The reporting of one's own clinical material is a risky undertaking. This is especially true when the material includes manifestations of narcissistic rage with the potential of creating a variety of countertransference reactions. Since I believe that it was my theoretical orientation that helped me overcome my difficulties in this treatment process, I shall first briefly summarize the clinical theory that guided my interventions.

My views on aggression, anger, and narcissistic rage are in keeping with those of Heinz Kohut (1972, 1984) and the ones we had previously elaborated on (Ornstein and Ornstein, 1993). Kohut considered narcissistic rage to be a prototype of destructive aggression and distinguished this from self-assertiveness. This distinction, derived from his clinical observations, is supported by Stechler (1982, 1987) and Stechler and Kaplan (1980), who, based on their work with infants, had concluded that assertion and aggression have different origins in our biopsychosocial heritage, that they serve different functions in our lives and are accompanied by different affective experiences: assertion is accompanied by interest, excitement, and joy, while destructive aggression is associated with dysphoric affects of fear, distress and hostility.

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In our current perspective, all destructive aggression is at its roots narcissistic rage; whatever its outward manifestation; however mild or severe, acute or chronic: “Underlying all these emotional states is the uncompromising insistence on the perfection of the idealized selfobject and on the limitless power and knowledge of the grandiose self” (Kohut, 1972 p. 643).

Whether or not narcissistic rage enters the treatment directly or indirectly does not only depend on the patient's transference expectations and the inevitable frustrations of these expectations, but also on the pervasiveness and nature of the defensive structures¹ that had evolved in relation to chronic narcissistic rage, which is the legacy of traumatic disappointments and active traumatizations early in life.

What complicates this kind of clinical picture is that the same patients may in one setting respond to the frustration of their expectations with masochistic or paranoid behavior, and in other settings, with sadistic behavior. Sadistic behavior (unleashing the rage at the frustrating other with physical and/or verbal assault) expresses the rage directly: there can be no question regarding its extent and intensity. However, since narcissistic rage is also the motive for the masochistic and paranoid behavior, the manifestations of these forms of psychopathology (haughty withdrawal, writing people off, holding grudges, collecting injustices as well as self-recriminations, depression, self-cutting, and suicidal threats) also express rage but in these instances do so indirectly. Masochistic behavior, in particular, is a powerful accusation directed at the offender for the mental anguish that patients experience as having been carelessly or deliberately inflicted on them (Berliner, 1947, 1958).

Whether the manifest behavior is masochistic or sadistic, in both instances, patients are compelled to revenge themselves in order to

¹ Kohut (1971) distinguished between primary, defensive, and compensatory psychic structures. Primary structures develop in relation to optimal caretaking responsiveness; compensatory structures, while functionally indistinguishable from the primary ones, develop when a child, after disappointment in the primary caretaker, turns to the next available person for selfobject responsiveness. In the clinical situation, we are primarily interested in the defensive structures (complex configurations utilizing repression, denial, disavowal, etc.), which constitute the essential aspects of the psychopathology. These are structures that have developed in relation to traumatic disappointments or active traumatization early in life and had prevented the archaic narcissistic structures (omnipotence and infantile exhibitionism) to be transformed into relatively mature aspects of the self such as resilience, vigor, vitality, and a stable self-esteem regulatory system.
reestablish self-cohesion and/or a damaged self-esteem. Temporarily, the rage enhances self-cohesion and it empowers the self by “blotting out the offense which was perpetrated against the grandiose self and the unforgiving fury which arises when the control over the mirroring selfobject is lost or when the omnipotent selfobject is unavailable” (Kohut, 1972 pp. 386-387). The imperative need for revenge, which characterizes destructive aggression, is also responsible for the social isolation and the paranoid attitude towards the environment that many patients are experiencing. In the therapeutic situation, the need for revenge can create some of the most insidious and hard to recognize countertransference responses: perceiving the demand for perfect responsiveness and the hostility whenever this is being frustrated, therapists may pull back unconsciously in order to distance themselves from such demands and the subsequent rage reactions.

Narcissistic rage then, from a self psychological perspective, arises from the matrix of a fragmented self or a self that is threatened with fragmentation. In the course of treatment, what appears as a “transformation” of the rage into a signal affect is, in reality, indicative of the changes that had occurred in the structure of the self: the increased consolidation of the self reduces the threat of fragmentation and narcissistic rage may then be experienced in the form of fleeting annoyance.

In the case I am presenting, chronic rage was deeply buried in the complex web of a masochistic, self-defeating personality disorder. However, since the defensive psychological structures (which constituted the character pathology) protected a vulnerable self, the patient was readily provoked into severe temper tantrums and rage reactions.

Clinical Example

Mr. Koenig, a 35-year-old divorced man, was described by the referring physician, as well as by the patient himself, as being chronically depressed. He had made one serious suicide attempt during a 10-year-long treatment with a previous therapist. From the patient's description, it appeared that in that treatment he had developed an archaic merger transference that was never addressed interpretively and that eventually led to traumatic disappointments and a suicide attempt that required hospitalization.
In addition to his depression (which the patient described as a vague sense of unhappiness and great deal of insecurity regarding his competence at work), Mr. Koenig complained of paralyzing anxiety whenever he was asked to speak in front of a group. He suffered from a fairly serious social phobia and rarely accepted an invitation to a social event; he was convinced that nobody would want to talk to him. All references to himself were self-derogatory: he thought of himself as someone who not only made a mess out of his own life, but the life of his child as well. As a divorced man with a 5-year-old daughter, he felt particularly bad for having abandoned his family and did not think he ought to get married again. But eventually living alone became intolerable to him and at the time of referral, he was living with a woman and her young son. Difficulties in the relationship with his lover and her son were the immediate reasons for his seeking help this time.

Mr. Koenig was referred by a colleague to me for psychoanalysis. He was ambivalent about this and we decided to start treatment on a twice-weekly basis. Though analysis was retained as an option, the patient soon decided against it as he began to make good progress in treatment. After 2 years, the treatment hours were reduced to once a week.²

During much of the first year of treatment, the patient would recount incidents in which he felt slighted and, in some way, wronged by his girlfriend Peggy. He would respond to these with severe temper outbursts during which he might experience periods of dissociation and do considerable damage to the interior of her home. He would also, at times, become physically abusive toward her.

² The question could be raised whether it is realistic to expect fundamental changes in a once or twice weekly psychotherapy. There is no agreement about this within self psychology. In previous publications (Ornstein and Ornstein, 1977, 1986, 1990) we had maintained that this depends on the therapist's mode of response. If therapists are “supportive,” “reassuring,” and give advice because they don't expect fundamental changes to occur in such infrequent contacts, they interfere with the spontaneous evolution of one of the selfobject transferences. It has been our experience that more than the nature of the psychopathology and the frequency of sessions, it is the therapist's interpretive, rather then reassuring and “supportive,” responsiveness that determines the manner in which the treatment will evolve. “Reassurance” and “support” not only interfere with the mobilization of one of the selfobject transferences, they may also encourage a rather malignant form of dependency. Such a development in treatment is independent of the frequency of the sessions and whether the patient is on the couch or not.
At first, Mr. Koenig related these incidents with indignation and a great deal of justification without any curiosity as to what they may reveal about him; he was convinced that Peggy was responsible for these outbursts since he had not reacted this way to his wife when he was married. I was at first not aware of the way in which I resisted his efforts “to take his side” in these incidents, but in my effort to conceal my irritation and frustration with the endless detailing of his girlfriend’s behavior, my responses to him had become stilted and my voice begun to sound “wooden.” Eventually, the patient was able to express his perception of my poorly concealed irritation and said that he felt that I expected more of him than he was capable of—that he was convinced that I was disgusted with him, critical and disapproving. With considerable sarcasm in his voice, he commented on my “perfection,” that he imagined I could keep my cool under all kinds of circumstances and that I must be a very good parent, something he will never be able to say about himself. “Setting yourself up that way can only make me feel more inferior and more inadequate then I already am,” he said. Whenever I responded defensively to such comments, expectedly, in response, Mr. Koenig would become more cautious and fearful about communicating his feelings about me and the way he experienced my comments. As soon as I would perceive his withdrawal, I would make a conscious effort to remedy the situation and would invite Mr. Koenig to help me recognize how I communicated disapproval and/or criticism. He was usually successful in tracing the sequence of our interactions and told me that the way I spoke to him made him feel that I was angry and disappointed and that I wanted him to change his behavior. This made him feel that I was more interested in protecting his girlfriend than in him. Soliciting his help to trace his experience of me validated his perceptions; this was an important element in his developing a fairly cohesive mirror transference.

In addition to these kinds of exchanges, what helped me overcome my annoyance was to consider that his marriage was free of temper outbursts because Mr. Koenig did not develop the kind of selfobject transferences in his marriage as the ones he did in relation to his girlfriend. In his marriage, he felt emotionally isolated, which was the reason he readily agreed to the divorce when his wife requested it. In this relationship, on the other hand, he developed a rather archaic selfobject transference that was readily and repeatedly frustrated.
Mr. Koenig fell in love with this woman after he witnessed her attentiveness and caring for her son—experiences he intensely wished to have had with his own parents. Expectedly, as soon as he moved into her home, he became jealous of and competitive with the child for the mother's attention. This became the source of the many rage outbursts he experienced in relation to them.

As the patient's life history unfolded, I began to understand the nature of his transference towards his lover increasingly better. The patient's father himself had temper tantrums during which he would become abusive toward the children and his older sister and older brother. The patient had vivid memories of the ways in which his father humiliated him and ordered him about. He remembered his mother as a passive woman, very dependent on the father. She would appeal to the children to forgive the father rather than protect them from his abuses. Mr. Koenig was “a good child,” in compliance with his mother's wishes, and out of fear of his father, he never rebelled or gave his parents any difficulty. He did not become overtly symptomatic until later in life when he began to feel depressed and generally insecure, especially in social situations. The tragedy for him, as for so many others in similar situations was, that the objects of his revenge for past hurts were no longer the original “offenders” but the people he was now in transference relationships with: his girlfriend, her son, and his friends. It became clear to me how experiencing me as setting myself up as superior to him and as critical and disapproving, represented a repetitive aspect of the transference—reminiscent of his experiences in which his father belittled him.

During these times, I was able to make more comprehensive, reconstructive interpretations. I could now include the genetic precursors of the transferences in relation to Peggy and myself. In this second phase of the treatment, Mr. Koenig began to experience shame and a sense of helplessness in relation to his temper tantrums. The strenuous justifications for his violent outbursts were now mixed with profound shame and a sense of helplessness for not being able to control his outbursts. During this period, he would enter the office in an apologetic manner. Sitting down, he would emit a sigh and with considerable embarrassment, in a low voice (a voice in which I believe confessions are made), he would tell me about the terrible ways in which he had treated either his lover or her son Larry. He
would go back and forth between blaming his lover for his outbursts and asking himself what it is that gets triggered in him just before he “loses it.” I was rather actively interpretive about the transference nature of his attachment to her: his intense jealousy of the way he treated her son and—at the same time—expecting him to be “a grownup, a parent substitute.”

Mr. Koenig had no difficulty appreciating the importance of these feelings and usually had associations that confirmed our understanding of the source of his violent behavior in this relationship. What distressed him most was that even after he became aware of the origin of his vulnerability and his temper outbursts, he still could not moderate his imperative need to retaliate whenever he experienced her as dismissing and/or slighting him in any way. Obviously, the insight he was gaining regarding the nature of his transference expectations and their inevitable frustrations did not undo the defects in the self that were responsible for his inability to regulate his tension states and to perceive anger as a signal affect. In a way, the insight made him more depressed: knowing what made him lose his temper and not being able to stop the behavior reinforced his feeling that he was a profoundly and unalterably evil person.

The self-recriminatory confessions precipitated another counter-transference crisis: I had difficulty accepting his feeling about himself as an unalterably evil person. I found myself either minimizing his negative self-image or quickly “explaining” its source. For example, I would say that the jealousy he felt when witnessing his lover’s interactions with her son was expected in view of his childhood experiences, and I could see that as an adult he had difficulty accepting such feelings about himself. These kinds of comments made him feel that I was intolerant of the evil, revenge-seeking aspects of himself, that I really could not accept him as he was. “Did you know,” he asked, “how much I hated Larry [Peggy's son] and how frequently I found myself having the fantasy that he would be killed in an accident so that I could have Peggy all for myself?”

Actually, his self-recriminatory comments indicated an increased insight into—and shame over—his need to be treated by Peggy as if he were her child. Once I recognized this, I could express my understanding (and acceptance) for his feeling like a thoroughly evil person. I said to him that I could appreciate his sense of shame and his feeling

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evil because, not only does he have “childish” wishes, but responding with uncontrollable rage whenever his girlfriend fails to read his mind and respond to him accordingly, makes him feel that he is either crazy or a very bad person. I offered a metaphor to indicate how I understood the way he felt, saying that he must feel as if he were sitting on a conveyer belt, heading toward the kind of behavior that he knew to be destructive to their relationship but that he felt helpless to stop—that having to revenge her helped him feel strong at the moment but fearful and horrible about himself afterwards. The metaphor was helpful since it expressed in a simple image my understanding and acceptance that he could feel, simultaneously, the imperative need to retaliate and the fear that this behavior might destroy the very relationship he desperately wanted to preserve. The fact that I could understand—and help him understand—his “crazy behavior” made him feel as if I were inside his head. “If anything should help me overcome this,” he said, “it is that you know what it is like for me and that it makes sense to you.” However, he still had difficulty experiencing the kind of acceptance of himself that he could now experience by me. Though considerably less frequent and severe, the rage outbursts continued to undermine his very tenuous self-esteem regulatory system.

Mr. Koenig also expressed concern that, because of his need to retaliate when he felt dismissed or in any way slighted, he may do or say something to me that may put an end to our relationship. He put it this way: “I am afraid of what may happen to my good feelings in here. I am always afraid of what I may hear in your voice and more importantly, how I may react to that.” He feared that very little would have to be done by me for him to feel wronged and walk out of the office: “I may have to test your empathy to the limit, and once hurt, I may not be able to forgive you.”

The patient's concern for being responsible for the possible destruction of our relationship was related to his taking ultimate responsibility for the disruption of earlier important relationships that, subsequently, could not be repaired. This was particularly true of his rage at his father and his inability to forgive him before the father died.

The patient never expressed his rage toward me the way he did toward his girlfriend. Even when he expressed disappointment in me, this was done in a mild and self-effacing manner. The problem was
that his rage was embedded in a personality organization that was essentially self-defeating. It was crucial that I find a way to bring this into our therapeutic conversation since his “masochistic” manner of relating was the disguised version of the same narcissistic rage that would, so fiercely, erupt in relation to his girlfriend.

A good opportunity to enter interpretively the personality disorder occurred at the time Mr. Koenig suddenly decided to stop treatment. This occurred in the fourth year, when he informed me in a letter during my vacation that he had greatly benefitted from treatment but decided that at this time, he wanted to stop. I answered the letter telling him that I respected his decision. However, I wondered why he would stop rather than give us a chance to plan termination. I reiterated the date on which we were to meet and asked him to let me know if he decided not to keep the appointment. Since, on my return, I did not hear from him, I called Mr. Koenig the day before our appointment to see if he had received my letter. He was very friendly on the phone, clearly surprised and pleased to hear from me. Yes, he received the letter, and though he had made other plans for that particular appointment time, he wanted to set up an alternate time for us to meet.

This is the way the hour went: The patient started the session—with his eyes downcast and emitting a sigh—by saying that he was not sure why he was here. He had a couple of terrible dreams in my absence and wanted to tell me about them: “I was sitting on a sofa with Peggy, and it felt as if the sofa had suddenly split apart and I was desperately reaching out for her. I woke up with my heart pounding, very anxious, and found that, in reality, I was holding on to her tightly.” The next dream was also horror-filled: he was with a group of friends and colleagues when they were attacked by someone who was obviously deranged; there was a sense of being trapped in a terrible situation from which nobody could escape. To both dreams his association was that it felt like he was losing parts of himself.

While listening to his dreams, I tried to understand how they related to his decision to stop treatment at this time, but I said nothing. Mr. Koenig continued, telling me that he has been feeling a great deal

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3 D.S.M.III R abandoned the old nomenclature of Sadomasochistic Character Disorder in order to avoid the historic association of the term with the older psychoanalytic views on female sexuality and the implications that a person with this disorder derives unconscious pleasure from suffering.
calmer since we had last met but that he missed the strong feelings he used to have towards Peggy. He now felt less involved and emotionally distant from her: “I am no longer a maniac but I don't like not feeling much, that I might be ‘writing her off’ the way I wrote off my wife…. I do that when I am afraid that I will be hurt…. I think I do this to cut out the pain …”

I thought that he had written me off when he decided to stop treatment because he was afraid that here too he will have to experience the dreaded rage outbursts and that he wanted to stop treatment before he would experience the humiliation that such experiences always followed. It was at this point that I remembered that I had increased my fee shortly before I left for vacation and thought that he must have experienced that as some kind of offense or injustice. At the time we discussed the increase in fee, Mr. Koenig did not raise any objections. Now, I suspected that this may very well have precipitated the rage toward me that prompted the decision to stop treatment. I remembered that he had expressed concern before my vacation that very little would have to be done on my part for him to feel that he would have to revenge himself by walking out of my office. These were my thoughts. What I said to him was that, when he came into the office, he said that he did not know why he was here. “Your dreams and your association could help us answer that question. The dreams,” I said, “expressed particularly vividly your fear of losing somebody vital to yourself and that the loss was caused by a crazy, deranged man, an expression you frequently used when you ‘lost it’ with Peggy. Were you afraid that something similar will happen here between the two of us and it was safer to stop treatment before that happened?”

Mr. Koenig was thoughtful for a while and then he spoke about the relationship he had with his ex-wife: how he had written her off and many other people in his life, including his father: “Writing the letter to you was a way of writing you off…. I wasn't sure what will happen here next…. I was very surprised that you had answered my letter. I was convinced I was giving you a way out too, that you will be relieved not to have to see me again.” I said something about the letter having been a test, but Mr. Koenig disagreed: “I am sure I was not testing you. If this was testing, I would have waited to see if you would write or call, but I did not expect either. Once I write people off, they never come back to me. This is what convinced me that they
were glad not to have to bother with me. You are an exception to the rule…. I still don't know exactly how to understand this.”

“You made the point about this not having been a test,” I said, “but then how do we understand the letter? Your first dream tells us that you were afraid that something would come between you and another person who is very important to you. Was this Peggy? or me? or maybe both of us? In the second dream where all your friends were killed, the destruction was done by a crazy man, the way you used to feel when you lost your temper. I could understand that you wanted to leave before the good feelings could be spoiled by your anger at me.” Mr. Koenig listened attentively, and I continued: “It seemed to me,” I said, that “writing me off was an alternative to having a temper outburst…. I can't help but think about your relationship with your father … his outbursts at you and how you ended up ‘writing him off’ because of your rage at him.”

“Yes,” he said, “I couldn't agree with you more and what you just said made me think of how many times in the past I had cut off my nose to spite my face just so that I don't have to feel the jealousy and the rage. I would always get out of a relationship where there was any possibility for me to feel that way … but with Peggy I fell right into it.”

At this point in the dialogue, I became concerned that the patient would avoid the exploration of the transference meaning of his wish to stop treatment, so I returned to the subject rather abruptly, saying that I thought that writing me off at this time was related to my having raised my fee and feelings that he may have had about that. Mr. Koenig disagreed with me again: “I did not feel anger and maybe that was the problem. What I felt was that you will be happy to get rid of me. I am really not a very gratifying patient. Even after I got your letter, I was convinced that you wrote it because that was the proper thing to do and if I don't answer, I will never hear from you again. It was your phone call that completely blew me away.”

I reminded Mr. Koenig that, when he first came to see me, he was convinced that I did not want to see him but accepted him only as a favor to my colleague who referred him: “It seems that you continued to feel that way,” I said. “You are right, feeling angry at me would have been much too simple an explanation and only part of the story; feeling that I would be happy to get rid of you cuts more deeply into
the very core of you, into feeling that you are a thoroughly evil person, somebody that no one would want to care about or become involved with.”

“Very true,” he said and after a brief silence added: “Can you imagine I would have given up the best opportunity of my life to overcome this feeling of inferiority and wouldn't have known that I was doing it? … But you know, at this time in my life, I still only see two possibilities open for me: one is to lose my temper, to yell and scream and make a fool of myself or to withdraw and feel sorry for myself. Only here with you can I feel anger sometimes and not lose it completely.… I know I don't always say it outright but I think you can figure me out anyway…. I am still dependent on how others will respond to me…. nobody ever came back after I had written them off.”

I felt that we were now on the right track and the expression “writing people off” became a shorthand in subsequent hours to describe Mr. Koenig's need to pull back into his shell whenever he experienced others as hurting him in some way or just not responding to him the way he wished they would.

The temper tantrums began to diminish in frequency and in intensity. Though he continued to be tempted to retaliate against Peggy whenever he felt frustrated by her, he was increasingly more able to reflect on this. Referring to Larry and his own daughter, he said: “I do understand these children better than anyone, but my own needs come up and they blur everything out for me.” His feelings toward Peggy, her son, and his own child opened up the possibility of reexamining his feelings toward his father: “He must have felt the way I feel with the people around me. He wanted something from us kids, something he did not have in himself either.” He experienced deep regret that he did not “make up” with his father before he died. [An increase in self-cohesion facilitated an increase in self-reflection and insight.]

The changes in his relationships went hand in hand with a change in his self-perception. His steady self-incriminations began to give way to an increasing sense of confidence in his ability “not to lose it” when he felt hurt or rejected. On one occasion he reported with pride that he was able to help a friend not to withdraw from him after he discovered that he had inadvertently injured the friend with a comment.
Two of the patient's dreams exemplified the structural changes that occurred in the course of treatment particularly well. In one of the dreams he had to prepare a report. Someone had kept him from preparing it in time, and as the deadline approached, he became frantic. Eventually, he made his way to the library but could not find the references he needed there. Upon returning home, he found that most of the books he needed were right there on his own shelf. Mr. Koenig interpreted the dream as being representative of his tendency to blame others whenever he feels frustrated. In this instance, he would get mad at the library for not having the books he needed. I asked him what he made of finding the needed references among his own books. He thought it meant that it was futile to look to others to give him reassurance, that he had to be able to feel about himself that he was a worthwhile human being. “But,” he said, “if you would not have made me feel that way, I don't see how I could have arrived at this all by myself.”

The next dream made Mr. Koenig feel particularly confident about his treatment. As he came in, I noticed that he was considerably brighter than on many previous occasions. He appeared eager to tell me a dream he had about me the night before. In the dream, I invited him to attend a meeting in my home. There was an important guest in my house whom I wanted him to meet. As he arrived, there was a lot of commotion in the house—“happy commotion,” related to the preparation of the evening with an important guest. I asked him to set out some chairs but hard as he tried, he was unable to find the chairs I wanted. I gave him another chore, but this too he was unable to do. He felt increasingly more and more embarrassed and tried to remedy the situation but this only made things worse. He was amazed at how much patience I had with him.

His sense of shame over not being able to do the chores I asked of him reminded Mr. Koenig of feelings he was most familiar with: feelings of shame and social inadequacy. I added that these feelings were also reminiscent of his experiences with me when he felt that I expected him to behave in a way he could not behave, which increased his feeling of inferiority and inadequacy, especially in relationship to me. The patient agreed and remembered a comment that Peggy made to him the other day. She said that his improvement must
make him feel proud of himself. He realized then that, in spite of considerable positive feedback from her and others and feeling generally better, he still could not maintain good feelings about himself without someone noticing how much he changed. Mr. Koenig looked distressed about this and looked at me questioningly. I said that I could see that he was worried that his pervasive feeling of inadequacy and inferiority will remain with him forever—that he will never be able to feel any other way about himself and that he will always need someone who can reinforce his good feelings about himself. I then asked him how he understood my having invited him to my home for such an important meeting. His face brightened. He said he thought of the significance of that himself. He thought that the most important aspect of that was that he accepted the invitation. This indicated to him that he thought of himself as deserving the invitation: “Even though, in the dream, I made a mess of things, I needed to feel that was OK with you, that you kept giving me new opportunities. I think you had really accepted me with my anger and everything else … Maybe if I can feel this from you, one of these days I will not have to be reassured all the time.” I said that time may not be too far off: “After all, you already had a dream in which, after looking for some references in the library, you found them on your own bookshelf.”

**Discussion**

One of the questions related to this clinical example is why the patient's behavior differed so markedly in his relationship to his girlfriend from that in his relationship to me, his therapist. The most obvious answer would be that there must have been a difference in the degree to which transferences were mobilized in the two relationships. However, I believe, the answer to this question may not be in the difference in the nature or degree of the transference experiences, namely that Mr. Koenig mobilized an archaic form of transference in relation to the girlfriend but failed to do so in relation to me. Rather, I would suggest that the difference was related to the difference in the responses to these transference expectations in the two situations.

In an earlier publication (Ornstein, 1990), I had discussed in some detail the fundamental difference in the fate of transferences that become activated in therapeutic and those that emerge in nontherapeutic...
relationships. The difference is related to the fact that, while the therapist aims at understanding and acceptance and empathically interprets what had become mobilized in the transference, a similar empathic attitude and response is not likely to meet the patient in other important relationships in response to their archaic demands and expectations. In the nontherapeutic relationships, patients are likely to be frustrated in their transference expectations that lead to the escalation of their demands and to mutual recriminations and retaliations. Mr. Koenig was particularly pained in this relationship because he had witnessed his girlfriend's great capacity for empathic and loving responsiveness toward her own son. The rage outbursts left him feeling ashamed of himself, at times suicidal, which is why—at the beginning of treatment—he redoubled his efforts to hold Peggy responsible for them. A lover, a spouse, a friend, or a child cannot be expected to empathically encompass the patient's psychological predicament. Rather, the opposite would have to be true: they will respond out of their own needs and out of their own hurt. In the therapeutic relationship on the other hand, the increase in self-cohesion as this occurs in relation to the empathic interpretations of the transference disruptions helps maintain a self-selfobject bond, which, in turn, provides the opportunity for belated structure building. The increased self-cohesion “transforms” the intensity of the rage and the need to retaliate. Instead of the destructive rage, the transference expectations create a mild sense of annoyance.

References


