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Hidden and Overt Rage: Their Interpretation in the Psychoanalytic Treatment Process

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Earth knows no hate but only love that has turned to hate; and hell knows no rage but a rejected baby.

Introduction

There is a widespread misconception in many psychoanalytic circles that self psychology does not deal with destructive aggression (i.e., narcissistic rage) but sidesteps it in order to have a more cozy atmosphere in the consulting room. It is assumed that self psychologically informed psychoanalysts wish to create a corrective emotional experience through a warmer ambience instead of analysing their patients' destructive aggression. Nothing is further from the truth—as I hope to show and as I have already shown extensively (Ornstein 1993a, 1993b, Ornstein & Ornstein 1993) So have other self psychologists (Bartosch 1993, Lachmann 1997, Terman, 1975) What is it then, I have wondered, that maintains such misconceptions in the face of ample evidence to the contrary? I hope to offer some answers to this question as I describe how self psychology views and treats aggression in the clinical situation.

I assume that such misconceptions do not exist among the readers of this essay, and self psychology is better known today than when the misconceptions first arose. But just in case some readers do share the misconceptions I mentioned, I wish to offer additional clarifications and clinical vignettes to demonstrate that self psychology does indeed deal with all forms of aggression—albeit differently from other psychoanalytic approaches I am familiar with.

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Why did my previous attempts at clarification fail to work? I have thought about that a great deal. On reflection, I realized that I have previously confronted members of my audience and my individual discussion partners with their misconceptions, and that only made them hold onto their notions more tightly and refused to accept being corrected. But I should have known better. The situation—as every situation does!—calls for an empathic grasp of the opponent's perspective. The discussion has to be conducted from the perspective of those who hold different viewpoints. As a presenter of ideas, I have to be able to enter the perspective of others who do not share those ideas, in order to understand the roots of their misconceptions. In other words, I failed to take the empathic vantage point in my discussions, and this explains, in part, my failure to have successfully engaged these misconceptions. This is not different from the analyst's necessary stance in the clinical situation. I have drawn here an analogy between a clinical understanding and the general understanding of another human being with his or her ideas.1

I hope to remedy my previous failure in this essay. I imagine that today's psychoanalytic readers are more open to different ideas within psychoanalysis and do not have to defend a particular orthodoxy. I assume, therefore, that today's readers are open to revise their misconceptions, if any, when someone can demonstrate contrary evidence. I hope to succeed in this endeavour here because I am not going to try to convince my readers of the clinical advantages of a self-psychological understanding and treatment approach to aggression. I shall present the self-psychological approach as concisely as I can, for the reader's consideration. I only wish to demonstrate that self psychology does deal with aggression; that self-psychologically informed analysts are not evading or trying to gloss over the rage that arises in the clinical situation (nor do they overlook the rampant violence that surrounds us throughout the world) and that they are not turning up the emotional thermostat in their offices as a substitute for analytic understanding and explanations. In other words, self psychologists do not substitute the necessary focus on their patients' subjective experiences (which may express overt or hidden rage) with stereotyped emotional warmth and “nonspecific support.”

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First, I shall briefly comment on the existing self psychology literature (including my own writings) on the subject. Second, I shall offer three clinical vignettes to demonstrate the approach. Third, I shall draw some general conclusions about aggression in the treatment process. Fourth, I shall conclude with some additional ideas about why the particular misconception that self psychologists avoid dealing with aggression has survived thus far, and why I think there is a good chance that—in the pluralistic climate in the field in which we live today—such conceptions might finally fade away.

Narcissistic Rage in the Self Psychology Literature

One of Heinz Kohut's most brilliant essays (Kohut 1972) introduced his theory and clinical approach to “narcissistic rage” as a prototype of destructive aggression. He contrasted the forms of destructive aggression with “self-assertive ambition.” In other words, self-assertive ambition is a constituent of the self and destructive aggression emerges as a reaction to an injury to the self—thus appearing as a “breakdown product” of an enfeebled and especially a fragmented self. Kohut considered injury to the archaic self-structures, the grandiose self, and the idealized parent-imago, as capable of evoking the most severe and destructive rage responses. These responses can be acute and relatively short-lived, but they have the tendency to become chronic, characterized by relentless revengefulness. In contrast, a person who acts aggressively, as an expression of self-assertiveness, is satisfied with removing the obstacles that may interfere with the fulfilment of his or her ambition. Aggression under these circumstances does not become a chronically ingrained attitude.

Thus Kohut postulated that destructive aggression was not just secondary to frustration in general but was specific to injuries to the archaic self-structures. His clinical approach was equally novel and imaginative: it was neither the confrontation of the patient with his destructive or self-destructive behaviour, nor the search for the drive-based roots of aggression, that constituted the essence of the curative-analytic approach. It was the interpretive focus on the patient's vulnerabilities (on the narcissistic matrix) from which the destructive act arose that constituted the essence of the analytic work. Understanding and conveying the reasons for the patient's vulnerabilities

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offered the most cogent interpretations and led to the fundamental analytic-healing process, diminishing the propensity to narcissistic rage Terman (1975), Ornstein & Ornstein (1993), Ornstein, P. H (1993), and most recently Bachar (1993) further elaborated and confirmed the usefulness of Kohut's approach with additional clinical examples that involved both acute and chronic narcissistic rage in the treatment situation. I shall only quote here from Bachar's work, since this has not yet been published in English.

Bachar (1993) gives us an overview of the important prior contributions to our topic. He sees the importance of Kohut's approach in contrasting “normal aggression” (self-assertive ambition) with “destructive aggression” (narcissistic rage), and stresses Kohut's emphasis that normal aggression subsides after having achieved its goal, whereas in narcissistic rage the need for revenge, for righting a wrong or undoing a hurt by whatever means, often becomes an insatiable, chronic need. Bachar considers Kohut's conceptualization as offering a “varied, rich and unique [view] for each case.” It is his clinical experience (which he shares with his readers in several well-chosen examples) that makes his contribution an important addition to the literature

One of Bachar's vignettes will highlight one of my main points about the treatment process, so I shall paraphrase and then quote him: A fifty-year-old woman, a senior academic professional, was chronically angry and aggressive in her daily life as well as toward the therapist in her treatment sessions.

During therapy [Bachar goes on], I noticed a pattern After almost every hour that I felt to be a good one (i e., in which there was good dialogue and interpretations that had been accepted by the patient accompanied by a feeling of understanding and contribution [by the patient]), there followed a session during which the patient's complaints against the therapist intensified On several occasions I tried initially to interpret this pattern “from without.” I drew the patient's attention to the phenomenon that after each “good” hour her complaints intensified. This intervention merely brought on even more rage. As a result of this reaction I decided to turn my therapeutic attitude around 180 degrees and I interpreted “from within.” I told her that what I thought was a “good” session was “not good enough,” [it was] merely frustrating her

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[by not acknowledging her subjective experience] She might have viewed the session as something promising but afterwards, [when] my [intervention] did not suffice, her rage intensified. She then felt great relief and said “I always begged my therapists to relate [to me] where I am, and then, and only then will I be ready to grow up (Bachar 1993, 7)

Bachar adds further evidence of the long-term beneficial effects of his subsequent interpretations “from within” and offers further examples of his self-psychology-based understanding and interventions

Clinical Vignettes and Their Explication

In order to focus on my own interpretive responses to my patient's overt or hidden rage, I shall offer a few clinical vignettes of crucial moments in the sessions where the patient had become furious with me or where the rage remained hidden. However, by this time in the analysis we knew of its existence under similar circumstances. Thus the rage was experience-near and therefore it was easy to surmise that annoyance, anger, or outright fury was operative at the moment but remained contained and found expression in a variety of symptoms and behaviours. It was possible to interpret all of this from within the patient's subjective perspective: there was no need for confrontative interventions—a frequent recommendation to deal with aggression

The first vignette: Mr. K. lived in a state of chronic narcissistic rage, but on top of that, certain events in the analysis—for instance weekend separations, and especially longer absences such as summer vacations—evoked quite an affect-storm as we neared the time of our parting. A couple of weeks before one such separation, Mr. K. began with longer silences and became hawkishly vigilant about my manner in my talking to him. He watched particularly closely, as it turned out later, how much I sensed—and at least implicitly, in my tone of voice, acknowledged—the suffering I was about to inflict on him by my leaving. At other times, near the moment of weekend separations but especially at the beginning of the subsequent Monday sessions, he would suffer silently and I would, after a while, comment on his rage reaction, connecting it to the weekend separation For example, if I said a short while into the Monday session that it must be difficult to start

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with such intense resentment and defiance, he would begin to berate me for expecting that he should just come in, lie down on the couch and begin talking as if nothing had happened. He felt that if he did that he would thereby signal to me that all was forgiven; that nothing really happened; that my abandonment of him was of no great significance. He had to defy me and express his resentment and punish me with his silence until he could regain his “lost dignity.” If he felt that I understood how much he suffered from the fact that we were disconnected over the weekend, he could then get over his need to continue to defy me.

But Mr. K. found it difficult if not impossible to forgive. He never forgave his parents—and they had long been dead. He had to find a way to regain his dignity before he could reconnect to me; he could rarely recall where we left off on Friday. Leaving for the weekend disorganized him for days.

This description sounds as if this understanding was achieved all at once. Far from it. It emerged piecemeal, against considerable resistance—the resistance (the self-protection) evoked by the expectation that I would retraumatize him. But even when we finally understood what I have just described, his reaction continued and we had easier access to them and they did not last as long before we were finally back on track.

Mr. K.'s leaving for vacation was different in that he was even more vulnerable to what he perceived a my “dignity-robbing slights.” These were initially difficult for me to detect precisely until he played them back to me. A week before one such vacation, after he complained bitterly in the session about how matter-of-factly I was taking his suffering in connection with the upcoming holiday, I wanted to say that I gathered from the intensity of his resentment that he experienced me as deliberately causing his pain; that I could stay home if I wanted to and then he would not have to be in such pain. But instead I said curtly, “It is apparently going to be a rough four weeks” The moment I said it I realized that I wanted to say something that would at least acknowledge his pain but I said it in a wooden tone. Mr. K. jumped up from the couch, rushed to the chair, and let me have it. He felt that I made my comment with such callous indifference; that I really did not care about his pain. Maybe he should not even return after the four weeks. I remained silent to give him a chance to say it all, and then commented

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that if he felt I was doing it calmly, deliberately, and without regard for him, I could understand his rage and despair and readiness to give up trying. He calmed down after awhile, returned to the couch, recounted many of my earlier sins, and, without acknowledging it then and there, felt that perhaps now I understood the intensity of his pain.

The important lesson from this and similar events was not to introduce my own reality defensively, but to accept his complaints, and acknowledge that he heard accurately. Such acceptance could then lead to specific memories from his childhood that would give us background for his special vulnerability to what he called his “dignity problem.”

The second vignette: In another instance, a dream and a few associations revealed Mr. K.'s profound yearning for unconditional acceptance in the transference. Up to the time of this event, the patient repeatedly searched in vain for the hidden, bottled-up, unconscious rage in himself—which he was sure could dangerously explode at any moment. He “knew” he had to be enraged at his parents and siblings because of the unspeakably horrible childhood experiences they inflicted on him—but he could not feel the rage. We already knew that many of his “dysfunctions” (as he called them) contained or expressed his rage in that he “revengefully refused to do certain everyday tasks.” He had a “powder-keg theory of rage” in mind, when his dream and associations directed us to another view. I never challenged his powder-keg theory but kept witnessing that while he feared the explosion, he never seemed to experience the explosive rage he was convinced was there and responsible for a variety of his problems.

In his dream the patient was in a competitive game with his siblings. He must have done something for which they banished him to sit on the front stairs of the house by himself. He felt lonely and sad. After awhile they came to ask him to rejoin the game. He promptly did and felt relieved and happy. In his associations he recounted the brutal exclusion he frequently suffered at the hands of his older siblings. Sitting on the front stairs alone and in despair was a familiar feeling from his childhood. He recalled that he would have had to humiliate himself in front of his siblings, admit defeat, and beg for forgiveness as the price of readmission to the game. He would rather sit there on the stairs

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forever than do that. That was his stance to that very day—hence the various dysfunctions that expressed it. He lived his adult life prior to his analysis and even during his analysis for a very long time with this stance as one of his central motives.

In the dream, however, something different happened: The patient was readmitted to the game without the demand that he apologize and mend his ways. Once reinvited, he felt relieved and happy to join them. Where was the rage? It seemed, he said, that having been asked to rejoin his siblings without preconditions, he now felt accepted as he was. This acceptance on his own terms allowed him to give up his defiant, painful, and lonely brooding on the stairs, actually without a trace of lingering rage, and he could enjoy being part of the game. He understood now that the dream—as no other experience in his life before—gave him an idea of what made it possible for him to rejoin his siblings' game. He realized that what could dissipate the rage most quickly and profoundly was the feeling that he was accepted and valued as he was and not only as his siblings wanted him to be. He now felt that the dream demonstrated that a lifelong wish and a current hope for unconditional acceptance by the analyst was fulfilled. His waiting for such an unconditional acceptance he called his “waiting for Godot” attitude.

The third vignette: Another patient, who was in brief focal psychotherapy (with Anna Ornstein), shows another configuration of rage with another function. He had just been jilted by his fourth girlfriend in four years, and reacted to this last trauma with an acute depression and disorganization. It became clear early in the treatment that the patient thought and felt that it was the “pushiness” of a tall and strapy rival that had cost him the loss of his girlfriend and not the fact that she had fallen out of love with him. For a short while he entertained the fantasy of provoking a fight with this man. He plotted a violent attack on him, using his boxing skills, which he thought would compensate for his own short and comparatively frail physique.

As it turned out in the course of treatment, the patient's anger and fantasies of violence served to distract him from the pain of abandonment by his girlfriend. In considering the other man the culprit, the patient was protected (for a short time, at least) from experiencing the

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more painful realization that it was his girlfriend who had betrayed him—an affect that would have been potentially more disorganizing than his anger The manifest fantasy of violence protected the patient against the devastating feeling of betrayal and provided him, instead, with a sense of power It was the acceptance, understanding, and ultimate explanation of the protective function of the violent fantasy that permitted the emergence of the feeling of betrayal and its consequences. Recognizing and interpreting the protective function of rage led the patient himself to wonder about his own behaviour, which might have contributed to his losing women so quickly.

Here, too, as in the first example, there was no need to confront the patient with his defensive behaviour; understanding it from within his own subjective perspective enabled him to question his motives for it himself. This is a typical occurrence when the therapist is able to create a nonjudgmental, accepting climate, in which interpretations are offered from within the patient's internal vantage point

The foregoing clinical vignettes only hint at the multiple meanings that anger, rage, and destructive aggression may have in the treatment situation. Anger appears in many forms, shapes, and disguises: anger can be talked about coldly and calmly, as if it belonged to a third person, anger can be acutely felt when recounting an event that provoked the angry affect; and it can be thoroughly embedded in a complex set of compulsive rituals On the whole, anger is commonly thought of as a destructive affect—destructive in the sense that it either constitutes the nucleus of psychopathology or it is acted out destructively. As seen in the third clinical vignette, however, although anger may escalate into destructive rage vis-à-vis the external environment, it may simultaneously serve important self-protective functions. Since anger (or rage) sometimes provides a sense of power (most recognizably in narcissistic rage fantasies), it may in these instances function to preserve or attempt to restore, rather than destroy, self-cohesion. It is this internal, self-protective function that we need to focus on if we aim at fundamental alterations in our patients' propensity for narcissistic rage. Thus the rage can have a multiplicity of functions: it may be an attempt to restore the cohesiveness of the self after an injury to self-esteem, regardless of the social consequences, since the internal collapse is experienced as a disaster; or it can prevent further disorganization by

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temporarily lending the vulnerable and now fragmented self the power needed in a state of helplessness. The patient in the first two vignettes frequently said, “I know what it looks like to you from the outside, but that is not how I feel. What you call destructive, is life-saving for me from the inside.”

Some Conclusions about the Treatment Process

In the treatment situation, it is useful to distinguish between anger that is experienced consciously and whose sources are explored jointly with the analyst or therapist, and rage reactions that disrupt or threaten to disrupt a silent merger transference. Under these latter circumstances the patient has to be able to “use” the analyst to regain her calm and control. Only after the rage subsides can its genesis be explored and interpreted within the transference. The analyst's function in such a situation is comparable to that of the parent who is witnessing a child's temper tantrum: It is not to add insult to injury by demanding that the patient stop the expression of the powerful affect, or even to understand its function and meaning. The best action is to provide protection for the patient and for oneself—and wait until the storm subsides. This type of disruption often indicates that the deepening of the transference inevitably and regularly increases the patient's feelings of vulnerability in the therapeutic situation relatively independently of the nature of the patient's psychic organization. Although both qualitative and quantitative aspects of the patient's vulnerability have their specific genetic antecedents, it is this increasing vulnerability vis-à-vis the therapist as selfobject that leads to the frequent and painful disruptions of the transference and becomes the pivotal point of the therapist's reconstructive interpretations. The increasing vulnerability in the treatment situation exposes the structural deficiency of the self, a deficiency that becomes manifest in difficulties regarding tension regulation, the capacity for self-calming and self-soothing, and the experiencing and containment of intense affect. Such defects or deficits help to explain the ever-present fear of overstimulation, fragmentation, and disintegration we may witness right in front of our eyes. Thus in a person with an already low frustration tolerance, the balance can easily be tipped toward a fragmentation of the self by the slightest injury, which brings narcissistic rage to the fore as the “breakdown product” of a crumbling self.

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In the treatment process there is usually mounting evidence that the slow, stepwise firming up of the self leads to a visibly improved capacity for tension regulation, and with it, better containment of the rage reactions that still occur as a result of frustration and disrupt the transference. The specific precipitants for such a disruption always reveal—often by bringing back actual memories of their antecedents—their genetic sources. Tracing current experiences to their infantile and childhood precursors often leads to insight on the road toward a belated acquisition of psychic structures—an insight that deepens even further and gains in dynamic effectiveness after significant structure building has taken place, and more importantly, as a consequence of it. Do I need to say more in documenting that self psychology deals with aggression in its own special way?

Concluding Comments

My interest in comparative psychoanalysis has taught me that the only way we may be able to develop a proper method and a proper language for comparative discussions is to make the effort—never an easy one—to enter the clinical-theoretical framework of the system we wish to study. From the vantage point of our own system, the clinical findings and theories of other systems are always faulty. It cannot be otherwise. But that never does justice to the inner logic of the system we study. The proper entry into the other system is empathy as an observational vantage point—and never empathy as kindness, consideration, compassion, or emotional warmth, all of which are meanings that sometimes people attach to empathy without recognizing it as a mode of observation—period. One of my teachers in residency always said that a mild, positive countertransference was necessary in any analytic-therapeutic endeavour, and I would extend that to human interchange in any context, thus encompassing professional discussions as well. The point I wish to stress is that the empathic entry into another's world (including the world of ideas) requires a receptivity that naturally goes along with any effort to enter the theoretical system of the other, in order to see its range and limitations from within. Those nontechnical, street meanings of empathy (warmth, compassion, sympathy, kindness, etc.) correctly reflect the ideal baseline of human interactions and should not be made technical either by advocating

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them as a necessary part of analytic treatment or by considering them technically contraindicated in any truly analytic endeavour.

In these concluding remarks I now wish to add some other dimensions to why misconceptions about the way self psychology treats aggression have survived, in spite of evidence to the contrary. Each psychoanalytic system has its own view about what constitutes psychoanalysis and no two systems quite agree on the definition of what psychoanalysis is It is easy therefore to find certain approaches failing to measure up to one's own views. But why not simply criticize the other view on the basis of its actual characteristics and claims? Why the need to criticize on the basis of misconceptions? I cannot solve the puzzle but I think that in order to maintain one's rejection of another, newer system—and this is a broader human propensity—sometimes one needs the help of a misconception in order to be able to denigrate the other system as “not psychoanalysis.” The critic will then feel more justified in the criticism.

Another reason for the survival of the misconception under discussion may well have to do with the fact that there is a preference in all of us for theories and treatment approaches that absolve us analysts and therapists from feeling the burden of responsibility for having precipitated a narcissistic rage outburst or caused a destructive or self-destructive rage. There is a preference to attribute such events exclusively to the patient's psychopathology—a clear violation of our understanding of the psychoanalytic treatment process.

Still another issue that may well have contributed to the creation of the misconception has to do with Kohut's formulation of the central goal in the analysis of narcissistic rage (as mentioned earlier): the interpretive focus on the basic problem of deficit—on the soil in which the rage arises—might well have given the impression that self psychology avoids the rage, rather than that it considers the treatment of the “soil” as the fundamental, transforming process. Looking at the manifest transaction and the focus of interpretations, then, one can erroneously regard the approach as avoiding the “basic issues.”

But why do I think that misconceptions about competing systems will fade away, if they are needed to buttress one's own? I think our pluralistic climate within our field and the fact that we live in a cultural atmosphere that is less favourable to psychoanalysis than it was before,

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will inevitably lead to the misconceptions fading away. We have shared interest in the survival of psychoanalysis. Already we observe less hostility and less intolerance by formerly “mainstream” analysis to other analytic trends. The climate in the present context is proof that in the future differences can be discussed openly with each of the participants caring about preserving the dignity of their opponents—as my patient Mr. K. would emphasize—and part of that is the requirement of correcting one's misconceptions.

Note

1 This vignette was taken from Ornstein A. and Ornstein, P. H. Unpublished manuscript.

Summary

This paper presents Heinz Kohut's innovative ideas regarding the understanding and treatment of “narcissistic rage” and their subsequent further elaborations by other authors, exemplified by three clinical vignettes. In doing so, the paper dispels the mistaken notion that self psychology neglects or bypasses the problem of overt or hidden rage in favour of a warmer ambience, instead of analysing destructive aggression.

The core elements of Kohut's approach consist of (1) viewing destructive aggressions as reactive, hence secondary, arising out of the soil of an underlying self-disorder; more specifically as a response to a variety of injuries to archaic grandiosity and idealizations; and (2) the psychoanalytic treatment therefore consists of a focus on the self-disorder itself and not directly on the various manifestations of rage and destructiveness.

The clinical examples illustrate the varied meanings and uses of rage and destructiveness and the empathy-based interpretive approach to them as opposed to direct confrontations.

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