of a space within the self cannot arise. As such, the construction of the internal containing object will be impaired, resulting in a helpless passive state of unintegration. This is coupled with active defensive maneuvers such as splitting and later persecutory and depressive anxieties.

In the cases presented there are ample references to the characteristics of these pseudo-object relations. It seems as if the mental functioning of all three participants is characterized by an intrapsychic position prior to the paranoid-schizoid position. The primitive quality of their internal objects lie somewhere between the adhesive

identification of the adhesive pseudo-object relations and the splitting defences characteristic of the paranoid-schizoid position. It seems then that their internal objects are composed of combinations of the two types of mental functioning in varying proportions, resulting in difficulties in developing a 'mind of one's own' (Caper, 1999). Instead, the internal world remains populated with images characteristic of the defensive nature of the two abovementioned positions. This has profound implications for psychic development as movement to the depressive position cannot be facilitated. The knowledge that one is physically and mentally distinct from the object, corresponding to identification in the depressive position seems unattainable in these patients, which results in an inability to mourn the loss of the object as an object *per se*. In the face of the overwhelmingness of this realization a defensive organization is set up to ensure psychic survival.

Although described in various terms, the nature of the psychic retreats in the three cases presented depict powerful overlapping aspects. As such, Mr A.'s psychic retreat is characterized by identification with a dark quiet place, where feelings of oblivion and quietness reside. However, it is also evident that splitting mechanisms are put in place, even in the retreat, as he interchangeably referred to the destructive quality of this "beautiful" place by referring to it as a "evil dark force" and an "island" cutting him off from other people. Most eloquently perhaps, the dual nature of the retreat was captured in his words "a constructive process of destruction".

Mr B.'s psychic retreat is characterized by his identification with tragic literary characters who seem encapsulated in their own destructive worlds. This provides him with a sense of safety and security that he is indeed not alone in the world. The retreat in this case is also characterized by the process of splitting defences where the retreat is divided into a good and bad part. The good part of Mr B.'s retreat provided him with the narcissistic gratification he so desperately longed for as a child – narcissistic adulation for the bright little boy whose hopes were crushed by his mother who "stole" his (libidinal) creativity.

The bad part of the retreat housed an absent God and was the birthplace of tragedy. Peopled with a bizarre concoction of idiots, sadistic torturers and serial killers, this part of the retreat provided the destructive narcissistic adulation which made him feel "larger than life". In essence, it seems as if there is a war waging between the bad and the good and bad maintains its position of power and omnipotence in the face of loving feelings of need and dependency.

Mr C.'s retreat, as in the case of Mr A., is to be found on the edge of psyche and soma where destructive fantasies and attacks are launched on both his mind and body. Indeed, splitting mechanisms are also at work here. The same "mind" which provides a sense of safeguarding from the external world becomes a thick pounding head, capable of "abhorrent thoughts". The desolate and deadening quality of Mr C.'s psychic retreat is also home for thoughts of destruction and death. In all three cases the defensive organization or retreat provides the only source of security, and in the face of its accompanying terror invites the only forms of restoration available i.e. desperate magical defences to ward off the reality of existence. This crystallized into abnormal superego development, problems with symbol formation and bodily entrapment. These aspects will now be explored in more detail.

6.3.2 Superego Development

In all three participants the predominantly bad internal objects, owing to the absence of any good parental experiences, and the aggressive affect accompanying introjection, resulted in the formation of unusually hostile and persecutory superego structures. The destructive quality of these superego structures was aggravated by the participants' uncontained anger and hatred, which both intensified the persecutory quality of the superego, and resulted in the participants' experiencing themselves as bad, worthless and unlovable. Coupled with harsh punitive attacks on the self, described as "shameful"

(Mr A.) "worthless" (Mr. B) and "inadequate" (Mr C.) it seems consistent with Caper's (1999) view that:

the superego formed by projective identification is felt to reside concretely inside one, to be able to read and control one's mind, and to have the capacity to produce intense anxiety. It is not felt to be subject to rational or critical thought (since it is not, on this deeper level, felt to be mental), and, in consequence, one finds oneself resorting to desperate magical defenses to ward it off (p. 99).

This type of primitive superego may produce an intense feeling of well-being or present itself, as readily, as a sense of terror and persecution. Both Mr A.'s and Mr B.'s superego structures are populated with images of a cruel and unyielding god-like figure capable of attacking and destroying the internal world. In Mr C.'s internal world his superego expresses aspects of this. However, here he assumes the role of brute torturer capable of punishing through retaliatory attacks on his body and mind.

O'Shaughnessy (1999) states that the existence of these aspects give rise to the formation of a hostile persecutory object and a primitive murderous superego, whose sinister aim is to detach and alienate itself from objects. She states that the "pathological superego is a culture of the death instinct; we see its chilling tricks and its installing or repeated cycles of cruelty and punishment and how it aims to detach from object relations, personal development, life and life instincts" (p.867). She further states that in such conditions the superego attacks ego functions like attention, enquiry, remembering and understanding. In the face of enormous anxiety it becomes "an immoral sweeper downhill to destruction ... a punishing incessant beater" (p.868).

Riesenberg-Malcolm (1999) supports Klein's view that all internal objects, however terrifying, "operate as the superego" (p. 60). She argues that abnormal superego development, a prominent characteristic of destructive narcissism, resembles Bion's (1962) description of the kind of superego that results from the operation of minus K i.e. the *ego-destructive superego*. Of such superego Bion (1962) writes:

It is a super-ego that has hardly any of the characteristics of the super-ego as understood in psychoanalysis: it is 'super' ego. It is an envious assertion of moral superiority without any morals. In short it is the resultant of an envious stripping or denudation of all good and is itself destined to continue the process of stripping ... till [there is] ... hardly more than an empty superiority-inferiority that in turn degenerates to nullity (p. 97).

As a result of these superego figures, participants typically related in a hostile and antagonistic manner toward authority figures. This may be explained in term of negative transference reactions to God as a paternal figure who was negatively associated with the participants' hated father figures. Identification with the destructive subpersonality resulted in the participants experiencing a sense of power and control, thereby defending themselves from the underlying self-representations of vulnerability, rejection and inferiority. In all subjects however, the identification with the destructive part was accompanied by aggressive and cruel attacks on the self and their behaviour seems to be reminiscent of how they had felt in relation to their bad parental objects. As such the superego development of all three participants seems to display some of the characteristics of what Josephs (2001) terms a *seductive superego*, pointing to the splitting of the superego structure. The seductive superego, in conjunction with the harsh and punitive superego described above, constitutes an unconscious collaboration with a perverse intrapsychic structure which seduces the person into gratifying a forbidden wish and then harshly punishes the person for that forbidden gratification. As Josephs states "the seductive superego is sadistically tormenting the self by constantly teasing it with the presence of an exciting yet forbidden object of desire ... and by shaming the self for being too frightened of the anticipated dangers to actively pursue the forbidden object" (p. 702). The seductive and punitive superegos therefore engage in a co-ordinated unconscious strategy of self-entrapment and self-betrayal.

6.3.3 Symbol formation

In Kleinian theory, symbol formation is linked to anxieties pertaining to the depressive position and entails reparative activities directed towards both the object and the self. Symbol formation takes place "partly in the interest of self-preservation" as the "infant's

longing to recreate his lost objects gives him the impulse to put together what has been torn asunder, to reconstruct what has been destroyed, to recreate and to create" (Segal, 1972, p. 75). Segal (1954) states that symbol formation commences as early as object relations, but "changes its character and function with the changes in the character of the ego and object relations. Not only the actual content of the symbol, but the very way in which symbols are formed and used seem to reflect very precisely the ego's state of development and its way of dealing with its objects" (p. 163). Symbol formation governs the "capacity to communicate, since all communication is made by means of symbols" (p. 169). Furthermore, it entails a "continuous process of bringing together and integrating the internal with the external, the subject with the object, and the earlier experiences with the latter ones" (p. 171). In pathological conditions, symbol formation is severely impaired as disturbances in the ego's relation to objects are reflected in disturbances of symbol formation. In severe disturbances the capacity to communicate is disturbed "first, because the differentiation between the subject and the object is blurred, secondly because the means of communication is lacking since symbols are felt in a concrete fashion and therefore unavailable for purposes of communication" (p. 169). The difficulty here is not only that the self cannot communicate with the other, but also that the self becomes entangled in a repetitive pattern of inability to communicate with the internal sense of self. Winnicott (1960) links deficiencies in the capacity for symbol formation to the development of false-self states. Bion (1959) refers implicitly to deficient symbol formation by arguing for the existence of a psychotic part, related to primitive disaster, which gives rise to destructive attacks on linking. In such conditions "the patient is suffering the consequences of his early attacks on the state of mind that forms the link between the creative pair and his identifications with both the hateful and creative states of mind" (p. 311). The disturbance of this primary capacity makes normal psychic development impossible and constitutes a major handicap in the inability for symbolic thought. Coupled with deficiencies in playfulness and creativity this handicap results in confusion because the individual experiences his thinking "not as experiments with

limited consequences, but as wholesale, catastrophic alterations of his objects" (Caper, 1999, p.88).

The capacity for symbol formation, in all three cases presented, seems to reflect some of the characteristics of deficiencies in this regard. It seems as if these deficiencies are intrinsically linked to the inability to form relations with others and the ability to relate to the self only in terms of destructive processes. Mr A. referred to a "dark force" feasting on his mind whilst encapsulating him in a dark place of safety. During the latter phases of therapy he was also able to locate the strategies of the "enemy" inside his mind and felt more confident about exercising some form of control over the previously unseen "force". Mr B. described his mind as a "torture chamber" which also made him feel encapsulated and withdrawn from the external world. Mr C. described a state of mindless panic and internal pressure which on many occasions made him feel impelled to "get rid" of his "head". It seems then, that their symbolic expressions are characteristics of primitive destructive fantasies which became concrete internal realities located in the mind. As Segal (1954) states "where such symbolic equations are formed in relation to bad objects, an attempt is made to deal with them as with the original object, that is by total annihilation" (p. 165). She further notes that the:

non-differentiation between the thing symbolized and the symbol is part of a disturbance in the relation between the ego and the object. Parts of the ego and internal objects are projected into an object and identified with it. The differentiation between the self and the object is obscured. Then, since a part of the ego is confused with the object, the symbol – which is a creation and a function of the ego – becomes, in turn, confused with the object which is symbolized (p. 165)

As a result of these deficiencies, symbol formation is constricted and centers only on that which is known – a destructive narcissistic retreat from life and creativity. Seidler (1999) notes that deficiencies in symbol formation results in problems in the experience of mourning. He states that the difficulties destructive narcissists experience could be resolved through the affective experience of mourning. However, as a result of the fact

that the bipersonal space between self and other is not objectally occupied the "object in its essential inadequacy and the subject as part of the original unity are not susceptible to symbolization in the space 'between' them." (p. 295). Thus, "mourning is nameless or wordless and hence unbearable. That is why the 'real' object has to be completely eliminated" (p. 295). He further notes that:

people with a strongly marked propensity for destructive narcissism appear to be gravely restricted in their capacity for symbolization. A possible consequence of this is that the representation of the concrete other is 'collapsed' with the imago of the object world as a whole. The destruction mechanism is anal, involving as it does processes of discharge and 'excretion' by means of which destructive narcissism seeks to achieve its objective (p.297).

Di Ceglie (2001) draws on St Augustine's reference to the "hiding places" (p. 365) present in some individuals where it is difficult to retrieve thoughts from the inner world. Using the analogy of an *internal house*, Di Ceglie draws parallels between the internal world and symbol formation in a profoundly moving way. Deficiencies in symbol formation in this context may be described as the inability to integrate the notion that a bad object is a *representation* of an external bad object. Instead, the bad object is felt to be housed in an inner hiding place and thus *becomes* the subject. In this way the symbol is no longer only a representation of the object, it *is* the object. This process obscures normal separation from bad objects, and as a result it remains lodged in the 'internal house', which weakens the capacity to take in good things, so essential, particularly at times of frustration and disintegration. As such, destructive attacks on linking are mobilized, giving rise to feelings of being imprisoned forever. A transition from a state of unintegration to integration cannot be facilitated and the original connection with bad objects remains lodged within the mind. As Bion (1967) states the evolution from unlinking to linking can only occur through a process of transformation involving two people in interaction with one another. Given this interaction, what was unbearable becomes bearable and the meaningless and raw furnishings of the destructive inner world becomes, with time, meaningful and of good use. The absence of this, clearly present in all cases, thus leads to the pathological formation of a mindful mindless

(Eigen, 1986) situation. Bion's theory reveals in this regard that it is necessary to find a symbolic internal home in the maternal object, before we can develop one of our own. Should this fail, the function of creating symbols is forever hovering on the desperate need to re-establish the connection with the first object. These destructive forms of reciprocity will almost always display remnants of the original desire for perfection inherent in the narcissistic aim, albeit in many cases solely by virtue of the radicality with which destruction is pursued.

6.3.4 Bodiliness

Various studies in development suggest that the earliest fantasies of the infant are initially recorded as body-memories (Mitrani, 1996; Stern, 1985) that assist in the development of the somatic unconscious through which bodily sensations, images and feelings may arise. Freud (1923) states that the "ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface" (p. 26), essentially linking the development of the ego to early mother-infant interactions. By providing phase-adequate frustrations the mother activates the capacity for the toleration of tension and unpleasure, thus promoting structural development. Rubinfine (cited in Kahn, 1986) states:

where need satisfaction is always and immediately available (i.e. deanimated), there should be a relative absence of tension. Without appropriately timed experiences of frustration and delay there may result retardation in the development of various ego-functions, among them the capacity to distinguish between self and non-self. Such failures of differentiation of self from object, and the consequent failure of defusion of self- and object-representations, leads to interference with the development of the capacity to discharge aggressive drives toward an external object, and results in the turn of aggression against the self (p. 126).

Khan (1986) refers to the concept of *cumulative trauma* which has its beginnings in the period of development when the infant needs and uses the mother as a protective shield. When significant and frequent failures of the mother to act in her role as protective shield occurs, it results in pathological body-ego development. Khan

comments that these early impingements results in problematic ego-id development and a failure of integration of a sense of self. When such trauma occurs, identification is mainly incorporative and projective which interferes with the internalization and assimilation of new object and self-representations. Kahn states that this may lead to a collapse of personality development into inertia or a retreat into omnipotent isolation.

Bollas (1987) comments that the mother acts as a first *transformational object* who changes both the infant's internal and external environment by continuously negotiating "intersubjective experience that coheres around the rituals of psychosomatic need: feeding, diapering, soothing, playing and sleeping" (p.13). The mother, described as the infant's other self, transforms the internal and external environment of the baby resulting in the development of functional ego activity. The memory of these early object relations "manifests itself in the person's search for an object (a person, place, event, ideology) that promises to transform the self" (p.14). The search for the symbolic equivalents of transformational objects is continued in adult life and represents a "semiological act that signifies the person's search for a particular object relation that is associated with ego transformation and repair of the basic fault" (Bollas, 1987, p. 18). This resembles Winnicott's (1962) feeling of 'indwelling' where there is a sense of: I dwell in my body and my body is very much 'me' – I have the sense that my body and mind are integrated and not isolated each from the other (p. 68). It is from these earliest body-based experiences that the True Self grows. The natural development is very different from the intentional fabrication of the False Self. The False Self is weaker, in the sense that it cannot gain strength from others when life is difficult. It is not linked to any blissful memories of well-being and cannot bring spontaneous joy and inspiration when life is easy.

The three participants' accounts of bodiliness are replete with diverse references to the bodily dimensions of the destructive need to cease existing. All three participants described a sense of being encapsulated in their bodies which, on a symbolic level,

became the coffin in which a trapped mind was lodged. Various destructive assaults on the body, by drinking, over-working and over exercising were noted in all three participants. The attack on their bodiliness became a source of perverse pleasure akin to a passionate experience. Clinically, there was a distinct impression that these patients felt uncomfortable in their own skin. Besides the destructive assaults on their bodies there were also distinct narcissistic elements present in all three. All three participants appeared very concerned about the fact that their bodies were ageing and that they were less able to perform in certain areas than before. There were also a marked preoccupation with certain parts of their bodies. For example, Mr A. had a particular idea that his head was deformed and as a child he often thought that people were staring at this "oddly formed pip". Mr B. was preoccupied by the size of his ears and penis and during adolescence and young adulthood would often compare the size of his penis with that of men in magazines. Mr C. was preoccupied with the shape of his legs and expressed persistent fears that he would develop a bone disease which would render him unable to continue his long-distance running. Clinically, I was left with the impression this almost obsessive focus on their bodies would at times, especially during stressful circumstances at work or within the family environment, replace the focus on the internal idea of wanting to destroy themselves. It was as if, by focusing on the shortcomings of their bodies, they were able to focus on an external part of perceived incompleteness resulting in terrible feelings of shame and inadequacy.

Countertransferentially, what was interesting was also the effect that these patients appeared to have on my own experience of bodiliness. As with my experience of the ugliness of my consulting room with Mr B., I was sometimes confronted with feelings of being horribly ugly and physically deformed. On a very physical level, I often felt incredibly cold and thirsty after working with these patients and distinct levels of physical exhaustion, as if I had been running a long marathon, were also present. Clinically, I perceived these aspects as part of the psychotherapy process and these patient's

inability to communicate on a verbal level what they were experiencing on an intrapsychic level.

6.4 Death as a creative force: The negative therapeutic reaction

Thus far the purpose of this discussion has been to demonstrate the existence of pathological organizations characterized by a firmly entrenched state of mind and bodiliness where the needy parts of the self are imprisoned by the destructive anti-libidinal self. It also raises a number of technical issues relevant to the assessment and treatment of destructive narcissism. From the onset of therapy, it was evident that all three participants attempted in various ways to sabotage any therapeutic alliance, as this would have urged them to give up the only aspects of themselves still capable of feeling alive. This was accomplished by various attacks on linking i.e. erratic attendance; feelings that the therapist had become an intruder who wanted to unravel the libidinal link with death resulting in the flight from therapy; suicide attempts; mindless flights of thought; the mobilization of powerful intellectual, moral and schizoid defence mechanisms; and the attempt to trap the therapist within their destructive internal world. These manifestations seem to resonate with Riviere's (1936) observations on the negative therapeutic reaction. She notes the mobilization of a manic defence against the depressive position and emphasizes the extent to which ambivalence exists unconsciously in extremes of love and hate for the internalized object. Of such patients Riviere writes:

This is the dread that if he were cured by analysis, faithfully and true, and made at last able to compass the reparation needed by all those he loved and injured, that the magnitude of the task would then absorb his whole self with every atom of all its resources, his whole physical and mental powers as long as he lives, every breath, every heartbeat, drop of blood, every thought, every moment of time, every possession, all money, every vestige of and capacity he had – an extremity of slavery and self-immolation which passes conscious imagination. This is what cure means to him from his unconscious depressive standpoint, and his uncured *status quo* in an unending analysis is clearly preferable to such a conception of cure – however grandiose and magnificent in one sense its appeal may be" (p. 318).

Valenstein (1973) links the negative therapeutic reaction to a fixation to pain in relation to an object relationship originating within the first year of life and states that this is located developmentally much earlier than definitive superego formation. He states it "originates in the very young child's failure to establish constancy in relation to a positively valued object, without which increments of pleasurable affect are neither consolidated out of object experience, nor reliably anticipated thereafter. In fact, the opposite prevails, namely, the development of an affinity for painful affect, the painful affect states connoting the inconsistently pleasure-unpleasure-yielding object" (p. 390). Similarly, Olinick (1964) suggests that those patients who display the negative therapeutic reactions are endowed "from birth with greater than average funds of aggressive orality and anality. This in turn made the mothering relationship stressful (as it may later the analytic), by investing it with realistic anxieties about filling an assigned role with these masterful infants and children" (p. 544). In an updated recapitulation, Olinick (1970) again emphasizes that the "the negative therapeutic reaction is an acute, recurrent, negativistic emotional crisis in a sadomasochistic person who is prone to depression; it represents a category of superego resistance denotable also as a phase of transference resistance" (p. 666). This negativism, which he sees as highly characteristic in narcissistic pathology, is oppositionally defensive against the "regressive pull towards fusion with an early, depressive, maternal object" (p. 657). Anna Freud (1952) states:

Such persons see the relation to a love object exclusively in passive terms. The passive surrender may signify a return from object love proper to its forerunner in the emotional development of the infant, i.e. primary identification with the love object. This is a regressive step which implies a threat to the intactness of the ego, i.e. a loss of personal characteristics which are merged with the characteristics of the love object. The individual fears this regression in terms of dissolution of the personality, loss of sanity, and defends himself against it by a complete rejection of all objects (p. 258).

Rosenfeld (1987) also comments on the negative therapeutic reaction in destructive narcissism by drawing on Freud's (1923) explanation of the negative therapeutic

reaction. He notes a sense of unconscious guilt which is hidden and related to the death instinct that acts as a force which pulls the patient away from life, from object relations and from recovery. He states:

in my experience careful examination allows one to detect the fact that this omnipotent way of existing is experienced and even personified as a good friend or guru who uses powerful suggestions and propaganda to maintain the status quo, a process which is generally silent and often creates confusion ... anything which might enable the patient to become aware of how completely dominated and imprisoned by his omnipotence he is, is silently criticized, belittled, devalued and distorted (p. 87).

The cases presented exemplify the technical difficulties encountered in the treatment of destructive narcissism and the limitations of psychoanalysis as such. Since the major disturbance in self and object relations constitutes an early developmental defect in ego structure, psychoanalytic interpretations, which after all cannot totally reach the pre-verbal earliest levels of development, are nonmutative and relatively ineffective. In such severe disturbances there appear to be a resistance to interpersonal, experiential and nonverbal therapeutic measures. Simultaneously, however, it also seems as if the negative therapeutic reaction serves a positive function for these patients. Limentani (1981) points out that:

perhaps in clinging to illness some patients succeed in magically staving off death, and this may even be true when all the evidence suggest that they are flirting or drawn towards death. For these patients, to live means that now or sometime in the future they will die, and in consequence they opt for survival in preference to a full and contented life (p. 389).

It seems then what is needed is a therapeutic attitude of persistence and an unfailing working towards the possibility that the patient can and will progressively and adaptively use both what is recapitulated and articulately remembered and what is behaviorally recapitulated and reconstructed from the time when it cannot be literally remembered. In order for this to occur, it is of utmost importance to focus on strong countertransference responses aroused by the work with these patients. According to Rosenfeld (1971), the

projective identifications, characteristic of destructive narcissism, pose major difficulties for the therapist's "capacity to think or to concentrate. It is as if something has been projected into the analyst in a real and concrete way" (p.159). To treat the symbiotic entanglement of projected individual elements simply as an element of projective identification is contra-indicated as Rosenfeld (1987) pointed out that the symbiotic fantasy of elements needs to be understood. This clarifies the processes of transference and countertransference and enables the therapist to act as a containing object for the patient. Seidler (1999) notes that in working with these patients the therapist is:

exposing himself to the full brunt of the hatred engendered by destructive narcissism, taking the form of mockery, scorn, depreciation, spite, cynicism etc. Only by working through such affects will it be possible to empower the patient to experience his/her own 'genuine' meaninglessness (e.g. a random, cruel blows of fate) and meaningfulness (both presuppose 'meanings'), a process identifiable from the sudden manifestations of affects associated with personal concern mourning, guilt etc. (p. 303).

He further states that the "dynamics of destructive narcissism will come to full overt fruition when the therapeutic relation is 'alive' and affectively 'warm'. Here the therapist will occasionally have to intervene massively in order to show the patient where his limits are" (p. 303), and faced with the dynamics of destructive narcissism in full cry he will have to commit himself to the preservation of the therapeutic relationship as a meaningful undertaking. As Seidler notes, interpretations such as "I will not allow you to destroy me or the relationship that we have with one another" (p. 302) may be unconventional in psychoanalytic terms, but it is "eminently well suited to the task of keeping the therapeutic process alive" (p. 302).

6.5. Countertransference phenomena

In all three cases I was profoundly confronted with my limitations as psychotherapist and often left with feelings of being a mindless intruder. Persistent feelings and thoughts of intellectual and therapeutic deficiency were coupled with oscillating feelings of

hopefulness and despair. Often writing, thinking and attempting to understand particular aspects of the therapeutic relationship left me with inconceivable difficulties in constructing positive therapeutic interventions, giving rise to feelings of madness and uselessness. In hindsight, I have often felt as if I had violated parts of my own internal psychic functioning through working with these patients. I still regret allowing myself to be utilized by these patients as a tool in their destructive chaos as I often had feelings of a deep-seated embeddedness in their destructive chaos. I experienced profound feelings of loss, sadness and emptiness and for months after ending these psychotherapies I was still unable to unravel the extent of the destructive impact of these therapies. Knowing that these feelings and thoughts were foreign to myself and did not characterize my usual way of coping of the loss of patients I spend hours in supervision trying to analyze the dynamics at work. One of my most important struggles with these patients appeared to be my inability to "let go" of the destructive images these patients embedded within me. On the one hand, I was struggling with profound feelings of loss (as if someone very close to me had died) coupled with deep-seated feelings of betrayal and anger. I often mentioned to my supervisor that I felt these patients were "ungrateful" and that they were obviously unaware of the levels of emotional and intellectual input that they required from me. Again, in hindsight, I felt as if I was the long-suffering mother of spoilt little children. Also, I often felt as if I had been robbed of all my psychic resources and in some way I believe that the writing of this thesis was maybe an unconscious effort to make sense of the entire experience and regain some of all that which I felt I had lost during these therapies.

Bollas (1987) notes the importance of the therapist's capacity to become "situationally ill" (p. 204) in the treatment of severely disturbed patients. Bollas (1990) provides a particularly apt model in working with countertransference experiences by providing a detailed outline of the regression and recovery of the therapist in the countertransference. He notes that regressive experiences in the countertransference is unconsciously determined by the patient's projections of parts of the self and parental

object world into the therapist's psyche, thereby forming the therapist's inner experiences in order to communicate the patient's experience of being and relating. Bollas suggests four stages during which the therapist first regresses and then recovers in the countertransference. Firstly, there is a stage of splitting in the therapist's personality into false self-adaptiveness leading to a loss of a sense of personal reality in the work with the patient. This is partly due to the patient's presentation of deep maternal refusal of interrelating and the therapist's experience of the child-patient's loss of personal reality. Secondly, there is a stage of terror over survival, as the therapist is overcome by a "dreadful silence that immobilizes his psyche-soma. This is understood as the patient's representation of maternal hate, of death wishes against the aliveness of the child. The fear, however, is due to the child's responsive destruction, expressed by the analyst's countertransference" (p. 350). As such, the therapist, having split his personality, has projected his hate into the environment leaving him only a part therapist. The therapist is "shocked out of this by a moment within a session" (p.351) and aggression is now a means of survival. The third stage is characterized by the therapist assuming the role of the worrying mother, where the therapist takes on the mother's personality and the patient now switches the therapist's subjective position from the child's place to the location of the mother. Here the therapist uses understanding and interpretation to "recover from the regression into the mother's madness" (p.351). The last stage, what Bollas terms the "stage of the desubjectification of the patient" (p. 351) is characterized by the patient's aim to "coerce the analyst and community into regarding him as a behavioral object. To think or not to think about the meaning behind the patient's actions is the question, with the analyst working to transform the mother's deadening of meaning into meaningfulness" (p. 351).

6.6 Contra-indications for psychotherapy

The three cases to which I have drawn attention in this thesis have illustrated several aspects of the difficulties involved when engaging in the psychotherapeutic process

destructive narcissists. These include their internal stuckness, the organization of defences to support death as superior to life, the internal domination by destructiveness, and the seductive quality of the idealization of destructiveness. The technical difficulties occasioned by such situations, result in part from the way the malignancy of the narcissistic structure is disguised. This type of psychopathology differs from that of other character disorders in the destructive way these patients cling to their pathological defences and intrapsychic patterns in an attempt to free them from what is perceived as an intolerable burden. Clinically, I am of the opinion that one of the main differentiating aspects of this type of psychopathology is a persistent lack of interest in the external world (self and others) and subsequently a massive disengagement with others. Despite all three patients manifest overt success in terms of achieving good academic qualifications there were a persistent lack of being able to take "ownership" of any "good" achievements. Instead, negative experiences were clung to and utilized as evidence of their perceived "badness".

As a result of the withdrawal from the external world, there appears to be an overemphasis on internal psychic dynamics, almost as if these patients are caught in a trancelike state whilst being fascinated by their own destructive dynamics. In returning to the two questions earlier in this chapter that destructive narcissism may be an attempt to kill the dead mother aspect of the self or may be the only way of staying psychically alive (p. 147) it needs to be stated that from clinical experience with these patients there is evidence that both of these aspects are at work in these cases. In psychotherapy with these patients various attempts were made to psychically kill off the concerned mother/therapist figure. Concern (by the therapist) was interpreted as a lack of clinical experience and therapeutic skill and only on very few occasions could these patients bring themselves to acknowledge the devastating impact of their destructive behaviour on the mother/therapist. These acknowledgements were often followed by more destructive behaviour leaving the impression that there was a distinct attempt to literally kill off the external "good" mother. By keeping me as psychically "dead" as possible they

were able to continue their destructive internal work proving to themselves that they could only be psychically alive in the face of a dead other. As such, fantasies of self destruction do become the only way to maintain psychic aliveness and thus it provides the fuel for an ever present and burning internal hellfire.

In overview, the following aspects should be noted as manifest contra-indications for psychotherapy. As far as the therapeutic process is concerned the following aspects should serve as warning to the therapist when attempting to address destructive aspects within the therapeutic relationship:

- The risk of suicide and the predominance of suicidal ideation;
- The inability of the patient to utilize interpretation of the material presented;
- Missed sessions, resulting in problems with maintaining the psychotherapeutic frame;
- The inability to form a meaningful therapeutic relationship;
- The pathological extent of the patient's defensive structure; as well as
- The pathological super-ego structures of the patient.

Steiner (1981) shows that in this condition we are not dealing with a split between good and bad parts of the self, but with the consequences of a breakdown in splitting and a reassembling of the fragments of the personality into a complex mixture under the dominance of an omnipotent narcissistic structure. Steiner states:

In order to free the healthy, sane part of the patient we have to understand the whole situation. I believe this includes the propensity of the patient to present himself as an innocent victim. We have to recognize the sense of helplessness, but also those occasions when a collusion develops and the patient gets a perverse gratification from the domination of the narcissistic organization. Insight into the domination may then not be enough, and the collusion has also to be exposed. If this can be achieved, the patient can sometimes come to accept the existence of a part of himself as truly destructive, which he has to learn to live with, which can be contained and modified but which cannot be disowned (p. 250).

Weighing up all of the abovementioned factors and drawing from my clinical experience of working with these patients I would like to suggest that it would be a therapeutically more responsible way of working with these patients in a less intense and insight-orientated manner. Given the risk of suicide, the poor prognosis for therapy and the devastating consequence of this type of work on the therapist shorter term therapies with a more life-skill orientated approach may be more effective to assist these patients to cope with their lives. As such, it is my opinion that knowledge and insight into the dynamics of the destructive "gang" serves very little purpose in assisting these patients to overcome their internal destructiveness. There appears to be such a deep seated longing for destruction in these patients that I believe our only hope is to assist them on a very concrete level if we are to make any progress at all. Philosophically, it may also be argued that these patients should not be considered for psychotherapy. This is obviously a serious and very important question which should be considered at the beginning of each therapy. I believe that some of my major shortcomings in working with these patients were:

- (i) my failure to commence the psychotherapeutic process with each of these individuals with an in-depth analysis of defensive structures and coping mechanisms;
- (ii) my naïve belief in the resilience of the human capacity to withstand and overcome psychological trauma, despite manifest evidence to the contrary;
- (iii) my disregard in the beginning of therapy for these patient's history of psychopathology;
- (iv) my unfailing belief at the time that I would be able to assist these patients in overcoming some aspects of their pathology given the opportunity to establish a therapeutic alliance.

Having worked with these patients I do not regret the experience. I have often asked myself whether I would be willing to work with a destructive narcissist should the

opportunity arise in future. In essence, I believe I will and that I will be better equipped to deal with the internal and external dynamics. Looking back on the experience I now realize that I was like a first time mother trying to figure out how to deal with a colicky baby. No amount of theoretical knowledge could readily prepare me for the first hand experience of working with these severely disturbed patients. However, this work has been humbling and challenging at the same time as I was constantly faced with my own shortcomings on all levels.

6.7 Limitations of research and recommendations for further research

A major criticism of this current research is the fact that I have utilized my own psychotherapy patients and consequently it may appear as if my conclusions and dynamic formulations are subjective postulations rather than clinical phenomena. As mentioned before, I selected these patients from my own psychotherapy practice given the relative difficulty in procuring research participants with this type of character pathology. It may also be asked how it was possible that I managed to engage in a therapeutic process with three of these patients within a period of approximately four years, whilst other clinicians never come across the phenomenon. There is a multiplicity of answers to these types of questions. In short, I have been focusing on therapy with individuals with personality structure difficulties since my first registration as a clinical psychologist. At the time my interest was mainly in the treatment of borderline disorders in females and later developed into the long-term treatment of male individuals displaying narcissistic psychopathology. Referrals from other clinicians usually fall within this category as most referring doctors are aware of the fact that I mainly work within the field of personality disorders. Hence, I have been in the fortunate position of being exposed to a number of patients with severe psychopathology as they often landed up in my chair after other clinicians had "given up" on trying to assist them. This in itself may also be constituted as a shortcoming of the research as I am now aware of the fact that I had been unconsciously set up to believe that I could cure the incurable (feeding my

own narcissistic needs) and hence my failure to do so in these cases left me feeling robbed of my track record of being able to assist severely disturbed individuals to lead more meaningful lives.

My first experience of working with a destructive narcissist (Mr C.) left me aware of the fact that I was dealing here not with anything I had ever encountered before. Hence, I started searching for theoretical answers to assist me to cope with the demands of this therapy. This may also be regarded as a criticism against the current research as it may be argued that my theoretical knowledge coloured my viewpoint and that I was actively searching for patients who would meet the criteria cited in literature. However, as mentioned before, I only became aware of the clinical phenomenon of destructive narcissism long after I had identified these personality characteristics in the psychotherapeutic process with my first destructive narcissistic patient.

In terms of future research, given the difficulty in procuring research subjects, it may be useful to comprehensively compare the differences between borderline disorders and destructive narcissistic pathology given the great amount of overlap within these two conditions. It may also prove useful to theoretically investigate the difference between destructive narcissism and masochism. This thesis has been an attempt to capture as many aspects as possible of the internal dynamics of destructive narcissists. Future research on only one or two of these aspects could also prove useful, as it would provide a more in-depth analysis of intrapsychic dynamics.

In addition, I believe that future research should focus on which types of therapy would be most useful in assisting these individuals. Research could focus on short-term dynamic psychotherapy or other forms of behaviour therapy to establish whether psychotherapy is indeed suitable for these patients. Of paramount importance is also the comprehensive study of ways in which therapists can safeguard themselves when working with severely disordered patients. Given the assumption, as stated in the

beginning of this thesis, that more and more patients are entering psychotherapy despite being previously considered as unanalyzable, it is of great importance to develop a strategic approach for therapists to protect themselves. It seems as if these strategies should not only include aspects such as a sound theoretical knowledge and consistent supervision from an experienced clinician, but also some very clear guidelines as to when it is appropriate to terminate psychotherapy with individuals who prove to be too destructive to benefit from any therapeutic endeavour.

6.8 Concluding Remarks

In this thesis it has been argued that autistic relatedness, in an attempt to cut the self off from libidinal object relations, is a central aspect of destructive narcissism. It has been argued that the existence of the death instinct as characterized in pathological primitive organizations became the only vehicle for these patients to maintain a feeling of aliveness and connectedness with their internal world. This confirms both Feldman's (2000) and Segal's (1993) notion that the concept of the death instinct is indispensable in clinical work. The negative therapeutic reaction and destructive transference enactments, coupled with powerful countertransference reactions, which characterize psychotherapy where the death instinct looms have been explored in an attempt to elucidate some aspects of the tendency to hold on to illness and suffering in an attempt to survive psychically. It is obvious that in psychotherapy with such patients a detailed theoretical and clinical understanding of the dynamics at work is of the utmost importance if the patient is to be contained at all. Ogden (1986) captured the crux of this process by stating that psychotherapy aims to enable the patient to achieve a state of "acceptance of the fact that one's most passionate longings deriving from one's early object relations were not fully realized and will not be fulfilled in the way one had wished" (p.89). Ultimately, it is upon this suffering that our becoming fully human depends.

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APPENDIX A

**PERMISSION FOR UTILIZATION OF SELECTED
PSYCHOTHERAPY CASE MATERIAL**

I am currently in the process of completing a PhD degree in Psychotherapy at Rhodes University. As part of this training I am compiling a research document comprising of psychotherapy case material. I would appreciate your approval to utilize some of the material, which we examined during the period that you were in psychotherapy with me. I wish to emphasize the following:

1. All identifying details (your name, age, occupation and place of residence) will be omitted from the case report. Some details pertaining to case material will be omitted or disguised to ensure complete confidentiality. The material utilized will comprise of my process notes, which I compiled during and after every psychotherapy session you have attended.
2. The case report will be made available to my supervisor, Dr Gavin Ivey, a registered clinical psychologist at Wits University. Two external examiners, who will be registered clinical psychologists, will also evaluate the case report.
3. In order to assist me with ethical procedures, following guidelines from Rhodes University, I am including a letter which you must please sign to give me permission to utilize the case material. This document will be kept in my therapy file. It will not be included in the research document and will not be made available to any of the examiners, as it is for ethical purposes only.
4. Please sign the attached form and post it back to me in the envelope provided.

I trust this information will suffice. Should you have any queries, please do not hesitate to contact me. I appreciate your assistance and willingness to participate in this project.

**ESTELLE DE WIT
CLINICAL PSYCHOLOGIST
(M.A. Clin. Psych.)**

APPENDIX B

MR A:TRANSCRIPT OF PSYCHOTHERAPY SESSION
SESSION NUMBER 54

Patient arrives ten minutes early after a two-week break. The previous session was cancelled on the hour that the session was scheduled by him leaving a message on the answering machine, stating that he wasn't sure whether he should come during ECT treatment as he is "up to nothing anyway". He waits quietly in the waiting room, staring out of the window onto the garden. I fetch him from the waiting room on the hour and he asks whether he can go and "do my thing" and proceeds to walk to the bathroom. He enters the consulting room after about three minutes. He looks tired and unkempt. He settles in the chair and again stares out of the window. There is a long silence during which he grows increasingly uncomfortable. He previously requested that I should start the session as the first few minutes of every session is utilized by him to organize his thoughts, scan the room and get a feeling of the "energy". He fiddles with his tie and socks and looks as if he is in a state of physical pain.

T: How are you?

Pt: What can I say? Not so lekker (silence)

I stopped shock treatment on Wednesday I think so it was nine then ... I didn't feel any different. Can't notice anything different ... noticeably. Other than a speech impediment. I have to push the words from my tongue or take a deep breath before I want to say anything (silence). Not that anyone has picked up on it ... because I speak so little (laughs) ... I speak so little. I am seeing the psychiatrist on the 13th. I want to ask him about changing the medication. It doesn't work anyway. Still as depressed as hell ...

T: Sounds as if you've been silenced ... the speech impediment. Speaking so little. You talk about treatment not working. Both the ECT and the medication ... the depression not lifting ...

Pt: (Interrupts) What have I got to be positive about? What is there to look forward to? (long silence). The only real thing I think about is to ... perhaps one day give away my daughters in marriage ... I can't face life. Can't keep on waking up like this.

T: Your daughters give you a sense of future hope?

Pt: Hell no. The only hope I have You know I was actually looking forward to the shock treatment. Not the treatment but that brief moment just before you black out. That sense of nothingness coming over you. That sense of oblivion. I suppose that is what death feels like. But then again if I believe in my wife's truth I might be in for a surprise.

T: Meaning?

Pt: There is that section. I don't know where it is. Maybe in the New Testament ... where this one guy says he wants to come back. He was in for a nasty surprise (laughs, almost uncontrollably). The way the Bible describes it ... he wanted someone just to come and wet his tongue with water ... that was his hell.

T: This is your hell?

Pt: It is ... (long silence). The other day I was playing with one of those clips ... you know, those clips that they used to take staples out from documents ... those sharp little clips ... I was playing with the clip around the vein here in my arm and had quite a tight grip on it ... but I couldn't rip it out. I was too scared of the pain. Hell, I am a coward (silence). The shock treatment really didn't help... I mean what is the next thing? What else is there to do? What is the next step? I suppose they lock you up for your own safety in one of those places? What is that place called ? I am so depressed.

(during this section his mood changes from being solemn and withdrawn to being more awake in the room – he starts getting irritable raising his voice)

T: Sounds as if you're still talking about treatment options not working ...

Pt: (Interrupts again) It is nobody's fault really. At the moment I am just so worried about what is going to happen at the end of the year. They will not be able to give me another job and I will be redundant. They will not keep my job for an entire year. After all that ... I suppose it has to do with my relationships with others. My wife and my children ... everyone in the family really. I can't relate to them. Can't talk to them. Can't have a conversation with them ... can't talk to anybody really.

T: Sounds like you feel cut off from everybody? Like trying to cut off the blood to your veins? Feeling unable to connect with anybody. Even here?

Pt: It's my son really ... he has hardened his heart to me. Told me to fuck off. You know he is only nine years old and his already just like me. I see so much of myself in him when I was that age ... it's me I suppose ... who I am, what I am and what I was. What kind of an impression do you suppose I can leave upon their lives when I am no longer here? (silence)

Revulsion in all likelihood ... and so many unanswered questions. I have no ambition really. Occasionally I work in the garden, but then I will leave things again for days. The other day I was watching the guy next door. Between my house and the river there is a deep donga with lots of trees. I often went there when I wanted to smoke myself up in quiet. You know ... without the fear of the

wife catching me... (laughs) I suppose I must have left some pips there cause I kept seeing him coming in and out from between the trees ... I thought I'll go back later and remove all the plants that have grown. Not leave my legacy behind. You know my son ... I made that promise to him and I swore never to touch the stuff again ... only to realize later that he's been smoking the stuff all along (laughs) ...

What do you expect really? One morning I was driving him to school and he found some of the stuff under the carpet ... and I expect he had to explain to his friends that his dad is a dope head ...

I am so fearful of the future ...

T: I wonder if you feel like you've failed your son. You keep on talking about things not working and relationships not being what you want them to be? I almost get the feeling that you are trying to tell me something about our relationship as well.

Pt: (Interrupts) I've been a failure all my life ... (long silence)

Pt: As I say, it's all self-inflicted. There was this corporal in the army who made me feel like I was not a human being. I had no rights. He used to insult you and make you run until you wanted to vomit. That's why I wanted to kill myself ... I took all that Asprin because I was fearful of the future. Still the same though ... you see all those things happened to me already then – this stuff of being a coward, wanting to take the easy way out ...

T: You say it's all self-inflicted but proceeds to tell me about a relationship where you felt worthless ... where someone else was capable of making you feel something about yourself ...

Pt: (Interrupts) It's all immaterial really. I will my mind to go there. I obviously get some pleasure out of it. How can one force have so much energy? It's a bloody force that comes over me. It's gonna be my downfall one day ...

I've worked it all out so perfectly. To make it look like an accident. But then I discovered that I cannot afford to die. My wife will be worse off financially when I die and she will not be able to cope with that. So that's that then ... I cannot afford to die now – at least that's what the psychiatrist says ... (laughs)

I'd love to be happy. And tell my face that as well (laughs). I don't recall any times when I felt positive.

You know what the real problem is, I am completely devoid of love. I do not know what it feels like to love. And then you hear of all this love. God loves you so he sends his angels to look after you. My wife loves me so... she stuck it out for all these years... (silence)

Pt: It is a force really. I do not have control over it. How do I get myself out of this? I've lost the fight against life.

T: Can you explain the force?

Pt: It's like there is this big bubble around me and I cannot get out of it. You know that plane that crashed into that building ... that's what it feels like ...

Anyway I need to talk to you about coming here. We didn't really discuss what we are going to do. My medical aid didn't pay the sessions towards the end of last year ... I really cannot afford this. I will have to come less.

T: Afford it financially or emotionally?

Pt: I suppose both ways. I really don't understand why you are still ... My medical aid will not cover the entire year. So we will have to see up to what point it takes us. My wife is still upset ... I am upset about the fact that she phoned you and would like your opinion on what she said to you ... she can be very harsh ...

T: Do you think she was a bit harsh with me?

Pt: She doesn't understand why I can talk to a complete stranger and not to her. I also don't understand. At the moment we are both really just worried about what will happen in the future and what is going to happen when they stop my salary. So I suppose we will have to cut down on the sessions ...

I proceed to explain to him that I am not prepared to cut down on the sessions and that I believe that he is thinking of excuses not to come on a regular basis. He proceeds to tell me that he doesn't see any progress and feels as if it would be better for me to see him less often.

He leaves the session with his mood somewhat lifted. My first thought upon him leaving is about being excluded from the process again. I am also aware of the feeling of being cut off when trying to say something as if he simply cannot take in anything that I say. It seems as if he is functioning in his "bubble" in the room – he would sit there and almost have a conversation with himself, requiring very little interaction from me. I am also aware of his unconscious references about therapy. The session is replete with references to dynamics about the perceived impression that therapy is not helping. He refers to being silenced, not being able to work out his destructive thoughts, therapy not giving him a sense of hope and people in important relationships making him feel useless. I am compared to an army corporal able to make him want to run from himself to the point of vomiting. There are also references of a longing to connect, but an intrinsic inability to do so. I also question whether he feels that I am critical of him and whether he feels like an abandoned son (with constant references to his own son). His feelings of failure in the therapeutic sense, of not being able to get better, is also an aspect that I am aware of. He states this by mentioning his need to stop therapy.

MR B:

TRANSCRIPT OF PSYCHOTHERAPY SESSION
SESSION NUMBER 23

Patient arrives, as per usual, approximately ten minutes late. The previous session was a particularly emotionally draining one for him and he left the therapy room after 40 minutes, as he could no longer stand the "emotional pressure" of remembering aspects pertaining to a previously ended relationship. He proceeds to take a phone call upon entering the therapy room. He tells the person on the line that he is in an "important" meeting and that he will be coming in to work later in the morning. He requests the person to organize transport for him to get to a work assignment out of town. He puts the phone down and proceeds without a break in the conversation, almost as if he is carrying on the conversation with the person on the phone.

- Pt: Obviously you understand that I had to lie to him (referring to the person on the phone). I can't very well tell the boss that I am seeing my shrink first thing in the morning (laughs). He thinks I am a lunatic anyway ... (short silence).
- Pt: Anyway, I've had a terrible time. Been drinking again. But I suppose one has got to have a vice (laughs). I am fucking going to destroy myself. I need to stop myself from becoming too safe ...
- T: Meaning?
- Pt: I have got to stop making these links. Trying to sort myself out and be this person who is capable of forming relationships is just too hard.
- T: You are coming here to try and sort yourself out. So I suppose you are in some ways referring to forming a relationship here as well. The link here is becoming too painful?
- Pt: I have no links here. You do understand that, don't you? One cannot afford to get emotionally linked with your therapist. That is just plain stupid (laughs). Or do you also get those psycho boys who fall in love with you (laughs). That's fucking crazy. All I ever want is for people to see me as this larger than life character. I want them to think that I am sexy and unattainable. Imagine being a rock star. Having crowds of people falling at your feet. Being larger than life. All I can think of doing to pissing into their adoring faces. Now wouldn't that be great.

- T: Like you are doing now with me? Trying to tell me that you have no links here, pissing on the fact that you are forming some kind of a relationship with me where you do allow yourself at times to just be vulnerable. Where you do not need to protect yourself all the time with the "larger than life" attitude?
- Pt: Obviously some Freudian bullshit again (silence). You know, I've read that paper on Mourning and Melancholia. He says we fall in love because of what other people can do for you. All you can do for me is tell me to sort myself out. To stop this madness. The only way to do this is to cut yourself completely off and focus on that task at hand ...
- T: Which is?
- Pt: Fucking yourself up as soon as possible.
- T: Are you saying that the only way to be safe is to attempt to destroy yourself?
- Pt: Most definitely. This process of creation and destruction is the only power I have. I've realized it's a way of wanting to link with people ... wanting to make them connect with you and then telling them to go fuck themselves. That's real power, don't you think?
- T: The creation of links or the destruction thereof?
- Pt: Pissing people off. You know I've realized that there is only one way out of this. I've asked myself so many times what my options are. Destruction or suicide? What the fuck. I've been watching these programmes on TV. You know, those one's all about love. What's it called? 7th Heaven. O God, it makes me want to puke. I hate happy people. I hate all that love. There is such a sense of losing yourself in all that sweetness. It is just so stupid. I hate intimacy. I'd rather never ever get attached to anyone again than to go through all that sweetness. I rather be admired for my devil don't care attitude. I'd rather let people hate me. There is so much more power in hate.
- T: Which is?
- Pt: Hate allows you to become visible. You become so visible. People will never be able to forget you once you've managed to make them hate you. Love comes and goes. Hate remains in the memory of your being. And that of others around you. Hate makes you invincible. And as I've said that's real power.
- T: To remain forever in the memories of others?
- Pt: To remain forever in the memory of being an asshole. That's powerful man! (gets excited)
- T: You keep on referring to being powerful. And you link that to relationships. Sounds like the only times you feel powerful is in hate and destruction? Maybe if you can bring yourself to hate me for attempting to help you ...

Pt: (Interrupts) ... Look, if I allow myself to hate someone I allow them to get under my skin. So, I become completely indifferent to them. Other people are really of no consequence to me. As long as they leave me alone and stop moaning about my drinking and ...

You know. I suppose this hating thing is like an orgasm. Wanting to destroy yourself remains the ultimate act of rebellion. It's like saying "fuck you, God" (laughs). It telling God to take his creation and shove it up his arse (laughs). It's like everybody else wants love and life and families and children and all that shit. All I want is death.

T: Death will set you free from all others then?

Pt: Death and hate and horrendous thoughts. I am a passionate man (stares with an almost trancelike excitement on his face).

T: Passionate about destruction?

Pt: For sure! I love war. Sometimes I wake up in the night and switch the television on in the hope that World War III has broken out. I can't wait. All that destruction and death. That will be marvelous.

(at this point his cellphone rings again. He takes the call and switches from his almost trancelike state into his "social" self. The call is from his mother. He proceeds to tell her about an interview he had with some "English woman" who was so stupid that she couldn't even speak proper English. He mentions the fact that he is probably a snob and that not everybody is at his level. He interrupts the conversation, puts the phone down and again proceeds as if he was carrying on the conversation with the person on the phone)

Pt: Where was I?

T: You were talking about the death and destruction and the wish that war would break out ...

Pt: (Interrupts) O, yes! Bloody marvelous. Don't you think? Anyway, there is no point to this discussion. You won't understand. I am just so bored to try and explain all this to other people. Other people are just so incredibly stupid! But then again, I suppose life would have been much easier for me had I been a cabbage patch kid (laughs) ...

All this thinking. It becomes a trap. The mind becomes a torture chamber. But as I've told you before it's a comfortable torture chamber. Because you have control over it. Nobody else can torture you once you've found the way to trap yourself in that place ...

T: It's a place?

Pt: It's a secret place. Somewhere inside you. A place where you can allow your every fantasy to come true. Anyway, that's me for today. I need to leave a bit earlier ...

(proceeds to pick up his bag from the floor and he gets up)

This is cool.

T: Cool?

Pt: Yea, this is cool. I'll see you next time.

He leaves the session in his normal boyish way of slinging his bag over his shoulder and it almost seems as if he is darting away to the front door. He seems relieved and content, as if he was just able to rid himself from something uncomfortable.

I leave the session feeling completely overwhelmed. He leaves the session in the same "disrupted" way as he entered. I am reminded of previous sessions where I requested that he should not take cellphone calls during the session and aware of his blatant disregard. I almost think that he is attempting to irritate me and that he is trying to "piss me off". I am very aware of his tentative expressions (unconsciously) about forming a link with me and his discomfort at realizing this.

Upon reflection, I feel completely scattered and am trying to make sense of what he was trying to communicate to me on an unconscious level about his experience of therapy and of the therapeutic relationship. He does not allow any opportunity to reflect on the process and constantly interrupts which is frustrating. During this session I had strong countertransference feelings of being in a place that is too pretty and being intellectually deficient. It feels as if my room is "sweet" and I almost feel like he perceives my therapy room and me as Alice in Wonderland. There is a sense in me of wanting to rip everything to pieces – and wanting to change the room around so that it would be able to hold darkness within the confines of the walls. I am left feeling like a very naïve little girl who is unable to understand the bigger picture in the world. Upon reflection, it almost feels as if his last comment about this being "cool" is meant to say that he feels relieved from a burden and that it is cool to "abuse" the time and session (by taking phone calls) as he tries to convince himself that I am just a passive bystander who makes no impression on him.

MR C:TRANSCRIPT OF PSYCHOTHERAPY SESSION
SESSION NUMBER 40

Patient arrives on time after a session during which he suggested that he should discontinue therapy as it was not helping him at all. He settles in the chair and seems uncomfortable. He avoids eye contact and the session commences with a relatively long silence. He grows uncomfortable and starts:

Pt: So ... here I am again. I thought I had seen the last of this room.

T: You weren't coming back?

Pt: I must be honest. I find all of this ... this discovery of aspects of myself ... a bit overwhelming. Almost as if it is not reality based. You know that feeling when you just wake from a long dream. That is how this feels. More like a nightmare, if you ask me.

T: Therapy has become a nightmare?

Pt: Talking about things has become a nightmare. Finding myself in this place ... this desolate place ... is a bit of a nightmare. I find it so much easier to talk about things like medication ... and not have to talk about myself or what I am about ... I had the exact same feeling the other day when I ran into an old school friend of mine. He told me that he remembered me working in the shop during the afternoons whilst they were having fun. Life was such a serious battle then. I don't think it will ever change ...

T: The thought of someone from the past remembering how lonely you were seemed to have unsettled you.

Pt: The thoughts of the past and my connections with other people always unsettle me. It just brings back all those black thoughts, those thick heads. It is as if my thoughts are strung together in a ball. Too many thoughts ... chasing through my mind. It's like a train derailing. There is no sense of connectedness to anything real or solid. I have been pretending for so long. I don't know who I am anymore. What I have become is a complete mystery to me. What I am doing with my life even more so. The only comfort is in my head. But that is also becoming too much for me ...

T: You can't suppress the black nightmare thoughts anymore?

Pt: I can't suppress anything anymore. I am in a space where all I think about is death. It becomes my only hope. My only place of consolation and peace. I am stuck in this black hole. I am so frustrated. Sometimes I just want to hang myself from somewhere so that I can stop thinking about things. So that I can rid myself

of this head ... this constant feeling of panic. I constantly play with the thought of death. There is this feeling ... I become mindless ... I suppose I am going to pieces again ...

(Long silence)

And then there are these very sweet dreams. Dreams about how to make this all better ...

T: Explain?

Pt: I am not really sure I know how. All I know is that life has lost its meaning for me. This perpetual sense of loneliness and the constant brave face you have to put up to keep people believing in the person whom they have created. It remains a constant strain ... this life not lived ... I sound as if I am feeling sorry for myself. If I want to get out of this I will have to start setting challenges for myself. I will have to will to be different. My life is suffocating me. All these responsibilities ... everybody around me tries. You have tried ... I just wish I had it in me to try as well.

T: You haven't given up yet. I suppose that is part of the reason why you came back today. To try and work some of this out?

Pt: You know there was a time in the beginning of all of this that I had hope. I so much wanted for this to work. But making this work means that I will have to learn to trust you ...

T: Trusting me and this process. That's hard?

Pt: That is impossible. I have never trusted anybody in my life. And I am not about to start now. I know you mean well, I know you were trained to help me. But I am in a place where nobody can get me. It is a place where nobody can reach me. I am realizing more and more ... there is so little left of me ... I am so destroyed ... my only option is to kill myself ...

I am so disappointed. Every single thing I have ever attempted has turned out to be a disappointment. No matter how much you look forward to the future. There is never a sense of things being the way you expected it to be. There is this perpetual sense of loss ...

I am speaking too much ...

T: Are you afraid that you might need to come back here once you've shared your thoughts so openly and freely ...

Pt: Sometimes it's so easy to talk to you. You're like this invisible stranger. You're this person and yet you're not ... I don't know what I'll ever do if I had to see you in a social setting ... I will be so embarrassed ...

T: Embarrassed?

Pt: Because of all the things you know about me. But this is really too much for me. I always need time after these sessions to go and reflect on what we have spoken about. Whether I go down to the beach or take a drive out to my farm. Recently I've been struggling to take time out after sessions, because there is just too much going on ... too much darkness ... I cannot see the light ...

T: Darkness?

Pt: It is cold and lonely and terrifying. At the same time it is wonderful and magic. It is a place in my head where nothing but death lives. Death has such a strong pull ... there is such a strong pull to just give up ...

I can almost describe it as a desire. A superfluous ... anyway. It is a pull towards darkness. Except in this darkness there is no despair. I suppose it is difficult of people to understand. For people to grasp the real extent of the beauty of destruction and of other to cope with that thought ...

T: Are you wondering whether I am understanding this?

Pt: Sometimes I am wondering whether it makes any impression on you or anybody else for that matter. Maybe I want people to admire me for my dark thoughts?

T: Would that be something you think that I admire in you?

Pt: No, I think all of this is incredibly hard for you. I sometimes think that you are more frustrated than anything ... wonder why you ever agreed to work within this field ... become a person able to consume themselves with other people's problems ... that must be quite a task ... but then again ... it provides you with something to do ... to take the mind away ... I am not able to do that. I am just so busy to try and work out a way to rid myself from all of this ...

T: And talking to someone like me who is consumed by other people's thoughts ...

Pt: (Interrupts) I don't think you are ... in fact, I don't think I make any impression ... I leave only a trail of bloody thoughts in my own mind ...

Like there has been a murder. Like a crime scene. And you are like the investigating officer.

T: The investigating officer of your dark and murderous thoughts?

Pt: The person who tries to look inside. It's almost voyeuristic really? Don't you ever get sick of it?

But then again, I never get sick of it. It's like this small little wound you hide underneath your clothes. And you and only you is aware of the fact that it is there.

T: And if someone had to uncover the wound?

Pt: That impossible, really. Because then it would lose all its magic. It will lose its power, really. But again, all this talking is not making sense to me and it is not really helping me to put my thoughts in order ...

That's why I keep on thinking, what's the point? Why talk and talk and talk when all I really want to do is to keep this wound festering? So that it can keep some part of me alive. You know, pain is sometimes the only indication that you are still alive ...

(he starts looking at the clock and gets out of the chair)

I suppose I will have to talk some more at some stage. I just need some time to think about all of this ... this has helped me today ... thank you ...

He leaves, looking incredibly tired and wan. He walks slowly to the front door and tries to engage me in some conversation about a art festival due to take place during the weekend where he will be attending some lectures on chemistry and psychic energy.

I leave the session feeling very heavy and burdened. There is a manifest concern about his increasing feelings depression and I am aware of my own fears that he may attempt to kill himself again. I am trying to make sense of what he is saying to me about the nurturing of the wound and the importance of having a wound in order to stay alive. It reminds me of Kafka's quote about the fine wound he brought into the world being his sole inheritance and the ensuing narcissistic gratification of nurturing such a wound. Despite this, I am growing increasingly concerned about his mental status and notes this in my session process notes.