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From Symbolic Communication To Narcissistic Transference

LYNNE LAUB

My story begins in October 1976, when I was doing a hospital placement internship at a state institution. I met Sara quite by accident. She was wandering the hospital halls, and I was wandering the same halls in search of another therapist's office. For some reason, I was not alarmed by her bizarre appearance: her streaked, white make-up worn almost in the manner of a circus clown, her throaty mutterings of unintelligible sounds, and the cries coming from deep within her stomach. To the contrary, I found her to have a childlike beauty and vulnerability. I did, however, feel her fear and rage. It was as if we did not speak the same language, as though I had taken a patient from a foreign land and had her lie on my couch and speak to me in a special kind of communication based on feeling and counter-feeling.

I have selected examples from the notes compiled during five years of sessions with this patient, in order to illustrate the operation of both the narcissistic defense and the narcissistic transference. Representative samples of the patient's apparently meaningless "word salad," and of her use of self-attack, loss of identity, confusion, and ego fragmentation, have been included. These were received by the analyst as symbolic communications.

At the Hospital: The First Two Years

When I first encountered Sara, I saw an olive-skinned, dark-haired, small yet sultry, childlike woman. Her body was rigid, and she walked like a robot. I did not sense any danger, but her manner,

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stiff and mechanical, seemed to me to be a self-protective armor. We passed close to each other, and I looked at her with studied casualness. She seemed to notice me, although she made no eye contact.

For weeks thereafter, this person deliberately crossed my path. One morning, after five or six invitations, she followed me to the interview room. Perhaps 20 minutes of silence ensued, and then she spoke a salad of recognizable words which I could not connect with any meaning. We then engaged in our first dialogue.

P: I saw him, the attendant, once in a department store. I saw her at the hospital and her stomach started to extend. It got bigger and bigger. Could you please get me a transfer to another building?

A: How might I do that?

In session #10, Sara asked, "Can you tell what I'm feeling, if I don't tell you?" She spoke in an appealingly plaintive, childlike way.

She asked, "Are you going to get me a transfer? Every time I ask someone to get me a transfer, they tell me to ask someone else. When I ask Mrs. P., she says she doesn't want to give me a transfer because I make her happy." She raised her voice to the level of a shout. "That's ridiculous. I'm not here to make her happy. When I asked my group leader, she told me to ask Dr. F." The patient's frustration seemed to peak and she grew silent.

Session #11 found Sara refusing to come. My first attempts to bring her from the hallway to the treatment room were rebuffed.

Four weeks passed. Then Sara followed me into the treatment room, where the slow process resumed.

The Use of Induced Feelings

A few sessions later, when she complained about coming to see me, I responded by saying, "You don't have to come if you choose not to. After all, why should you get involved with me? I might not let you transfer either." After this communication she seemed to relax and spoke with some animation. She said, "I'm getting a transfer to Y building."

As time passed Sara spoke more, and the manifest content of the communications became more detailed and elaborate. Slowly I began to piece together her past history, as illustrated by the following:

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P: I have only two suits, one blue and one gray. The gray one had a red and white flower on it. I never had womanly things like that. I don't think my mother died . . . I think she just went away. My brother tells me she and I used to go to Newark visiting priests. My mother used to go to them and tell them about what hurt her. I didn't know what was going on then. I feel I want to go to the workshop and to exercise, but then I feel like I want to lay around and then I feel stupid. Could you get me a transfer to building M-17?

The complaint about losing her mother and not having a model for "womanly things" was to be repeated again and again during the sessions, a recurring lament for her mother having "gone" and a plaintive cry for nurturing. I assumed that her mother's faith in the priests' counsel made it possible for the patient to make similar use of the therapist. I felt hopeful that this previously uncommunicative woman was now speaking to me in phrases I could understand, and that she seemed to be directing her message to me with the expectation that I would indeed understand.

Several sessions later, Sara offered more details about the kinds of self-punishment she would inflict.

P: I am very anxious about seeing my brother. If he doesn't come anymore I want to die. I have already put a newspaper in my eye and paper in my eye. And the next thing I will do is put toilet tissue in my eye. Are you confused?

The next week she said:

P: If my brother doesn't come and they keep stealing my things, I want to put dust in my eye or a fork. I want to be blind. I could sit on the bench and not see anything. I just want to sleep all the time.

She began to cry. "Would you get me a transfer?"

It became clear that whenever Sara was frustrated with her environment she attacked herself, and that she regressed to infancy. Like a hungry infant, her frustration mobilized aggression. Freud (1913) said of a patient, "To vent rage physically on the depriving object in the outside world is beyond her power, but she can destroy the objects in her mind by wiping them out, by falling asleep." My patient continued to threaten, and feign injury as well, by pretending

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to blind herself in atonement for her libidinal and destructive impulses. I asked, "Why don't you want to stick the fork in my eye? Why don't you want to blind me?"

> P: I had a fight Sunday night. I don't know how, but I had a black eye and my arm hurt me. I was bleeding. Miss R. gave me a shot. They were hitting me. I'm never going to get my figure back. Carla's another girl who looks big and fat and Spanish. I gave her my hair. I look like her. They changed my eyebrow. I saw her just now. I hope they don't make that boy my brother.

Later, in the same session:

> P: I took a shower. I wanted to wash my hair. But, it wasn't there. I had breakfast. Saundra wants my money. Claudia is taking my body. I took Miss P. I saw her in my eyes. I was in someone's arms taking a picture and then a face of a gray-haired man appeared. The gray-haired man was me. I am like Ralph. I used to wear a gray, man-tailored suit. It made me look like a man. My brother could make me do anything.

Several sessions later, she began to communicate the wish to become the therapist.

> P: Are you a famous actress? Did I dress you? I see you in my eyes. I better not say that. I saw you on the billboard. My hair is changing to blonde.

During session #50, the patient verbalized new material.

> P: They asked me questions and they pasted them down. There are pages, but they all say I don't know how to sway. My brother never taught me how or someone else never taught me how. When are you going to teach me how? You only want to sit on your bench.

The patient, for the first time, was critical not only of the analyst but also of her brother. "To sway," for her, was to be a seductive, sexy woman. She seemed to be expressing impatience with me and the progress of the treatment.

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The Analyst Changes the Treatment Setting: The Second Two Years

For the next several months, Sara continued to complain mildly about the treatment she got from me and from the hospital. Although pleased with her emerging freedom to complain directly, I was concerned about leaving the hospital shortly, when my training internship finished. I had developed a deep relationship with Sara, but I had equally strong wishes to move on to the office at the outpatient treatment service run by my training institute. I was uncertain how to tell the patient that I was leaving the hospital but wished to continue seeing her. I believed the solution lay within my own feelings and the transference. At that time, I truly believed that no matter how terrible things might ever get outside the walls of the hospital, it was far better than being on the locked ward where I was seeing the patient.

We were in the middle of the session when I spoke:

A: I will be leaving the hospital soon to work in my other office. And I want you to come with me and see me there for your sessions.

P: It's not the same out there.

A: I know.

P: It's too scary.

A: Yes, I know.

P: It's too cold.

A: Sometimes it's too cold for me.

P: It's too scary.

We discussed her coming with me over several weeks. After conferring with the head nurse and supervising officials, I suggested an idea to the patient that I believed would give her sufficient comfort and support to allow her to risk being frightened and still commute to my clinic office in New York City. Approved by the hospital officials, my idea was that a gentle and responsible patient might be given a pass to accompany the patient to my office and back to the hospital. I had a young man in mind whom I had seen for several months. I was confident he would perform responsibly while enjoying a maturational experience as well.

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I proposed the arrangement:

A: I have an idea for you that will make it possible for you to come see me in my outside office.

P: It's cold out there.

A: Yes, it's cold. I thought you might like it if William would go with you and bring you home. He knows how to get to my office in New York City. And Mrs. H. says it's all right, too.

The patient was thoughtfully silent. After two sessions of repeating essentially the same words, the patient decided to come.

The good feelings from my success were short-lived. The next several months, Sara spent her sessions crying and moaning, while I sat in the room with her and remained silent. I felt this was an important part of the treatment and that she needed me to accept her intense emotions without any expectations, as if she were a newborn baby—a feeling I enjoyed experiencing. This feeling allowed me to tolerate the moaning and wailing of the patient and to accept the sounds as necessary for her maturational development. Experiencing her as an infant, and accepting this feeling, I was able to hear the moaning and crying as the language of her fear, confusion, and rage—as if a baby were with me expressing these feelings in a first attempt at speech, itself a frustrating and enraging process. After a few weeks, I perceived some progress in her communications.

During the seventh session at the outpatient clinic, she complained about the environment in manifest, verbal terms:

P: It's so difficult for me to come here. It's so cold out there. I'm so tired. No one cares about me. (She wailed and cried as she spoke.)

A: It certainly was difficult for you to come out in this cold, uncaring world. But you made it, and you are here with me now.

After this exchange, Sara was able to remain with me in the treatment room for the entire 50 minutes of the session.

In the next few weeks she came late or did not come at all.

Two weeks later, the patient made a significant advance. She came dressed in an attractive suit, and was sufficiently in control of her linguistic abilities to ask the receptionist at the desk: "I'm Mrs. Laub. Is Mrs. Laub here? (sic)"

In the session she asked me:

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P: Are you here to study me?

A: Supposing I was here to study you?

P: That would be all right.

I understood that a part of her enjoyed the idea that she was possibly being studied, that she was the object of my special attention. But, another part of her was concerned about leakage to the hospital. "I better keep my mouth shut. They really got me last week."

When Sara arrived for a session wearing streaked white make-up on her face, I had the impression that she was testing me and the people at the treatment service, to see our reaction to her appearance. It was not clear what the make-up meant, but I assumed she wanted to lighten her skin so she could look more like me. "Everyone stares at me."

Once Sara felt accepted by me and the staff at the treatment center, no mater what her make-up or style of dress, she appeared to enjoy coming. And although repetitive, her dialogue seemed to indicate an awareness of the difference between having a feeling and putting it into words and action. I believe this understanding helped her general progress.

On occasion, Sara was able to come to the clinic by herself and complain about the world around her. On days when her ego was stronger, she would even lie on the couch; but, unfortunately, the regression would initiate feelings of very deep intensity, and neither of us was able to tolerate the degree of rage that would develop.

Sara was sitting on the couch and then, quite agitated, she jumped off.

P: What time is it?

A: It's time for you to be here.

P: You look nice. Mrs. M. likes her. She has cloth over her, but underneath she looks nice, like a dummy. I would put a knife in her. She knows how to get what she wants. The employees fight with me but don't lock me up. I'm either good and kind or screaming in the halls.

A: Come here to scream.

P: I made my face a pea bear (sic) because I was too lazy to wash it last night. I'm ashamed of my face. I didn't wash my face. People were looking at me. (There was a long period of silence, perhaps 10 minutes.)

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P: "A's" father came. I showed him my pussy. I was just playing with it myself. He didn't bother. I seen women hugged on the streets by men when I come. (She looked disgusted.) I bet your husband and you don't have any children. You're so thin, you want to keep your shape.

A: Should you be my child?

P: No.

A: Why not?

P: Because you're too beautiful.

A: Why can't I be beautiful and have a beautiful child?

P: What time is it?

A: What's wrong at this time?

P: I would like to go home with a mommy and a daddy and have the right training.

A: Should I do that?

P: Oh, no. You don't want me to come here anymore.

A: Why not?

P: I'm not learning how to sway.

A: I'm not teaching you how to sway.

P: I'll never learn.

A: I'll never teach.

P: I don't know what to say.

A: Say whatever you want to say.

P: I don't know what I want. I want to go home. I used to have a lot of things in my head, but I don't anymore. What happened to all the things?

In the following session, a few weeks later, Sara said she wanted to see her brother and go home, but not to bed. She began to babble. I assumed that a disturbing thought about her brother had caused the regression. She stood up suddenly.

A: Why are you standing up?

P: Because you cut your hair. I liked you in long hair.

I wanted to help her resist going into action.

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A: I'm always interested in hearing what you are thinking and feeling, but you must put all those thoughts and feelings into words. There is no action in here. Just talk.

She sat down.

P: Is it true my brother died?
A: What brings that to your mind?
P: Then I would want to die.
A: Why would you join your brother and leave me?
P: I'm stupid, backward, uneducated and everything is shitty.
A: It's all shitty.
P: So, I don't want to come here anymore.
A: Why can't you come even if it is shitty?
P: I don't want to be a good girl because good girls get shit on.
A: Will I shit on you?
P: No. You're not like that. My throat and neck hurt me. It happens all the time. Am I you or Mrs. P.?
A: Who do you want to be?
P: Neither. Myself, I think.

At this point she regressed to unintelligible word salad. After a few moments, she was able to make herself understood.

P: I want to cut my hair. I want pizza. I think I'm in love.

The introduction of love in the patient's communication seemed to help her express hate toward the hospital. She spoke of her anger toward the attendants and the way that they treated her.

P: The nurses locked me in the seclusion room. You go in there and your face turns black. She says she's going to bring me things but all she brings me is food. If she really cared about me, she would help me to be slim and not feed me off. I want a transfer. They treat me awful. When I leave the floor, they don't even miss me. They want to get rid of me so they send me here. I'm filled with hate the way they get me to scream in the halls.

She spoke of wanting to steal a blonde wig, and of new clothes she wanted.

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The Analyst Meets with an Accident

The next month, in June, I fell and broke my hip while crossing the street near my home. In retrospect, I believe I was trying to break away from Sara and the overwhelming feelings she induced in me. I also felt guilty about leaving my other patients for the summer. I thought I might have suffered my broken hip to compensate for my indifference. My martyrdom seemed a way out of denial, disappointment and disillusionment.

Sara and I met again after the summer break. Although I needed crutches to walk, and she had seen me using them several times, she never mentioned my injury. Yet the patient began to take care of and protect the therapist, as illustrated in the following communication:

P: I don't want to go home. I want to go to a foster home. I don't know. I don't really want to go on. Oh, I want to go home with my brother, but he won't take me. Will you talk to my sister-in-law?

A: What should I say to her?

P: Tell her I want to come home. I want to die. I don't want to see anymore. I just want to die.

A: If you died, I wouldn't see you anymore.

P: You don't want to see me anymore.

A: Why not?

P: I thought I hurt you.

A: How did you do that?

She did not answer. After a long pause:

P: The nurses locked me in the seclusion room. You go in there and your face turns black.

A: You may have all your thoughts and feelings in here and I will not lock you in the seclusion room and your face will not turn black.

P: Oh, thank you very much. Other people see things. I have pictures in my eyes.

A: Tell me about the pictures.

P: I better not talk about them. My head begins to hurt, like getting shock.

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A: What's shocking?

P: My mother used to go to St. Claire's. I used to read the Bible. I underlined the words I didn't know and used a dictionary. I got hermosy like I was a crutch.

As punishment for "hurting me,"she reported "not understanding the words" and getting "hermosy" (possibly a mutation of the word "heresy," which she often heard in church as a child). If we translate "hermosy" as "heresy," or breaking away, we might understand her viewing my crutch as a consequence of my breaking away from her.

In a session a few weeks later, Sara continued.

P: You look different.

A: What's different about me?

P: Your face looks longer. Is it?

A: Supposing it is?

P: How are you feeling?

A: How am I feeling?

P: You're looking pretty. I hope next week you're without a stick and better. You don't want to see me anymore, do you?

A: Why wouldn't I want to see you?

P: I'm not getting any better when I leave here, and I won't.

A: You don't have to get any better. Just come to talk.

P: I guess it will make you feel better if I lie on the couch.

Ultimately, lying on the couch helped her to feel better. She was able to produce the following communication:

P: I don't want to see that Johnston boy anymore. I don't want to talk about that. It's Friday. It's when I see you. My sister-in-law brings me food, but she doesn't bring me the things I ask for. They take the things from me. She has everything and I have nothing.

In this communication she was not resorting to self-attack. Rather it was the beginning of many communications that expressed the patient's outrage at her environment.

The dosages of frustration and gratification were kept at the optimum level, whenever possible, through the next several months of treatment. The analyst tested different dosages of frustration to help

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the patient manage various levels of anger. Once the analyst was comfortable with the intensity of the patient's anger, the patient could verbally express the feeling. There seemed to be a clear reciprocity in the relationship.

The Fourth and Fifth Years of Treatment

After the next summer vacation, Sara refused to return to treatment. I made several telephone calls to the hospital before she finally arrived, two sessions and twenty minutes late. There was an angry, bitter expression on her face. I felt frightened, anxious, but I was happy that she had arrived, telling her, "I'm happy you came even though you didn't want to."

She did not respond except to remove her hat. She sat on the couch for 50 minutes with her scarf and coat on and did not speak at all. Her face was filled with rage—the same rage that had, I assumed, kept her away from treatment for two weeks. She protected me for a short time by projecting her anger and hopelessness onto the hospital. I knew how bitter she felt. In the next session she spoke:

P: I heard they put a toilet bowl in my stomach. Did you spend the summer at home with your husband?

A: Should I have brought you home?

P: You're not helping me. I'm not coming here anymore.

A: Why am I so hopeless?

P: (Screaming) You're no damned good. You're just like the rest of them. You come and go as you please.

Two months later, the patient was able to express her full-blown, psychotic fantasies.

P: You're a pig, a fucking whore like my sister. You are interfering with my life. I keep seeing you in my eyes. You are degrading me and I am degraded, but it's you who is degraded. You are an ugly freak who is not a therapist. I don't know why you want to see me, but I am not seeing you anymore. I want you out of my eyes because you are hateful and stealing my salary. You with your fancy clothes and make-up. They were mine and you took them from me. I can't stand to look at your face. I'll never pay

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you a lousy cent. You're getting paid by the state and now you want my salary, too. You are lousy.

She had some difficulty controlling herself, as she continued to scream at me.

P: I want to screw you and stomp on you.

She rose to leave the room.

A: Come back to this room.

She left the room and screamed in the hallway.

P: I will never come back here, and don't you call me anymore.

Despite this threat of termination, we continued to meet. Within a year the patient was giving progressive communications in the hospital as well as in the treatment setting. She began to lie down on the couch consistently and to tell me the story of her life.

P: You look happy today.
A: Am I happy to be here?
P: I don't know. I'm all sour. I know you for 10 years. For over 15 years. I've been seeing you every week. I'm very tired.
A: You can rest here if you like.
P: I think I'll lie down on the couch. I would like to go home. I don't have a home. You're not helping me. When are you going to stop calling for me to come?
A: When are you going to come without my calling?
P: I'm too tired to come here.
A: What's so tiring?
P: What do those others who come here do?
A: Do they get treated differently than you?

She smiled.

P: No, they just talk. If I went to the woods and he got on top of me or I him (sic), or I don't know how to do it, would I then be bad? I don't want to be a bad girl. I want to be a good girl.

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A: What's bad about you?
P: I would be lowering myself.

In the next session, she spoke of her brother.

P: My brother made me a disgrace and a whore bastard. He's a wonderful, intelligent man, but it's his fault. I love him though, although sometimes I wish I could get even with him. I didn't know anything. He could make me do anything for him.

One month later she said:

P: I was cleaning and dusting and washing and shining last Monday and Tuesday. I felt much better. You feel much better when you work.

At the end of the next session, she asked for a card with my telephone number on it, in case she wanted to call me.

Apparently the patient's progress was evident at the hospital, and my presence was requested at a meeting with hospital staff to discuss the patient's future. Shortly thereafter, I received a communication from Sara.

P: I want you to come to the hospital and see me on the ward, if you want to see me. I want to get rid of you, so I won't have to come out in the cold. I'm angry at you for taking my things away. You're not helping me and there's no reason to come. My brother doesn't want me. He keeps taking other women, all those pretenders, but he doesn't take me. Who would want to care for me, I don't have any education, I can't sway. I don't know anything. Now the hospital doesn't want me either. They're going to send me to a black home. I don't want to go to that home. My skin is turning into a colored woman. I used to be whiter. I keep telling you to go away.

Sara felt betrayed by me, and the following week she did not arrive for her session. A call to the hospital revealed it had been assumed that I had taken a holiday on Washington's Birthday and had not encouraged Sara to come. During that week, I was informed by phone that the patient had suffered a severe regression. She had sustained a serious beating by other patients and had been taken to the

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medical wing of the hospital. To my inquiry about when Sara might be able to return for treatment, the attendant advised that Sara had said she did not wish to return. I asked that the patient be told she did not have to come if she did not want to, but that I would be calling her when she was out of the medical ward. Two weeks later, I had the following and final phone conversation with Sara.

A: What do you want me to do about your next appointment?

P: I want you to go away and leave me alone. You are a stranger coming into my world. Go away. Stop trying to get me out of the hospital. I am better off here than in the outside world. You can't do anything for me. At least here I belong.

Afterword

This summation is written in retrospect, from a vantage point that is now considerably more experienced.

I was never certain why the modern analytic process seemed to be working with Sara. It enabled her to travel from the institution to a clinic many miles away for her sessions. And it did see her progress from aimless wandering through endless halls to life circumstances that include her own room, her own telephone, and the enjoyment of occasional weekend leaves with her family. She returned regularly for her sessions, albeit sometimes only after I had prodded or searched for her. But she did return. And whether or not I was sure of her meanings, she did continue to speak her special language of disconnected thoughts and images. More and more, I understood her to be telling me a dreadful story of childhood suffering, fears, sexual fantasies, sexual abuse and neglect. Mostly, she acted out a scenario of self-attack and strange behavior. I knew I had to attribute her seeming incurability, her madness, to feelings from the first years of life, feelings which were so intense and unacceptable to her that she held them secret at the expense of her freedom.

Sara responded to my being her mirror; I could feel like her, be with her, accept her, but I would act like me. And instead of being locked in my room at night, I went home to my family, my husband and my children. I understood what she was saying through her feelings, and I demonstrated my understanding by accepting her, returning to her at our appointed time, and allowing her to have as many of her feelings as she could tolerate without behaving in ways that

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were harmful to either one of us. A narcissistic transference and a narcissistic countertransference developed, and we carried them forward for as long as we could until the choices open to each of us limited the life of our relationship.

When I could no longer come to the hospital, I had to see Sara at a clinic that was some distance from the hospital. She was being asked to interact with a strange family because she had begun to make dramatic progress in her treatment with me. She had begun to express mild anger without action. Her dress and make-up had begun to flatter her appearance, her progress impelling her to a life she was not yet ready to lead. After 20 years, she was being asked to leave the hospital to be among people who might not understand her.

Sara resisted and remained in the hospital. She required the safety of a quiet room, alone with me; it was in my eyes that she comfortably saw herself as something more than a mad woman. She found safety in my willingness to endure her babbling, her rages, her bitter tears of lament and lost sexuality.

I had to leave when I found myself too deeply involved. Although I even felt great love for Sara at times, the frustration of enduring her inevitable regressions was too much for me to tolerate for the decades it would have required for her to heal more completely. The intensity of her feelings in our sessions was truly overwhelming at times. Once she leaped from the couch and attempted to choke me. Although I was able to help her gain control of her impulses, I continued to fear that it would happen again. We parted. But we had been together long enough to show that a transference between an analyst and a patient diagnosed as schizophrenic could be achieved. At that time I did not have the training to control the intensity of this negative narcissistic transference, and I felt relief when our relationship ended.

Actually, the patient recognized long before I did that those of us outside the institution's walls do not want to take back our crazy hostages. We're often content to be rid of them. The patient had come as far as I could permit. She was not cured, but she had progressed. I believe with another 20 years of treatment Sara would have been able to function by herself outside the hospital walls. Unfortunately, however, I was not able to tolerate the intensity of the fear and rage that dominated the transference whenever I did not gratify her wish to come home with me. She hated me for denying her wish, and she envied me for having a home and a family.

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