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**Recognising the compensatory or defensive nature of competitive behaviour
via dynamics in the intersubjective field: a case study.**

ANN FIELDING

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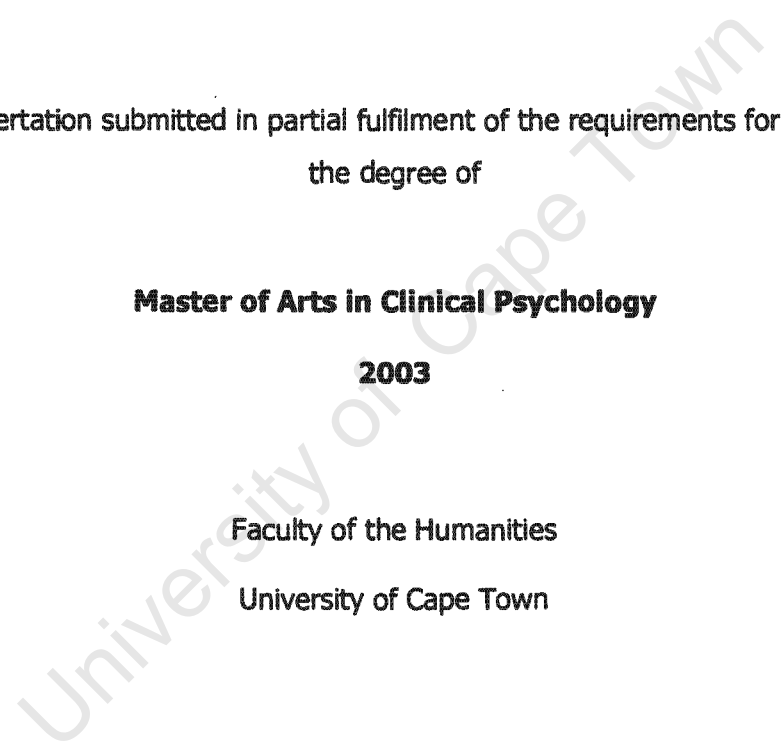
A minor dissertation submitted in partial fulfilment of the requirements for the award of
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Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

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A.M Fielding

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University of Cape Town

ABSTRACT

In this dissertation I explore the underlying psychological function of the competitive behaviour of an 11-year-old boy, whom I treated in individual psychotherapy. I postulate that his competitiveness functioned partly as a self-invigorating compensation, and partly as a defense against an injury to the self. I emphasize the fact that it is difficult, in practice, to recognize compensatory versus defensive structures in that the behaviour and affect fluctuates such that these internal structures are at times helpful to the patient, and at times harmful in the sense that they obscure the underlying self injury. I suggest that inclusion of the intersubjective field was essential in assisting me, as the therapist, to recognize the defensive or compensatory nature of the patient's affect and behaviour at any given time. Thus, the intersubjective field is included - my responses, the personal material evoked and the relationship dynamic between the patient and I - as an essential aspect of working with the patient's competitiveness.

In this dissertation, I focus on defining theoretical concepts and perspectives within Self Psychology and the theory of intersubjectivity that interplay in my understanding of the case. A qualitative paradigm underpins the research, which focuses on a single case study and utilizes material arising from analysis of the case to elucidate a theoretical discussion. It is intersubjective in approach in that my own internal world and that of the patient's are part and parcel of the research. The analysis of the material is based upon interpretations of individual instances of behaviour and interaction that arose in the therapy, aggregated into specific patterns of meaning. Illustrative material is provided, consisting of vignettes of pertinent behaviour and interactions, in order to highlight the psychological structures I believe were manifest in the therapy.

Via analysis of the intersubjective field present in the therapy, I was able to shift from viewing the patient's competitiveness as maladaptive to recognizing the healing function it could provide. It is posited that recognition of the fluctuating meaning of the patient's competitive behaviour arose from my analysis of the intersubjective dynamic and that this assisted in identifying the compensatory and defensive facets of this behaviour, and was helpful in decontaminating the negative aspects.

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Ann Fielding

University of Cape Town

CONTENTS

	Page
Chapter 1 <i>Introduction</i>	1
Chapter 2 <i>Theoretical Basis and Relevant Literature</i>	3
Chapter 3 <i>Methodology</i>	18
Chapter 4 <i>Case History</i>	24
Chapter 5 <i>Illustrative Material</i>	28
Chapter 6 <i>Case Formulation</i>	39
Chapter 7 <i>Discussion</i>	42

INTRODUCTION

The genesis of this dissertation is based upon certain questions that arose during the process of psychotherapy with Christopher¹, an 11-year-old boy, and afterwards as I further thought through the material. In essence I wanted to know what the underlying psychological function was of Christopher's excessive competitiveness. It puzzled me that he was ambivalent about winning - it seemed at times that for Christopher the bigger and stronger the 'winning' part of him felt, the smaller and more vulnerable the 'losing' or vulnerable self became. At times he seemed almost manically driven to compete, which I felt was arid and unsatisfactory to him. However, his competitiveness also provided him with a sense of achievement and added vigour and robustness to his personality.

The above questions and observations also impacted on my interpretations and responses. If his competitiveness was a defense against an underlying narcissistic injury - to cover an essential depletion, or lack in self-structure, should such behaviour be mirrored or strengthened? In other words, to focus on the behaviour itself would mean missing the mark - what Christopher really needed was to be relieved of the need to compete or perform exceptionally in order to be accepted. However, his competitiveness also stood him in good stead in terms of school performance and social functioning and it gained him much needed mirroring, lacking in his early childhood. As such, working with the competitiveness, accepting it for its positive contribution would be therapeutic. But which was it?

Over the course of the therapy process, I noticed that I had negative and positive responses to Christopher's competitiveness and that these fluctuated in response to him and in response to a deepening understanding of the personal material evoked in myself. At times I found his competitiveness irritating and his tendency to cheat disturbing. I found myself competing just as fiercely, and responding with very firm rules against cheating. However, I also realized that I had begun to see him as an adversary, rather than a vulnerable young boy. My concern about my responses led me to analyze what was being evoked for me, and through this I found a way to empathize with him and to understand his behaviour with greater discrimination.

¹ Not his real name, which has been changed in order to protect patient confidentiality.

The questions that arose during the therapy process were mulled over at the time, but clarity arose afterwards during the process of perusal of theoretical material and further analysis. What emerged for me is that Christopher's competitiveness was at times defensive in nature, whilst at other times it had a compensatory function. I also realized that it is difficult to recognize the difference between compensatory and defensive structures in reality - the behaviour and affect fluctuates such that these structures are at times benign, even helpful to the patient, and at times harmful in the sense that they obscure the underlying self-injury. In this dissertation I will suggest that inclusion of the intersubjective field was essential in assisting me, as the therapist, to recognize the defensive or compensatory nature of Christopher's affect and behaviour at any given time. I will explore how the intersubjective dynamic created between us influenced the therapeutic work and suggest that in this case the dynamic was crucial in assisting me to understand the nuances of Christopher's intrapsychic configurations. It is posited that recognition of the fluctuating meaning of Christopher's competitive behaviour arose from my analysis of the intersubjective dynamic and that this assisted in identifying the compensatory and defensive facets of this behaviour, and was helpful in decontaminating the negative aspects.

In this dissertation, the theoretical focus is within a small body of literature. I intend to focus on defining theoretical concepts and perspectives within Self Psychology and the theory of intersubjectivity that interplay in my understanding of the case. I will cover the core structural aspects of the self in order to place compensatory and defensive structures within their theoretical and functional context. There is a paucity of literature on compensatory structures, but relevant material pertaining to these is included. Illustrative material is provided, consisting of vignettes of pertinent behaviour and interactions, in order to highlight the psychological structures I believe were manifest in the therapy. I include my understanding of the evolving intersubjective field - my countertransference responses, the personal material evoked and the dynamic between Christopher and I. A formulation follows, which is intended to provide an overall picture of my understanding of Christopher's internal structures and to summarize my conception of the function of his competitiveness. Finally, I will discuss the usefulness of the theoretical argument as regards psychotherapy practice, with commentary on the value of compensatory structures within psychological theory.

THEORETICAL BASIS & RELEVANT LITERATURE**Self Psychology in Context**

The principles of Kohut's theory of Self Psychology represent a fundamental shift from classical psychoanalytic theory and object-relations theory (Swartz, 2001). Swartz (2001) notes that the original point of departure was Kohut's reformulation of the Freudian approach to narcissism, which he viewed not as a pathological state, but as a crucial aspect of human experience. Kohut (1966) considered the narcissistic needs for affirmation and soothing to be continuous throughout life, although their fulfillment differs over the course of development. In addition to his reformulation of narcissism, Kohut traced the development of the self, identifying and describing the route of healthy narcissism in relationship to selfobject needs and self-states (Swartz, 2001). As a result of Kohut's contributions, Swartz states that 'the term 'narcissism' with its complex connections with mainstream psychoanalytic theory was gradually replaced with a rich and experience-near vocabulary of the self, and self development' (2001, p. 2).

Detrick (1989) summarises the core contributions of Kohut's self psychology to the body of psychological theory as 1) the central role of the empathic vantage point in the therapy process, 2) the in-depth understanding provided by the discovery of selfobject transferences 3) the mirroring, alter-ego and idealizing selfobject needs as three new lines of development, 4) attributes of the mature personality, such as humour, mature empathy and creativity and 5) the bipolar structure of the self. In addition to these central contributions, Detrick suggests that Kohut's achievement was to connect three main streams of psychological thought – existential-humanist, systems-communication theory and clinical psychoanalysis. Specifically, he suggests that Kohut's delineation of the structure and dynamic essence of the nuclear self provides a theoretical context to the concept of self-actualization; the understanding of the self-selfobject unit links systems-communication theory with the existential-humanistic tradition; and clinical psychoanalysis is interwoven with the discovery of the selfobject transferences and the concept of cure via these.

In order to place compensatory and defensive structures in context in terms of their function in relation to the self, a brief outline of the development of the self follows.

The Nuclear Self

The individual is born with an inherited, genetically determined potential self, which is developed and strengthened (or not) by interactions with others in the environment. Kohut (1977) suggests that even in earliest infancy the existence of a rudimentary self may be present. He corroborates this by noting that the tiniest baby is responded to by the human environment as if he or she is an individual self: from the very beginning the infant is '...fused via mutual empathy with an environment that does experience him (*sic*) as already possessing a self - an environment that not only anticipates the later separate self-awareness of the child, but already, by the very form and content of its expectations, begins to channel it into specific directions' (pp. 99 - 100). Specifically, Kohut (1977) postulates that the infant's rudimentary self originates at that point in time when there is convergence between the infant's innate potential and the selfobject's expectations with regard to him or her, within the matrix of mutual empathy between infant and selfobject. Kohut (1977) hypothesizes that the building blocks of the nuclear self are laid down by the process of selective inclusion and exclusion of particular psychological structures. Thus, during psychic development, some aspects of archaic mental contents begin to be experienced as not belonging to the self, whilst others are retained. The result of the process is the development of a core or nuclear self, which Kohut describes as '...the basis for our sense of being an independent centre of initiative and perception, integrated with our most central ambitions and ideals and with our experience that our body and mind form a unit in space and a continuum in time' (1977, p. 177).

Selfobjects

The self, the core of the personality, is built up from infancy by interaction with persons in the environment. These persons (primarily caregivers) are experienced as selfobjects - objects that the individual experiences as part of the self and that are internalized over time to bolster the self-structure (Kohut, 1987; Kohut & Wolf, 1986). Kohut initially postulated two main types of selfobjects - '...those who respond to and confirm the child's innate sense of vigour, greatness and perfection; and those to whom the child can look up and with whom he can merge as an image of calmness, infallibility and omnipotence' (Kohut & Wolf, 1986, p. 177).

The former provides a mirroring selfobject function, whilst the latter is termed the idealized selfobject. A later refinement regarding central selfobjects includes the twinship or alter-ego selfobject function: a sense of likeness with another sought by the intermediate tension arc of talents and skills (Kohut, 1984). Considered an important self-building source, Gorney states that 'twinship is the particular, profound dimension of intersubjectivity in which we experience that large portion of our shared humanity which involves likeness or similarity' (1998, p. 87).

An optimal interaction between the inherited aspects of the self with attuned selfobjects should result in a cohesive self. Selfobject experiences are essential during the development of the self, but are also needed throughout life - either chronically by those with primary deficits or by the healthy self in the normal ups and downs of everyday life.

Development of the Self

In most cases, the developmental process of the self begins with the mirroring of the child's sense of greatness or grandiosity, building his or her pole of ambitions, and then moving to the child's active merger with the idealized parental imago, building his or her pole of ideals (Kohut, 1977, 1987). Kohut (1977) suggests that the major construction of the nuclear pole of ambitions is consolidated in the second to fourth years. The nuclear pole of ideals is established in later childhood – the fourth to sixth years. Wolf (1974) conceptualizes three developmental phases, which he terms preemergent, consolidation and postconsolidation. Briefly, the preemergent phase indicates that period before the nuclear self has emerged (before approximately eighteen months) and the consolidation phase stretches from the initial emergence of the self to a consolidation of a cohesive self, at around eight years. During this time the self goes through various fragile states, disorganized, fragmenting and oscillating between different configurations of ambitions and ideals. The postconsolidation phase is that which begins after the definitive self has been consolidated, characterized by a cohesive self that seeks fulfillment in life experiences via the specific configurations laid down in the previous phase.

Structures of the Self

The Poles of the Self

Kohut (1977) conceptualizes the core or primary structure of the self as consisting of two poles - ambitions and ideals, each requiring particular input from others in order to become robust. The pole of ambitions, essentially a sense of healthy self-assertiveness, (originating from the child's 'grandiose exhibitionistic self') requires affirming recognition or mirroring from parents or caregivers. The pole of ideals, containing healthy admiration for idealized caregivers, is facilitated by the opportunity to merge with idealized parental figures – establishing a 'cohesive idealized parent-imagō' (Kohut 1977, p. 185). Kohut (1977) likens the two poles of the self to two differently charged electrical poles that create an electrical current, or 'tension arc' (p. 180) between them. This tension arc refers to a movement of psychological activities established between the individual's pursuits of his or her ambitions, in the quest for the realization of his or her ideals. As the self grows, the tension arc enhances the individual's skills and talents, gradually developing into those that an adult may utilize in order to be a fulfilled, creative mature self.

When the selfobjects experienced in childhood are insufficiently responsive, the cohesion of the self is threatened, and persistent lack of selfobject responsiveness results in a narcissistic injury' (Kohut, 1971,1977). The degree of damage to the self varies depending on the specific selfobject deficits, and the self-injury may be diffuse (over both poles), or in one or other of the poles (Kohut, 1986).

The Superego

The development of the superego, another internal structure built up via interactions with selfobjects, is briefly outlined as it has relevance in this dissertation. Kohut (1971) describes the formation of the superego as a gradual internalization of the idealized parental imago, specifically those aspects of the parent that praise, scold or prohibit the child. As the shortcomings of the parents become apparent to the child, he or she withdraws a part of

* Wolf (1974) describes narcissism, as conceptualised in self psychology, as '... an expression of an injured self that through various symptomatic manifestations, especially in relation to needed others, attempts to maintain and strengthen its fragmented core self' (p. 207).

his/her idealization from the external objects in order to build the internal superego structure. The archaic idealizing tendency of the child is ameliorated by the idealized selfobject - and the resultant superego will be determined, in part, by the empathic emotional responses of the parent whom the child idealized. The nuclear superego structure will be established around the end of the Oedipal period, but further firming and strengthening continues during latency and adolescence (Kohut, 1971).

Motivational Systems

The self structure can be conceptualized as containing five motivational systems – physiological regulation, attachment-affiliation, exploratory-assertive, aversive and sensual-sexual (Lichtenberg, Lachmann & Fosshage, 1992). Lichtenberg (1989) describes motivational systems as '... a series of systems designed to promote the fulfillment and regulation of basic needs' (p. 1). Lichtenberg (1989) views the five motivational systems as innate motivations that are essential in the development, functioning and restoration of a cohesive self. Lichtenberg states that, '... from the beginning, motivated behavior in each of the systems is experienced – that is, felt – as an affect and registered in memory as a perceptual-affective-action event and thus contributes to an emergent sense of self' (1989, p. 9). Of primary importance in Lichtenberg's theory is the interaction between the motivational system and the selfobject environment, what he terms 'lived experience'. 'Lived experience is about how we human beings consciously and unconsciously seek to fulfill our needs and desires by searching in potential events for affects that signal for us that experiential fulfillment' (Lichtenberg, 1989, p. 2). Lichtenberg posited that each motivational system has specific needs, and that the developing self is motivated to instigate the fulfillment of these needs, which, when they are met, results in a selfobject experience. As the individual develops, particular motivational systems may dominate at specific stages, whilst others become subsidiary to that system (Lichtenberg, 1989). The hierarchical organization of motivational systems may also shift in particular circumstances and is influenced by historical experience (Lichtenberg, 1989). Although there is always a dynamic interplay between the systems, particular motivational systems may predominate. As Lichtenberg states, '... although any observable behavioural psychic phenomena may appear to be derived from motives of two or more of the five motivational systems, often it is possible to observe that larger units of phenomena are derived predominantly from a single system with consistency over time.' (1989, p. 9).

Self-assertiveness

Kohut (1984) postulates an inherent vigour that propels the self towards cohesion and avoids disintegration by resisting poisonous influences and seeking self-building selfobject experiences. He describes this inherent vigour as healthy self-assertiveness, which, from earliest infancy, the baby utilises in order to make his or her wants known (Kohut, 1977). This self-assertiveness is considered a manifestation of the infant's innate confidence in the self-object environment's capacity to provide empathic responsiveness (Kohut, 1977). Should breaks in empathy occur, as they inevitably do, Kohut states that the baby will respond with rage. An important point of particular relevance to this dissertation is the conceptualization of assertiveness and its development. Kohut does not view the aggressive responses of the self as primary. Rather, he regards them as a manifestation of frustrated assertiveness - assertiveness directed at re-establishing confidence in the responsiveness of the selfobject milieu. As Kohut states: 'The primary psychological configuration, however short-lived, does not contain destructive rage but unalloyed assertiveness; the subsequent break-up of the larger psychic configuration isolates the assertive component and, in so doing, transforms it secondarily into rage' (1977, pp. 118 -119). Kohut (1977) goes on to distinguish between non-destructive aggression and narcissistic rage. Non-destructive aggression is viewed as an aspect of the healthy assertiveness of the nuclear self aimed at maintaining self-cohesion by mobilizing selfobject responsiveness. Under normal circumstances, Kohut states that nondestructive aggressiveness develops '... from primitive forms of nondestructive assertiveness to mature forms of assertiveness in which aggression is subordinated to the performance of tasks' (1977, p. 121). Narcissistic rage, which may manifest in various degrees of destructive aggressiveness, is considered to be a result of chronic and traumatic frustration of the child's need for omnipotent control over selfobjects and optimal selfobject responsiveness (Kohut, 1977). Thus aggressiveness, in whatever form it takes, is the reaction of a fragile self whose cohesiveness is threatened; an intensification or permutation of the assertive seeking of positive selfobject responses.

Competitiveness and Assertiveness

Recent research has enabled the development of specific tools aimed at measuring the specific qualities of narcissistic self-dysfunction. Of interest here is the correlation between assertiveness and competitiveness, and the association of hypercompetitiveness with greater self-dysfunction. Watson, Morris and Miller (1998) suggest that narcissistic self-

representations may be described along a continuum, from healthy self-esteem to pathological or maladjusted narcissism. In a study aimed at testing this hypothesis, Watson et al. (1998) explore the correlation of self-esteem, assertiveness and hypercompetitiveness with factors on the Narcissistic Personality Inventory. They found that hypercompetitiveness, assertiveness and narcissism were intercorrelated, and that hypercompetitiveness is associated with maladjusted narcissism. They suggest that assertiveness and hypercompetitiveness are positioned at different locations on the continuum of adjusted-maladjusted narcissism, with assertiveness being relatively more adjusted.

Competitiveness, as a form of assertiveness, can be differentiated into healthier and maladapted forms. Ryckman, Hammer, Kaczor and Gold (1996) conducted research aimed at establishing a psychometric measurement of healthy competitiveness, which they term Personal Development Competitiveness. These researchers found that, '... personal development competitors are motivated strongly to succeed, but not at other people's expense. Instead, they report seeing others in competitive situations as facilitating their opportunities for self-improvement and personal growth' (p. 383). Hypercompetitive individuals tend to be more aggressive, dominant, mistrustful and exhibitionistic, with low affiliation needs (Ryckman et al. 1990, 1996). Ryckman et al. (1996) emphasise that competitiveness is frequently viewed as having a negative effect on personal development – it is seen as hypercompetitiveness, as opposed to a healthier form of competitiveness that they believe may facilitate mental health.

The Exploratory-assertive Motivational System

Lichtenberg (1989) refers to the specific form of assertiveness aimed at establishing efficacy and competence as the exploratory-assertive system. This system refers to insight gained via exploration of the environment, and a sense of power and mastery derived from assertion of the self. Lichtenberg (1989) describes it thus: 'Functioning of the exploratory-assertive system triggers affects experienced by the developing core self as a sense of realness and ownness – the effectiveness of independent initiating along individualistic lines' (p. 129). The exploratory-assertive system is thought to originate in those times when the infant's physiological and attachment needs have been met, and he or she is able disengage somewhat from his or her caregiver and entertain him/herself.

However, if the attachment needs of a child are not sufficiently met due to a disturbed caretaking environment, the exploratory-assertive motivational system will be adversely affected. This system is also influenced by caregivers' preparedness to share their knowledge and experience and to encourage and acknowledge their child's competence. Lichtenberg (1989) cites a study of play behaviour in children with manic-depressive parents. It was found that the mothers' expectations of their children's exploratory-assertive motivational system were contradictory – they were highly ambitious as regards their children's performance, but also inhibited their opportunities to achieve these goals. As a result, these children seemed to experience play as a trial in demonstrating their ability to perform, where failure becomes a disaster. As Lichtenberg states, 'early in the lives of these children, play takes on the dreary but driven defensive quality of compulsive work' (1989, p. 152). In addition, these children tended to displace their needs for attachment onto their exploratory-assertive motivational system, as the nonhuman environment of toys was less threatening to self-cohesion.

Compensatory and Defensive Structures

The self-structures mentioned above are all dependent upon optimal selfobject responsiveness in order to be firmly developed. It is heartening to note that the nuclear self assertively seeks that which will build the fragile self into a full, robust centre of experience. Kohut (1977) states that during the process of development the individual is able to form a firmly established self by compensating for disturbances in the development of one pole of the self via a strong development of the other. This occurs through a shifting from a sector of the self that is threatened in cohesion and functioning to another pole in order to compensate for the primary deficit. In essence, the structures built up through this process are compensatory functions that the individual has substituted for others that have been stunted (Kohut, 1977).

Kohut (1977) describes the structural formation of the self in two layers - the primary structure of the self, and secondary structure-formations or compensatory and defensive structures. Specifically, Kohut (1977) refers to compensatory structures as those secondary formations that compensate for the primary deficit - the lack or defect in the self, whilst defensive structures are attempts to protect, mask or counteract the primary deficit. To use a metaphor, if the sun is a symbol for the self, and the moon a representation of either a compensatory or defensive structure, a solar eclipse would represent a defensive structure,

while the usual, shifting, spatial relationship between sun and moon would represent the compensatory structure in relation to the self. According to Kohut (1977) the compensatory structure is used to strengthen one or other pole in the self-structure (ambition or ideals). If, for example, an individual's mirroring needs were not met, he or she may then search for a selfobject that provides an alter ego function, or an idealizable source that can be internalized as a sense of calmness and strength. Thus, in an individual whose pole of ambitions is weak due to a lack of mirroring received in childhood, the compensatory structure may be developed to strengthen the pole of ideals.

Disturbances in the functioning of compensatory structures can occur, for example when the alternative source of selfobject function also fails, or is insufficiently established (Kohut, 1977). Thus, if a child finds that the mother, as an early source of mirroring, is unable to affirm him or her as is needed, he or she may later turn to the father as a compensatory source of idealization. Should the father be unwilling to accommodate the child's needs, and draws away from his or her need to relate to him as an idealized imago, the compensatory structure will be weak and the child will be unable to develop a healthy, cohesive sense of self.

Compensatory structures do not necessarily 'cure' the injury to the self, but may provide a sufficiently revitalizing function to enable the patient to experience a more cohesive sense of self (Silverstein, 2001). Compensatory structures consist of self-restoring experiences that are consistent enough to be internalized. These revitalizing aspects have a strengthening effect in the self in that they augment and revitalize the existing attributes in the sectors of the self. Tolpin (1997a) states that compensatory structures can '...improve our psychological balance just enough to firm up a path that keeps us going: pursuing ambitions or reaching for goals that hold out some promise of fulfillment and give our lives meaning' (p. 4). Thus structures that compensate for deficiencies in the self-structure can be built up to restore the poles of the self, despite the existence of primary deficits.

The self may be composed of either primary or compensatory structures, but the healthy self will have a minimum of defensive structures. However, Kohut (1984) expresses uncertainty as regards the ratio between primary and compensatory structures that is most desirable in the healthy self. He suggests that a self characterized by a predominance of compensatory structures may be particularly creative and high achieving. He states that '...it is my impression that the most productive and creative lives are lived by those who, despite a high

degree of traumatization in childhood, are able to acquire new structures by finding new routes toward inner completeness' (Kohut, 1984, p. 44). It is possible for any of the sectors of the self to be revitalized at any point in an individual's life, provided that there are responsive others available to provide one or other selfobject function, and there is sufficient internal capacity to make use of these (Tolpin, 1997a). For example, Tolpin maintained that Anna Freud was able to compensate for her primary structural deficits, in the poles of ambitions *and* ideals, via her friendship with Dorothy Burlingham - a twinship relationship established in early adulthood. Tolpin states that, 'the affirmation and consolidation of the self that Anna Freud experienced in a twinship were the basis for the formation of a compensatory path: the unmirrored self was revitalized; the story-telling self ... was enhanced and expanded and integrated into a continuum with her skills and talents' (1997a, p. 13).

Some dispute arose regarding the exact nature of the revitalizing function of the compensatory structure Tolpin asserts Anna Freud developed. The essence of the exchange is noted here as it provides further clarification about the nature of compensatory structures and the implications for clinical practice.

Fosshage (1997) suggests that, rather than building a compensatory structure, Anna Freud found in her relationship with Dorothy Burlingham the revitalizing mirroring experience absent within her family, an experience related to the *primary* deficit. Fosshage states: 'The notions of primary and compensatory structure, while importantly positing multiple pathways to self-restoration, mislead us, in my view, in suggesting that a person with a primary deficit in selfobject experience can establish a fully healthy functioning self involving a different sector of personality and selfobject need' (1997, p. 26). Furthermore, Fosshage maintains that the concept of compensatory pathways to healing indicate that the patient may not need to re-experience the original trauma of the primary deficit, which he views as a radical departure from clinical practice. In response, Tolpin (1997b) emphasizes that her claims regarding Anna Freud's healing were more modest than Fosshage viewed them to be; she states that 'the example is intended to illustrate the firm enough establishment of *one functional sector of the self*' (her emphasis, p. 30), rather than the restoration of a completely revitalized, healthy self. In terms of clinical practice, Tolpin maintains that the type of cure achieved - whether via primary or compensatory structures - is dependent upon the patient's utilization of the new self-selfobject experience in the therapy. However, she asserts that 'the idea of

compensatory structure is a radical theoretical and clinical departure that makes possible a solid enough form of cure' (Tolpin, 1997b, p. 31).

Compensatory Structures in Therapy

Kohut (1984) states that in the therapy process the pivotal transference is organized around the *less* traumatic of the selfobject experiences – in other words, the compensatory structure (or beginnings thereof). In cases where the focus of therapy will be on the compensatory structures that had not been completely established early in the individual's life, these structures become reactivated in the therapy in order for their development to be completed. Kohut (1977) states that an analysis or therapy may be nearing termination when the defensive structures are penetrated to expose the primary defect, so that the defective structures of the self can become functionally reliable via the process of transmuting internalisation*. Alternatively, once the patient has an emotional and intellectual understanding of the nature of, and the relationship between, his or her defensive and compensatory structures, and the compensatory structures have become functionally reliable, termination is appropriate. Thus 'cure' can occur via the healing of the structural deficiencies of the compensatory structure or via understanding of the primary deficit, an interrelationship between the two, or in all areas. This concept allows for flexibility in terms of the pathway to healing dictated by careful attunement to the individual's selfobject needs in the process of the therapy.

Differentiating Self Structures

It is important to note that the reestablishment of the self via primary or secondary structures depends on the specific transferences that emerge, and the ability of the patient to make use of the new self-selfobject experience provided in the therapy relationship (Tolpin, 1997a). The correct recognition of these selfobject needs and the linked self-structures that need bolstering is essential. Tolpin (1997a) states that it is important that the tendency of the self to seek experiences that assist in recovery from severe injuries needs to be recognized as such, rather than interpreted as infantile wishes that need to be renounced. Tolpin cites Guntrip's error in this regard, in which he mistakenly interpreted a patient's need for support in the beginnings of a compensatory structure as an infantile wish. Briefly, Guntrip (1980)

*The process whereby new psychological structure is built via gradual internalisations of aspects of the therapist, activated by the frustration of the patient's need for the therapist's permanent presence (Kohut, 1977).

was engaged in an analysis of a 40-year-old schizoid man who had an embarrassing preoccupation with women's breasts. Guntrip originally interpreted this preoccupation as a regressive symptom that the patient was defended against. Over the course of the therapy, the patient's preoccupation with breasts was replaced by a series of fantasies that culminated in a fantasy of him being in an impregnable castle on top of a mountain shaped like a breast. The patient imagined throwing boulders at Guntrip as he came towards him up the side of the mountain. Shortly after this fantasy, the man broke off the analysis. As he rethought the analysis, Guntrip realized that his insistence upon interpreting the patient's preoccupation with breasts as only regressive might have led him into the ultimate regression – returning to the womb. Guntrip later reviewed his interpretation, suggesting that the patient's obsession with breasts and his refusal to give them up was 'a constructive and forward-looking struggle to defeat his powerful longing to take flight from the post-natal world' (1980, p. 51). He goes on to state that, had he viewed the patient's presenting symptom as a constructive motivation, he may have been able to support his move towards active living.

Kohut suggests that compensatory and defensive structures refer to poles of a spectrum at the centre of which intermediate forms exist: 'But more or less pure forms are encountered, and the transitional ones can usually be assigned to one or the other of the two classes' (Kohut, 1977, p. 4). In my experience of the case under discussion, it was in practice difficult to differentiate defensive from compensatory structures, and the material contained within the intersubjective field was essential in providing a guide to my understanding and differentiation between these structures.

Intersubjectivity

Stolorow, Brandchaft and Atwood, 1984, summarize the principles of the intersubjective approach as follows:

'In its most general form, our thesis ... is that psychoanalysis seeks to illuminate phenomena that emerge within a specific psychological field constituted by the intersection of two subjectivities - that of the patient and that of the analyst . . . [P]sychoanalysis is pictured here as a science of the *intersubjective*, focused on the interplay between the differently organized subjective worlds of the observer and the observed. The observational stance is always one within, rather than outside, the

intersubjective field . . . being observed, a fact that guarantees the centrality of introspection and empathy as the methods of observation . . . Psychoanalysis is unique among the sciences in that the observer is also the observed ...' (Stolorow, Brandchaft & Atwood, 1987, p. 41 - 42).

Stolorow, Brandchaft and Atwood (1987) state that the concept of intersubjectivity was developed in part as a response to the tendency in classical analysis to view pathology as located within the patient, failing to consider the clinician's extensive influence on the clinical phenomena she or he observes in the treatment process. Classical psychoanalysis is based on an assumption that there is an objective reality - one experienced by the patient and an objectively 'true' one known by the clinician (Orange, Atwood & Stolorow, 1997). Stolorow et al. (1987) posit that there is in fact only one reality relevant in treatment - the subjective reality of the patient, of the analyst and within the psychological field created by the interaction of the two. Thus intersubjectivity refers to '... the larger relational system or field in which psychological phenomena crystallise and in which experience is continually and mutually shaped' (Stolorow, 1995, p. 393).

Kohut's Self Psychology and Intersubjectivity

Stolorow (1995) suggests that Kohut was moving towards the concept of intersubjectivity in his concept of selfobject functions - the self-experience being influenced by the responsiveness of others within the environment. However, intersubjectivity is broader and more inclusive than the self - selfobject function in that it encompasses a more general level of experience other than the selfobject dimension. As regards transference and countertransference phenomena, within which selfobject needs are reactivated and responded to, intersubjectivity does not replace these. Rather it refers to the larger system created by 'the reciprocal mutual interaction between the patient's transference and the analyst's transference' (Stolorow, 1995, p. 397).

Stolorow et al. (1987) view the perspective of intersubjectivity as pushing to the limit Kohut's concepts of empathy and introspection as the tools for analytic investigation. In terms of Kohut's concepts, two central points are highlighted - 1) that the patient needs a psychologically empathic and responsive milieu in order to benefit from treatment, just as he or she needs this in order to survive in the world, and 2) that the therapist draws on the deepest layers of his or her psyche in the process of empathic immersion into the patient's

inner life (Kohut, 1977, 1990). Although Kohut agreed in principle with the tenet that the patient's psychological structures will emerge optimally in a relatively neutral therapeutic environment, he emphasized that neutrality should not be confused with lack of responsiveness (Kohut, 1977, 1990). Kohut defines the principle of analytic neutrality as 'the responsiveness to be expected, on an average, from persons who have devoted their life to helping others with the aid of insights obtained via the empathic immersion into their inner life' (1977, p.252). Kohut emphasizes that 'the analyst's human warmth ... is not just an adventitious accompaniment of his essential activity - to give interpretations and constructions - which is performed by his cognitive processes. It is an expression of the fact that the continuous participation of the depth of the analyst's psyche is a *sine qua non* for the maintenance of the analytic process' (1977, p. 251).

The perspective of intersubjectivity is considered well suited to the concepts of empathic inquiry and introspection as it offers a broad framework within which self psychology can expand (Stolorow, 1995). This marks a shift from the traditional analytic stance of abstinence, which is considered far from neutral in the sense that the patient may experience this as frustrating and withholding, to one of empathic inquiry: an ever-deepening investigation of the patient's *subjective* world (Orange et al., 1997, Stolorow et al. 1987). In addition, the clinician's subjectivity is part of the process - his or her internal world shapes his/her interpretations, countertransference responses and any other therapeutic intervention (Orange et al, 1997, Stolorow et al. 1987). Thus the therapeutic pair is determined by the interplay of two subjective worlds and a larger field that this interplay creates. To summarize, the intersubjective field is concerned with 'organizations of subjective experience, their meanings, their origins, their mutual interplay, and their therapeutic transformation' (Stolorow et al. 1987, p. 6).

During the process of psychotherapy with Christopher, I realized that I had become far from 'objective', in that material from my own biography had been evoked that influenced my responses to him. However, after processing my responses, I was able to use the personal material to further my understanding of Christopher's inner world. Thus, in addition to my knowledge of his biography and my insights into his inner world, I was able to utilize my ongoing analysis of the interactions between us and of my own subjective experiences to enhance rather than hinder the therapy process. However, it must be noted that my own material would have been a hindrance to the process had I not noted and dealt with it. As Ornstein (1991) notes, 'empathic immersion in the patient's inner world is a process that is

made possible by the analyst's ongoing effort to decenter from his or her affective state' (p.95). The empathic stance is thus a safeguard against the clinician becoming trapped within his or her affective states and contributes towards him or her remaining attuned to the patient's inner world.

Ornstein's point notwithstanding, what I suggest is that the concept of intersubjectivity not only puts paid to the illusion of objectivity and provides a more inclusive view of the therapy process, it offers a rich source of additional material that can be most useful in enhancing understanding. My evolving awareness of the intersubjective field, which includes Christopher's transference, my countertransference responses to these reactivated selfobject needs, material from my own biography evoked in the therapy process and the relationship dynamic created between Christopher and I, enabled me to gain insight into the fluctuating function of Christopher's competitive behaviour. I believe that Christopher's competitiveness was both defensive and compensatory, and that the only way I could tell which was which was through analysis of this field: an interplay between our subjectivities.

University of Cape Town

METHODOLOGY

A qualitative paradigm underpins this research, which focuses on an individual case and utilises material arising from analysis of the case to elucidate a theoretical discussion. The chief qualities of this research is that it is based on a single, unique case; it is intersubjective in approach in that my own internal world and that of Christopher's are part and parcel of the research; and the analysis of the material is based upon interpretations of individual instances, aggregated into specific patterns of meaning.

The Qualitative Paradigm

Qualitative research cannot be easily defined, given the very broad range of techniques, philosophies and disciplines associated with it (Blaikie, 1993; Mason, 1996; Stake, 1995). The following provide outlines of the essential characteristics of qualitative research. Creswell (1994) notes the ontological assumption of the qualitative paradigm as including a view of reality as subjective and multiple. There is an epistemological assumption that the researcher and researched should interact, with distance between them minimised, and an axiological assumption that the research is value-laden and the researcher actively includes his or her values and biases. Mason (1996) identifies three essential qualities - that it is grounded in an interpretivist philosophy, based on flexible methods of data generation - sensitive to the social context, and utilises methods of analysis involving an understanding of complexity, detail and context. Stake (1995) highlights the holistic, empirical, interpretive and empathic characteristics.

My choice of a qualitative paradigm is based on my preference for close and in-depth contact with the research subject, and my belief that my own subjective views will inevitably colour my interpretation of the material studied. This is a reflection of reality, rather than a flaw. Furthermore, the interplay between empathic contact with my 'subject' and my subjectivity was the foundation for the therapeutic intervention upon which this research is based. The qualitative paradigm, therefore, seemed ethically and intuitively appropriate, given the therapeutic role I originally played and my particular worldview.

The Case Study Method

The case material upon which this dissertation is based consists of a therapy undertaken during my first year of Clinical Psychology Master's training at UCT's Child Guidance Clinic. The Child Guidance Clinic is a training facility for Clinical Psychology Master's students that operates as a resource for the community, offering psychological services at reduced rates. As its name indicates, the primary focus is on children, although adults are often seen as part of the intervention process. This research is based on work with an individual case, an intrinsic case study, as described by Stake (1995): a case not chosen by myself (in the sense that I was given the case via the administration process at the Child Guidance Clinic), but in which I had a subjective interest as a trainee eager to offer my services in order to understand and assist Christopher in his difficulties.

I would like to focus on the subjective aspect, as it is intrinsic to this dissertation, yet perhaps counterintuitive to the usual concept of scientific research. Stake (1995) suggests that the intent of qualitative research is to promote a subjective paradigm, not as a failing but as an essential element facilitating the understanding of that which is researched. Atwood and Stolorow (1993) describe the case study method as differentiated from other methodological orientations in that the issues being investigated can only be understood from within the context of the subjective world of the individual, including the individual's personal history. The gradual development of understanding of the individual's psychological life arises from an intersubjective process involving the interplay between the subjective worlds of both the individual under analysis and the investigator: 'By lifting the particularizing impact of his personal subjectivity into reflective awareness, the investigator seeks to deepen and broaden the interpretations that are brought to bear on the case material' (Atwood & Stolorow, 1993, pp. 28 - 29).

Given the subjective nature of this type of research, what can be said about its generalizability? In quantitative research, the goal tends to be establishing generalizations that hold true over diverse situations, with an attempt to nullify contextual effects (Stake, 1995). Stake (1995) notes that the unique case study at first seems a weak basis for generalization, but the case study offers the potential for a refinement in understanding - a modification of generalizations. Furthermore, Stake emphasizes that the aim of the case study is not so much to make generalizable assertions, but to understand the particular, the unique. As Stake states, 'we do not study a case primarily to understand other cases. Our

first obligation is to understand this one case' (1995, p. 4). He goes on to say that, 'qualitative researchers treat the uniqueness of individual cases and contexts as important to understanding. Particularization is an important aim, coming to know the particularity of the case' (Stake, 1995, p. 39).

Thus, the underlying aim of case study based research is not so much to produce generalizable results, but to establish a deep understanding of the individual case. In this dissertation, particular meanings derived from the process of understanding the case are highlighted and brought one step further into abstraction - a partial generalization. However, the subjective interplay between researcher and researched is emphasized as the context from which these partial generalizations are drawn.

Atwood and Stolorow (1993) state that, although the validity of the case study method is difficult to assess given the subjectivity inherently involved in this type of research, criticisms of this approach presuppose that the purpose is to arrive at incontrovertible truths and principles. Rather, Atwood and Stolorow emphasise that the aim is to bring about significant theoretical ideas and promising topics for future research. However, the latter notwithstanding, the quest for validity is still a necessary one in qualitative research. As Stake (1995) states, as regard the case study method, 'It is true that we deal with many complex phenomena and issues for which no consensus can be found as to what really exists - yet we have ethical obligations to minimize misrepresentation and misunderstanding' (p. 109). The method that best describes my attempt at establishing validity would be triangulation, which essentially involves additional input and observation in order to ensure the accuracy of interpretation (Stake, 1995). Stake notes three triangulation protocols - data, investigator and theory triangulation.

Firstly the reader is considered part of the interpretative triangle, thus the background information obtained and material from the therapy process, wherein the underlying dynamics resulting from the patient's background are believed to arise, is provided. The illustrative material supplied seeks to describe as accurately as possible the issues under discussion. This constitutes data triangulation. Of course, in order to provide succinct illustrations from the case material, it was necessary for me to exclude a great deal. Here the input of my dissertation supervisor was instrumental in terms of finding clarity as regards the establishment of a focus and ways of theorizing this. I would term this the theory triangulation - in which my supervisor and I explored the appropriate theoretical interpretation

of the material. In addition, my clinical supervisor formed part of the triangulation process in the initial stage of the therapy process. Her insights and observations provided additional perspective and assisted me in grappling with ways of understanding the case, and in finding clarity as regards interpretation. Stake (1995) describes the latter as investigator triangulation, where another person views the data under observation - in this case, this involved my clinical supervisor viewing segments of the video-recorded sessions and discussing the dynamics involved with me, including my own perspectives.

Analysis of Material

Henwood and Pidgeon (1994) note that qualitative methods are '...thought to meet a number of reservations about the uncritical use of quantification: in particular the problem of inappropriately fixing meanings where these are variable and re-negotiable in relation to their context of use, and because of the need to avoid overwriting internally structured subjectivities with *a priori* systems of meaning (e.g. as with standardized survey instruments)' (p. 227). In this case, meaning was sought via close personal interaction with the 'subject' of study, a means considered most appropriate for the purpose of understanding his internal world as this enabled an empathic immersion into his perspective to a greater extent than standardized measurements would allow. In addition, inclusion of the intersubjective dynamic is thought to establish the very particular context in which the material arose.

Atwood and Stolorow (1993) describe the approach used in the case study as interpretive and clinical. They state that the case study approach '...advances the understanding of individuals not by the testing of delimited hypotheses arrived at on some independent basis, but through a process of interrogation and construction evolved from the empirical materials at hand' (p. 28). Via this approach, particular meanings begin to be provisionally identified which are then measured against an analysis of the individual as a whole. Stake (1995) describes two strategies of qualitative researchers in reaching new meanings about cases: '...through direct interpretation of the individual instance and through aggregation of instances until something can be said about them as a class' (p. 74). This method was used in understanding Christopher's competitiveness in the sense that individual interpretations of particular instances of his behaviour were noted, and then links were made between other instances until I was able to find an emergent, aggregate pattern of meaning. As Stake (1995) states: 'The search for meaning often is a search for patterns, for consistency, for consistency within certain conditions, which we call "correspondence" ' (p.78).

The process involved in the analysis of the material utilised in this dissertation began with a thorough examination of the video-taped psychotherapy sessions and the written notes made in order to document the psychodynamic processes involved. All therapy material was brought to clinical supervision sessions, in which further exploration of the material occurred, with a specific focus on alternative or enhanced interpretation and any areas of difficulty. Theoretical insight was then sought that offered further understanding and clarity regarding the interactions within the therapy relationship and aspects of the patient's and clinician's behaviour and affect. Although a wide variety of theoretical approaches are taught at the Child Guidance Clinic, the psychodynamic approach predominates. As this approach is of most interest to me, I sought assistance from theorists within this paradigm. Due both to the nature of Christopher's difficulties and my own preference, Self Psychology became my theoretical basis of choice. The material was then analyzed and processed in order to find the most pertinent exchanges and vignettes that illustrate the theoretical argument posed.

Ethical Considerations

All patients seen at the Child Guidance Clinic are informed that it is a training and research institute and they are asked to sign a form granting permission for material arising in the therapy to be utilised for these purposes. Christopher's mother signed this form prior to the initial interview. When I met Christopher and his family, I attempted to broach the issue of confidentiality within a training environment with sensitivity and respect. Thus, at the commencement of the initial interview, I informed the family that we were being observed by colleagues, qualified professionals and fellow trainees, from behind a one-way mirror. I explained that my colleagues' role was to provide additional input that would be beneficial to my understanding of the case, and thus to them. I emphasized that any discussions held with colleagues regarding their case were for professional purposes only, and that nothing would be discussed outside of the clinic environment. At the beginning of the individual therapy process with Christopher, I told him that I would be video-recording all the sessions, and showed him the video equipment. I explained to him that I would show the videotapes to my supervisor so that she could help me to understand him. I also requested and obtained permission to use the material from the therapy as a basis for research from Christopher's mother prior to the commencement of this dissertation.

In addition to the informed consent obtained I have attempted to protect client confidentiality as far as is possible in the writing of this dissertation. As stated, I have changed Christopher's name, and I have also excluded any identifying details, including only that background information strictly necessary for providing clarity to the material under discussion. Furthermore, I have reproduced only those excerpts from the therapy material necessary to the elucidation of my research focus, and I have endeavored to remain as sensitive and empathic as possible in my approach to this material.

University of Cape Town

CASE HISTORY

Christopher (11) was brought to the Child Guidance Clinic with his family, Mother (44), Step-father (31), Half-sister (24) and Half-brother (14), who were concerned about a recent change in his behaviour and affect.

According to his family Christopher had become withdrawn, sleeping more than usual, staring into space at times and seeming uninterested in life and lacking in his usual energy. This was perhaps linked to a dispute about school fees that Christopher had neglected to hand in. In the February of that year, Christopher's mother had given Christopher R200 for the school registration fee. She believed he gave it to the school, but over a month later she received a letter from the school requesting the money. Christopher could not account for the money - he said that it disappeared from his bag. Mother, in particular, was upset about this as she said she thought of Christopher as a trustworthy child.

A further concern mentioned by Mother was that Christopher's half-brother had moved to high school that year and his increased workload meant that he couldn't spend as much time with Christopher as he used to. She also stated that the half-brother had regular contact with his father, and that Christopher became more withdrawn when the half-brother was away on visits.

Family History

Christopher's mother said that she came from a family of seven children. She described her mother as a woman who ruled with an iron fist - very strict and controlling with high hopes for her children. She described her father as very aggressive and she said that she aimed to change this pattern of discipline with her own children.

When she was nineteen, Mother fell pregnant with her first child. Christopher's half-sister, for mother didn't allow her to marry her daughter's father as she felt he wasn't suitable. This child grew up with her grandmother, whom she thought of as her mother. The half-sister appeared to be a well-balanced, charming young woman who clearly cared about Christopher.

Christopher's half-brother was born in 1986, also unplanned. Mother wasn't married to the father, whom she said was an alcoholic. She described Christopher's half-brother as a 'go-getter' and the two of them had a difficult relationship that they professed to have resolved at the time of the interview. Mother said that Christopher and his half-brother were very close and at times Christopher depended on him as a mediator between them. Christopher's older half-brother had regular contact with his biological father, and also had a younger half-brother with whom he was close. Mother believed that this was a concern for Christopher as he had no contact with his biological father and thus had no 'alternative' family to turn to. In fact Mother told Christopher that his father had died, although this was not the case. She later told me that his father had become a preacher of sorts and she suspected that he would find ways to extort money using this profession as a front.

Christopher's mother and step-father had been married for six years. Step-father said that he came from a strongly Christian background – his father was a leading figure in the church. He described his family as very close, but strict; he received a few 'good spankings'. He expressed gratitude for the firm rules as he felt these moulded his character. Before meeting Christopher's mother he had two serious relationships, but had never been married. Mother and step-father said that their marriage relationship was characterized by some 'ups and downs' and differences of opinions, but that it was stronger now than it had been previously. They said that they planned to have a baby together. However, subsequent to the initial intake, Mother informed me that the fertility clinic said she was too old to have another child. Mother said that this made it especially important that Christopher be treated, as she was unable to have a 'new' baby.

Personal History

In terms of his personal history, Christopher had been an unplanned and unwanted baby - unwanted to such a degree that Mother was in denial regarding her pregnancy right up until the birth. Mother was devastated about the pregnancy. She had been having a long-standing affair with Christopher's father, who was married to another woman, and the pregnancy wasn't planned. She intended to give Christopher up for adoption, but in the end decided she couldn't go through with it. During early infancy, another family took care of Christopher during the week and mother took him home on weekends. Mother stated that she felt rejecting of Christopher initially, and that he knew this. For example, she said that

when she went to fetch him from his caregivers he would fall down on the ground and avoid contact with her. Mother described Christopher as 'different' from her other children from the beginning - she said that she was terrified he'd turn out like his father, whom she considered psychopathic, and she would watch him vigilantly for signs of dishonesty. However, Mother stated that she had attempted to make up for her earlier rejection of Christopher as he grew older, and said that she and him were closer, whilst his half-brother tended to be allied to his step-father.

The foster family cared for Christopher until he was three years old, after which he went to crèche and Mother cared for him after work. Although Christopher reportedly asked if his foster family were related to him, Mother stated that he called *her* 'Mommy'. Christopher had fairly regular contact with this family after he stopped living with them, but at the interview Mother said he hadn't seen them for over a year. When Mother married, Christopher and his older half-brother moved in with her and their step-father.

Christopher attended the same local school since Grade 1. His mother said that he performed well in his school work and his class teachers frequently held him up as a good example. He had continued to cope well at school despite his emotional concerns (during our therapy together Christopher produced a report card that confirmed his academic achievements). Christopher was described as hardworking at school and a well-behaved child. However, Mother said that he tended to be emotionally reserved and to keep to himself. Christopher expressed some concerns about the behaviour of the children in his class - describing them as often noisy and disruptive. He said that he had a few school friends, and enjoyed playing with his cousins. He also enjoyed playing chess and soccer and he said that he had a particular interest in cars.

Clinical Impression

Judging from his attentiveness and responses during the initial interview, Christopher appeared to be alert and bright. He was physically composed and appeared dignified and somewhat detached, but he became noticeably more uncomfortable and anxious as the interview progressed. When I mentioned the money incident he withdrew – it seemed that he felt 'put on the spot' and became defensive and guarded in his responses. He expressed little affect, but as the interview progressed he communicated extreme anxiety non-verbally - fidgeting excessively with his shoelaces and avoiding eye contact. The overall initial

impression of Christopher was of a bright, composed and guarded child whose dignity and emotional detachment obscured a deep-seated vulnerability.

Intervention

After discussions with my supervisor, it was decided that the focus of the intervention would be individual psychotherapy for Christopher, with intermittent parenting-focused sessions for Mother and Step-father. The decision to see a child for individual therapy is always a difficult one, as his or her dependence on the family means that his/her psychological well-being is continually shaped and formed by the overall family dynamics. However, it was decided that Christopher might benefit from individual therapy given the impression of his relatively entrenched psychological patterns. Over the course of two initial assessment sessions, I consulted Christopher regarding the possibility of individual psychotherapy until the end of the year and he agreed to this.

After the initial interview further intervention with Mother and Step-father together was impossible as they separated and there was acrimony between them. Mother agreed to attend sessions on her own, but she missed quite a few of these and I decided not to insist further as I realized she was going through a difficult time. We managed three sessions in total. She was, however, diligent about sending Christopher to therapy and he attended eighteen play therapy sessions from early May until mid November 2001.

ILLUSTRATIVE MATERIAL

The aim of the therapy with Christopher was to create a non-threatening environment in which he could feel safe to express and explore his difficulties. I noticed early on in the process that Christopher tended to withdraw and become monosyllabic, sometimes silent, when I attempted to engage him directly. For example, during an assessment session I asked him to tell me his side of the story as regards the money his mother thought he might have stolen, but Christopher refused to speak. Once we had agreed to a longer-term therapy, I decided to leave the therapy space as open as possible. I showed Christopher the chest in the therapy room that contained the toys, drawing materials and games and explained that the therapy was for him, and that he could choose what he wanted to do.

The following vignette, which occurred in the first session after the assessment period, illustrates how Christopher began to use symbolic play as a method of communication that he felt more comfortable with. It also served to clarify the issue of the money incident.

Christopher chose a few hand puppets from the toy chest. He put on a hand puppet designed to resemble a dog, which he called 'Peter'. He said that Peter had three friends, represented by three other puppets, one of which was his new friend, 'Ann'. Christopher spoke via the character of Peter the puppet, saying that when he was young he did bad things – he stole a lady's handbag. He did this because he felt no-one loved him. But he bought everyone presents to make everything better. 'Peter' was sorry from the bottom of his heart for what he'd done. He asked me if I had ever done bad things and I said yes, but I could be forgiven and still be loved.

I felt that the above confirmed what I had suspected after the initial interview: that Christopher was a narcissistically injured boy who had stolen because he felt unloved. I believe that the stealing was a way of exhibiting his need and claiming what he wasn't given freely. Winnicott (1990) states that 'the child who steals an object is not looking for *the object stolen but seeks the mother over whom he or she has rights*' (p. 125, his emphasis). Winnicott views stealing as a hopeful sign in that it indicates that the child is searching for something he or she has been deprived of, and the nuisance value of this behaviour is

considered a favourable aspect in that it evokes attention, and thus the potential recovery of that which has been lacking.

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During the course of therapy with Christopher, a number of emotional concerns emerged, but it was his competitiveness that predominated, in the way he played and in most of our interactions. One of Christopher's favourite activities was to play board games with me (Scrabble, Snakes & Ladders etc.). All games were played with fierce competitiveness, with Christopher frequently cheating in order to win. What became interesting was the ambivalence expressed by Christopher as regards winning, and the shifting responses to and interpretations of his behaviour on my part. The following are vignettes from the therapy process, illustrating the various aspects of Christopher's competitiveness, with commentary regarding the intersubjective material that emerged and the process of my understanding thereof. The illustrative material provided tracks the process as it occurred, but I have added the insight gained in terms of understanding the specific self-structures involved.

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This first vignette sets the stage for exploration of Christopher's competitiveness. This was when I was alerted to his compulsion to perform. It also provided me with some insight into aspects of his internal world that propelled him towards competitiveness.

Christopher was playing with the schoolroom toy. He said that the children didn't like this school because they got too much homework, so there were only five pupils. One boy was late because he had been buying sweets. He had been made to do detention, which involved cleaning the whole school. I asked Christopher how this boy felt, and he said that he wanted to clean the school and had actually set it up this way.

While the children were playing during break-time the principal of the school kept interrupting with announcements over the intercommunication system requesting the pupils - one of whom was Christopher, to prepare a play that they were to perform for the rest of the school.

I feel that the above illustrates how difficult it was for Christopher to relax and enjoy himself - either he set himself up to work for his pleasure or he had to think about performing for others in his leisure time. The impression gained was that Christopher could not simply *be*. I saw the figure of the principal as representing an intrusive, controlling superego constantly reminding Christopher of what he ought to be doing.

I suggest that this vignette illustrates, in part, that Christopher internalized a critical superego because of his mother's tendency to check him constantly for antisocial behaviour. In addition, the above portrays Christopher's ambivalence about having to live up to a high expectation of himself - he turns the story around so that it is the boy's choice to clean the whole school (identifying with the superego), yet he is also expressing irritation that the school gives out too much work (identifying with the self). The play to be performed is seen as a manifestation of external attributes, not grounded in the self but rehearsed in order to come up to an internalized expectation to perform well.

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Linked to the above, and another strong tendency that Christopher had, was his need to cheat when playing competitive games. Although he would agree with me that cheating wasn't constructive, he found it very difficult to curb this urge. For example: -

During a game of 'noughts and crosses' Christopher became more and more agitated every time he lost, and began drawing the grid smaller and smaller until it was impossible to see his symbols, which meant that I was unable to see clearly enough to play and he would then insist that he had won; or he would add up his scores for a general knowledge game with wonderfully generous inaccuracy, whilst protesting if my scores were too high. During the word game 'hang-man', which involves one player writing down the first letter of a word, with blanks for the other letters, while the other player guesses possible letters to fill in the word (each incorrect guess involves a part of the 'gallows' being drawn), Christopher would change his original word, or tell me my guesses were incorrect when they weren't.

My response to Christopher's cheating was to acknowledge that he was doing so and to discourage it. I would at times refuse to continue playing with him if he cheated, or insist that we agree upon the rules before commencing a game. During the initial period of therapy, I

felt it was important to provide firm boundaries, and of course Christopher's cheating tendency needed to be curbed. I wanted to bring the cheating out into the open and to reassure him that I didn't reject him for this behaviour. When I interpreted to him that winning was so important to him that he would do anything to ensure he beat me, Christopher would deny this. Further attempts to interpret this to him were rejected. Christopher would sometimes start a game stating that he was determined not to cheat, but he found this very difficult and was usually tempted to do so.

Although I felt that firm boundaries were necessary, and that Christopher's cheating was an unfortunate tendency, I became uncomfortable with my 'policeman' role, with flavours of his mother's judgmental anxiety. I realised that I had identified with his mother's fear of Christopher's antisocial tendencies, and at one point Christopher said I was 'just like her'. As my understanding of his behaviour deepened, I became less concerned about Christopher's cheating and gradually this behaviour decreased, although the temptation to cheat in games was always there.

What I want to highlight about Christopher's cheating in games is that it indicates just how desperate he was to win. Enjoyment of the game itself came second. Of course, all children are tempted to cheat in games, but Christopher's cheating sometimes took on a manic quality when he was losing a game against me. I also understand the cheating as a rebellion against his punitive superego and as a manifestation of an internalization of his mother's incapacity to trust him: Christopher found it hard to trust himself.

Competitiveness as Defensive

Over the course of a few therapy sessions, I became increasingly irritated with Christopher's insistence upon fiercely competitive play; his incessant need to beat me and his delighted crowing over winning. At times I felt that Christopher's grandiose boasting when he won a game was fake and out of touch with his real feelings. At first my focus was on being firm about the rules of the game and clean-play, but I also found myself playing just as competitively. Over three sessions in particular we became locked into a battle of wills, in which I refused to budge about fair play or to just let him win, and Christopher continued to do whatever he could to beat me.

This mutual competitiveness and battle of wills reached a head, illustrated by the following vignette: -

Christopher set up a game of soccer in the therapy room, using two chairs as goal posts. Although I have never been good at ball games, I played very competitively and quite aggressively, and found myself kicking the ball hard and, surprisingly, accurately, scoring our version of goals. I had assumed that Christopher would be more adept at soccer than I, and was determined not to be 'slaughtered'. In fact, he was quite taken aback by the force and accuracy of my 'kicks' and was not particularly good at the game himself. He said that he didn't like being in the school soccer team.

The above interaction was a turning point in the therapy. After the session, I felt very uncomfortable with the underlying aggression behind my 'soccer' playing, and rather ashamed, as I was an adult woman and Christopher a little boy. Thinking through this session, I realized that I had become threatened by Christopher, feeling exhausted by his constant need to be one-up on me. During the period up to and including the session in which the soccer game occurred, it seemed to me that Christopher had grown in physical stature - I remember thinking that he must have turned thirteen by now (he was in fact still eleven). I realized that I had been responding to these feelings and impressions by utilizing my own compensatory structure - I refused to back down, determined not to let him take advantage of me. For a period the two of us became locked into a fierce battle of wills, tempered by warmth and humour, but nevertheless 'stuck' and difficult for both of us. The analytic third, the intersubjective dynamic created between us, was characterized by two strong wills pitted against each other, both on the defensive against our feelings of anxiety and vulnerability - the threat to our core selves, and both compensating by using our intelligence and willpower to remain 'on top'.

Fortunately I had begun to feel uncomfortable with this dynamic, and I was able to link my responses to my own childhood difficulties. Thinking about my responses, I realized that Christopher had evoked my own feelings about my older sister's jealous competitiveness and that I had begun to feel like the little sister who had to guard her dignity and position or be dominated and annihilated. In my personal therapy process, I had realized that my sister's need to compete with me and to put me down constantly was based on her own self-injury and that beneath her haughty exterior lay a very vulnerable, depleted self. I used this insight to further my understanding of the intersubjective dynamic created between Christopher and

I believe that the above also suggests that, just as Christopher didn't really like winning against younger, more vulnerable children (as representing this aspect of himself), he also felt unsure about beating me as he needed me as an ally. This indicates a further problematic aspect of his competitiveness - it's potential to alienate him not only from himself but also from others.

Competitiveness as Compensatory

The following is an illustration of how, at times, Christopher's competitiveness did not seem to mask his core self, but to bolster his narcissistic fragility.

Christopher and I were involved in a game with the toy farm animals, which he had set up the previous week. We had each built houses on neighbouring plots. Christopher had a job delivering furniture, which he was busily doing. After much driving to and fro in order to deliver furniture in the toy truck to various destinations, I said that he worked very hard and did he ever rest? Christopher said that he would do one more delivery and then he would rest for a whole year. I suggested he have a party. He said he was going to go on a trip to Gauteng to visit his cousins. He and his cousins decided to have horse races, and Christopher enthusiastically played out the races with much vigour, which he won. He then said he was coming back to Cape Town and invited me to a party at his house.

As well as illustrating Christopher's tendency to work very hard, I suggest that the above indicates the compensatory aspect of his competitiveness. Although I prompted him as regards taking a rest, he was able to embrace this wholeheartedly. When he was playing at horse races he did so with joy and abandon, and he was glowing about his imagined prowess in winning. There was a sense that, though it was important for him to win the races against his cousins, there was a relaxed atmosphere in this imaginary interaction rather than a desperate need to be on top. I was able to respond with warmth and congratulate him, providing the mirroring he yearned for without feeling his core self was being left behind. He was also able to invite me to his imaginary party afterwards - I was a welcomed guest, not an adversary whom he had to vanquish. This interaction felt positive for both of us, and we enjoyed each other's company:

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This vignette (consisting of interactions in the tenth therapy session) provides another example of the compensatory nature of Christopher's competitiveness, and indicates how it could be used in order for him to obtain and take in mirroring: -

Christopher started the session by declaring that he wasn't going to cheat as it doesn't work, and in fact he didn't do so throughout the session. One of the games we played was hangman (the word-guessing game described above). At one point Christopher wrote 7 words on the blackboard, with only the beginning letters and blanks for the rest, and I really struggled to guess what these stood for. Christopher had to help me out and eventually it came out that the words stood for his favourite make of car. We spoke about cars and Christopher told me how he used to love playing with cars when he was little - he used to play until his 'pants split'. At the end of the session Christopher drew a car in the therapy session calendar box (we marked off the end of each session with either Christopher or I drawing something that felt important in the session). He then did a wonderful, spontaneous imitation of a car revving up and driving. His vocal imitation was excellent and he was very pleased with himself, and I was able to genuinely affirm him.

In the above interaction it seems that Christopher was able to utilize his competitiveness non-defensively. He was pleased that he stymied me as regards the words his letters stood for, but his competitiveness didn't mask his vulnerable core. He used the game of hang-man to tell me about something that was special to him, and he then went into a tender memory of himself as a younger child: the triumph of winning was linked to the self rather than masking it. I was able to mirror his love of cars and admire his knowledge of them, which provided him with positive affirmation, and I believe that his uninhibited vocal rendition of a motor car exhibited a glowing sense of self-cohesion.

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I suggest that the interaction below, occurring in the second-last session with Christopher, illustrates the deepening of a shift in his competitiveness from defensive to compensatory in function: -

During a game of Scrabble, Christopher spent time finding and putting aside the letters of his and my names, building these on the sides of the board, facing each other. By this stage in the therapy, I had a deeper understanding of Christopher's competitive behaviour, and linked urge to cheat, so I was much more relaxed - less competitive and concerned about his cheating. Towards the end of the game, we were both stuck with rather useless letters to play with, and I said I was about to give up. Christopher, however, insisted on forming a word. He was very happy with himself when he managed to create quite a long word and seemed to be more concerned with his own achievement than proving himself by beating me.

I understand the placing of our names as an indication that Christopher was using both himself and me as the mirrors of his achievements - he was not competing 'against', but *for* himself. He was able to compete for pleasure, rather than anxiously trying to beat me using whatever means he could. This also suggested a shift in terms of his view of me, in that I was not seen as an opponent but as a source of affirmation. The internalized mirroring function meant that he could experience a genuine sense of achievement for himself, rather than utilizing his competitiveness to exhibit prowess he didn't actually feel confident about. In addition, the accolades received from his determination and success in building a word seemed to be used to mirror the self rather than in appeasing a harsh superego.

De-contaminating the Compensatory Structure

Here, I refer again to Kohut's suggestion that successful therapy may involve rendering the *compensatory structures* more functionally reliable via transmuted internalizations (Kohut, 1977). In essence, in order for a structure to operate as compensatory rather than defensive, it should be free of conflict or ambivalence (Silverstein, 2001). As stated above, there were times when Christopher felt ambivalent about his competitiveness: his external toughness and insistence upon winning masked his vulnerability and spoilt the possible mirroring he yearned for. In addition, this structure was also marred by his tendency to cheat. In our work together I suggest that Christopher and I, to some degree, were able to 'de-contaminate' his competitiveness in its defensive capacity and to render it a more functionally reliable compensatory structure.

ILLUSTRATIVE MATERIAL

The aim of the therapy with Christopher was to create a non-threatening environment in which he could feel safe to express and explore his difficulties. I noticed early on in the process that Christopher tended to withdraw and become monosyllabic, sometimes silent, when I attempted to engage him directly. For example, during an assessment session I asked him to tell me his side of the story as regards the money his mother thought he might have stolen, but Christopher refused to speak. Once we had agreed to a longer-term therapy, I decided to leave the therapy space as open as possible. I showed Christopher the chest in the therapy room that contained the toys, drawing materials and games and explained that the therapy was for him, and that he could choose what he wanted to do.

The following vignette, which occurred in the first session after the assessment period, illustrates how Christopher began to use symbolic play as a method of communication that he felt more comfortable with. It also served to clarify the issue of the money incident.

Christopher chose a few hand puppets from the toy chest. He put on a hand puppet designed to resemble a dog, which he called 'Peter'. He said that Peter had three friends, represented by three other puppets, one of which was his new friend, 'Ann'. Christopher spoke via the character of Peter the puppet, saying that when he was young he did bad things – he stole a lady's handbag. He did this because he felt no-one loved him. But he bought everyone presents to make everything better. 'Peter' was sorry from the bottom of his heart for what he'd done. He asked me if I had ever done bad things and I said yes, but I could be forgiven and still be loved.

I felt that the above confirmed what I had suspected after the initial interview: that Christopher was a narcissistically injured boy who had stolen because he felt unloved. I believe that the stealing was a way of exhibiting his need and claiming what he wasn't given freely. Winnicott (1990) states that 'the child who steals an object is not looking for the object stolen but seeks the mother over whom he or she has rights' (p. 125, his emphasis). Winnicott views stealing as a hopeful sign in that it indicates that the child is searching for something he or she has been deprived of, and the nuisance value of this behaviour is

Cheating

As regards his tendency to cheat, perhaps the firm boundaries I put in place made Christopher feel safe with me and he was able to internalize the capacity to control this urge to some degree. It seems that Christopher had tested me to see if he could get away with cheating and realized he couldn't, but that I didn't reject him even though I rejected the behaviour. In addition, once I had gained in understanding as regards Christopher's underlying narcissistic need for mirroring which he hoped his competitive behaviour would evoke, I was able to feel more compassion about his tendency to cheat. My growth in understanding the underlying motivation for his behaviour rather than focusing on the cheating itself created a new dynamic between us. We could move on together, as the therapeutic pair - relaxing about the cheating once we were able to move into the deeper meanings behind it.

It also seems that, as Christopher began to gain a deeper satisfaction from his competitiveness, he no longer needed to cheat as much. In part, his cheating was a flag to alert me (and others) to his neediness: it was a maladaptive way of obtaining attention, as it spoilt the results of his competitiveness. Once he could find ways in which to compete without having to beat either me, as his ally, or mask his core self, he was able to receive my admiration and affection which I could give with greater warmth as I processed the negative aspects of our interactions and my own personal issues that contributed to this.

Playing/being - for enjoyment

Throughout the therapy process I would encourage Christopher to play for fun, to take time out for himself and to compete for enjoyment as well as to win. Our mutual tussle of wills, the intersubjective dynamic created at times, although difficult, was softened by humour and a growing attachment between us. There was sufficient robustness in the relationship to enable us to stand up to each other: Christopher could come up against my strong front, I against his aggressive competitiveness, without destroying the goodness between us. I believe Christopher came to realize that he could compete without necessarily destroying the vulnerable 'other' (internal and external) as I stood firm without rejecting him, and we were able to fight some issues out without there having to be only one winner.

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The above illustrative material and commentary describes the intersubjective dynamic developed between Christopher and I, and my countertransference responses. It tracks my shift in response to Christopher's behaviour - from providing firm boundaries around cheating, to my own defensive resistance to his need to beat me and my compensatory 'inviolable front', to empathy with the underlying narcissistic injury and his own ambivalence about winning - leaving him feeling alone in his fragmenting sense of self. Finally, the process led to my acceptance of the positive aspects of Christopher's competitiveness, which enabled Christopher and I to work with the defensive, negative aspects of this attribute, particularly cheating and false bravado, such that his competitiveness could become more of a life-enhancing attribute. I believe these interactions assisted in 'de-toxifying' aspects of Christopher's compensatory competitiveness, assisting in the shift from defensive to compensatory in nature.

The process for Christopher is not over, by any means, given the short period that we had in which to work together. However, I believe that his competitiveness, as a compensatory structure, had been sufficiently positively mobilized for it to provide a revitalizing function for the self. In addition, the brief work done with his mother provided some hope that changes would occur in his family environment. Once she had been reassured that I wasn't there to judge but to understand, Mother was open to my suggestions and interpretations. Over the course of the three sessions with her, we were able to discuss her somewhat punitive attitudes towards Christopher and to explore ways in which she could be more tolerant and accepting. Mother was able to gain some insight into her parenting style as reflecting her insecurity as regards her skills, and as a repetition, to some degree, of her mother's parenting. We also explored her tendency to split - to view people as either good or bad, and to hold an idealized view of how things should be, rather than working with manifest reality. It is hoped that the work with Mother contributed to a consolidation of the shifts Christopher achieved in therapy.

CASE FORMULATION

I view Christopher as a narcissistically injured young boy whose competitiveness reflected both an attempt to compensate for this injury and a defense against his vulnerability. I postulate diffuse damage to the self, but suggest that the pole of ambitions was particularly weak.

Christopher's mother's initial rejection of him meant that he was insufficiently mirrored and she was likely to have been ambivalent about his attempts to relate to her as an idealized source. Furthermore, the loss of contact with his foster family contributed to Christopher's feeling of vulnerability and rejection, as he was then more reliant on his mother. When Christopher was conceived his mother was trying to straighten up her life and I suggest that she felt she couldn't afford to 'fall' again. Her unplanned pregnancy with Christopher was thus devastating for her as it represented a setback in improving her circumstances. This made it very difficult for her to provide the positive mirroring Christopher needed to develop optimally. Although he was reportedly close to his foster parents, who may have been able to provide positive selfobject experiences, Christopher was aware that his real mother was rejecting of him.

I suggest that Mother's marriage to Step-father with his strongly held Christian beliefs, was an attempt to conform to the conservative values that she had initially rebelled against, but which were internalized as a punitive superego. This marriage is also viewed as an attempt to provide a stable environment for Christopher. The money incident was thus a very traumatic one for Mother - she found it hard to face the fact that Christopher could have stolen as this reminded her of her own vulnerabilities and the times she had 'fallen from grace', and his action may have been interpreted by her as a manifestation of the negative qualities of Christopher's father, which she dreaded.

This atmosphere made it very difficult for Christopher to feel able to confess and be forgiven - he felt terrified of being rejected. This fear was exacerbated by the fact that his mother did reject him when he was a baby, a feeling that he was aware of at the time. The issue of the stolen money was thus about far more than petty theft - it was an indication of Christopher's need for affection and acceptance that he felt he wasn't given freely. Although his mother

had compensated for her early rejection of him by allying herself with Christopher, I suggest that this felt conditional upon him being 'good'. His fragile sense of self was thus dependent upon meeting high ideals to gain acceptance and affirmation.

Mother was concerned that Christopher would manifest the antisocial traits she saw in his father, and I believe her consequent distrust of Christopher was unconsciously registered as a difficulty in trusting himself. As well as a sense of being untrustworthy Christopher had introjected a punitive, intrusive superego with very high standards. I suggest that he vacillated between identifying with this perfectionist superego and the self - which means that at times he 'found himself' doing something 'bad', partly a rebellion against the superego, and partly a way of obtaining attention regarding his depleted state. At other times, he pushed himself to perform exceptionally in order to obtain approval. Thus Christopher's competitiveness was, in part, an attempt to appease a critical superego and a reflection of his attempts to win his mother's approval.

Christopher's competitiveness also seems to reflect a dominant exploratory-assertive motivational system. I suggest that this motivational system predominated due to Mother's high expectations of his competence and as an alternative to the threat to self-cohesion posed by attachment to his sometimes-rejecting mother. As a result, I suggest that activities utilizing the exploratory-assertive system, such as play, schoolwork and competitive interactions with others, were frequently experienced by Christopher as grueling tasks rather than pleasurable opportunities to assert independence and prove competence.

Thus, I suggest that Christopher's competitiveness arose out of his experiences of the selfobject milieu. It also reflected adjusted and maladjusted attempts to obtain the selfobject responses he required in order to revitalize his injured self. Maladjusted elements of his competitiveness were his tendency to cheat and his aggressive desire to win. Christopher was also able to utilise his competitiveness in a non-destructive way, expressive of a healthy self-assertiveness and a potential for a positive psychological forward move.

In terms of internal structures, I suggest that at times Christopher's competitiveness operated as a defence, creating a facade of grandiose toughness and competence in order to mask his vulnerable self. Whilst this provided self-protection, it was maladaptive in that it created a false impression and discouraged the empathic, affirming responses he needed. However, I believe that at times Christopher's competitiveness operated as a compensatory structure,

CASE HISTORY

Christopher (11) was brought to the Child Guidance Clinic with his family, Mother (44), Step-father (31), Half-sister (24) and Half-brother (14), who were concerned about a recent change in his behaviour and affect.

According to his family Christopher had become withdrawn, sleeping more than usual, staring into space at times and seeming uninterested in life and lacking in his usual energy. This was perhaps linked to a dispute about school fees that Christopher had neglected to hand in. In the February of that year, Christopher's mother had given Christopher R200 for the school registration fee. She believed he gave it to the school, but over a month later she received a letter from the school requesting the money. Christopher could not account for the money - he said that it disappeared from his bag. Mother, in particular, was upset about this as she said she thought of Christopher as a trustworthy child.

A further concern mentioned by Mother was that Christopher's half-brother had moved to high school that year and his increased workload meant that he couldn't spend as much time with Christopher as he used to. She also stated that the half-brother had regular contact with his father and that Christopher became more withdrawn when the half-brother was away on visits.

Family History

Christopher's mother said that she came from a family of seven children. She described her mother as a woman who ruled with an iron fist - very strict and controlling with high hopes for her children. She described her father as very aggressive and she said that she aimed to change this pattern of discipline with her own children.

When she was nineteen, Mother fell pregnant with her first child, Christopher's half-sister. Her mother didn't allow her to marry her daughter's father as she felt he wasn't suitable. This child grew up with her grandmother, whom she thought of as her mother. The half-sister appeared to be a well-balanced, charming young woman who clearly cared about Christopher.

linked to healthy self-assertiveness, aimed at receiving mirroring via the assertive-exploratory motivational system. As such his competitiveness is viewed as an attempt to initiate the affirmation he lacked; a means of obtaining mirroring from idealized sources (Mother, Half-brother, Step-father, teachers). When utilized effectively, Christopher's competitiveness gained him much-needed praise and affirmation, for example when he performed well in his homework or won a game with other children. This aspect of his competitiveness represented the beginnings of a compensatory structure that could be built up to revitalize the self.

University of Cape Town

DISCUSSION

Christopher's competitiveness was of a complex quality. Arising out of his assertive attempt to mobilize selfobject responsiveness, his competitiveness came to function partly as a useful and invigorating compensation, partly as a defense against self injury. In this dissertation I emphasize the fact that it is difficult, in practice, to recognize compensatory structures versus defensive ones. I consider the intersubjective field - my countertransference responses, the personal material evoked and the relationship dynamic between Christopher and I, an essential aspect of working with Christopher's competitiveness and identifying its fluctuating function. Via analysis of the intersubjective field present in the therapy, I was able to shift from viewing his competitiveness as maladaptive to recognizing the healing function it could provide. As compensatory structures represent the self's attempt at healing, I believe that it is of primary importance that they be recognized as such. If not, work in therapy may be counterproductive.

I suggest that working with compensatory structures may be particularly useful in short-term psychodynamic psychotherapy as one is working with manifest behaviour. This can be worked with immediately, versus the longer process of uncovering and strengthening the self. As Kohut (1977) states, recognizing the compensatory structure and de-contaminating it from defensive aspects should provide the patient with a more reliable, useful self-enhancing function. Because of the time constraints placed on me as a trainee, I had limited time in which to work with Christopher. The time limit didn't allow for deep penetration into Christopher's primary deficit, but I believe that the work we did together went some way towards de-contaminating his competitiveness from its defensive and maladjusted facets. It is hoped that Christopher's competitiveness will stand him in good stead in the future, particularly as regards scholastic performance and career success, and that the accolades received via these achievements will continue to provide the mirroring he needs. If Christopher is able to utilize his competitiveness constructively, I believe that it may compensate for the deficits in self-structure and that he will internalize a sense of being a valued and capable individual.

The concept of compensatory structures is useful and enhancing to psychological theory in that it represents a positive and realistic acceptance of internal functions that may develop usefully as a result of injury. As Tolpin (1997a) states, 'the concept of cure by compensatory structures calls for a theoretical shift that places our clinical accent on the normal development of the self and its constructive forward moves' (p. 17). Often psychology may be perceived as a prescribing science, one that seems to label negatively a great deal, offering a rather flattened version of 'normality'. The concept of compensatory structures allows for individual constructive adaptation to the harmful or depriving aspects of the human environment - creative adjustment that can be usefully worked with without detracting from the core or nuclear self. Every self has compensatory structures, there is not one kind of healthy self, there are many roads to health and this depends on the specific internal structure and potential for health of the individual patient (Tolpin, 1997a).

By being attuned to the patient's compensatory structures and his or her striving towards complete development of these, the therapist is focusing on the resourceful strivings of an individual's attempts to find new pathways towards health. This emphasis differs from a focus on the failed pathways - for example, an individual who turned away from frustrating selfobject sources as these hindered development. As Kohut states: 'The attempt to push such a self in therapy toward areas from which it had already disentangled itself in early life and with which it had severed connections not only is doomed to failure, but also betrays a gross misunderstanding of the patient' (1984, p. 45).

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University of Cape Town