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General editor: Elizabeth Bott Spillius

Psychic Retreats

PATHOLOGICAL ORGANIZATIONS IN PSYCHOTIC, NEUROTIC AND BORDERLINE PATIENTS

John Steiner

Foreword by Roy Schafer

PUBLISHED IN ASSOCIATION WITH THE INSTITUTE OF PSYCHOANALYSIS, LONDON

Psychic Retreats

Essentially clinical in its approach, *Psychic Retreats* discusses the problem of patients who are stuck and with whom it is difficult to make meaningful contact. John Steiner, an experienced psychiatrist and psychoanalyst, uses new developments in Kleinian theory to explain how this happens. He examines the way object relationships and defences can be organized into complex structures which lead to a personality and an analysis becoming rigid and stuck, with little opportunity for development or change. These systems of defences are pathological organizations of the personality: John Steiner describes them as 'psychic retreats', into which the patient can withdraw to avoid contact both with the analyst and with reality.

To provide a background to these original and controversial concepts, the author builds on more established ideas, such as Klein's distinction between the paranoid-schizoid and depressive positions, and briefly reviews previous work on pathological organizations of the personality. He illustrates his discussion with detailed clinical material, including examples of the way psychic retreats operate to provide a respite from both paranoid-schizoid and depressive anxieties. He looks at the way such organizations function as a defence against unbearable guilt and describes the mechanism by which fragmentation of the personality can be reversed so that lost parts of the self can be regained and reintegrated into the personality.

Psychic Retreats is written with practising psychoanalysts and psychoanalytic psychotherapists in mind; the emphasis is therefore clinical throughout the book, which concludes with a chapter on the technical problems which arise in the treatment of such severely ill patients.

John Steiner is a member of the British Psycho-Analytical Society and a Consultant Psychotherapist at the Tavistock Clinic, London.

THE NEW LIBRARY OF PSYCHOANALYSIS

The New Library of Psychoanalysis was launched in 1987 in association with the Institute of Psycho-Analysis, London. Its purpose is to facilitate a greater and more widespread appreciation of what psychoanalysis is really about and to provide a forum for increasing mutual understanding between psychoanalysts and those working in other disciplines such as history, linguistics, literature, medicine, philosophy, psychology, and the social sciences. It is intended that the titles selected for publication in the series should deepen and develop psychoanalytic thinking and technique, contribute to psychoanalysis from outside or contribute to other disciplines from a psychoanalytical perspective.

The Institute, together with the British Psycho-Analytical Society, runs a low-fee psychoanalytic clinic, organizes lectures and scientific events concerned with psychoanalysis, publishes the *International Journal of Psycho Analysis,* and runs the only training course in the UK in psychoanalysis leading to membership of the International Psychoanalytical Association—the body which preserves internationally agreed standards of training, of professional entry, and of professional ethics and practice for psychoanalysis as initiated and developed by Sigmund Freud. Distinguished members of the Institute have included Michael Balint, Wilfred Bion, Ronald Fairbairn, Anna Freud, Ernest Jones, Melanie Klein, John Rickman, and Donald Winnicott.

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Contents

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Foreword

ROY SCHAFER

One can only admire the fine empathy, subtle understanding, impressive patience and refreshing candour that run through these pages. Beyond admiration, however, any careful reading of John Steiner's work should add significantly to the clinical resourcefulness of analyst and psychotherapist alike. Of particular value is Steiner's interpretive approach to the inevitably painful and disheartening stretches in therapeutic work with deeply disturbed patients—just the kind of work that, throughout our careers, we mental health professionals must confront time and time again.

Steiner convincingly portrays a subgroup of these difficult-to-treat patients as unable to tolerate the pain of either the paranoid-schizoid position or the depressive position. Consequently, they take refuge from the world of real relationships; they establish for themselves psychic retreats within which they feel protected even though often still in pain. In a perverse way, they even seem to be able to find narcissistic and masochistic gratifications in these retreats. This they do by erecting pathological organizations of defences and fantasized object relations, using for their building materials a goodly amount of projective identification, idealization, serious compromise of their sense of reality and, for the sake of a sense of safety, abject submission to the very organization that they have contrived in the internal world. Understandably, then, they experience the therapist's interventions as both threatening their safety and limiting their gratifications, and so they set themselves against the very person to whom they have turned for help.

In large part these patients have retreated from the painful difficulties that lie in the way of their mourning the loss that must be experienced when they separate from their primitively conceived internal objects. Steiner has much to teach about the experiences of devastation that often accompany mourning the 'loss' of objects from whom, psychically, one is separating. Equally instructive in his delineation of the counter-transferences that are

certain to be stimulated as the analyst or therapist feels enticed into this strange, ambivalent alternative world of unconscious phantasy; then, various kinds of insensitivity and collusion are virtually unavoidable. These counter-transferences can be put to good use as they come to be understood and mastered.

Steiner shows all this in both his commentary on a number of vivid, detailed clinical examples and his brilliant concluding essay on the effects of different ways of framing interpretations. How we address these patients, particularly in times of painful impasse, can make a big difference in our effectiveness. These clinical examples and reflections exemplify some of the finest analytic work being done today. They should help us to think our way through difficult periods in our work with every sort of patient, not just those in the subgroup singled out by the author.

Steiner brings to bear ideas drawn from a broad knowledge of the psychoanalytic literature, in which regard he is appealingly modest in what he claims for himself. His debt to Freud shows everywhere as does his debt to many great pioneers in psychoanalysis, particularly those who have been more or less identified with, and major contributors to, Kleinian thinking, among them Herbert Rosenfeld, Wilfred Bion, Hanna Segal and Betty Joseph. But his scholarship is broader than just this much, which is all to the good for those readers who are not committed Kleinian therapists or analysts; for on this basis they should find many points of entry into the clinical examples and discussions.

Because so many of us in the field of mental healing find ourselves up against the pathological organizations that John Steiner has devoted himself to identifying and understanding psychoanalytically, *Psychic Retreats* will surely soon establish itself as a necessary addition to every clinician's bookshelf. To use the phrase that he turns to such good advantage in his absorbing essay on the Oedipus plays of Sophocles, none of us can afford to 'turn a blind eye' to work of this high quality.

Introduction

The themes discussed in this book developed out of my struggle to think about practical difficulties in the analysis of several patients. In common with many contemporary analysts two problems occupied me in particular, first that of making meaningful contact with my patients and second that of coping with analyses which became repetitive, static and unproductive. Experiences with such patients led to the observation that they used a variety of mechanisms to create states of mind which provided protection from anxiety and pain. They retreated out of contact with the analyst into these states which were often experienced spatially as if they were places in which the patient could hide. I have come to refer to them as psychic retreats, refuges, shelters, sanctuaries or havens and this book is about the way they operate. If such states of withdrawal are prolonged and repetitive development is seriously impeded and the analysis tends to become stuck. This leads to a clinical situation which raises questions about the analyst's technique, including his or her capacity for understanding, as well as issues of the patients psychopathology and selection of defences, and these will be considered in the following chapters.

In Chapter 1 I introduce some of the main themes of the book by presenting an outline of a theory of psychic retreats, including the central idea that they reflect the activity of pathological organizations of the personality. These organizations are conceptualized both as a grouping of defences and as a highly structured, close-knit system of object relationships. Although this chapter is rather theoretical my orientation is primarily clinical and my concern is to understand the patient and the analyst as they interact in the analytic consulting room. However, theory is not only important and interesting in its own right but should be clinically useful as well. Since the analyst always has a

1 Throughout this book I have tried to avoid sexist language, but I sometimes use 'he' to refer to an analyst or patient of either sex for the sake of simplicity and clarity.

theory, whether he[1] consciously espouses one or not, in my view, it is better to have a conscious theory than an unconscious prejudice. It is important to emphasize, however, that the theoretical descriptions I elaborate are intended to provide a background orientation and are not meant to be applied as formulas in the consulting room when one is actually with the patient. Here I agree with Bion (1970) that the primary task of the analyst is to make himself available for the patient and to open his mind to receive his communications with as little interference as possible. Theory, like 'memory and desire', can fill the analyst's mind and leave insufficient room for the patient's projections. However, a sound theoretical approach making use of simple and clear theories when thinking about clinical material between sessions, in writing and in discussion with colleagues, actually makes it easier for the theory to recede into the background when one is with the patient.

In Chapter 2 I describe psychic retreats in more detail and use clinical material to illustrate the way they operate and act as a refuge from both paranoid-schizoid and depressive anxieties.

Chapter 3 presents a review of the paranoid-schizoid and the depressive positions and the anxieties characteristic of each. These are subdivided further to clarify points at which the individual is under particular stress and, as a result, is likely to turn to the protection of a pathological organization of the personality.

Chapter 4 continues the review to cover narcissistic object relations, and previous work on pathological organizations of the personality. Although this review concentrates on Kleinian authors it is important to recognize that many analysts other than Kleinian ones have done important work in this and related areas sometimes using similar concepts but different terminology. It was not possible to fully review this work but in Chapter 4 some of it is briefly discussed.

Chapter 5 describes the way parts of the self lost through projective identification are recovered. The reversibility of projective identification and the recovery of parts of the self lost through this mechanism are central when moves away from the retreat are considered. The normal sequence of events which constitute mourning is reviewed in this chapter and a model is described which suggests that it is through the process of mourning that parts of the self are regained.

Chapter 6 discusses psychotic organizations. The psychotic patient's need to repair his ego arises from a desperate situation, the aftermath of an internal catastrophe in which his own mind has been attacked. The way pathological organizations of the personality serve as a patch over the damaged ego is explained.

Chapter 7 illustrates the way a pathological organization is brought into play when the patient feels wronged and resentful but cannot give

expression to his wish for revenge. The organization may again act as a defence against persecution and fragmentation but at the same time it can come to protect the patient from depressive pain and guilt and prevent the experience of loss. If the patient is able to emerge from the psychic retreat to make contact with psychic reality he may be able to recognize sufficient good feelings to enable him to feel regret and remorse. If this happens, mourning is able to proceed and projections can be withdrawn from the object and returned to the self. The patient feels he is capable of being forgiven and in turn can forgive so that moves towards reparation can be embarked on.

Chapter 8 discusses perverse aspects of psychic retreats and examines the special type of relationship with reality which is characteristic of them. I suggest here that reality is dealt with by being simultaneously accepted and disavowed in the manner which Freud described in his study of fetishism (Freud 1927).

Chapter 9 extends this discussion by illustrating how perverse object relations, including perverse relationships between parts of the self, help to strengthen the hold pathological organizations have on the personality.

In Chapter 10 I turn to literature and look at Sophocles' great plays about Oedipus, which have had such a profound influence on psychoanalysis. I use this material to look at two types of psychic retreat. In *Oedipus the King* I describe perverse mechanisms, particularly what I call 'turning a blind eye', which enables the truth to be both acknowledged and disavowed, that is, to be known and not known at the same time. In *Oedipus at Colonus* a more radical rupture with reality has taken place which I refer to as a 'flight from truth to omnipotence' and this serves as an example of a psychotic type of retreat.

Finally in Chapter 11 some of the technical problems presented in analysis by patients in the grip of a pathological organization of the personality are discussed. There I suggest that it is useful to distinguish between the 'need for understanding' and the 'need to be understood'. On this basis it is possible schematically to divide transference interpretations into those which are patient-centred and those which are analyst-centred. I discuss the advantages and disadvantages of each and suggest that sometimes, in patients with a powerful propensity to withdraw to psychic retreats, patient-centred interpretations can be particularly intrusive and persecuting. At these times a shift to analyst-centred interpretations may help the analyst to understand what is going on and, sometimes, to avoid an impasse.

1

A theory of psychic retreats

A psychic retreat provides the patient with an area of relative peace and protection from strain when meaningful contact with the analyst is experienced as threatening. It is not difficult to understand the need for transient withdrawal of this kind, but serious technical problems arise in patients who turn to a psychic retreat, habitually, excessively, and indiscriminately. In some analyses, particularly with borderline and psychotic patients, a more or less permanent residence in the retreat may be taken up and it is then that obstacles to development and growth arise.

In my own clinical experience this type of withdrawal and the resultant failure to allow contact with the analyst takes many forms. An aloof type of schizoid superiority is expressed as a cold condescension in one patient and as a mocking dismissal of my work in another. Some patients are clearly reacting to anxiety, and their withdrawal appears to indicate that the analysis has touched on a sensitive topic which has to be avoided. Perhaps the most difficult type of retreat is that in which a false type of contact is offered and the analyst is invited to engage in ways which seem superficial, dishonest, or perverse. Sometimes these reactions can be seen to result from clumsy or intrusive behaviour on the part of the analyst, but it often happens that even careful analysis leaves the patients out of contact. They retreat behind a powerful system of defences which serve as a protective armour or hiding place, and it is sometimes possible to observe how they emerge with great caution like a snail coming out of its shell and retreat once more if contact leads to pain or anxiety.

We have come to understand that obstacles to contact and obstacles to progress and development are related, and that they both arise from the deployment of a particular type of defensive organization by means of which the patient hopes to avoid intolerable anxiety. I call such

systems of defences *'pathological organizations of the personality'* and use this term to denote a family of defensive systems which are characterized by extremely unyielding defences and which function to help the patient to avoid anxiety by avoiding contact with other people and with reality. The pursuit of this approach has led me to examine in more detail the way defences operate and, in particular, how they interconnect to form complex, closely knit defensive systems.

The analyst observes psychic retreats as states of mind in which the patient is stuck, cut off, and out of reach, and he may infer that these states arise from the operation of a powerful system of defences. The patient's view of the retreat is reflected in the descriptions which he gives and also in unconscious phantasy as it is revealed in dreams, memories, and reports from everyday life which give a pictorial or dramatized image of how the retreat is unconsciously experienced. Typically it appears as a house, a cave, a fortress, a desert island, or a similar location which is seen as an area of relative safety. Alternatively, it can take an inter-personal form, usually as an organization of objects or part-objects which offers to provide security. It may be represented as a business organization, as a boarding school, as a religious sect, as a totalitarian government or a Mafia-like gang. Often tyrannical and perverse elements are evident in the description, but sometimes the organization is idealized and admired.

Usually over a period of time various representations can be observed which help to build up a picture of the patient's defensive organization. Later I will try to show that it is sometimes useful to think of it as a grouping of object relations, defences, and phantasies which makes up a borderline position similar to but distinct from the paranoid-schizoid and the depressive positions described by Melanie Klein (1952).

The relief provided by the retreat is achieved at the cost of isolation, stagnation, and withdrawal, and some patients find such a state distressing and complain about it. Others, however, accept the situation with resignation, relief, and at times defiance or triumph, so that it is the analyst who has to cany the despair associated with the failure to make contact. Sometimes the retreat is experienced as a cruel place and the deadly nature of the situation is recognized by the patient, but more often the retreat is idealized and represented as a pleasant and even ideal haven. Whether idealized or persecutory, it is clung to as preferable to even worse states which the patient is convinced are the only alternatives. In most patients some movement is observable as they cautiously emerge from the retreat only to return again when things go wrong. In some cases true development is possible in these periods of emergence, and the patient is gradually able to lessen his propensity to withdraw.

In others withdrawal is more prolonged, and if emergence does take place the gains achieved are transitory and the patient returns to his previous state in a negative therapeutic reaction. Typically, an equilibrium is reached in which the patient uses the retreat to remain relatively free from anxiety but at the cost of an almost complete standstill in development. The situation is complicated by the fact that the analyst is used as part of the defensive organization and is sometimes so subtly invited to join in that he does not realize that the analysis itself has been converted into a retreat. The analyst is often under great pressure, and his frustration may lead him to despair or to mount a usually futile effort to overcome what are perceived as the patient's stubborn defences.

All gradations of dependence on the retreat are found clinically, from the completely stuck patient at one extreme to those who use the retreat in a transient and discretionary way at the other. The range and pervasiveness of the retreat may also vary, and some patients are able to develop and sustain adequate relationships in some areas but remain stuck in other aspects of their lives. One of the points I will emphasize throughout this book is that change is possible even in the analysis of very stuck patients. If the analyst is able to persevere and survive the pressure he is put under, he and the patient can gradually come to gain some insight into the operation of the organization and to loosen the grip and the range of its operation.

One of the features of the retreat which emerges most clearly in perverse, psychotic, and borderline patients is the way the avoidance of contact with the analyst is at the same time an avoidance of contact with reality. The retreat then serves as an area of the mind where reality does not have to be faced, where phantasy and omnipotence can exist unchecked and where anything is permitted. This feature is often what makes the retreat so attractive to the patient and commonly involves the use of perverse or psychotic mechanisms.

I am impressed by the power of the system of defences which one can observe operating in these stuck analyses. Sometimes they are so successful that the patient is protected from anxiety, and no difficulty arises as long as the system remains unchallenged. Others remain stuck in the retreat despite the evident suffering it brings, which may be chronic and sustained or masochistic and addictive. In all of these, however, the patient is threatened by the possibility of change and, if provoked, may respond with a more profound withdrawal.

These situations are of great theoretical interest but my own concern is primarily clinical, and this means that my central preoccupation is with the way organizations function in individual patients in individual sessions during an analysis. Here it is important to recognize that the analyst is never able to be an uninvolved observer since he is always to