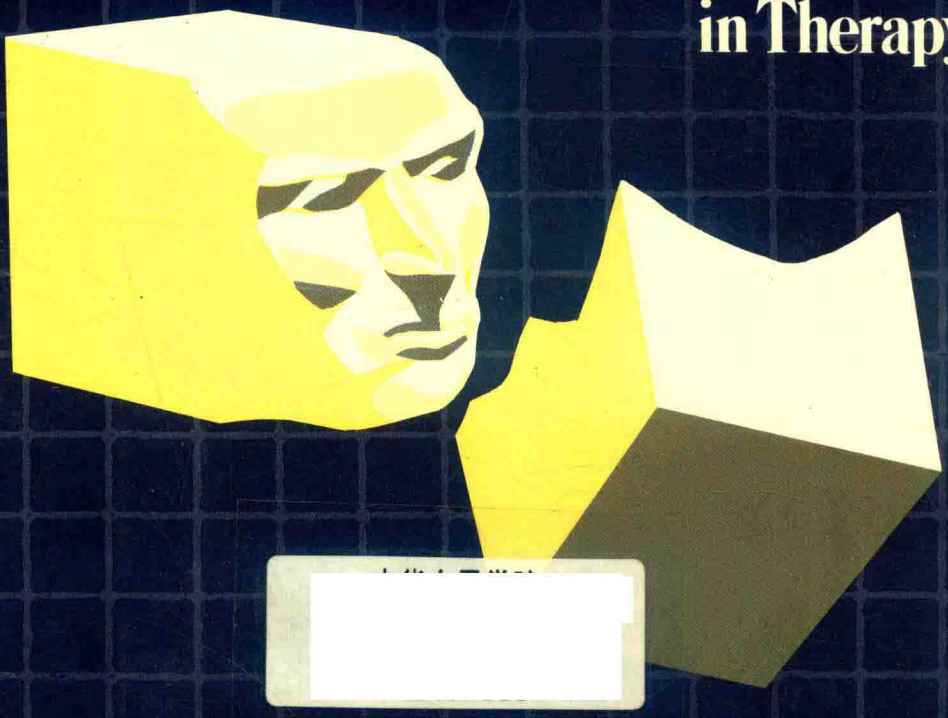
Patients and Agents

Transference-Countertransference in Therapy



Maria Carmen Gear, MD Ernesto Cesar Liendo, MD
Lila Lee Scott, MD

PATIENTS AND AGENTS

Transference-Countertransference in Therapy

Maria Carmen Gear, M.D.
Ernesto Cesar Liendo, M.D.
Lila Lee Scott, M.D.

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The tendency which falsifies judgement in this respect is that of *idealization*. . . . The ego becomes more and more unassuming and modest, and the object more and more sublime and precious. . . . The object has so to speak consumed the ego. . . . There is the same humble subjection, the same compliance, the same absence of criticism . . . the same sapping of the subject's own initiative.

Freud, *Group Psychology*

There is an extraneous influence at work, and it is this that decides what is to be called good or bad. . . . [The cause of the subject's submission to it is] his helplessness and his dependence on other people, and it can be best designated as *loss of love*. If he loses the love of another person upon whom he is dependent, he also ceases to be protected from a variety of dangers. . . . At the beginning, therefore, what is bad is whatever causes one to be threatened with loss of love.

Freud, *Civilization and Its Discontents*

Preface

The pragmatic method of dynamic psychotherapy presented in this introductory text is based on the fundamental structure of the unconscious and the issue of power in human interaction. Power in the sense of social control and interpersonal authority is an enormously important factor in human relationships, although it is often ignored in psychodynamic formulations and the therapeutic process.

In psychotherapy, clients deal with the exercise of interpersonal authority in the microenvironment of their family, where issues of domination and submission occupy the foreground. However, issues involving socioeconomic control and the macroenvironment are frequently overlooked, making therapy inefficient or even ineffective. The classification of psychopathology in this volume is based on the distribution of power and pleasure within two interlocking frames of reference: the interpersonal and the socioeconomic. The classification serves both as a diagnostic tool and as a key to effective treatment.

The theoretical framework—including a new conception of the psychotic and the borderline phenomena—is outlined in the first half of the book. In Chapter 1 the reader is introduced to the six basic types of clients, which we classify in relation to socioeconomic control (controlling *agents,* dependent *patients,* or

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restricted *insufficients*) and interpersonal authority (dominant *sadists* or submissive *masochists*). The three typical pathological dyads are discussed in Chapters 2 (authoritarian dyad), 3 (demagogic dyad), and 4 (undercommitted dyad). In Chapter 5 the diagnostic categories of DSM-III are coordinated and compared with the typology described in the previous chapters, and the dyadic subtypes are defined.

Clinical case material is used extensively in the second half of the book to show how clients attempt to recreate their typical dyadic formation with the therapist. This defensive action plan, with its complementary position, represents the transference-countertransference transaction described in Chapter 7. In Chapter 8, the various therapeutic stages and treatment strategies are seen as stages in the correction of the transference phenomenon. In the first stage, the therapist mirrors the client's pathology by playing the complementary role in the dyad—by containing the client's projections. During the second and third stages the therapist helps the client to work through power and pleasure imbalances in the interpersonal and socioeconomic spheres. In the fourth stage the client finally arrives at a more sophisticated and comprehensive resolution of problems of power and pleasure in these two spheres. The quality and production of happiness is increased and its distribution is made more equitable. However, clients are unstable in this new position and should be supervised to avoid regression, especially when significant others behave in the complementary way. In the fifth stage the improvement stabilizes and the client becomes autonomous. In Chapter 9, the model is further demonstrated in an objective confirmable way when it is applied to three of Freud's cases to give a diagnosis and strategic treatment plan. In Chapter 10, the authors answer the frequent questions that have come out of previous discussions with diverse audiences.

Readers can undertake a fuller exploration of our approach in *Working through Narcissism* (Gear, Hill & Liendo, 1981).

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Contents

Preface ix
Acknowledgments xi

The Pathological Dyads

1. The Framework of Psychotherapy 3
   Two Realities 3
   Basic Client Types 8
   Differential Diagnosis 10
   Defense Mechanisms 13
   Neurosis, Psychosis, and Borderline Syndrome 15
   The Role of the Therapist 19
   High Performers as Agents of Mental Health 20
2. The Authoritarian Dyad 22
   The Masochistic Patient 23
   The Sadistic Agent 31
   Complementarity in the Authoritarian Dyad 39
   An Authoritarian Dyad Asks for Consultation 41
3. The Demagogic Dyad 45
   The Masochistic Agent 46
   The Sadistic Patient 57
   Complementarity in the Demagogic Dyad 65
   Sand and Chopin: A Demagogic Dyad 68

4. The Undercommitted Dyad 74
The Masochistic Insufficient 75
The Sadistic Insufficient 84
Complementarity in the Undercommitted Dyad 93
An Undercommitted Dyad Asks for Consultation 95
5. Refining the Dyadic Typology 101
The Eight Diagnostic Axes 101
Diagnosing the Phenomenologic Subtypes 113
Relationship between Dyadic Typology and DSM-III 134
6. Making the Diagnosis 140
Diagnosing Speech and Action 141
The Multiaxial Diagnostic Decisions Sheet (MADDS) 149
The Clinical Application of the Decision Sheet 154

Treatment

7. Transference and Countertransference 195
Defensive Action Plan and Transference 195
The Masochistic Patient 202
The Sadistic Agent 207
The Masochistic Agent 212
The Sadistic Patient 217
The Masochistic Insufficient 224
The Sadistic Insufficient 230
8. Treatment Strategies 238
Strategic Goals 238
Tactical Stages 240
Technical Procedures 241
Therapeutic Reactions 245
The Masochistic Patient 245
The Sadistic Agent 251
The Masochistic Agent 256
The Sadistic Patient 261
The Masochistic Insufficient 265
The Sadistic Insufficient 270
9. The Typology in Three of Freud's Cases 274
Strategic Formulation 275
Strategic Formulation of Dora 278

Strategic Formulation of the "Rat Man" 286
Strategic Formulation of the "Wolf Man" 295
10. Some Fundamental Issues 305
Emphasizing the Socioeconomic 305
The Dyadic Model and Polyadic Relationships 308
Treating Psychotics 308
Inverted and Direct Speech 310
Detecting Contaminated Speech 311
Levels of Intervention 313
Strategic Stages 315

References 317
Index 331

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The Pathological Dyads

1

The Framework of Psychotherapy

Two Realities

Freud (1924a) described mental illness as a loss of contact with reality. In fact, most of us experience two realities: the *objective* reality, which has a shared social definition, and the *subjective* reality, which is individually experienced. Those who are poor at reality testing experience a great deal of dissonance between these two realities and are often considered "disturbed." Such people frequently fail to realize the private and idiosyncratic nature of their understanding of experience; they believe their definition to be universally shared and correct. Failures in their thought processes may be numerous: they may totally misinterpret the true context of events; they may not grasp some broad underlying principle of organization; they may over- or undergeneralize; or they may simply be unaware of other ways of encoding reality. On a practical level, they may totally ignore information that does not tally with their view of reality and doggedly persist in a faulty, previously invalidated plan of action. Despite past failures, such people often make the same predictions and carry out the same ineffective plans over and over again. Brute facts are not allowed

to kill a pet theory. This failure to develop new action plans or register new experiences only perpetuates their interpersonal and socioeconomic problems.[1]

In order to help their clients achieve a greater measure of happiness and satisfaction in life, therapists must deal with the full gamut of human unhappiness, failure, and destructiveness. Above all, therapists must become intimate with their clients' idiosyncratic, narrow, and stereotyped world view. Toward this end, psychotherapists have primarily concerned themselves with their clients' thoughts, feelings, and interpersonal relations as they exist in the microenvironment of the family or as they are reflected in client-therapist interactions.

However, therapists cannot ignore their clients' socially shared reality—the reality of the social, economic, and political structure—even though it lies beyond the direct influence of psychotherapy. The macroenvironment is often a source of major suffering, constantly undermining clients' efforts toward self-actualization. Obviously, both therapist and client are a part of this social context; to ignore it is to engage in a delusion. Instead, it must be acknowledged and fully explored in the course of therapy, so that clients can recognize whatever damaging effect it has on their lives and take steps to improve their situation to whatever extent possible (Kessler, 1979).

Therapists must learn to distinguish between interpersonal process and social process and deal with both as they arise.[2] Otherwise the therapy will be ineffective; it will be dealing with one order of reality, for example, psychic reality, when in fact the issues involve another order, for example, political or economic reality. The diagnostic and treatment method we describe uses this

[1]Thomas Kuhn (1972) made clear how scientific communities resist new theories, even if they appear to be more effective.

[2]This distinction has been made within psychoanalytic theory by Jacques Lacan (1960) when he distinguishes the (interpersonal) "imaginary order" from the (socioeconomic) "symbolic order": they represent two aspects of the "order of the real." According to Lacan the subject usually escapes into the narcissistic imaginary order to avoid facing his helplessness at the symbolic order: he escapes from one reality into another.

very distinction as the point of departure for therapy. While we cannot claim to be able to transform the world through psychotherapy, we can help our clients change their social context. Such change is the real test of a successful treatment. When psychotherapy fails, it tends to do so because it looks to emotions or self-image—or even to styles of interaction—for solutions to problems that are rooted in socioeconomic reality. But changing the socioeconomic context is a most complex task, requiring changes in the conscious and unconscious perception of reality, as well as new values and goals and new action plans and skills. Hence, interpersonal and social reality are dynamically linked (Dohrenwend & Dohrenwend, 1969).

Objective Reality and Social Control

Social scientists (Della Fave, 1980) frequently classify people according to their relationship to the social, economic, and political power structure. Greater or lesser status is accorded certain characteristics, which may vary from culture to culture. These characteristics may be present at birth or otherwise immutable (for example, sex, skin color, caste) or they may be subject to change (for example, level of education, age, class). Through the socialization process people learn (often unconsciously) which characteristics are valued and which are not. They also learn which of their own attributes are valued or derogated by their particular culture. They learn, in other words, who has power—control, authority, influence—and who does not, who is entitled to pleasure and who is not.

People also learn to play the role that conforms to their particular status. (Actually, they learn many roles, since status varies not only with the culture but with social context as well.) They learn that they are free to engage in any activity that conforms to their status but are discouraged or actively prevented from engaging in activities that contradict it (Cook, 1975). Furthermore, they are encouraged to associate with those that confirm their status but are inhibited from intimate association with those who might bring it into question. Hence, the objective power-and-pleasure structure is internalized; people learn to stay

in their "place" and to enjoy what pleasure is designated for them.

In our society socioeconomic status defines a person's relation to the social, economic, and political power structure. Power is associated with the control of information, resources, and rewards; those people who possess socioeconomic power are able to control those who do not. Of course this occurs in the macroenvironment, where certain groups (for example, men, whites) are able to exercise control over certain other groups (for example, women, blacks).

We call this power *socioeconomic control.* But, as we shall see when we discuss the six basic types of client, socioeconomic control plays a vital role in the microenvironment (Blau, 1964). Of primary importance to the therapist is the client's personal relationship to socioeconomic control—and the ways in which socioeconomic manipulation and control are played out in the client's everyday life.

Subjective Reality and Interpersonal Authority

It is striking that not all people with socioeconomic control dominate interpersonally. In developed countries, for example, it is more frequent to see those with socioeconomic control dominated by people who are spoiled, demanding, and childish (Henderson, et al., 1978). In effect, a clear distinction must be made between socioeconomic control and *interpersonal authority* (Dahrendorf, 1967).

In addition to learning their place in relation to society's power structure, people also learn to command or to obey others, to make judgments about their self-worth and to enjoy or give pleasure. In relation to others they subjectively perceive themselves to be intelligent or stupid, generous or selfish, sensible or crazy, strong or weak, and so forth. In other words, they adopt a position of superiority, inferiority, or equality in interpersonal relations (Lane, 1959).

The third option, that of sharing in life's pleasures and

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