

## PERSPECTIVES ON TECHNIQUE

### "THOUGHTS ON THE ISSUE OF GRATIFICATION"

Gerald J. Gargiulo\*

In a recent article entitled "Transference, Real Relationship and Alliance," by Gerald Adler (I.J.P. Vol. 61) the author makes some pertinent as well as perceptive observations on the nature of transference as manifested in work with narcissistic, borderline, and neurotically conflicted individuals. Accepting Kohut's understanding on the self-object transferences of the narcissistically injured patient, the author neatly focuses on the major issues in this type of transference manifestation. He states: "the issues that are central to the self-object transferences, i.e. major issues of self-worth, soothing-holding, and cohesiveness of the self, are usually not the major unresolved issues for the neurotics." Going further, the article clarifies the specific developmental lacunae of the borderline, ..."they reveal the primary core of their difficulties; an incapacity to allay separation anxiety through intrapsychic resources." Just as cohesiveness of the self issues concern the narcissistic patient, issues of intrapsychically sustaining the good-holding-environment predominate in the case of the borderline.

Further elaborating on these two pathologies and relating self-object transferences to the continuum of cases that present themselves, the author notes that ..."these self-object transferences provide the silent, stable basis for work on the more unsettled issues that make up the conflicts of the transference neurosis" (as well). That is, the issues of love/hate, power and autonomy via the oedipal constellation. Adler then turns his attention to the question of the real relation-

ship. The author speaks about the real relationship in terms of the objectively verifiable qualities of the analyst--qualities such as an analyst's "flexibility, warmth and openness." Further, "the term personal relationship refer[s] to the qualities of the analyst which objectively exist and which become part of his interaction with his patient which the patient perceives objectively." Building on this approach the author turns his attention to the technical question of gratification with developmentally arrested individuals: "the analyst's goal is to foster a therapeutic situation in which the self-object transferences can emerge and pathological aspects can be interpreted. To achieve this goal, the possible excessive gratification through the analyst's activity needs to be balanced by careful assessment of the patient's limited capacity to tolerate deprivation at any specific moment."

I would like to suggest some further thoughts on this issue of gratification, keeping in mind, in particular, work with narcissistically injured or schizoid patients. I believe that what Adler is suggesting is that what might be understood as a parameter for the neurotically conflicted patient can be approached as appropriately (non-countertransference-motivated) technique when working with patients whose primary issues are self-worth and self-cohesiveness. Going further than this, however, I would like to suggest that given the history of the term "gratification" and the stoic philosophical presumptions of classical psychoanalysis to speak of gratification of patients' needs--even understandable developmental needs--is to becloud the issue. To filter what may be happening therapeutically through the prism of the concept "gratification," easily runs the risk of distorting the therapeutic reality. To speak of gratification and derivatively of instinctual gratification makes some sense given Freud's theory of the mind, the pathologies he addressed, and the conceptual models he chose to work with. When speaking, however, of patients whose sense of self is seriously impaired the term gratification can be most misleading since developmental lacunae in the cohesiveness of the self are not healed by gratification in a pleasure satisfying sense. (In this regard I would like to recommend Annie Reich's *PSYCHOANALYTIC CONTRIBUTIONS*; Chpts, 7, 13, 17, for a somewhat dated but interesting treatment of this issue although one that is different from the one I am suggesting.) Self-worth can begin to emerge when an individual can feel themselves named. And because they are emphatically responded to, they can bring together the split off parts of themselves; and if they are responded to in a caring non-manipulative environment they can find the lost parts of themselves as real and as potentially lovable. With borderline pathologies it takes a good deal of calm centering in the analyst in order not to retaliate to the enormous provocations which frequently are entailed in their treatment. But likewise we can point out here that we do not "not gratify" borderline demands for complete understanding or holding.

It might be more helpful if, when speaking of work with such patients, we keep in mind Winnicott's notions of primary maternal preoccupation. Which is neither, I believe, primarily gratifying or non-gratifying but a sensitive empathetic response. This response has a great deal to do with how the analyst handles projective identificatory mechanisms--all of this leads to crafting a mood of communication which can become a mode of communication. (It is in light of such a context as this, I believe, that we can understand Winnicott's occasional use of physically holding with significantly regressed patients.) I think it would be more helpful for analysts to confine the term gratification to our work with the neurotically conflicted individuals. For the more seriously disturbed narcissistically injured or schizoid person we might find that examining the mood and mode of communication becomes the better normative criterion by which to judge the value or lack of value of any specific technical intervention. (All the while trying to avoid the pitfalls of an unexamined "ends justify the means" philosophy).

What is implicit in this discussion but needs some explicit acknowledgment is that as analysts we have to be deliberately and maturely aware of the conceptual models we employ since we frequently use these models to judge ourselves and the effectiveness of our work. These same models are the vehicles by which we experience and interpret our patients' effects on us. This is part of what I mean when I speak of the mood of the communication--as hopelessly general as that term is. If we respond to a developmental *lacunae* in the patient and do not know how to understand and/or interpret our actions we are liable to do more damage to our therapeutic discipline and functioning than we in fact may benefit a particular patient.

In summary, I suggest that the concept of gratification when applied to schizoid, narcissistic or borderline individuals is misleading to the patient because the issue is more often than not finding out that he is a person with emotional continuity rather than that an infantile instinctual need/phantasy has been gratified. The concept of gratification is misleading to the analyst since it can distract him from struggling with the therapeutic issues at hand--that is, working through complicated projective identificatory manifestations. Working with a projective identificatory mechanism, however, is not the same as the analyst simplistically sharing his subjective experiences. (In this connection I would like to recommend Thomas Ogden's article: "On Projective Identification" - Vol. 60 I.J.P.) One uses one's unconscious perception in a self-forgetful manner as it were. Eventually everything in the treatment should be forgotten in the service of the patient's growth into a mature loving human being. But more about this in my next column.

\* copyright 1981 Gerald J. Gargiulo