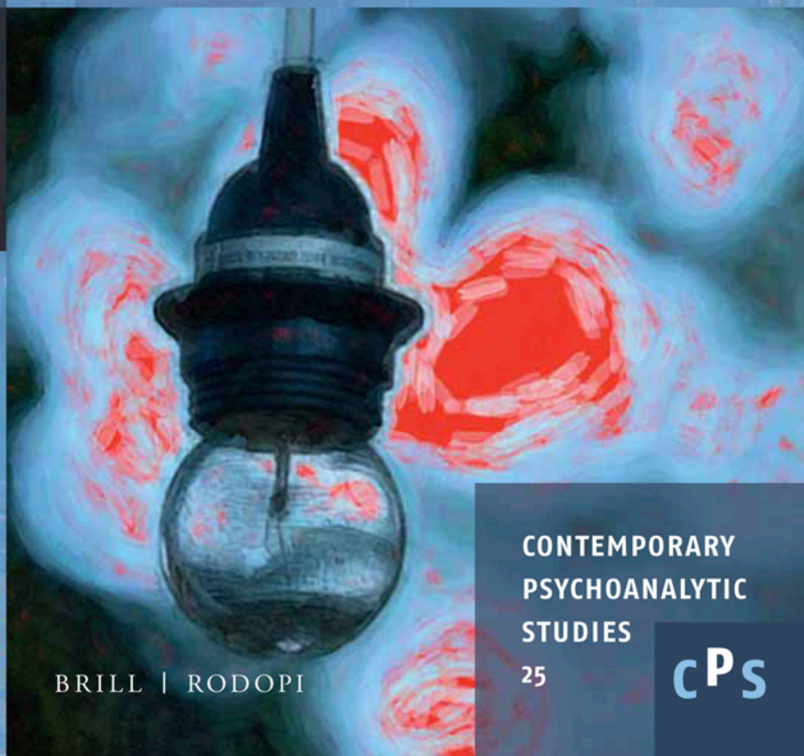
Robert Waska

Between Unknown Change and Familiar Retreat

Psychotherapy Technique for Our Most Challenging Patients



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Between Unknown Change and Familiar Retreat

Psychotherapy Technique for Our Most Challenging Patients

By

Robert Waska

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Introduction

Throughout her career, Melanie Klein wrote about the universal unconscious struggle we all have regarding issues of love, hate, and knowledge. Often the conflicts of love and hate are shaped by feelings of knowing or not knowing the primary other and of feeling unknown or negatively known by the other. Wanting to learn more about one's self or others is impacted by feelings of love and hate towards the self and other. Just as learning and change are impacted by issues of love and hate, what we know or find out about the self and other can generate greater degrees of love or hate. Thus, projective cycles of healthy learning, loving, and growth emerge. Or, in some cases of psychological disorder, a confining cycle of persecution, loss, and censored thought solidify.

To risk a change in how one lives life and how one relates to self and other is often balanced upon how loyal one is to the current familiar ways of living and whatever internal emotional bargains are in place. To move past these known states of love and hate to unknown object relational connections that break apart the familiar projective identification attachments can be felt as abandonment, loss, betrayal, or guilt instead of welcomed as independence, difference, growth, change, or renewal. Therefore, in psychoanalytic treatment, the therapist often faces an immediate transference of resistance, fear, resentment, and mistrust. This occurs with neurotic, borderline, narcissistic, or psychotic levels of functioning. For analytic treatment to be successful, the therapist must be constantly working to understand this and interpret this in terms of both defense and underlying anxiety.

Each chapter in this book illustrates a wide variety of psychoanalytic treatment situations that include these difficult situations of transition, unknown change, and the patient's reaction to it. Whether it be from a psychotic, borderline, or neurotic level of psychological organization, patients tend to deny, restrict, avoid, or attack their own true self and their potential independent separate identity. This can be to protect the object or protect the self but either way it involves a sacrifice of full internal capacity and richness of complete character functioning. The detailed case material in each chapter provides a closeup examination of how patients of all levels avoid their true self. In their mind, they avoid knowledge of the complexity, unity, and separateness of both positive and negative aspects of self and other. This is to prevent imagined conflict, guilt, persecution, or abandonment. Therefore, learning more about the self in psychoanalytic treatment is threatening to the narrow, restricted view of life that compromises the defended self and the protected or avoided other. Internal emotional bargains that keep the dysfunctional psychic equilibrium

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in place are suddenly in question and the patient often retreats and redoubles their defensive efforts and projective identification mechanisms to maintain inner status quo.

The Modern Kleinian Therapy approach (MKT) is a term meant to convey a mix of psychoanalytic methods, primarily involving contemporary Kleinian and contemporary Freudian techniques but supplemented with other elements of psychodynamic and counseling approaches. The aim of MKT is to establish analytic contact with the patient and gradually expand or shift the fixed, rigid, or pathological phantasies shaped by excessive projective identification that color the patient's external and internal views and subsequent reactions to self and other.

In Chapter One, case material is used to examine how MKT is a flexible and inclusive approach centered in known and established elements of Kleinian and Freudian psychotherapeutic work. Three cases that have only been conducted for five sessions each are presented. The reality of mental health work with troubled individuals is that many cases do not last more than 1-5 sessions and others only proceed for 10-20 visits. The patient who settles in for the long term work we usually recommend is perhaps not rare but certainly not typical.

We work to establish a custom fit with our analytic approach to each patient. FigurIng out their individual emotional needs is at least half the work. But, offering something unknown, new, and a challenge to their internal status quo usually creates a stormy, non-linear, and slippery journey for both analyst and patient. It is the effort itself that is often so essential in disturbed and fragile individuals. But, more importantly, certain ways of working psychoanalytically can help to facilitate actual fundamental shifts in underlying psychic patterns. To this goal, MKT is a reliable set of techniques that provides a stable guide when proceeding into the murky and uncertain territory of internal transformation.

In Chapter Two, the author describes the need for a more expansive concept of transference from a Kleinian perspective. The patient's internal phantasies are continuously interacting and evolving with external reality through the vehicle of projective identification. Thus, the patient is always defending, selectively sharing, and aggressively overusing these psychological conflict states with the analyst. Collectively, the patient's associations that result in a particular state of mind are all part of the wider territory of the transference. Both the direct here-and-now transference with the analyst and the patient's ongoing reports of their experience of life outside of the clinical setting are part of the territory of the transference and need to be considered equally valuable in the working through and interpretive process. Conflict resolution, mourning, and psychic transformation cannot occur without some combination of both

throughout the analytic treatment. The territory of the transference introduces a more expansive concept of psychoanalytic interpretation and the introduces the benefits of a more flexible interpretive focus as the territory of the transference shifts or relocates.

In Chapter Three, the Freudian concepts of "working through" and "compromise formation" are reconsidered through a Kleinian lens. When added to the Modern Kleinian concept of "analytic contact", these three ways of understanding the patient's psychological patterns in analytic treatment form a particular clinical approach. This approach is one in which the analyst follows the patient from their unique phantasy experience of self and object where they currently exist in and where they relate from. By working with or within this internal world, the analyst comes to a better clinical understanding of the transference and the compromised formation the patient believes they must exist in, isolated from reality and it's unknown elements. By working within the projective identification fingerprint of the compromised formation, the analyst can slowly find a way to make analytic contact with the patient and foster a mutual learning with a new opportunity for change and choice. Case material with a difficult to reach, psychologically compromised patient is used to illustrate these concepts from a Modern Kleinian perspective.

In Chapter Four, verbatim case notes illustrate the internal conflicts and phantasy struggles of one patient who felt unable to safely define himself. Instead, he tried in the transference to please, prove, and manipulate his objects by providing a caricature of various aspects of himself that were exaggerated and distorted. Conscious and unconscious phantasies of never measuring up to what the object desires, needs, or demands led to a destructive deforming pattern of showy false personas in lieu of ever risking the construction of a real self, separate and different from the object. Case notes from one session of psychoanalytic treatment are presented followed by a brief summary of the next two sessions in which a working through process emerged. Issues of transference and counter-transference are explored.

In Chapter Five, extensive case material is presented to examine how primitive depressive fears of loss and phantasies of harm to the object create pathological methods of coping such as rigid strategies of putting life on hold. When the external as well as internal object is perceived as needy, weak, and easily hurt by one's own identity, then normal separation, individuation, and difference are felt to be dangerous to self and other and therefore avoided. This results in stagnant, passive, and empty ways of only partly living and sacrificing one's unique self for the will of the object. Keeping the object happy and alive becomes paramount, which makes healthy self-striving, creativity, and normal grieving impossible. Destructive cycles of projective identification bring about

fear of loss, anger, guilt, and visions of desolation. Guilt becomes overwhelming and anxiety over loss and lack of love become central. Resulting defenses of rigid control break down and leave the patient feeling out of control. Theoretical consideration is offered from a Kleinian perspective.

Chapters Six and Seven focus on depressive position patients who try so hard to control, help, save, or revive their lost or fallen objects that they sacrifice their own identity in order to preserve the illusion of unity and dependence. Often these patients have suffered some type of significant trauma or loss of their primary caretaker in childhood. In the countertransference, we find ourselves drawn to making them find their own identity and separate from their lost or broken objects who in many instances have continuously betrayed them, whether in memory or historical reality. Indeed, in the countertransference, we may find ourselves almost pushing or overly encouraging the patient to let go and move on with their own lives. However, this is an acting out of the patient's most dreadful phantasy, of them rejecting and abandoning their poor, broken down object. In addition, if they separate and breakaway, the patient feels they would be lost in a dark unknown void, a state of endless loss. Case examples are offered to illustrate the Kleinian psychoanalytic approach with such patients and to discuss the clinical struggles the analyst typically encounters with such clinical situations.

In Chapter Eight, case material illustrates how counter-transference was useful in becoming aware of certain restricted states of psychic experience and certain uncontained psychological processes, created by desperate and destructive projective dynamics. These particular projective identification mechanisms also provided a very rudimentary or primitive psychic shelter for the patient from which they could function without completely collapsing into internal disintegration or paranoid defeat.

This psychic shelter is experienced as the last refuge of emotional security before encountering severe despair, unstoppable fragmentation, unbearable loss, and emotional chaos. Therefore, the psychic shelter is felt to be a vital organizing and meaning making sanctuary that would be dangerous or psychologically lethal to step out of or give up. As a result, the two typical counter-transference reactions tend to be of a 'give in and join the psychic shelter' or 'become a threatening object' trying to forcibly evict the patient from this place of artificial safety, chaotic and jagged as it is.

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PART I

Contemporary Kleinian Therapy

CHAPTER 1

Translating the Turmoil in the First Five Sessions: Real Time Response in Psychoanalytic Treatment Using the Modern Kleinian Therapy Approach

I believe there is a marked difference between what is written about regarding how to practice from a psychoanalytic perspective and what the analyst actually does in the clinical setting. I think this is true regardless of the type of psychoanalytic approach being used. With some patients, the analyst's theoretical principles are more completely utilized, with other patients not so much. I believe there is often a mixture of therapeutic efforts being used in most cases, sometimes deviating quite a bit from the analyst's school of choice. This is usually not conscious or deliberate but a result of strong projective identification cycles operating within the transference and countertransference.

Some of this deviation is a healthy therapeutic molding of a needed container for that particular patient, a custom design, and other times the result of enactment. I think it often is a combination of both. We hope to create a healing match but often it includes a repetition of unhealthy archaic mismatches. And, while we can slowly or eventually offer a number of helpful tools or approaches to a particular patient, we can't really know what to offer until the complex and ever shifting transference and countertransference unfolds over time. Thus, the initial stage of engagement with a patient is a bit of stumbling in the fog.

The Modern Kleinian Therapy Approach (MKT) is about being flexible enough to accommodate the moment-to-moment standoff in what may be a static, resistant, and pathologically rigid discourse in the transference that can suddenly mutate in multiple new pathological versions of the old. This retreat from the danger of change is common in most treatments but demands a clinical approach that can find a meaningful path into the deeper internal phantasy conflicts that keep the psychic equilibrium so locked down.

MKT (Waska 2005, 2006, 2010c, 2010d, 2011, 2013, 2015) is a model I have described and illustrated in several books and papers. This paper is meant to further explore and demonstrate its technical elements. The different ingredients of this model end up applied in various combinations or different degrees of emphasis depending on the psychic profile of the patient and the particular climate of the treatment. Again, with difficult patients, the clinical situation can shift from session to session in significant fashion. So, with some cases I

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practice very differently than with others, not necessarily because I am suddenly working "non-analytically" or suddenly switching models, but because of the therapeutic need at that given clinical moment.

What are the ingredients of Modern Kleinian Therapy? I have attempted to divide it into the main elements and list them in a general manner. It would be too laborious and not in the service of this paper to provide a literature search of the Kleinians, Freudians, and other mental health professionals who have made the original discoveries and contributions that I now utilize in my hybrid model. Therefore, I will simply make broad and general references to the types and schools of technique.

In examining how I work, I often pick and choose aspects of different therapeutic systems, emphasizing certain principles and altering others to fit my overall clinical goals in the moment-to-moment analytic situation.

1. Contemporary Kleinian: interpretation of transference, use of Countertransference, focus on unconscious phantasy, anxiety, internal conflicts with love/hate/knowledge, projective identification, container/contained, pathological organizations, psychic equilibrium and other technical areas of focus.
2. Contemporary Freudian: interpretation of defense, unraveling the core issues of desire, anxiety, and conflict, compromise formation, extra-transference experiences, genetic impact, and external reality are some of the main factors in this area. Also, I utilize the clinical notion of a core object relational conflict that needs to be identified and interpreted in the transference and extra-transference situation.
3. Transference Focused Psychotherapies: An emphasis on confrontation, interpretation of transference and defense, interplay of internal and external reality, and the interpersonal dynamics in the session.
4. Short Term Intensive Psychoanalytic models: A more observational and confronting style of interpreting along with an emphasis on defensive systems and a value placed on the interactive and interpersonal aspects of the patient-analyst relationship. The analyst is more active and interactive.
5. Cognitive Therapy: The basics of examining the patient's through process and making observations of their faulty patterns of thinking and the disconnection with reality. Anxiety is a central factor in the formulations. Aspects of this model are often used as a warmup to more analytic exploration or a precursor to more deeper interpretations of why faulty thought patterns are so rigidly in place.

6. Supportive/Client Centered: the basic warmth of understanding and the deliberate psychological clarification of emotional turmoil. Again, I extend this from merely reflective to a reflective translation of possible deeper content in a manner that invites the patient to open up to a more internal perspective regarding more deeper anxieties or conflicts.

All these principals and techniques that make up MKT aim at helping the patient move away from reacting to internal and external life and more towards owning and mastering object relational conflicts. In place of unconscious emotional repeating of core projective identification cycles within pathological internal object relational phantasies, we hopefully help the patient to slowly shift into a more thoughtful emotional response to primitive and archaic anxiety, eventually being able to relate more to visions of self and other grounded in reality. This development and change in psychic equilibrium is about creating new choices, building new and functional internal containers, and finding healthier compromises or psychic bargains.

Of course, this is all an analytic ideal. We may be able to figure out the nature of the jungle we are in with a given patient and be able to transmit that information to them. But, then we must figure out with the patient ways out of that jungle. And, as we do, we must figure out what caused such an thick impenetrable mental morass to begin with. We do that as part of changing the patterns that have been such a default. To make matters more difficult, the nature of human resistance to change and loss is that when we offer a psychic map to the patient with possible routes out of the jungle, we usually notice their sudden retreat further back into the tangled thorny entrapment that they know so well.

MKT works toward the establishment of analytic contact (Waska 2007, 2010a, 2010b). This is defined as that clinical moment or treatment phase in which the analyst has adequately understood the patient's psychic landscape, their unconscious phantasy world and object relational conflicts through examination of the transference and countertransference, enough to begin offering a observation, translation, or interpretation that the patient is able and willing to internalize and reflect upon. This moment hopefully emerges in every session and in increasing frequency. However, with more disturbed and chaotic patients, it can be a rare instance that is quickly cancelled out by the object relational conflicts being acted out. And, with some patients, this moment doesn't happen for weeks, months, or even years. But, this is our constant goal that we continue to always work towards because once the patient internalizes new knowledge of self and other and is able and willing to learn

more about self and other going forward, change and psychic development are underway.

By constructive containment within the countertransference, creating a minimal of acting out of the projective identification based transference, the analyst can gradually offer their new knowledge of the patient by way of interpretation. Hopefully, with gradual trust and a new ability to self-contain, the patient is able in that moment to allow themselves to be less defensive, more vulnerable, and more willing to allow the self/other separation necessary to take in the analyst's communication as new knowledge. With reflection, consideration, internal impact, ownership, and grief this new experience can bring about growth and a shift in psychic equilibrium.

The ways we analytically seek to fit with a specific patient can remain fixed for a period or might rapidly shift, depending on the nature of the patient's internal world and our place in it. More stable depressive position patients may work well with a ongoing consistent mix of certain analytic engagements such as interpretation of anxiety and genetic reconstruction. But, over the course of five or ten sessions, their internal conflict may intensify and be best addressed with yet another level or mix of therapeutic elements. Or, for example, a more regressive or primitive paranoid schizoid patient may need a greater emphasis on containment, support, awareness of mutual acting out, cognitive work, and interpretation of phantasy. As many Kleinians and Freudians have described, most patients will exhibit psychic growth, psychic fragmentation, and psychic standoffs all within a single session and the analyst's method of following or leading will need to change accordingly.

Case Material

The following three cases were only seen five times each as of the writing of this paper. The first two cases terminated after those five sessions and the third case continues on successfully and is now at the tenth session. Many studies over many years reveal that nearly half of all patients never return after the first session of outpatient psychotherapy. I would add that probably a third of all new patients cancel their first session and never begin treatment. Also, these studies show that the patients who return after the first session stay for an average of 7 more sessions. Finally, the longest most patients stay is between 10-20 visits. These studies include all forms of psychotherapy, not just analytic therapies. I think those patients who have been in long term psychoanalytic treatment before or have been referred by a psychoanalytic therapist tend to remain in treatment longer and drop out less. But, with this paper,

I am examining psychoanalytic work with patients who are referred from either their physician or their insurance company and usually have no prior experience with psychodynamic or psychoanalytic treatment. As the studies show, these are the more difficult patients to engage and therefore the ones I believe worth trying to better understand so we can engage with them more effectively.

Using a special font in the text, I will highlight the areas and elements of MKT that emerged in each case that correspond to the list of ingredients I believe come into play when working in the clinical situation. Again, some of these elements are techniques I am consciously choosing to utilize and others simply take place as the result of unconscious activation of positive therapeutic action or other times a unnoticed mutual enactment.

Case #1

Liz only met with me for five sessions. During our short time together, there was a constant tension in the transference, with her wanting immediate relief and transformation, but not wanting to give up anything in the process. I understood this as both her core object relational aggression, part of her struggle with love and hate, the light and the dark forces of life, the life and death instincts. But, I also saw it as a defensive reaction agains something painful, something causing her great anxiety.

Liz had been married to a very rich man for twenty years and felt that once married she had been "quickly beaten down emotionally, with no personality of my own allowed. I was to be a reflection of his greatness and his reputation in the community". Liz told me she had embraced their lifestyle and always was making sure she was "operating on the right side of the street, the side that was affiliated with those who had it made". So, she had it all superficially and Liz also said she so gave herself to maintaining that appearance and to completely pampering her kids that she never thought about herself. She said she had become "the perfect soccer mom and ideal upscale housewife". However, LIz felt her husband was verbally abusive, always put her down, and constantly told her how lacking she was. Eventually, her abusive marriage ended and since then Liz has been scrambling to build a life for herself.

Eight years after the divorce, she came to see me. Liz's kids were now in college and she was working as a manager at a clothing store and enrolled in online college classes. She was also in several volunteer positions, putting in hours that would help her eventual goal to become a part of the company's marketing division.

My immediate sense was that Liz was trying desperately to prove herself at work and had no inner identity. This impression was from her interpersonal style, her level of anxiety, and the way I felt in the countertransference. Through projective identification, she brought me into a state of pressure, lacking, and needing to prove something.

I made interpretations about this from several angles. I said she must be feeling alone and trying to stay afloat emotionally and financially, that she must be feeling ashamed of not being part of the elite group she used to be a part of, and that she must be trying to desperately build some sort of psychic shelter to ward off this inner void and emotional collapse that seemed to follow her. These were comments about her internal world, her defenses, and her object relational conflicts. I made these directly and in line with the interpersonal and intrapsychic techniques suggested by transference focused models of psychotherapy, the intensive brief analytic model, and analytic models emphasizing the core object relational conflict. Of course, all of these approaches are branches off of mainstream Kleinian and Freudian thought.

Liz responded affirmatively to all my comments. She said it was humiliating to admit to former friends that she now lived on "that other side of the city" and without her role as mother, role as housewife, and role as extension of her husband, she was "lost". This positive turn to emotional reflection and sharing of emotional struggle following my interpretation of phantasy and conflict was a moment of analytic contact.

In most of the sessions, Liz told me many details about her external symptoms of stress, exhaustion, lack of sleep, no time for anything personal, and trouble "fitting everything in". Liz was already on several anti-depressant and anti-anxiety medications but she still couldn't sleep well. In the transference, she presented herself as simply in need of tips on how to sleep better and how to cope with her stress better. So, first, I asked for details about when Liz went to bed, how long it took to get to sleep, when she woke up, and what was she thinking about or feeling along the way. My impression was that Liz was anxious about how to maintain her rigid expectation of herself in the coming day or week and was kept awake by those relentless demands.

So, I interpreted that Liz wanted me to help her cover up the painful feelings that kept her up. I also interpreted that her impatient demand on me for quick and remarkable results were probably a reflection of how hard she was on herself. Liz was able to tolerate and contemplate this interpretation of her projective identification based transference. So, here I was using details of concrete external factors to understand the more internal struggles with her superego demands and the transference parallel of her wanting me to be someone who

quickly fixed things without having to look deeper, a projection of her anxious self not wanting to face emotional reality.

We spent most of the five sessions working on this split Liz maintained, a psychic shelter in which she wanted to excel and prove to herself and others that she was valuable and strong. But, the physical and emotional price Liz paid for this was something she kept separate as a mysterious anxiety and an inability to sleep. The more I drew these psychological elements together in my comments, the more we could work on Liz's competitive and narcissistic drive to achieve her goals and status. Also, I interpreted her fears of loss and letting go. She would have to give up on her narcissistic pursuit of having the world in order to feel she was ok.

In response, Liz argued about the logistics of why she had to keep to her "five year plan" and how she could relax after that. In the total transference, Liz stood for the control of the external and I stood for unknown of the internal. Her internal unconscious conflicts were now being acted out in the transference and countertransference. Her object relational splitting and her striving to be all so as to avoid feeling she was nothing came alive in the clinical situation. I interpreted this therapeutic mismatch but Liz was not willing or able to truly take it in. The magnitude of change, inner chaos, and emotional uncertainty it would bring left her feeling unable to imagine any other course of action.

Liz just wanted me to tell her how to stop waking up in the middle of the night and how to feel less anxious in life, without having to look at the source of her anxiety and the external/internal factors she kept in place that created the stress that kept her awake. Thus, we developed an impasse and were not able to find our way out in a manner that left Liz feeling either safe or able to maintain her desperate narcissistic quest for meaning and power. She wanted to prove herself to herself and was lost within that race.

During our short time together, Liz actually changed her day-to-day schedule so as to give herself more free time. But, she was still "gearing up" for the "big push" that would happen in the next quarter at her company. Liz clearly dreaded this and was literally counting down the days. I interpreted that she wasn't happy and perhaps didn't really want to take the demand on. But, Lia felt so obligated and pressured by her own guilt and sense of needing to prove something that she couldn't get off that hamster wheel. Liz said she agreed in theory but said she saw no other way. Here, she demonstrated a breakdown of the symbolic function of thinking and could only feel trapped in the concrete. To do otherwise would mean facing a new psychic reality that seemed impossible and overwhelming because of the loss of her ideal self. However, she was momentarily able to integrate this new perspective when I interpreted it to her.

When I said she felt she would go back to feeling empty and useless if she changed or slowed down, Liz sometimes cried and remembered how things were after her divorce. She might talk for a minute about the shame, lack of identity, and need to "play catch up in life with no direction ahead". This was a moment of analytic contact.

But, Liz quickly shifted away from that and went back to wanting quick advise on better sleep habits. The danger of psychic change and the internal loss were overwhelming. I interpreted her pain, fear, and resistance to facing her internal void and having to find her true self instead of just filling up her day with tasks and achievements. But, Liz did not want to consider this emotional uncertainty and the internal and external unknown or change it might bring. The impasse grew and she elected to stop.

Discussion

I believe I acted out with Liz by participating in an all or nothing, work harder or be yourself split. In the countertransference, I felt Liz should 'just do the obvious, work less and play more'. But, this was probably the projection of her base inner conflict, of wanting more for herself In a healthy way but feeling guilty and afraid of losing her status in the process. At the same time, Liz seemed to have an aggressive or narcissistic flavor to how hard she wanted to keep marching forward, regardless of the cost. She didn't want to give up the 'prize' but had to pay the price to achieve it. I think Liz was unable and unwilling to give up or modify her "goals" and allow herself to be 'less' in her mind. And, to search for a new sense of self, Liz would have to feel lost and less. Mourning and moving through loss towards unknown change seemed to be unacceptable and unavailable, perhaps too overwhelming.

Our sessions were usually spent with Liz complaining about how tired she was and her talking in a very negative, unhappy manner about what she was doing and what she will "have to do" next quarter at work. This was part of the interpersonal aspect of the projective identification based transference that created my countertransference state which then prompted my interpersonal acting out. When I interpreted Liz's anger at her "burden" and her possible wish for something different and better, she told me "there is no choice" and this is just what she has to do to "put in her time". This oppositional masochistic resistance to my comments also pushed us into an either/or debate at times.

In my mind and in my comments, I respected Liz's desperate and miserable allegiance to her psychic foxhole and her pathological psychic equilibrium. But, I also consistently countered her push for "what do I do to sleep better

and be happier" by stating that she wanted me to give her a better life without having to trade-in any of her current life. This was an accurate interpretation of her psychic conflict over loss and mourning leading to her object relational standoff, but also a bit of me stepping into her 'achieve by suffering. Ultimately, we would both have to find a way to tolerate and face her narcissistic loss and the internal void Liz lived with everyday.

Case #2

Paul came to see me because he had been "written up" by a supervisor at his job. He had become very angry and yelled at several people because "they were simply acting stupid and not realizing how we were trying to help them make the best of a bad situation. Instead, they were taking out their drunken attitudes on us. I am not able to tolerate that, so I need you to help me figure out how to set it aside when it happens. I don't want to get fired. I know I have a temper but I just need to be able to control it".

In some ways, this case is very similar to the last case of Liz. But, it is also quite different and the elements of MKT that were utilized in the treatment were also not the same.

I noticed that during the first session, in the countertransference, I felt 'on the spot'. Paul was just sitting and waiting for me to 'do something' for him to solve this problem and not really relating to me anymore. He seemed to be agitated and anxious. I did not feel he was open to hearing my thoughts about his mind or his motives, so I choose to not interpret that at that moment. I contained my feelings and my ideas in order to respect what felt like a 'no-fly zone'.

Instead, I asked Paul to tell me about himself, his background, his current life, or anything else he might want me to know. Now, this is certainly a form of enactment, a way I suddenly am hiding in or deflecting into some other aspect of his experience, a turning away from something that felt volatile without dealing with it. But, it was something I realized and choose to do clinically because of this 'no-fly zone', a 'respect the restrictive, static, and guarded container' approach to Paul's constricted psychic state.

In response, Paul told me he "was always lazy growing up and only did the minimal. I was stupid and didn't try". But, at some point a few years ago, in his early twenties, he realized he was "going nowhere", felt embarrassed about his place in life compared to his peers, and realized his parents "had sacrificed so much for him along the way and he had done nothing with it". Paul said he looked around and saw so many of his peers excelling while he fell behind which was "quite humiliating". So, he immediately began doing everything he

could towards a career in law enforcement. He studied around the clock and stopped doing anything that "was frivolous or immature". In the 'complete countertransference', I heard this as a combination of guilt, narcissistic anxiety, and the rise of a manic goal of self-renewal to counter this intense sense of inferiority and the failure to please some sort of demanding object. He said the bit about "not being immature or clueless anymore" with an air of arrogance and impatient or desperate determination. Paul seemed ready to fight for his new place as a 'big person, someone who is mature'. So, I heard this as a libidinal narcissistic conflict that left him pressured and without room for any self-soothing.

When Paul began treatment with me, he was working night shifts at a local jail, as a way to gain experience to apply for the police academy a few years later. He reported constant exhaustion and irritability. In the transference, he related in a mechanical, polite way, waiting for me to tell him how to feel less tired (Much like Liz did in the last case.). Paul didn't want to switch to the day shift as it paid less money and he felt the "crew was incompetent, too rule bound, and never willing to work as a team". Paul felt the night shift "respected independence, was understanding of mistakes, and was loyal as a team". I took this as a splitting in how he saw himself and others, either independent, easy going and loyal or unforgiving, rigid, and disloyal. I also took this as a transference remark about how he might be seeing our work potential. At this point, only one or two sessions in, I elected to silently contain my understanding and wait to learn more. So, this containment is more for the sake of learning than to avoid intruding on a mind that has a 'no-fly zone'. Also, I felt he was describing a manic power struggle of right over wrong in his object relational phantasy life.

Paul said he came to see me for "anger management training" because he had lost his temper several times when people were brought in by the police when under the influence of drugs and alcohol. Once inside the jail, they became belligerent and verbally abusive. Paul felt they "had no right to act like that" and he "couldn't stand that they were not appreciating all the hard work and sacrifice people were making on their behalf. They act entitled and stupid." Paul felt the deliberate efforts he and other interns were making to help them fill out the necessary paperwork and answer the required booking questions were not being appreciated. I took this to be a feeling of narcissistic injury, in which he felt put down and made to seem inferior, that his status and efforts were being ignored and even degraded. I thought Paul must feel treated like a stupid junior intern with no value. I wondered if he was trying so hard to feel like an important mature person that then quickly felt small and unimportant. I felt this was a helpful time to make a verbal translation or interpretation.

I interpreted that Paul might be angry because he felt put down and seen as small or unimportant. He responded with interest and told me that "it was more that I greatly resent how i am giving to them and they didn't even see it and could care less about trying to give back". On the face of it, it sounded like he felt hurt and unappreciated. So, on one level, Paul presented this masochistic unfairness theme. But, in his tone and delivery, in total transference, I felt Paul was referring to a way he wanted control and was upset to have that disturbed. Therefore, I interpreted from the complete countertransference, a deeper level of analytic engagement.

So, I interpreted that he wanted things a certain way and if someone messed with it or didn't give him what he expected, he was impatient and easily irritated. Paul said, "that's more in line with what I feel". Here, I felt we had made analytic contact. But, in parallel, Paul was displaying his concrete nature and his demand to have things his way. In other words, his reply also mean that in his internal world, his object relational phantasy, he simply wanted things his way and that others shouldn't disturb or deny that. This was the more non-negotiable narcissistic or manic defensive of her core internal conflict.

Over the course of five sessions, I became aware, through the transference and the countertransference, that Paul was often showing up out of duty, was reporting things to me, and was updating me out of a sense of obligation. While not directly speaking to me about how he felt towards me or towards the analytic treatment, Paul was conveying core object relational conflicts through the transference. I made an interpretation of his projection of an object that he wanted to please but ended up feeling loyal to in a constricted manner. This interpretation helped move forward our exploration of his sense of obligation in general. Paul was able to tell me that he has felt this in many of his relationships.

But, then he switched to a more shielded response and told me he just "needed to take care of business in life and did whatever that took". So, in following his defensive shift in the transference in which something had been expressed and now was defended or reacted to, I interpreted that Paul was now reporting things to me in a mechanical fashion and was now relating to me as part of his "must do" checklist. This was a working within his psychic conflicts and noticing the interpersonal and interactive aspects of his relationship to me which provided a map towards his more internal object relational standoffs. I noted the moment of analytic contact was followed by narcissistic retreat and made a transference observation about that. Paul did not make any use of that interpretation and remained hidden within his defensive stance.

In a recent session, Paul talked more about how tired he was and how little sleep he got. When I asked more questions to really understand his external

reality, it turned out that he felt he wanted to "do it all" and work, sleep a few hours, get up and take care of all his errands, see his girlfriend, and work out before going back to work. The only possible way to do this was to only sleep 3-5 hours a day because if he slept a regular 6-8 hours, most businesses would be closed by the time he got up. In commenting to Paul about this, I was supportive about how he was feeling and how he was trying so hard to accomplish things in his life. In a more cognitive approach, I also highlighted the illogical nature of his thought patterns and how what he did was self-destructive. Part of this was also confronting him on how he was not willing to give up anything because he wanted everything, his 'I must have it all or I will have nothing' splitting mode, more of an element from a confrontative object relations transference based model. I also interpreted Paul's deeper anxiety over having to give up something and as a result not being everything or not have everything, an interpretation of loss from more of a Kleinian/Freudian approach. Finally, I also noted to myself that we could get into a debate or power struggle over him doing it all and me advocating doing less. This was again quite similar to the case of Liz, but the splitting and transference/countertransference was not as polarized. Therefore, I was able to better contain it and translate it into a offering for consideration.

So, by exploring the nuts and bolts of his day-to-day activities but noting the interpersonal and intrapsychic nature of his reaction to that exploration, it became clear to me that Paul was wanting it all and was making sure to never encounter any failure or disappointment and to remove any block in his way to what he wanted or to what he felt he should have. And, I once again observed that in the interactive aspect of his transference, he spoke in a very mechanical manner, listing the things he needed/wanted to do like a checklist, instead of attaching any feeling to them. If there were any feeling, it was obligation. Noting these patterns of aggression and anxiety, I interpreted his phantasy of wanting it all and becoming angry and anxious if he was blocked from getting it.

I interpreted that Paul did not want to experience anything or anyone blocking him from achieving what he thought he should do and that he would be disappointed if he was less than perfect or had to settle for less that 100% of everything. I added that he seemed tired from being hounded by this endless push to do more and have more. This led to Paul talking about not wanting to compromise and not wanting to ever give up anything.

So, we were now exploring Paul's manic and desperate drive to always maintain a narcissistic sense of self, perhaps not wanting to collapse back into what he felt he used to be before his big "turnaround" in college. This seemed like a positive sign for future progress but I also felt he was really only one foot in and one foot out of treatment.

At the fifth session, Paul told me it was going "to be my last". I asked why and he said that he had come to see me for help in controlling his anger and to stop him from getting so irritated with "all the deadbeats, losers, and entitled people that keep showing up" during his night shift at the jail. Paul told me he was "doing much better, felt more calm, and was able to take things in stride". I said, "I am glad to hear that but in talking to me for the last month, you have brought up other things that seem to bother you and that you might want to work on. And, in general, you just got here so I am wondering why you are so quick to leave?"

Paul told me he "didn't want to waste the time coming in just to keep talking" when he "could be doing other things I really wanted to be doing." He said he didn't like the idea of making a long term commitment and "having to sit around thinking of things" when he could be "taking care of business". I said, "so, you are impatient and get frustrated when you don't get what you want right away and feel that us meeting every week could prevent you from getting everything else done. You want it all and don't want to give up anything". I was interpreting the transference, confronting his defenses, and translating his method of relating to self and other.

Paul said, "Exactly. I know that might not sound right but that is the way I feel. I don't want to be here so I won't be coming back". I said, "you say that like I am forcing you to be here". I responded to his agitation and the nature of the transference. I continued, "you seem to often feel obligated to me and maybe to other things in life, but then feel pressured and want freedom". Here, I was translating the projective identification process he seemed to be constantly trapped within. Paul said, "I do feel like I am supposed to be here. Actually, I got into a fight with my sister when I told her I was going to stop. She said I should keep going. But, I don't want anyone telling me what to do. I make my own decisions".

I said, "the fact that you are impatient with this and feeling trapped and obligated with me is a good opportunity for us to work directly on that, since it's here in the room between us. This may be the greatest benefit to staying. You might find some answers that help you achieve your goals, not just some obligation to me". Paul said, "well, you are probably right. But, I don't want to do it". We paused in the silence and I said, "Ok, then we are done. But, I think you could really make this your own thing, a place to find yourself and feel better. The way you seem to have to prove yourself over and over is grinding you down." Paul looked at me and said, "Yeah, but not now". I said, "You have my number and can always come back."

Paul said, "Ok. I really do appreciate what you did and I want you to know that I mean that. Thank you." We shook hands and he left. In this final

session, his transference was once again highlighted, I confronted his flight from a phantasy of persecution, and interpreted his manic need to prove his self worth. Paul clung to his desperate need for independence and global achievement. I avoided any acting out by his rejecting me as he may have felt throughout his life. Ultimately, Paul was glad to have a temporary patch on the leak that had developed in is narcissistic flight from a fragile and brittle self towards his inner demand for a grand and great revision of his critical vision of self.

Case #3

Five minutes before I was to have my first meeting with Kate, she knocked loudly on my door. I felt jarred and irritated. I opened the door and saw a tall, middle aged woman who was dressed very flamboyantly. She announced herself in a pompous tone. I felt intruded on and told Kate to please sit down until I was ready. This was the beginning of the total transference and complete countertransference that would shape the treatment. The interpersonal aspects of projective identification were aggressive and barely contained if not leaking all over our interaction.

Once we begin the first session, Kate told me she was very "taken back" by her reaction to her father's recent death. She said she had been sad and crying for the last month and her two brothers told her to "get over it". They said she was "abnormal for still being down".

Even though Kate was clearly feeling emotionally broken because of her father's death, she said nothing about their relationship as I listened and offered support. In providing a supportive role, I will either simply reflect, ala a Carl Rogers model, what the patient says in an empathic manner, hoping they will carry it forward in a deeper manner. Or, I will repeat their state of mind in a slightly deeper fashion, adding more of a proposal about unconscious feelings, phantasies, and conflicts. For example, the patient might say, "I wanted to get my report in time to my boss" but I will then say, "you wanted to make sure and give him what he wants without being late". This begins to translate what is said into something more complex and dynamic, but also leaving it up to the patient to run with it or not. It is more of a transitional interpretation, from a Kleinian perspective, of unclear projective identification conflicts with love, hate, and knowledge.

With Kate, I was simply containing her distress by offering an empathic reflection But, I felt she was withholding by not speaking about the bond with her father and creating a transference situation in which I, her object, was not

being fed. Instead, I had to be the one who did the work, made the effort, and dared to step into the deeper. darker emotional territory. With some patients, I feel it is appropriate to make interpretations of such psychological interaction early in the treatment. With Kate, I felt it best to not until I had a better sense of her. When I did say, "you are not telling me about the closeness you had with him", it was an 'informed enactment' because I decided to not add the full transference and phantasy interpretation of "you are making me do the work that maybe is too painful or shameful". At the same time, I felt it was better to only use this 'observational interpretation' of the transference this early on instead of the more inclusive comment about defense, motive, and hidden conflict that I would employ later on in the treatment.

When I asked or prompted Kate about her bond with her late father that she didn't initially share with me, she told me about her close relationship to him her whole life and how she "was always trying to live up to his standards". Kate told me she wanted to make him proud by excelling in school and by always being there to help the family out in whatever way she could. So, in listening to this I heard her begin to share her internal unconscious object relational struggles. Therefore, I interpreted her object relational phantasy and compromise formation, or psychic bargain, of becoming what she felt her object needed.

The first few sessions were taken up by Kate's denial of grief and her self-judgement of the grief I pointed to. Her denial and judgement mirrored her brothers actions, showing Kate's internalization of a punitive, strict, and demanding object. These early sessions also involved my interpreting Kate's defenses as they manifested in the transference. This was successful and allowed us to work more within the grief.

On one hand, I felt Kate was suffering a sad loss of her primary external object and wanting my help. But, in listening to the way she was with me and the way she told her story, I also felt this was mirrored by a intense and conflicted internal relationship to her primary object. In that realm, I felt Kate was a volatile, entitled person who seemed to be borderline in the ways she related to me in the transference.

Kate demanded answers to her problems. But, she didn't provide me much to be able to even catch a small glimpse into her inner life so as to "provide answers". Every time she arrived in the waiting room, Kate would bang on my door, whether she was a few minutes early, late, or right on time. And, each time I felt assaulted and invaded. In general, off and on during these initial sessions, I felt pushed to erect limits and boundaries. I told her to sit and wait for me to come out when she kept banging on my door. It felt like she was pulling for some type of acting out on both our parts. In containing my urge to put

her in her place, I realized "her place" would be a rejection or a outcasting. So, i interpreted that she seemed anxious about waiting and worried that I would not remember her or value her. I interpreted that she wanted to make sure I noticed her and did not shut the door on her.

At first, Kate said none of that fit and she was only arriving for her appointment and wanted to let me know she was there. But, when I linked it to feeling alone and lost without her father and wanting to get back inside the warm bond that was gone, she cried and said I "might be right". Here, I was making an extra-transference interpretation which was also semi-genetic. But, I also linked it to the transference. It was more in line with her immediate anxiety.

During later sessions, Kate continued to bang on my door. I interpreted that behavior, as well as her insistent questions about what I was going to do to fix her, were her way of showing me how she felt very shut out, alone, and wanting to be cared for. But, she was angry and feeling it was owed to her or something she deserved but not rewarded with. Kate told me this was "exactly" how she felt. Here, I had made more of a traditional, 'complete' interpretation. Kate associated to how her mother had "sided" with her brothers and no longer talked with her after a falling out over financial matters when her father died. This was the start of an outpouring of resentment, telling me how unfair it was and how they were "so mean" to her.

I continued to interpret that Kate had put her life and identity on hold to please her father and her family in general and now she felt not only robbed of any recognition or reward but was being rejected and ignored. She agreed and cried. This was similar to the interpretation I made with the first case of Liz. However, I think Liz's desperate narcissism made it difficult for her to take me and my interpretations in. Kate was more of a high functioning borderline with some narcissistic traits. She was more willing and able to take my comment in and therefore could be more helped by it.

At this point in time, five sessions in, Kate began to feel more depressed and told me she was "at a crossroads", realizing she had never figured out what she wanted in life because she was too busy catering to others and now was bewildered to face life and try to find herself. I added that this was extra difficult because she had lost her connection to her father. She agreed and wept.

We seem to be at a place where Kate is able and willing to continue exploring herself and possibly make some slow but very meaningful changes in her internal life. This inner focus will make it easier to cope with and potentially manage or change her external life. At the same time, Kate will no doubt continue to be emotionally volatile and keep testing me in the transference. So, we have a rocky but hopefully transformative journey ahead of us.

Discussion

In analytic treatment, we struggle to find our bearings with difficult patients during the first few sessions, if not throughout most of the treatment process. The model of Modern Kleinian Therapy has been presented as a dynamic approach for such patients. Rather than describing it from a theoretical or conceptual level, three clinical reports were used to show exactly how the model unfolds in real time. The case material shows how different elements of the model are used at different times, and with greater or lesser emphasis. Also, the reality of early termination in all forms of therapy, but especially with more disturbed patients, is illustrated by the two cases that ended and on that is still in operation with stable progress.

The aim of MKT is to establish analytic contact with the patient and gradually expand or shift their fixed, rigid, or pathological phantasies, shaped by excessive projective identification, that color their external and internal views and subsequent reactions to self and other. All three cases involve some of the essential elements of MFK, including a focus on primitive loss, the complete countertransference, the total transference, the concept of pathological organizations, retreats, and psychic shelters, as well as the many facets of projective identification, be it protective, defensive, aggressive, or communicative (Waska 2002, 2004, 2011a, 2011b, 2012).

These three cases illustrate the choppy, taxing, and slow process that analytic work can be. But, these cases also demonstrate how a consistent set of techniques aimed at making contact with the deeper object relational conflicts that create fixed pathological projective identification cycles, can repair, restoration, and reconfigure the mind into a much more caring, containing, and adaptive experience in which elements of love, hate, and knowledge involve creative growth and healthy compromise instead of intolerance and destructive withdrawal.

CHAPTER 2

The Territory of the Transference and the Value of Phantasy Interpretation: A Kleinian Expansion

With some patients in psychoanalytic treatment, the most effective interpretive route is primarily genetically rooted, linking their internal and external struggles from the past with current psychological issues and with the transference. However, with many other patients, the interpretive approach is much more effective when based in both the transference and the externalization or projection of internal phantasy. Here, the analyst helps the patient move from more conscious external self and object anxiety to deeper, unconscious internal conflicts.

Whatever material the patient is bringing to us, their core phantasy conflict is embedded within it and we can interpret it as how it relates to us in the clinical setting or at other times simply interpret the deeper psychological struggle we hear between the lines. In other words, our task is to help the patient understand, face, and resolve particular anxieties regarding self and other within their internal world and work with how projective identification brings those phantasies alive in the external world. Our interpretive tools must include exploration of the immediate transference when possible but also the rest of the patient's object relational experiences. This is the entire territory of the transference.

Hanna Segal (1989) discussed how interpreting in the transference does not mean only verbalizing here-and-now issues between analyst and patient. She believes it is more a combination, over time, of interpretively working on the patient's past, the interplay of phantasy and reality, the transference to the analyst, defensive structures, the conflicts between the instincts of life and death, and the basic urges of love, hate, and knowledge. Betty Joseph (1985) has described the "total transference" situation. I believe she is talking about the same thing Segal has described what I would like to term the territory of the transference. This new term connotes our attempt to help the patient to eventually experience one internal world, instead of split off, fragmented chucks of life with the past not linked to the present and the future unreachable.

Arundale (2015) has noted how Melanie Klein was well aware of the value of extra-transference interpretations and the relationship between current external reality and the unconscious past. The territory of the transference is a concept that expands and extents this idea.

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Case Material

By the second year of his analytic treatment, Perry had worked through many of the specific problems he came into therapy for, especially the more severe interpersonal issues between Perry and his wife as well as various workplace situations. We worked on Perry's depressive (Klein 1935;1940) fear of conflict with his wife and how Perry felt pressured to make her happy but always felt he was a disappointment. These issues routinely came alive in the transference and when they did we worked directly on them. Through exploring his marital issues and his conflicts within the transference, we came to a deeper understanding of his internal world and the intense depressive conflicts he suffered from.

So, we would explore how Perry assumes I am "sick of him and his petty problems" and how he wants to be assertive but is too anxious or plays it down to me for fear of "looking pushy or impatient". And, we would notice the same conflicts and transference issues with his wife. Gradually, we worked through those object relational anxieties. As a result, he became much more familiar with and more able to solve the constant and intense anxiety that took such a central place in his internal phantasy world, the wider territory of the transference.

Even with this emotional growth and stronger sense of individuality, Perry still struggles with crippling depressive position uncertainty. Guilt, dread of interpersonal conflict, and not feeling he can ever feel safe or relaxed still create ongoing tension, obsessive compulsive symptoms, and a feeling of being "powerless, exposed, and vulnerable".

We have explored Perry's traumatic childhood over the last year and it has certainly provided a background for understanding his internal object relational conflicts. However, this historical working through of grief and resentment has not been a major part of the interpretive process. It has made up probably 25-30% of the work, while the transference focus takes up another third and the externalization of internal phantasy takes up the rest. Working with this last part is often termed the extra-transference interpretation but I prefer to think of it as the territory of the transference because it still involves the patient's internal attachment or detachment to the analyst.

With the distortion created by pathological projective identification mechanisms overused to fend off, seduce, attack, devour, or otherwise engage/disengage the depressive or paranoid-schizoid object, the patient is in a transference mode at all times, to everyone and everything. Thus, we must interpret the entire territory of the transference, wherever it may show itself in the moment, be it the transference to the analyst or the transference to

others. This may be only in the mind of the patient but often will color their external behavior and interactions. And, it may emerge in their material about the past, about the present, or about their vision for the future. Of course, this is quite complicated and tricky as when the patient is sharing with the analyst their transference trouble with another object, they are holding the analyst in a particular way in their mind, as confidant, confessor, ally, mediator, and so on. So, the interpretive approach may be on multiple levels towards different anxieties and desires and diferent relational configurations.

Throughout his treatment, Perry has related in particular ways to me in the transference. He presents himself as a very passive underdog who pulls me to either protect him like my dumb little brother or to be like a dominating mother and tell him what to do. I interpret these transference states and we explore how and why he feels more comfortable in this powerless role and who he might be searching for, as well as what he might be repeating through this interpersonal and intrapsychic communication. We have found many answers along the way. In solving these transference patterns, Perry has grieved very painful times in childhood when his alcoholic parents deserted him and when he had to take over and be the parent at a very young age. He had to try and "keep it together" and fend for himself but also try and save his parents.

When we began meeting, Perry had an eating disorder he couldn't control. He used food as "a comfort and a place to retreat to when feeling overwhelmed or tired of having others push me around". Given his pathological reliance on food, his phantasy world of self and other as it relates to external reality has been important to work on. As a result of this exploration of the wider territory of transference, Perry has begun to manage his relationship to food and now is starting to feel much better about his body.

Perry's job was colored by the same phantasy conflict. He felt scared to ask his assistant manager in the clothing store he works at to do any tasks for him, feeling he would burden him and possibly make him angry. We have used his transference to me but also his transference to the assistant manager and his phantasies about both relationships to slowly undo some of his more intense and debilitating depressive position anxieties. But, Perry's fear of conflict and his desire for others to automatically help him just like he voluntarily goes out of his way to be helpful without invitation is deeply rooted.

Perry has brought in reports about having this same object relational "panic" in situations with his wife and friends. On and off for months, we explored a situation in which a old high-school friend he stayed in touch with routinely makes fun of him and uses their friendship to gain free access to Perry's condo in Hawaii. I interpreted how Perry would tell me a sad story about this and pull me to feel outraged on his behalf. Then, in this transference phantasy

fueled by projective identification, he feels I give him permission to tell the friend off and to finally stand up for himself. So, I interpreted the aspect of the projective identification that occurred in the transference, of Perry wanting to be more assertive and confident and looking for me to be a comforting, understanding parental guide. But, I also interpreted the other aspect of that transference in which he wanted me to feel, think, and verbalize all the aggressive and assertive aspects of himself that he didn't want to risk taking ownership of.

Gradually, through this interpretive work, Perry was able to be more outgoing, outspoken, and confident and felt this shift was his to own. We started to understand this as also a way he could now protect himself better, something his parents never did for him and instead he had to try and protect them from all the disasters that accompanied their chronic alcoholism.

Before his psychoanalytic treatment, Perry was more engaged with the death instinct by ignoring his own needs, denying his own opinions, and silencing his own voice interpersonally and internally. So, this was a major aspect of the clinical work, my interpretations focused on his loyalty to this death instinct stance rather than the life instinct.

Melanie Klein modified Freud's view of these two sides of the human condition. Modern Kleinian Therapy (author 2010d, 2013, 2015) clinically considers the distinct anti-life, anti-growth, or anti-change force that seems to have an upper hand in some patients such as Perry. The death instinct seems to arise most violently in situations of envy, difference, separation, or challenge to enduring pathological organizations (O'Shaughnessy 1981) and pathological forms of psychic equilibrium (Spillius & Feldman 1989). Hanna Segal (1993) has defined it as the individual's reactions to needs. Either one can seek satisfaction for the needs and accept and deal with the frustrations and problems that come with those efforts. This is life affirming action or the actions of the life instinct. This is life promoting and object seeking. Eventually, this leads from concerns about the survival of the self to concerns about the well-being of the other.

Or, the other reaction to needs is the drive to annihilate the self that has needs and to annihilate others and things that represent those needs. Kleinians see envy as a prime aspect of the death instinct and that early external experiences of deprivation and trauma play as big of a role as internal, constitutional factors in the ultimate balance between the life and death forces. This was all certainly the case with Perry and therefore had to be part of interpreting the territory of the transference.

Recently, Perry told me about some vandalism in his neighborhood, a fence had been kicked down close to his apartment in the night. He had been very

anxious about it and told me he "just couldn't stop thinking about it". On one level, I kept an eye out for disguised references to the transference. But, this was mostly a situation that seemed to be about the interaction between his internal world (his phantasy experience of self and other) and the external world. In other words, he was in the wider territory of the transference, mostly describing a projective identification experience to me. To find out more about that, I did have to make transference interpretations about our relationship but also explored his wider internal psychic experience. In other words, he had a transference to this external event but in telling me about it, he also had a transference to me.

The more Perry described the incident, I felt he was leaving something out or hesitating in giving me all the details about how he felt. It seemed he wasn't telling me the whole story. So, I said, "I think you are worried I will judge you and see you as pathetic if you show me how scared you really are". This was about the immediate transference. But, the major thrust of my interpretive efforts after that you/me/now comment were aimed more at understanding and then helping Perry learn about his unconscious phantasy life and how it was matching destructively with reality. In other words, I used here-and-now transference interpretations to work through Perry's defenses against his greater phantasy anxiety state.

So, I asked more questions and slowly we sorted out that he felt very "exposed and unsafe". Perry said his apartment was his "safe zone" and now he wasn't sure how safe it was. In the counter-transference, I remembered how he told me he came home one day when he was ten years old to find his father had left, his mother was in the street drunk and crying, and workers were busy throwing out all their possessions from their apartment. His parents had not paid the rent in many months and the apartment landlord was kicking them out. While the historical link seemed important, my interpretive decision was to remain silent and contain that disturbing image for the moment. Instead, we worked on his current phantasy of being "exposed and unsafe" and how Perry felt powerless and weak to protect himself. I felt the current feeling he had in phantasy, triggered by external reality, was more important and the way he was sharing it in the transference indicated a priority to the here-and-now. So, at that moment, the territory of the transference was more in the present than in the past and more within phantasy and direct transference to me than completely projected outwards.

Several weeks later, Perry came in looking extremely anxious. He broke down crying and told me he felt "completely overwhelmed and so anxious he couldn't sleep". He went on sharing the details of this acute anxiety for awhile but then suddenly and quickly apologized for "looking like such a freak".

I interpreted that Perry couldn't let me be someone who could bear, understand, and tolerate his needs and problems. In other words, I was interpreting his depressive transference of seeing me as to fragile or intolerant of his toxic needs. I said he was scared and guilty to lean on me too much. As a result of my interpretation, Perry managed to calm down a bit. He told me that someone had sprayed some graffiti on the sidewalk by his driveway and he had also found out someone had vandalized a neighbor's mailbox.

Perry told me he felt "completely exposed and helpless, like my place of relaxation and my personal zone has been broken into, worse than before!" He was visibly shaken and nervous. He went on to describe how he felt there was "no safety now" and there was "someone out there ready to trespass as they pleased." I understood this to be a projective identification process in which Perry eliminated the more aggressive and active aspects of himself, associated in his mind with his frightening, selfish, and bossy objects. So, he was describing his transference to those objects and his fear of them. When interpreting the wider territory of the transference, sometimes it works best to essentially point out to the patient how that source of external anxiety is just a projected aspect of themselves. But, with other patients, such as Perry, it works better to interpret within the realm of projective identification until more direct links can be made.

Following this approach, I said to Perry that he must feel very angry and scared about it. Perry agreed but then quickly told me he "didn't feel it was justified to call it a criminal act, it was just some paint. It will wash off I am sure". I interpreted that he now was taking his feelings back, like he was scared they were too strong and I would be upset he was making a big deal of it. So, working within the projective identification realm, the broader territory of the transference, brought us back to the in-the-moment clinical transference.

Perry said, "Well, yes. I don't know if I should be so worked up". I said, "you don't have enough proof that your feelings are valid so I won't feel they are legitimate." He agreed and said he was sure his neighbor was angry since their mailbox was actually damaged. I said, "all of us can be angry and have needs that we voice but you have to be silent until you can prove you have something worth bringing up". He said, "I see what you mean. I guess its ok to feel upset when I feel so violated, but like you said, I don't know if its ok or important enough". So, here, Perry was able to take in my wider transference interpretations and make use of them to begin thinking differently on his own. Steiner (1996) has described this as the goal of analytic work, when the patient becomes their own understanding, forgiving, container.

I asked Perry if he had called the police to make a report. He told me he had not because there wasn't much done to his sidewalk. He said he thought

his "nieghbor did but she had more of a reason to". I interpreted he wanted to be protected but felt guilty asking and probably envied others who seemed to have enough reason or felt brave enough to ask for their needs and to get protection. So, again, this was an interpretation of the wider territory of the transference and of the death instinct element in his core object relational phantasy conflict state.

Perry agreed and said he wanted to be protected but didn't feel anything was serious enough. I said, "you came in to see me in tears and are very shaken up by it all. There was vandalism in your area before and now two incidents in one night. This is a pattern that the police would probably be interested in and maybe do something, like increase patrols or something. But, since you don't think you deserve that, you are not reporting it and then don't get the protection you want. That is a pattern we have seen before. Then, you feel more exposed and helpless. You feel guilty and anxious asking for help and for depending on all of us, but by playing it safe, you feel unsafe".

This seemed to make sense to Perry. He said he was feeling more calm as we talked and that he could see what I was saying. He said he was now thinking of reporting the problem. While I felt I made helpful interpretations that brought Perry to use less splitting and to contemplate being able to protect himself more, I think that in the process, I also was part of a mini-enactment in which I was urging him to report it and being the protective guiding parent he wanted while he would be the passive, needy child. There are many moments like this in analytic work where acting out and various enactment patterns are almost unavoidable (Feldman 1994, 2009; Waska 2005, 2011b, 2012). But, we must try to be aware of them and their role in the total transference and the complete countertransference (author 2007). By doing so, we can keep them to a minimum and try to unravel them in our next interpretations.

In the next session, Perry told me "after your suggestion, I did report it and I don't know what they will do. But, I do feel a bit more secure now". I interpreted that he wanted it to be my suggestion rather than his own assertiveness and his own ability to protect himself. He still felt like a scared kid with no sober parents to depend on. Perry said he often still does feel that way but that overall he felt "much more able to say what I think and not get pushed around". I think this is right and that Perry has make great progress in shifting his stance with regards to knowledge of self and other and finding a greater self identity as a result. However, he also still struggles with forming his own container and still wants to have the protective object provide permission and containment for him (Steiner 1996). This is part of what we continue to work on.

Case #2

Couch (2002) advocates extra-transference interpretations as an important element in successful analytic treatment. He notes the classical view in psychoanalysis as finding a balance of transference interpretation alongside of exploration and interpretation of resistance, dreams, past and current relationships outside of the clinical setting, and defensive styles. Blum (1983) has stated that all objects in a patient's life are equally misperceived and reacted to from mixtures of transference and reality and therefore while extra-transference interpretations are not dealing with the direct patient/analyst relationship, they are still working on transference material.

Of course, making too much of a focus on extra-transference material can often be the result of some type of enactment in which the analyst is shying away from the actual here-and-now transference and clinical conflict. Gill (1982) discusses the danger of extra-transference interpretations as a flight away from the immediate transference, perhaps a reaction to anxiety in either analyst, patient, or in both parties acting out. Steiner (2008) has voiced a similar caution when he describes the analyst becoming an excluded observer and as a result either trying to find his way back in an aggressive, envious manner, avoiding the excluding transference issue altogether by emotionally disconnecting, or simply make critical and attacking extra-transference interpretations out of revenge.

At the same time, Rosenfeld (1972) notes that the analyst can make a overly forceful quest to connect everything about the patient's material to the transference when it might not be. In the process, all the important communication that is embedded in the wider territory of the transference, as well as the patient's pattern of defense and the manner in which the analyst is included or excluded in the patient's associations, can be wasted.

George is a middle-aged married man who started treatment about two years ago. He was quite different than the last case of Perry in the way he psychically interacts and how the transference and counter-transference has unfolded. However, there are also striking similarities. The projective identification process that George relies on involves distance from his object while still trying to please and entertain from afar. That is a similarity. But, the treatment with George requires a different analytic approach to bring out a psychic opportunity for change and integration.

For the past two years, we have talked extensively about how George copes with the stress of his wife's chronic arthritis as well as the ongoing strains of his job. During this time, George's mother died from a painful condition caused by a automobile accident. The way George aligns himself with me is to tell

me stories of what is going on around him in a very factual manner and what emotional difficulties he notices others are having. George is very talented at this method of reporting and it is easy for me to forget that he is the principal player in all the stories.

George has told me how from early childhood, he always tried to entertain others and "keep things rolling along, without any friction". He has repeatedly described his father as a fragile, sweet soul who cared for George but was never much for words and his mother as a "emotional void" who "probably never really understood or valued feelings". I have interpreted that George assumes I see him in the same cold manner so he keeps his warmer side hidden from me as well. He responds by agreeing but also telling me he is not sure how to really show that side of himself or if he even wants to. He also says he knows "listening is your business so you will be warmer than my mother but I still doesn't feel natural about sharing much". Here, we were within the realm of the immediate here-and-now transference.

Instead of directly sharing his own internal struggles, George tends to project his needy, troubled, or unhappy self into others and then cater to them or tells me about them and how they are coping. But, as a result, he has often ended up feeling used or ignored in his marriage and at work. We have worked on this so now he feels more comfortable being assertive and expressive of his own needs with his wife without fearing that he is being selfish or causing tension with her. But, this inner conflict can still return as a problem he avoids.

Over the years, George has felt his wife is taking advantage of him by leaning on her arthritic condition and having him cater to her. This feeling came across in recent stories he told me about her latest symptoms and the various events surrounding their quest for to find better relief for her pain. But, George never actually told me in any direct way that he felt irritated or angry. He was skillful with giving me the impression of being unhappy but not being involved with it. This is a result of projective identification and its subtle interpersonal effect on the counter-transference.

When this happened, I interpreted that he played it safe and waited to see if I would notice his needs and put a voice to them, thus taking the risk for him. This stealth way that George passed off these conflicts to me left me anxious to raise the issue for fear of offending him and his wife. So, I also struggled with his projected anxiety in the countertransference. After reflecting on this counter-transference anxiety, I realized I was now struggling with the fear of conflict that he usually lived with.

Through projective identification and the interpersonal/intrapersonal interaction of the transference, George had me experiencing and coping with his unhappiness and fear. Kleinians have based their interpretive work for

many years on the premise that the transference is embedded in the projective identification dynamics patients over-rely on and how these more intense projective identification systems, or psychic retreats and pathological organizations, bring the interpersonal aspects of the transference to life (Waska 2010b; 2010c). Again, these clinical dynamics just highlighted with George were more direct transference interpretations in the clinical situation.

Since his mother died, George will tell me how his brother, his friends, or his father misses his mother. But, he is unable to bear this loss without feeling exposed in a precarious and frightening way. George is unable to have a personal experience of grief so he uses other's experience of loss. When he was describing the horrible bouts of pain his mother was having weeks before her death, he emphasized how difficult it was for his father to face the whole thing. When George talked about the now much emptier family home and how lonely and sad it was for his father in the weeks and months after his mother's death, he did not include himself in the story. I had to feel it. I had to hold it, translate it, convey it, and bring it to life in the room as George seemed to not trust that he could safely have that experience or that we could somehow bond over it or share it. Someone else had to have it and then he have to focus on them. This left him to be the barren isolated child of his own cold, internally barren mothering.

Overall, my analytic approach was to offer steady caring containment along with interpretations about his projected grief, need, and trouble into others with his offering of help and healing, but never any for himself. With a case like this, there was a ongoing threat of a particular enactment. My ongoing, tolerant containment could easily shift into a neglect or ignoring of him. I noticed there to be a fine line sometimes between feeling accepting of George's need to tell stories and project so much and me actually getting bored and disconnected. So, this loving containment could easily drop into neglect unless I kept my role alive with paced interpretations of the projections. This enactment of neglect would be a repetition of the emotional neglect he felt from his mother.

So, the territory of the transference with George includes in-the-moment clinical transference interpretations but also involves the wider listening to his inner phantasy world through the projective identification process he relies on so much. Bit by bit, while he still reports mostly about his workday or things going on for his wife or his father, he has become more assertive and less fearful of conflict. So, George now tells me more stories about asking his wife to help him around the house or to honor his decisions and more stories about how he asked for a raise at work or was successful at the latest work project he did. On one level, these are mostly long, detailed stories about recent events at work without much emotional material revealed directly. But, in the territory

of the transference, George shares quite a bit of internal struggle, conflict, and pleasure.

George is also more open about his own feelings. An example was when he told me that the anniversary of his mother's death was coming up and he "anticipated it would be difficult". I said, "you miss her a great deal. There wasn't much connection but you still loved her and felt some kind of love back". George said, "Yes. It was her limited form of love but it was there".

In working to establish the best analytic approach to effective interpretation, we must adopt a flexible method that allows for the particular psychic makeup of our patient, which is defined by their unique object relational conflict intensely highlighted in phantasy through rigidified projective identification processes. There are certain elements that are essential to interpretations with all patients but the ratio or mix of these elements differ in each clinical encounter according to the nature of the patient's unconscious phantasy concerning self and other. Melanie Klein paved the way and her modern contemporaries refined her method of understanding the centrality of unconscious phantasy to the human experience.

Kleinians conceptualize phantasy as unconscious object relationships between self and other that underlie all mental processes. These phantasies are the expression of conflicts and defenses surrounding love, hate, and knowledge. Psychoanalytic treatment aims to bring these elements of human struggle and desire into more conscious states of mind where there can then potentially be greater psychological integration. Internal objects are unconscious images and versions of external people and situations that the subject has intense emotional reactions to, both positive and negative. In other words, there is a distorted transference experience of desire and dread to aspects of an important person, now internalized. This projective identification fueled pathological interaction between phantasy and reality is what we try and interpret, with transference being the usual focus.

Throughout life, the subject projects their various feelings and thoughts about self and other onto their valued or despised self and object and then internalizes the combination of reality and distortion back inside. This starts another cycle of unconscious coping and reaction to that new internal object relationship which is then projected again. Thus, there is a never ending recycling of one's vision of self and other that is continuously organized, related to, and reacted to, both externally and internally and both intra-psychically and interpersonally. In the paranoid-schizoid position, these internal objects are often fragmented part objects rather than the more integrated whole objects experienced in the depressive position. This projective identification process is universal and makes up the territory of the transference.

Case Material

Mike is a patient who requires a great deal of containment (Cartwright 2010) along with sometimes interpreting the projective identification process he brings to the transference. He reports the many different transferences he has with the world at large and the primary figures in his day to day life. But, this is also all told to me within a particular transference mode. Bird (1972) has cited transference as a universal phenomenon and I would expand this to say it is usually paired with the universal dynamic of projective identification. So, we are always dealing with both elements, either directly as expressed by the patient in their direct transference to analyst in the clinical setting or by way of patient's broader report of feelings, thoughts, activities, and events outside of the clinical setting, either in the patient's past, present, or musings about the future. Both elements combined comprise the great psychic expanse or territory of the transference.

Mike's internal phantasy world and the object relational conflicts he dealt were severe and primitive. These phantasies created great anxiety as well as narcissistic entitlement that prevented him from functioning in a whole and healthy manner. Throughout the analytic treatment, I had to monitor my counter-transference as it was easy to feel I was with "someone strange, weird, and not normal", the very thing he said his family told him and that Mike often told himself. He fluctuates between seeing this "uniqueness" as evidence of him being strange and never a part of the world and other times as evidence he is superior over everyone in a special way.

Mike told me he was raised by his parents in a "cold and indifferent" way. He recalled being beaten by his father and says he still feels afraid of him. Mike's mother died two years ago of cancer. He says he misses her "but not a lot since she was never too close to me". I interpreted that this sounded like he was hurt and lashing back. He said, "Yes. Maybe that is right". This angry revenge and demanding to have what he felt he never had or what he lost was to be an ongoing theme in the territory of the transference with Mike. He would directly tell me he didn't want to do much in life and expected it to come to him. He would ask me if I knew how he could get free housing or ways to be declared disabled so he could receive ongoing funds and not have to work. Many of Mike's ongoing stories of his day-to-day life involved this type of struggle and expectation. Without this anger and entitlement as a way to prop himself up, Mike often felt lost and depressed, to the point of contemplating suicide. When he didn't use this primitive narcissistic psychic shelter (Waska 2013, 2015) or when he realized no one was going to rescue his or provide all things to him for free, he became despondent,

telling me, "I don't want this life. I don't know what I want but I hate what I have".

Mike was psychotic in his thinking but able to function in a marginal way. He had jobs before, as a fast food clerk and as a housecleaner. But, he quit when he felt "bored" or "unwilling to get up in the morning to make it there on time". In the past he took some writing classes at the local college and went to many poetry readings in town. He knew a group of people from those meetings and often would meet with them to smoke pot and take other drugs. When I first started seeing Mike, he was taking hallucinogenic drugs fairly often and smoking pot everyday. This only increased his fragmented thinking and paranoia. I understood this drug use as a way to find others to be with and a method of finding magical fulfillment and enlightenment. Again, he seemed to feel superior and excited in this pursuit. Mike responded to my interpretations about his drug use as part of this dread/demand emotional cycle by laughing in a off-putting fashion that made him appear psychotic. He said, "maybe, but I have read about how many people have found a greater vision and purpose and a higher level of consciousness with these drugs". I then said, "you feel lost without any purpose and want to be filled up with some meaning". He agreed, nodding and saying, "yes, that is also true".

As a result of our work together, over the last year, Mike has stopped drinking and taking drugs for the most part, except for smoking pot sometimes. He now tells me he doesn't "hang out with many of those friends because they are either homeless or in jail." However, it was difficult for Mike to let us to be two people working together to find meaning and solutions. He told me he decided to cut back on the drugs because his "psychic" told him to stop. When Mike told his psychic about his gum decay problem and not wanting to go to the dentist where "they put questionable properties in your system", and also mentioned his recent LSD drug experiences, the psychic told him LSD can "pollute the blood stream and cause gum problems". When I said he had a hard time letting us have some credit together, Mike told me "we are here to find out answers to my depression and my wanting to kill myself. This was more about physical systems of the body and the way drugs involve teeth and other parts of the body system".

My overall impression of Mike is of someone who has not experienced ample containment. He describes being loving combined with being both intimidated and having no soothing. There was no safe, welcoming or receiving object to project into. This has left him confused, fragmented, and identifying with the aggressor by either destructively attacking his own needs and attempts to grow (De Masi 2015) or by demanding that others now serve him and care for him as a sort of slave mother. So, his existence is defined by the death instinct or he

commands others to love and nourish him, a narcissistic defense against the death instinct. Indeed, Mike tells me often that he prefers not to work because he wants someone to care for him. For awhile, he contemplated moving into a religious retreat where he thought they would provide food and shelter for free and teach him how to meditate and "find enlightenment". I interpreted this as a quest for a free version of the ideal mother he never had that he felt was owed to him now. Mike agreed in a very concrete manner, not wanting to face this as just a phantasy based on his unbearable feelings of loss and neglect.

Mike had various paranoid or psychotic beliefs about himself and the world. He thought that he had "body sugar problems and sodium imbalances" that had to be treated in a certain way. So, every morning he wakes up and takes about two or three hours to slowly consume various vitamins, herbs, salt water, and grains. When Mike eats out with friends, they poke fun at him because he believes he must chew his food a certain number of times before swallowing to make sure digestion takes place in the proper way.

At one point, Mike was feeling so conflicted about having to take care of himself that he told me cooking was no longer something he wanted to do. He said he wanted someone else to cook for him. He said it was "too hard, took too much time, and I can't deal with the frustration of cooking". So, Mike resorted to only eating foods that came canned. I interpreted that he wanted so much to be taken care of and nurtured but he was now acting just like the neglectful, absent object he was so hurt by and angry with. He was neglecting himself in protest, by identifying with his unavailable ideal object. Over time, this interpretation of his internal phantasy world and the conflicts within the territory of the transference helped Mike make some adjustments to how he cared for himself. He started thinking about his diet more and resumed cooking.

Mike often told me about the "toxic and poisonous conditions of the walls" where he lived. He was convinced his apartment somehow created so much dust that he couldn't breath properly. So, he was always dusting and cleaning. Mike also thought the type of paint on the walls "was poisonous and emitting dust and gases".

Mike rarely brings his mother up in conversation but when I bring her up, Mike is able to share that he is still "off balance" about it. But, he doesn't ever say much more about it. However, I believe this is one of the external factors in his intense loneliness that has brought out unbearable internal emptiness from long ago. Mike will literally walk the streets trying to meet someone. He often will make friends with a homeless person and have some fast food with them and then part ways. But, he is unable to create any deeper lasting relationships. When Mike feels particularly alone, he becomes suicidal and reports it to me as if he is telling me about a weekly haircut. He says, "and this week

I felt like killing myself again. I felt really down and suicidal but that was two days ago and I am ok now".

Mike is often late to his sessions and sometimes forgets altogether. I have made interpretations about his ambivalence or fear of spending time with me and facing his inner feelings. He briefly will consider this but usually explains that he overslept or was involved in his "nutritional regime". Again, this includes 2-3 hours of him carefully drinking salt water, slowly eating various grains and special foods. In shifting from my exploration of the immediate transference and more into the wider territory of the transference and phantasy, I explored this fixation on a strange diet and ideas about his digestive system that made no anatomical sense. It turned out that when his mother was dying of cancer, she consulted a local "psychic" who recommended this strange mix of salt water, herbs, and grains, along with some mystical advise about the body's needs for their curative powers. After his mother died, Mike consulted the psychic and she recommended he follow the same system, which he still does. I interpreted this as a way to remember his mother and stay in touch with her. Mike said, "Maybe, but I just need to keep the enzyme levels low in my colon and to make sure the salt levels in my system are high enough to ward off any toxins". This situation gave me a better understanding of why Mike needed to stay loyal to the psychic about his drug use and his dental problem rather than acknowledging our working through his drug use. He needed to be with the psychic in his mind to still be with his mother. To think more symbolically with me and less psychotically with the psychic meant losing the connection with his mother and individuating towards a more whole self operating separately in the world. Mike is not ready or able to make that shift.

So, as Segal (1974; 1981) notes, psychotic mental functioning includes non-symbolic equation, the lack of symbolism, and a reliance on concrete thinking. I do believe that if the analyst continues to reach out with a more symbolic interpretive approach, offering a deeper understanding of the patient's suffering, over time the patient may be able to take in some of it or at least consider some of it, which in turn may help them organize their mind into more of a whole. At the same time, the analyst must constantly assess if this seems helpful or if it is experienced as dominating, persecutory, or detrimental towards containment.

Therefore, I try to keep myself immersed in Mike's phantasy life, his internal experience of himself and his objects. Once I have a sense of what that experience is, I attempt to contain it and interpret it. While interpretation of the immediate clinical transference is a part of this overall treatment, the majority of the work with Mike has been within the wider territory of the transference and his projective identification system that creates his lonely psychotic mental

experience. While Mike remains aloof and distant from me, from others, and from life in general, I have interpreted his anxiety, his anger, and his entitlement as a defense that keeps him away from the very connection he craves. This interpretive focus has gradually helped him to be less depressed, less suicidal, and less psychotic.

As a result, Mike is now looking for a job, is considering different places to "hang out" in order to meet new friends, is thinking of going back to school, and is contemplating finding a better apartment. Of course, all these positive changes are also tainted by the same conflicts, transference, and projective identification distortions that we continue working on. So, when Mike thinks of getting a job, even though he has no real skills to offer, he thinks of being able to immediately find a high paying job "because I want to have lots of money and travel around the world". Also, he brings me into his transference phantasy by asking, "So, do you know of any good paying jobs or contacts for me to get a job from?" I interpret, "you were sharing with me your own independent ideas about searching for something to improve your life, something you are scared about but also excited about. Now, you are giving up on that and wanting me to take over and be your parent, job coach, and guide so I will take total care of you. Its hard for you to hang on to your own identify for very long".

Mike smiled and said, "Ok. I get it. But, do you know of any?" I said, "No. And, that is not what we are here for. But, I can help you figure out why you want me to run your life instead of you feeling in charge of it yourself". He replied, "Ok. Well, I certainly know what kinds of jobs I don't want. But, I have to figure out what I do like. I know I am not very skilled at jobs with a lot of interpersonal interaction". I said, "what makes that so hard?" Now, as a result of the transference interpretation and my setting limits with how he can use or abuse me as a container, we were back on track, exploring his deeper object relational anxiety.

As in the example above, I routinely make transference interpretations about his entitlement, such as "you want me to take care of you and tell you where to find friends, a high paying job, and peace of mind. The idea of us working together isn't something you like because you are wanting to be paid back for all the time you felt neglected and lost." Mike will usually smile and emit a strange and troubling laugh and then say, "Yes! What is wrong with that?" Then, I will interpret his reluctance to face the grief of that neglect and the anxiety of facing life as a grown up making his own choices.

Also, I will make broader territory of the transference interpretations such as, "you are angry with the world and want it to hurry up and find you, love you, and care for you. And, I think you feel so uncomfortable and not a part of

everyone that you feel lost and alone. You make efforts all the time to be close to others but you also shy away and keep at a distance". This territory of the transference interpretation is based on the push/pull ways Mike is always demanding things but then feeling overwhelmed or repulsed when he has them. This is part of his internal splitting and projective identification conflict with desire, demand, and persecution.

Mike will reply to my interpretations in various ways, saying "I don't feel I fit in anywhere, I don't feel I can find anyone I can talk to". Of course, he is also talking about his anxiety of being and talking with me, which I do interpret. But, his transference to the object and to self is so singular and potent that it is disabling to him in all areas of life. He desperately wants change but to know himself and know others in another way, a new and different way, is overwhelming and frightening. Mike would have to give up feeling lost in the specific paranoid/schizoid stance he takes and instead feel completely adrift in a world of possibilities. The powerfully rigid projective identification path he is devoted to brings solace, control, and a pathological yet known psychic shelter (author 2013, 2015). The salt water diet and his special air filter for the poisonous apartment paint both bring a known controlled organization to his internal and external world.

Mike avoids deeper knowledge of himself. And, because of his alliance to this pathological projective identification based defensive organization, he fails to show a working knowledge of the other people in his life. He sees himself as either a completely abandoned figure, a feeling that leaves him feeling suicidal, or as a elite, entitled person who should be cared for by others. Therefore, he only sees others as better than him or less than him. His internal conflicts and reliance on pathological projective identification processes create psychotic transferences and a difficulty functioning in the external world. A desire to be known and to understand others being eclipsed by this totalistic resistance is part of the death instinct and a common aspect of more primitive paranoid-schizoid or psychotic functioning.

To truly know himself, Mike would have to face a great deal of grief, hurt, and anger. He would have to be in touch with how much he misses his mother which would in turn bring him back to the painful coldness he grew up with. This would make him more in touch with the depressive memories of his abusive and intimidating father. All this leaves him feeling empty and alone, unable to feel capable of directing his own life effectively. Mike has no internal guidance and his grave resentment and grievance over not feeling loved and known sufficiently makes him sacrifice his own potential so he can stubbornly wait to be saved and loved, like an orphan who refuses to grow until properly parented.

Discussion

Knowledge, whether it be the experience of knowing, not knowing, or learning, is a central component to the Kleinian theory about what makes up the human psyche. Klein placed the desire to know the object alongside the life and death instincts as fundamental in understanding human motivation. The subject is curious, envious, and wanting to understand the workings of the object. This creates a desire to be inside the other to taste, test, share, own, and be the other. In healthy development, this involves a thirst for knowledge, a drive to find out, and a talent to solve problems by learning. It also fuels a healthy desire for relational connection and creativity within a bond. The unknown becomes something that fuels growth and exploration.

In unhealthy or pathological states, whether depressive or paranoid (Klein 1946), the unknown is unbearable, envy of the other takes over, and a desperate and aggressive attack is launched to find entry into the object and take what is inside. This can result in claustrophobic phantasies, fears of reprisal, revenge, and retribution, as well as a sense of self as inferior and without, a feeling that others know more and one is clueless and left out. Anxieties about knowing can cause learning disorders (author 2015). Aggressive quests to know can cause obsessive disorders that require knowing at all times or a feeling of terrible guilt of not fixing the object as well as annihilation fragmentation from feeling unfixed and uncontained. In treatment, many patients display a resistance to or fear of knowing themselves. They feel trespassed by our wanting to know about them and they rely on a primitive system of withholding or of projecting what is inside out to protect themselves from others knowing more about them.

Knowledge, love, and hate are the main themes that color the unconscious phantasy world of the mind (Waska 2010a) in which all object relational experiences are created, reside, and evolve. All psychic visions of self and other are built up or torn down according to unique ways of knowing, loving, and hating and the associated life and death instincts that are cultivated or restricted. All these internal dynamics are kept alive and constantly refined, defined, or rigidified by projective identification. So, all these psychological elements combine to create what we know as the transference.

Projective identification is the vehicle for transference both interpersonally and intra-psychically but also the way transference can become a pathological organization (Rosenfeld 1971), psychic shelter, or psychic retreat (Steiner 1993). These are overly rigid and one dimensional systems of defenses used to limit and narrow the transference, eliminating change or consideration of difference. Therefore, when considering all these emotional factors, one has

to clinically acknowledge the wider territory of the transference and contain, translate, and interpret accordingly.

Given this way of conceptualizing the patient's internal struggle, our analytic focus must be on finding the essence of each patient's core phantasy and the object relational dynamics operating within. This is similar to Kernberg's (2015) idea that interpretation should always address the self-affect-object dynamic most apparent in the patient's presentation. This is the aim of our clinical search in all our cases. It may bring us to the immediate clinical transference between analyst and patient or it may expose the wider territory of the transference that must be interpreted at that moment in the working through process. As discussed, both these areas of exploration are always linked so when possible, interpretations can be made about both the wider territory of the transference and the here-and-now clinical transference, including how the patient's focus on the wider is linked to their internal vision of the analyst or the analyst/patient couple.

The way the patient experiences self and other shapes everything in their lives. It both defines and is defined by the core projective identification system that structures the patient's way of relating to the world. To understand, access, and slowly transform this psychic structure, and often shift it from a pathological organization or psychic retreat to a more healthy and sustaining internal foundation, the analyst must find what interpretive approach matches up best. It may be the here-and-now clinical transference, it may be the defensive moves the patient favors, or it may be the overall core elements of phantasy conflict that are most available to interpret and most useful to interpret at that moment for that particular patient. That last element would be the wider territory of the transference, but in all analytic treatments we strive to bring a uniting focus to all three elements.

With some patients, the transference is strongly obvious in the room and must be immediately interpreted. With other patients, it is containment and gradual translation of counter-transference that leads to interpretation of core phantasy conflicts. When a patient is talking about events or relationships outside of the office, it is usually thought of as a resistance to the transference, an avoidance, and a extra-transference interpretation if we comment on it. I think this term, extra-transference, has become not only vilified but poorly defined theoretically as well. If we only go along with the patient's story of external factors and only comment on the external, concrete problems they are sharing, we are probably involved in an enactment of some sort (Steiner 2000, 2006). But, if we try to extract and interpret the underlying phantasy elements of their associations, then we are working analytically. So, perhaps the better term is something more of a conscious association by the patient,

an expression of unconscious phantasy that is within the territory of the transference. The patient is choosing to tell us that particular story at that particular time for a specific psychic reason.

O'Shaughnessy (1992) points out how analysts can find themselves in two extremes when making interpretations. They can become trapped in a closed system of transference only (enclaves) comments or too much involved in external reality and phantasy conflicts to the point of almost forgetting the transference (excursions). She, like I, advocates for a clinical balance, ultimately determined by the unique nature of each patient's psychic profile and their fit with the analyst.

Again, Segal (1989) describes what she calls the "full interpretation" to be a combination overtime of working with the patient's direct transference, their feelings, thoughts, defenses, links between past and present, and the interplay between phantasy and reality. She emphasizes that transference interpretation does not mean only speaking to the here-and-now clinical transference. I hope this paper and the clinical material has served to illustrate this point and establish Segal's recommendation as a description of the wider and more important clinical concept of the territory of the transference.

CHAPTER 3

Working Within, the Compromised Formation, and Analytic Contact: Three Aspects of Modern Kleinian Clinical Work

Working With/Within

On one level (Grotstein 2009), it seems that both analyst and patient want to tackle whatever psychological problems are occurring, find solutions to them, move forward, and start living in a new way free of former symptoms and external issues. But, as therapists working from a psychoanalytic perspective, we believe there are unconscious forces driving the issues and those need to be understood and worked with. Only through that process, which inevitably involves the transference and a learning of that patient's unique defensive system or compromised formation, are we able to gradually find our way to alternative possibilities of experiencing self and object.

However, in truth, neither the patient or the analyst really wants to willingly face and feel the true agony of what keeps the patient chronically clinging to their pathological psychic shelter (Waska 2013). They struggle to maintain a unhealthy psychic equilibrium with rigid patterns of projective identification and interact with us using this system of survival in the transference. So, in acting this anxiety out, the analyst will often want to "help the patient work through" their conflicts and move ahead to something else. The patient will agree and want to quickly "work through" or "work past" their issues to find quick relief without painful insight.

Of course, this mutual desire to flee to a better life free of persecution, guilt, or anxiety is impossible without some sort of intervention, face off, or confrontation with the opposing and fragmented aspects of mental functioning. Both parties, patient and analyst, have to find, tolerate, contain, and master elements of psychological experience that usually are kept apart, away, or completely discarded.

As a result, as soon as the analyst starts trying to achieve this "working through", the patient will usually show resistance because unconsciously they do not want change, loss, or uncertainty. The starvation known in one's internal fortress is preferred to the unknown wilderness outside of it even with the possibility of sustenance and abundance. This paper will address these topics and formulate a more therapeutic stance, both theoretically and clinically.

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Brenner (1987) states that working through is simply an ongoing aspect of regular analytic interpretation of resistance and defenses, mostly within the realm of transference. Sedler (1983) believes working through is more centered on the patient's effort or lack of effort to battle with their resistances, actively trying to replace old with new methods of experiencing life. He goes on to describe repeating versus remembering as the critical dynamic in working through. Repeating is the acting out that collapses the differences between past and present while remembering creates distance and a chance for separation, choice, and change. While these Freudian views are still clinical sound in many aspects of the treatment situation, I believe we have to better understand the phantasy aspects of repeating and work within them before remembering is possible. This is the Kleinian view of psychologically wading in deeper with the patient, if they will and can, to their inner mindscape to better understand how remembering is avoided or unreachable. In turn, this dynamic helps the patient to rely less on repeating as a defense or offense in negotiating object relational conflicts.

Moore and Fine (1990) describe working through as a mutual process of both patient and analyst making insight more effective in order to bring about lasting change. It may include simply duplicating and elaborating prior analytic work but also involves expansion, modification, and more finely tailored interpretation of the transference, defenses, and unconscious phantasy.

Expressing the more Kleinian view, Hanna Segal (1995) states that working through involves grieving, letting go, and loss. The attachment to the original object must be re-lived and given up or reworked as I think of it. This reworking allows for the creation of a new good object that can be internalized. But, the pain of mourning, along with what I think is the overwhelming and often unbearable anxiety of that separation, brings manic and paranoid defenses to bear. But, as each cycle of insight, mourning, defensive reaction, letting go, and allowing for new and stronger good objects takes place, genuine psychic growth can proceed.

In 1950, Melanie Klein outlined the criteria for successful termination. These elements seem to also be the defining aspects of the working through process. Klein (1950) recommends the goal to be the reduction of paranoid (Klein 1946) and depressive (Klein 1935; 1940) anxieties, a healthier relationship to the external world as well as the emotional strength to face the grief of change, and a more realistic and secure attitude to the internal and external world. With ongoing interpretation of the transference, both idealization and persecution are no longer a crippling method of experiencing the world. Instead, love and mourning can become an ordinary part of development, creativity, and hope.

The Modern Kleinian approach is a fluid, relational, and elastic style of finding out where the patient is internally, seeing what immobilizes them, and discovering a place, internally, they may desire to grow towards. And, that place may need to be pieced together for the first time in their deep imagination before it can be reached for, fought against, and again reclaimed as part of their true self.

There is a sort of analytic compass that emerges as a result of working with and within the patient's constant conflictual shifts which predictably occur in the course of analytic treatment. It provides both patient and analyst a understanding how and why the unmoving object relational constellations are as they are, demonstrated over and over in the transference. This analytic compass provides information as to the ancient, predictable, and unchanging direction love, hate, and knowledge are drawn to and the many possible courses of travel that have never been tried or trusted.

Even when static or frozen with resistance, the rigid projective identification based transference (Waska 2011a) we encounter with turbulent and embedded patients includes micro-shifts and jarring to-and-fro movement within that internal confinement. This is expressed interpersonally, through acting out, and intra-psychically through associations and external transference activity or phantasy references. No matter what external or even internal change occurs, especially healthy or positive, the patient will work at moving the internal self and other back to the known conflict, the established fortress, the compromised formation, or trusted psychic shelter (Waska 2015).

When not so statically bound, patients are able to tolerate a gradual expansion in psychological integration and slowly increase their hold on reality by going over the same archaic phantasy conflict over and over until its grip on the unconscious self and other starts to shrink. This reworking of familiar emotional territory is a mourning process of slowly saying goodbye to the known and trying to bravely face the unknown.

Still, other patients tend to wonder about, ricochet, or just plain flee from one state of mind to another as they make gradual, sporadic, yet halting progress. They stumble from depressive to paranoid and paranoid to depressive phantasy states with blinding sensations of anxiety, guilt, persecution, and loss. They allow new change and transformative grief for a moment before reacting and retreating back, feeling like hopeless satellites drifting alone in space.

The term working through has a warlike terminology about it in that there is something to break down or something to fight against. While this can certainly be the transference and counter-transference climate with some patients, the connotation makes the concept too narrow, without bringing in the other types of relational states that are encountered during the analytic process. Even calling it "working on" is much better and more to the point of what

actually happens clinically, but it also shifts it to a more third party concept in which patient and analyst are 'working on' a 3rd entity.

Unfortunately, this is exactly what happens in some treatments where mutual enactment (Feldman 2009) using intellectualization and displacement creates a 3rd party project for the analyst/patient team to work on, without ever tending to the emotional and transference aspects of the struggle. This is what has been termed the "analytic alliance" between patient and analyst and while Freud thought it was a helpful therapeutic goal, many more modern analytic approaches see it as a useless defensive shift away from the emotional bread and butter of working within the internal mindscape of a patient's psychic conflicts. This more transference based contemporary view is a central aspect of the Modern Kleinian approach.

Specifically, the Modern Kleinian approach (Waska 2010a, 2010b) advocates the more contemporary, therapeutic shift of 'working with' and 'working within'. This is a clinical focus on the moment-to-moment aspects of transference, so often actualized interpersonally through the projective identification mechanisms many of our more difficult patients rely upon to relationally maneuver. Working 'within' means using the counter-transference as an analytic compass to identify core themes of the patient's unconscious phantasy at play and the main internal conflicts that compose the manner in which the patient emotionally defines self and other. Interpretation of the desire and the dread surrounding love, hate, and knowledge are important ongoing therapeutic efforts and the defensive reactions and retreats that develop around those interpretations reveal more information about what the patient both wants and turns away from.

These clinical techniques and therapeutic efforts are all in the attempt to establish analytic contact (Waska 2007). We try to create moments of analyst contact by working with and within the intimate, complex, and chaotic regions of the patient's mind and gain knowledge about their way of relating or not relating in the transference. We must submerge ourselves 'within' the patient's internal experience before we can ever be aware of what we will have to travel 'through'. So, working through is helpful as a abstract theoretical concept but clinically we need to find ourselves within the patient's phantasy conflict to interpret in a impactful manner. We must follow them about before we can pull them through.

Compromised Formation

As outlined, it is helpful and clinically necessary to reframe the concept of working through with a more contemporary Kleinian Lens in order to highlight

the importance of working within a patient's deeper psychological experiences and help them emerge from their more destructive cycles of projective identification. Likewise, we can benefit from reconsidering the concept of compromise formation. Specifically, we must work with and within the pathologically 'compromised' formations that are created and mummified via destructive cycles of projective identification.

Freud thought many of the patient's symptoms, anxieties, dreams, and character traits were compromises between a forbidden wish and the defense against that wish. In general, that idea has been championed by mainstream Freudian analysts and relied on to build theories of technique. So, most of the literature that outlines the analyzing of compromise formation is founded in Freud's original structural model of the mind.

Many analysts, to this day, are consciously or subconsciously viewing the patient as waging a battle between the forces of the Id (wanting pleasure) and the Superego (wanting to establish order, rules, and moral balance). As a result, the patient's ego has constructed some form of compromise formation and is weakened as a result. According to this psychological situation, a person enters treatment as the result of a compromise formation that is destructive or painful in some way. Thus, the aim of the psychoanalytic work is to help them establish a healthier compromise formation and to strengthen the ego in the process.

I agree with most of this but believe there is one vital intrapsychic factor missing from this classical approach to understanding a patient's disorder. By using the more object relational perspective of the Kleinian school, we can begin to reformulate the compromise formation as a brittle and ever-moving or dark and rigid interplay between self and object that ends up in the crystallization of various psychic bargains (Waska 2011b), internal treaties (Waska 2010d), and pathological organizations (Steiner 1990), psychic retreats (Steiner 1993), or psychic shelters (Waska 2015). This provides a more alive, in the moment, here and now clinical situation to work within rather than more theoretical ideas about battles between agencies of the mind, which can lead to intellectualized treatment climates and academic discussions with the patient about his or her mind and how 'a part of you is angry with another part of you'. This only leave the patient feeling less in charge of themselves as a unified whole.

The Modern Kleinian view of compromise formation is about working with and within the patient's mindscape to truly understand, via transference and counter-transference, the nature of the chronic object relational conflicts that form 'compromised' formations. These tend to form through destructive dynamics of projective identification (Waska 2004, 2005, 2006)

and petrify through repetition into psychic retreats and other one dimensional forms of experiencing the world. As a unconscious reaction to these adversarial internal and projected standoffs, the patient feels crippled by persecution, unbearable guilt, envy, anxious separation, and other mental crisis states felt to be occurring between self and other (as opposed to between agencies of the mind). The patient unconsciously creates object relational bargains, treaties, and truces to cope and these jell into highly compromised formations.

We work with the patient to find a way to undo or heal these object relational curses. In their place, we hope to help the patient find a healthier relational adaptation to external reality and to the management and mastery of their internal conflict. This necessitates a understanding, acceptance, and ownership that one's problems are at least in part the result of one's own anxiety state, not the projective identification distortion used to defend or aggress against that anxiety state.

This means a gradual building of confidence and trust in self and other, resulting in a greater sense of self agency. This sense of greater inner direction only emerges from the mourning of idealized control. Realizing and accepting that perfect control over self and other is never possible leads to a sense of loss, separation, and anxiety over lack of knowledge or security. Only then, in that painful and uncertain transitional space, can one potentially begin to trust in the safety and strength of a world without control but still with a surround of compassion. This new internal world includes hope, care, and other reachable objects to rely on who make an effort at creating happy endings if possible, help make wrong into 'right', or at least try to make sorrow and failure into something 'better'. And, this new vision includes the belief that just trying to make it better also counts for something. This is all in line with the concept of whole object functioning in the depressive position and the idea of a sound internal container that provides self-soothing.

So, in resolving the more destructive aspects of compromised formations, analytic treatment can help the patient construct more functional psychic strategies. Working within the existing compromised formation and its constrictive phantasies and core object relational conflicts, the analyst can interpret and work with the projective anxieties. Over time, the compromised formation can shift into open-gated psychological organizations with a give-and-take sense of negotiation rather than a closed door/no trespass retreat or psychic shelter. More functional defensive systems can be created and chosen rather than the patient feeling cornered and having to use whatever psychological weapon or drastic strategy is at their frantic disposal.

Analytic Contact

Analytic contact (Waska 2007) is a clinical moment that involves several factors between both patient and analyst. It is when the patient allows himself to find or build and then rely on an internal container of their own without relying on ancient, rigid, and destructive cycles of projective identification that create an over dependence on the container function of the object but also shape that container to be a parasitic, empty, demanding, or collapsed cell without escape. Analytic contact is the moment when the analyst truly understands, tolerates, and contains, as a result of working within, the core object relational conflict and anxiety in the patient's phantasy experience.

At that point, the analyst is able to interpret this knowledge to the patient and the patient is able and willing to allow themselves to be open enough, without defensive projective identification acting out, to truly learn and know something new. They can admit, accept, and own this new knowledge. Analytic contact also means that the patient can acknowledge the interpretation as a good fit, a match, and something that "feels right" without feeling captured, weakened, or judged. This moment of analytic contact usually is both therapeutic and healing but also a transformation that creates a state of mourning or paranoid anxiety to which the patient often reacts by retreating back to their familiar psychic shelter or compromised formation. However, the psychic equilibrium has shifted at that point and a psychological change has taken place. Thus, the structure or foundation of the compromised formation is now different, making choice, knowledge, and healthy compromise a bit more in reach.

Case Material

Jeff has been seeing me 1-2 times a week for almost a year now. He started in treatment for "extreme depression and overwhelming anxiety". Jeff dropped out of college a year earlier with failing grades and a "self destructive attitude". He told me he could not get out of bed most of the time and when he could he tried his best to do the work but "felt too disorganized to follow through with anything. I could not keep up with all the assignments". In addition, he was an artist but so wanted to not fit in with "all the conventional bullshit and the corporate suck-ups" that Jeff deliberately made the worst art he could to "stand out as the greatest failure". He had moved to San Francisco about a year prior to seeing me and after a few months managed to find a menial job at an all night convenience store.

Jeff presents as a very anxious person who talks nonstop in a very intellectualized fashion. He always looks a bit disheveled and acts compliant and ready to please me if necessary. He lives with roommates and has a history of low paying jobs in which he feels content yet limited. Growing up, he had to cope with a mother who "had pretty bad mental illness" and was "moody, never someone I could rely on". His father sounded distant and not very effective in helping balance out this chaotic home life.

Up to recently in the treatment, I have not focused much on Jeff's past experiences or made many links between then-and-now because of his in-the-moment anxiety state. With some patients, this ongoing genetic linkage is very helpful and a pivotal aspect of the overall treatment. But with others like Jeff, it is more of a potential defensive detour, a distancing maneuver by both analyst and patient. With Jeff, almost all the active energy of the transference, his anxiety, and his phantasy conflict was in the here-and-now. So, almost all my interpretations or inquires are focused on the present. It may have enlighten me in a theoretical or intellectual way to know more about his childhood and the potential parallels to his current life, but I don't believe it would help him. What we will see from this report, the focus on current states of persecution helped him to find enough stability to make his own connections to the past and then it became something more clinically valuable.

My impression of Jeff from the beginning has been of a smart, articulate young man who is extremely anxious and generally depressed. At the same time, he also seems to operate from a paranoid-schizoid position and on the edge of more psychotic or persecutory thinking. Jeff seems to want to be the rebel and not join in regular culture but also is very ambivalent about where he might comfortably exist if he isn't part of our normal society. All of these struggles come out in his very obsessive, logical, and intellectual speeches about society, his current living situation, culture, and politics. He can never decide on a path for himself, even something potentially fulfilling like a new art project to take on for fun. When he is more emotional, it takes the flavor of paranoia and devaluation of others. This is more of a manic state of masochistic superiority with a persecutory and psychotic edge.

In the transference, Jeff often seems to want me to side with him against "the barbarians", reassuring him that he is the honorable underdog fighting the good fight. I make this interpretation and often add that I could be on his side but it would be a scary lonely place for us to be. So, I would rather understand why it feels like he is such an alien in a foreign land. In response, Jeff will tell me he has never wanted to be like everyone else and if he did become more like others, he would be "giving in to the societal umbrella of psychological numbness, just looking to advertising on TV to guide our basic desires

and needs". I respond by exploring what he wants instead. I point out that Jeff is clear what he is against, but unsure of who he is and who he wants to be. Jeff says, "yes, that is still a mystery. I want to crack that code but I am not sure what might be out there". I said, "it sounds like something you want but it also sounds ominous and scary". Jeff nodded yes.

Sometimes, interpretations can be a combination of acting out and helpful observation. So, sometimes I act out but also confront Jeff on his masochistic ways that serve his feelings of oppression. After listening to yet another story of how the drunken rich people come in to his store, demand various items, and treat him poorly if he doesn't have them, I ask him why he keeps working in a neighborhood known for having those types of people.

Here, I believe I missed the unconscious reference to him feeling inadequate when others need him and the oppression he feels. However, this has also come up in others ways that we have already addressed. Jeff tells me "my shitty job is convenient and I have been lazy about looking for something else". I replied that he may stay longer than he should to satisfy a deeper feeling of wanting to prove he isn't unimportant and that he is ok as is. Here, I caught up to the unconscious phantasy he was describing and was able to interpret it. Jeff said, "I think so. I hate it but I probably am getting something out of it. But, you are right. It's not something very healthy".

In almost every session, Jeff tells me about "the latest incident" at his workplace or "more of the usual city crap" in his off work time. These are all stories about all about entitled, money driven, aggressive young adults that are taking over everything and changing the face of the city, leaving a split between the well to do and the struggling service workers.

Now, this is a topic that has actually made the local and national news because the city has indeed become "overrun" by rich young people working for giant technology companies. But, in the Kleinian approach, we always look for how the individual uses external reality and in what manner they reshape it and maximize or minimize certain aspects of it to build upon their unconscious phantasy and self/object vision. This is where projective identification casts a specific flavor to one's internal and external experiences.

Working with and within is a clinical stance. It is not just listening, tolerating, and containing. It is a gradual following the patient's emotional state, a submersion in that state, and as a result, a counter-transference fluency in the patient's unconscious object relational linguistics. We listen to how we are talked to, what is spoken to us, and what is not said. We are not just passively reflecting back or silently listening and then offering supportive statements. We are searching for the details and degree of anxiety, desire, aggression, persecution, guilt, envy, and loss that the patient experiences in phantasy and

passes on to us in the total transference (Joseph 1985) and complete counter-transference (Waska 2011b).

There is a unique psychic theater in which the patient plays very particular roles with very specific characters all cast through archaic internalizations and shaped by countless cycles of projective identification. We must become familiar with this revolving montage of good and bad aspects of the ego and try to comprehend the motives and nuances of each. Via counter-transference, I could see myself often siding with Jeff but was able to not completely act that out. I could also see myself sometimes feeling more irritated with him, siding more with the "new upper class of callous hipsters". By noticing these feelings he evoked through the transference, I could ask Jeff to consider why he always ended up in the singular, one dimensional role he proudly defended but also felt trapped in, as well as how and why he cast most everyone else in their own confined, defined box. I wondered if life was always so starved and colorless. Jeff was able to take some of these interpretations in and often reported feeling less anxious, reported "thinking about stuff a little bit differently", or told me about making some new effort to better his external circumstances.

By working within a patient's internal narrative in these ways, the analyst can come to appreciate the exact nature of their compromised formation. In doing so, we can start to see how it is constructed, how it is maintained, and how and why the patient is reluctant to dismantle, undo, or remodel this way of existing and coping into a more healthy, soothing, and open system of internal compromise.

So, for months, I have submersed myself within and contained Jeff's ways of relating to me because I feel it important to follow him about in his internal phantasy world and find out more about his chronic object relational conflicts and feelings of powerlessness. This process of working within his intrapsychic experience is all the more necessary because of the rigid nature of his compromised formation. There is a constant flow of intense projective identification between him and object that maintains this destructive system.

Jeff adheres to this way of feeling and thinking for reasons that make sense to him in that projective cycle. He puts all of his desires for competition, money, fame, fun, and normal interactions into others and sees them as strange, entitled, and aggressive. Then, he feels empowered to rail against them and put them down as "opportunists blinded by stupidity taking advantage of others and never being respectful". Jeff can feel special and uniquely aware of their shortcomings in an elitist way. While working within this complex pathological view, I sometimes comment on how he wants me to see him as the noble suffering soldier, someone who "won't drink the poison".

I also interpret that Jeff does not want me to see the more intimate side of him, the artistic and thoughtful side of him that occurs off of this psychological battleground. While I am not trying to "work through" anything, I am trying to "work with" Jeff to deepen our understanding of the static internal self/object conflict he has constructed his compromised formation for and against. Only then, gradually, will we be able to see why he believes he has no other choice. And, by gaining insight to the psychic importance of this compromised formation, we can begin to imagine other choices, other more healthy compromises.

Throughout the treatment, Jeff's level of paranoid functioning has shifted and lessened. Likewise, he is less anxious and no longer so depressed that he can barely function. But, there is still a definite paranoid-schizoid (Klein 1946) level of operating that intensifies with his use of destructive projective identification. The more he installs aggression, greed, and separation into his objects, the more isolated, afraid, and taken over Jeff feels. So, he can become very agitated in his ranting about society to the point I become concerned or even a bit scared.

Jeff will spend most of some sessions telling me how he "isn't about to become another cog in the cooperate machine, just chewing up our souls and spitting us out for their financial and political gain. I hate to see all the mindless drones come in the store where I work and just look at me with those glassy eyes and demand their beer and cigarettes so they can go home and watch some mindless TV program and then wake up to go to their executive jobs with lots of money and no real meaning".

I have said, "it's a scary world out there with all these mindless robots and you all alone in the middle of it". Jeff says, "I feel like I am walking through a graveyard of empty souls. I know a few people who think like I do and see the problems. So that's ok. But, I think there is no turning back. The city has decided it wants to treat people like a commodity and your either part of their system and profit off of others backs or you are the disenfranchised and the city turns its back on you". When listening to this and realizing how Jeff wants me to "get it" and side with him in the transference, I am aware of how it would be a mistake to ask him if he is jealous or if he wants to be a part of what others have, since he would, in his paranoia, hear this as me suggesting he sell his soul and join the machinery.

Instead, from the counter-transference experience I have by working with/within his internal phantasy world, I say, "given all that, I wonder if you feel all alone in the world and wish you weren't so pushed out of everything. Maybe you wish you could be a part of the world but worry you would have to sell out to do so". This interpretation is aimed at his splitting and the destructive projective identification process he relies on to view the world. Jeff said, "I get

tired of working the shit jobs, barely able to pay my rent, feeling disrespected by everyone, and feeling like it is impossible to ever get ahead in this rat race". I said, "so, you want to benefit from being a contributing part of it but you don't want to have to give yourself away in the process".

Jeff said, "Exactly. I told you I am thinking of moving away to another city where they don't treat the underclass like this. Maybe there I can find a home". I said, "the way you keep yourself protected in a shell of logical thinking, and always bouncing back and forth about what you want to do is maybe a way to keep yourself apart and safe, but it keeps us apart and you never get to interact with others too much, so maybe another city would still feel kind of alien". Jeff said, "Well, that is a good point. But, I don't want to be a part of a society that doesn't care about its citizens and only wants to support corporate interests over the welfare of those really trying to make a honest living. I am just glad I have the intelligence to see through all this phony crap and realize what is really going on. Not that many people really see it for what it is. I am lucky that I have that power to see above the crap most people take for granted and see as normal." Here, he reacted strongly to my suggestion that he might benefit from remodeling his internal fortress and that he might not be as well defended as he thinks.

Jeff had talked before about his special powers to see the "reality of how twisted things were" and how "most people were too dumb to realize any better.". So, I said, "you see yourself as superior to others that way, but under their thumb in so many other ways. Maybe it's easier to look down at everyone to even the score and not feel so crummy about yourself". Jeff said, "I know what you mean. I do take out my frustrations on others but I also feel I am right about it all. I see the faults that most people live by and I don't want to join that party". I said, "but, by having to live by that strategy, it also means you have to live a rather restrictive life. My impression is you wish you could do better and improve yourself but you are worried you will sell out in the process?" Jeff said, "Yes, that is on target. I want to have a better life, but I don't want to be part of the corporate greed and the cultural division. That is why I think moving to a better city is part of the answer". So, here, we revisited the same conflict but he was able to take my words in a bit more without such a quick defensive reaction. I stuck with it because it seemed a core anxiety, a primitive conflict of wanting to move towards the object but feeling convinced the object will take him over. The dread of being consumed, a unity without identity, is his ongoing psychic struggle that leads to the compromised formation he exists in and withers inside of.

Jeff often brought up his many aspirations, art project ideas, new inventions he thought of, novels to write, and products to sell. On one hand, I feel Jeff is a very smart person who has sabotaged his growth and keeps himself small

to not "join the system". Therefore, he probably does have many interesting and potentially important ideas. But, Jeff is also very manic and paranoid in his thinking, seeing himself as above others and having special superior ideas that are better than anyone else's. The truth is he has never really written, published, invented, or produced anything. He tells me how he has countless pads of paper at home with all the hundreds of pages of notes on all these "groundbreaking" inventions and ideas but has never done anything with them. In fact, he never even finishes any of them.

Recently, Jeff talked about why he thinks he stalls out on all of his "brainstorms". He told me he thinks he has some type of "artistic block" or "maybe a lack of focus from depression or focus problems that medications would cure". I said, "maybe there are deeper reasons, more emotional, that stop you. But, maybe you are uncomfortable looking at them with me so it's easier to think of wiping them out with medications. If you really have an idea that excites you and is interesting to follow, I wonder what brings you to such a dead end all the time?" Jeff said, "I have so many ideas firing off in my head all the time. They are all really good and some are real game hangers. I am sure of it. But, I just never finish one". I asked why. He said, "Well, I get well into notes about a new invention and then something about it makes me think of something else that would be a really good invention or even a topic for a book so I start writing notes about that instead and lose sight of the first thing. So, I end up with many half done projects."

I said, "the more you describe it, I don't think it's a problem of focus or depression. If you are really into something, I can see how you might have outshoot ideas come up, but you could certainly make a quick note about it and get back to what you are excited about or even have faith that you will remember it later and not even have to make a note. But, instead, you somehow give up on yourself or not let yourself keep with the excitement. It's almost like you are getting to a certain point and then run away into something else. Maybe the fun thing turns into something intimidating?" Here, I was interpreting the more manic superiority phantasy turning on him and him retreating towards another miracle venture.

Jeff replied, "The more we talk about it, it makes me realize or just remember what I know about it. I think the real reason I never finish one project is that I will feel I only have <u>one</u> project and that makes me feel small and normal, just like everyone else. I want to feel like I have countless ideas and many cutting edge inventions. If I only have one, that seems pretty pathetic." I said, "Also, there is a greater risk that it could fail and you would be left with nothing, instead of countless backups?" He said, "Well, if any of them fail at all, I would feel normal, a part of normal society. That feels terrible and weak. I want to be special and have <u>all</u> my ideas."

I said, "there is either potential special power with all your untested ideas or terrible defeat if you try one out." Jeff nodded and said, "Yes, so I keep them to myself". I said, "but, then you feel separate and can never be a part of the world where mistakes happen but people recover from failure. A place where ideas count and whether they work out or not is not a sign of weakness. You could still be special but not perfect". Jeff said, "I don't know if I am ready for that!" I said, "so, for now, it has to be 'never try and never fail". He nodded yes. Here, we made analytic contact and the foundation of his compromised formation seemed more understandable and potentially movable for a moment.

Going back to Jeff's childhood history of being raised by a mother with severe "mental problems", I am sure much of his paranoia, his splitting of the righteous and the damned, and his masochistic superiority can be traced to early internalized conflicts and trauma. No doubt, he probably has constructed an unconscious compromised formation, a psychic shelter, that allows him to prevent catastrophic intrusion, prove he is not and never will be like his crazy mother, makes him special instead of weak, normal, or forgotten, and defines him instead of facing disintegration of self and absorption into the devouring, greedy object. And, his transference of wanting me to understand him, side with him, and agree that he is better than others is probably part of that desired mother love and his hope for a parental beacon in the dark to cling to.

But, the nature of Jeff's phantasy state, his reliance on primitive projective identification tactics, and the resulting intense state of anxiety mean he is trapped in current time in a rather concrete fashion. So, clinically, I believe if I had made all or any of those genetic interpretations, I would have stopped working within his emotional experience and prevented any chance for analytic contact. He would probably reply, "Yeah. I can see that" or "maybe"and we would be stuck in a academic exercise far from our immediate relationship and distant from finding out more about the confines of his compromised formation.

However, Jeff has recently brought up his past and choose to share it in a manner that created a here-and-now experience in the analysis, a remembering rather than a repeating in the transference. This moment of analytic contact provided a chance to work within his internalized past and its link to his present psychic phantasy state.

Recent Progress

Lately, Jeff is feeling a bit more confident and less alienated. But, his internal world is still very chaotic so his mindset shifts easily. He says he is thinking of going back to school, but isn't sure what for at this time. Also, he asked his boss

for some changes in his shifts at work so he has less contact with the late night drinking crowd and he is looking for other jobs that might make him feel less agitated and resentful. But, mostly, Jeff is starting to face his intolerance about being "normal". He is more able to contemplate and explore how he feels so weak and deficient behind his compromised formation of manic superiority and the subsequent devaluation and demonization of others. Jeff will have to find a safe and secure place amongst us all but only when he can trust that our value is no less or no more than his is.

Over the last month or so, I have listened to Jeff's constant back-and-forth about what to do or not do in his life with the resulting immobility. I have made interpretations about how he wants us to become so immersed in the delicate decisions that we never have to actually choose something. I said I thought this maybe/maybe not was a defense against doing something or really doing anything. Jeff was safe from having to join the world and from finding himself within it but was also alone and without meaning. He said this really "got him thinking" and he told me it felt it was true. The following next few weeks, Jeff looked more into going back to school and at first told me he would return to school and pursue a degree in software development. He told me he felt odd "training to join the ranks of the corporate beast" but he felt it would be "different" because he would ultimately make websites for non-profits and those "outside of the system". Here, he was imagining a more flexible compromise formation than the restrictive, no way in or out compromised formation he usually existed in.

This idea became too threatening and he then reported that he would begin studying on his own and when he felt up on most of the basic technology needed for the school program, he would then enroll. I interpreted that he needed a more cautious and controlled approach to stepping into the wider world. He said yes and added that it would be easier financially as well. Over the next week, he became more paranoid and anxious. He girlfriend was away for a work conference and he felt "extremely alone" and said "I feel my body disintegrating". He described feeling hopeless, empty, unable to sleep, and "mentally, physically, and emotionally disintegrating". I interpreted that he felt extra anxious about his new plan to step out of the chronic indecision and to train to join the ranks of the outside world. And, without his girlfriend, he felt totally vulnerable and unsure of his fate. Jeff agreed and told me his feelings were "raw" and that it will be better when his girlfriend comes back and when his parents visit him the coming week. Here, I was aware that he didn't see me as a resource he could completely rely on but also he was showing up and sharing all this with me in a manner that did show his trust and dependence. So, I choose to work within his phantasy conflict by silently containing it.

I asked Jeff about his feelings regarding his parents visiting. He said he would be good because "they care about me", I know it can be slippery with my mother's issues but all-and-all it will be good. I said, "you rarely speak of your mother but whenever you do, you use those kind of vague words, 'issues', 'mental problems, and 'emotional ways'. Maybe it is more uncomfortable to tell me what you really mean about her? Jeff said, "Well, she was and is a mess. Her mother was schizophrenic and my mother has always been prone to fits of anger and wild moods. I grew up feeling hostage to her crazy ways".

I asked for more details. Jeff said, "if the salad dressing at the restaurant did not taste like what she expected, she would literally start screaming and yelling at the top of her lungs. The family could be driving along and she could suddenly flip out and start swearing and yelling and open the car door and leap out. Then, we would have to circle around the neighborhood for hours trying to find her and then talk her down and convince her to get back into the car. I would get up for breakfast and she would be at the table sobbing for no reason and then start yelling at me for something I could not understand or comprehend. My father was just as much a victim of it as we were. We were all just a timid crew floating down the river of crazy waiting for the moment when she would capsize the boat. And, it always happened, it was just a question of when and how severe. She never changed or got better. She is still that way. She can be good for a period of time and during that, she is loving and nice. But, it can change in a heartbeat. When I was growing up, she used me as her therapist, always telling me her problems and intimate issues. I felt intruded on and taken over by her problems, totally absorbed."

I replied, "the way you avoid being part of society and debate about if you should 'enter the jungle" is maybe a result of all that. Jeff said, "you mean I feel I could be absorbed and taken over by it the way I feel she absorbs me?" I said yes. He said, "I think that is right. Lately, I have felt better because I think I have ways of surviving, of still being myself, without being completely taken over". I said, "you are trusting that you might be able to find your own voice and that it will matter, without someone else's desire's always taking priority". Jeff said, "absolutely". I said, "your idea that you could still be part of an underground movement against the corporate world seems somehow related to all this. I wonder if you want to always make sure you are different than your mother and the corporate world so you don't get absorbed, but that also makes you feel alone and constantly ready to defend yourself".

Here, I think I was accurately interpreting some of the more paranoid and masochistic object relational phantasies Jeff existed in. It was part of his compromised formation and destructive projective identification mechanism. But, Jeff was able to speak to another important aspect of his psychic functioning.

He said, “Actually, I feel like my underground friends and I have a voice, a way to feel good and a way to maintain hope, to prevent despair and destruction. By being a part of the underclass, the forgotten and misplaced, I can strike out and feel I have a place other than being normal”. I said, “you can finally stand up and not only not be absorbed by your mother but to actually have your own identity. You matter”. Jeff said, “Absolutely. I may have to always carve out my own special place, but it is my place!”

So, this masochistic, paranoid, or psychotic way of internal and external relating can fluctuate from a more severe compromised formation with suffocating restrictions and rigid self-object choices to a more workable, functional compromise formation with some freedom of choice. Jeff has been able to gradually shift, some of the time, from crippling paranoid-schizoid phantasies to more organized and whole depressive experiences.

PART II

The Darkness of the Depressive Position

CHAPTER 4

For My Benefit: A Case Study of One Patient's Fear of Self-Definition and His Depressive Phantasies of Disappointment and Rejection

Schafer (2002) has described patients who avoid the depressive struggles of loss, grief, and conflict over difference by constructing defenses against goodness. In extending his ideas about "false goodness", I will present case material in this Chapter that illustrates reliance on a "false badness" to control the analyst and maintain a sense of safety and acceptance. This coincides with an elaborate and false bravado meant to excite, interest, and please the analyst into wanting to be with him and see him as acceptable and desirable instead of disappointing and revolting.

In cases like this, projective identification is often the base of the transference, creating repeating cycles of challenging self-object conflict within both an interpersonal and intrapsychic realm (Melanie Klein Trust Website 2013). This pathological reliance on projective identification to avoid difference and individuation creates attacks between the mental links of self to self and self to object (Bion 1959). Betty Joseph (2012) describes how Melanie Klein understood one aspect of projective identification to be the "projection of the self or parts of the self into the object to dominate and control it and to avoid any feelings of being separate" and the possible consequences of loss, anger, or envy. This was the case with my patient and will be seen in the way he relates to the analyst.

My patient seemed to struggle with primitive depressive feelings (Quinodoz 1996) and difficult para-depressive phantasies (Palacio Espasa 2002) in which he did not feel able to repair the damage he imagined he inflicted and therefore had to continuously rely on ways of controlling the object to prevent disappointment, rejection, and collapse. This led to overly aggressive superego functioning. At times, this patient's struggle with reparation and the depressive position (Klein 1935, 1940) acceptance of damage or neglect to the object was so overwhelming that he retreated to more paranoid-schizoid (Klein 1946) states of mind or find refuge in manic obsessional and masochistic techniques of defense (Spillius 2007). Indeed, this psychological situation seems to have led this patient to develop a pathological organization or retreat (Steiner 1990, 1992, 1993, 2011). In this unconscious state of mind, he rigorously maintains a villain/hero type of performance in the transference to stabilize himself

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in-between the unbearable internal experiences of both paranoid and depressive conflicts regarding losing the object over never being enough to fulfill the object's strict demands. These efforts at maintaining a known yet pathological psychic equilibrium (Spillius and Feldman 1989) failed, resulting in the patient using alcohol and drugs as an external retreat and punishment as well as an increased masochistic effort to control the analyst in the transference.

Case Study

Justin is a 40-year-old male who came to me for help with depressive feelings that left him "stagnant and stale". He had been employed as a teacher for young children for several years and was also a musician. Justin had also been married for several years but his wife divorced him two years ago. He told me he was happy in the very beginning of the relationship but said the two of them quickly declined into "a lack of passion, a lack of sex, and a lack of happiness" in which "my wife felt sorry for me and took pity on me". This description was also a projective identification phantasy in which he was describing his fear of our relationship's fate.

Justin had always abused alcohol and drugs, mostly marijuana, with negative consequences to his work and social life. After his divorce, the drinking and the pot smoking escalated. He became isolated, getting high most of the time and not interacting much with his friends or family. Even after their divorce, his ex-wife remained supportive, encouraging Justin to get out and do more. Justin stopped playing music about a year ago when he became even more depressed. He stopped teaching at the same time.

Approximately 6 months ago, Justin's father inherited some money and offered to pay for Justin to go back to school. My patient was surprised and said he felt guilty and "spoiled", but accepted the offer. No one in his family had ever graduated with a college degree and to be "given the money without earning it" made Justine feel greedy and ashamed. But, he did accept it and chose to go back to school to become a psychotherapist. He is now in his second semester of a Master's program.

Justin told me about his upbringing in the first couple of sessions. He said his father was a very rough-and-tumble blue collar type of fellow who was quite macho and expected the same from his son. However, my patient sees himself as a very creative and sensitive male who never fit the role of a traditional athletic or aggressive male figure. In fact, Justin sees himself as failing at that and instead being almost effeminate in his father's eyes. He told me that he was never able to provide his father with the type of son that he was hoping

for or expecting and therefore his father "didn't know what to do with me and didn't know how to relate to me". Justin seemed to be describing the transference profile that would unfold.

In fact, I think this internal conflict is being replayed in most of Justin's adult life. He feels ashamed of not being what he thinks is wanted of him but also doesn't want to be like his father. He wants to be his own man with his own style but feels very anxious about that. My clinical impression is that his own unique lifestyle is a rebellious separation from his father which leaves him feeling guilty. This sense of guilty indulgence makes him punish himself by presenting his creative side as odd, pathetic, or silly. So, my experience with him is of someone always poking fun at himself as a way to safely never fully own his own likes and dislikes and as a result leaving himself to be what Justin calls a "thin wafer of a man".

So, Justin feels guilty for not being more for his father, letting him down, and not being a "proper male". During many of our sessions, Justin seems to be very respectful and polite with me, almost to the point of trying to follow whatever rules he thinks might be in place. Here, he seemed to feel he was not enough for me either.

At the same time, he can be quite casual and humorous, sharing jokes with me. He seems to talk about things relatively freely and openly and feels safe showing me his more creative or unique side. But, he often then takes it back by seeing himself as a failure or a "thin wafer" instead of a "juicy bite".

Justin has tried to be clean and sober for the last six months but he still isolates a great deal and spends most of his free time watching television or reading. On occasion, he will buy pot from a neighbor or have a couple of beers but for the most part he avoids the more destructive drug use of his past. His ex-wife continues to tell him that their mutual friends miss him and want him to come back out to their parties or to play music with them. Justin says they are probably just having pity on him and that makes him feel ashamed and weak. He says he feels very anxious and awkward around them and feels he doesn't have enough to offer. This seems to be a constant theme in many aspects of his life including in the transference.

Many of the early sessions have been filled with stories about a classmate that Justin has "a crush on". He knows she has a boyfriend but she also made it openly clear in the classroom setting that she isn't very happy in her relationship. So, Justin frequently sat next to her and tried to talk with her. He had many fantasies about having sex with her and going out with her but he rarely made much of a move to engage her other than being a classmate who talks about classroom topics. I have interpreted that he wants me to encourage him to "go for it" and to be more of a man but is also worried he will disappoint me

and himself in the process. Of course, he may also be describing his controlled, arms-length romance with me.

Overall, there seems to be a good deal of fear of conflict which coexists with a background resentment of authority, leading to conflicts around feeling superior and inferior.

During a school party, Justin got drunk and admitted his "crush" to this woman and asked her out. She seemed to find him silly and funny and laughed off his advances. Justin's said she was probably trying to not hurt his feelings and let him down easy. He continued trying to get closer to this woman and when they had a week long school vacation he asked her if she would like to spend some time together. The woman responded that she would think about it and give him a call. But, she never did. Justin took this as her finally letting him know that she was not available. Since then, he has stopped pursuing her and decided that he was probably "coming off in a pathetic and odd way". We have talked about his approach to this woman as one in which he presents himself as the inferior castrated nonaggressive male and hopes he will be shown pity and love. We discussed this passive nonassertive way of relating as characteristic of many of his relationships including in the transference and especially in regard to females.

Overall, Justin has told me that his pattern with women consists of finding a way to convince them that he is "cool and desirable". He feels excited at the beginning of the relationship and all goes well. But, very quickly, he loses all passion and his sexual interest completely disappears. They become roommates and soon thereafter they separate. Indeed, that was the fate of his marriage. Therefore, I wondered if this pattern has already established itself in the treatment or if we were in the honeymoon phase in which he was courting me before we settle in and lose our edge. I think it is a bit of both right now.

Justin has had several different periods of psychotherapy before so he is familiar with the process. While he is now studying to be a psychotherapist, he doubts his ability to do the job and sees himself as "too weak or unskilled" and goes back and forth about whether this is the right career choice.

Clinical Issues within the Transference and Counter-Transference

In the transference, I have found Justin to be very challenging because he is involved in various destructive methods of relating to himself and to the object, all based on uncertainty regarding self-definition. His conflicts with love, hate, and knowledge are complex and tend to shift in profile due to the fluctuating feelings he has about his place in the object's mind and his subsequent

response or reaction to those phantasies. Justine fills the room with a pleasant, quirky, and colorful presentation at times and other times he showcases a sad and pitiful persona. Both of these and several other variations of exaggerated self or false self all seem to be aimed at distracting, engaging, and pleasing.

On one hand, the way he fills the room is constituted with his actual interests, character, and style, but it is used or put together in a histrionic manner that feels thin, false, or untrue to some degree. In others words, it feels like a compromise combination made up of his real self, a false-self way of distracting us from what is really going on, a rebellion at father, a pitiful and guilt-ridden reaction to the rebellion, and a soft and limp stance due to his fear of being too aggressive and offensive. Justin hopes to engage and please with this style but actually leaves us in a floating limbo, in a fog or mist so we are not really focused on anything in particular.

All of this perhaps comes together in how he describes the pattern in all of his relationships to women. He starts off interested and passionate and then loses all interest and gradually retreats into not feelings at all, a bogged down boredom. After the honeymoon phase of the relationship, he has to start defining, expressing, and establishing his true self and also facing how the object may react to this new and honest version of himself. At that point, he seems to avoid the danger he fears by neutralizing or controlling the relationship through complex false self personas. These are all issues that have been exposed but not clearly explored yet in his 20 sessions of psychoanalytic treatment so far.

My feeling of not quite knowing him yet and not feeling confident to make too many interpretations yet may be because of my counter-transference reaction to all of the above mentioned dynamics. With a fair number of patients, I am able to have a much more refined or defined sense of them, what their internal struggles are, and how exactly they are using me in the transference. This leads to a much greater degree of engagement on my part and much more interpretive interaction within the first 5-10 sessions, and certainly by the 10-20 session mark. However, with Justine this is not the case. However, we have made important progress that was then followed by an important breakthrough. I will present two fairly typical and difficult sessions followed by the encouraging working through process that followed.

Session #14

P I have been preparing my reports for class and feeling lots of stress, trying my best to have the right report to hand in. I have been doing nothing but

preparing for finals. The next one is my most challenging, the psychopathology course. It has always been a difficult one for me, I am not sure why. (Is this a reference to his anxiety about facing his problems with me or me seeing him as pathological?)

A You sound obligated to hand in "right" reports to your classes as well as provide me with a good report. (I elect to interpret what seems to be the greatest area of anxiety in the moment.)

P Well, I have always had a propensity to feel obligated. I remember I used to feel that way in my last therapy, needing to do my homework there too. I think I feel I need to entertain you or whoever it is in that chair, to show you I am growing and changing, trying hard to plumb the depths.

A You are hoping I will be pleased and give you a good grade.

P (laughs a bit) Yeah! And, maybe, you can give yourself a good grade too.

A You are hoping to make both of us feel good about ourselves. You don't want me to feel like a failure too. (Is this the early phase of his romantic relationship pattern he told me about?)

P Yes. I used to prepare things for therapy but not so much anymore. But, I worry that my life is pretty uneventful right now and I don't have a whole lot to share.

A Maybe, you are worried that all I care about are either the exciting progress you make or any awful disasters in your life and that I am not going to be satisfied with what is really happening inside of you.

P Yes. It does not feel like that is ever enough. I do feel very ready to be done with school, or at least with this semester. I noticed myself feeling a great deal of resistance to doing homework this week and not very interested in it. Maybe it was the weather, three gorgeous days in a row. I had reading to do today and I didn't do it. That was a first.

A You dare to resist! Sort of fed up with it all? (I am underlining his rebellion in what is normally a very passive, masochistic way of relating.)

P I am tired of taking in the information and tired of reading. I am learning to help people live better lives but I am doing it by sitting inside all by myself reading these huge textbooks, hunched over for hours, hurting my spine, and my eyes. I am looking forward to some time off to recharge

A Yet, I think you told me you signed up for way more than the usual amount of summer classes. But, for now, you have a break between now and then?

P Yes. I have about almost three weeks. I am thinking of doing one of those cleansing rituals I mentioned. (In previous sessions, he discussed going on a rigid juice 'cleansing' fast in which he pictured he would end up spiritually high and pure. I interpreted he was wanting to feel superior and

pure but was also thinking of another way of isolating himself and seeing himself as different even though he often is depressed about feeling different in an inferior way, odd and socially inferior. So, we discussed how this juice fast was much like when he used to get high, drink, and isolate himself in an effort to somehow feel better) I also want to clean my apartment and move furniture around so everything feels fresh and new. This semester was very challenging and I am worried about the next one. Long classes, lots of tests, and everything condensed in the summer. I am sort of dreading it all.

A You also mentioned you are dreading your psychopathology class? (Getting back to his previous statement.)

P Well, the teacher is a really nice guy but I feel he is so smart he doesn't realize how easy it came to him while we are all struggling. Maybe he doesn't know how to teach yet. When I saw his test questions I couldn't see how on earth it was remotely related to anything. And, I am reading about all these different modalities with which to help people, different therapies, with all these new words and theories. They don't always feel very integrated. My school doesn't feel very together, like the teachers never talk to each other and I never know what is relevant or not. There is so much information raining down on us. The teacher gave us some case studies from his own practice and asked us some questions and I had no idea of anything. I felt so stupid. Maybe I will learn by doing but I can't put my head around all this stuff that we are being fed.

A You are picturing that you should be able to see the material and immediately figure out what the diagnosis was and how to treat the person.

P Right. I should have known what their defenses were right away. I read the chapter on defenses but I can't remember a thing. I worry I just won't be passionate enough about this work. Maybe I am just being hard on myself just like I always am.

A What you said about not being passionate reminds me about how you said you always lose your passion in relationships with women too.

P Yes. I suppose there is a similarity there. I am doing well and getting good grades but sometimes I have a feeling that this great institution I am going to that everyone respects so much, has seen its glory days and is really fading. The staff seems stuck in themselves and we live in a world where students work full time and the schools accommodate to that by being too lenient and letting everyone get away with anything. No one has to do much work. (Is he worried I don't get him and that my glory days are over or that he is getting away with something with me?)

A You feel they have become sloppy and you are getting away with something.

P Yes. You don't have to try very hard and can still get great grades. I see my classmates show up and choose topics like 'what it is like to be a woman'. So, then they can just show up and bullshit and get the same grade I do after I work like hell and study. Yet, I don't work at a job at all and they all work full time. So, I don't really have a leg to stand on there.

A You are going back and forth there, feeling angry and telling me your more rough feelings and then feeling guilty about me seeing it all. So, you take it all back and see yourself as privileged instead. Everyone is getting away with murder but then you are lazy, entitled, and getting away with murder.

P Yes. I am only there as a student. But, it feels like the school just isn't very organized or doing it right.

A When you feel like you are not getting enough out of the program, do you stretch yourself to search out more, so you feel you are getting what you need? (I am exploring his passive victim stance with this comment but also am possibly starting to become parental.)

P No. I could be doing more reading on psychology on my own but instead I like to read autobiographies of Richard Pryor and books on the rise and fall of disco. Or I watch a great deal of TV.

A So, you are upset they are not giving you more but you don't want to have to be more independent and find some of it yourself. (Still possibly parental)

P Yes. It's kind of hypocritical. I see that. Some of the teachers are working in the field and I feel like they see teaching as a bother or as something not too important. Their clinical work pays the bills and then they teach on the side. I don't feel their heart is in it. Maybe they harbor some secret knowledge, like they realize all us students are really screwed. That all us starry-eyed eager students don't realize how little to nothing awaits us in the job market where it's over saturated and underpaid, overly competitive and overcrowded. One teacher said we might have to move out of state to find a job.

A You have many doubts about the field as you lay here in my office, with me, someone in the field. (Transference remark aimed at his fear and anger at the authorities who are smirking behind his back.)

P Yes, someone who has many letters after your name, LPCC, MFT, and PhD. That is a lot of tests to have taken and passed. Here you are in Pacific Heights in your private office. You are doing all right!

A You are not sure you can do the same (I elect to remark on his phantasy of not being one of the successful guys like me, not being able to compete with me, rather than the attacking devaluation or envy, which I will return to later. It is a choice of addressing defense or anxiety in the moment.)

P Yes, especially in my social retreat mode. Maybe I don't care enough about others to really do this career move properly. I was reading about a sociopath in a magazine in your lobby and identifying with that personality type. Although, I feel fear so I don't think I am a sociopath. But, I don't know if I care enough about others.

A So, you are withdrawing into your juice cleanse isolation and closing the doors on all of us.

P Yes, very much. Yesterday, I got an invitation to DJ a party and I said no. Someone else wants to see me for a movie and I declined. I did start playing music again though, so that is new. I had put that to rest for so long. About a year ago, I bought an obscure South American record and took on the project of learning the lyrics and the music. I don't know the language so I have no idea what the songs are about but I learned about half the album and started to play it at a few parties and bars. It has always been my favorite album, just one guy and a guitar. With the help of Utube, I learned the lyrics and the music. It felt so good. I loved it. But then I stopped.

A Why did you stop something that felt so good?

P It was at a house party. I had invited everyone I knew but only one person showed up. I played the songs in two other venues in the city and I don't think others liked it like I do. I felt all my time and effort didn't pay off. I had also hoped that maybe a girl would see me as this sexy and passionate Latin American guitar player and want to have sex with me but that never happened either. Now, much later, I feel the urge to learn the remaining three songs.

A For your own pleasure?

P Yes. I would be very satisfied if I could do it and it would be just for me. I find it a meditative experience to listen to the album and I want to recreate that in my own body and feel what it is like to play it. I like the sound and its liberating not to have to sing in English, free from the responsibility to say something funny or amazing

A So, you usually try to impress me and others, making us feel a certain way. But, with these songs, you are off the clock. You don't have the obligation to make us feel moved in any particular way.

P Exactly, I just like the sound of it and I can enjoy it. So, I have been practicing 20-30 minutes a night and I am looking forward to reaching my goal of knowing these songs. It's a great distraction walking around my neighborhood chanting the lyrics to get to know them. It's almost like a wonderful Buddhist meditation practice instead of my normal toxic obsessive thoughts.

A What are those toxic thoughts?

P That I am unlovable, that I hate everyone, and that I am a failure. I can't imagine a woman being interested in me, like I am not real. I am a stuffed animal, like a thin superficial thing. I am not rich, not a juicy bite of cake for a woman. I am more like a tasteless wafer. How could any woman give a shit about me? But, also part of me doesn't care either. (When he mentions being like a stuffed animal, I think about the fact that he has a stuffed bear that he sleeps with, which is from his childhood. And, I note his hatred now so plainly stated.)

A So, when you first started learning the songs you wanted to change yourself into the juicy bite?

P Right. I don't think I gave it a chance and the women who were there knew I was married and didn't want sloppy seconds.

A So, maybe you want to be that passionate sexy lover but you pull the plug before you get there.

P Exactly. As much as I crave intimacy, I am terrified of falling into a trap.

A What kind of trap?

P Well, I stick with relationships out of fear, convenience, and other things, letting years go by while I am unhappy and stuck. You make emotional investments. But, then friends and family expect things of you. And, I have to sacrifice so much to attract a woman. I don't think someone would ever accept me for who I am, as is, without any modifications.

A So, you have to put on this padding and convince us all that you are great and lovable but at the end of the day you are angry that you have to put on this show, this Latin lover show, instead of just being you. Is that why you hate us?

P Yes, that happens in all my relationships. With my wife, I molded myself to her and then resented having to wear that mask.

A And, today you came in and said you don't have anything to report to me. You were trying to find a juicy report for me instead of daring to just be you. You were trying to mold yourself to me and my needs?

P Yes. I worry that if I am just me I won't ever be enough. If I don't get drunk, I won't be funny enough or interesting enough. If I just sit there

playing with the wrapper of the straw for my drink everyone will be bored of me or want me to leave.

A So, for us to just be together without any fancy embellishments is very hard and very scary. You don't know if that will work, if we will last.

P Yes, yes! There is a theatrical component to how I am with you, with teachers, with other students. I saw myself in the reflection of a window and I saw myself smiling and realized I put on a nervous smile in public to be non-threatening or likeable, to be this golden man of light and joy. (I have had this sense of a false mask or of a theatrical show he puts on for me throughout the treatment so I was interested to hear him confirm my counter-transference sense of being at a show.)

A Let's be with him, he is a happy nice guy who meets all our needs!

P Yes, a being of light!

A Maybe that is why you are angry with the other students who can just show up without a forced smile, without having to be on stage. They can just be themselves and get away with it. But, you feel you have to be this being of light who pleases everyone.

P Yes. They seem so much happier in their skin and bones without doing anything. I also think I want to be perfect and then want others to be perfect too. I used to exercise a lot and then I would see my wife in her underwear and think that she looked really out of shape. I would never say that of course and I feel very ashamed at even thinking it. But, I judge people like that silently. I feel like I am this narcissist in the shadows or something, I feel very bad about it.

A You sound like you feel no way of resolving those feelings or ever talking about them without hurting someone. You are either a supreme being of joy and light who accepts others no matter what or you are this critical shameful narcissist. Not much room for us to be.

P Yes. I don't know what to do with those feelings. I always feel so ashamed. Who am I to ever comment, even silently, on anyone's identity or physical being, especially a woman's. And, I am terrified that no woman will ever measure up, like I have ridiculous expectations. I can't expect women I date to look like a hot 25 year old when I am 42, but I do. I don't know how to fix that. My standards are so high I will never find anyone to be with, I am very scared of that. Like I have been corrupted by the media. I am still looking at women like I am 25 years old but not realizing the reality of my life and my age.

A We must end for today.

P Ok. Thanks.

Discussion

Justin fears any move towards autonomous differentiation and feels guilty about sharing any evidence of forming his own identity. So, he has his "internal police" make sure there is never any actual self-definition. He describes himself in various ways but never fully owns any one of them. The only time he does take on a solid stance into something he wants or enjoys is with destructive drugs and drinking. Therefore, it is a way of enjoying himself but then punishing himself for the enjoyment.

My experience of Justine up to this point was that he tried to entice me, seduce me, or entertain me with various ways of being that never really constituted a real or genuine aspect of himself. This was confirmed in session #16 and #17. My feelings of him trying to prove how much of a loser he was became a bit more understandable. In addition, I came to see how much he felt alone and desperate to latch onto someone for comfort and soothing, but in a primitive and needy childlike manner.

Justin was describing his thoughts about when he would graduate and start a psychotherapy practice. He told me he looked forward to being able to "form relationships with clients because it seems like such a wonderful chance to get to know someone, share things, and really become close. I am so lonely all the time so I am glad I will have people to hang out with and people who will share things with me. I like that. It will give me a social infusion. I will have people who want to be with me. They might even want to pay money to be with me! I will have people to hang out with and people who will share their feelings with me. I like that. It makes me feel wanted".

In the counter-transference, I felt a sudden shutter of how empty and desperate Justin really was and how he operated within this narcissistic place where people were only there for other's gratification. This went both ways. He tried to offer himself to me for my gratification but also wanted to find others, myself and his future patients, to meet his needs. Acting out some of my counter-transference alarm and anxiety, I reminded Justin that these would be patients, not friends, and that he perhaps wanted to use them as friends because it seemed like a much easier and controlled way of having an instant connection. He agreed and said, "You are right, I really have to watch that. I think that is what they mean about having appropriate boundaries".

Then, Justin went on to tell me how in a classroom exercise in which he played the therapist, his classmate/patient in the exercise was telling him about all the recent crisis events in her life and wondering out loud about the futility of her life. Justin felt like he not only agreed with her but also started to feel very anxious about how to fix her and make her feel better. He told me he

was "incredibly relieved when the teacher reminded us that we are only there to listen and help but never to fix or control". He told me, "I started out therapy with you by asking for answers and quick fixes. I know I tested you that way. But, you have never swayed one bit. You have never told me what to do or what to not do. I really admire that. I wasn't able to trick you into trying to rescue me. I want you to but I realize I would not really be getting help if you did that. I admire you for not succumbing to my tests!"

In response, I said, "I have had the impression that you try very hard to prove to me that you are a certain way, sometimes of value and sometimes worthless. You seem to try hard to convince me of a few different versions of yourself. You play out the pot smoking loser, the hopelessly unlovable guy without a girl, the funny, weird, quirky guy with an edgy sense of humor, or the talented, creative guy learning songs from far off lands. But, I don't feel like you show me the real you 100% of the time. Maybe, these acts cover over the real you. Maybe, they are a part of you but I think you try and prove or convince me of them in an exaggerated way.

Justine replied, "You are pretty observant. I do that with everyone. And, yes, I do that with you too." I asked, "Why do you try and get me to see you in one of these ways?" He replied, "I don't know. But, today, I know I deliberately came in to tell you of my wild pot smoking and drinking over the weekend to see what you would do. Of course, if you told me to stop, I wouldn't. But, I thought I should come in and tell you". I asked, "Why try and emphasize how bad you were?" Justin said, "I figure it is the best therapy subject I could offer. You deserve something interesting and juicy." I said, "So, you are trying to please me and entertain me. What is so challenging about just being yourself with me?" Justin replied, "I am not enough. I would bore you. I would be flat and worthless. You deserve more. So, I come trying to keep you happy and awake". I said, "You think I would hate the real you or just fall asleep out of boredom?" He replied, "Yes, I do. I am convinced of it".

During the next session, Justin came in and told me that he had been thinking about what we were talking about and realized more about how he was relating to me and how he is with most people. He said, "I need to be more honest with you and with myself about this. I really do exactly what you said last time. I make it a point to portray myself as either a loser or a really interesting magical guy you would like. It is one or the other and never the real me. Percentage wise, it is usually the loser, the failure, that I try and show off and get you to agree with. That one is safer and I feel more in control". I asked him what he meant.

Justin explained that he felt he was always a disappointment to me and to others, "especially to males". He went on to say that "starting with my father

and all other males, I feel I always fall short of being a full and robust man. I just feel I am an inferior or substandard male and that it is really obvious to others. I am sure that sooner than later you will feel that and be either pissed with me for being so much of a wimp or just become so disinterested that you fade away or fall asleep. So, I try to entertain you and impress you in the hopes that I can convince you otherwise. But, at the end of the day, I am sure you are just sick of me and amazed at how far I am from being anywhere near the man I should be. So, because of that, I try to show you how very pitiful I am and really emphasize that. If I can be the first one to convince you that I am a giant failure and the most inferior man possible, then I might gain your pity and your tolerance. I try to get there first so you don't see me as that failure and throw me out or be so disappointed. The worse I look the more chance you might pity me and give me a second chance. So, I really play up that card."

I said, "You have to restrict the way you are with me to either villain or hero and if that doesn't work than super villain to preempt my judgment". Justine replied, "Yes. I am sure you are just sick of me. I said, "You have to manipulate us to keep us together. You can never feel safe to just be yourself with me and feel loved and accepted". Justine said, "Yes. I only have those two ways of being". I said, "No wonder you feel so lonely and empty and have to drift away into pot smoke and alcohol. Now that we know what kind of show you put on, maybe we can see what is behind the curtains instead". Justine said, "I will try but it is going to be hard. I will be tempted to keep the show going".

These case notes have shown how severe depressive phantasies of never being enough for the object and failing to please the object due to strong convictions of having a weak or inferior identity left Justin suffering within a psychic state of emptiness, hopelessness, and fragmentation. He was convinced he would fail to please the object if he was master of his own identity or defined his world without merely copying the object's style and approach. His primitive depressive fears brought about defenses which involved manipulation of the object through projective identification. This strategy included efforts at distracting the object and convincing the object of false aspects of self in the hopes of appeasement.

An elaborate transference show was performed in which exaggerated aspects of self were displayed in order to please, detour, or convince the object that one is respectful, lovable, and appropriate. This primitive depressive phantasy is based on the projection of fear and grounded in conflicts around separation, difference, and autonomy.

The transference of hero or villain/loser makes it difficult in this case for the analyst to stay focused because the moment-to-moment interaction becomes

entertaining or convincing but equally confusing and undefined. Indeed, this type of depressive patient strives to never fully define themselves in the hopes of staying loyal to the object and never losing the object's love or approval by never really individuating. Yet, in the process, the patient loses their identity. Following the object's footsteps and only carrying out the object's orders so as to never disappoint the object means they lose touch with the essence of who they are and who they might become.

CHAPTER 5

The Depths of Depressive Despair: When Saying Goodbye is Too Dangerous to Bear

This Chapter examines the ways some patients feel emotionally captured within pathological aspects of the depressive position (Klein 1935; 1940). Problems with psychological containment (Bion 1962) and the reversal of the normal alpha function of the primary object/infant relationship (Bion 1962) bring into play pathological organizations (Steiner 1993) with rigid and destructive defensive systems. These patients are often finding temporary psychic shelter (Author 2007, 2010a, 2010b, 2010c) in the early depressive position phase of rigid denial (Steiner 1992). In this phase, the fear of losing the object dominates the mental structure so that massive denial and alpha reversal defenses prevent whole object functioning and subsequent normal and healthy mourning.

Waddel (2013) speaks of certain psychotic breakdowns that can occur in normal development. Some of these psychic situations can also lead to less severe, non-psychotic or non-paranoid (Klein 1946) conditions. However, these depressive illnesses are just as debilitating. Waddel (2013) brings focus to the absence in the potential container object of a capacity for alpha function and a lack of capacity to bear frustration in the infant's mind. I think guilt and loss are also impossible to tolerate in this situation, leading to a dismantling of the normal life instinct's traits of individuation, separation, difference, and autonomous creativity. Instead, we clinically observe a passivity and fear of growth or conflict.

O'Shaughnessy (2006) notes how when a mother is unable to fully care for her infant and does not modify or translate her infant's projected fears or desires into something tolerable and understandable, the infant may withdraw into a passive static state meant to protect the self and/or the object. O'Shaughnessy states that such a lack of containment and an inadequately resilient object can push the infant to shy away from the natural pull of the life instinct and its path towards linking, growing, and joining life as a whole. Instead, the infant may gravitate towards the death instinct which involves dissolving any movement towards growth, separation, and creativity.

O'Shaughnessy (2006) says that with such a temperament, the infant cannot sustain contact with new experiences and when there is a possible disconnection from the object or a loss of togetherness, this separation will be

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unbearable and terrifying. Case material will show this to be true in the patient's experience of both the internal and external object.

Meltzer (1983) noted that without the flexible yet secure container/contained mental apparatus, the patient can drift into a life of mindless, passive social adjustment or chameleon-like behavior, feeling empty and without external goals or internal meaning.

This lack of passion and purpose will be evident in the case material. The patient's struggle with guilt and fear of loss left her aimless and chained to a weak and needy object that demanded no one ever grow, separate, or blossom. Such patients typically erect pathological organizations to avoid loss and deny separation. They find mourning unbearable and catastrophic to themselves and their objects so they attempt to become lifeless and without autonomy, creativity, individuality, or desire as a way to maintain a defensive psychic equilibrium (Spillius & Feldman 1989).

The Patient

Grace came into treatment after her boyfriend of two years broke up with her. She felt depressed and dumbfounded, telling me she "never saw it coming". Grace is a very attractive 25 year old woman who works at a technology company. She was never sure that her boyfriend "was the one" she wanted to be with forever. He didn't measure up to Grace's ideas of a man of good standing with a high education, who made good money, and with whom she could get married and have children with in a predetermined amount of time. We slowly discovered these ideas to be very rigid and simplistic expectations of an idealized object, a profile partly built on what she said her parents "always drilled into me" but also her own internal demands and her own version of her parent's external pressure.

While they were together, Grace felt "completely at peace and totally loved and accepted" by her boyfriend. This made her "feel in heaven for the first time in my life". The idea that someone would accept her completely, regardless of any faults or flaws, felt wonderful because she was always so critical of herself for any faults or flaws. We explored how her own critical stance and careful vigilance over what she said, did, or appeared like left her constantly anxious and seeing herself as wrong, ugly, weird, or bad. So, when her boyfriend seemed to never have any complaints and seemed to love her unconditionally, Grace "was in bliss".

Over time, we reconstructed her memories of never being able to challenge, confront, or upset her mother and most other internal or external objects due

to a phantasy of both killing the object as well as leaving herself in desolate isolation without hope of rescue or reprieve. But, unlike this restricted form of attachment, Grace felt so incredibly confident that her boyfriend "provided 100% guaranteed love and affection no matter what" that she felt free to disagree or disparage him without risk of punishment or rejection. Indeed, I interpreted that she proceeded to take out all her previously pent up anger and what felt like selfish desire on him without guilt or fear. Prior to my interpretation, Grace had also told me that in the end, she believes she drove him away with this careless, needy, demanding behavior. He eventually starting seeing another woman and broke it off with Grace several months later.

The Treatment

Throughout the treatment, Grace has told me of the many different ways in which she fears being alone. She thinks of how to avoid being alone and looks forward to being with friends as a way to prevent loneliness. But, she also worries that her friends see her as a "weird and sad person". Even though Grace is an extremely beautiful woman, she has always felt that no man would ever want to be with her. She says, "I "probably look pretty bad and would never want to be caught without my clothes on".

So, before her two year relationship that just ended, Grace rarely dated and felt "doomed to be alone forever". I think she is so anxious about others not liking her and her "doing the wrong thing and making them not like me or think I am weird" that she probably pushes others away with her awkward fear and anxious desire to please.

In the counter-transference, I noted that while I was easily drawn to her physical beauty, she seemed asexual and naïve, very much like a simple little girl. Indeed, Grace told me she never desired sex and never really enjoyed it. She said, "I usually do it to please the guy" and would rather "cuddle and hold hands". And, this was said in a way that sounded like she was 12 years old or younger.

Throughout the treatment, I noticed Grace make many references to how she always wanted to please her parents, especially her mother. Not only did she feel obligated to agree with her mother and do what she recommended in order to "not make her sad and disappointed", but she made sure to never be difficult, different, or oppositional. To say no to an invitation from her parents or to decline a holiday get-together from them was "unheard of" because Grace felt she would be acting "cruel and unkind" and ignoring her mother's needs. She told me she realized it was "a bit over the top but my mom is just that way.

She needs things her way or she gets really upset and pouty". Over time, we have discovered that Grace's obligatory loyalty to mother and her own lack of identity creates a severe dread of being alone.

In a recent session, she brought up this chronic dread of loss and loneliness. Grace had recently met a man from Germany. She really liked him and pictured a possible relationship growing with him. But, Grace told me she had already decided it wouldn't work because if they ended up getting married and moving to Germany to be closer to his family, it would "devastate" her parents and especially injure her mother.

This was one of many examples in which Grace felt unable, internally or externally, to be herself without endangering her mother. In fact, it wasn't so much that she couldn't allow herself to be herself, it was a case of Grace having so significantly sealed off any evidence of herself and her desires that she was now truly empty and without form. There were a few things she enjoyed and a few topics she felt strongly about, but they were matters that would never pose a risk to the lifelong protective sentry position she had to maintain to always make sure mother was happy and healthy.

And, this meant Grace could have no sense of self or autonomous thought. She had to be an ever changing mist that conformed to whatever she thought mother wanted or needed. Our explorations of these phantasies of loss and betrayal along with her recall of the actual interactions with her mother that also triggered these phantasies revealed a deep anxiety of ending up alone, unloved, and on her own. This was a fear that haunted Grace on a daily basis.

She emphasized to me how much she dreads being alone and how the greatest benefit of her last relationship was the lack of loneliness. This fear of no attachment and no love seems to be part of a pathological projective identification process in which Grace must "save" her mother from the same fate.

As a result of her childlike clinging to the object to avoid being alone, Grace seems like a very simple, fragile little girl. In describing herself, Grace bought my counter-transference perception of her alive by saying, "If I had to sum myself up, there isn't much to say that sounds very sophisticated. I like the color pink, I like blue skies, and I love ice-cream. Other than that, I don't really have much to say."

While I feel she is very motivated, when Grace had to pay out of pocket due to insurance problems, she reduced her sessions by half. While the money aspect of it came from a genuine concern, I also felt she suddenly retreated to a more stationary place in which we were still attached but more motionless. I do think she is continuing to reflect, risk, explore, and grow. But, I think Grace has also established a pathological organization, a defensive shelf she has placed us on, in which she maintains a certain safe psychic equilibrium.

It feels like she has created a restricted growth zone in which we can move around to some degree but we can never wonder off the safe path too far.

In a recent session, I brought up that I had tried to call her about a scheduling matter and found her voice mail to be full. I also brought up that when I do get through, she rarely calls me back. Grace told me that she rarely calls me back when I am able to leave messages because she feels badly that she already had waited some period of time to call back. If she had waited two days to call me back, she feels guilty and can't bring herself to call because of how embarrassed she feels. Then, she keeps putting it off out of more guilt.

As far as her phone being full sometimes, Grace told me she feels she has to save "at least one message from all the most important people in my life, just in case". I asked her what she meant. Grace said, "I must save a part of them in case they die, so I will still have them. Also, I feel I can somehow keep them alive by having their messages. If I delete them, I think I will somehow kill them off. Or, they die, it will be proof I never really cared for them. I know it sounds crazy but that is how I feel".

I asked Grace if she keeps my voice messages and she said "No, because you are ok". She told me the saved messages were from the people she loved the most whom she felt were most in danger and most in need of her protection. Grace went on to tell me about her lifelong fear of death and dying and her defensive methods of trying to control life and death. She explained how she has an obsessive compulsion to always check her apartment to see if the stove is off. If she doesn't, she ends up worrying all day that she has burnt it down.

After exploring this with her, we came to realize how this is probably a guilty reaction to having broken the apartment rules by having a dog. I interpreted that she is guilty that she went ahead and did something for herself and got away with it. So, this guilt becomes magnified in her fears of doing something even more destructive and hurtful and then having to find a way to prevent it.

I interpreted that it is difficult it is for her to be herself and take or have what she wants. Grace associated to not being able to tell off her roommate for bringing home "drunk and scary boyfriends". Grace justifies her roommate's right to do as she pleases but then feels resentful about it which then leads her to feeling guilty all over again. I interpreted that it is hard it is for her to show me her anger, her needs, or her true self. I mentioned the story of her mother and the German boyfriend as an example of Grace's phantasy of hurting her objects and needing to protect them but really hating that duty underneath.

Grace said, "My mother really did say those things. My mother actually did tell me, "forget about him, you are not going to ever move away from me. I need you around." I said she must really be angry that the price of making her mother happy is her having no life of her own. Grace said she is convinced her

mother really would die if Grace were to do her own thing. She said she does have fleeting angry thoughts but then "forgets about it".

I interpreted that the main thing she liked about her old boyfriend was being able to show anger and need, but she "really went to town" with it which might have drove him away. He was the only object she felt could withstand her true self but as a result of her lifelong servitude to others and the underlying resentment, she unleashed all of her needs, anger, and demanding domination on him and in the process became a mirror of her mother. He simply didn't put up with it like she does. He left to live his own life while Grace remains chained to mother and the conviction of having to never become herself to avoid loss and desolation.

Case Material

P So, I have been—fine today—I guess—I don't know.

A What are you feeling?

P Fine. I feel very—fine I guess. Yeah. I don't know. (long pause) I don't know what to say.

A You look like you are not sure what to do. (My counter-transference feeling is that Grace is trying to provide something for me but is fumbling. She feels she is failing to give me what I need.)

P Yes. It's weird when I come here now. I don't know what to talk about. Before, I came here and always cried about Sid, talked about him, and told you how I missed him. There was always something that had happened in my mind about Sid and always some new tragedy with my memory of him. Now that it has slowed down, I don't know. (She had been quite consumed with all her imagined ways of getting him back, making him miss her, or finding out about his new girlfriend. With our analytic work, she now is less obsessed with him. She is a bit more able to bear his loss and start to focus on herself.)

A Maybe it is harder when this is more about you and less about him.

P Oh definitely. Yes. I don't know what to say about me. I feel like last time when we talked about me, I just went in circles and we never really got anywhere. I am just like, I don't know. I feel like I never make any sense, like I am just going off about weird things and not making sense. We don't go anywhere.

A You want us to produce some sort of product?

P More so that I want to make sure what I say comes from an honest place. Not that I am ever being dishonest with you, but more that I am not sure

I even know if what I am saying is real or not or if I am just making it up. I feel like I might be contrary or something. With Sid, at least I believed what I was saying. But, in here, I often question if I really am going in the right direction. I feel I am difficult and stubborn in here and like I never go anywhere if we are talking about me. Like half of the things I tell you I later wonder if I really meant them or not. I don't really know. It's not that I am lying to you but if I am talking about myself I can never be sure about anything.

P Like you are trying to please me by saying what you think I want you to say?

A More like I am just trying to fill the sentence, fill the moment. Or, I am just maybe—I don't know—or I am trying to—maybe I am just complaining. I don't like the idea that I might just be coming in here to complain, that I am just feeling sorry for myself. I don't like that idea at all.

P So, you think you change your mind about what you tell me?

A I never stand by anything I say. What I told you last time is not what I necessarily still believe in and I don't really know why I even said what I did. And, I don't know if what I say now will be any more valid or not then what I said before.

P You think you keep changing your mind?

A Yes, like with you last week. I don't feel like I stand by anything I say, I don't know if I believe what I told you.

P What do you mean?

A Well, we were talking about my interests and I was telling you how I don't like that thing and I don't like some other thing. But, I don't think that is necessarily true. I think I get weirdly guarded about what I like or don't like. I feel insecure feeling I don't really know what I like or don't like. So, when I have to tell you what I like, I feel guilty that I might be lying. Not that I am actually lying to you but I feel compelled to tell you something. Later, I doubt if I really meant it or was I just trying to give you an answer?

A So, are you are trying to convince me that you like all these things?

P Or, that I am trying to convince you that I don't like anything?

A And, then I would see you as a bland person of no threat? (Here, I am interpreting how she may strip herself of any identity to be sure the object is never offended or anxious, a depressive position defense or pathological organization.)

P Exactly, that I am just plain boring. I get really concerned about that, that I am just a boring person. (She is perhaps dimly aware that in being a

boring person to protect her needy and fragile object, she ends up being empty, boring, and lifeless.)

A At the same time, you trust me enough to just be simple or boring sometimes and not have to show off to please me. You were ok to tell me that you simply like the color pink and like to ice-. You felt ok as-is without having to look more sophisticated. (I am interpreting how her depressive anxiety traps her both ways. She must be boring to protect the object and must be exciting to please the object. So, I am pointing out how she momentarily took the risk of not having to be special or bland for me.)

P Yes. But, now when I hear you say it I am worried that is all you remember of me. Oh my God! I am this simple weirdo in your eyes! (She can't handle my acceptance of her and how she momentarily was an adult and an equal with me in her own chosen form. So, now she attacks herself with the depressive position splitting of being special or being nothing and then feeling caught between the two.)

A I only see you as someone who likes pink and there is nothing else to you. I don't value you for more.

P Yes. And, I am pretty sure I project my stuff onto you because I worry that I am just a simple person without much to me. (This is a positive response to my interpretation in that she is reflective and less defensive.)

A On the other hand, I have heard you say that you sort of value being a simple person with a few core values and not being too complicated.

P Yes. I don't want to be a scrambled person who works endless hours for some corporation and who never does anything meaningful with my life. I can't picture having a stressful job that I always go to for no good reason. My job is very easy and not stressful but I always end up thinking everyone at works doesn't like me and will fire me. I think of that now and realize I have an incredibly simple and easy job. But, recently I thought I was going to be kicked out. I think about that and worry about that a lot. I do all my work but when it's a little slow I get really worried they think I am slacking off and as punishment I will be thrown out. But, if it was a really fast paced job, I would just explode.

A Do they ever give you any feedback?

P Yes. There are periodic reviews and I always get really glowing feedback. They all really like me a lot. I feel great the first day or week after the review but after two weeks the feeling of "they hate me" creeps back in. First, I am happy. But, then, I start to go downhill fast. I think I need constant recognition.

A That is what you told me was so great about your boyfriend, you had constant love no matter what. You said you never had to worry about it and felt you could be any way you wanted and his love would never change. It was guaranteed.

P I didn't worry about the constant recognition because I thought he was so obsessed with me that it would always be there no matter what.

A And, that is one of the things you miss the most and regret the most, that you didn't cultivate that.

P Yes. And, it's similar to how I dread it when people only casually invite me to something, I never trust that they really meant it. I want them to almost fling themselves on the ground and beg me to come along and promise that they really want me around. With my boyfriend, I felt I was the number one person in his life at all times.

A So, with me, you feel you are being contrary after telling me you like or don't like something. Unless I tell you that I am completely convinced that you truly believe in something and I am really happy for you and with you, you begin to worry about how I see you.

P Exactly. You are hard to read. I am always unsure of how you see me and how you feel about me or about what I have said. So, like you said, unless you were telling me about how you felt and that it was always positive towards whatever I said, I am unsure if I am passing the test in your eyes. There are many things I worry about that I told you and how you might feel about it later. Probably the worst and the biggest is how I told you I have negative feelings towards my parents. You must really think poorly about me after that and really have the wrong idea. (She is worried she has let the secret out and fears I am now critical of her less than sweet and perfect view of her parents and her less than fused emotional bond to them.)

A You feel you have told me your ugly secret, you are different than them and sometimes have negative feelings.

P Yes. I wish I could take all of that back. I don't want to have any bad feelings about my parents at all and for you to get the idea that they are bad in any way is something I feel I have done wrong. I really haunts me.

P I might be angry at them like you are sometimes?

A Oh gosh, I hope not. I don't want to ever be angry with them but I know I am sometimes. Recently, my mother asked me if I was bringing lunches with me to work or if I was still buying all my lunches at work, which she doesn't like. I definitely didn't want to have to admit that I like buying them at work.

A You hide the pleasure you have because you know she wants you to not be wasteful. You've told me she has preached to you about the various ways to be thrifty and how to plan ahead.

P Yes. So, what I told her was that I do bring my own lunch but since I make the same thing over and over again, if I get my lunch at work there is variety. I think she was sort of ok with that. But, I hurt her feelings because I told her that she shouldn't worry and that I am fine buying lunch at work. Then, she was asking me how much it costs every day and why do I need to spend so much. I told her I told my therapist that I was buying my own lunches at work and that he told me I don't need to feel ashamed of it. She had to catch her breath. She was shocked. So, I feel so bad that I hurt her. She knows I didn't really mean it but I feel it was kind of intense. (I never told her that she need not be ashamed so she has used me as a voice in her disagreement. Internally, she had me step in and fight her battles for her and tell her mother off. That way, she is free of the guilt of personally hurting her mother and personally deciding to be more separate and different.)

A You feel you really slapped her in the face for that one. You spoke back and now you are feeling pretty guilty. (Even though she used me to voice her discontent, I am interpreting the core source of that disagreement. I am placing the emphasis back on her instead of the projection onto me.)

P I am. She is fine but more so it made me feel like if she could only hear what we talk about and what we say about her she would be so upset and hurt. That makes me feel terrible. I told her to get off my back for the lunch thing.

A We were talking about how you worry about what I think of you and you associated to hurting your mother and feeling worried about really expressing yourself openly with me about her. So, in both accounts, when you are more independent, speak for yourself, and have your own opinions, you worry you are hurting us all in some way. You don't want to be too loud or too nasty.

P Oh, I always regret what I say. I am always not only second guessing what I say before I say it but then after I say something I go over it dozens of times thinking of how I might of said the wrong thing and hurt someone or made myself look stupid. I think that is why I am so anxious socially. I am constantly trying to figure out what the right thing to say is. I will say things and then go over how I might have made others feel or how they now are seeing me in a negative light.

A You told me how by the time you arrive at the party you are so quiet because you have gone over every possible interaction and everything you

might say so you end up saying and doing nothing to be safer and protect everyone.

P Right. And as a result, I am the weird quiet girl who never really interacts. I think everyone sees me as the super boring one. With my boyfriend's friends, I didn't like to see them and I was so quiet when I was around them. But, with him, I felt I could say anything.

A You felt so accepted and loved by him, you could say anything and feel totally free?

P Yes. But, he would kid me about how I was dead silent sometimes and other times I couldn't stop talking. I let myself be that way with him and I was ok about it but around his friends I was never that free.

A And, you felt confident about what you said to him? You never wanted to take back anything?

P Right. I felt he was always accepting of anything I said. I did worry about hurting his feelings but I didn't care. I went ahead and said anything that came to mind.

A You enjoyed how accepting he was but you still never felt he was the one to be with forever. (Because of his lack of education and a job that was not mainstream, Grace looked down on him and felt he would never be the man she would marry and spend her life with.) In that sense you were comfortable using him as someone you could be yourself with. But, with everyone else, especially your mother, you have to be very delicate and careful about how you treat them and watch what you say. You can't say the wrong thing. Instead, you try so hard to say the right thing.

P If I feel my parents are seeing me in a certain light, like if I am being selfish or difficult, I can't stand it. I hate it if anyone sees me that way. Actually, I feel this whole discussion is self-indulgent because no one else is here to say what really happens and it's all about me and my opinion about it all. I feel that to even be sitting here talking about how difficult I can be is incredibly self-serving when there are people out there with so many worse problems.

A All the children starving in Africa?

P Yes. And here I am complaining about how I feel awkward at a party. It is ridiculous. I should be an easy person who makes it nice and smooth for everyone. So, if I cause problems, it really bothers me. Oh God. Here is an example. My friends were all talking about this TV show and we were saying which characters we are most like. I wanted to be thought of like this one character that is very mellow and easy going. But, everyone agreed that I would be the character that is always nervous, uptight, and weird. I was so offended that everyone sees me as this anal, worried, OCD nutcase

instead of the character I wanted to be who is easy going, mellow, and likeable. I told my friends “No way!” and they laughed but then I realized I was starting to be that way in the moment.

A You confirmed your fears by your reaction.

P Exactly. That is the person I do not want to be.

A The mellow one that you wish you were like makes me think of the things you tell me about yourself that are actually like that. You can be very simple, going with the flow and wanting the best out of life for yourself and others. You seem to have a hippy girl side as we have coined it but it gets overridden by this other “worried OCD” side.

P Yes. I know I can be like that but most of the time I am consumed with this rigid, uptight way of thinking about everything.

A Sex is one thing that you have said gets ruined by that feeling.

P That is one thing of many things that I have trashed by this constant anxiety. The anxiety has been there my whole life and it seems to impede most of my life and anything I try and do. It’s always there but I don’t know how to get rid of it! (She switches to just wanting to quickly eliminate the feelings and not have to face them, own them, or understand them.)

A Well, there is no simple answer.

P I just want to get rid of it, I want it to go away. (She responds in a sad, helpless, and quite anxious manner indicating that she is now describing her state as “none me”, coming from the outside, being projected.)

A You want it to go away but maybe we have to see how you are the one generating it before we can see how to stop it. One example might be how you tell me about your mother and how worried and upset you can feel about her and what she wants from you such as packing your own lunch. I wonder if you end up feeling irritated or angry with her about such things but out of fear and guilt you end up not being able to set those limits. You feel you are failing to meet her requirements but at the same time I wonder if you are conflicted about wanting to do things your way instead.

P Money comes to mind. They always tell me to save more and become secure. I wonder if I did it their way I might end up having less anxiety. If I saved enough money I would feel ok if I got fired or something. I worry about getting fired all the time. I don’t have trouble sleeping but I feel like I am a very anxious sleeper. When I wake up for some reason at night I am insanely anxious. I try and figure out what I am so worried about and it’s often money. That surprises me. But, like I have told you,

I often end up with past due notices in the mail because I don't like to pay the bills until the very end. I have this odd idea that if I wait till the very last moment then I won't have to let go of my money. I worry if I pay a bill that my bank account is going down and that feels scary. Even if I have lots of money in it and the bill is only five dollars, I feel really anxious and uncomfortable knowing some is being taken out of there. So, my credit isn't very good since I always end up with late notices for all my bills. There are three main things that I am always anxious about at night. I worry about all the bills I have to pay and I worry about sleeping alone and I worry about my parents dying. Those are constant demons for me.

A The three things you are talking about are about holding onto to things, not wanting to let go, worried about losing someone or something, and trying to find a way to control or guarantee that you won't lose what is precious to you. You want it all to last forever, a boyfriend that always loves you no matter what, parents who live forever, and money that never leaves your bank account.

P As far as my parents, I am always thinking of their health and what I could do to improve their health or prevent them from ever having any health issues. I am panicked that they will die from something. I want to do what I can to save them.

A You are trying to control them to make sure no harm ever becomes them and with us you worry that I might think badly of you so you need to control us and make us healthy and happy. You feel compelled to control your relationships so they are perfect and everyone is always in harmony with each other.

P I do want that. I can't see letting all the bad stuff happen by not trying to prevent it. But, as we talk about this I am also worried that once again I have wasted our time talking about things that aren't really important. And, that I don't really know if I believe in what I said.

A So, you are always trying to judge if we are being productive, if I am asking the right questions, if you are providing the right answers, if I am going to give you the magic solutions, and if you are really telling me the truth or not. You are trying to control and maintain our relationship from all angles and feel it is constantly out of reach.

P I don't think you are doing it wrong but I feel I keep bring up useless things and you respond by trying to redirect us to the useful stuff. But, then, I bring it back down to something stupid.

A Maybe, the useful things are painful or scary so you might try and bring us to another direction, a detour.

P Maybe, but I think I have lots of blind spots and I only know what I know so I can't think of what might be the important stuff. I feel like I really don't know if I am saying the important things, I don't know what will make me happy and I don't know how to be less anxious. I don't know.

A You are trying to be so definite about everything, save your parents, have the right amount of money, have a boyfriend love you perfectly, etc. It is all very perfect and so there are many ways to mess it up. You are trying to find the perfect solution to everything to avoid losing out but that means you are always going to be anxious and on alert. If you are so anxious about hurting your parents you are always making sure to not voice your own opinions or live your own life in order to keep them happy and content.

P Well, even more so than that. I always think about them dying and worry about their death. I do say mean things to them sometimes so I am terrified that if they die I will regret that I said something mean to them and that somehow that might have even caused their death. It is crazy but I want to have a pure slate with them so they will never have the burden of me being mean or inconsiderate. I have two healthy parents and I have never experienced anyone in my life dying. So, I worry that one day when people in my life die I will deeply regret how I have been by constantly worrying about death and everything instead of just enjoying them and enjoying life.

A If you are always trying to have everyone be perfect little things on a pretty shelf, you never have the chance to take them down and play with them. You are worried if you do they will get broken and it will be your fault. It is hard for you to tolerate that they might get a bit scuffed up or dirty but you could have a fun time with them nevertheless. Interestingly, with your boyfriend, sex and many other things had to stay on the shelf but in other ways you felt you could get as dirty or scuffed up as possible with him and not fear it would lead to disaster.

P Yes. But, I worry I took that way too far.

A Ok. I will see you tomorrow.

P Ok. Thanks.

Theoretical Issues

Some patients are struggling with debilitating psychological issues within the realm of the depressive position (Klein 1935; 1940). They defend against daunting phantasies of loss, failure, and destruction with obsessional reactions

and strong projective identification maneuvers meant to undo, erase, or repair the harm they dread will befall themselves and their objects. The patients I am highlighting have typically grown up feeling very conflicted about separating from their primary objects out of fear of disappointing them, hurting them, or killing them off and then being left alone, hurt, and dying. They project their own fragile dependent nature onto their objects and then feel compelled to rescue, manage, control, or resuscitate them.

Growing up, being independent, and expressing one's own differences and desires is felt to be selfish, dangerous, and out of control. As a result, severe obsessional defenses and pathological organizations (Steiner 1990) are relied upon to save the object and prevent the ultimate disaster of loss and loneliness.

In the history of these patients, we find them recalling how one parent demonstrated a need for their child to be a protector or parent to them instead of the normal parent to child dynamic. And, the other parent never intervened in any fashion to prevent or lessen this developmental reversal. Our patients tell us how by action and speech, both subtle and direct, their parent was dependent, weak, and needy with them and instilled a profound sense of guilt around any move toward independence, autonomy, difference, or separation.

Through a primitive cycle of projective identification, based in anxious reaction to the dynamics I have just described, the patient identifies with their weak and lonely object and also becomes more and more lonely and empty as they make sure to never build any sort of unique self or individuated defined personhood they can call themselves. There is a deliberate resistance to self-containment (Steiner 1996) and growth. In fact, these actions are felt to be a harmful betrayal to the object and bring on enormous guilt and phantasies of loss and destruction.

Spillius et al (2011) states that Klein's contribution regarding the ego's struggle with loss includes showing how the loss felt in phantasy is related to the patient's sadistic impulses which are felt to have successfully damaged the object. The patients I am describing have internalized their weak, needy, and dependent object but have also, through projective identification, attacked their now internal object with their sadistic impulses. Left in a state of anxiety and guilt, they feel their desires for independence, choice, and difference can only lead to disaster. This pathological internal portrait of self and object creates emotional turmoil without the normal conflicts and healthy resolutions associated with the depressive position.

My patient Grace told me of how she was riding the bus to see me and noticed some street people. She wondered how people like that come to be homeless. Grace suddenly imagined losing her family, friends, and job and felt

terrified about how alone she would be. As we explored this anxiety, I interpreted that she was looking forward to seeing me but that our time together represents her possible autonomy, free thought, and expression of difference with her mother. Therefore, she pictured the ultimate punishment, the loss of all her loved and loving objects.

Grace went on to say that after we talked about how her mother and she had nixed the idea of her ever moving to Germany with her new boyfriend, she deliberately tried to picture herself moving there anyway, imagining having a family and enjoying life. I interpreted that she rebelled and decided to have it her way for a change. But, then Grace said she suddenly found herself imagining all that coming to collapse when her husband divorced her. Then, she was all alone in a foreign land without anyone to depend on.

I interpreted that when she took the risk of imagining herself as separate from her mother and becoming an independent person living her own life, she felt very guilt. For this sin, she had to punish herself by causing a divorce and ruining everything. In fact, she inflicted the same sort of lonely despair on herself that she pictures she would inflect on her mother if she did in fact move to Germany.

When Klein (1940) talks about the psychological dangers of losing the actual love object and how that can cause the phantasy of losing one's internal good object and being captured by bad objects, I think patients like Grace suffer with a conditional good object. Grace is imprisoned with the phantasy of an object that she must care for properly and eternally in order to be in its good favor. But, this is a fragile state of affairs.

So, Grace easily imagined suddenly being left without her good object and being surrounded by either bad objects or more often the worse fate of having no objects at all. Klein (1935) noted that preservation of the good object is synonymous with survival of the ego. Grace had to keep her mother and all others safe and happy in order to feel safe herself from abandonment, banishment, and inner emptiness. This is a rather primitive depressive conflict in that the dreadful demise one must save the object from by never ending self-sacrifice is the same demise one will face if separate, independent, or different.

Discussion

At the core of such frightening and fragmenting phantasies is Klein's (1935) idea that the loss of the love object can only be felt as a whole, healthy, and tolerable or bearable loss if the object is loved as a whole person. With patients such as Grace, their experience of the object is not whole, it is part and

distorted. It is compromised by the conditional, weak, and dependent nature of the actual external other and by the destructive consequences of intense projective identification cycles that render the object fragile yet judgemental.

Riviere (1936) has described the internal desolation and catastrophic nature of depressive anxiety. Yet, with a loved whole object one can find a path to meaningful and ultimately healing experiences of mourning. In other words, grief can overcome such psychological tragedy. But, for patients such as Grace, her object was never experienced as a robust, whole, dependable being and therefore the separation, loss, and mourning process was never a sad yet firm psychological foundation that she could rely on and use to gradually move forward in her life. Grace could never feel ok about growing past her object without feeling overwhelmed by guilt, fear, and anxiety.

The internal chaos and crippling loss Riviere (1936) vividly describes is normally transformed by healthy development into a springboard for new possibilities and new identities in which the terror, the loss, and the emptiness can be replaced, healed, and utilized for the next step in life. For Grace, there could be no next step. She had to remain eternally bonded and loyal to her object or face endless solitude without hope of love or recognition.

CHAPTER 6

Depressive Anxiety and the Motives for Manic Control

Some depressive position (Klein 1935; 1940) patients, who have experienced some degree of loss or trauma in childhood, display certain unconscious and conscious phantasy conflict states when in psychoanalytic treatment and these clinical situations generate particular countertransference dilemmas. Helping these patients better understand their core convictions of and conflicts with their internalized object as well as their current projections can gradually allow for change and choice. However, this is a clinical challenge due to the patient's view of self as vital to the care, management, and survival of the object.

Trying to keep a tight psychological grip on their object relational ties as a way to avoid loss and a crippling disappointment of desired dependence, these patients insist on maintaining their role as a martyred leader of others. They are scared and angry to be without complete knowledge of what might happen if they let go in life. This fear involves phantasies and fears of utter chaos and collapse of their needed object, leaving them feeling guilty for neglect and slaughter of the objects as well as extreme anxiety over having no object to depend on. They see complete nothingness or utter chaos as their fate forever. This feels unbearable so they must mange all aspects of the world to avoid this internal collapse. Transference and countertransference has to be worked through to focus on their avoidance of conflict and their desire to not disturb the current psychic equilibrium (Waska 2013, 2014).

In psychoanalytic treatment, we hope the patient can eventually grieve for and accept the loss of hoped for and needed object relational nurturing. We want the patient to let go and say goodby to the neglectful or crippled object, to grieve their lost childhood or at least the memory of traumatic bonding, and to gradually rebuild and embrace a new life with new objects. But, to the patient, this often means we are trying to force them to betray their fallen idols, to turn their back on their needy and wounded object, and as a result, to cast themselves into an unknown void without connection or purpose. As a result, we can encounter great resistance that can be acted out and can trigger countertransference enactments (Waska 2011).

In general, psychoanalytic treatment includes helping the patient come to the gradual acceptance of who they are, who they were, and who their objects are currently. In other words, there is an alignment with reality, facilitating the

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ability to grieve and accept that things were not the way one hoped for and that things may still not be that way one expects. This realization and turning towards reality is usually a painful experience full of guilt, anger, sadness, and grief.

Indeed, the grieving process is one we strive for in treatment, a healthy letting go and a healthy separation are hopefully followed by slow discovery of new aspects of self as well as internalization of new choices and direction in life. This journey is full of various obstacles, pitfalls, and resistances. It seems like a daunting change and the old familiar ways are hard to let go of. The new ways are unknown, challenging, and risky. However, we still strive to help the patient take a look at these new opportunities and to at least taste what could be and then decide if they want to continue to try and test the waters or not.

Naturally, patients don't really want to venture towards this new, unknown, painful state of loss. They rebel and react against it. In fact, they try even harder to maintain their psychic equilibrium or point of psychological balance if we try to corrupt it by interpreting the nature of their internal conflict. By necessity, this is where the treatment becomes one of exploring defensive systems and confronting their pathological organizational reactions, all ways of avoiding change (Waska 2006). To do this effectively, the analyst must also strive to truly understand the nature of the patient's depressive phantasies and the anxieties they bring over the intactness of the object and the looming loss and isolation should the object become unreachable. Hence, the need for ultimate control and manic reparation.

Anxiety over change, separation, and loss is common with all patients. However, this paper speaks to patients with an especially intense experience of anxiety in which the object must be maintained and idealized or at least held in some regard otherwise the patient feels the object will perish and the self will follow. The patient seeks to avoid realizing they were in fact without an object they could count on in the past and always trying to prop up an object they were disappointed in. The transference and the countertransference allow the investigation of unconscious object relational conflicts. This is critical in helping these types of patients. The understanding of their internal struggles is necessary in avoiding excessive enactments and helpful in maintaining the overall therapeutic direction and focus.

In conducting the psychoanalytic work with such patients, we must understand, accept, and work with the fact that the patient tries to control the object and save or revive it as a twofold defense. It is to protect the patient from feeling there are abandoning the object as they felt left alone or hurt when a child. So, it is a defense against their identification with the object as an aggressor, neglect, or a bad person. These, of course, are the memory

experiences and affects of the patient. It is unclear to us if the caretakers were actually like this and it doesn't usually help to try and figure that out. We base our treatment direction and focus on what the patient's actual experience in the transference is.

So, this defense protects the patient from feeling they are abandoning the object as they felt left alone, neglected, or unheard when a child. As said, it is a defense against identification with the object as a bad object. But if they pull away from their sadomasochistic bond with their original objects, they remain a child who had no guidance, direction, or emotional container.

In other words, at the first level, the patient resists giving up their protective identification defense (Waska 2004) because to do so would make them feel guilty for hurting or killing off the object. But, to give up this defensive system means they are exposed to the non-projected internal state of themselves without any container to rely on, to feel organized by, or to be loved by. Its one thing to stop trying to control or save the object but another to realize others control you and may not want to save you.

Joseph (1959) has described how some patients may have been unusually needy, aggressive, or demanding of their objects at an early age and this may have led to a projective identification cycle in which they felt linked to weak, poisoned, or withholding objects and would retaliate or try to omnipotently restore them. Joseph adds that if the primary object is in fact emotionally withdrawn, unstable, or neglectful, this is likely to increase the hatred and attacks. In the child's mind, the object then is felt to have been reduced to an extremely perilous condition, or even totally destroyed. Joseph states, "It is the repetition of this situation which these patients are forever desperately struggling to avoid, by the use of their combination of defenses designed to keep aggression away from the primary object." She says they have never been able to manage or tolerate the guilt and depression about this catastrophic condition of the object and have never been able to accept the unrepairable nature of the object. I would add that facing and accepting this means withstanding a blinding aloneness, a profound sadness, and an endless free fall without anyone to catch them. They must control themselves and others to avoid this dual annihilation of self and object.

Case Material

Sandy was a young woman who came for help with her anxiety. She described her work at a management company in a manner that made me think she was overworked. She was constantly saying yes to lots of projects that probably left

her exhausted and overwhelmed. But, she did not tell me that. She also had to fly out of town every other week or so for a few days to meet with potential customers. Sandy said this was exciting and it was part of her trying to establish herself in the company and work her way up the ladder. Again, this was presented in a way that sounded like she was trying to just be competitive in a healthy way. But, it also sounded quite grueling, like she wasn't setting healthy limits or taking good care of herself. But, Sandy never expressed any feelings about that.

Sandy acted anxious when with me, in the way she spoke as well as in her body language. She tried very hard to be polite and well mannered, doing the right thing as my patient, whatever that might mean in her mind. So far, I have seen Sandy for three months. So, the treatment is in its very beginning stages. However, we have already uncovered quite a bit and she is managed to make a fair amount of progress. I think this is both genuine as well as an attempt to please me and take care of me.

Sandy told me she was very worried about her family as well as very angry with them. These feelings were primarily focused on her mother, whom Sandy described as psychologically disturbed and trying to make her way back into Sandy's life, uninvited. Sandy felt her mother wanted to take over and have things her way. My patient said her mother had a history of being intrusive. Even though they hadn't been in touch for years and have not had any type of relationship for a long time, her mother suddenly wanted to start a new connection. Sandy feels this is highly intrusive and unwanted. She said, "she never really asked about me it. It's just happening".

Sandy told me her upbringing was very confusing and difficult. Her mother had been chronically depressed, emotionally abusive, and physically violent with her. Her mother would lapse into depressive episodes in which she did not get out of bed, cried all the time, and felt hopeless for days. Sandy's father didn't know what to do except go to work and ignore the whole situation.

Sandy's mother would ask Sandy to do various duties around the house and Sandy would try to take over and be a good helper/grownup in her mother's absence. In addition, Sandy would often try to do things for your mother without being asked because it seemed obvious that her mother was incapable or unwilling to do basic things around the house or to take proper care of the children. But, often after her mother was less depressed and able to get out of bed, she felt everything had been done wrong. She blamed Sandy, hitting her and yelling at her. So, my patient constantly felt caught in this request and punishment cycle. As an adult, Sandy feels very hurt and angry about it and says it was extremely confusing. She never knew when she would be praised and when she would be punished.

Now, Sandy describes her mother with anger and disappointment and sees her as a "pathetic person who could've done better but chose not to and who instead was abusive and failed as a parent". At the same time, Sandy sees her father as more of a "broken man who just tried the best he could but never really had the tools to operate properly". From her description, her father would routinely forget to pay bills, the bank would repossess the house or car, the electricity was shut off, he would be arrested for drunk driving, or he would be taken to court for not paying parking tickets. But, Sandy felt he always tried to correct his mistakes. She told me he had a good heart but kept messing up.

At the same time, Sandy sees her mother as deliberately not caring and never trying to fix her own mistakes. An example Sandy brings up frequently is about the time the car was taken back by the bank so there was no way Sandy's parents could drive the kids to school. Her mother said "whatever", gave up, and went to bed depressed. When Sandy asked her how to get to school, her mother became angry, start yelling at her, and said "leave me alone. You're not going to school. We don't have a car so you can't go to school anymore".

Sandy said her father felt very bad that the car was gone and regretful that he was responsible for that problem. So, he tried to figure out how to get the kids to school and ended up taking them there on a bus. He made sure they ended up at school. In Sandy's memory, he still took care of them. I told Sandy, "you could trust him to still be thinking of you in a loving way even when he screwed up and did things that hurt you or created chaos for the family. She replied, "Yes. And, I had the opposite feeling with my mother."

Sandy repeatedly told me how "stupid and incompetent" her mother was and "still is". She told me, "She left my father to seek out a fun single life. When I was a teen, one day she abruptly left without even saying goodbye to us. She just disappeared saying I deserve a better life and off she went." Sandy and her brother lived with their father until Sandy went off to college.

Over and over, Sandy tells me how she had to manage her family as a child and teen and take care of almost everything around the house for both her parents. The more she talked about this, my countertransference was of her being very bossy, pushy, and controlling. I interpreted that she wouldn't let her parents fail at their job. Through the countertransference, I interpreted that she feared the family would collapse if she didn't always control and manage them. She would be facing the lack of protective loving parents. That left her in a very dark and scary place so she wanted to try and step in to prevent that. Here, I was interpreting her need to protect herself by protecting her parents.

Sandy agreed with me but in a very practical and concrete manner. In other words, she said, "Yes, you are right. I had to manage them since they could not manage themselves". Still following the same direction, I interpreted that she

felt as a child, as a teenager, and even now as an adult that she had to give up being a dependent child in order to save her parents. That left her hurt and angry as well. Sandy agreed and told me that everyone sees her as controlling, pushing, and dominating and they don't understand that she's "just trying to help".

I interpreted her need for me to understand the dark consequences she believed would happen if she wasn't constantly monitoring and managing everything. Here, I felt I was able to contain myself and not force her to face her own projective identification process too soon or too forcefully. I was trying to pace my interpretations regarding her identification with her controlling mother and her need to control and avoid the lack of any protective or organizing internal container. In other words, I had to not be too controlling or pushy myself. In response to my comments, Sandy told me more memories of a disturbing, confusing, violent, and depressed mother and a clueless but good-hearted and good-natured father who she said is "like a vase that got pushed off a shelf. He is broken and glued back together but he is just never really whole".

Over the course of the next few sessions, Sandy said she was "consciously letting go more" and could see the benefits of doing so. She gradually realized that by trying to act as a controlling parent with her brother, she was excluding yourself from any closeness with him.

So, this new relaxed hands-off approach was going quite well and Sandy was enjoying the closer brother bond she allowed by not being so controlling. In general, she felt less anxious about having to control those around her. Again, I think this was both genuine progress and a bit of manic improvement meant to please me and make us ok together.

But, when she came in for the next session, she was extremely anxious and upset. Sandy told me "my father's been arrested again!" I asked her what happened and she explained that a year ago he had a drunk driving arrest and never paid the fine. As a result, he had been arrested and put in jail for a couple months.

Sandy said this means that her younger brother "is all alone fending for himself". She said she's upset because now her 17-year-old brother is all by himself having to do what he can to survive but not knowing how to take care himself. So, she'll "have to step in and take over and do everything for him". Sandy started telling me of the countless ways she thought she should step in and act as a parent to her younger brother. She discussed preparing his lunch, helping him with his homework, and giving him lectures on a variety of matters. The more we explored her anxiety of losing control and what that really meant, Sandy started to relax your grip on her brother and tried to trust that she can get closer to him and help him by acting as a friend and a sister,

not a parent, without him sliding into some kind of chaos or trauma. Without her watchful eye, he might still survive was my interpretation.

During this working through process, I pointed out how Sandy now was the controlling parent again, trying to protect her brother but really trying to protect herself from feeling lost and out of control. We explored how she felt she "had to step in, given the circumstances". As a result of this focus, Sandy slowly was able to step away from the need to organize and rule everything and everyone. She believed her brother could not survive without her intervention. But, now, she was able to let other options exist. Sandy reluctantly faced the uncomfortable reality that her mother might actually be a resource in this situation. So, she would have to give back the parent role to her parent.

The biggest breakthrough was that Sandy could share with me that "it just hurts. I am upset that my father is so irresponsible". She didn't need to clean up after him or deny her anger and sadness in order to keep him idealized. She could simply feel effected by him and own those feelings and not hide them. This made it possible for Sandy to see how she and her brother could bond over this and help each other by simply talking together about how much they hated their father failing once again. Instead of being the controlling and controlled pseudo-parent, she could grieve and rage against the lack of a stable object and begin to find herself in the process. This also led to me interpreting her defending against memories of herself being left alone and feeling desperate. She was able to talk about this for a bit before having to switch to defensive memories of how "grownup she was when necessary".

In one of the next sessions, Sandy said she "wanted to genuinely forgive" her father for this current failure, instead of the false pity she so quickly handed to him in order to help him save face and in order to prop him up. Normally, she maintained the illusion of a stable father security system instead of the frightening void of care and lack of protection that he actually was. Sandy was now on the way to a depressive grieving process and the creation of a whole object healing. Once she has this new more solid object in her mind, she will be able to depend on it internally instead of having to act out externally.

Case Material

Tom came for help with what he called his "deep anxiety" and a sense of despair that he experienced on weekends. He described a back-and-forth feeling that happened when he had no plans to see anyone and was by himself in his apartment. Tom was seized with loneliness, anxiety, and a sense of desolation. He had a faint feeling of wishing he knew someone to be with to alleviate this

terrible emptiness. However, if Tom did have plans to meet up with someone or if someone called up and invited him over, he felt a slightly different sense of anxiety come over him. Tom felt trapped and did not want to leave his apartment because he felt forced to endure this time together with the other person. He dreaded it and would either not return the call or make up an excuse about how he couldn't meet them.

So, we began to explore these feelings. Over the course of the next few months, by talking with Tom about the feelings and conflicts he experienced, we were able to find some answers about where these feelings were from. The object relational conflict he was in became much more clear by us discussing it. Together, we were able to face it, tolerate it, and contain it to a degree in which he was able to feel more in control over it rather than a victim to it. While we were working with this desire for contact and fear of loneliness combined with the dread of contact, I never knew if there was a particular historical base to it. But, very soon, Tom revealed more that pointed us in that direction.

Tom had mentioned to me early on that he had some "family issues that he knew were going to be very important to get into" but he wanted to "put those off for a bit" until he dealt with the more immediate anxiety feelings around the weekend. So, over time, I asked him a few questions here-and-there about his upbringing. He also brought up a few things about it and slowly revealed a very complicated and very traumatic childhood.

He told me of his mother being constantly depressed, erratic, chaotic, disorganized, and prone to saying "very crazy things to me that never made sense". Tom said he felt he "had to make sense for her". Over the years, Tom grew very tired of this role but he felt there was no way out of it. He told me that even now when he has talks on the telephone with his mother, she "starts off pretty normal but then quickly she gets very bizarre and I have to get off the phone as soon as I can".

Tom told me many examples of his mother's "very bizarre behavior" that made me think of her as quite psychotic or psychologically disorganized and disturbed. But, he never came out and used those kinds of terms. Instead, he just told me many historical examples where he felt baffled, confused, irritated, and sad for her without ever speaking of her psychotic condition. Tom seemed to need this strong denial in order to protect his object and his memory of the two of them.

As a child and still now as an adult, his examples showed how he did his best to be the person who emotionally translated for her. In a parallel fashion, I noticed that it was up to me to really define or translate what may have been the pivotal experiences in his early life. In other words, Tom's descriptions were all of a very psychotic and paranoid woman who was unable to really

care properly for her children because of her emotional state. Indeed, to me it sounded like his mother should have been hospitalized and that he had been trapped with a very unstable and frightening caretaker at a very young age. In addition, Tom would tell me how his father was in denial about the whole thing, played it down, and was not really available to help out in any way. However, Tom would minimize this neglect to me so again I felt I had to be the one to define and underscore how unavailable his father was and how psychotic his mother was.

An example of my counter-transference dilemma was a particular clinical moment when I felt I "had to" spell out, define, and emphasize how broken his mother was. Tom told me about how quite a few times growing up his mother would sit him down and tell him that one of the greatest mistakes of her life was having children. She told him she regretted it and wished that when she was pregnant with him, she could have had an abortion or miscarriage because he "was the worst mistake of her life". She then told him he should never have children either because she didn't want him to face the same troubles.

Tom recalled it as a moment when his mother was imparting motherly wisdom to him. He shook his head when he told me this and said, "I know that's pretty weird but that's the kind of thing that happened over and over". He said this in a way that seem to water down and minimize it so that he didn't have to face it or feel the extent of what this had done to him internally and what it still does to him emotionally. Caught up in the countertransference, I found myself telling him that this was indeed evidence of someone that was probably schizophrenic and needed help and that unfortunately he grew up having to make sense out of this. While I said this in a very calm and measured manner, I felt I was practically beating a drum against his mother in reaction to his defensive denial of this traumatic memory.

Unfortunately, this wasn't the only time I found myself telling Tom something to the effect of "it definitely sounds like your mother is a schizophrenic". Each time I said this, I was immediately aware of feeling like I was really walking on a fence. On one side, I thought it was important for us to discuss this and to help him face this terrible fact that he was still suffering from. At the same time, I could tell that for some reason in the countertransference, I was now pushing this fact on him over and over. Noticing my enactments, I became aware of how I felt obligated to show him how psychotic his mother was. Once I realized I was pushing it in his face, I felt guilty about doing that. Here, I think I was acting out the childhood wishes he must have had to tell him mother she was crazy and to push it in her face out of anger, fear, and sadness. Through projective identification, I was acting out his forbidden childhood feelings and feeling the guilt he also must have had and still does.

The same situation came about when Tom was telling me about his relationship with his new girlfriend. He had met her in the course of treatment with me and had been seeing her for about six months. Dating her was a sign of progress, a shift from when he was essentially asocial and trapped in his apartment on weekends. Recently, he had started talking about his mixed feelings for her. For the most part, this came down to him thinking she was not pretty enough for him to be able to spend the rest of his life with her. Tom doubted if he would be satisfied with her for the rest of his life and worried that he would end up wanting to be with other women who were more beautiful. But, then he imagined feeling very guilty if he cheated on her. But, if he didn't cheat on her, he also imagined how he would feel "caught, trapped, and confined". So, we talked about this from different angles. But, like his telling me stories about his mother, Tom would bring up many examples of his conflicted feeling for the girlfriend and then back off from it. So, in the countertransference, I found myself feeling I had to say things like "so, I think what you really mean is you're not sure if she's pretty" or "it sounds like from what you're talking about, but not really saying, is that you're not terribly turned on by her".

My statements about her were much more direct. heavy-handed, and even more critical then his statements ever were. I started noticing how with the way that we talked about his mother and with the way we talked about his girlfriend, Tom put things out there in a neutral way which left me to fill in the gaps, especially regarding what his negative or critical feelings might be. I interpreted that he was reluctant to show me the stronger aspects of himself because he felt too guilty and scared of owning them and sharing them with me. Instead, Tom passed them onto me via a projective identification process in the transference.

Overtime, this line of interpretation seemed to help Tom to feel safer in vocalizing stronger feelings towards others, including his mother, his girlfriend, friends, and people at work. An example of this came up when he elected to not visit his mother in person because he did not want to "have to endure her craziness". Instead, Tom limited himself to occasional phone calls and set boundaries with those as well. He told me that if his mother began to get "crazy" on the phone he would politely say goodbye and hang up. So, these were all new ways of Tom becoming more autonomous, setting limits, finding himself, and not feeling like he had to repair, revive, or stand duty over his broken objects. This was all a steady line of progress during the first year of his analytic treatment.

Eventually, this new freedom was also possible for him in the transference. Tom often felt I was disappointed in him for not talking more about what he

thought was "important for patients to focus on". So, he would come in very nervous and and bring up various topics that he thought were critical to the treatment and things he felt he should be focusing on. Overtime, we explored how Tom saw me as an object that expected a lot from him, an object he needed to please, keep stable, and avoid conflict with. He felt he had to keep us together in a state of harmony.

I brought up how this meant that Tom no longer had much of an identity since he could not to bring up what he wanted to bring up. In addition, he did not feel comfortable to bring up nothing if he had nothing on his mind. There had to be something to make us ok. This theme came up throughout the treatment and we continue to work on it. But, overall, Tom feels more comfortable trusting that it's okay to be himself without it disrupting our relationship, without it hurting me, or without it disappointing me.

One significant event in the transference was when Tom came in to one session and brought up a topic that he talked about for a bit then switched the topic to something else. I felt he had gotten in touch with a few things about the second topic that seemed important, so I pursued it. I asked questions, he responded, and we began to have a discussion. Indeed, it seemed like he was getting to a place where he could talk more openly about things so I was encouraging of that as well.

Tom came back to the next session very anxious and said he "had to be honest" with me but was very nervous to do so. He revealed he thought the second topic we had discussed was simply one that he engaged in to please me. Then, when I engaged him with it, he thought I was forcing him to focus only on that topic. So, to Tom, it seemed that it was all about me and my desires. He said, "I thought it was your session. I no longer mattered". In his mind, the session became all mine and I forgot about his existence. But, he did not want to bring that up when it was happening for fear of hurting me or causing conflict. So, it took us about 2-3 more sessions to discuss this. It turned out that even though he was putting on a show for me by bringing up the second topic, when I fell for it, Tom felt I took over in a way that alarmed him. Now, it was all about me. In telling me about all this, Tom sounded paranoid in a way that actually alarmed me.

For the first time in the treatment, Tom seemed to be paranoid and possibly a little psychotic. I felt cautious and scared by this and proceeded slowly. I felt like I was suddenly him and he was his mother. I contained my anxiety and tried to continue exploring the transference. It was very helpful to discuss how Tom saw me as turning into this very greedy, self-centered object that needed everything to be all about me at his expense. I was quickly aware of how this was a maternal transference and that in his mind I had become a

psychotic mother. But, I did not want to push this historic view too fast or too soon so I waited a few sessions to bring it up. When I did, Tom found that helpful and we talked about it from that aspect for awhile. To this day, he recounts those sessions as “very important to filling the holes in my sense of trust in the world”.

CHAPTER 7

Unbearable Separation, Guilt, and the Dread of Loss

Melanie Klein (1935,1940) has described the severe anxieties of the depressive position and their various unconscious states of mind that cause such unbearable psychic pain. Loss in the paranoid-schizoid position (Klein 1946) can be extremely overwhelming and create various defensive reactions (Waska 2002). However, loss in the depressive position can be overwhelming in a different way (Waska 2010). Loss of the loved object and the crippling mourning that follows are part of this developmental emotional phase. Yet, when guilt and fear of persecution take over, the patient is unable to grieve. This can be the result of feeling surrounded by bad objects now that the good ones are either destroyed or faltering. Or, it can be from feeling abandoned completely and without any objects to rely on.

Hinshelwood (1989) pointed out how Klein thought guilt over the survival of the object could be more persecutory in the early stages of the depressive position and lead to more primitive fears for the survival of the self. Indeed, Joseph (1978) has shown how Klein thought the fluctuation between more primitive persecutory depressive anxiety and more whole object worry for others is a natural transition that is always in flux.

There are many defensive stances against depressive anxiety but one of the primary is the manic defense. The main components of the manic defense are omnipotence, denial of internal and external reality, denial of the value or importance of the good object, and control over any objects the ego depends upon.

Reparation was one of Klein's discoveries and she saw it as a major aspect of healthy depressive functioning but also noted how it could be used defensively. Manic reparation can be a form of revenge and omnipotent triumph. Obsessional reparation is a compulsive undoing, meant to placate the imagined damage or death of the object. The three cases presented had numerous examples of both. In psychoanalytic treatment, we hope to help our patients find a more healthy state of remorse which is based in genuine love for the object and regret for having been aggressive or neglectful towards it.

In the depressive position, the internal repair is often done through some sort of creative repair in the external world. Combined with reality testing, it helps the person rise from their depressive anxiety states. While concern

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about the fate of the object is partly a way to ensure the survival of the self, the healthier or more developed aspect of the depressive position involves genuine concern for others. Self sacrifice and externalized devotion to the welfare of others are ways this more pure reparation emerges. This is different than a more defensive martyrdom or masochism that is more of a backhanded revenge or angry triumph over the object, demonstrated by the case reports in this paper. Grotstein (1990) states that this is an internal triumph over the object while the manic defense is more of an external triumph. If these two defenses against depressive anxiety remain as a foundation, they prevent proper reparation and increase anxieties over damaged, dying, or unreachable objects that in turn have to be manically restored or controlled, leading to more anxiety about a lack of reliable, dependable objects. This was certainly part of the clinical profile with all three of the patients presented.

In this vein, Altman (2005) states that reparation is different from repair. Repair is fixing that which has been broken but reparation is compensation for damage that cannot be fixed. Many of our patients, illustrated by the three case examples, cannot cope with the internal reality of unfixable damage, to themselves from their needed object or to their object they needed so much. This unbearable mental state triggers the more manic defenses of control and denial. These are not the "false" states of restitution Meltzer (1998) refers to, but genuine and desperate measures to keep the breast alive so it does not wether away or be torn into fragments, leaving the ego starved and vulnerable to chaos or annihilation.

In psychoanalytic treatment, these strong defensive organizations (O'Shaughnessy 1981) or pathological organizations (Rosenfeld 1971)) can evoke various enactments from the analyst. Specifically, the analyst is drawn to pushing the patient to jettison or abandon the object and get on with their own lives. But, this is an acting out of aggressive and controlling impulses transmitted via projective identification based transferences. This type of enactment only serves to make the patient feel guilty and very anxious about injuring, neglecting, or killing off their feeble object. In turn, this intensifies their phantasy of being left alone forever without any object to cling to, a lonely and eternal darkness.

The analyst must attempt to keep aware of such enactment temptations and when within one, to rebalance as quickly as possible. Clinically, these patients need the analyst to truly understand why they need to manage, monitor, and control their objects before they will ever be able to feel safe in making any sort of internal change. We need to listen to them and learn the deeper nature of the our patient's phantasies about their objects and why they feel compelled to give up their own identities to remain on guard for others sake. Only when

we can understand, contain, and gradually convey our knowledge about this internal trauma, can we help the patient grieve and grow.

Case Material

John was a member of the technical team at a company that edited film for Hollywood studios. He has been seeing me for nine months 1-2 a week in psychoanalytic treatment. Initially, John wanted help with "job frustration". But, he also wanted help sorting out his on-and-off again relationship with a girlfriend. This was quite a complicated situation. He had been dating this girl for probably six months or more but only saw her every couple weeks even though she was available to see him much more regularly.

On one hand, John seemed to enjoy being with her, having sex, and having someone to talk with. But, he did not see her as "girlfriend material", not someone he could be with the long-term future. The more I talked with him about it, I learned John never was honest with her about how he felt. This was replicated in the transference in that John never really explained to me that he simply was tired of being with her and didn't like her enough to continue dating. Instead, John presented it as a dilemma in which they missed each other's phone calls, she wasn't returning his emails, and they both had busy work schedules that prevented them from getting together.

So, I interpreted that John felt guilty letting me know he was not interested in her anymore and in parallel he felt guilty to let her know he wanted to break it off. He agreed with me and said he did want to break it off with her but "felt very guilty about it" and didn't feel he had enough "good reason" to break it off. The more we explored and worked with these conflicts the more he felt ready to say goodby to her. But, John had to deal with a great deal of guilt. He felt convinced he would be hurting her and breaking the trust and the loyalty he imagined they had established.

By working with this anxiety, John became more in touch with reality so he could see that she in fact was ambivalent about the relationship, bored with it, and probably wanted to walk away from it as well, but as she had put it, she was just being "lazy about it". Once John was able to realize the reality of this relationship not collapsing in sorrow and devastation but in fact just two people ready to say goodbye, he was more able to initiate a break up.

However, John still felt incredibly guilty about it and this came through in how he clung to the relationship in a very concrete matter. She had left several items at his apartment and never asked for them back. This was mostly some old books and a few other items that logically John knew were not important to

her. However, he felt the loyalty and obligation of returning them, feeling it was "only right". He emailed her and called her to ask her if she wanted them back.

After weeks went by with no reply, John was left with the challenge of realizing this was it. This was the final goodbye. He could not except this loss or cope with his feelings of guilt. So, in manic reparation, John went back-and-forth trying to figure out how to return the items to her. He spent time with me deliberating whether to mail them to her, to drive them over to her house, to keep them wrapped up safely for when she might come for them, to put them in storage, and so on. He felt very guilty about the idea of just "throwing them away and not respecting her property". We worked on this for several weeks and John finally was able to simply put them in a box in his garage and accept that if she ever wanted the items, she could call for them. His intense resistance to letting go indicated a great deal of anxiety over loss, guilt, and fear over separation, as well as concern about hurting the object and being left alone with nothing. I made these interpretations along the way, which seemed to help him cope with the depressive transition. However, there were moments when he was defensively taking shelter in his psychic retreat (Steiner 1993) and I came close to certain enactments of this manic control standoff.

In these combustive transference/countertransference moments, I felt like saying, "she doesn't care about the old books! Just dump them in the garbage and move on!" But, I realized this was the projective identification castoff of John's own feelings that were unacceptable and felt too dangerous to him and to his objects. In not acting this out, I was instead able to contain it, consider it, and use it as information for interpretations about his guilt and fear of loss and anger. As a result, John was able to find the courage to have a talk with the girlfriend about the state of their non-connection. Then, he could see that she didn't really care about the relationship anymore and really didn't want to continue it. She wasn't particularly hurt or upset about and also didn't care about getting her books back. John was able to let go and trust that no one perished, including himself.

With his job, John seem to be in a similar state of stress and frustration. He told me how the company was constantly accepting big projects but never having enough manpower to really do a good job in a timely fashion. From John's description of his workplace, it did sound as if they were understaffed and constantly scrambling to do work that was possibly beyond their capacity. However, the intensity of his description and how often he brought up such stories certainly left me with the feeling that there was something much more emotional and of deeper significance to it.

John started almost every session with a tale of exhaustion, frustration, and anger about these work problems. Every time he shared with me, it was

essentially the same. He was left to pick up the pieces and do everyone's work. I began to see this as having psychological significance in two ways. First of all I felt it was an ongoing masochistic defensive structure that protected John from having to share any real feelings with me other than this resentment and victimhood. And, it protected him from being vulnerable and exploring this work situation for what other meaning it might have.

The other thing about it that stood out was how John had to keep the company alive and pick up the pieces for everyone around him. They all seemed incompetent, weak, and only able to barely do the minimum amount of work. So, it's up to him to save the day and keep everything running smoothly. John kept everything alive and okay by always doing extra, but never having his own life or any separate identity as a result. This sacrifice kept his objects alive and him empty, but in phantasy he avoided the unbearable loss and guilt behind the masochism.

In the countertransference, sometimes I was caught up in the concrete details of his story and then would push him to think about practical ways of giving the work back to his manager. I would slip into basically telling him to draw limits, not take on so much, and only do his share. Also, I found myself pushing the idea that perhaps he shouldn't care as much and if things just fell apart due to him not trying to catch everything around him, then so be it. Of course, this did not go well with John. He did not like the idea of it falling apart due to his "giving up", which is what he experienced my comments to really mean.

When I thought more about my comments, I realized I was forcing upon him the idea of giving up on his beloved objects and in fact cruelly letting them stumble, fall, collapse, and die. As a result of my self-observation, I was then able to rebalance myself and make interpretations more based on that idea, the idea that he was reluctant to let go because he felt these important objects around him would falter and fail. Overtime, we were also able to explore his resentment of others, his coworkers who only worked 9-to-5 and didn't seem to care as much as he did. Behind his resentment and devaluation of them as incompetent was more of an actual jealousy. John wished he could feel so at ease and comfortable without the terrible anxiety and guilt that he lived with.

Overtime, I noticed that, in the transference, John never told me much about anything positive. He never shared his desires to do less at work or give up on these many extra projects he took on so that he could do something else for himself. He simply felt bad that he wasn't able to get the projects out in time or was angry that others were not helping properly. And, he certainly never brought up fun events or experiences outside of work that he was either involved in or looking forward to. Overall, John never really felt comfortable

rebelling against his own sense of obligation to care for everything. He said he just felt he was "chained to it". It was his "moral duty".

I interpreted to John that he wanted me to see how hard he tried to be a good and loyal worker. I told him that he also wanted me to see him as an upstanding boyfriend, not someone who was just throwing away his girlfriend because he was tired of her. John was able to acknowledge my interpretations and explore those feelings and phantasies a bit but he was unable to use them to let go right away and let the pieces fall as they may. Indeed, this idea of letting go control of otherrrs left him very uncomfortable, scared, and in unknown territory. However, overtime, John began to test the water and try on new and healthier ways of being that were more about separation, difference, grief, and independent functioning. At the same time, he still struggled with these depressive anxieties and conflicts.

While John wanted me to see him as a upstanding worker, loyal boyfriend, good patient, and dedicated son, these ways of imagining himself were all quite void of any type of actual emotion. They were his vehicles of control. John never really thought about what he wanted or what he enjoyed. He mostly thought about all the ways that he needed to work harder to meet his own deadlines and his own expectations, which in turn would keep his objects intact.

In the transference, John was highly logical, very neutral with no to little affect, and laid everything out in a very organized and mechanical manner. Using this protective filter, he also acted like a very motivated good boy and good patient, trying to please me and do the right thing. So John would think ahead of important topics to bring me and problems to solve. In the transference, he was always so logical that in the countertransference I felt I had to always be the one to speak to the risk of not caring, the possible joy of relaxing, and the importance of letting others take care of things. I noticed myself tempted to urge John to have fun and not care. I felt I had to push him to let me into his more emotional side. But, over time, I realized for me to do this meant that I was asking him to lose his beloved objects and face some kind of darkness within, some kind of internal annihilation or primitive loss.

Gradually, I realized his object relational phantasies and conflicts were being played out not just in the transference but in his stories about his workplace and sometimes with his girlfriend. With his projections at work, I interpreted his desire to save the company and his resentment of those who didn't pitch in to help. John's whole life revolves around work and his view of work was always of something overwhelming and something he had to take on personally in order to save the day. I interpreted his fear of the chaos that would result if he wasn't always there to take it on and his intense fear that should he ever let go and let it just be he would be letting down everyone and hurting us all.

Indeed, it was a risk to even allow the idea of maybe letting it just be. We keep revisiting his mistrust and reluctance to depend on and respect the capacity of his objects and instead feeling he always must bail out his frail and fragile company. Along the way, I also interpreted that he seemed to see the company as his family, a family he could never count on and that was always teetering on the edge of disaster. So, it worked best to concentrate mostly on interpreting and verbally observing the nature of his depressive anxieties and unbearable phantasies. When I did interpret his defensive stance, it worked best to put it in terms of what he needed to do given the dire nature of his internal world and its precarious objects.

As far as his actual family, throughout the course of his psychoanalytic treatment John would talk about how disappointed he was in his younger brother. This was his brother through his foster parents, not his older blood brother. John was also disappointed in his foster mother. He felt both of them could be doing much better in life, that they could be more responsible and act in a manner that he could respect more. He was also angry and resentful because they would often ask him for money for various things that he thought were frivolous. Also, if it was money that they "really needed", like for paying the rent or utility bills, John felt they had made "stupid mistakes" and had brought financial disaster upon themselves. John constantly felt he was forced to pick up the pieces and keep a watchful eye on them.

I interpreted that this was the same as John's experience at work. I said that he felt surrounded by people at work and in his family whom he was disappointed in, people he wished he could rely on and depend on but felt that instead he had to be the one who was always looking after them. They were coming to him for all sorts of help and leaving him burdened and exhausted.

In the transference, John is very loyal to his appointments with me. While clearly depending on me, I think he defends against that by simply working hard to please me and be a proper patient. I interpreted that he wants to make sure I never see him as a failing, weak, or disappointing object that I have to save, rejuvenate, or salvage. He told me, "Definitely not. And, I never want to see myself that way either!"

After many months of John talking poorly about his family, in particular his mother and his brother, I realized that he actually had very little contact with them and much of what he was talking about and thinking about was solely based on his internal image of them. So, I began to talk with him about his anxiety and reluctance to actually have contact with them. Instead, it was easier to simply feel angry and disappointed with them and assume that they were failing in all these categories. After a while of this type of work, John actually did start calling them and found out they were indeed having a variety

of problems, financial and otherwise. However, he also found out that things were not nearly as dire as he usually thought and they indeed were acting a little bit more responsibly than he ever gave them credit for. This left John feeling more hopeful and not as on edge, no longer constantly dreading what he will have to do for others to avoid his core anxiety of guilt and loss.

John recently came in and talked to me about the boredom and contempt he felt at a family party for his foster family and friends. He told me, "if I could've gotten drunk I might have been able to tolerate it but I had to drive home. So, I just had to stand there. I didn't feel close to anyone. I didn't feel like I could relate to anyone. I didn't feel like anyone was really my family. I said, and he repeated it almost at the same moment, "Well, perhaps that's because they're not your family." This was somewhat of a breakthrough because John was able to emotionally talk about the fact that it wasn't his mother or his father at the party. And, as a result, he did not feel like he truly fit in. He literally wasn't a part of them by blood.

I said, "it sounds like you're missing your real family. You're missing your mother and you're missing your father". This helped John start to tell me about his feelings in a way that was very different. He talked about having his biological father on a pedestal and how "no one could ever be as great as he was in my mind". He said, "I never really remember my mother so it's hard to know who she was but I still feel no one else is my real mother. Even though my foster parents were very loving and and I appreciate them a lot, its not the same." We talked about the loss, the grief, the sorrow, and the anger he feels in having lost his parents.

And, in the countertransference, I was aware of how walled off John was and how distant he was from me in sharing feelings about his mother and father. While I know what happened to him historically, I had almost forgotten the emotional hell it must have been. I found myself not really in touch with much feeling about what I knew, except the cold facts. So, just as John keeps it all logical, compartmentalized, and neutral, I found myself stuck in that same box too. I believe this was a projective identification transference/countertransference dynamic.

But, as we talked, the facts suddenly came alive with emotion. John's mother had been depressed, on multiple medications, and frequently in bed. She was always crying and ended up killing yourself when John was five. And, his father died of cancer three years later. John and I talked about his experiences with his father, in a much more emotional manner. We talked about how his father did the best he could trying to raise two kids after his wife killed herself. He was obviously a broken man at that point, doing best he could. Only three years later, he developed cancer. He was hospitalized and died in six months.

It was at that point that John was taken in by a couple who were close friends of his parents.

Several weeks after this intense discussion, John received a box in the mail from his foster mother. It was a box that she had kept in the basement for years and because they were selling the house she elected to mail this box to John. The box had many things that belong to John's biological mother. This box had been kept by John's father after her suicide and he then give it to the foster parents before he died of cancer. John spent several weeks talking in a very organized, logical manner about the contents of the box. He sorted through it with his older brother and later told me about the various items that were "useless, meant nothing, and had to be thrown out because he had no room for them" in his small apartment. John made sure to impress upon me how this was sort of a task or choir that he felt he had to do each day after a long days work.

After John talked about it this way for sometime, I interpreted that it was far easier for him to talk about these burdensome items that he had to go through and dispose of than to be in touch with the sorrow and the overwhelming grief of going through his dead mother's items and the memories and feelings it was bound to trigger. John told me that indeed he had previously only gone through the items that were worthless and meant nothing and did not yet touch the other "important" items which included a journal and other very personal items of his mother's. John said, " I know what you mean, it is just that these are too full of meaning and memory to go through now". He "had to wait and deal with it at a later time". This led to us discussing the difference between "old junk" and these other items that were connected to his terrible loss. Even thinking about dealing with them left John in a state of confusion and dread, feeling he was "facing an unknown empty space that would never be resolved".

Discussion

Even though the patient's core default stance of how they view or know the self and other, their method of constructing moment-to-moment relational reality, can be a repetitiously destructive pattern, it comes with a certain security, control, or gratification. This includes a feeling of false mastery, familiarity, justified revenge, avoidance of guilt, and masochistic safety. It is a known routine, even if painful and ultimately unfulfilling.

Overall, there is an inner reliance on the knowledge, or illusion of knowledge, of the infantile, repeatable, predictable unconscious self and object relational pattern. The patient knows each step of the dysfunctional process and feels in charge. Thus, they can prevent loss or disconnection with the idealized

aspects of the object or the self and avoid the demonized aspects of self or object that have been split off. The patient knows, unconsciously, the role they play in the very rigid and mummified self-to-object pattern of love and hate. To give up that role is a threatening step into an unknown void.

To change means one gives up the protection of current knowledge of self, other, and the know routine of daily living to face an unknown reality, a loss of known definitions of self and other. The patient has to grieve what they have known and relied on, however destructive, for something new, different, and unknown. Patients want to stay within their known sphere of experience but without the pain, fear, and guilt they are struggling with. Thus, in psychoanalytic treatment we always encounter a level of resistance to change as it means loss and lack of knowledge, leading to unknown states of love, hate, and attachment. This grief, lack of knowledge, powerlessness, and helplessness is not welcomed by the patient. It is difficult for anyone to trust that out of loss and not knowing, one could find a better, safer, and more fulfilling experience of self and other.

PART III

Paranoid Schizoid Inertia and Countertransference Conflict

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CHAPTER 8

Psychotic Process, Counter-Transference, and the Psychic Shelter

When working with psychotic patients, we encounter an immature and primitive state of mind that Melanie Klein (1946) termed the paranoid-schizoid position. Internal objects as well as the identified self are experienced in one dimensional, black and white extremes as the result of splitting and other more rudimentary mental functioning (Segal 1981). This state of mind is dominated by projective identification which leaves the subject feeling persecuted and abandoned by bad objects or united with and loved by idealized objects (Spillius 1992). The paranoid-schizoid mode is usually found in more borderline, narcissistic, or psychotic patients even though we all exist within this mode to some degree or can easily regress to it under trying circumstances. Klein believed the healthy transition from the paranoid-schizoid experience to more whole object depressive functioning (1935; 1940) had much to do with the constitutional balance of the life and death instincts and the external conditions of optimal mothering. The primary anxiety in this position has to do with survival of the self rather than concern for the object.

Projective identification was formulated by Klein (1946) and has been extended by many modern Kleinians to be a cornerstone of clinical understanding (Joseph 1987; Schafer 1994, 1997; Segal 1977b; Waska 2004). It is an unconscious phantasy in which aspects of the self or of an internal object are attributed to another internal or external object. These phantasies can be positive or negative in nature and may or may not have interpersonal aspects to them that engage others in relating that confirms the core phantasy elements. This notion of an interactional component is also a more contemporary Kleinian notion (Feldman 1992, 1994; Grotstein 2009; Mason 2011; Waska 2010d, 2011a) that brings a helpful focus to the transference and counter-transference. Besides attributing aspects of the self to another, projective identification can also involve acquisition, in which the ego strives to find and own aspects of the other (Feldman 2009).

With Klein's discovery of projective identification, the transference is seen by Kleinians as an unconscious method of communicating, loving, hating, teaching, and learning, all either with, against, and for the analyst (Waska 2010c, 2012). And, modern Kleinian theory now highlights the interpersonal pressures put upon the analyst during the more intense moments of transference

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(Sandler 1976; Steiner 1989). The analyst will constantly be affected in the counter-transference, therefore enactments of various degrees are unavoidable (Feldman 1997; Steiner 2006). However, the counter-transference is now seen as a valuable and crucial tool with which to better understand the exact nature of the patient's conflict and from which to better construct accurate interpretations (Gold 1983; Waska 2010b, 2011b). Segal (1977a) wrote about the important clinical shift regarding counter-transference and the concept that the patient is not so much projecting onto the analyst as projecting into the analyst. In this way, we can better understand how we become part of the patient's unconscious phantasy world and are easily pulled to play out some aspect of it until we can better understand the internal motives and begin to interpret it (Hinshelwood 1999; Spillius 1983).

Klein's modification of Freud's view of the life and death instincts provides a window into understanding some of the more pathological turmoil we witness in our most lost patients. The modern Kleinian outlook considers the distinct anti-life and anti-growth or anti-change force that seems to have an upper hand in some patients. The death instinct seems to arise most violently in situations of envy, difference, separation, or challenge to enduring pathological organizations and pathological forms of psychic equilibrium (Joseph 1989). Hanna Segal (2005) has defined it as the individual's reactions to needs and a powerful stance against the pain of life. One can seek satisfaction for their needs and accept and deal with the frustrations and problems that come with those efforts. This is life affirming action or the actions of the life instinct. This is life promoting and object seeking. Eventually, this shifts from concerns about the survival of the self to concerns about the well-being of the other. The other reaction to needs is the drive to annihilate the self that has needs and to annihilate others and things that represent those needs. This is the unfortunate core conflict in many of our mmore disturbed patients. Kleinians believe early external experiences of deprivation and trauma play as big of a role as internal, constitutional factors in the ultimate balance between the life and death forces.

When projective identification is overly relied upon in excessive and destructive patterns, the death instinct becomes more active. But, the opposite is also true. This vicious internal cycle pushes the patient to feel persecuted by unbearable states of uncontained inner chaos. Feelings and thoughts are no longer friendly or familiar, instead the inner world becomes a place of dark betrayal and confusion. When this psychological situation occurs in more milder states, the patient finds themselves struggling between the conflicts of the paranoid-schizoid position and the depressive position. These borderline and narcissistic individuals create a pathological organization (Rosenfeld

1987; Spillius 2011; Steiner 1987) or psychic retreat (Steiner 1993, 2011) to better cope. These are rigid and intense systems of defense that are used to avoid unbearable persecutory and depressive anxieties and result in a distancing from others and from internal and external reality. Some of these difficult to reach patients are involved in highly destructive narcissistic actions with certain parts of the self against other parts of the self, resulting in a variety of sadomasochistic, perverse, or addictive character profiles.

Other such patients exhibit a desperate attempt to create a fragile and precarious retreat from both paranoid and depressive fears but in the process they eliminate any hopeful object relational balance that comes from the normal experiences of both positions. Pathological organizations and psychic retreats are destructive states of fixed psychic equilibrium, providing a temporary sense of control and respite but ultimately removing the patient from the healing aspects of reality and the working through of both paranoid and depressive issues. The patient seeks a protective shell or haven from overwhelming phantasies of loss, annihilation, persecution, and guilt. In treatment, these patients are psychologically stuck and out of reach. The patient feels safely out of touch with reality and their threatening or threatened objects but also out of touch with the understanding and help of the analyst.

When the patient is even more fragmented, even more reliant on primitive cycles of projective identification and even more griped by the death drive, they are not really in touch with the depressive position at all and lost within particularly grave and overwhelming psychological experiences shaped by the paranoid-schizoid mode. These patients still attempt to find respite from persecutory psychological storms but in a much more primitive manner. These are the actions of the paranoid-schizoid patient who desperately creates a *psychic shelter* (Waska 2010a, 2013, 2015).

The Psychic Shelter

In working with the psychotic individual, we find areas of feeling, thought, and desire that are either constricted or restricted by primitive compromise efforts to reduce intense anxiety and unbearable object relational conflict. Or, we find areas of love, hate, and knowledge in these psychotic patients to be uncontained and acted out in a destructive, unbounded manner. But, we also encounter other disturbed patients who seem to have both of these broken, disabled internal methods of coping that they desperately defend.

This Chapter examines the patient's primitive effort to establish a restricted internal quarantine for uncontained, overwhelming, and uncontrolled states

of mind. This is a last ditch effort at preventing complete psychological collapse and provides the patient with a very rigidly managed, controlled, and artificial level of function that still is based around the psychotic phantasy world of unending and terrifying conflict between self and other. But, it allows for some degree of control or hope of stability, even if limited and painful.

This psychic shelter is similar to the pathological organization or psychic retreat in that it is a defined set of pathological defenses the patient relies upon in most situations regardless of external reality. The psychic retreat is often found in severe neurotic or borderline patients (Steiner 1979). However, some borderline, narcissistic, or psychotic patients rely on a much more primitive and rudimentary set of unconscious defenses, usually anchored in destructive projective identification mechanisms. This deeper degree of rigid internal chaos defines the psychic shelter. It is an extremely static psychological subsystem, a desperate attempt to cope with unbearable and uncontained beta elements (Bion 1962a, 1962b).

Clinically, these closed states of mind can be improved, revised, and changed but in many cases the patient is unwilling to give up the security of this emotional foxhole (Waska 2005) and its predictable vision of self and other. With a constant resistance to change and the danger it represents (Waska 2006), often we can only barely help them to feel a bit less anxious within this constricted mental matrix.

Since the patient seeking refuge in the psychic shelter relies so heavily upon projective identification to keep the walls of their psychotic fortress in place, the transference and counter-transference tend to be more intense. We are often exposed to intense uncontained inner chaos that the psychotic patient manages with very constricted patterns of regimented yet familiar control that pull us either toward, away, or against the patient's core anxiety and phantasy conflict state. External reality, new knowledge of self or object, or our unspoken invitation to change can all be experienced by the psychotic patient as a hazard to the maintenance, presence, and availability of the psychic shelter.

The more severely fragmented patient who relies primarily upon the defensive and artificial containment of a psychic shelter often will make strong efforts to keep a unbending distance from the analyst. Sometimes, this same type of hard to reach patient will trust the analyst rather quickly, allowing limited access to their psychic shelter. We are invited into their rigid pseudo container and allowed to be a part of the patient's concrete world of fragile equilibrium. However, the counter-transference experience of entering the patient's psychic shelter can be of a dual nature.

On one hand, we can become mulled into partaking in a mutual denial of the outside world and essentially join the patient in feeling content within

their emotional foxhole. This, in turn, only confirms their anxiety about the outside world being one of danger and dread. The analyst becomes a false supportive containment much in parallel to the artificial rigid containment of the psychic shelter.

The other enactment that is common is the analyst trying to convince the patient to give up their narrow existence of barricaded solitude and join the 'real' world. But, to the patient, this is an alarming or dangerous invitation because of their internal conviction, their phantasy conflict, of a uncontained world of chaos and unending self/object suffering. If not noticed, the analyst can create an ongoing debate about this, leading to a sense of persecution in the patient. The patient ends up feeling we are angry or disappointed with them and no longer understand their terror of the world. We, in the enactment, falsely assume they have all the needed elements of self-containment to adequately function outside of their psychic shelter. Through resistance, retreat, or violent protest, the patient will try to remind us of their dilemma. They have no container function, only a marginal envelope of underlying toxic persecutory chaos and fragmenting experiences of loss and betrayal.

So, in the counter-transference, we can easily feel compelled to pull the patient out of their emotional foxhole. Or, we may give up on them, seeing them as unable to change. Then, we leave them to languish in their psychotic lockdown.

These counter-transference reactions create enactments in the direction of cruelly demanding change or becoming overly supportive and directive in helping the patient better fortify their existing pseudo stability. We have to accept our limits and the limits of our patients, but this particular type of clinical situation pulls us into a perverse exaggeration of that useful principal.

Case Material

Janice, a schizophrenic woman stabilized on medications, has been seeing me each week for over a year now. She utilizes projective identification in a profound and unique manner, a part of her reliance on a psychic shelter to cope with uncontainable emotional conflict. This internal structure of primitive defenses and phantasies is extremely rigid and restrictive but allows Janice to function externally in the basics of day-to-day living. However, her psychic shelter is more of a primitive quarantine area, a last ditch effort to escape from toxic object relational states of uncontainable, unbearable loss, anxiety, and persecutory guilt. It is not a soothing container for resolution and reparation but a emotional foxhole to find temporary respite from unraveling phantasies

of paranoid-schizoid conflict regarding poisoned love, unresolvable hate, and prevention of knowledge. As a result, she is internally numb and static and this non-symbolic state makes her seem stripped of any interpersonal warmth, spirt, or life. This emotional Novocain is transmitted in the transference and through projective identification, profoundly effecting the countertransference.

Janice had been seeing another therapist for about eight or nine years. She told me she enjoyed meeting with this therapist and that he helped her in many ways. But, a few months before I met Janice, she felt he betrayed her. Apparently, he often acted as a friend, helping her fill out forms for government housing and food. He had given her advise on nutrition and exercise as well as suggestions on ways to become more involved in her community. Janice always kept a close eye on the billing statements from these sessions even though she never had to pay anything due to her permanent psychiatric disability. Apparently, the therapist had forgot to bill for several sessions one month so the next month he sent in bills that included both the dates for which they did meet and dates for which they never actually met, so as to make up for the forgotten ones.

Janice saw this on the billing statement and became worried that she would somehow have to pay for those or that these extra dates would cause her to lose her disability status. The therapist assured her this would never become a problem but Janice became more and more paranoid and told him she was quitting since he did something that endangered her. After a short period of time, Janice requested a new therapist from the disability office and was given my name.

In the first meeting with Janice, she interacted in a very procedural and robotic style. She seemed quite static in how she related and this has only changed a small bit. Instead of sitting in one of the chairs in my waiting room, Janice stands awkwardly in the middle of the room, anxiously waiting for me to come out for her. She is dressed in jeans and an extra large sweatshirt, with the hood pulled down tightly over her head so I can only see a thin pale face. Janice wears exactly the same jeans, shirt, and sweatshirt every time I see her, adding to the numbing sameness I feel in the countertransference.

Janice is on a medium to high dose of anti-psychotic medication and she has the look of a psychotic person on medication, present but distant or slightly off. In fact, the more I met with her, I felt she was extra present due to her constant low level paranoid alert about object proximity but also extra distant and very blunted at the same time. She stares at me intently but also seems unable to allow herself to mentally wonder or free associate without becoming scattered and anxious. I think this is the lack of an internal container function

and the outward symptoms of her reliance on a psychic shelter for primitive containment of severe unresolved emotional conflicts.

Janice's blunted personality and her repetitious stories of day-to-day life leave me sleepy and dazed, making me think she has to find a way of artificially placing herself in a fortified, lifeless, and endless, psychological loop that prevents her from feeling overwhelmed or fragmented. This creates a numbing, predictable walk around the psychic block. Janice is never really able to venture further out into the world, literally and figuratively. She stays in her internal cage, the psychic shelter, that barely protects her but restrictively and tightly binds her.

Over time, Janice informed me of her elementary map of coping in the world in a mechanical way, like she was filling out the forms for her first visit to a new doctor, except she did this in every session. She told me how she goes to get the paper, buys a cup of coffee, and takes the same walk around the block everyday. She repeats very basic and safe patterns of behavior everyday, including the simple, safe, and predictable way she is with me every session.

Every time I meet with her, Janice informs me about the facts of her day-to-day life, very simple and fixed, as someone keeping within a strict quarantine, a psychic shelter, that artificially pastes together uncontainable mental states. She does this in a emotionless, stunted manner that is like a machine providing an update on meaningless data. So, Janice will inform me about what she had for breakfast, where she picked up that day's newspaper, what bus she took, and the predictable dates she needs to pickup her medications, fill out government forms, meet with her psychiatrist, and so forth. Also, Janice provides mundane updates on the predictable drama among her alcoholic homeless friends in a droning, empty manner. I don't necessarily feel this is to please me or to feed me, but just a function of how she relates from the psychic shelter.

If I try and make an interpretation about the meaning of her 'data', why she needs to offer it to me, or the lack of feeling in it, Janice responds in a dull, concrete manner to my symbolic comment. Here, I think Segal's idea of the collapse of symbolism in psychotic functioning is relevant. But, I also think Janice is operating within a psychic shelter in which there is no conductivity to the containing object to create a symbolic process in the first place. The psychic shelter is a rigid mental shield that prevents persecutory objects from entering but also stops anything or anyone else from entering, therefore it is a stunting, anti-growth, or death instinct defense. It is a last resort encapsulation for uncontainable psychological elements, making them tolerable or temporarily bearable but not understandable or open to transformation. This is a dead end projective identification mechanism. An artificial containment process cannot be porous or blend with a more open and receptive container. However, this

no-growth zone can allow others to come close as long as they remain under the control of the numbing defenses of the psychic shelter. Thus, Janice lets me in enough for me to feel completely frozen and without life.

With my analytic interest and questions, Janice gradually told me about her traumatic upbringing. She was raised in a isolated mountain town with her two brothers and two sisters. Her father was an alcoholic with a violent temper. He would send Janice out to pick up his liquor. Janice told me she never wanted to but "knew better than to ever disagree with him". She and her siblings were beat by their drunken angry father on many occasions and they had to watch their mother get beaten whenever she tried to speak up or disagree with him. In fact, Janice told me her mother was so scared of him that she rarely spoke up about anything and was very quiet, passive, and agreeable to avoid trouble.

Things never improved so when Janice was fifteen, her mother moved to the big city hours away and found a job. For several years, she send money to Janice and the older brother so they could manage things when her father wasn't able or willing to care for the kids properly. Finally, when Janice was seventeen, her mother moved her and her siblings to the city, leaving the father behind. Janice told me that she feels sorry for him because "he gradually went downhill. He missed the family, drank too much, and lost jobs. He finally died a broken man, but he got what he deserved".

All of Janice's siblings grew up, moved out of mother's home, and found partners to raise their own families with. They all found careers, families, and stability. But, Janice continued to live with her mother until she was thirty years old. During that time, she took a few college classes and became a veterinary assistant. But, she got into some sort of fight with the owner's wife and was fired because the wife thought Janice was sleeping with her husband. I noticed this as a parallel to what Janice had said about her father's affairs and her parents fights. Apparently, the tipping point for Janice's mother leaving the family for the city was when she found out her husband had been seeing another woman for years and had set up another house where they stayed together whenever he left Janice's family in an alcoholic storm.

I may learn more over time, but right now I don't really have a sense of what Janis did with herself over the years of living with mother. I suspect it was a rather basic, constricted, and scripted life much like the one she now has. But, when she was in her early thirties, she met a man from the same town she grew up in and started dating him. Janice felt "totally in love" and tells me "he was the man of my dreams. There was and will be no other man for me in this life. He was my soulmate."

Unfortunately, this relationship was a repeat of her parent's marriage. This man had a big ego, a bad temper, and a drinking problem. He was emotionally

abusive and made Janice feel weak, small, and powerless. But, when this wasn't happening, she felt she was having the happiest times of her life. They lived together briefly before Janice found out that he had been seeing another woman for some time. She moved out to her own apartment. But, without a job, she quickly was unable to pay the bills. I haven't yet heard any details about her emotional state at this time, but I suspect Janice may have had a psychotic break or more likely just drifted much more into the emotional abyss she had already been existing in. Again, I am speculating, but my sense is that Janice was functioning in a very reserved, rigid, and simple manner while living with her mother, already existing in a psychic shelter. But, the breakup caused the psychic shelter to collapse and Janice became awash with uncontainable psychotic anguish. Only later with strong medications and support from the psychiatric clinic was she able to rebuilt her psychological bunker.

Janice went to her mother for money. When her mother said no, she asked to move back in with her. Perhaps because of Janice's agitated psychotic state, her mother said no again. Janice became hysterical and threatening. She told her mother she "would beat her up if she didn't help". Her mother called the police and they asked Janice to leave the property. After being removed from her mother's home, Janice's life quickly spiraled out of control. She lost her apartment and became homeless.

After nine months of living on the streets during which time she was constantly agitated, paranoid about "everyone being nasty and coming down on me", and quickly getting into fights with almost anyone she ran into, Janice was taken by police to a mental health clinic. There, she was assessed and put into a outpatient day treatment program for homeless mentally ill patients.

Janice was agreeable to this. My impression was that even in her paranoid and psychotic state, the offer of shelter, food, and care was welcomed. It was a rescuing maternal object she could start to depend on in a concrete manner. At this clinic, Janice was diagnosed as paranoid schizophrenic with severe cognitive impairment and aggressive tendencies. But, with a regular relationship to a psychiatrist and daily doses of anti-psychotic medications, Janice gradually stabilized. With the help of the clinic social worker, she found city funded housing and was put on permanent disability status, which meant she would receive money every month for rent and food. Janice has been living within these parameters for over ten years now.

Janice has never talked about why she wanted to see me, what if any goals she has, or what she feels about being in treatment. If I had to guess, she sees me as one of many elements she uses to build and maintain a psychic shelter, a way to stay away from the world of uncontained, unbearable, and unwanted psychological experience. I feel like Janice has just plugged into me and I am

the new replacement for the last therapist who had suddenly failed to provide a durable component of her psychic shelter. The emotional foxhole Janice lives within might flood or cave in without that aspect of the shelter so she has found a replacement. I am the new wall, roof, or fence. I am here to serve her psychological compromise, her object relational bargain. If Janice doesn't question too much or move outside the limited rigid parameters of the psychic shelter, she feels secure and safe.

As the 'routine' of seeing Janice set in, I found myself planning ahead to make sure to have a cup of coffee before I saw her. If I didn't, I felt anesthetized, always very tired and sleepy. I felt glazed over by her unending reports of stories about everyone else except her. She neutralized herself within the safety of the psychic shelter and then projected a stripped down, hollow object into her tales about various people she met on the streets or the latest events about her family members. But, she was always missing in action, no where to be felt or found in these relentless tales. Without coffee, I felt lost and about to give up. I was ready to give in to the shelter, to be absorbed and entombed. I imagined I was forced to be her echo chamber for all eternity and in the process, we both had no identity, no meaning, no real connection except our mutual bondage within the psychic shelter.

Change or growth feel threatening to Janice. The danger of change (Waska 2006) keeps Janice in a one dimensional world. This fenced off, narrow inner existence was mirrored externally. Over time, Janice has familiarized me with what she calls "my routine". When I gently wondered if she ever wanted to expand herself beyond the routine, she was quick to tell me, "I like my routine, I feel secure in my routine. I don't want change". This was said in a friendly way but I got the sense that it was a very polite but firm reminder to me to not disturb her psychic equilibrium (Joseph 1989). Again, she was pushing back on my desire to rise above the deadness of the psychic shelter and urge her to rejoin humanity and contribute to the world. She pushed back and reminded me of her unmovable shell, the captive container.

Janice gets up every morning and goes to church. She attends church every single day and my impression is that it also serves the same emotional function as the rest of her "routine", including her analytic treatment. Overall, it seems Janice is not social and keeps to herself in most situations. So, Janice doesn't talk to any of the people she sees everyday at church. But, she believes in a God that is good. Her church in the slums of a major city. From what she says, most of the other people she meets at church are also functioning on the margins of society in one way or another. Part of this is the fact that Janice lives in a very poor and crime ridden area but part of it is that she probably is drawn to others whom she can identify with or easily project her broken object world onto.

For lunch, Janice might go to a charity organization that gives out free food or she might treat herself to a fast-food hamburger. She tries to not spend too much time inside her apartment as she feels “confined and bored”. She tells me, “why be inside when you can walk around this beautiful city and see so much!” Also, Janice makes a point of not watching TV because she feels it will lead to a sedentary lifestyle. This is part of a threatening future she says she avoids because she “is independent” and wants to stay fit and take care of herself. “Some people get older and are dependent on someone to take care of them. They lose their independence and have to have others care for them. I don’t want that, so I stay active”. I hear this as a fear of regressing to a needy, dependent child and also becoming like her mother, who is frail, watches TV all the time, and may need someone to care for her soon. My sense is that while Janice feels unable to care for herself in many ways emotionally and internally, she tries to compensate by making sure she is independent physically and externally. Also, it may be part of her intense need/fear conflict that makes the psychic shelter so necessary.

Janice cannot trust that a good object could care for her dependent side without a sudden betrayal or trauma. Her external lifestyle is a reaction or mirror to an internal worldview full of harsh villains and occasional heroes. She describes her mother as “one of the heroes”. Janice must constantly maintain a psychic shelter to feel independent, a containment of internal chaos, instead of risking any dependence on an object that could sometimes contain her. So, her sense of being independent is really a pseudo-independence created to avoid dependence.

As mentioned, one side of my countertransference, induced by Janice’s intense projective identification process, was a deadening, fruitless, and static state in which I was always on the verge of giving up on her and on our ability to ever understand, grow, or relate outside of the dark shelter she hid within. This was the zone in which I clung to my cup of coffee and wondered if there was any point to all of it. This was the death instinct operating within the transference and countertransference.

My experience with Janice with dramatically split between this dead zone and a desperate and at times pushy effort to bring life into our relationship. Here, I found myself continuing to infuse life and meaning into Janice, regardlesss of her interest or need.

In the counter-transference, I find myself bringing up concrete ways Janice could become more active and independent such as volunteering, finding a part-time job, traveling, dating, and so forth. This would be a reality-based independence that would demand interacting and sometimes depending on others. But, these ways of becoming more fully engaged with oneself and

others involve stepping out of the emotional foxhole, making her way out of the psychic shelter. I noticed myself becoming like her description of her last therapist, who was always making suggestions about how Janice could improve her life.

My countertransference vision for Janice is much more advanced, interactional, and mature than her desire to simply walk around town everyday to avoid becoming an invalid. When I bring up these more far reaching possibilities, Janice immediately tells me "No. I don't want to do any of that. I am very comfortable with my routine. I think that would be too much". She goes on to cite concrete reasons such as maybe losing her subsidized housing or losing her disability income. But, my impression is that she enjoys the comfort of the limited, rigid psychic shelter she has erected and is fearful of the uncontained, unknown state she could find herself in if she tried to grow or change.

So, with a massive projection of her grief, loss, and forbidden desire, Janic was left with a numbed and restrictive internal shelter made up of non-symbolic 'routine'. In the countertransference, I was left feeling the overwhelming experience of having only three ways to be. I could always keep hoping and trying for something new and different. But, I think this was really a defense against anxiety and the looming loss and grief that was without any container. Next, not a choice but my second designated destination, was depression, loss, and grief. If the first state broke down from hope to anxiety and then beyond, I was left lost in an abyss of hopelessness. Finally, there was the numb and catatonic climate of the psychic shelter, which I needed coffee and manic strivings of hope twisted into suggestions and advise. I managed to keep myself afloat as Janice's analyst most of the time, but these three flavors of psychological confinement were always difficult.

I brought up to Janice that in some ways she has a lifestyle of someone older who has retired, yet she is still young and full of potential. Here, again, I was starting to push her to leave the psychic shelter and 'join the real world'. Janice was quick to say, "Yes! I am retired. I had a long and tiring life and I am glad to put that behind me now. I get to relax. I like being retired." Some people might say this because they liked stealing from the governmental welfare system so they could do nothing for free. This was not the case with Janice. She was genuinely feeling like she had already put in her time making her way through a tiring and difficult life and welcomed the chance to finally retire into a safer more predictable refuge.

This same sort of message emerged when I asked Janice about her experience with the anti-psychotic medications. I asked if she thought she would always take them or someday be able to stop. Janice told me in a very simplistic, almost childlike manner, "I need the medication for my brain disorder. I have

to take it, two pills per day, each 20milligrams. I go to the pharmacy on 14th street once a month to get my refill. Dr. Brown sees me every three months and signs off on my disability forms." This was all said in a singsong manner, like a robot without a brain.

Here, I felt like Janice sounded institutionalized. She had become the rules and limits of her external treatment program and the inflexible confines of her psychic shelter. She had given up on having her own method of traversing life. On one hand, Janice seemed to do fairly well, at times even enjoying the limited structure and simplistic choices defined by her psychic shelter. But, to contemplate something beyond it or something different seemed to threaten her internal foundation. Of course, it made sense that Janice didn't want to stop her medications if it meant becoming psychotic again and ending up homeless again. But, this loyalty to her predictable "routine" was something deeper. As far as her having to take the medications all the time, Janice revealed a moment of genuine distress when she said, "the medications are a hardship. I can never not think about them. I have to remember to take them every morning and I am aware of having them in my life all the time. I feel like they are a burden and I have to never forget them. It can be hard sometimes. I feel I have less freedom." This was a moment of analyst contact (Waska 2007).

Here, I think I witnessed a rare moment of Janice looking out from the confines of her psychic shelter and realizing there could be more for her out there but also feeling unable and unwilling to take the risks of unsheltered, uncontained aloneness with no internal map or sense of a protective and guiding internal object.

After her lunch, Janice will often walk around the city to enjoy the sights. She might treat herself to a coffee or a pastry along the way. She often has some appointment to go to, with me, the pharmacy, her psychiatrist, her disability worker, her housing coordinator, food stamps, and so forth. For dinner, she will often eat at a free food charity location.

Before or after lunch, Janice will also spend time visiting a select number of 'friends' she has met over the years. From her descriptions, these are almost all men who are homeless alcoholics. They ask her for money and favors. Sometimes, she gives them some money but usually she is there to listen, give advise, and urge them to live a better life. It strikes me that I sometimes become this for her. While it is admirable how Janice treats others and especially how she is always trying to help these down and out individuals, it is also a repeat of her relationship with her father and her boyfriend. Only now, she seems to be directly try to transform her internal father object from a drunken, self-destructive person into something better by trying to help these challenged street people. So, Janice will usually have an update for me about her main

'friend' Joe, who has been a homeless drinker for over twenty years. She tells me of his latest sad troubles and how she continues to urge him to drink less and take care of himself.

Janice will often also tell me about her family and their various activities. All her siblings have families and careers. I have asked Janice if she wishes she could have that too. Again, my question seems informed by my countertransference desire to have her strive for more. I slip into this projective identification based, countertransference position of wanting her to be out in the world, out of the emotional foxhole. Janice has to remind me of how secure and ok she is, as is. So, in this transference and countertransference role-play state, she is the hopeless alcoholic friend or father and I am the supportive Janice, urging her to change and lead a better life.

Answering my question about whether she wants to have a family, Janice said she has always dreamed of having a family and of being a mother. She said, "that is my dream, but it is too late for me. I know it will never happen now. But, it is the one thing in life I always wanted, more than anything else. Sometimes, I go to the park to sit and watch the children play at the playground. It makes me feel good to watch them".

Once again acting out my counter-transference desire for Janice to break out of the confinement of her psychic shelter, I asked if she had ever thought of doing something like volunteering at a childcare center as a way to be closer to children even if she doesn't have her own family. Janice said, "No, that would be too painful." Here, she set me straight about the degree of inner pain and grief she tries so hard to avoid.

In a rare moment of considering a deviation from her "routine", Janice said, "but I have thought of volunteering at the food bank and helping them give out free bags of food. I would only have to put items in the bags to get them ready for distribution. The food bank has helped me before". My impression was that she would not be taking action to do this anytime soon and that her vision of it was helping in a way in which she did not have to have any interaction with anyone, just filling bags with food items. But, to even allow the thought of doing something a step outside of her emotional foxhole seemed a major change. And, I did not think it was just an attempt to please me and my desire for her to grow and change.

Janice usually heard my interpretations in a very concrete manner and she replied in a very simple or basic way. Segal (1977c) has described the lack of symbolic function in psychosis and how the aliveness of creativity and symbolic thought is defeated within the psychotic process. As the analyst working with Janice struggle to remain safely imbedded in the psychic shelter, I feel I must both respect and understand why and how she needs this rigid artificial

container and not act out my own desire to prematurely push her or pull her out of it into an experience of uncontained chaos.

At the same time, I feel the desire to also just give up on Janice and let her remain emotionally institutionalized, blindly encouraging her efforts to only be a medicated person barely existing on the edges of society. I need to hold the hope and be patient while we explore her life within the psychic shelter and her reliance on this artificial container. My urge to have her grow out of this constricted place assumes she has her own functioning internal container, which is currently incorrect and subjects her to feelings of overwhelming danger. On the other spectrum, her last therapist sounds like he simply gave up thinking of Janice as capable of more and instead became part of her psychic shelter. Again, I also feel pulled to do this and just smile and listen to her circular stories of life in the "routine", joining Janice in the helpless and static restrictions of the psychic shelter.

I have to find a way to be something in-between so that I can then offer Janice, for consideration, a new choice that she can one day trust enough to perhaps try. This trust and new object relational choice came to be in a recent session, just for a moment but still a breakthrough of genuine analytic contact (Waska 2007).

Janice was telling me again about her old therapist and how he always tried to do things for her and help her with the tasks of living. Now familiar with my own countertransference impulses to drag Janice out of the psychic shelter with advise and help, I thought that this last therapist perhaps had become a victim to that same dynamic, but maybe permanently giving up his therapeutic value in the process. Janice went on to tell me how he made phone calls to open bank accounts for her, helped her obtain a credit card, and suggested specific gyms and clubs to join. I said she wasn't telling me verbally, but her way of telling the story told me she didn't want that help but felt she should just go along with it instead of telling him to stop. Janice said he "was a fragile and sensitive man who had his heart broken so I didn't want to bring those things up". I asked her what she meant. Janice told me he had told her about how his one big love in life didn't work out and he was still unable to get over it. I thought this therapist had probably justified this enactment by thinking Janice would feel better about her failed relationship with her abusive boyfriend if he told her a similar story. But, unfortunately, Janice was simply left with the impression that he was "a sensitive man" and therefore she never protested too much when he tried all these ways to get her to integrate into 'normal' life.

Then, as she often does, Janice switched to her usual way of reporting and started to give me the latest details on her homeless friends and her family members, I interpreted that she gives me news reports on everyone, her old

therapist, the street people and her family, but never herself. I said, “I never get a news report about you”. Janice said her life is the “same old boring routine”. I interpreted that her reporting on everyone but herself is perhaps a defense against the anxiety of being closer to all of us. Janice responded, “Yes, I don’’t trust people and don’t want to be hurt”. I said, “you can’t feel safe with all of us and trust feels dangerous”. Janice said, “I trust in the lord, he is my savior.” I said, “you trust in the church and you trust your mother. But, the rest of us are too much to trust, we could be hurtful.” She said, “I also trust you.”

It was if a robot suddenly came to life. Janice sat quickly, just staring at me. But, this was in a new way, like never before. If her eyes are the window to her soul, the windows were open for the first time. I felt vulnerable and awake like never before. We maintained that moment and then Janice said, “I like therapy and I can trust you, I talk about things here and feel better after.” She was completely vulnerable and we were in touch, without the psychic shelter. I was almost overwhelmed but we both managed to stay in connection.

However, after a few more minutes, Janice said, “I plan on going to the bakery tomorrow so I can have a donut with my coffee. I will take the #20 bus and get the paper by the bus stop.” She was unable to hold our sensitive, symbolic moment for any longer and had to retreat back into the psychic shelter of concrete news reports. However, the extra special moment of a sweet donut that was added to the regular coffee routine was a lingering mist of our special contact which was beyond the limitations of the rigid psychic shelter. We both found a new way, a chance or taste of something that is possible. I will continue to work and wait for another chance meeting of our minds.

CHAPTER 9

Projective Identification in Restricted and Uncontained States of Mind

Throughout her career, Melanie Klein wrote about the universal unconscious struggle we all have regarding issues of love, hate, and knowledge. Often the conflicts of love and hate are shaped by feelings of knowing or not knowing the primary other and of feeling unknown or negatively known by the other. Wanting to learn more about one's self or others is impacted by feelings of love and hate towards the self and other. Just as learning and change are impacted by issues of love and hate, what we know or find out about the self and other can generate greater or lesser degrees of love or hate. Thus, projective cycles of healthy learning, loving, and growth can potentially emerge. Or, in some cases of psychological disorder, a confining cycle of persecution, loss, and censored thought solidify.

To risk a change in how one lives life and how one relates to self and other is often balanced upon how loyal one is to the current familiar ways of living and whatever internal emotional bargains are in place. To move past these known states of love and hate to unknown object relational connections that break apart the familiar projective identification attachments can be felt as abandonment, loss, betrayal, or guilt instead of welcomed as independence, difference, growth, change, or renewal. Therefore, in psychoanalytic treatment, the analyst often faces an immediate transference of resistance, fear, resentment, and mistrust. For analytic treatment to be successful, the analyst must be constantly working to understand this internal fortress or shelter and interpret this in terms of both defense and underlying anxiety.

Such patients tend to deny, restrict, avoid, or attack their own true self and their potential independent separate identity. This can be to protect the object or protect the self but either way it involves a sacrifice of full internal capacity and the richness of complete character functioning. This paper's detailed case material provides a closeup examination of how patients avoid knowledge of the complexity, unity, and separateness of both positive and negative aspects of self and other. This is to prevent imagined conflict, guilt, persecution, or abandonment. Therefore, learning more about the self in psychoanalytic treatment is threatening to the narrow, restricted view of life that compromises the defended self and the protected or avoided other. Internal emotional bargains that keep the dysfunctional psychic equilibrium in place are suddenly in

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question and the patient often retreats and redoubles their defensive efforts and projective identification mechanisms to maintain inner status quo.

Bion's (1962a, 1962b) concept of the container/contained helps us understand how certain states of conflict, desire, hatred, fear, or gratitude are projected into the object with the hope of containment and possible understanding or detoxification with an eventual return of the reformed, solved, or translated material to the owner. The maternal container must be open and receptive or the sender feels kept out and alone with unbearable internal anxiety. The basic function of the analyst's interpretive mode is a model of receiving, containing, modifying, translating, and returning that provides the patient with this fundamental infant/mother experience (Cartwright 2010).

There are many ways this container/contained cycle can fail, be perverted, or put to test during the patient's early family experiences. These successes, failures, and ruptures can be duplicated in the transference situation. Bell (2011) notes the way loss can corrupt the self-containment process that is so critical in healthy adult functioning (Steiner 1996). I believe that loss and trauma of both internal and external nature can rupture or destroy the normal containment process, leaving the individual to feel overwhelmed by unbearable mental chaos. Then, they feel desperately close to internal fragmentation, unbearable loss (Waska 2002), and crippling abandonment. Desperately, they try to patch together a rudimentary, primitive psychic shelter. This psychological foxhole or psychic shelter creates a non-flexible, nonporous structure that both artificially contains yet imprisons.

Segal (1977a) has outlined how we now have a three dimensional, more comprehensive understanding of the transference. We now know clinically how the patient does not only project onto the analyst, but into the analyst. This is a result of the projective identification process in which the patient is actually doing something to the analyst's mind, making him react or respond in particular ways. This can be destructive or unbalancing to the container function psychoanalytic treatment usually strives for. With the types of more disturbed patients highlighted in this paper, the containing and translating function the analyst offers can be perceived as oppositional or threatening to the maintenance of the 'psychic shelter'.

Case Material

Ben attended less than a dozen analytic sessions before fleeing. He could not bear emerging any further from his psychic shelter. He may come back but I doubt it. Ben's fixed rigid state of mind eliminated any real human contact

due to massive projective identification attacks on trust and dependency. Ben was without any internal loving container to rely on so he was always on high alert, monitoring a fragile containment of toxic object relational experiences. He had only moments of respite in his psychic shelter before he felt once again saturated by outside persecution coming from his projective identification overload.

Ben had not worked in fifteen years when I met him. He had been fired from his last job for poor performance. He lived alone in a small apartment in a crime-ridden area of town and barely survived on a pension from a government job he had held many years ago. Ben told me he had not had a significant relationship for all of that time and well before it.

When he came in for the first session, within ten seconds, he started to tell me nonstop stories of his ongoing persecution. This was a psychotic delusional state that he had managed and maintained for at least 20–30 years.

Ben told me that the CIA had planted cameras in his apartment to collect humiliating videos of him. He was convinced they took footage of him exercising in the nude, picking his nose, masturbating, and many other activities he felt embarrassed of. Ben told me how most of his private moments were being filmed and then uploaded by CIA agents to the internet. As a result, the world was literarily laughing at him. He had countless stories of this nature. Ben thought he was being recruited by pimps to be a famous porn star, he thought everyone he walked by on the street was yelling at him and warning him about the CIA, he thought he had sued his landlord for this harassment and was about to collect millions of dollars in a settlement that "would vindicate him", and he believed the CIA had a rock band playing in the park across the street in which CIA band members would scream abusive songs about him from 10pm to 3am every night.

Ben told me he was coming into treatment to satisfy a CIA requirement. They would drop their charges of child pornography and "other sorted accusations" if he attended therapy. At first, I felt alarmed and scared that perhaps this was somehow true. I tried to ask some questions about it to possibly verify what reality Ben was in, an internal one or one with actual external events. Ben said there had been some mix up years ago with what he had downloaded onto his computer and then the CIA had found certain files on his computer when they checked his apartment without a warrant.

Ben said it was similar to when he was watching gay pornography and then been secretly filmed watching it. The CIA had edited the tape to make it look like Ben was involved in a "secret homosexual ring". He went on to say that he had been assaulted by certain CIA agents and when he tried to "go public" with the information he was befriended by one agent who promised to prosecute

the bad agents. I thought he was possibly talking about the transference as well as the ongoing persecutory nature of his internal world and his desperate defense against it. So, I commented that he was hoping someone, the agent, myself, or someone else, would realize how much pain he was in and would begin to help him. Ben said yes but added that he doesn't know how that would happen since the CIA keeps such close tabs on him and anyone he comes in contact with. Here, I worried the container function of analyst would not withstand the intrusive attacks of his aggressive projective identifications. Also, my interpretation seemed to be received as a threat to his secure psychic shelter and he had to remind me that a safe and loving world outside of it seemed impossible.

I thought that Ben's sense of guilt and self-hatred were so great that he had to create this outside punishing parental authority who ordered him into therapy and who caught him at these terrible crimes. Most of the activities he was being ridiculed for by the CIA were things that Ben probably was ashamed of, such as nose picking, masturbating, and sitting on the toilet. He told me the CIA had uploaded a video of him picking his nose to the internet so now everyone on the street recognized him and yelled out, "Hey, there goes Ben the nose picker!" I asked Ben if he was uncomfortable with these actions, besides the CIA using them against him. He said he felt picked on and that these were private matters they are now attacking him for. So, he was unable to realign himself with internal truth and access his own self love and self hate. He could not allow any self knowledge, it had to be about an outside entity loving him, hating him, or wanting to know more about him. This made establishing analytic contact (Waska 2007) with him almost impossible.

Ben told me I could easily find the internet site that showed him masturbating one night about a year ago. He said he had a heart-attack during the masturbation and fell down on the floor while holding his penis and passed out. He said the video of that night had gone "viral". I noted to myself that many of these terrible notions of persecution and humiliation were also ways that he might feel important and powerful, being a "viral" porn star, having his actions watched by millions everyday, and being one of the CIA's most wanted, a person of interest. I wondered if this was to offset his terrible loneliness. I did not say this at that moment because I felt Ben needed me to better understand the complex details of his psychotic phantasy.

Ben's transference was that I served to receive the latest account of his permanent battle against outside forces. He simply began every session telling me story after story of his persecution from the CIA. From the moment I met him in the first analytic session, Ben simply started talking about the latest saga of this cursed life and didn't really want any response or feedback

from me. I seemed to provide a mechanical relief for him, a thing he could tell this secret to.

This interpersonal and intrapsychic aspect of the transference, in which he was projecting onto and into me in this dramatic fashion, helped to create the dual countertransference conflict I began to have. I started to feel like I wanted to really insist that these fears were false and unreal. But, I also felt so flooded with the endless paranoid tales that I wanted to just give up and become a bloody listening sponge, helpless and passive.

From what Ben told me, he had no friends and certainly no one he trusted with this information. I felt like he was opening up and sharing with me as if we were old friends and he didn't think anything of revealing the latest trauma in his mind. But, it also felt like he could have done the same thing to my wall. There was not a sense of honest connection or attachment while he told me these things. So, I felt like I filled the role of mechanical confidant, a safe object to pour all his anxiety into. But, I felt this was also a oneway street because any question, clarification, or interpretation I made was ignored or quickly passed over so he could get to the next detail of his ongoing encounters with the evil CIA agents.

In the counter-transference, I found myself feeling scared and unsure of how safe it was to be with Ben. During the first three sessions, I wondered if he might have a gun in the backpack he always brought along. I pictured ways of defending myself. I tried to comfort myself by telling myself these feelings were Ben projecting his fears and anxieties into me. This helped me understand how he might feel and how I needed to find a way to contain them and reduce them. I felt better during the fourth and fifth session as he seemed to calm down a bit. The way Ben recounted his dealings with the CIA seemed to shift to more of a confusing but interesting story with less of a on the edge atmosphere of drama.

However, I was troubled in the sixth session. Ben told me that our last session had been uploaded to the internet immediately after he left my office. He no longer trusted me or therapy "to be a safe and confidential spot". I told Ben I was unaware of this event and assured him that I had not uploaded it. I said that perhaps the CIA agents had, but I was not part of that and would have protested if they had contacted me about it. This seemed to relax him a bit. So, here in my analytic approach, I choose to completely immerse myself in his psychotic reality and relate accordingly. This best addressed the severe persecutory anxiety Ben felt, at the level he felt it.

But, in the next session, Ben began to imitate me. Every word I said, he immediately repeated. Every bodily gesture I made, he mimicked. He would only blink his eyes when I blinked. This went on for about five minutes, but the

experience felt like I was in a terrifying place of uncertainty that went on forever. Finally, Ben said he thought I was being "high and mighty" and ignoring the importance of the latest internet upload. I told Ben I was very worried about his lack of trust and him feeling like our safe spot was in question. In turn, he apologized for mimicking me and said he was "just so stressed out from all this stuff". So, I felt relived that we might be back to some fragile degree of analytic contact (Waska 2007) and able to at least consider the idea of something outside the psychic shelter that was less than evil.

However, Ben told me in the next session that he had found out I was working for the CIA. I choose to not push this projection back too fast so I told him I wasn't working for the CIA, but if I was, could there not be a few good agents among the bad ones? This seemed to reduce his anxiety a bit. He said, "Maybe. Could be".

In general, I slipped in and out of dual countertransference conflicts. I kept trying to keep my head above the psychotic waters by drilling him with reminders about reality and I also fell silent, giving in to his flood of psychotic stories, feeling pulled under and not even trying to make a comment. However, I was able to routinely regain my analytic balance and provide more of a more stable analytic presence.

During the next few sessions, I asked Ben more about his history and his upbringing. This unleashed some disturbing memories or pockets of internal trauma distorted by psychotic fragmentation. Whether real or not, Ben experienced many horrors within himself. He told me he was raised by a father who was usually at work and otherwise "pretty uninvolved". Ben said his mother had raped him at an early age and used him "for her own desires". He said no one knew or cared and that "no one ever talked about anything with each other anyway". He went on to say that when he was a young teenager, he was in the bathroom and he smelled something strange coming from the shower. He pulled the curtain back and saw a big glass jar sitting there with a fetus inside.

Ben said his mother had to go to the hospital that night but came back the next day and no one ever said anything. Noticing how he tended to only give me pieces of himself and not the whole story, especially when it was about him or his family instead of the detailed ongoing CIA plot, I asked if he thought the baby was his mother's. Ben said, "Yes, it was a miscarriage, I think that's what they call it". I said, "it must have been very shocking and strange but since no one talked about it, it was probably very scary as well". He nodded but then switched to talking about other family members for a moment and then onto the latest CIA problems. Ben had to return to the psychotic refuge of his psychic shelter to escape the terrible uncontained memories. I made this interpretation but Ben simply kept talking about the CIA and "its crimes",

possibly as a way to avoid the overwhelming "crimes" that he felt took place in his childhood.

The next session was all about the new secret films the CIA had taken of Ben in his bathroom and how people outside his apartment were in an angry mob ready to attack him. I said he might be feeling guilty about sharing his family secrets. Turning away from my comment, Ben said that he now realized that some or most of the CIA agents he had been in contact with were actually part of a "sadistic homosexual ring" and they wanted to implicate him in a number of terrible ways by inserting his image into gay pornography films on the internet. Here, I think Ben might have been very anxious about spending time with me and getting closer than he was used to with another human being.

The day after this session Ben called to tell me he was quitting because Ben found out I was also a CIA agent. He said the therapy was now pointless. I asked him to come in so we could talk about it and see if there was something we could work out. He refused and said goodbye. However, the next day he called back and asked if he could come in. I said sure. When he arrived he immediately started telling me about the latest CIA events in his life. I asked him why he choose to come back. Ben said he was told by the CIA that they would drop the child pornography charges if he went back to therapy. Otherwise, they would "reopen his case". Again, I felt pulled to interrogate him about this alleged crime but managed to hold back and just listen. Ben went on to say that he had been informed by various voices on the street that he had won 5 million dollars from the law suit he had against the property management company that managed his apartment. He said he had sued them for planting all the secret cameras and for all their general harassment. But, Ben hadn't received the money yet and said he wasn't comfortable living in his apartment anymore because he felt his landlord wanted him out. He had tried to go away for the weekend to Las Vegas "for emotional relief" but the hotel he stayed at turned out to have CIA cameras in the room. Ben was upset because he had prepaid for three days but moved out after one day and came back home.

For this session, Ben had arrived in my office with a backpack. I had felt worried that he might have some sort of weapon in it. I wondered if this would be the last day of my life and thought it would be a sad way to go. Then, I pictured ways of attacking him to defend myself. Finally, when I managed to calm myself, I realized I was probably safe but experiencing a projective identification saturated transference in which his fears of the world, his despair, and his desire to attack back and save himself were all being poured into me through his interactions with me.

Eventually, Ben told me he had put all his valuables from his apartment into the backpack and was thinking of staying in a hotel instead of going back to

his apartment. But, he said the hotels he had gone to see were all too expensive and "they might be wired up by the CIA as well".

The next day, Ben called and told me he would not be coming back. He thanked me and told me he appreciated my efforts. He said, "I could tell that you were really listening to me and I found some of it helpful. But, I don't think I can do it anymore. Since you are a CIA agent too, I don't see the point anymore. But, thank you." I was unable to prove my innocence so we parted ways.

This brief encounter with a very anxious and disturbed man was sad but also enlightening. It showed me how one man's mind operates under the most dire circumstances. I think that Ben lived within a very primitive psychic shelter in which he found a very rigid and restricted way to cope with uncontainable psychological confusions of self and other, in which internal conflicts were organized under one rudimentary theme, the CIA. Everything he thought about was that and all his activities were a reaction to it. This was the delicate yet emotionally calcified psychic equilibrium that prevented any significant psychic change (Hargreaves & Varchenker 2004).

Ben's Shelter

The restrictive and unbending nature of this psychic shelter allowed Ben to operate in society in a simplistic but functional manner. He was able to talk to me on the phone, and tell me about the insurance information I needed which he had paid for and kept consistent records on. Ben kept an apartment and paid his utility bills and he managed to cloth and feed himself. He was able to artificially provide pseudo containment for his more psychotic behavior so he had never been arrested or taken into the hospital for observation.

But, with me, he momentarily stepped out of some of the restrictive bounds of this psychic shelter and the uncontainable elements of his internal world emerged in a psychotic flurry. When I was able to engage Ben about something other than the CIA, extremely disturbing memories or phantasies came forth about his mother raping him, the fetus in a bottle, and bits and pieces about his jobs from which he was let go in the past. He told me he had not had sex in over thirty years and the last time was with a prostitute. Most of his CIA delusions seemed to be based in intense feelings of guilt or shame over masturbation, interest in child or gay pornography, bodily grooming habits, and a extreme lack of self confidence.

This was a man who had lived a lifetime of overwhelming inner chaos and uncontainable mental conflict. When I suggested that he see a psychiatrist for some medications, Ben told me that "someone had suggested I take a

anti-psychotic pill about thirty years ago. But, I just felt really depressed at the time and I didn't see the point. That was at a time before the CIA began their investigation but I do remember some sort of general coverup that was going on then. I never knew what it was, but I think there was something going on around then too."

For Ben, the CIA delusion offered a structure for him to build a restrictive and rigid psychic shelter that both imprisons him but also provides protection from the uncontainable feelings and conflicts he suffers from. So, he has built a primitive persecutory containment in order to organize and escape the uncontainable pain, chaos, loss, and fear he seems to be riddled with.

The Countertransference

Within the countertransference, I felt I was able to maintain my analytic balance most of the time, but I did veer into a particular pattern of enactment during the course of our work together. Due to the pervasive and aggressive projective identification based transference climate Ben created, I always felt on the verge of two extremes. These were the 'give in to the psychotic despair and delusion' or 'fight for reality and truth' urges that came to define my mind and my experience with Ben.

I think these two extremes were the result of Ben's massive projective evacuation of his internal conflict of either giving into the terrible persecutory loss and alienation that tore his mind apart, which would mean to be taken over by the CIA and his crazy mother's wanted/unwanted fetus in a jar. Or, Ben could fight to make the CIA and his family admit and withdraw their aborting, persecutory, and rejecting ways. Ben literally and figuratively wanted his day in court with his enemy (the CIA, the landlord, and most likely his family). He obsessed about having an omnipotent victory, making the CIA admit their mistakes and being awarded a million dollars from his landlord.

I often felt I wanted to confront, question, and debate Ben about the details of his various delusional stories. In doing so, I was trying to point him in the direction of reality. But, this was a interrogative (CIA like) form of questioning designed to convince him to 'get real'. So, I sometimes asked him if he actually had ever been arrested for child pornography or if he had a criminal record of any kind. I found myself in a bit of a debate sometimes over the reality of cameras being planted everywhere to film him for the internet. In all these ways, I was acting out my desire to pull him or force him out of his psychic shelter into the world he dreaded. Of course, this enactment never worked and only made Ben more anxious and me more frustrated.

Other times, I found myself so overwhelmed by the steady, relentless stream of stories about the CIA that I just went along for the ride. I tried to just listen for awhile, but then I felt more and more numb and dazed as Ben talked in a manic-like fashion about all the injustice and cruelty that the CIA was creating in his life. During the worst of these countertransference experiences, I felt like a bloated drunken vessel that he kept pouring more and more toxins into. I simply gave up and became a bystander to a pointless tale of misery on a endless loop. When I noticed myself like this, I sometimes tried to justify my glazed state by thinking I was providing some sort of 'holding environment'. Really, it was a place of hopelessness and uselessness.

Overall, I was able to return fairly quickly from both of these extreme states of mind and get back to my efforts to be Ben's analyst. In the short term, my ability to navigate these treacherous countertransference waves was important. Had Ben remained in treatment, it would have been vital. The only way for the analyst to assist the patient to emerge from the psychic shelter is to be fully available in their own mind without the space being consumed by these dual countertransference states. If the patient dares to step from their guarded internal fortress, they need to not encounter our realized and acted out versions of their worse projected anxieties. We must be a new face they encounter if they choose to rely on us rather than rely on the psychic shelter. We can't be just another soldier in the army they dread or just a duplicate of the internal family that failed them so tragically.

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