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Inhibition and progress in the dialogue in working with narcissistic patient

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The narcissistic diversion from the external reality is seen as an active process of attacking the subject's perception and memory. On the basis of clinical material the author shows how this process affects the therapeutic relationship and how the analytic work can restore it.

Key words: psychoanalysis, narcissistic patient

In my paper I would like to describe some difficulties in the work with patients commonly called narcissistic. As it is known, Freud himself was sceptical about the possibility of treating this kind of patients. He wrote:

> „Patients of this kind, whom I have proposed to term paraphrenic, display two fundamental characteristics: megalomania and diversion of their interest from the external world - from people and things. In consequence of the latter change, they become inaccessible to the influence of psychoanalysis and cannot be cured by our efforts ..." (Freud [1]).

This opinion was a result of Freud's conviction that diversion of paraphrenics from external reality does not allow them to develop transference, which is the crucial area of psychoanalytical treatment. Nowadays, our analytical techniques and theory are more developed and we are often able to see not so much the lack of the transference as its specific character, which creates in analysis an atmosphere of isolation and devaluation of an object/analyst. However, it is worth keeping in mind that Freud's scepticism was related to those manifestations of megalomania and diversion from reality, which took the form of psychosis and massive depressions. However, the narcissistic mechanisms described by him appear more widely, causing everywhere similar difficulties in analytic work. Despite this scepticism, Freud made other suggestions, pointing out some factors that may support the analytic treatment. For example, he wrote:

> „Even in a state so far removed from the reality of the external world as one of hallucinatory confusion, one learns from patients after their recovery that at the

> time in some corner of their mind (as they put it) there was a normal person hidden who, like a detached spectator, watched the hubbub of illness go past him." [4].

This short fragment clearly points out the existence of a healthy part that may become our alliance in dealing with difficulties of the illness. Nevertheless, the phenomena called by Freud „the diversion from external reality" can still be seen as a serious obstacle in the analysis of these patients, mainly because it is an active process of attacking of the therapeutic relationship, which deforms its sense.

One of my patients started his session with fury because he smelled a scent of the perfume of another patient. He said that the smell „stuck" to him and he could not get rid of it, having it around him all day. He started to think what I ought to do to isolate him from this smell, and came to the conclusion that the best thing would be to wash the couch blanket every time. When he discovered that this would not be possible, he decided to buy his own blanket and bring it to his sessions. Though this idea calmed him down, he was still cross with me. I tried to take this opportunity to show him his way of functioning with other people or things where, unable to control everything and forced to tolerate people's difference, he got disturbed and lost the sense of goodness. In response, he explained that in fact he had been angry with me after his last session when, trying to show him some of his difficulties in relationships with women, I imposed my theories, which „stuck" to him and afterwards he could not get rid of them. One could see that my patient seemed to be affected by what he called my theories and provoked to continue the thinking from his sessions afterwards. Nevertheless, the new look on his life and problems, taken from a new perspective, began to be experienced as an unpleasant invasion from the outside, which he had to defend himself against. His anger and devaluation of the last session seemed to be a sort of „blanket" that isolated him from the influence of the session's experience, dismissing very slowly the memory of all its good aspects. Here, I believe, one can see the complexity of the process of diversion from the external reality. Freud [3] wrote:

> „Normally, the external world governs the ego in two ways: firstly, by current, present perceptions, which are always renewable, and secondly, by the store of memories of earlier perceptions which, in the shape of an „internal world" form a possession of the ego and constituent part of it. In amentia, not only is the acceptance of new perception refused, but the internal world, too, which as a copy of the external world, has up till now represented it, loses its significance (its cathexis). The ego creates autocratically a new external and internal world; and there can be no doubt of two facts - that the new world is constructed in accordance with the id's wishful impulses, and that the motive of this dissociation from the external world is some very serious frustration by reality of a wish - a frustration which seems intolerable."

I think that the copy of the external world that loses its significance internally is something like a memory. I understand that the loss of memory of the external world or its deformation is a crucial function of the process that locks the narcissistic patient in his own area of isolated thoughts and experiences.

In the paper, I shall use the clinical material coming from the work with one of my

patients. I shall illustrate the way in which the mental apparatus deforming the perception of current experiences, and, first of all, memory causes the patient's isolation from his objects and, in consequence, disturbances in dialogue with them. I would also like to show how the analytic process could restore this function.

My patient, Mr S, was in his late twenties when, pushed by his partner, he came to analysis with me. In her psychotherapy, his girlfriend came to the conclusion that it was necessary for her partner to come to systematic treatment for solving their difficulties. Mr S presented himself as a successful businessman who, despite many attempts, had not managed to acquire a university degree. He explained that after a car accident which he had had when he was 18 and remained in a coma for a few days afterwards, his memory and concentration did not function normally and he could not cope with his university duties. He came from a family where academic achievements were valued very highly and his failure to study subjects similar to his parents' occupation made him very upset. He did not remember many details of the accident; he mentioned, however, that his girlfriend had been killed there.

Speaking about his childhood, he mentioned a few years younger sister who became independent very quickly and left the family home while in her teens. His parents divorced when he was a teenage boy, and I could not get too many details about them. He described them as people very busy with their scientific work. At one point he told me a family story where his parents had gone away for a longer time due to their work and his nanny looked after him. When they came back, he did not recognise them. I commented on this short story with a suggestion that it had to be difficult not to recognise his parents, or to be without them. Mr S denied this, saying that it did not make a difference, if only the child had got his toys. This statement attracted my attention and suggested that perhaps for my patient it really did not make any difference whether he had people or things around him.

During the course of the first meeting, Mr S came to the conclusion that analysis might be helpful not only in the relationship with his partner, but also for himself. Therefore, he began to come regularly four times a week.

From the very beginning, a peculiar pattern of my patient's way of communicating had been formed. He spoke mainly about his thoughts, ignoring the facts that stimulated them. But what was particularly strange was the form of his speech. He usually started with choosing a proper word for what he was going to say. He made some attempts before he selected the best one and when he finally found it, he repeated the same work with the next word. Thus, it took him a long time to formulate a complete sentence. Moreover, when he completed one, he usually was not happy enough with it and began to work on an alternative one. Very often, he left it behind, coming back to the former sentence or started to build up another one. Such a sophisticated communication, full of metaphors, alternatives and side issues, made me often feel lost and unable to understand him. I noticed that he got very disturbed whenever I tried to stop him, asking or commenting on something.

One day he told me about a disagreement with his partner, who asked him about something while he was cooking. He told me in detail how he had to turn off the water, put down the knife, go to the other room, and then ask his partner to repeat the ques-

tion. He got so disturbed that it took him a long time to come back and concentrate on cooking again. I felt that this incident described very well his everyday experiences from the analysis with me where he seemed to feel that my interventions pushed him away from his contemplation, which totally overwhelmed him. I noticed that excluded from his contemplation, I had many problems with keeping my thoughts together and slowly they were going away from my patient. I also had to put a lot of effort in listening to him and to fight with my wish to sleep. All of this very quickly began to wake up my scepticism. I started to suspect that the car accident had caused so many organic changes in my patient that perhaps he was not analysable. I was also surprised by the fact that my patient did not seem to mind this lack of our communication. Even if there were sessions when I hardly spoke to him, he got up from the couch looking quite happy with his session.

It became clear that such „as if analysis", where my patient would play with his thoughts and I, not being able to listen to him would concentrate on my agenda, could be carried on endlessly. It reminded me of a picture of a child who is so self-sufficient that he/she does not need its parents or forgets them and in consequence does not bother them, so they are free to focus on what they want to do. Therefore, it came to my mind that our contact was affected not only by post-accidental trauma but also, or first of all, by an actualisation in our work of something from the patient's childhood which he had mentioned during the initial interview. From that time on, I started to interpret systematically the fact that my patient did not miss my comments and even did not seem to care whether I understood him as he felt overwhelmed by contemplation so much that the concern about what I thought was a nuisance for him. These comments, expressed in many situations, did not bring a rapid change. However, the increasing concern of Mr S became noticeable, and very slowly important changes came about.

One day Mr S came to his session a little bit late. He explained that his partner had asked him to wait for her and that was why he was so late. He added that he considered it a result of the analysis that the situation had not ended with a quarrel. He carried on his considerations in the old style and I could not follow too much. However, at one point I said something about the nature of their relationship where each of them hardly seems to tolerate any independent areas of the other partner. The whole session, like many others, left me with a sense of not understanding my patient and isolation from him.

The next session, Mr S started unexpectedly with a question whether he had managed to explain clearly everything that he had been talking about the day before. After a long silence, he added: „I am not sure whether you could understand me yesterday". Then he went on to talk about the problem, which we had been discussing the day before. He tried to describe his relationship with his partner, using a very vivid picture of eggs and a container. He said that everything is OK when the eggs fit into the container, but sometimes there is an ostrich egg, which does not fit, and this gives rise to conflicts. I felt very surprised by Mr S's question whether I could understand him. Therefore I took his example of the eggs as his concern about what our relationships looked like. I interpreted that he noticed my presence. He must have realised that I was listening to him and might have difficulties with following his thoughts. Looking rather surprised,

he confirmed what I had said and added that he had felt criticism in my interpretation, as if I wanted to tell him „Come on, speak clearly." I perceived a sense of harm and complaint in what Mr S said. Therefore I began to think what to say to protect my patient against his superego. Eventually, however, I came to the conclusion that he really did not speak clearly and there was no way to understand him.

I interpreted that for a while he had put himself in my shoes and had noticed his unclear speech and then he felt ashamed. However, it was so painful for him that he instantly diluted it, thinking that his shame was a result of my criticism and not of what he had been doing. Initially, he nodded willingly but in a minute he began to speak in a way that sounded slightly critical. He suggested that I wished to impose a male discipline, which would introduce order in his thoughts.

I suggested that he felt confused in his thinking about what was going on. On the one hand, he seemed to treat the recognition of my perspective and understanding of his difficulties in communication as an achievement. On the other hand, idealising his contemplation, he seemed to treat the recognition of my presence and the necessity of respecting it in his thinking as a problem that brought him a sense of poverty and stripped him of his originality. He nodded again and, stammering, said that he had to learn the basic rules. He did not make it clear what he meant by that. I commented, however, that perhaps he understood the fact that he had to talk to me, but he was not always sure whether he would like to do it.

Through the next few sessions, Mr S often came back to the issues from that meeting, trying to explore his difficulties in communicating. At one point he described them as a „spin", which he created in his thoughts whenever something from the outside got in. He noticed that very often the external facts or comments coming into his mind became instantly surrounded by his own thoughts that started to spin around. Then, overwhelmed by his contemplation, he forgot what had inspired it.

Freud often compared the work of mental apparatus in dealing with trauma to the way in which the organism reacts to physical pain. He wrote:

> „There is no longer any possibility of preventing the mental apparatus from being flooded with large amounts of stimulus, and another problem arises instead - the problem of mastering the amounts of stimulus which have broken in and of binding them, in the psychical sense, so that they can then be disposed of. The specific unpleasure of physical pain is probably the result of the protective shield having been broken through in a limited area. There is then a continuous stream of excitations from the part of the periphery concerned to the central apparatus of the mind, such as could normally arise only from within the apparatus. And how shall we expect the mind to react to this invasion? Cathectic energy is summoned from all sides to provide sufficiently high cathexes of energy in the environs of the breach. An «anticathexis» on a grand scale is set up, for whose benefit all the other psychical systems are impoverished, so that the remaining psychical functions are extensively paralysed or reduced. We must endeavour to draw a lesson from examples such as this and use them as a basis for our metapsychological speculations. From the present case, then, we infer that a system which is itself highly cathected is capable of taking up an additional stream of fresh inflowing energy and of converting it into quiescent cathexis, that is of binding it psychically. The higher the system's own quiescent cathexis, the greater seems to be its

«binding» force....”[2].

It seems to me that the function called by Mr S „the spin of thoughts”, where his own thinking isolated external people and facts is a good illustration of what Freud meant by converting a fresh energy into quiescent cathexis. It may also be an illustration of the narcissistic mechanism where the external stimulus coming into the internal world instantly loses its power and sense.

Although the atmosphere during the sessions presented here was not narcissistic, some elements of the narcissistic mechanism were noticeable. It was visible, for instance, at the moment when my patient began to feel shame because of his way of communicating. At another moment, when Mr S’s feeling of shame got surrounded by his thoughts, this mechanism deformed its sense, my patient began to feel harmed by my criticism and the power of his shame was getting dismissed. The aspect of locating the reasons for unpleasant feelings in external objects was spoken of during the next few sessions. One day, on Tuesday, we discussed how Mr S, talking about his partner’s complaints, thought that they displayed her own problems. I was clear, however, that in fact they were his difficulties experienced by him in her. He started the next, Wednesday session in his old contemplative style: „It was said yesterday, no, it is better to say that it was suggested.... Yes, it sounds better. So it was suggested that I looked at things from M’s (the partner of Mr S) perspective. Earlier on it was said that I did my «thinking spin». The question is how to stop it?” Having said this, Mr S became silent, and the way in which it had been said created a very sad atmosphere.

I felt that my patient was very upset and depressed after what he had learnt about himself in the last few days. It seemed that these feelings were intensified by his harsh superego. Clearly, it was difficult for him to find in his mind some room where he would be able to look at himself without feelings of devastating criticism.

I interpreted that he had perceived my comments from the last days as criticism and demands to change his mode of being. He nodded and said something about his impairment. Again, as it used to happen before, initially I wanted to say something to help him minimise the power of his self-accusations but I thought that his way of communicating really was a sort of impairment. Thus, I said that he felt his contemplating disturbed his communication with me, with his partner and other people and that was why he was anxious about it and wanted to change it. He confirmed this and began to wonder where it came from. He told me that he would like to say it was a result of the car accident, but this would be too simple and uninformative.

I thought that I did not know too much about the accident. Neither did I know what Mr S had looked like before it and what it changed in him, either in the emotional aspect or even in the organic sphere. Therefore, I asked him what he thought he was like before the accident. He said that it was difficult to know. He opined, however, that at that time he never thought about this kind of problems. Perhaps it was because he was so good a student that he was not bothered by such questions. On the other hand, he interrupted, „I was a very arrogant bastard and it is difficult to say something more about it since I do not remember too much from this time.”

He came back to current issues, talking again in his contemplating tone, which is

difficult to report in detail. What I noticed was that he quite often repeated the word „impairment," addressed to many contexts and always expressed with huge sadness. This meant that what he discovered in his analysis and what happened in his life was remote from what he hoped for in the past. Thus, he believed that it should be called impairment. I interpreted that he still experienced an adolescent inside him who tolerated only great things. On the other hand, everything that was difficult or ordinary he tended to recognise with disgust as impairment. He smiled, as if he had been relieved for a while. Then asked me with a longing in his voice: „Is there anything wrong in grandiosity?" I felt in this question a longing for omnipotence and fascination of it. I told him that he might be afraid that, overwhelmed by his euphoria, he might forget about the ordinary things like watching around when he turned into a motorway.

A very tense and unpleasant silence started and I interrupted with a comment that perhaps he felt we touched on difficult matters. „I do not know what you mean," he answered, "You mean that this grandiosity was.....was...." He could not go on. I explained that he might feel that his euphoria and negligence of difficult and dangerous things might lead to a catastrophe.

„And then, I pay the highest cost," he said, thinking obviously about his car accident. I answered that what he probably could not stand was the fact that it was not him who paid the highest cost but his girlfriend who died in this accident. There was silence. My patient nodded and began to cry. After a while he tried to say something but could not.

I myself did not know how to comment and finally said that perhaps he felt all this difficult and it was not easy to find words to express it. He answered that all attempts of getting into it revealed the hopelessness of the situation. I said that for a long time he tried to overlook these painful feelings by nourishing a conviction that he had forgotten them and would never remember them again. He nodded and after a while added that he felt something like admiration. I commented that perhaps he was relieved that we managed to talk about something difficult, though it was not easy for him. It was the end of the session and he left, looking very serious and thoughtful.

He started the next session by saying that after the previous one, many questions appeared. He stopped for a moment and then said very slowly that for the last 12 years, he remembered the death of Betty maybe three or four times. Each time he felt terribly guilty, and each time he was sure that it was the last time. I felt very moved hearing that, particularly that it was the first time when he named his friend, which gave a very personal and concrete character to what he reported. I could also feel the sorrow that no one could divert what had happened. I said that perhaps he was not only annoyed by the sense of guilt but, first of all, by his sorrow for what had happened. He thought for a while and commented that perhaps guilt was not the best word. Then he remembered how, while in hospital, he learnt that there was an inquiry into unintended manslaughter and he got frightened. Fortunately, his father, the lawyer and the police thought about the accident differently and this helped him to recover, particularly when his lawyer had managed to „divert" things. He started to analyse why he had used the word „divert" and said that it looked as if he really felt guilty and thought that the lawyer had made a swindle to help him. Finally, he concluded that it was difficult to

separate guilt from sorrow.

I suggested that his thoughts about the police reports and his lawyer's work led him into the area of the question whether he could be considered guilty or not and thus he was far away from a very painful sorrow for what had happened to his friend and himself. After a longish while of silence, he said: „It is as if I put my sorrow into a drawer and it disappears." Having said that, he proceeded to describe his general functioning, how he accepted some things and rejected others. Saying this he gradually fell into his ruminative (contemplative) tone. I indicated that he must have realised that his memory came back when he mentioned Betty by name, but it appeared as something painful and his contemplation about the general ways of his functioning let him dismiss this memory. He stopped speaking and was silent for a while. I interrupted his silence, remarking that he mentioned the presence of his father after the accident. He said that it was something for which he would be grateful to his father till the end of his life. He explained that three days after the accident, his father arrived at the hospital (he came from another continent) and stayed with him for a few months. Continuing, he admitted having heard that when his father came into the hospital room, he woke up from a coma. He stopped and something touching could be felt in the atmosphere. „You know," he continued after a while, „it was not like in the film «Dynasty», that someone comes into the room and the hero recovers immediately. I was waking up and falling asleep again."

I stated that he felt he spoke about something very moving and would like to dilute it by joking about a film. He smiled and was silent. Then I reminded him of what he had said about his admiration for analysis the day before. I commented that although he found what we are talking about difficult, he seemed to communicate to me his gratitude, treating our work as help in waking him up or waking up his memory. He was silent for a very long while and then, in a very moving way, said that it was the first time he understood what people meant by saying that analysis could be helpful.

Discussion

I hope that the presented material shows the evolution of the way in which my patient contacted myself as well as his internal and external objects. The first stage was characterised by a very poor dialogue. It seemed that Mr S was not interested in my comments and I myself could not understand too much of what he was communicating. It was difficult to grasp the sense of what he was telling me. The discussion of his contemplation mechanism or, as he put it, „thinking spin" revealed a very active process of distortion or deformation, all significant signals from an external reality and its particular part, the analysis.

Almost all experiences or statements of other people were exposed to the „spinning thinking" of Mr S, where the initial sense of these experiences got gradually lost and my patient's thinking and talking slowly took the shape of a futile and empty monologue. In this way, Mr S was not only unable to talk in a clear way, but also his thinking, losing its connections, became an empty contemplation.

The process of deforming a current perception was closely connected with weakening or even deterioration of his memory. I mean here not only the repression of all painful and traumatic memories, like those connected with the accident. I also think

of the situations where Mr S, overwhelmed by his thinking, forgot or repressed his feelings connected with the presence of another person. Due to this, all people around him still existed physically but not in his current emotional perception. Every case of recognition of the existence of other people, their independent identity and the fact that they had to be acknowledged, like my comments and my presence during the sessions, or his partner's questions when he was cooking, disturbed Mr S.

Another example of the impairment of his memory was the incident, which he reported during one of the sessions when our contact was already better. That day he came to the session very nervous and anxious and explained that he was supposed to have picked up a guest of his firm from the airport but he had forgotten to put in his diary that he was to meet him near the stairs. In consequence, he missed him at the airport and found him in the hotel. Analysing that incident, I learnt that my patient was not a businessman at all. He was in charge of things like reception of guests or coffee making in his firm. Besides, I could see he had got this job through „connections." Of course, this reality did not fit with Mr S's ambitions so much that it was constantly destroyed and could not be protected by any diary.

However, as could be seen at one point of our work, the dialogue had been established and it reactivated my patient's perception and memory. Or maybe it is better to say that his recreating perception and memory began to constitute our dialogue. Not all elements of this change are quite clear. Perhaps one of them was the healthy part of my patient, „who like a detached spectator, watched the hubbub of illness go past him." I think that this part, during our first meeting, „managed to tell" me a family story about my patient's forgetting his parents and his conviction that he could play with himself and his own toys/thoughts, not needing other people. This highly idealised philosophy or desire disguised the basic trauma of isolation and longing for an object capable to offer help, care and understanding.

When this trauma of isolation had found its way into analysis, being isolated and put aside for a long time, I could not „read out" this message and put it in an appropriate context. I got very close to identification with somebody who was happy not to be listened to and free to think about his own matters, not the patient's ones. Eventually it was my psychoanalytic theory and thinking that helped me connect what was going on currently with the patient's message from the past. It seems to me that it was the second important element of overcoming the crisis in our communication. It gave me the chance of honestly sharing with my patient my ideas about the character and reasons for the isolation between us. They were the ideas that were formed by what Mr S had told me, and by what my internal „partner"/psychoanalysis thought about it.

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