The Hunter and the Hunted: The Narcissistic Therapist and the Masochistic Client.

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Abstract

This paper on character styles and Gestalt therapy draws on the work by Stephen M Johnson and others, to gain some insight into the dialogic relationship between therapist and client. Starting from my own narcissistic organisation, I draw on the specific cases to examine some of the patterns of relating, projection and identification that occur between the therapist with narcissistic defenses and their clients. The masochistic client offers particular challenges for the narcissistically defended therapist. Some of the key features of this relationship are explored in this paper through case examples. Client names have been changed to protect confidentiality. This paper may interest therapists who are reflecting on their own style of clinical work, and who may be wondering how particular patterns emerge in “the between” of their work with clients. It will also assist therapists interested in character styles and diagnosis to use these insights practically in the clinical setting.

Introduction:

Have you had a client who made steady therapeutic progress and then (sometimes quite suddenly) fell back into hopeless despair? We are all familiar with the saying that the nature of therapy is two steps forward, one step back, but sometimes it can feel like two steps forward, three steps back. The more the therapist has invested in the progress of the stepping forward, the more frustrated they may become at the apparent regression of the therapy.

In my early clinical practice, this was a familiar experience with some clients. I trained as a Gestalt psychotherapist in the early nineties in
Melbourne, a training that, at that stage, did not place much emphasis on clinical diagnosis, (adopting the perspective that diagnosis can confine the client to their symptoms, and that a Gestalt perspective would more properly consider the client as a whole person). Without a diagnostic model I was at a loss to understand why I experienced this frustrating progress with some clients but not others. Two years after my training I was introduced to Stephen Johnson’s “Character Styles” (1994). Johnson’s work extended my only other diagnostic reference book; Nancy McWilliams’s “Psychoanalytic Diagnosis” (1994). Once I began to understand character styles, I was able to apprehend this dynamic as the dance between myself, a therapist with narcissistic defenses and the masochistic client. I was then able to work out the key features of this dynamic and an effective framework for approaching the therapeutic relationship with masochistic clients.

I originally presented this paper at the GANZ Conference in Melbourne in 2006. The enthusiastic reception encouraged me to develop it into this current published form. What I offer are clinical observations and experiences that I have organised into some typology. This work is in its early stages and I welcome responses and feedback from readers whose experiences may concur, or differ from my own.

**Considering character styles within a Gestalt approach:**

Gestalt therapy posits the self as process. To this extent Gestalt therapy eschews the notion of a personality reduced to a specific style. While respecting the foundation of this more labile concept of the self, I have also found it effective to evince as thorough development of diagnosis as possible in working with clients in a private practice setting.

There is a huge body of work on character styles with a deep and rich history that is briefly explored by the two key writers that I refer to in this paper: Johnson and McWilliams. Johnson and McWilliams both present character styles as the structural makeup of a personality, formed by genetic and environmental histories, which present as a cluster of drives, affects, temperaments, defenses, and adaptive processes. While McWilliams and Johnson are not in complete agreement about the major character styles, the main ideas underlying their character explications are congruent.

Johnson offers a theory of character formations and an explication of seven major character styles: schizoid, symbiotic withdrawal, symbiotic character, narcissistic, masochistic, hysterical and obsessive compulsive. Mc Williams discusses several conceptual issues including differing patterns
of defenses and offers nine types of character organization: psychopathic, narcissistic, schizoid, paranoid, depressive and manic, masochistic obsessive and compulsive, hysterical and dissociative. I have found their work on character diagnosis and the therapeutic implications of the character style to be extremely helpful in my clinical work.

It is reductive to confine a client to a singular character style. Most people have a core character style and also have secondary character styles defenses. For example, as McWilliams observes, even though many therapists are oral or depressive in character style, they may have narcissistic reactions. These reactions might be triggered when their self esteem is challenged.

Gestalt therapy recognises that the perceived self of the client will shift as the therapy progresses. Part of this shift may be the client’s recognition of their character style. This recognition may lead to a loosening of the defenses which had formed the therapist’s initial attribution of a particular character style. The notion of identifying with a character style presents a paradox; the more I understand myself as a personality with character style defenses, the less traction these defenses have. In exploring some of the common features of the clinical encounter between the masochistic client and the narcissistic defenses of a therapist, I remind myself: “flirt with your diagnosis, don’t marry them!” (Haarburger, 2006 p63)

How might we recognize a masochistic client?

The presentation of the masochistic client includes low self esteem, patterns of frustration and defeat, low affective range, complaining and blaming, and weakened will and desire. Often their will and desire is defined by others. They can be indecisive and internalise their “bad” environment, (which can lead to splitting). They can be terrified of releasing hostility and they often dwell in an intra-psychic reality where they are not really making contact with external reality and are fixed on their habitual ways of responding to circumstances.

The masochistic client is generally used to suffering. They have often adjusted to the environment’s frustration of his or her fundamental needs in such a way as to feel defeated and helpless. It is unusual for a masochistic client to enter therapy with the express purpose of exploring their masochism. A great deal of the therapeutic work has already been done once a masochistic client says “I want to understand my self-defeating behaviour, so that I can choose not to sabotage”.

In my experience most masochists come to therapy because they feel depressed, confused or have low self esteem. They usually report a past
incident, (a death, relationship breakup, or deep dissatisfaction with work), as an identifiable cause for their symptoms. Often they can’t understand why they have not been able to get over it, or why they continue to find themselves in the same circumstances again and again. The most common expression of their awareness is that they have low self esteem. Masochists feel that they are cursed through no fault of their own (McWilliams, 1994 p261) but rather than feeling there is something wrong with them, (something they might discover and take responsibility for), they blame external factors.

The etiology of most masochistic clients is an experience of an environment that was overpowering of their will and desire. This was either through severe neglect or abuse, (in more extreme cases), or through suppression of self expression that was deemed culturally “inappropriate”. Their organismic reaction to this environment was to feel anger, but not to express this overtly. Instead they deny the aggression of the environment and turn that aggression towards themselves; to make the world safe by making themselves bad. This childhood retroflection can manifest in adults as a tendency to choose environments which do not support their growth.

Typically the masochistic client will have trouble making decisions. They will often opt in a decision making void for the outcome which creates the least conflict and which minimises their contribution. The masochistic client often expresses him or herself through endless whining and complaint about others;

…the peculiar stuckness of the masochistic character revolves around the fact that self-defeating behaviour is about all that’s available…
(Johnston, 2004 p209)

Given this long-standing adaptation to the world, the masochistic client will often present as self deprecating, long-suffering, disengaged, hopeless and sometimes passive aggressive. But not far below the surface of these patterns of frustration and defeat, a burning hostility lies. The masochistic client can be terrified that if they release their hostility they will incur further rejection from the environment. They continue on their self-destructive journey of withholding, which may feel like the only self-preserving choice available. They struggle to emerge as a whole being.

**Intra-psychic struggle: the Hunter and the Hunted**

Masochists have been raised in an environment where their will has been subjugated. The creative adjustment that a masochist may make in
order to survive their harmful environment is to normalise their outside world by thinking of themselves as “bad”. In a sense then they can come to believe that they deserve the interruptions to growth that they incur, and will often reproduce and choose non-optimal environments as adults. But the internal world of the masochist is not simply that of passive acceptance of ill treatment. They maintain a hope that they will be loved and that they deserve a life that is worthy of their idealised self. Many masochists experience a fracturing of self that is out of their awareness and self-referential. For example when experiencing stress in the face of a poor decision a masochistic client may engage in self-abuse in which they refer to themselves indirectly; e.g. “You stupid fool”. I have found it useful to think about this fracture as a division between two aspects of self: the Hunter and the Hunted. “The Hunter” is the aggressive aspect of the masochist whose internal monologue is denigrating and derisive. “The Hunted” is the aspect of self that hides from the Hunter and holds onto the hope and magnificence that the masochistic client harbors.

The masochistic client is unaware of this dynamic. Rather than recognise their hostility and its source, they are most likely to deny their aggression. This is due to their fear that such an expression will lead to repeated punishment (and repression). The possibility of claiming their hopefulness is even more remote, for it is like dragging the hunted out of hiding only to have the hunter find it and attack. This can often be a long-term impasse within therapy.

**Within the therapeutic setting**
I have been fortunate to participate in therapy with a client who assisted my work with this clinical impasse. Kay is a 26 year old client with a history of mental illness; the only child of an abusive, dysfunctional family. Kay had been in therapy for a couple of years. We ascended the stairs to my office for our session, Kay was well ahead of me on the stair-well and as she reached towards the door, she turned, made her hand into a gun and pretended to shoot me. I played along and fell back on the staircase, spaghetti western style crying, “You got me, you got me!” By the time I had picked myself up and joined her in the office, she was sitting in her chair with a smile on her face. I asked her what she had made of our little encounter and she answered that it was fun. She would not be drawn further at that time. When I enquired whether she might be angry with me, she denied this possibility. I was not convinced.
During our work I had expressed frustration towards her for various acts of sabotage that she had engaged in since the commencement of therapy. The vignette on the stairwell allowed me to recognise that that frustration did not belong to me alone. I began to suspect that the irritation I felt at Kay's self-sabotage was counter transference, and that she was angry with herself for neglecting herself. I realised that by expressing (my) frustration, I was joining the Hunter in Kay. In other words I was colluding with the internalised bad object in her and re-enforcing her script that she was bad. In our clinical work Kay usually behaved like a “good” client, and could not let me know that she was angry with me. I interpreted this act of retaliation on the stairs as Kay’s release of negative internal forces from repression. I encouraged further expression of this understandable rage. It was an important realisation for me as her therapist, to recognize that Kay was angry at me and that this anger was also anger with herself. The way in which she was able to repress her anger with me was similar to the way in which she was able to keep her anger with herself out of her awareness.

I realised that my former collusion with her Hunter left another part of her psychical operation without attention. The Hunter is always hunting something: the Hunted one. The Hunted part of the masochistic client holds the hope that they may be worthy of love and acceptance from others and from themselves. From that session on I found that I held the Hunted aspect empathically in heart and mind as I worked with Kay, (and other masochistic clients). Doing so soothed my frustrations and retaliatory impulses; the part of me that joined forces with her Hunter. I could better maintain the interpretative stance that the Hunter was the internally directed anger that she needed to express.

Later as our work was drawing to a close, Kay remembered this psycho-drama on the stairwell as one in which she learned that I was not her rescuer. She acknowledged she was angry with me and with herself. She realised she had the capacity to express her anger outwardly, without fragmenting and without fearing retaliation; that such self assertion could form the basis of warmth and acceptance from her therapist (McWilliams, 1994). The drama fit for her as acting out of her internal experience. Now when Kay experiences personal gains or successes, she is able to anticipate that her Hunter aspect is likely to be on the rampage, seeking to undermine her success. When she finds herself falling into the habit of self-destructive behaviour she is able to understand it more fully, hold it more lightly and choose to act according to her self-worth more easily.
What happens when the narcissistic therapist meets the masochistic client?

One of the key features of the masochistic client is that they may present as helpless yet in need of help. They can project heroic status onto the therapist, inviting them to become their knight in shining armor. Masochistic clients often report having had “bad” or unsatisfactory therapeutic encounters in the past. This is a warning from the client to watch out: “Potentially you are the next bad therapist”. I may neglect to explore this important information and instead feel threatened and respond with a typical narcissistic defense of (imagined) omnipotence: “I can fix you”. Rather than explore what it is like for the masochistic client to feel unfixable, narcissistically jumping to “I can fix you” is the first of many “set-ups” that can recur throughout the therapy. The clinical effect here may promote a very strong working alliance – co-created by the needs of each character style meeting and an ungrounded environment of trust being introduced between the therapist and client. This is the first of many common pitfalls which can occur in the therapeutic alliance between the narcissistic therapist and the masochistic client. I have identified eight possible pitfalls which I will expand on.

Pitfall 1: Becoming the knight in shining armour

The masochistic client has come to therapy because they want to be rescued. They will tend to project their ideal rescuer onto the therapist who, if narcissistic, may fall into this trap. The narcissistic therapist will begin on a program of improvement and change with the client. Because the masochistic client is used to subjugating their will to another, they will collaborate with this program and make rapid progress. They may quit a bad job, end a poor relationship, or take an apparently self protective stance in a familial dispute. After a few sessions they may look more vital and report feeling fantastic. However, after these early signs of movement towards therapeutic goals, they will return to their slumped and defeated position – the new job is just as bad, they have returned to the damaging relationship and they have retracted their position with their family. There are two main reasons: firstly they have been unable to tolerate the radical shift that includes pleasurable feelings, and they self-sabotage. Secondly the reasons for their dramatic changes are not motivated by their desires and supports, but by sensitivity to the program of the therapist. Simply put, the therapist has become the next oppressor of the masochistic will. The narcissistic therapist has invested in the grandiose projection of the masochistic client (as their knight in shining armour), and in their programmatic change.
Pitfall 2: Narcissistic injury and retaliation

Once this sabotage takes place the therapist may become angry with the client and thereby reinforce the intra-psychic structure that sustains the self-defeating system in the client. Few therapists would express their frustration in the first presentation of the dynamic of two steps forward three steps back, but this dynamic forms the structural basis of the therapy. As it recurs, it will test the patience of almost any therapist – and especially the therapist with narcissistic tendencies. If the expression of anger is sufficiently crushing for the client they will terminate the therapy.

Pitfall 3: Bracketing the counter-transference

The narcissistic therapist may have also learned to be a “good” therapist and to bracket their feelings of rage and act as the neutral therapist. They may refrain from expressing their anger, but will nonetheless hold this affective state in the counter-transference. The masochistic client is highly sensitised to feeling bad and to proving themselves bad. They will collaborate in this process by taking on their familiar role as the reason for their therapy stalling. The therapy may continue, but only by maintaining the play of character styles between the therapist and the client. The therapist will continue as the ideal “neutral” therapist, but still on a program of trying to change the client. The client will sense the anger in the counter-transference and internalise it as fuel for their Hunter aspect. As this cycle continues the therapist will sustain their investment through attaching much importance to the client’s improvement, and minimising the distress signals that the client’s sabotages convey.

This is where attention to the counter-transference is required. The narcissistic therapist may be holding two levels of frustration. One is their own, belonging to them and formed by their attachment to the “good” work of the therapy. The second will be the client’s internal, personal anger (the Hunter). This may emerge as anger with the therapist, and is often countertransferential, (as my earlier explanation of the Hunter and the Hunted suggests). It is useful for the therapist to name their awareness of the frustration that exists between them and their client. By exploring the possible sources of that irritation, they thereby begin to sort out the neurotic transference of the therapist, (the ambition for the work to be “good”), and the countertransference of the client: awareness of the ways in which the client becomes angry.
Pitfall 4: Holding the hope and ambition for the client

Most masochistic clients hold out the hope that they can be loved for who they are, but this hope is outside their awareness. When the therapist pre-empts the client’s awareness of this hope and announces their own hopefulness for the client and their work, they can push the hope of the client out of hiding and into the view of the Hunter who will attack. Both the client and therapist will engage in a parry of Therapist: I feel hopeful that things are progressing vs the Hunter aspect of the Client: no they are not. Eventually the client will tire of the “sunny” projections of the therapist’s hopefulness and will rightfully feel overwhelmed and misunderstood.

Pitfall 5: Working too hard and becoming resentful and/or frustrated

This is simply the long way around the first pitfall. The conscientious narcissistic therapist in their best efforts towards therapeutic progress will start to extend themselves towards the client in ways that are usually outside their professional practice. In one example with a borderline (masochistic) client I began to see her for two-hour sessions, at her suggestion, because her defenses took up so much of the first hour of the session. These sessions were wearying and ineffective for me. On a day when I was particularly drained, I cracked and openly shared my frustration at the futility of these long and arduous meetings. The client reacted with rage and threw a book at me! I managed to repair some of the damaging effects of my errors, (agreeing to the sessions in the first place and being ineffectively attuned to my client as I shared my frustration), but the therapy did not last much longer. The client “zipped” herself up and terminated our work with the familiar feeling that she was back at status quo - beyond help.

Pitfall 6: Taking too much responsibility

This is similar to working too hard, (holding hope and becoming grandiose), but it is sufficiently nuanced in the relationship with the masochistic client to require consideration. In the first instance it is as simple as minimising repeated lateness, going overtime, and overlooking little snipes and irritations from the clients. In seeing these as visible signs of the client’s inability to take responsibility in relationships, the therapist can draw on those encounters as the client’s contribution to therapy.

In the second instance it can be a case of passive aggression from the client. This can be misrecognised by the “vigilant” narcissistic therapist as their own anger and then taken up in the form of an apology when the client will flinch at the most minor expression of irritation from the
therapist. If I feel irritated by a masochistic client, I have to check out the possibility that I am acting out on a provocation by the client.

Often the masochistic client expresses desire in the form of wanting others to change or wanting to be loved more by a significant other. They will also exhibit high ideals and utopian aspirations though they may lack the skills and support to achieve these aims. Yet they will embark on these endeavours as naively as climbing Mt. Everest in sandals. This is a sure way of maintaining the victim identification that they ostensibly wish to eschew. The narcissistic therapist may join the client in their aspirations and ideals, thereby doubling the inevitable shame incurred when these projects fail. Or they may seek to repair the grief and loss of feeling insufficiently loved, (most narcissists know a lot about this), by attempting to fill the void for the client and create a more empathic, fulfilling relationship in the therapy. This can increase the client’s dependency on the therapist and sense of resentment towards others outside the clinical setting.

Pitfall 7: Knowing too much

All theories are simply theories and cannot define, nor confine a client – even to a character style. Indeed, each of us can probably identify with several character styles and as the therapy continues, the diagnostic field widens and the diagnosis becomes less applicable. The value of not-knowing underscores the path to freedom and creativity for the client and the therapist. When impasses recur, and anxiety sets in, the narcissistic therapist can, as I have been known to do, get a fix on a “good” idea and use this to gloss over the void of uncertainty that inevitably sits in ‘the between’ of the therapeutic alliance. Knowing too much is particularly problematic in working with masochistic clients who are habituated to being overpowered. They may initially collude with this defense in the therapist only to retaliate later in the therapy with passive aggressive hostility at being maltreated by the therapist’s defensive certainty.

Pitfall 8: Finishing too quickly

There are at least two ways of finishing too quickly. The first is finishing before the internal world of the client has been explored. This happens when the underlying conflict between the Hunter and the Hunted has not been excavated and explored within the therapy and the client has simply been “reprogrammed”. The therapist over-invests in the progress of the therapy and projects this investment onto the client as “success”. The “good” part of the client will be collusive. Both will miss the rebellious
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The hunted retaliates that the client feels for not being understood. The therapist is lacking sufficient empathy for the effort that it takes a masochistic client to take a risk and the anxiety that risking success or feeling whole may entail. I have only had one client return to therapy, several years after the eventual collapse of this programmatic change. Others may well have found another therapist for whom I became the “bad” therapist of their opening lament.

Factors which also contribute to the client and therapist collaborating in rapid change and therapeutic progress include the working conditions for the therapist, and time and money considerations. Yalom (1989) laments this increasing trend towards quick fix therapy in his introduction to “Love’s Executioner”. These factors may impact on the client as well. They are likely to want to finish therapy quickly before they sabotage, especially if they have managed some programmatic change. Indeed it may be the finishing quickly and “blaming” the time and money factor which is the sabotage.

The second way of finishing too quickly is to do so after insight is established. Rapprochement has been managed in the relationship with the therapist, but the client still has a dependency on the therapist. In the past I have felt uncomfortable with the dependency of my client. This has been triggered by repeated statements from my client like “I thought about what you might say”, or “I have a little Madeleine with me in my day”. I have become anxious that this might be an example of me having reduced a client’s capacity to be self responsible. My anxiety has lead to denial and closure, (on my part), instead of opening up to curiosity within the therapy. If the client still has needs in relation to the therapist, despite having grown conscious of, (and less subject to), a cycle of self-sabotage, what might these needs be? How might their needs be met in the clinic and outside the clinic, in the field of the client? By following this curiosity I began to recognise that the “little Madeleine” was an ally for the Hunted. That this was a little gift of therapy which supported both the client and me to continue our work, until that gift was no longer required.

Five keys to guiding the therapeutic relationship between the narcissistic therapist and the masochistic client

1. Early diagnosis

Most contributors to the field of Character styles acknowledge that it is important to ascertain the difference between depressive and masochistic clients as soon as possible. The directions for treatment are quite different. The depressive requires the therapist to be particularly available when they
are suffering. The masochist needs to learn that warmth and acceptance are deserved when expressing self assertion, rather than through displays of misery and cries for help, (McWilliams, 1994, p 276). Diagnostically oriented questions relating to the client’s family background, past therapeutic experiences and their patterns of facing and resolving conflicts will give the key criteria for diagnosis.

Differentiation between narcissism and masochism in the client is also important. In my first meeting with Delia, I noticed a distinct mask on her face in her reactions and I shared this observation with her. Though she blushed, she was able to acknowledge that she felt masked in life, but that no-one else had ever noticed that about her. When I asked her how she felt about my noticing, our contact deepened and tears came to her eyes. She felt relieved and seen. Over-investing in this early breakthrough, I proceeded on the assumption that her character style was narcissistic, and missed the dulling of affect and perpetuation of a “good” girl that created this mask. Within a few sessions Delia was able to drop the mask, but she simply adopted another one in obedience to my suggestion that we did not need to wear a mask in therapy. It was not until I noticed that my empathic attunement to her suffering was simply repeating a masochistic pattern and changed my diagnosis accordingly, that our work started to shift. Delia was able to assert herself without masking her aggression.

2. Working with the paradoxical theory of change

Beisser’s (1970) paradoxical theory of change offers the premise that the more that things change the more they stay the same. This fits well with the masochistic client; they make programmatic changes through obedience, but change nothing constitutionally. It is the very subjection of their will that is the root cause of their character style.

Staying with the defeatedness of the masochist is not a matter of taking pity, or expressing sympathy, as McWilliams (1994) reminds us. It is a matter of increasing awareness of their state and asking questions which engage the client e.g.: “How did you get yourself into that situation?” Though this may rouse the masochist, such expressed irritation is their way of expressing what constitutes the sticking place. If patiently handled by the therapist, the client can be assisted to discover the source of their helplessness.

3: Working with the phenomenology of “the between”

The therapeutic alliance has been established and the masochistic
client has begun to recognise their self defeating behaviours. Rather than maintaining a neutral stance with the client, sharing hunches, perceptions, real feelings and staying close to the experience of the therapy serves two major therapeutic ends. Working with “the between” is to maintain curiosity and affective congruency about what is going on in the relationship between the two of you. This does not mean working with a conventional idea of transference: where affect experienced in the between of the relationship is tied to an idea of projective identification that originates with the client. As my description of the Hunter and the Hunted shows, the anger or irritation in the encounter between the therapist and client can belong to both client and therapist. I do not assume that the client’s phenomenology is untainted by their experience of me as therapist. I will always take seriously any feedback from the client about how they might think that I feel. However it is not always the case that my affective experiences are simply transferential. The client may well be becoming angry with me. Asking whether they might be angry, or whether they can sense anger, may not be as effective as when I respond congruently to that anger and express my fear.

Sharing my experience with the client may also decrease the shame that the client might feel when relating their emotional experience. Shame dulls affect. When I listen to my masochistic clients relate their contribution to a painful experience they do so either very briefly, quickly or glibly. This is qualitatively different from the long-winded reports on how badly someone else behaved towards them. While I can enquire about that style of relating, I may also support affect by sharing the role that I play in my own painful or humiliating experiences. My personal disclosure may have a liberating impact on the client’s affective state by decreasing shame.

Rachel, a client with masochistic traits, used to obstruct contact in our sessions by moving very quickly from complaint to comment, to here and now observations, to past woes and recriminations, and back again. We would spend a lot of time together darting around this retroflective strategy. Rachel would sometimes demonstrate great insight and humour as we parried. Rachel had also demonstrated understanding and insight about her anger. She had some awareness that she had learned how to rage from her mother, who had raged at Rachel for her entire childhood. One of Rachel’s masochistic patterns was her adult obsession to earn her mother’s love. Rachel would frequently fly interstate to spend all her holidays with her ailing mother, despite invariably experiencing repeated injury and denigration during those visits. Rachel complained that she never had any holidays on her own nor had the time to form other relationships.
During a session, I was trying to stay with the experience of ‘the between’ and remain curious about the role that she played in these frustrations, Rachel exploded at me with rage. Rather than enquire about her anger, (and whether I had said something to make her angry), I expressed my fear. I was pale and held my hand to my heart self-protectively. “What’s wrong with you?” she barked. “I’m frightened, you are scaring me,” I replied. “Good,” scowled Rachel, satisfied, “because that’s what my mother did to me.”

The session was already slightly overtime. I decided to end our session without sharing my curiosity and instead, communicated how shaken I was by her hostility. We had already agreed that the interval between that session and the next would be a fortnight, rather than our usual week, as Rachel planned to return interstate to visit her mother. In the intervening time I called her and left a message to confirm our next appointment. I was unsure about whether she would show, given how frank I had been with her.

Two weeks later, Rachel was there and on time for our session. She shared her dread that I might terminate the therapy due to her terrible rage. This encounter gave us the material that we needed for her to feel that I understood her and what it was like to be shouted at by someone as vitriolic as her mother. We explored how she reproduces that anger in her relationships and her capacity to experience this inwardly (internalising her mother’s attitude towards herself as self-loathing). Rachel had repeatedly demonstrated intellectual understanding of these dynamics in our earlier sessions, but it was not until this incident that our therapeutic alliance really gelled. “The between” became the site of healing her feelings about her feelings.

4: Maintaining empathy with the hunted and interpretation of the Hunter

Once the model of the Hunter and the Hunted has been explored in the therapeutic dynamic, it becomes an invaluable tool for healing for the client and within the therapeutic relationship. As soon as a masochistic client recommences on the familiar path of self defeat, either by blaming themselves or falling into collapse and despair, we can use the identification of the Hunter and the Hunted to understand what might be happening for the client. This assists the client to see that their retreat into complaint or self-loathing may belong to past creative adjustments that are no longer useful for them. Sometimes the Hunter will become so
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overwhelming that the masochistic client in regression will claim that they are exhausted, that they are not doing anything, that they are innocent. This can raise confusion about which aspect of the self is the Hunter and which is the Hunted.

In a recent clinical encounter a client and I explored whether her tendency towards sloth was more representative of her Hunter or her Hunted self. She described giving into longing to spend days in front of the television allowing the house to go to rack and ruin, only to be prompted out of this state by shame at the prospect of her daughter calling around and visiting her in that state. We decided that the Hunter was indeed the beguiling sloth, coaxing her toward decrepitude and that shame represented an edge of her Hunted self that held hope for a more fulfilled life. It is important to explore the client's ownership of the Hunter. The Hunter is not an external source doing something to them, but an internal aspect of the client beating up another internal aspect. Once this ownership and responsibility is claimed, (sometimes through two chair work, or a refinement of it), the client can then make a more active choice in this encounter. They can experience that it is within their capacity to tame the Hunter through understanding and self empathy.

5: Model self care

The way in which we practice and develop self care as therapists is a topic that deserves another paper, a book, or maybe even several. Once the client has developed sufficient insight into their self-defeating behavior and intra-psychic self assassination, it is recommended that the therapy continue with more emphasis on the relating aspect of the clinical relationship. This is in order to model self esteem and self care. Often masochists can show a moral aversion to self assertion or practices where one might attend to ones own needs before those of others, deeming such assertiveness as “selfish”. Consequently they may be initially put out by the therapist going on holiday, or attending to the boundaries of the clinic with respect to time, payment or the regularity of appointments. But this demonstration of self care by the therapist is often vital for the masochistic client to experience.

In working with masochistic clients an important aspect of therapist self care is awareness of boundaries with time and of working hard in the clinic. I have found that masochistic clients have a tendency to become intensely engaged or demanding as the session reaches the end. Sharing this with them, exploring the possibility that this is a self defeating behaviour, and agreeing to let them know when the session is drawing...
to a close, are useful interventions. Recently a masochistic client rang to cancel her session at the last minute because she had overlooked the fact that the session fell on a public holiday. As this had happened before, I decided to impose the full cancellation fee, despite the client’s financial difficulties. She agreed to this, and then called the following day, distressed that she had missed the session. She acknowledged that her oversight had been a form of self sabotage. When we talked about this later it was clear that, had I been more flexible about her forgetfulness, she may not have gained this insight. Self care is not always about taking it easy and offering permissive nurturance. As Clare Taubert (2006) suggested to me, the masochistic client is like a burn victim who does not want the nurse to dress their wounds. The kindly nurse, who approaches tentatively and pays attention to every flinch from her patient, will not necessarily dress the wound as effectively as a nurse who proceeds with a clear understanding of the need for a dressing and a clear well bounded approach to application. Maintaining firm boundaries is simply one form of self care that can be practiced by the therapist and act as a model for the client’s self care.

One of the tasks for masochists is to grieve the loss of the life that they have not lived, but without blaming themselves for it. It becomes a task of taking the right amount of responsibility. When the client starts to grieve for a life not lived, it is important to listen for expressions like “what a fool I was”, “I was such an idiot” and other phrases of self flagellation. The structure of masochism prevails where these are present. History cannot be changed, only one’s relationship to the meaning of that history. So when someone is saying I should have done this or that, they are flogging themselves for the impossible task of changing past events, rather than maintaining a position of self care in which they might recognise that they are a generally reliable person who has made a mistake on this occasion. I have found it useful to direct the focus to appropriate responsibility, e.g. “I did this because I was afraid of my family’s wrath”. Once appropriate responsibility is more apparent we can explore whether that fear is still present. If it is not, or has lessened then clear progress is being made and evident. This is far more useful to the client’s grieving process than the generalised beating up on oneself and an important demonstration of self care.

The foundation for my development and self care as a therapist has been my supervision and analysis. This is aside from my clichéd (but true) list of self care practices: meditation practice, exercise, good food, fun times, making time for my relationships with family and friends and reflection on myself and my work. Through supervision and analysis I am
learning to understand my narcissistic defenses and to understand how I contribute to the therapeutic alliance. I can continue to recognise my successes and mistakes and learn from both.

Conclusion:
In this paper I have explored one of the more challenging clinical dynamics in my private practice. I have introduced an application of character styles to Gestalt techniques in understanding and working with the therapeutic alliance. The relationship between a therapist with narcissistic defenses and a masochistic client differs from that between therapists with different character styles, (or defenses), and clients with other character styles. While these differences implicitly inform this paper they are not explored here for reasons of brevity and clarity. I would like to thank those clients I have worked with; I have grown as a therapist and they have helped me to better understand this dynamic.

References

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I am a psychotherapist in private practice in North Fitzroy, Melbourne. I have previous work experience in the mental health field and have worked...
in prisons, where I developed an innovative program of video therapy. Before training with Gestalt Therapy Australia in the late 1990s, I worked as a cultural studies academic at Melbourne University. My major fields of teaching and research were feminism, psychoanalysis and film. In my first professional incarnation, I worked in theatre. I live in Brunswick, Melbourne, in a blended family home with my husband, four children and a dog.

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