7 On Arrogance[1]

83. In this paper I propose to deal with the appearance, in the material of a certain class of patient, of references to curiosity, arrogance and stupidity which are so dispersed and separated from each other that their relatedness may escape detection. I shall suggest that their appearance should be taken by the analyst as evidence that he is dealing with a psychological disaster. The meaning with which I wish to invest the term "arrogance" may be indicated by supposing that in the personality where life instincts predominate, pride becomes self-respect, where death instincts predominate, pride becomes arrogance.

Their separation from each other and the lack of evidence of any relatedness is evidence that a disaster has occurred. To make clear the connection between these references, I shall rehearse the Oedipus myth from a point of view which makes the sexual crime a peripheral element of a story in which the central crime is the arrogance of Oedipus in vowing to lay bare the truth at no matter what cost.

84. This shift of emphasis brings the following elements into the centre of the story: the sphinx, who asks a riddle and destroys herself when it is answered, the blind Teiresias, who possesses knowledge and deplores the resolve of the king to search for it, the oracle that provokes the search which the prophet deplores, and again the king who, his search concluded, suffers blindness and exile. This is the story of which the elements are discernible amongst the ruins of the psyche, to which the scattered references to curiosity, arrogance, and stupidity have pointed the way.

I said that these references are significant in a certain class of patient; the class to which I refer is one in which psychotic mechanisms are active and have to be analytically uncovered before a stable adjustment can be achieved. In practice,

[1] Paper read before the 20th Congress of the International Psycho-Analytical Association, Paris, July-August 1957.

analysis of such a patient may seem to follow the patterns with which we are familiar in the treatment of the neuroses, but with the important difference that improvement in the patient's condition does not appear to be commensurate with the analytic work that is done. To recapitulate, the analyst who is treating an apparently neurotic patient must regard a negative therapeutic response together with the appearance of scattered, unrelated references to curiosity, arrogance and stupidity as evidence that he is in the presence of a psychological catastrophe with which he will have to deal.

85. It may be supposed that an approach to the problem is provided by the emergence in the analysis of one of these references, and this is in fact the case. It is important that reference to any of these three qualities should be treated by the analyst as a significant event demanding investigation and provoking more than usually stubborn resistances. Unfortunately the problem is complicated by a fact which must be already evident, and that is that the analytic procedure itself is precisely a manifestation of the curosity which is felt to be an intrinsic component of the disaster. As a consequence, the very act of analysing the patient makes the analyst an accessory in precipitating regression and turning the analysis itself into a piece of acting out. From the point of view of successful analysis, this is a development that should be avoided. Yet I have not been able to see how this can be done. The alternative course is to accept the acting out and regression as inevitable, and if possible to turn it to good account. This, I believe, can be done, but it involves detailed interpretation of events that are taking place in the session. These events are active displays of the mechanisms of splitting, projective identification, and the related subsidiary phenomena of confusional states, depersonalization and hallucination, which have been described by Melanie Klein, Segal, and Rosenfeld as part of the analysis of psychotic patients.

86. In this phase of the analysis, the transference is peculiar in that, in addition to the features to which I have drawn attention in previous papers, it is to the analyst as analyst. Features of this are his appearance, and that of the patient in

so far as he is identified with the analyst as, by turns, blind, stupid, suicidal, curious, and arrogant. I shall have more to say later about the qualities of arrogance. I must emphasize that at this stage the patient would appear to have no problems other than the existence of the analyst himself. Furthermore that the spectacle presented is one, to borrow Freud's analogy, similar to that of the archaeologist who discovers in his field-work the evidences, not so much of a primitive civilization, as of a primitive catastrophe. In analytic terms that hope must be that the investigations which are being carried out will issue in the reconstitution of the ego. This aim is, however, obscured because this analytic procedure has become an acting out of destructive attacks launched against the ego, wherever it is discerned. That is to say, the ego whether it appears manifest in the patient or the analyst. These attacks closely resemble the description given by Melanie Klein of the infant's fantasied attacks on the breast.

87. If we now turn to consider what there is in reality that makes it so hateful to the patient that he must destroy the ego which brings him into contact with it, it would be natural to suppose that it is the sexually orientated Oedipus situation, and indeed I have found much to substantiate this view. When reconstitution of the ego has proceeded sufficiently to bring the Oedipus situation into sight, it is quite common to find that it precipitates further attacks on the ego. But there is evidence that some other element is playing an important part in provoking destructive attacks on the ego and its consequent disintegration. The key to this lies in the references to arrogance which I promised to explore further.

Briefly, it appears that overwhelming emotions are associated with the assumption by the patient or analyst of the qualities required to pursue the truth, and in particular a capacity to tolerate the stresses associated with the introjection of another person's projective identifications. Put into other terms, the implicit aim of psycho-analysis to pursue the truth at no matter what cost is felt to be synonymous with a claim to a capacity for containing the discarded, split-off aspects of other personalities while retaining a

balanced outlook. This would appear to be the immediate signal for outbreaks of envy and hatred.

88. I propose now to devote the remainder of this paper to description of the clinical aspect of the material which I have so far approached theoretically. The patient in question did not at any time behave in a way which in my view would warrant a diagnosis of psychosis; he had, however, displayed the features I have mentioned, namely, scattered references to curiosity, arrogance, and stupidity together with what I felt was an inadequate therapeutic response. At the period with which I deal, the significance of these features had become clear and I had been able to give him some insight into their relatedness and the increasing frequency with which they appeared in the forefront of his material. He described his behaviour in the sessions as mad or insane, and he showed anxiety at his inability to behave in a way which his experience of analysis had shown him to be helpful in furthering analytic progress. For my part I was impressed by the fact that for several sessions at a time he seemed to be devoid of the insight and judgement which I knew from previous experience that he possessed. Furthermore, the material was almost entirely of the kind with which I was familiar in the analysis of psychotic patients. That is to say, projective identification was extremely active, and the patient's states of confusion and depersonalization easy to detect and frequently in evidence. For a matter of some months sessions were taken up entirely with psychotic mechanisms to an extent which made me wonder how it was that the patient was apparently continuing his extra-analytic life without, as far as I knew, any material change for the worse.

89. I shall not describe this stage further, as it does not differ from previous accounts of work with the psychotic patient. I wish to concentrate on that aspect of the analysis which relates to a particular form of internal object.

In its simplest form this material appeared in sessions when the patient's associations lacked coherence and consisted of "sentences" which were remarkably deficient in one or the other aspect of the grammar of conversational English. Thus, a significant object might be mentioned, but there

would be no pronoun or verb, or a significant verbal form would appear such as "going skating", but there would be no mention of who was supposed to be doing this or where, and so on in an apparently inexhaustible number of variations. The establishment of an analytically potent relationship by means of verbal communication thus seemed to be impossible. Analyst and patient together formed a frustrated couple. This in itself was not new, and on one occasion, during a relatively lucid session, the patient himself observed that the method of communication was so mutilated that creative work was impossible, and he despaired of the possibility that any cure would come about. He was already quite familiar with the sexual anxiety inherent in such conduct, so it seemed reasonable to suppose that some progress would follow, and it was the more surprising that this did not in fact happen; the anxiety of the patient increased. I was eventually forced to assume, on theoretical grounds, that progress had taken place and that there was a change in his behaviour which I was failing to observe. With this assumption in mind I attempted to cast about for some revealing clue which would indicate what this change might be. In the meantime the sessions continued much as before. I remained at a loss until one day, in a lucid moment, the patient said he wondered that I could stand it. This gave me a clue: at least I now knew that there was something I was able to stand which he apparently could not. He realized already that he felt he was being obstructed in his aim to establish a creative contact with me, and that this obstructive force was sometimes in him, sometimes in me, and sometimes occupied an unknown location. Furthermore, the obstruction was effected by some means other than mutilation or verbal communications. The patient had already made it clear that the obstructing forces or object was out of his control.

90. The next step forward occurred when the patient said that I was the obstructing force, and that my outstanding characteristic was "that I could not stand it". I now worked on the assumption that the persecuting object that could not permit any creative relationship was one that "could not

stand it", but I was still not clear what "it" was. It was tempting to assume that "it" was any creative relationship which was made intolerable to the persecuting object through envy and hate of the creative couple. Unfortunately this did not lead any further because it was an aspect of the material which had already been made clear without producing any advance. The problem of what "it" was still, therefore, awaited solution.

Before I discuss this problem further, I must mention a feature of the material which had led up to this point, because it contributes to an understanding of the next step. During the whole of this period which I have been describing, references to curosity, arrogance, and stupidity became more frequent and more obviously related to each other. The stupidity was purposeful, and arrogance, not always called by that name, was sometimes an accusation, sometimes a temptation, and sometimes a crime. The cumulative effect of these references was to persuade me that their relatedness depended upon their association with the obstructive object. Curiosity and stupidity waxed or waned together; that is to say, if curiosity increased, so did the stupidity. I therefore felt some gain in knowledge of the character of the obstructive force. What it was that the object could not stand became clearer in some sessions where it appeared that in so far as I, as analyst, was insisting on verbal communication as a method of making the patient's problems explicit, I was felt to be directly attacking the patient's methods of communication. From this it became clear that when I was identified with the obstructive force, what I could not stand was the patient's methods of communication. In this phase my employment of verbal communication was felt by the patient to be a mutilating attack on *his* methods of communication. From this point onwards, it was only a matter of time to demonstrate that the patient's link with me was his ability to employ the mechanism of projective identification. That is to say, his relationship with me and his ability to profit by the association lay in the opportunity to split off parts of his psyche and project them into me.

On this depended a variety of procedures which were felt

to ensure emotionally rewarding experiences such as, to mention two, the ability to put bad feelings in me and leave them there long enough for them to be modified by their sojourn in my psyche, and the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result. Associated with these experiences was a sense of being in contact with me, which I am inclined to believe is a primitive form of communication that provides a foundation on which, ultimately, verbal communication depends. From his feelings about me when I was identified with the obstructive object, I was able to deduce that the obstructive object was curious about him, but could not stand being the receptacle for parts of his personality and accordingly made destructive and mutilating attacks, largely through varieties of stupidity, upon his capacity for projective identification. I, therefore, concluded that the catastrophe stemmed from the mutilating attacks made upon this extremely primitive species of link between the patient and analyst.

Conclusion

91. In some patients the denial to the patient of a normal employment of projective identification precipitates a disaster through the destruction of an important link. Inherent in this disaster is the establishment of a primitive superego which denies the use of projective identification. The clue to this disaster is provided by the emergence of widely separated references to curiosity, arrogance, and stupidity.