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The analyst on the couch: reflections on the analyst's narcissistic vulnerability

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Abstract

This article discusses the importance of analysts reflecting on their own narcissistic vulnerability which is revealed through countertransference feelings provoked in the therapeutic relationship. Addressing these specific wounds and their origin in our personal histories is an important task that analysts need to undertake in order to avoid unconscious enactment during the therapeutic encounter. Idealized projections from patients contribute towards analysts remaining in the role of "good therapist", which may be to the detriment of psychic growth and transformation of both persons in the dyadic relationship. Acknowledging our limitations and shadow dynamics can contribute towards greater attunement to the intersubjective field between analyst and patient. ■

Keywords
narcissism, wounded healer, transference, countertransference, enactment.

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Introduction

We often jest that we get the patients we deserve, but does the patient get the analyst he or she deserves? An important aspect of becoming the analyst we wish to become and the one our clients deserve involves examining our own vulnerabilities that get constellated during the analytic hour and reflecting on how these impact the analytical relationship.

My interest in the therapeutic alliance and transference and countertransference came both from my own intense feelings toward my clients (a wish to rescue them, transform them) and from my first experience, many years ago, of being a client of a Jungian therapist (who subsequently passed away). Today, I understand that she had very strong contratransferencial feelings towards me, and perhaps unaware of her own narcissistic vulnerabilities, she acted upon these feelings, to the detriment of the therapeutic relationship. I believe that reflecting on this experience and reaching a deeper understanding of the complexity, richness and depth of the intersubjective field that comes to life in the therapeutic relationship, has helped me become more aware of the shadow aspects of being an analyst and my own vulnerabilities.

In this paper I hope to unravel the complex subject of the analyst's narcissistic vulnerability. This vulnerability is inevitably tied to the countertransference feelings that each therapeutic relationship provokes, and acknowledgement of these vulnerabilities involves analysts looking at their own shadow and shameful material and recognizing their presence often in the form of countertransference experiences that flood their feelings and interrupt the flow of communication between analyst and patient and which prevent deeper understanding, if left unchecked.

Transference alliance and narcissistic vulnerability

Jung (1993a), in *Problems of Modern Psychotherapy*, reminds us that the analyst is "[...] as much in the analysis as the patient" (par. 166), and reiterated this in *The Fundamental Questions of Psychotherapy* (JUNG, 1993b, par. 239), where he states: "The intelligent psychotherapist has known for years that any complicated treatment is an individual, *dialectical* process, in which the doctor, as a person, participates just as much as the patient." Jung stresses the crucial importance of analysts reflecting on their countertransference reactions, and own suffering and the need for self criticism, that is, he sees the need for analysts to recognize their own narcissistic vulnerability, since "it is his own hurt that gives him the measure of his power to heal" (par. 239).

Jung's text on "The Psychology of the Transference" (CW16), provides us with a symbolic amplification of transference phenomena, and we can return to this text consistently to find guidelines for exploring the dynamics of the intersubjective field between analyst and patient. As Sedgwick (2016, p. 6) states, in this text "he [*Jung*] notes the centrality of the analyst's psyche [...] comments on psychic infection, wounded healing and mutual analyst-patient influence and transformation."

Jung's acknowledgement of the impact of the analyst's personality, her emotional involvement on the therapeutic alliance and the co-transference were explored further by later Jungians (SCHWARTZ-SALENT, 1984; GUGGENBUHL-CRAIG 2021). Hubback (1989) highlighted this concern clearly, when she states,

> It was important that I should try to understand what losses or personal failings

> I had not yet faced, mourned or accepted. It would be defensive idealization to see myself as fully individuated, or so free from ever being disturbed by personal emotions that no affect is leaked from me to my patient (p. 35).

In subsequent years many analysts have moved away from focusing mainly on transference interpretations towards developing greater emotional engagement and an emphasis on the therapeutic relationship.

Segwick (1994) reminded us that we are familiar with the idea of countertransference being a sub-topic of "wounded healer" issues, and that there has been a reluctance to address the specific wounds of the healer and examine and reflect on how these might affect the analytic process. More recently, analysts have focused on the necessity of emotional engagement, which has encouraged them to examine their own subjectivity in the relationship, how they feel towards each patient, and to identify any shared experiences that may constellate countertransference feelings and narcissistic vulnerability. This has brought many changes to the therapeutic alliance, including greater emphasis on the personal engagement of the analyst. Coleman (2018, p. 133) calls for a 'self-reflexive analyst', stating that there is no neutrality in the relationship and emphasizes the importance of analysts thinking about the significance of everything they say and do, and everything they do not say or do, for real therapeutic change to come about.

Why we become analysts

Perhaps self-reflexive analysts should ask themselves how and why they became analysts. The importance of considering our early motivations for becoming analysts has more recently been taken up by several Jungian and interrelational analysts. West (2014, p.145) stresses the importance of the analyst coming to recognize "[...] the way that his own early traumas operate in both direct and reversed modes, and, thus, that he might subtly and unconsciously re-enact what was done to him."

This is taken up by Maroda (2022), who encourages us to look at our narcissistic needs and guilt feelings, and to consider and recognize how and why we need our patients, what we are looking for and what we are gratified by. She reminds us that "[...] we re-live our pasts as we treat our patients, deriving both pleasure and pain as we revisit emotional terrain that can be achingly familiar" (p. 5). Examining and identifying our own motivations and needs and also our narcissistic injuries and their roots in our childhood experiences is part of the journey of developing our professional identifies and becoming more aware of the shadow aspects of our personalities, since our personal history is very much present in the way we conduct analysis. Jung (1993a) makes us aware of this, when he states:

> The doctor knows – or at least he should know – that he did not choose his career by chance; and the psychotherapist in particular should clearly understand that psychic infections (...) are the predestined concomitants of his work, and thus fully in accord with the instinctive disposition of his own life. (...) The patient then means something to him personally, and this provides the most favorable basis for treatment (par. 365).

Healthy narcissism and narcissistic injuries

Dougherty and West (2007) explain that narcissism, as a developmental step, is experienced between the age of 18-30 months, and involves the emergence of the dynamics of grandiosity, exhibitionism and omnipotence. Healthy narcissism develops when the child experiences effective mirroring and the possibility to idealize a parental figure, thus enabling her to emerge as coherent and resilient, and capable of developing a creative dialogue between the ego and the Self.

However, if there is no person available for the child to idealize or she does not receive appropriate mirroring, she will begin to employ these narcissistic dynamics defensively to protect herself from intolerable shaming and wounding and to avoid regressing to the previous, more primitive, level of development. The child then develops her own specific relational pattern, together with different expressions of narcissistic vulnerability, which are then reenacted throughout life, including in the therapeutic dyadic relationship, by both the patient and the analyst. Narcissistic injury is born by both patient and analyst and alive in the therapeutic alliance. Shame, fear and humiliation are powerful responses to these injuries; emotions that are often disowned and buried in the unconscious by both parties.

Jacoby (1989) understands that a healthy feeling of self-esteem derives from adequate maternal empathy; one is neither obsessed with ambition nor inhibited, ashamed nor plagued with guilt about being "seen", about being exposed. However, he stresses that,

> [...] when someone is all too dependent on continual approval and admiration, when he becomes addicted to unceasing narcissistic supplies, then we can no longer speak of *healthy narcissism*. This rather indicates that his sense of self-esteem is unstable or disturbed and that a tendency to narcissistic vulnerably predominates; in such conditions the sense of the coherence of the self (or narcissistic equilibrium) can from time to time be threatened (p. 143).

Based on the extensive studies of Jacoby (1989, 2002, 2004), we can further understand the concept of good or healthy narcissism to mean that a person has high-self-esteem based on predominately healthy loving feelings towards their own self-image. On the other hand, a person displaying bad or unhealthily narcissism is someone who is overly self-centered or appears to have a very high regard for himself, and uses this to defend against feelings of humiliation, self-doubt or shame. Jacoby (1989, p.83) concludes: "This may also be accompanied by the so-called 'narcissistic vulnerability', a tendency to register with oversensitive antennae the least sign of challenge to one's self-esteem and to react with distress."

Thus, narcissistic vulnerability arises from experiences of not finding an echo or mirror to that confirms that we are valued and loved; when an infant's needs are consistently overlooked, the generally feeling is one of being emotionally abandoned. Consequently, perceiving oneself as vulnerable creates feelings of shame, and when "shame-anxiety of this sort [...] extends over a period of time [it] contributes to "narcissistic vulnerability" (Jacoby, 2002, p. 50).

Mutual enactment and narcissistic vulnerability

During analysis the client is confronted with her own shadow material, sometimes unbearable contents become more conscious, and the client defends by projecting these contents onto the analyst, the client splits off these contemptible parts and projects them onto the analyst who then becomes contemptible. The split off contents or dissociated material then becomes interpersonalized. If the analyst's complexes are activated by her client's projections, she may dissociate from her own vulnerability and activate her defenses against any feelings of shame and humiliation.

The enactment is then mutual, both partners in the relationship are overwhelmed by their own complexes and defend against unconscious material breaking into the therapeutic space. Both therapist and client become emersed in the unconscious communication and disconnected from other more conscious parts of themselves and their shared relationship, however neither is aware, in the moment, of this enactment or aware of what is being enacted.

We can understand this enactment as the client triggering the therapist's unconscious complexes, accessing, unconsciously, the therapist's vulnerability, and as a result, she (the therapist) dissociates from this vulnerability.

This mutual enactment results in stagnation of the therapeutic relationship, complexes come into conflict and leave no room for creativity or symbolic interpretation/understanding. In the words of DeYoung (2015, p.156): "[...] the transitional space of imagination and creativity collapses; experience, thought and feeling can no longer be linked metaphorically."

Analytical therapy is a profound emotional encounter, and can at times be an intense, difficult relationship where we find ourselves doing things we don't even notice or understand. Sometimes we cope with the pressure of a client's relational enactment with an enactment of our own. Thus, it is evident that analysts are also vulnerable to dissociation and enactment. The task of the therapist is the willingness to work through this vulnerability and examine unconscious complexes. A creative solution can only be found when the analyst becomes more aware of her own vulnerabilities and acknowledges their presence.

With each therapeutic encounter we unconsciously bring our own personal needs and desires into the "field" together with our own personal wishes and desires for the patient sitting in front of us, which may have little to do with the patient's own individuation/therapeutic journey. Our responsibility to be gain self awareness of this shadow material in order to minimize its impact on our patients.

Persona and shadow in the intersubjective field

Jung (1993a), in Problems of Modern Psychotherapy, warns us about the importance of the analyst becoming conscious of his inferior qualities and recognizing that he is "[...] fallible and human. Until he can do this, an impenetrable wall shuts him off from the vital feeling that he is a man among other men" (CW 16, par. 132). He continues: "[...] how can I be substantial without casting a shadow? I must have a dark side too if I am to be whole; and by becoming conscious of my shadow I remember once more that I am a human being like any other" (CW 16, par. 134).

Despite the significant insights that have been gained from examining the ubiquity of countertransference and fallibility of the analyst, our professional personas continue to be sustained by the perfectionist aspects derived from the classical analytical attitude of the past. Our greater awareness in recent years of the relational and intersubjective field that is alive in the therapeutic relationship, seems to have seduced us into becoming, what Maroda (2022, p. 26) suggests, "[...] the good mother with infinite patience and the capacity for "holding" the patient's experience." She then raises an important question for reflection: "Have we eschewed the image of the authoritarian, all-knowing analyst in favor of the all-beneficent good mother?"

West (2014) suggests that when we continually reassure the patient and avoid confronting their shadow aspects that arise during therapy, preferring to remain in the role of the good therapist, we are being unhelpful to the therapeutic relationship. It appears that D. W. Winnicott's (1987) "good enough mother" proposition has been taken up and encourages a continual nurturing, even self-sacrificing attitude, on the part of the therapist, to the detriment of psychic growth and transformation, since much of the negative transference/countertransference emotions will remain in the shadow. Our professional personas have been developed based on our wish to do good for others and to appear good to others, which makes us reluctant to acknowledge our own failings and desires.

Dougherty and West (2007, p.16) remind us that greater awareness of shadow dynamics and regressive tendencies "[...] enables a therapist to increase her attunement not only to the patient's process but also, and essentially, to the intersubjective field between herself and her patient." This involves examining one's own shad-

ow material, since unexamined shadow contents in the therapist can produce a variety of counter-transference responses.

West (2014, p. 140) understands that analysts may be seduced into identifying with the "good" healer, and consequently be invested in trying to prove to their patients that they are helpful and good, "[...] in the kinds of ways that Fordham describes: being especially warm and kindly, making personal disclosures, offering frequent extra sessions or phone calls, and generally relaxing boundaries." This may result in an analytic persona based on unconditional acceptance and empathy, accompanied by a certain passivity in the face of ongoing complex psychodynamics that characterize the therapeutic relationship.

Analysts often tolerate being kept in this good mother position, because the contrary, being in more problematic roles and confronting the patient, may mean we have to face our own fears of abandonment and not being loved. Frustrating the patient may mean having to deal with rejection and disdain and our own narcissistic vulnerability. Anger and disdain from our patients can provoke negative feelings in us, such as anger, envy or competitiveness. How do we manage these uncomfortable contents that arises in the session? Do we defensively withdraw in the presence of intense affect and disconnect from these contents?

Recognizing narcissistic vulnerability

Fordham (1989) reminds us of the fallibility of the analyst in his concept of countertransference illusion, which occurs when there is an unconscious reactivation of a past situation that completely replaces the analyst's relationship to the patient, and prevents any analysis from happening. This fallibility becomes evident when boundaries are not clear.

It is important that the analyst recognize when certain difficult feelings and dynamics are being constellated within herself, and accept that feelings such as incompetence, anger, frustration and boredom are not uncommonly experienced. Recognizing and working with such feelings requires time and experience; feeling comfortable in the role of antagonist may demand careful examination of one's own counter-reactions, in order to avoid becoming reactive or punitive towards the patient.

When we do not acknowledge our vulnerability, we project our feelings of shame and humiliation and become more defensive and caught up in our complexes. Kravis (2013, p.95) reminds us that,

> Insofar as clinical analytic work presents nearly limitless possibilities for narcissistic injury to the analyst, one should expect to encounter the mobilization of the full range of narcissistic defenses among analysts, both individually and collectively as a professional community.

It is evident that within the complex therapeutic alliance, the analyst not only experiences attitudes of kindness and empathy, but is also susceptible to manifestations of defensive envy, the desire for power and the need to feel special and to be affirmed by her patients. Understanding this complexity and exploring our own narcissism and vulnerability is important for our own self-awareness, and for grasping how it impacts the therapeutic field. Moving beyond the analytic ideal of being a perfect analyst and allowing for human feelings such as shame and guilt can relieve the analyst from having to deny these feelings. As Chused (2012, p. 900) states:

> To the extent we are invested in an analysis, we will be narcissistically vulnerable, and we must be so invested for the analysis to be genuinely mutative for the patient. Difficulties develop not when we are narcissistically injured or elated, but when injury or grandiosity are not recognized or tolerated.

Reflecting on attitudes, such as giving out home numbers, taking calls late at night, answer-

ing/conducting "therapy" via text messages, replying to messages/calls whilst on vacation, is important, since such behavior is often justified by the analyst as being important for the patient, but are these attitudes part and parcel of being an analyst or expressions of narcissistic vulnerability? What needs of ours are being met by our patients when we do adopt these types of attitudes?

When these questions remain in the shadow complex, then how we deal with them may result in decisions being taken based on fear, guilt and shame. How are we to discern when our needs are being met in the interests of the patient or at his or her expense? When we avoid acknowledging our own needs and consider how they may be met constructively prevents us from recognizing when we are doing so to the detriment of the patient. Examining our own neediness is essential if we wish to grasp the full impact of our interventions. Our unresolved narcissistic issues become evident when we feel the need to always be right, can't admit our errors, when we manipulate the therapeutic encounter to satisfy our curiosity. On other occasions we fall prey to grandiosity or exhibitionism to boost our self-esteem and feel the need to demonstrate our vast wisdom and talents, or our life experiences to prove our superiority to the patient.

Mutual gratification

Jung was a pioneer in recognizing that both analyst and patient are transformed through the therapeutic alliance (CW16), which we can understand as reflecting the mutual gratification that is part of the analytical relationship. Although scant, the more recent literature on analyst gratification confirms this. Mitchell (1997, p.35) states, "It is only in recent years, with the increasing openness in writing about countertransference, that it has been possible to acknowledge how absorbing, personally touching, and potentially transformative the practice of psychoanalysis can often be for the analyst."

The feeling of gratification from therapeutic work is self-evident, however legitimate gratification of our needs is often difficult to define. We feel satisfied and gratified when we accompany a patient during her analytic process and see transformations and resolution of conflicts; when we see ego strengthening and greater dialogue with unconscious material; and when clients bring dreams and interpretations resonate. Mutual gratification arises from the deep connection between analyst and client, from shared deep emotional experiences that are fulfilling and transformative for both the client and the analyst.

However, how do we stay attuned and attentive in order to avoid healthily mutual gratification turning into self-gratification at the expense of the patient? When do our attitudes fulfill more our narcissistic needs as analysts rather than those of our patients? We all have unconscious motivations that will get constellated sometime during an analytic process. Thus, when we are unsure as to whether our interventions are in fact in response to the patient's needs or driven by our own curiosity, prejudices or neediness, we then need to examine our own vulnerability and become more conscious of our own shadow.

Jacoby (1989) demonstrates how seductive the client's gratification and transference projections can be, especially when the analyst feels obliged to meet these idealized expectations. The danger arises when the analyst does not recognize his own narcissistic need for this idealized admiration and the gratification and pleasure he derives from being seen as such an admired and idealized person. Jacoby's recognition of his own vulnerability is evident when he refers to a patient who idealized his spiritual side, and who believed she had to provide him with important dreams and interesting subject matter, "I had felt [...] full of ideas for possible interpretations. Occasionally, however, I found myself delivering lengthy, very knowledgeable explanations." (p.150). He recognizes that "[...] it is not necessarily easy to cope with the boundless admiration (an analyst) receives in idealiz-

ing transferences." He continues: "One cannot deny how important it is for an analyst to come to terms with his own narcissistic needs and phantasies, lest they become counterproductive for his patient" (p.153).

What makes us vulnerable

Our professional persona makes us vulnerable; we are trained to be available to our clients, to receive their projections and they project onto us hero and heroine qualities, idealized characteristics, we are often imagined to be the "saviour", the one who will save them from the chaos that has taken over their internal and external worlds. Holding these projections at bay is essential, if not we may begin to identify with these idealizations.

If we are seduced by these projections, our persona then becomes distorted and comes to define us, creating an analytic ideal that seduces us into believing we have to be perfect. Egos become inflated and shadow material becomes more unconscious. We may become over identified with the self-sacrificing "good mother" and become the parental analyst who tolerates everything, who has difficulty setting limits, who is available at all times and sees her role primarily as soothing and holding. We can become self-sacrificing in an attempt to deny our awareness of our neediness and vulnerability.

Our analytic ideal becomes unrealistic, consequently it becomes difficult to recognize our own vulnerable part that wishes to avoid conflict, opposition, and separateness and to be experienced only as "good". We may feel vulnerable when a client is suffering and in psychic pain, perhaps we are overcome with the need to comfort and relive their suffering, we might feel the need to say something to alleviate/defend against the pain, instead of staying with it, and holding her pain for her, and perhaps being seen as "responsible" for her pain, and consequently becoming the "bad mother".

We are narcissistically vulnerable when we realize we missed something the client is trying to tell us and then feel guilty and feel compelled to relieve ourselves of our guilt and embarrassment at the earliest possible moment, through justification or "interpretation" without considering how this might impact the patient. Identification with this ideal analyst becomes so unrealistic that we are prone to feeling defensive about being defensive.

Pinsky (2011, p.368) stresses the negative consequences of a potential idealized selfless analyst persona, and warns that the more "[...] the analyst identifies with a heroic capacity for selfless service to the client, and the more she is conceptualized as being flawless, the greater the threat to essential boundaries."

The analyst's responsibility is to encourage the client to go beyond dependence, to become more conscious and to develop internal resources that sustain her through her suffering. This involves the analyst also going beyond the "good mother" role and caregiver role and accepting the possible disdain and anger at being seen in a negative light. This calls for greater awareness not only of what we do and say to our clients but also of how our prejudices and current life circumstances impact our perceptions and shadow complexes. We need to delve into and examine what makes us vulnerable, and identify our own patterns of countertransferential responding.

Final considerations

Effective therapy entails consistent mutual emotional involvement of both the analyst and the patient and the analyst's awareness of her own vulnerability is an important aspect of any effective therapeutic relationship. What has been addressed in this article is the importance of analysts identifying their own narcissistic injuries and the defensive reactions these injuries provoke. We need to track our own patterns of countertransferential responses in order to gain insights into the shadow material that creates blind spots that make us suspectable to enactment arising from our own personal, family and cultural complexes. In the words of Jung (1993),

"[...] only then can you become the man through whom you wish to influence others." (par. 167).

Jacoby (2004) stresses the importance of analysts continually questioning themselves and their methods, in order to delve into and integrate their own unconscious contents. "Personal analysis should enable the therapist to both experience his or her more or less pathological complexes, as well as deal with them more consciously." (Jacoby, 2004, p.135). Analysts are responsible for examining their own neurotic material during their own analytical process and for coming to terms with their own shortcomings in order to gain a clear perception of their own vulnerabilities and sustain a deep and meaningful relationship with their clients. Analysts have to keep in mind that narcissistic injuries open them up to seduction through illusory countertransference and misjudgments, which clearly affects the efficacy of the therapeutic work. Working on oneself, examining one's own narcissistic motivations, is the most effective way to face shadow material and to accept our human fallibility and to achieve greater awareness of our own complexes, values and personal prejudices. ■

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Resumo

O analista no divã: reflexões sobre a vulnerabilidade narcísica do analista

Este artigo discute a importância de os analistas refletirem sobre sua própria vulnerabilidade narcísica, que se revela por meio dos sentimentos contratransferenciais provocados na relação terapêutica. Abordar essas feridas específicas e sua origem, em nossas histórias pessoais, é uma tarefa importante que os analistas precisam realizar, para evitar o enactment inconsciente, durante o encontro terapêutico. As projeções idealizadas dos pacientes contribuem para que o analista permaneça no papel de "bom terapeuta", o que pode ser em detrimento do crescimento psíquico e da transformação de ambos, na relação diádica. Reconhecer nossas limitações e dinâmicas de sombra pode colaborar para uma maior sintonia com o campo intersubjetivo entre analista e paciente. ■

Palavras-chave: psicologia analítica, narcisismo, curador ferido, contratransferência, enactment.

Resumen

El analista en el diván: reflexiones sobre la vulnerabilidad narcisista del analista

Este artículo discute la importancia de que los analistas reflexionen sobre su propia vulnerabilidad narcisista que se revela a través de los sentimientos contratransferenciales provocados en la relación terapéutica. Abordar estas heridas específicas y su origen en nuestras historias personales es una tarea importante que los analistas deben emprender para evitar la enactment inconsciente durante el encuentro terapéutico. Las proyecciones idealizadas de los pacientes contribuyen a que los analistas permanezcan en el papel de "buen terapeuta", lo que puede ir en detrimento del crecimiento psíquico y la transformación de ambas personas en la relación diádica. Reconocer nuestras limitaciones y dinámicas de sombra puede contribuir a una mayor sintonía con el campo intersubjetivo entre analista y paciente. ■

Palabras clave: psicología analítica, narcisismo, sanador herido, contratransferencia, enactment.

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