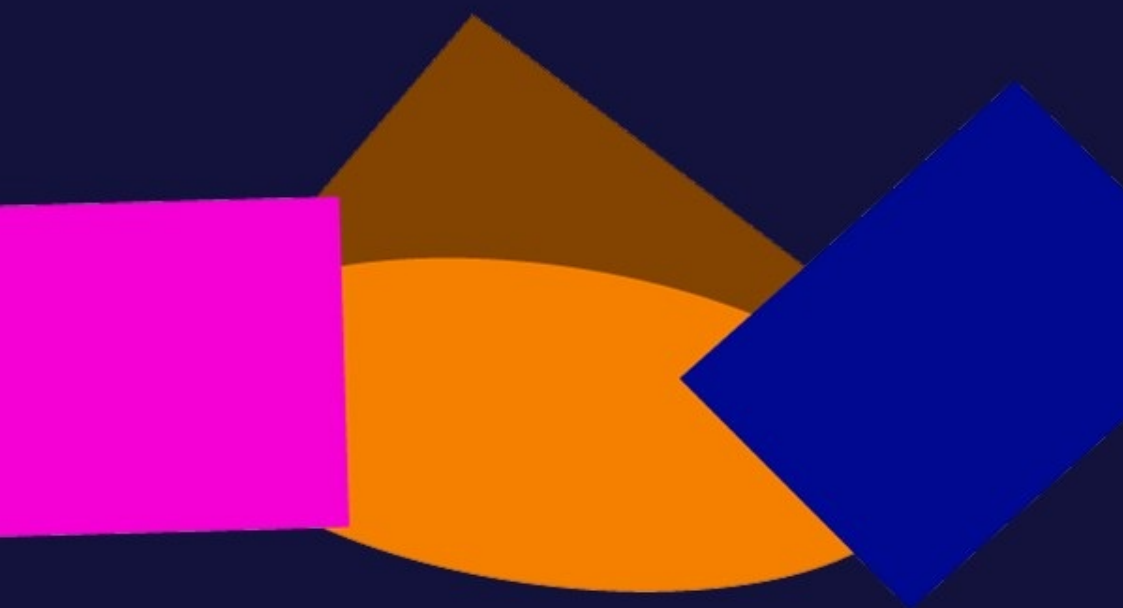


# ILLUSTRATIVE SESSIONS



ARLENE ROBBINS WOLBERG

# **Illustrative Sessions**

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## Illustrative Sessions

This chapter contains primarily illustrative sessions to which I have referred throughout the book. The cases in point emphasize special problems that arise at different times in treatment. Characteristic resistances will be seen in these sessions. Some instances demonstrate a working-through process to a greater or lesser degree.

### Maurice Belk

Maurice Belk was a particularly resistive patient. He came to me after having been with a doctor who used behavior-therapy techniques. The patient originally went to this psychiatrist because he had a “break” when one of his best friends died of a heart attack. The “break” did not require that the patient be hospitalized, but it seemed to me from the descriptions that he gave me in his early interviews, which are given below, that his fear and “hysteria” went beyond that of simply a neurotic reaction. He took two weeks off from work. During

that time he reorganized his office and set up what appeared to be a hospital-like atmosphere in an office next door (in a small hotel) to his actual office.

Maurice works for a multinational organization as a “super salesman” and an account executive in the field of advertising. He is remarkably intelligent despite the fact that he has had very little education (never having finished high school). He has been successful economically. After the “break” inspired by the death of his friend, he began to feel that he should not work so hard, and he went into what one might call a semiphobic state. He hired his brother, a bachelor who was not “doing so well,” to live in the hotel near the patient’s office and to be his private employee. He gives the brother directions as to what to do. The brother handles the details of the patient’s work, and the patient does the “head work.” He conducts his business from this hotel room, i.e., his “private hospital,” and he gets very angry when people need to see him in the main office. The patient has had what I feel are mild psychotic attacks when he has to talk with the “big boss.” He feels that the company wants to fire him (which may have some substance because it is inconvenient to deal with him since he has removed himself from the main office). He feels his superiors are unreasonable

in wanting him to move back to the office. He is secretive about the role of his brother; the bosses in the main office do not know that his brother is working on their business. When he has to talk to the “big bosses,” the patient is very angry and goes into an “episode.” He “lets off steam” by returning to his hotel-room office and ranting to his brother about how miserable the bosses make him, how they would like to “give him the boot,” how the office staff are inefficient, and how life in general is almost unbearable. He has stomach pains, for which he takes medications, and goes to bed for several hours. When he begins to recover, he gets up and goes home, where he often has a fight with his wife. On many occasions, after his talks (bouts) with the bosses, he goes to the races before he goes home.

He complains bitterly about his wife, and her attitude toward him. He feels everybody is a drain on him. He is the big “supporter”—wife, brother, son, and so forth, but they think little of him and his needs. Nobody really cares that he is in pain most of the time and that he nevertheless must work and carry a big financial burden. They want, want, want—but they never give.

His fantasy of himself is that of an all-giving, providing, dutiful

person whose skill and acumen are used constantly to keep the members of his family in luxury—an exploited person who gets no thanks but only complaints and heartache, and misunderstanding. These complaints are manifestations of his general feelings toward others. He is guilt ridden, yet he is angry all of the time at the people who are close to him and at others with whom he must deal. He represses and denies all knowledge of his own controlling tendencies, his grandiosity, the need to be considered a great man despite the fact that life was “not kind” to him when he was child. Like Lisa (Wolberg, A., 1973, pp. 208-209) he denies his sadistic and revengeful role with people and sees himself only as the helper, the all-good person. He acts out his controlling, grandiose, and exhibitionistic sides. He often has an upset that puts him back to bed whenever he has to deal with a person who “gives him an argument,” i.e., in addition to the bosses, a customer or a detail man, or any other person who disagrees with him in any way. He does not attack people openly but revenges himself secretly. Just as he has his upsets in the hotel room, he has them at home if anyone “crosses him.” The following session (his one hundred and twentieth with me) illustrates many aspects commonly seen in a borderline patient, particularly the patient’s use of projective



identification and the acting out of a transference in the session.

Pt. How do you do? Are you ready for me? [He has come to the door of my office and sees me typing. I usually go out into the waiting room to usher patients into the office, but Mr. Belk seldom waits for me to do this. He often acts out in some way, going out into the kitchen for a drink, or bringing flowers and going to look for a vase, etc. He announces that he will go to the bathroom and then be in for the interview. His appointment was changed from the day before because it was a minor holiday and the patient wanted to stay home. I had changed to the next day without any comment. The patient is very manipulative and has a poignant need to control situations. He comes to the door again. ]

Th. Come in.

Pt. I was thinking about how I can't stand frustration. [He becomes extremely angry when he feels frustrated and he is easily frustrated.] I can't stand it when things move too slowly, and I can't stand it when I'm trying to get through to people when they are not listening. Is Schwartz back? [I had referred the patient's 21-year-old son to Dr. Schwartz for treatment.]

Th. Yes, he is.

Pt. Yes, the frustration.

Th. Tell me about that. What was the frustration about? [Uses Bert as the PO—projective object.]

Pt. Well, yesterday at the club I asked Bert [the patient's brother who is in the patient's employ] how things are going downtown and he started to talk. I wasn't too interested anyway, but I'm standing there with him and I have to talk about something. So I asked him—and he starts to talk—slowly. If he had something interesting to say, I wouldn't be so mad, but anyway he starts to talk and he says in this slow way, "We—did—this and we—did—that." It's nothing—and I'm standing there and I can't stand it; I want to get out, to withdraw, and then I start to react. [The patient shows anger at most people he talks about. He never says anything good about a person, being always critical.]

Th. You're so impatient waiting for him to say something, and anyway after he says it you are not interested. [The patient is very detached and self-centered. ]

Pt. Yes, that's right. And again people don't listen. They don't want to be taught. They ask you and then when you tell them something, they don't listen. [He is always the teacher. This is also a projection since he has a deaf ear to almost anything the therapist says because he is so defensive. Does he think of the therapist as a teacher? The answer is "yes. "]

Th. Yes, that's very frustrating.

Pt. What is that? They ask you and they don't want to change; they're not listening when it means that they have to change. [A projection.] And about Manfred [his son]—I told him to call Dr. Schwarz; he'll be mad.

Th. Yes, well, we call that "resistance." It interferes with

communications. You mean Manfred didn't want to call. [I am using a projective therapeutic technique, Manfred being the object instead of the patient.]

Pt. Oh, yes! You can't get through to the person. It's these three things today that are bothering me: frustration, impatience, and people not listening when you say something to them when they ask you. In business and socially the same thing all over. I've been thinking that I was angry at my wife. I took her out to dinner, but she was complaining so much. I want to hear something pleasant; something helpful and good; something nice, but she says: "Why does Bertie call you about business every evening? Can't you talk to him during the day?" She gets mad at that, complaining [he has this very characteristic], She likes to relax; do nothing; have nothing going on—just relax. Sometimes you have to think. Bert asked me to figure something, but I was so tired I said I can't think. I guess it is nice not to work in the evening, not to think of business. But my wife complained, so the next night I didn't take her out to dinner. I stayed home; I could have taken her out, but I didn't, I didn't want to hear that complaining. [What the patient seems to be doing is punishing his wife for complaining, i.e., criticizing him.] As you know, business is lousy, so yesterday I was trying to figure some things out, and then I go into some kind of dream state. While I'm thinking all the time about business, I'm thinking about Manfred [his son who is in treatment with Dr. Schwartz] and the girl he goes with—about whether they'll get married. I'm imagining that they will, and so forth. Or I think about women. I have been trying to read that book that you recommended to me—trying to get through it. It says that woman's role is to have a family, too. Well, I don't think that way;

I'm more practical—there are other things a woman can do. But my wife doesn't think so. She's lazy. She doesn't do a thing. Lays around all day or goes shopping. What do you think Schwartz will do?

Th. Oh, you mean that Dr. Schwartz would want Manfred to pay for the appointment that he avoided because of the holiday? He didn't call up?

Pt. Yes, and Manfred won't like that! But I can't be involved in that.

Th. That's right; you shouldn't. [He is telling me here that Manfred is like him. He acts out and does not want to be thwarted by any kind of restriction or penalty. That would make him very angry.] But Manfred will be very angry if Dr. Schwartz wants him to pay for the appointment.

Pt. Yes. With me, action is better than thinking. If I'm thinking and thinking, then that's no good. I have to act; then I feel better. Any thoughts that go on things that have to be done, then action; otherwise, I'm trying to control myself and fighting myself. It's like standing at attention and blotting out everything, not to act. [His idea of action is often to act out, although this is not always true. At work he has excellent business judgment and he gets good results. I believe at this point, however, he is talking of his need to act out.] I think you can see that I can go through many sessions and never talk about feeling. [This theme had started several sessions before when the patient had told me that the language in psychoanalysis is not always the best and most precise. He believes that when people talk about feeling it leads

to nowhere because what they should talk about is “function.”]

Th. That’s what you mean by “function,” you mean the way something operates or works. And you mean action. [He denies feeling.]

Pt. Yes, the action—or the reaction.

[It seemed to me that the patient was in resistance because he sensed that in therapy his actions, i.e., some of his acting-out actions, would be restricted and inhibited and he does not like this idea. He says that actions help him relieve his anxiety. He does not believe that his withdrawal tendencies are ways of avoiding reality. Actually, his withdrawals are ways of avoiding the tension he feels it having to deal with people. When he avoids by going to the races, he gambles, and this relieves his tension and his depressed feelings.]

Th. Yes. But I thought what you were saying was that you go into these dreams states, or thinking states. You think of work, women, the races, and then you find you are too far in and you look for something to pull you out because it kind of scares you. A voice contact will pull you out.

Pt. I see that you are always talking about feelings. Now, in golf, for example, there are teachers and teachers. Some are good, and they get to you. (*He gets up and walks around the room as he talks.*) Some people can get just the right word, and then understanding comes and the person can change. If the golf

teacher says “turn,” then you are likely to do this (he illustrates with a slow half-turn); if he says “pivot,” then you do this (he illustrates by keeping one foot in place and turning faster on one foot); but if he says “twist,” then you do this, and it has a different meaning (*twisting his body fast and kind of jerkily and swings*). Now, if he means “pivot,” when he says “twist,” then it is not clear, and the individual is going to learn the wrong thing. I think it is the same with feelings. I notice you are writing, and you use the word “feeling” all the time. It’s hard, though, because people don’t want to listen to long explanations. They want short words that mean a lot—they don’t have the patience to listen to an explanation. How do you get home to people when they have no patience to listen? Now, people tell me that I’m too good to people; and then I try to act differently, but after a while I go back to the old way, and I’m too good because that’s the way I have to function. I know the people don’t want to listen to me when I try to explain something in the way of a few sentences. I’ve done it, and they don’t listen. They want “yes” or “no,” or something short; they want it in telegraphic form. Now what is that? *[He reminds me here of my patient Lisa who had told me that she is a helper—always doing things for people. I take this to mean a kind of idealization of masochism and a denial of the sadistic side of the sadomasochistic problem.]*

Th. Well, I still think it is what we call “resistance.” They don’t want to bother to listen; they want change, but not if they have to do anything about it. When they find out what’s involved, they don’t want to go through the trouble.

Pt. I guess so. Well, to go back to the “feeling” and the “function.” You

say: "How do you feel about that?" Or you say (*looking at a paper where I had written out an interview and reading*). "How did you feel in the dream?" you say here. My other analyst said to stop thinking and analyzing. How did I feel then? What did I feel next? Going on, trying to think out every single angle—you can get lost in that.

Th. Yes, you can. That is right; you become preoccupied with it. [*His other analyst felt that he used analysis as an obsessional defense and cautioned him that this was a masochistic way to use analysis.*]

Pt. To use "function" as against "feeling" you would say, "How did you function in the dream, or what was your reaction in the dream?" But we don't want a physician word—a word that makes you feel about physical things; we want to get away from physician words. We're looking to find the reaction that is created in the dream—or what action did the dream create? And did it have anything to do with your functional activity? What you want to know is whether it interfered with the functional activity. This is especially true for people who have psychosomatic pain. [*He suffers from stomach pains and tension, and his doctor, he claimed, thought that he had arthritis. One doctor felt that he might have an ulcer, but all physical examinations seemed to be negative. He gets short of breath when he is upset.*]

Th. Well, I thought that in psychosomatic pain you could think of it as coming from fear, for example—but that is a feeling. But, I see what you mean, and I think that you are right; for it is the function, the action, or rather the inhibition of function that is bothersome.

I am trying to explain his phobic like activities—an interpretation of what a symptom might mean. He moved into the hotel room next door to his office so that he could rest when he felt he needed to. This is to avoid a heart attack like his friend had. In his private retreat he does not have to cope with the regular office routine, nor does he have to see the “big bosses” much. They do not like the way he works because he takes a great deal of time out to go to the races, to play golf, and to go boating in the summertime. He takes frequent vacations—to Florida, to Puerto Rico, to health spas, and other vacation spots. Nevertheless, he earns good money for the business and for himself, and he has investments in the stock market; so that he has enough money to enable him to live on a high scale. He complains bitterly about the money that is spent; yet he encourages his son to be “sporty,” to have cars, boats, to go to the races, to gamble, and so forth. He has money for gambling himself and thinks of this as just another sport. He always says that he keeps this within bounds and never loses more than he should, but this, of course, is not true.

Pt. Fear shouldn't bring on psychosomatic pain—fear is a feeling. The word “feeling” should only be used in relation to a doctor that is asking an individual how he feels so that he can find out where the pain is. Now, a horse doctor is even smarter. The horse can't



talk and so the doctor can't say, "How do you feel?" He has to find out some other way. *[This subtle and humorous hostility I ignore.]* That is the important thing. *[Here again we are dealing with the patient's need to deny a relation between emotion and physical reactions and the fantasies that are connecting links to the present and the past.]*

Th. But can't fear inhibit function, and can't then the person have pain from inhibiting his function? He becomes tense and his muscles go into little spasms, and he feels somatic reactions, physical feelings, or, better, he has "physical reactions," to use your words, and then he can have pain.

Pt. Well, yes; but you don't have to emphasize feelings. The reaction, perhaps, and the inhibition of function, yes, but we're not dealing with a social habit that has to be changed—a pattern that has to go like being a drunkard or being a homo—some habit that you have to change. Most of the people that come to you do not have to change. Most of the people that come to you do not change social habits. They are not criminals, not murderers, not delinquents. They are being treated for "function," or for inability to function. As long as someone can function, that person will not be immobilized. I was talking to Bert and telling him that we should study arithmetic and seriously learn how to figure a parley—get an authentic method, some general principles. You see, as long as I function, I will be free of pain, but when I am restricted, I will get pain. That's what you release a person for in therapy—so that he can function and not feel pain. If you inhibit his function, you'll get chemical reactions and he will have to live on pills. *[This apparently is to justify his acting out even though he*

*seeks help for the consequences of his acting out.]* I think if you could get this down, it would help in the whole field of psychiatry. I am trying to get it into words that are clear. Do you think that I can teach you? *[This is an example of his grandiosity.]* It is a good feeling when you—er, no, I don't want to use the word "feeling"—when you have done something and you know that it is right; that it is good; it is a good reaction.

Th. You feel it in your bones. *[Both the patient and I laugh because the therapist has used the word "feeling." ]* That's a habit to say "feeling" like that.

Pt. It certainly is. Well, that's my lesson for the day—how do you talk to people, communicate to them so that they hear what you are saying. Can you help me with that? What is that when you can't communicate because the other person isn't listening? And does that have to happen every time that people have to learn something? Does the teacher have to go through that?

Th. Well, yes. In learning there is always the problem of resistance. It is well known that almost every time a person has to learn something, he puts up resistance.

Pt. Well, perhaps you can teach me about that, if you have some further information about it.

## James Weber

James Weber is a psychologist who came to therapy as part of his

requirements to receive a certificate that would “legitimize” him as a psychotherapist. He had already attended a “legitimate” psychotherapy school in the Midwest but felt that he could not practice as he wanted to (he had, he avowed, a perfectionistic trend and he also had what was called a “dependency problem” but what I saw as a sadomasochistic problem). The fantasies that James repressed were violent. Only occasionally would they be revealed (like the tip of the iceberg) in his power fantasies, the need for excessive riches and for political and economic power. He would live with girls he liked, but, he insisted, he could marry only a wealthy beauty. He would say that his present girlfriend is more gifted psychologically than he; she can get along better with people; he is withdrawn and cannot “give out” the way that he should. It is difficult for him to establish relationships with people; usually he does not like people. He will, he claimed, never be a good analyst because of his detachment. He gets irritated at patients, and he envies patients who get better and make a lot of money, and so on and so on. He will never be able to work out his problem of withdrawal and detachment. Therefore, he will have to have supervision all his life—someone who can judge whether he is doing the right thing. If he could have been a medical

doctor (he flunked out of medical school twice), he would have never been in the psychology business where he has to deal with people. He resents being in the position. A doctor can “hide out.” If he were a doctor, he would be a specialist where he would have to have as little contact with people as possible, and so on and so on. This same problem was evident in the case of George Frank Quinn, a physician in the field of roentgenology. He too said he could use his specialty to get away from having to deal with people and their problems. Underneath these two had fears of being destructive to people, and they needed a person or a situation that would “hold them in check” or “monitor them” constantly to see that they did not use their professions to injure people. They both had homosexual fantasies, which George occasionally used to act out. James never did act these out. He would “torture” his girlfriend by withholding sex for weeks at times, and during these periods he would have homosexual fantasies. He had a tumultuous relation with his girlfriend, she always anticipating masochistically that he would change, but he had no intentions of marrying her. The following session illustrates some transference manifestation and the dynamics of sadomasochism.

Pt. Monday, in the morning when you were away, I had a dream where

I was in bed with you and I was kissing you and you said: “That’s nice.” I was thinking that most of my patients have so many problems day-to-day and they have to talk about these problems. They don’t have any time for going into things deeply. Some time ago I was sort of anxious. I let out a yelp in my sleep. I had a dream. I was in my home in Charlestown and I was playing a game with my mother. I was coming through the house. I was going to sneak up on her and scare her; my mother was in the kitchen and was going to prepare something. Then just before I went around the bend, I saw this monster and it frightened me so! *[Therapist, mother, monster—the patient reveals some of his innermost conflicts and his fears of retaliation if he were to express his anger.]*

Th. What were your associations to the dream?

Pt. Oh, it was the kind of kissing you do with your girlfriend. My girlfriend represents you. You represent my girlfriend. I want you to like me, to mother me; to be like my girlfriend is to me in the sense of taking care of me.

Th. You say that I liked it in the dream. I say, “It’s nice.” What is it that I like?

Pt. You like a relationship with me.

Th. What kind of a relationship?

Pt. Nonanalytic relationship. I don’t think that’s true, do you?

Th. Well, yes and no. We are supposed to have an analytic relationship.

Is it a wish that you'd rather not have an analytic relationship, that you'd rather not work out the problems?

Pt. No, I guess not.

Th. It's a possibility.

Pt. Am I particularly resistive?

Th. Well, you do have resistances, probably related to closeness—that is, fears of closeness.

Pt. The associations to the dream would be more appropriate—like when I was studying for my doctorate. While studying, I would get something from the refrigerator, or I would go to someone to get attention, or I'd start playing a game like with my girlfriend. For example, I'll play up to her. Or we'll be sitting together and I'll suddenly make—a—sort of a kind of a teasing relationship—I'll sort of...

Th. You'll do what?

Pt. Let's see what will I do? I'll sort of tease her like I'm going to strike her. I'll—oh I'll—if I have a towel I'll act as if I'm going to hit her with the towel. If we're sitting on the couch. I'll curb the blow but act as if I'm going to hit her—teasing—a way that I handle aggression. When I do that, I feel I want to get close to her—and I have to act “as if” I'm violent. Some kind of an eruption—something that has to come out quickly. I have to do something suddenly to get close to her or to love her, and so it's a sort of—I'm not angry at her—an eruption of feeling. I'll also suddenly—

maybe—I'll suddenly grab her and kiss her, or hug her. But sometimes I do feel it as a way of handling angry feelings. I'll tease her verbally rather than arguing with her. I'll tease her. *[This teasing game is an example of the patient's sadomasochism. He actually has very little sex with her. ]*

Th. Did your mother act that way with you?

Pt. No. My associations are also, maybe she'll change. She won't play with me anymore—she'll be different—she'll be controlling—she'll become more like my father. My mother—my mother, like you, would do things for me any time I wanted anything. My girlfriend is there for me. She lives for me in a way—like you. *[The projection onto the therapist as an idealizing, all-giving maternal person is obvious. But it's a mother who enjoys a sadomasochistic relationship with him.]* I had another dream, or a part of the same dream. I was yelping too. I was going through the house at home. I was going to scare my mother, and I met someone who was dressed as I was and I was scared. It turned out it wasn't my mother but my girlfriend. There were other dreams. I remember one: A cemetery—old broken-down tombs—opened tombs. I went down a staircase. There was a place for two caskets, but there weren't any caskets there. Everything seemed to be in a state of decay—like a murder mystery. As I was going down, I met a boy with a cub scout uniform. He was running as I was coming out. I was startled to see him.

And another dream. I was in the house of a friend—a mutual friend of my girlfriend—Peruvian. After we had been away on a weekend—bamboo walls— and we were—sort of like an oriental

thing. The walls were live bamboo shoots that had been planted along the.... That reminds me of another dream I had years ago— childhood dreams. Going down the stairs into this basement where there were a lot of boxes. And a very vivid dream I had as a child. A man was chasing me; he was on a motorcycle—heavy— I was walking down the street. I ran—then I noticed he was behind me. He was actually chasing me. He wasn't just on the street. As I ran, he was in hot pursuit. I ran into my driveway. I had the sensation of not being able to run fast, and I had the sensation that the motorcycle man was breathing down my neck. He fell off the motorcycle, and I ran into the house and slammed the door. Houses meant my mother, and some kind of safety. The motorcycle is a sexualized image. Then in the dream I was like people who feel they can't get away— they feel ambivalent— caught between running and not running.

I had another dream years ago—7 ... 8 ... 9 years old. two or three times, a motorcycle dream. Then another at 14. 15, 16 years of age, a later dream. I dreamed I was in a—er—er in a—er—some sort of in a room and—er—that—er—I—was—er (*silence one minute*) I was er—er—er—I don't know whether there were other people there or not. I was in this room. I was having intercourse—some sort of sexual activity—in a closet—and this woman turned out to be my mother. But it was grotesque because there were snakes in the closet. I thought of this dream today because I was talking to someone about Kleinian theory. I thought about this dream before, but I didn't tell it because it was so sick—so schizophrenic. Very often my mother would dress in the bedroom, off the bathroom. The house is so ill arranged—my mother if she was dressing, she'd say, "Wait a minute."



Sometimes when I'd come through to go to the back part of the house, into the kitchen, or up to a back door to go to the outside—it's the custom in my family that you never use the living room or the dining room unless you have company; anyway. I'd see her. Sometimes I have a dream about snakes fighting. Well, Kleinian—mother having incorporated the father's "penis" orally. The child sees all sorts of things in oral-incorporating terms; he gets the idea that in intercourse the parents are having some sort of oral experience. It's born in him—the infant from 3 to 6 months—it's born in him if he wants to get—he wants the mother's body for himself—he still feels he has to fight the father's penis—the snake. Oh, I don't know!

This is an example of using theory as resistance. The patient knows that what he is saying in relation to theory makes little sense but he does relate today to his sexual problem. He does have a sexual problem. He tells me that he has no feeling in sex (the problem explored by Dince and Green, pp. 127. 157). but he has homosexual fantasies that do stimulate him. His "oedipal guilt" is obvious. But what does the oedipal guilt mean? In practical terms it means he cannot sustain sexual feelings with a woman, yet he idealizes the woman. He identifies on a conscious level with his father, yet he raves against what the father's attitude has done to him. He does not "hate" the father [a doctor], however; he "admires" him. The father is respected,

but hides out and gets away with his neurotic behavior in his professional role as a doctor. Doctors are revered even if they are sometimes crazy. The patient wanted to be a doctor so that he would not have to deal with his neurotic personality, would not have to get into therapy. But he failed in his attempts. His father would be full of scorn if he knew that his son was in therapy. The patient has often referred to the scornful attitude of the father—the father has contempt for weakness, and having to be in therapy is a form of weakness, according to the father. The patient says he has never told his father that he needed psychotherapy, but many times he has made comments that leads me to believe that the father knows or suspects that this is true. Neither the father nor the patient would verbalize about the therapy to each other. The sadomasochistic adjustment to the father has made the patient have some hatred toward both father and mother, yet he idealizes them as he does his girlfriend. This is a defense against his rage and his fear of retaliation. He fears being hostile to the therapist, but he would like to attack directly. Instead he acts not by reporting the hostilities between therapists, or the hostilities of other therapists toward the present therapist as in the following excerpt.

## Portion of Another Session with James Weber

Pt. (He comes in, smiles, and goes to the sitting position to talk about cases—he turns the analytic situation into a supervisory session.)

Th. I was wondering why we have this problem; Freud would say it's a transference problem. Do you have feeling about the couch? What are you feeling about being in therapy?

Pt. (He tells of a patient.) I have this paranoid schizophrenic patient, and he acts in this distant way—he's resistive and I don't know whether... (he drifts off and stops talking).

Th. Whether, what...

Pt. Well, I'm uncomfortable with him—perhaps he shouldn't be here. [An identification with a paranoid patient who is resistive, hostile, antagonistic, etc. He will make the analyst want to reject him.] (Pause)

Th. We did accept him, didn't we? [He is referring to our clinic.]

Pt. For some reason I'm thinking of the doctor in Dallas. [One of the patient's former therapists.]

Th. The one who got angry at you and told you to buzz off?

Pt. Yes—he said, "Watch what you say to people because you may be insinuating something that..." He was incensed at what I said—he didn't take it as a transference feeling.

Th. He told you to watch what you say; you might be insinuating something that isn't true? [*This is a reference to a real experience he had when he expressed negative feelings toward a former analyst.*]

Pt. Yes.

Th. He hadn't worked out his paranoid feelings?

Pt. I try to put all my patients on the couch. But I like to have them sit up occasionally. I remember what Freud said—he didn't want to have to look at patients and he didn't want to have them watching his every facial expression. I let them sit up if I think they have paranoid feelings for reality testing.

Th. Uh-huh.

Pt. But when they're on the couch, I sort of miss them in a way. I can see their reactions better sometimes when they're sitting up—but I miss them. Separation anxiety? [Actually, this could mean that he would feel desolate and lonely if he did not have a sense of being related to a schizophrenic person. I take this to mean he needs a sadomasochistic relationship and he would be extremely anxious if he were threatened with a breakup of this kind of relationship as a consequence of psychotherapy, i.e., if he were to work through his identification with the paranoid schizophrenic and release himself from the sadomasochistic relationship.]

Th. That's a different feeling from what you used to say you felt toward patients—you used to talk about anger; you used to get angry at them [*the other side of his sadomasochism*].

Pt. Yes—it's less distracting. If they're on the couch, they look at my face.

Th. You mean they turn their heads to look at you? What do they see in your face? *[This is what the patient does with me when he is on the couch.]*

Pt. They may see me frown or be angry at them, or I may smile and they might think I'm making fun of them—that is, the sicker patients.

Th. Uh-huh. They wouldn't take a smile to mean a good feeling toward them, would they?

Pt. No—well, I don't know. I guess they might feel threatened or ridiculed. Anyway, if they're on the couch I feel freer—then I don't have to worry about that—it makes an added burden on me if the patient is sitting up. I was thinking about Asya; she said that in individual therapy she never confronted her father transference and when she got into a group—the male group leader was a good mother. She said that when she walked into her first group session, there she saw her father in one of the members—then she started to deal with it.

Th. What does this mean for you and me? Perhaps when you make a mother out of everyone, that means you don't have to deal with your feeling about father. Dealing with your father is very difficult—you often say it's impossible.

Pt. Yes, that's true!

Th. I 'm not your mother after all. But you act with me as if I'm your mother—protecting you.

Pt. No, but your behavior is more like my mother's behavior than Dr. Chandler's behavior, for example. *[Dr. Chandler is his group therapist.]*

Th. In what way?

Pt. Well, he confronts!

Th. Does that help you work out your father transference?

Pt. No, if I don't talk in a group, it means I want to avoid working out my father transference—that's what we thought.

Th. That may be correct.... So why don't you talk in the group .... Break up that father transference; why don't you want to break it up?

Pt. Well, I feel I'm closer—a few more ropes—I am beginning to talk—I feel I'm about to break into it.

Th. Then it's a good idea to talk, talk, talk ... in the group.

Pt. I feel all I can do is take in—I can't produce anything—I can't give out. I was terrified in school; if anyone would call on me, I couldn't say anything.

Th. You can only take in and not give out. You are afraid to talk, to say anything?

Pt. Well

Th. You can't speak—anything else?

Pt. I can't think of anything to say .... I think I could be a group leader but not a co-therapist—the competition I couldn't stand. I can be a group leader and a group therapist alone in the group. In the boy's club I can talk in the group. In classes I can talk if there's a structured presentation. [In the boy's club he is doing a community project using group discussion techniques with boys who have problems tending toward delinquencies.]

Th. That doesn't explain to me why you can't give out, spontaneously.

Pt. Because I'll feel competitive.

Th. Well, who doesn't.

Pt. Then people will compare me . . .

Th. They might, of course—but I know you'll compare. That's for sure, you'll compare yourself with others, and unfavorably too. You have a masochistic fantasy when it comes to thoughts of competition.

Pt. I'll compare—I can't think of anything—I'll start thinking how good what the other person is saying is, and I won't have anything to say.

Th. Really, you act out the masochistic fantasy when you think of competition. I'm not sure that you mean competition. Sometimes

I think you mistake self-assertion for competition. And for you to be competitive is like you're hurting someone—or, at least, you are courting hostility on their part if you're competitive. It's probably some feeling you used to have with your parents. You used to feel that way in sessions talking about your clients. How did you work that out? The patient was always better than you, smarter, more verbal, healthier. I was always better too.

Pt. Well, when my supervisor finally drummed it into me that if the patient said something detrimental to me, it is his transference feeling and I don't have to feel that he's right if he says I'm not helping him; for instance, this is countertransference if I think he's justified.

Th. Somebody had to tell you that—you didn't know that yourself?

Pt. I feel that if the patient says I'm not a good therapist, that it means I'm not good.

Th. I wonder what that means to us. I wonder what my patient is thinking about me?

Pt. Oh, not that!

Th. Well, it seems you must think I'm a better supervisor than analyst. The mother will take care of you—keep your ego operating by all this support. . . Do you have any feelings like that here?

Pt. Yes. I also had a fantasy that my father would like another son—some other son better than me. I feel in the group that the group will judge me—they won't appreciate what I have to say; they'll



think that what I have to say is stupid. I'm always comparing: Could I do this? Could I do that? Oh, that was stupid! Gee, that was better than I could think! Also the group will force me to do what I don't want to do. If I'm with one person, he isn't so likely to put as much pressure on me. I won't have to play baseball. I can influence one person to do what I want to do.

Th. Like you do with me here—a mother transference. It's a mother situation—you can manipulate your mother; you can manipulate me.

Pt. Yes, but the group—they'll make me do something I don't want to do . . .

Th. Like what?

Pt. Play baseball. [*He always talks about having gotten out of playing baseball as a child.*] I did not want to get into the game because I felt awkward. [He was the last chosen. It may be that he does not want me to pressure him to get out of his detachment, or to change, or to work through his transference feelings.]

Th. Why didn't you want to play baseball?

Pt. It's a competition.

Th. What's wrong with that? What's wrong with competition?

Pt. I never did anything competitively—I mean voluntarily—never played games or anything—except a few simple games that weren't tests of my intelligence.

Th. You never did anything voluntarily? Competitively?

Pt. Well, if you go to school ....

Th. Yes—yes—and after you got into graduate school — that was voluntary, wasn't it; that was competitive. I think there's nothing more competitive than graduate school.

Pt. No, it wasn't in a manner of speaking.

As we have noted, James originally was in medical school and flunked out twice, but he still talks about wanting to be a doctor. He thinks of the doctor as being the superior and powerful one in the mental health field and the psychologist, which he is, and social worker, which I am, as underlings. He also thinks of a doctor as one who can be emotionally unstable and can hide out in the profession. He often talks of this in relation to general medicine and feels that if he could have gotten through medical school he would not have gone into the psychiatric field and been forced to become a therapist. Could it be that his father—a doctor—is a compulsive neurotic and never worked out his problems; but nevertheless he is a well-known respected doctor in his community. The patient wishes he could be in a similar situation and not have to work through his problem as is required in this particular training program. His father “gets away with it.” Why

does he have to be confronted with his emotional problems when his father does not have to deal with his neurosis?

Th. In what manner of speaking? Who was doing the choosing? If you went to graduate school, graduate school isn't competitive?

Pt. I was doing the choosing, but I had no choice. I couldn't be a doctor, and I didn't want to become an automobile mechanic. Oh . . . I don't know!

Th. Are you trying to pin the responsibility for your going to graduate school on someone else?

Pt. Well, remember I flunked out of medical school.

Th. Why do you want me to remember that?

Pt. Because there was competition.

Th. Don't tell me that psychologists aren't competitive!

Pt. Oh, yes. They are—what you said about Dr. Chandler. *[I am also a psychologist as well as a social worker and Dr. C is a psychologist.]*

Th. Oh, yes, you said that I'm competitive with him. I would be interested in knowing what he was saying that interested you so much because it aroused my competitiveness.

Pt. Oh, about narcissism, primary and secondary narcissism, how the ego represses. He was talking about repression and

homosexuality.

Th. What was he saying?

Pt. Oh, about the—he doesn't—the homosexual doesn't want an object; he wants a part object.

Th. Doesn't want a relationship; Oh, you said an object—only a part object.

Pt. He can attach to any number of people. The person is not looking for a relationship. It's a fantasy relationship that's involved. A real relationship, I mean.

Th. He wants a part object? Not a real relationship?

Pt. Yes a penis is a part object—not a whole person—it's cathected because it's symbolic. It's symbolic of masculine strength, and behind that is the breast. The way narcissism is involved—the homosexuals often chose partners who look like themselves. They imagine each is the other, and they are loving themselves—parenting themselves.

Th. Performing the parental function—parenting themselves.

Pt. It's a fantasy.

Th. What fantasy?

Pt. Getting themselves mother love, father love—loving the other person as they wished their father or mother had loved them.

Th. You say you do that with your girlfriend. She comforts you—you do that for each other. You are more interested in that than in the actual sexual act?

Pt. Well, he says that sometimes homosexuals will—they all have the fantasy. Each one would imagine that he was the other and that he would be loving himself

Th. This is a sort of masturbatory equivalent?

Pt. He didn't say that.

Th. I was wondering . . . [*The patient seems to be groping for some kind of self-understanding. Because of this I shall interpret didactically.*]

Pt. What do you mean?

Th. Well, it's the acting out of a fantasy, and there is a sexual element in the fantasy—you say love. In homosexuality there is sex—a kind of sex—but it is a sex that is narcissistic or the concentration is on the self . . . the self—satisfaction is the thing. One is not stimulating another to respond but is stimulating one's self in fantasy. I think there are other elements too. There is the idea that the person is himself and yet is a parent acting in a certain way toward himself. I think of it as a parent. I think Freud said that in homosexuality the individual uses himself as object, but to my mind he sort of becomes the parent. And as I see it there is a caricaturing effect—he becomes an object of derision, I think — a “whole object” not a part object of derision. His whole person is degraded, and humiliated. Its very complicated .... Well, I guess time is up and I guess we have to stop. It's a very complicated

business.

Pt. Oh-hum, oh yes!

Th. I was also wondering what would happen if you criticized your father in any way.

Pt. Oh, I'd never do that!

Th. Not even in your mind?

Pt. Well ... I told you my mother always told me never to do anything to upset my father because he'd take it out on her.

Th. Oh yes, I remember that! Well, we have to stop for today, but I wonder what this all means in relation to us. Perhaps I'm partly your father as well as your mother. It's very complicated.

### **Portion of Another Session with James Weber**

In this session he has talked about a case of a man who has had sexual relations with his daughter. This is the first time that the subject of perversion has come up. We do not know what this means in relation to the sexual life of the patient, but one can be sure that it has meaning in relation to the patient's sexual activities. The borderline's relations with a member of the opposite sex has some significance in the overall picture of what he thinks of as a sexual perversion. Not

being able to respond adequately to the woman is one manifestation of his difficulty. Having undue need for stimulation or foreplay is another. Kurt Blau, for example, expressed his problem of a perverse sexual trend by acting out with one of his patients. He had many fantasies about another young woman at work with whom he wanted to have sexual relations, but he never did. The whole problem is a function of Kurt's feelings about his mother, whom he considered to be inhibited sexually but who was "good looking" and sexually attractive, and his aunt, who was much more outgoing and overtly sexual but was married to a "German-like" punitive, strict, rigid, but fair and independent person as contrasted with his father who was a passive "mother's boy." Kurt's sexual fantasies were of all sorts of foreplay that might consciously give him the kind of sexual stimulation he felt he needed in order to perform. He wanted his wife to be very active in stimulating him and then he became very passive while he stimulated her. Kurt and James each introduced the problem of sexual perversion in his own unique way. James kept saying that he would never marry unless he could find a beautiful rich girl who was willing to put up with him. The discussion of perversion, as mentioned, came up in the following session.

*[When James came into the room for his session, he talked of his appointments. He wants to cancel one. He has been coming three times weekly. I agree that we might cancel one. ]*

Pt. If I'm here next year, we'll have to change the schedule.

Th. Yes. *[In a series of meetings he has spoken of talking with therapists in the Group Department who were helping him with his resistance. They urge him to get away from me, his analyst, and to transfer to another. He feels guilty about this but would like to get away from me rather than work our problem through. These group therapists seem to be in competition with me and they are belittling me as a therapist.]*

Pt. Uh-huh (*silence*) er, er...

Th. What—er—are you thinking?

Pt. (*Silence.*) I had a case of a patient today who was telling me about his liberal ideas but he's very conservative in his behavior. He's shy; he has trouble being outgoing.

James, who is himself very conservative, tells about his patient who has liberal political feelings. The patient has a mother who is restrictive and guilt provoking. He feels like murdering her, but he does not. He just beats his hand. (James feels like murdering his mother and father and me, but he obsesses about small matters



instead of talking about his feelings.) James' patient's father is passive. James then talked about his patient's own liberal attitudes about sex; he feels anyone should do anything they want in sex. James and I talked about how this contrasts with his patient's actual behavior. The patient spoke of once having a girlfriend who was a close friend of the family. He could not have any sexual play with her; he was too guilty. We also talked about what that meant and that he, the patient, was saying that she's a "pure" girl. He would "insult" her if he made an advance; in any case, he could not because she is too close to his family. He obviously holds himself in; he feels he would like to free himself but he has aggression and self-assertion fused.

Th. Why should she consider it an insult if he made a sexual advance?

Pt. I was thinking my hang up was... *(a long pause)*...

Th. Your hang up was what?

Pt. If the girl didn't like him, she could have rebuffed him—he would be hurt. *[In transference he is afraid that if he gets close, he will be rebuffed and he would be hurt by that. He will take it masochistically.]*

Th. Well, some girls are hurt if you don't make a sexual advance.

Pt. Yeah.

Th. But this whole thing is too much like incest, he thinks—and anyway if a rebuff came you'd be hurt if you were the person.

Pt. I said to him she is too much like your sister. I also said some people might have sexual feelings toward a sister and they couldn't act on them; but this girl wasn't his sister. He was saying she is too close to his family. But because of the relationship between his and her parents he probably sees himself as being put down. They do have a sadomasochistic relationship—the man the loser...

Th. Uh-huh.

Pt. But he said if the job aspect—it might have a repercussion—and his best bet is to find a girl not close to his family. It's almost as if he feels that it's like incest. You're right, and it's as if you're hurting the girl, insulting her.

Th. Sexual guilt. Where did he get so much guilt? He must have gotten the idea that for him to do anything like that was wrong. He feels he has to go away and find a girl who is not so close to home.

Pt. Maybe he thought if he wanted something, it was bad.

Th. Now, he equals closeness with...

Pt. Yes.

Th. Was his mother withdrawn—not close?

Pt. No, she was like the prototype, controlling, strong, masculine.

Th. Well, she could be like that and not close.

Pt. Yes, she's not capable of being close—didn't give.

Th. Is he aware that he didn't get much affection? Is he aware what his feelings were? Is he aware of his feelings about you? *[This is a reference to the transference—and there is an implication that there are similarities between him and me and between him and his patient.]*

Pt. We didn't discuss that.

Th. He couldn't have gotten much affection from either parent; his father was passive, castrated, and his mother ...

Pt. To identify with his father he'd have to ...

Th. He apparently does identify with his father—passive—but sort of withdrawn too.

Pt. He had a brother who was very active in left causes—he went to England. He told the mother to go to hell. He couldn't put up with the mother's controls—the brother got away.

Th. Maybe the boy can refuse to be controlled by his mother and yet not have to flee the country....*[This is a suggestion that one might stay in analysis and change and not have to flee.]*

Pt. Yeah.

Th. He can change and still live in the same country...

Pt. Dr. Chandler is very strong in dealing with this kind of problem. He gets very indignant about a person controlling other people. He says; “Well, why didn't he hit back!” *[He is contrasting me and my technique with Chandler, who along with the group is trying to wean him away from me.]*

Th. How old was this person who was in this situation?

Pt. All his life. Right from the start until today.

Th. He was controlled all his life—uh-huh.

Pt. Yes After he got older, he should have produced some controls in his parents' attitude toward him. This patient does seem to be doing very well though. He's not had any sexual experience with his daughter lately. *[The patient had engaged in incest.]*

Th. Good, if he has been able to control that.

Pt. Yes—I think he's . . . doing well. Dr. Chandler says he probably sees sex as very sadistic. He sees sex as getting close enough to the woman to hurt her. He must learn, he must gain some recognition that he is destroying his daughter—taking out his feelings on his daughter. Well, he had displaced his feelings to his daughter. He feels sexually inadequate. Chandler says this is schizophrenic—his wife and his child are both in treatment. He does peculiar things. By the way, I led some discussion in the Group Therapy Conference last weekend.

Th. That sound like a good thing.

Pt. It seems that my patient has better relations with his wife. But he feels he has very little sexual drive and he's tired. He thinks his wife wants it and he tries to please her, but he wants to have less sex. But he's more interactive with his family, feels more fatherly toward his daughter.

For a time, he was a pedophile—he had an experience with some kinds, an experience outside the family. His child is to him like any woman. He had fantasies at a very young age. He saw his mother's legs open—her genitals. He had sexual fantasies about his mother and his grandmother. His fantasy was more sadistic.

Th. You don't know what his fantasies were . . .

Pt. Yes, his fantasies were that a woman was being very open with him. He pleases her and she pleases him and they get along. *[This is like his dream about me that he revealed in the former session.]*

Th. The fantasy is a reaction to deny.

Pt. Yes.

Th. Denying what the real situation was?

Pt. Yes.

Th. There are lots of parents who do have sexual play with their children, just as blatant as this man. Others are more secretive, but, nevertheless, it's just as disturbing to the child.

Pt. His son needed some sexual advice the other day, and he gave what

I thought was very good advice.

Th. Yes.

Pt. He seems happy—he feels better—he’s freer with me. He had a dream not too long ago—about having intercourse with his daughter. Not actual intercourse—but he was—in the dream—she was resisting—he had told me originally that the daughter enjoyed it.

Th. Before, when he first told you about it?

Pt. Yes.

Th. His guilt has been reduced, I guess, and his relationship with his daughter is not on such an acting-out level.

Pt. Yes, and he has more intercourse with his wife. Before he had less intercourse with his wife.

Th. Uh-huh. *[James often loses interest in sex and goes for one or two months without approaching his girlfriend. When she asks for sex, he evades the subject.]*

Pt. He feels fatherly toward his daughter. They go out together as a family. They go out together as a family, and he feels different. His sexual appetite has decreased. He hasn’t such strong sexual feelings any more.

Th. Does he enjoy sex with his wife?

Pt. Sometimes...he says usually he's too tired. He says that a lot of his sexual performance is for his wife. He has these other feelings, but he's less tense. [*The other feelings are for his daughter and for the pedophile with whom he would like to act out.*] Sometimes he wants intercourse; he enjoys it.

Th. Some of this pattern sounds like somebody I know.

Pt. Yes, yes, my sexual drive is weak. I have this problem with women.

Th. Do you feel angry at her, your girlfriend?

Pt. Sometimes—but then sex with her is not stimulating.

Th. Are you disgusted with her?

Pt. I don't think so. It's just not stimulating.

Th. Do you think of things to stimulate yourself?

Pt. Sometimes—yes—I think of men.

Th. Do you feel guilty with women—like you are imposing on them, I mean violating them?

Pt. Not consciously.

Th. How do you feel right now?

Pt. Sort of exhilarated and exhausted, and a little put down and a little ashamed.

Th. Those feelings are complicated.

Pt. I guess so.

In this portion of a session the patient, Seymour Daird, talks of his ambivalence toward women, his need for them and disgust with them. The transference aspects of his feelings are obvious.

Pt. Hello, I have to tell you that your slip is showing; is that a hostile remark?

Th. Well, not necessarily. Do you feel that it is meant to be hostile?

Pt. Yes, I guess so. I know that people say those things often. People tell each other if something is wrong with their clothes.

Th. Yes, it's sometimes thought of as being helpful.

Pt. When I do it, I think it's hostile—probably ambivalent.

Th. Well, perhaps. Are you angry at me?

Pt. No, not at all. Perhaps I should have been angry when I realized that you are using my record for teaching purposes; but I was not. I might even have been a little flattered.

During a group session on the previous night in which the patient was present, I had asked him if I could use a dream from one of his



individual sessions that he had given me, for it seemed to fit into the session and the content of the dreams and fantasies of the other patients in the group, that is, with what they were discussing at that moment. I recalled the dream, where the patient had felt he was going to have a baby and would suffer with pain. The patient had denied the dream, said that he did not remember. I had mentioned that often when I recall one of the patient's dreams, he tells me that it must be someone else's dream, that I am mixing him up with some other person.

Pt. But I can't remember my dream last night—I can remember only part of it. That keeps me confused.

Th. That keeps *us* confused.

Pt. (*Laughs.*) Yes, my confusion is funny; I'm always feeling that I don't know what the rules are, how I'm supposed to act. I never know what the score is. It's as if some grown-up is always keeping me in a state of confusion. Then I feel inadequate. Then behavior-wise, I never know what to do, how to act, what the rules are, what the score is. I cast aside the only rules that they had to offer, that is, religious rules, and then I don't accept other rules, either. In fact, I don't know what the other rules would be. [*I interpret this to myself to mean that he knows what rules his parents used when they raised him, but he has been trained to deny those rules and to think that they were not in force, deny and dissociate them*

*from his mind; for the parents do not want to accept the responsibility for training him in these neurotic ways. He must deny, and analysis tends to break into such denial and dissociative defenses. But I do not interpret this to him at this point. He is not yet able to handle this emotionally.] Well, one part of my dream was mathematical. I can't remember that part of the dream. In the other part, I was looking at a scene on a stage, like the movies. (Pause.) [Dissociation and derealization.]*

Th. You were looking at a scene.

Pt. Yes, well, no—because I was really looking at the audience, but it was like the movies. Half of the audience was decrepit, grotesque; and I remember thinking in the dream that we must be living in the Space Age, and these deformed creatures are part of that era of this Buck Rogers kind of existence. I wasn't so sure that one could have much contact with them; but then there was half the audience that didn't seem grotesque.

After the group session last night I went to Broadway to a delicatessen where I often go for a sandwich; no, for hot dogs—specials—and for a pastrami sandwich. It is a dreary place, and many of the customers wear skullcaps, but the man who runs the place seems like a good fellow, a nice guy. Things are high there—a bottle of soda costs more than it should but I don't mind that; I know things are high, so I don't resent it too much because the food is good. As I walked from this restaurant, I was going to go to the movies. I was just going to kill time; I don't really care about the movies. These neighborhood movies are getting to be just a hangout for degenerates—disheveled-looking people.

Th. Are those the degenerates of your dream?

Pt. Yes, I guess so. I finally walked to 116th Street, and when I got home, I was annoyed with Jack /a *friend* I because he was wasting his time. The Oscar business! I was wondering who was more immature—Jack or me. I was wasting time, too; I was listening to music—just sitting doing nothing but listening. Then Jack walked in, and he turned on the television. I felt like telling him to turn the thing off—those Oscars don't mean anything—just commercialism. But, why should I be so dictatorial, like my father? [*He has never given me a true picture of his father; I am much clearer about his mother and her personality.*] However, I really felt like killing him. I really wouldn't let myself think of hitting anyone—let alone killing them—except in self-defense. My Freudian censor operating—what is it—my superego?

Th. Oh, yes. Your morals, or your code of ethics.

Pt. As I was waiting for the elevator today coming here, I had that feeling again, “Oh, what's the use!” I still think in those terms sometimes—that I'm wasting time. I have a quick feeling of disappointment that I'm not satisfying any need here. I'm still seeking to satisfy some neurotic need.

Th. Such as what?

Pt. Every once in a while I think of Jane coming up to New York. Even if this would be a temporary thing, it would be some excitement. I still think that I have this idea. And I apply it here, too. I say, if I didn't do this today, what would I do—it would be too boring. Coming here helps to break up the day. I'd rather do this than go

to the office to do work. What I'm getting out of it, I don't know. In terms of neurotic needs, it's like going to the movies. I've managed to spend a few hours some place. I've some guilt in thinking that I'm not accomplishing anything. Because after any given session, I can't point to anything and say, "Now I feel better!" I don't think that I'm yet oriented to the long working out of anything and the slow acquisition of something new and solid. I want results quickly. On the other hand, I feel that it's necessary to spend a long time if one wishes to work out anything real—of value. I don't feel that I have the patience. Actually, there are certain things that can be learned quickly. I have this problem about music—or I used to when I was studying. I would have to learn a concerto. Some people would learn it in a week. I, on the other hand, would give myself a period of three months. I'd estimate that if I learned it in three months, I would be doing well. My goals are much too conservative. I anticipate this long time: then I don't try to make it shorter. I just reach these goals with difficulty.

Th. You think this pattern operates in the analysis, too?

Pt. Perhaps.

Th. And in dancing, too. I remember how you told me that you simply couldn't learn dancing. You were awkward, couldn't control your movements; and you couldn't keep step, had no rhythm in spite of the fact that you are a trained musician.

Pt. Well, I had no rhythm in music either; I had the same trouble in playing the violin. I always had to practice the rhythm; it didn't

come naturally to me. I have to go slowly because that's the way things are.

Th. You have to go more slowly than other people.

Pt. Well, not more slowly, but I have to be average. I'm a little afraid of being fast.

Th. Why are you afraid of being fast?

Pt. Partly because I'll be sloppy—too many mistakes; I don't trust myself to do the thing right, so I have to take a long time to check and double check. I don't absorb. I just keep forgetting. I don't absorb.

Th. That's how you feel about me, too, isn't it—that I don't absorb—that I forget from one session to another what you have said—that I get your dreams mixed up with the dreams of my other patients?

Pt. Oh, yes! I do. I feel sometimes I'm in incompetent hands. I know that isn't true, but often I feel it.

Th. In the group you felt that I might have mixed you up with another patient and gotten the dream of another person.

Pt. Yes. I do the same in mathematics—fitting something into a mold. This has been my way. I see it, and then I don't see it. I think about it and see it and then it slips away, and I don't see it at all. Then, finally, I get it, and finally it becomes set and I have it. But, in the beginning I have to put it into some frame of reference

with which I'm familiar. While I was listening to music last night, I was lying flat on my back and I kept wondering who was sicker—Jack or me. I felt, "He's still in an age where he has to be intrigued by show business." The night before, I had seen a few moments of Greta Garbo playing in "Grand Hotel." She played the role of an aging ballerina. She was turning her head around in a narcissistic manner. In that moment, I thought of Dulcey.

Dulcey is Professor X's married sister with whom Seymour had an affair. Prof. X and his mother seemed to encourage this affair because the sister was so unhappily married. In the beginning the sister held out the hope that she would leave her husband and marry the patient, but this was never forthcoming. It was because of this that the patient finally gave up the affair reluctantly, and he had fantasies of this woman steadily during the period of his analysis. It has been only in the past few months that he has not been obsessed with fantasies of Dulcey. Prof. X also has a pattern of holding out promises to girls—he often promises to become engaged to a girl but usually asks her to keep it secret. In this way, he keeps the girl on the string, so to speak, while he has an affair. Sometimes the girl realizes finally that this is only a come-on and that he has no serious intentions. Recently, Prof. X was secretly engaged to a girl, and he was leaving town for six months to serve on a committee which is being financed by the

government to study a certain problem in engineering. Everybody knew that Prof. X was leaving town except the girl who supposed she is engaged to him. The patient feels that this is a form of cruelty, but nevertheless he identifies with Prof. X in the sense that he too has trouble with his feelings toward women. For example, he sees Sally on a regular basis, and recently, he says that their sexual relationship has become more pleasant and more successful, but he cannot think of getting married or of having a relationship where he would see Sally every day. He keeps his dates on a once-a-week basis, and his sexual relationships on a once-or-twice-a-week schedule. He usually takes Sally out once a week. He has feelings of revulsion when he is with women too long. He has revulsion at physical contact, and he feels very critical when he becomes too close. He finds fault with the woman's looks; and usually he feels that she is dirty, unclean.

Pt. Dulcey used to pose and Charles [*Prof. X*] always moves his head around in a "cute" pose as if the world is a mirror. My first impression was that this is Greta Garbo; this is the way she is as a person. Directors and actresses know these things and I don't. They can abstract movements that can typify these things; ballet choreographers, too, have to know these things. Without knowledge of these things, they could never make these kinds of representations.

Th. It's the understanding of the kinds of people these are—what their motivations are and what their behavior means?

Pt. Yes. And it's knowing it on an emotional basis; maybe they are not consciously aware of these things on an emotional basis. These are things I don't know. I have thought that I'd like to take ballet lessons—to learn to dance ballet. Then I think that most of the men are homosexuals, and I feel hesitant. I'd get a lot of enjoyment taking ballet—more control of my body. Is that a homosexual idea? A homosexual wish? The fact that I'm homosexual? I don't feel entirely masculine. As I become aware of movement, however, there is more sense to the dance—this feeling of the dance has more sense to me now that I let myself see these movements. It's the same with music. I allow myself to hear more. What has this got to do with the grotesque types? It reminds me of the women who are pushing 60. They've lived a hard life; they have hard faces; and their faces become masks—a hard life—a person's life does leave marks on their faces.

Th. The marks or the masks look like what?

Pt. Wrinkled, rouged up a bit, full of terror and greed, hardness of a kind—I can't quite describe them—a little bit frightful; to my way of thinking, somewhat deformed. About 80 percent of the women on the West Side that I see on the streets, or going into the stores, or the movies are like that. They have this appearance—I don't know whether it's me or them!

Th. Do you actually know women like that?

Pt. I don't think so. Well, maybe some of the women who go to my



uncle's house—they're like that. I see them but I don't know them. I don't like them—well, I mean they have those characteristics of hardness and so forth. Th. What about me? Do I impress you as being like that?

*Pt. (He gets up off the couch and looks at me long and hard and seriously.)* No, not really; you don't impress me that way at all. But I can be very critical of you.

Th. Sometimes when you call yourself critical you are being helpful at the same time—like the way you told me that my slip was showing.

Pt. Yes, I have been critical of you; earlier I was much more critical. I had many things I didn't like. It's that about the teeth, remember.... You did get a replacement and I don't notice it now, because it is a good one, but it makes me feel that you are lacking—like I used to have dreams about losing my teeth; something is gone irrevocably. Then I used to hate hair on faces. I still do, and I used to see hair on your lip.

Th. That's true; I had it removed by electrolysis.

Pt. Well, actually it wasn't that bad. It wasn't a mustache or anything—not that bad. I'm overcritical. Does that hurt?

Th. What?

Pt. The electrolysis.

Th. Well, a little, not much.

Pt. The point is that I always come here partly for neurotic reasons; and when I'm dissatisfied with the reasons—when I don't receive the neurotic stimulation, I don't like it and I feel dissatisfied. Then I feel I'm wasting my time. But I do feel better, and in many ways I act better, so I guess we're accomplishing something.

Th. We have noticed in the past that you did feel toward me somewhat as you did toward Dulcey. That you would wish me to talk against my husband, or that you would see me as a woman who wants to be relieved of my husband, or to complain about him. And then you have had sexual fantasies that were similar to the sexual acts you had with Dulcey.

Pt. Yes, we've been over that so many times, and I don't think of it much any more.

Th. Perhaps thoughts of Sally have replaced thoughts of Dulcey.

Pt. Maybe. Oh, well, tomorrow is another day!

Th. Yes.

## Louise Woll (164th Interview)

Pt. Hello. *[I sit in a chair and on the couch there are papers, but the patient hesitates to sit in a chair. I remembered that for the past two sessions the patient had been on the couch.]*

Th. Are you going to use the couch today?

Pt. Well, yes; last time I thought that you said I had done good work on the couch.

Th. Yes, that is true.

Pt. When I was anxious this morning, I thought maybe it was because I was thinking about using the couch. But, I'm not sure.

Th. We never figured out why you didn't want to use the couch before—what your fears were.

Pt. No. I think I figured out what my anxiety was about. [*Yesterday morning, Don, her husband, did not feel well; and when he took his shower, he vomited.*] Don thought that maybe he had an upset stomach because we had attended a bar mitzvah over the weekend and he had had too many Manhattans and too much food. Don went to work, but then he called me saying that he was coming home because he felt sick; he had chills. I told him to come home immediately.

I don't know why, but he didn't come home right away, and then I started to do something that I used to do almost continuously—I began to worry that he had had a heart attack. This used to be a worry that never left me. But for a long time I have not felt this way. But yesterday the obsession came back in full force. I knew that something was wrong—something neurotic. But I feel that I have learned something about why I have had that obsession all these years.

At one time this was a constant fear with me that my husband would have a heart attack; for a good many years I had this

constant fear. It was accompanied with a panicky feeling—a feeling of anxiety. When he finally came home, I insisted that we call a doctor even though he didn't want to. Secretly, I wanted to rule out a heart attack. He had a temperature of 102, and he had chills, and I insisted.

That night I had a dream. I had been reading an old copy of the Bulletin [*the leaflet of the Community Lecture Series of the Postgraduate Center*]. I thought at first that the dream was inspired by my reading these articles in the Bulletin. There was a review of an interview with you entitled "Who Are You?" In the article you said that people have a built-in desire to do things and to be something, and they usually know what they want to do, but there are many reasons why they don't do what they want, and it is usually associated with their problems with their parents. I started thinking about my transgressions as a child. Why did I do the things that I had done? How is it possible that I, myself, could have done those things? I felt like a split personality; one-half was the person I am, that I have become, and the other half what I was as a child; the two are entirely opposite. I know that you can't be split, but early me doesn't seem to be me at all—it was not me—I was split off from it—I didn't accept it as part of me. And yet, I told myself yesterday, it was me, I know that it is impossible to dissociate yourself from part of yourself; yet that is what I have been doing all these years. I am me and that was me. Then I wondered whether it is ever possible really to know why one does things like I did. Is it ever possible to know really? To accept that this is a part of me—perhaps this would help me to find out why I did those things, if this is possible. I'd be able to have a greater esteem of myself—if

I could do this.

Th. Yes, the first step is to admit, to recognize that this was part of you and that there was some reason for your behavior. Presumably we can find out what those reasons were.

Pt. I was thinking yesterday that it is so painful to talk about those things. When will I ever be able to discuss this matter? When will I ever be relieved of this awful feeling of shame? It just engulfs me! There are many things. Why can't I talk about them? I have talked about them before, but not to rid myself of these feelings—of this problem. While I was thinking all these things yesterday, I had a free association. I had an association about my neurotic feeling about Don getting a heart attack. I think that it is tied up with this feeling—my free association went something like this: If Don gets a heart attack, a fatal heart attack. I'll lose the only person who ever loved me. This is tied up with a feeling of not deserving anything. My fear has lessened. My fear of being punished. I don't have this thought often, and it is diminishing to almost nothing; but yesterday when it recurred in such strength as to give me an anxiety attack, I felt anxious and faint and so upset for several hours; then I began to try to understand what was happening and what connections to the past were there. This need for punishment is tied up with my not being able to let myself do what I want to do—to be what I want to be—which, as you know, was to be an artist and to do designs as well as creative work. This obsession and this fear of Don's death is tied up with the feeling that I have had for many years—since childhood—that I don't deserve anything, that I can't have what I want, and express myself and be as good, or better than the next

one.

Th. You could do better than many artists.

Pt. Yes, I guess I could, but that is not to be; I could, but I don't have the right to. Don used to say that he had to urge me to get things. I always would say: "Oh, I don't need that!" But, I don't feel that way any more. Perhaps that is why I didn't wear a wedding ring for several years. I never wore a wedding ring. I didn't have the rights and privileges that other people did. Then I was thinking about my mother and the fact that I have such a fear of driving a car. I have an unconscious fear that someone wants to crash into me—that someone wants to destroy me, and that I don't know how to protect myself. I'm still acting out—I still can't drive a car. While I'm aware of the aggression I have had, I'm aware of the anger toward my father—and with my mother, I wasn't aware of the full force of it; I was always trying to please her—still am to a certain extent. Well, anyway, I am aware of the anger, yet I'm still turning it on myself. *[This psychosomatic symptom—she means the itching that had subsided in therapy for two years and had almost disappeared, but in the past year had returned to a point where she is sometimes almost beside herself—"is driving me crazy." The itching comes out under her arms, on her neck, around her waist, and around her thighs, and on her feet. She scratches until she is raw. When she scratches her feet, she becomes sexually aroused, but she is not conscious of the fantasies that she may have at that time; these are apparently repressed. Her sexual symptom of frigidity for which she came to treatment has in the past year been slightly reduced, and she had started to ask her husband for sex. He became very anxious when she did this, and he almost*

*threatened to divorce her. He asked her not to continue with analysis and to "let sleeping dogs lie." He became very impotent when they would try to have sex. Formerly, he had had sex, and she had allowed herself to be "used" as a receptacle for him— never having any feeling at all and hardly moving her body during the sexual act. He would have a quick orgasm and the experience would be finished. She has been frigid all her married life, although during the early part of their marriage her husband used to try to stimulate her with foreplay and with manual manipulation of her clitoris. She never was able to respond. Patient feels that the symptom of itching began when her migraine headaches stopped, and she feels that the two symptoms are thus connected.]*

The itching is a substitute for the migraine, a way of turning anger on myself. I'm not letting myself know of my sadistic feelings. I think this symptom keeps me from realizing how terribly hostile I am—or I would be—how sadistic I really am. I just don't let myself know of my sadistic feelings. I know that I have hostility toward my father, but I never realized the extent, I didn't realize how hostile I was—or am.

Then I was thinking about my mother. I think that I can see my mother's feeling toward me. My mother felt that everything I did was an act against her, and, that I did these things to her, she felt, because I had to keep paying her back.

The patient means here that this is the reason she has been her mother's slave all these years. Two years ago, the mother verbalized these feelings to the patient; her mother and father are still living and

are over 80. Now they are both sick and infirm, but really there is nothing basically wrong with them. The father does not see too well, and the mother is always fearing a heart attack but never has had one. She is in very good health for her age. Under the impact of therapy, the patient expressed some of the resentment that she feels when the parents depend on her for everything—even though there are three other siblings who could as easily do things and the family can well afford maids. But the mother fights with the maids in a paranoid way, and the maids then walk out. The patient then feels that she must leave her own home and come into the parents' apartment to clean the place. The mother said that the patient owed work to her for what the patient had done in her youth. The patient was shocked to hear her mother say this, and was upset for several weeks. She was aware for the first time that the mother was consciously exploiting her and using the incidents of her youth to rationalize her actions or to excuse her feelings toward her daughter.

Pt. Last night I was thinking that I can understand my mother. I was 14 1/2 years old when I was six months pregnant and my mother didn't know anything about it. *[The patient has spoken of these incidents before in the analysis, but not in this way.]* I can imagine that it was a great problem to her. She doesn't want to see her role in it, of course; but, practically speaking, she was presented



with a great problem. She had to get an abortion for me. I asked her to take me to our family doctor and that was the first she knew about it—he told her that I was pregnant. I was afraid to tell her. But he wouldn't do anything about it because he thought it was too late, and he himself wouldn't do anything, anyway. So my mother took me to several doctors until she found one who would do an abortion. I don't remember the abortion at all; but I do remember an incident that fills me with shame when I was in the doctor's office. [*This incident, the patient had never mentioned before.*] My mother wasn't in the room with me when the doctor was examining me. I thought I was going to faint; he put my head between my legs so I wouldn't faint. I thought I was going to faint anyway. What happened then was that the doctor started to make advances to me. He put his arms around me; he wanted to kiss me; just exactly what he said, I don't know, but he was implying or asking why I wouldn't have intercourse with him. At the time that this happened, I felt that I was in love with the boy who had made me pregnant. I was shocked and upset when the doctor had this attitude toward me. I didn't feel that I was a whore; I felt that I was in love and that I was doing this for the boy. After this visit I became ill. After the abortion I became physically very ill and developed a temperature of 104. Then I learned that I had septicemia. I didn't know what the doctor did. I don't know of anything that was really done to me—if he actually did anything; either I didn't know it or I have repressed it. I don't know whether he did something to bring on the delivery, but, anyway, I remember that right at this time, while I was in the hospital—they had to take me to the hospital—I broke out with boils all over my thighs. I wonder if that has anything to do with my symptoms? I can understand my mother, as I say, but

yesterday I realized that she was taking a terrible risk with my life—what was she trying to do, destroy me? In a sense, she didn't have any love for me; she was protecting herself and not worrying about my life. My life wasn't considered at all. She thought of this as a face-saving thing—I had done this to her—not what I had done to myself. Where could I have the feeling that I had any rights. Always my parents—not my parents, but her only her—it was that this had been done to.

The incident that happened to me a year later, when I was caught taking the trinkets off a counter—something was said the other night [*she meant at the group therapy session*], Charlotte said that she cajoled and begged her parents to give her money, which she then used to buy things for girls. I remember now that these things that I took were not for myself—they were for gifts—to give gifts probably for the same reason—that if I gave somebody something, they'd like me. The reason for taking and for getting caught was for another reason—that's another matter—why did I have to get caught and go through all that humiliation? Was this a retaliatory thing to my parents for what they had done to me; was it to hurt them that I got caught? The result of this, however, was disastrous to me; I had to give up everything—my design school, my art career, and everything.

Th. You had to give it up for all time?

Pt. It seemed that way, although of course that was not so; but every time I have tried to go back to it, I have never been able to.

Th. That was your punishment? Did you get caught as punishment,

too?

Pt. Perhaps that was it; I had to be punished for what I was doing to my parents and so I had to get caught. They degraded me so that it was terrible—in school, I mean.

Th. I'm not quite sure that I have the sequence of events in my mind clearly. When did the stealing incident occur?

Pt. Well, I first went into high school and my sister Alice would cut class. She was my older sister and I would go with them—with her and her friends. They would cut school on Wednesdays, for example, and go to matinees. They would sign notes for each other; we'd sign notes for each other and finally we were caught and put on probation—our parents were called to the school and we were disgraced. The principal talked terribly to me; said if I didn't stop, I'd be a forger and I'd end up in jail. They didn't expel me from the school; they discovered after looking at my records that I had an aptitude for drawing. And then I went to this other school—this school for design—I don't remember the name of the school—it was an art school and I loved it. It was on 57th Street. Then it was in this school that the incident of the trinkets came up and I had to leave school for good.

Th. When was this in relation to the pregnancy?

Pt. That was much earlier—I was 14 when I was pregnant—the stealing was later. I remember that I was in the hospital, there were Christmas trees. It was Christmas time when I had the septicemia, so I had the abortion, or the still-birth, or whatever you call it—so I was pregnant for six months—so I was pregnant

in July.

*[The patient goes on to tell me of another pregnancy she had two years later. She mentioned that at the time she became pregnant the second time, her mother had left her in the city with her older sister and the family had gone to the country for the summer. The older sister had many episodes with boys but was never caught as the patient was. The sister was 18 at the time.]*

Th. What was your exact birth date again?

Pt. February 1904.

Th. So, actually, this was in 1918 *[the incident of the second pregnancy]*.

Pt. Yes.

Th. And Clarence was how old? *[The boy who made her pregnant.]*

Pt. He was 19.

Th. Yes. He was 19 and you were 16?

Pt. I never thought of it's being 1918. I wonder if the war had anything to do with Clarence's attitude. I was in love with him—maybe he had to go to war—he didn't want to get married. Since that time, since I left art school, I have had a rope around my hands and a vise around my brain . . . I don't permit myself to do things.

Th. Yes, and that has been for a long time—since you were 15. And when was that in relation to the second pregnancy?

Pt. I was 15, but I guess after I left school. I have a very good feeling for color, and I know that I could do something with my talent. I could—I feel I could.

Th. You can't just let yourself go.

Pt. It seems not.

Th. You are afraid to express yourself?

Pt. I feel that this is all tied up with my own unconscious feeling that I'm not as good as anyone else, not as good as the next person.

Th. It's certainly not conscious; well, it is somewhat conscious. Have you been thinking recently about going to art school or doing some kind of art work? Is there anything else—does anything else go with this feeling?

Pt. How do you mean?

Th. Any other thoughts or feelings attached to this besides these feelings of unworthiness?

Pt. Well, it's a feeling of being bad. Last night I had this feeling when I was thinking about this incident.

Th. What incident?

Pt. Well, what happened to me in my second pregnancy—I can't really understand that at all. Well, I was thinking that I was a murderer. It's a feeling of being bad; almost worse than committing murder

—this was murder. Well, gosh, my mother tried to murder me, didn't she? I thought that—and the second time I completely cannot understand the dynamics of the second pregnancy.

Th. Did you think of the doctor?

Pt. Yes, of what doctor? You know what I said just a few minutes ago about being a whore—in my mind it's almost worse than murder—in my feeling, this is worse.

Th. Are you thinking about the second pregnancy?

Pt. Yes, and also about having this senseless, meaningless affair with this doctor; worse than murder—being a whore. *[The affair she refers to occurred when she was much older, about 45. This doctor was her internist, and for some months she would go to his office and have sex with him. She still had no real feeling, but she felt excited, "not necessarily too sexually excited, "]*

Th. Oh, you mean that you were thinking of the doctor that you had the affair with and not the doctor who did the abortions, or who made approaches to you?

Pt. Yes, I always had this doctor in my mind, too—always thinking of it—like an obsession.

Th. Yes.

Pt. Worse than murder—this must reflect my mother's feelings.

Th. How did you know what your mother's feelings about whoredom

were?

Pt. About sex—I know how she felt.

Th. Well, what about whoredom?

Pt. One thing puzzles me, when my father was caught and I became upset.

Th. When did you find that out? *[It was somehow revealed in the family that the father had been having an affair with the patient's female cousin who was a doctor.]*

Pt. I was about 18, not long after I was married. I think that the fact that my father had had this affair for ten years—my mother kept up a friendly relationship for years with my cousin *[the woman with whom her father had had an affair]*. My mother was friendly with her, she still is friendly; this is difficult to understand. This is difficult for me to understand; it's as if she had given permission for this affair.

Th. Uh huh!

Pt. That she had condoned it.

Th. Uh huh! *[I believe here that the patient is about to make a connection, if not in this session, then in the next few sessions with the mother's and father's behaviors and her own acting-out patterns in the first sixteen years of her life, and perhaps with the later affair with the internist. The patient's scratching and itching may have had some connection with the physical parts of her body]*

*that were involved in these various sexual episodes.]*

Pt. And she probably did—since sex was nothing she desired—a wife had to endure sex being married to a beast; and all men are beasts! Quote! We talked about my mother's feelings about sex before. It wasn't anything that she recommended. You said how did I know what my mother's feelings about whoredom were? I had some associations.

Th. To my question?

Pt. Yes. I wonder if the fact that she was a doctor, and then the first doctor and the second doctor. Does this have any meaning to me? I don't know! I keep asking myself whenever I think of it, what were my motivations? Were these things that I did all part of a self-destructive pattern? Well, they were certainly destructive to me! I know that adolescents are very moody, but I think that I was an especially moody girl. I'd be very exuberant and then I'd have depressed feelings and ask myself, "What am I living for? What is life all about?" I was thinking all my life, "Why wasn't I born a man!" All my life, "How much better it is to be a man than a woman!" And it's only in the last two years that I have felt differently.

Th. That certainly should be of great significance to you. Your father's and mother's behavior in relation to his affair.

Pt. (*She gets up from the couch.*) Do you think that I'm doing better on the couch? I think that my anxiety last night was that I'd have to talk about these things, and my fear all along, and one of the reasons why I felt so anxious was that I'd lose control of myself



and talk about these things—if I were on the couch.

Th. That is perhaps the reason why you feared the couch; you feared letting yourself go. Letting yourself express these ideas.

Pt. Yes. Well. I feel as if I'm getting somewhere—I'm not sure where.

Th. Yes, I think you are. You seem to feel that the affair you had later in your life with the doctor had something to do with the experience you had with the doctor you went to as a child—the one who did the abortion—and you are suggesting that your father was “acting out” in some such fashion too, and that with both you and your father your mother has a definite role to encourage this kind of behavior.

Pt. Yes—I'm so confused.

Th. I wonder who those doctors represent to you.

Pt. I don't know—the answer is always parents.

Th. You have no particular thoughts or feelings about it?

Pt. No, not this minute.

Th. I was wondering also whether you were not identifying with your mother. You felt she was trying to injure you and you were in jeopardy—you said that maybe the fears represent your own aggression.

Pt. Yes.

Th. But we do not know what is in the present that set all this off?

Pt. No.

Th. I was wondering whether it was that you want to paint or go to art school? Have you been thinking about it?

Pt. Yes—oh, yes!

Th. Recently?

Pt. Yes, the other day—I was thinking that I resent being a volunteer in a mental health agency and I like art better.

Th. But you didn't want to say anything about it.

Pt. Yes—that's it, I guess.

Th. Will you go to art school?

Pt. I don't know.

Th. Will you start painting?

Pt. Yes, I think SO.

Eventually, the patient did start painting, and within one year she had a show—but this was about one year after she left treatment.

**Maxine Diaz**

In this portion of a session Maxine tells me indirectly of her anger and of how she defends against it in many ways; then she becomes more direct but defends against dispelling the rage.

Pt. I had a dream, these dreams, I was anxious to talk about them. I was sorry I missed the session, but it was important, I had to stay at the meeting, the budget meeting. I had to testify at the meeting to justify the money for my department.

Th. Oh, I see. I guessed that was something you couldn't help. What were the dreams?

Pt. The dream was at night, walking on a road with a lot of people, we were all walking on this road until we got to this country store. Then people entered the store. I was walking in the mud, it was dark and muddy. I went out again (I guess alone), but I didn't really seem alone—but I was and I was carrying a big stick. I was told to carry a big stick to defend myself. With the stick I could push my way along and defend myself. I heard all these footsteps. I couldn't see anything and was fearful.

*[The other dream]* Fall leaves, many colors *[this is a recurrent dream]*. I could hear the sound of the leaves. There were crocodiles, made of paper cardboard—I've had many of these cardboard dreams. It was then raining. I was naked. Oh. I'm sorry, I was not naked; I was wearing a short-sleeved summer dress, with a towel over my shoulder, brown socks, and no shoes. I felt people were looking at me because of my clothes. It seemed like it was the University of Puerto Rico—and I was then walking

around and it seemed like the university. Looking at a picture of the sons of Goya—and the painting was worth \$120.

Th. Did you say Goya? Like Goya the painter?

Pt. Yes, Goya, sons of the painter. The children looked stern and gypsylike—like “gone”—like a fantasy or reverie—and the picture was worth \$120. Those are the dreams.

Th. What were your associations to these dreams? What about the first one? Well, first it seemed like the place was on a plantation in Puerto Rico where I did field work—the dark, no electricity—the country store. And it also reminds me of some of the places in Paris, some of the streets in Paris. What streets?

Pt. In the Algerian quarters. I often walked there. I got lost . . .

Th. Well, if you walked there often . . .

Pt. I didn't get lost; I went there often. Well, I guess it reminded me of Harlem and of the Puerto Ricans in New York—and of myself in New York; I guess I can't afford to dream of myself in New York. I've no stomach for that in New York—my life. On Saturday, I had an insight. Saturday I realized I was married to Charles. I'm his wife, he's my husband, I had insight.

Well, Saturday I was taking a nap and when I woke up Charles was lying next to me and then when I told him that I realize I'm married to him—I'm really conscious of our relationship. He said “It's taken you almost four years.” I said; “Well, your mother hasn't realized it yet! You shouldn't blame me for taking only four

years." He said: "Well, I'm glad you feel the way you do!"

When I was married to Pedro I felt that it was something if a man was willing to date me—that he was interested in me as a woman. I had no choice—the marriage was not anything I had any responsibility for. This is not the first time I have had revelations of this kind—I had unique and wonderful feelings, in Scotland, that Charles is a person I really trust. Last month he made me feel I come first in his life—I am really important in his life.

Th. You feel you haven't had that relationship before. That's good to have.

Pt. No, never.

Th. What about here? In this relationship, do you constantly have to be on guard because of fears?

Pt. Yes, why did I have the setting of Palmas Altas? There I was surrounded by people who were very close to me—at the same time I could not feel close. The people in the community symbolized the kind of relationship I could not have. But I wanted to be close; I had never seen people like that. *[She has ignored my reference to transference or to her feelings about me.]*

Th. Did you want to be with somebody because you were afraid? Can you tell about the feelings you had? You said you were not responsible for the marriage! Did you feel you had to be on guard? What feelings did you have?

Pt. I don't know, but I had just become 21; I had been sheltered all my life I didn't dare to drink the water there, nor eat the food. The scarcity frightened me. I was afraid. I didn't know how to behave. I was afraid of the rats—afraid of crabs, afraid of bugs—and if I heard rats chewing and crying outside my hut, I became more terrified. *[She is talking about the location where she was sent to do field work when she was working on her Ph.D.]*

Th. Did each person have a hut?

Pt. No.

Th. Oh, you lived with a family?

Pt. No, I didn't live with a family, but if they offered me food when I was in their hut, I was afraid to take it because of dysentery.

Th. You didn't live with a family?

Pt. No, I had a hut to myself.

Th. You said you didn't know how to behave. Maybe that's one of the reasons you got married—your fear—you were afraid to live in the hut by yourself, you didn't know how to behave. Is that why you married Pedro? You were away from your protective family, and you needed protection? That's a different kind of relationship than you have with Charles.

Pt. I was really lonely. In Chicago, I was not lonely in Chicago. I had many friends. I had never seen people like those in Palmas Altas.

Th. In Chicago you had friends—both male and female? So you didn't feel the need for marriage.

Pt. Yeah.

Th. What do you think the dream means?

Pt. The darkness—a whole period in my life—which still continues— isolation, depression. I have to organize my aggression against others whom I distrust because I don't know where I'm going.

Th. You continue to have such feelings?

Pt. Yes, that's why I think I can say that I block; I'm so blocked, my experience doesn't represent awareness.

Th. Your former experience was that you did not allow yourself to be aware of many things?

Pt. My present life—in my experience. I'm unaware. I still have this habit.

Th. Even if things are obvious, you're unaware—even if things are obvious?

Pt. That's right. I'm so detached I don't see. I'm blinded to recognition.

Th. When did you have that dream?

Pt. Thursday.

Th. What was happening Thursday?

Pt. Thursday I was very upset. I feel I have to leave my job and it is stupid to leave when for the first time I could get some satisfaction in working, some research to my name, and some papers. My problem is should I give this up or should I stay until I get the thing done—the research. Sometimes the aggravations are such that I feel like giving the whole thing up. I was very angry Thursday.

Thursday, Paul told me the budget director turned my proposition down. The reason that I can't have the raise is that I do not function as a chief research scientist since I was doing a lot of administration I was very angry at that. Also they had turned down the other positions I requested for assistants. I had to leave my work at the university and write a statement. With all the things I have to do I also have to be bothered with this nonsense. I have to write a statement why this should be this way and then go and defend it before the budget hearing—I was so furious I could kill everyone dead. I could hardly write or breathe, I was so angry.

Th. Well, I don't blame you at all for being furious.

Pt. But I was in such deep rage, it was frightening. And I had such physical reactions— I wanted to walk twenty miles, I wanted to go away, I wanted to kill.

Th. Who do they represent to you?

Pt. Don't say that! They represent themselves! It's not true—I should



be angry, but not to have such a terrible reaction. It was not my mother, nor my father. [*Denial.* ]

Th. Were you ever conscious of having such feelings as a child toward your parents?

Pt. Never.

Th. You must have repressed all those feelings.

Pt. Yes—of course—but I remember being angry—but, really, I guess afraid. It has not spoiled my relations with men [*denial*]. I remember as a child liking men. In high school a boy fell in love with me; he acted awkwardly he never spoke with me about it. In grade school, in parochial school, I had a boyfriend; I liked him very much. In the university there was a boy whom I thought was a god. I know the man I was angry at—my brother; and the male servant who exposed his genitals to me; and my father—my own father, not my foster father.

My problem was that as a child I felt I was very ugly and that they could never really love me. At the University of Chicago there was a handsome boy who liked me, and I flirted with him. I was not afraid of him.

Th. The symbol is danger, harm will come to you, fear of danger—fear of being hurt if you're close to someone. You need a big stick.

Pt. Well, I was never afraid of rape, if that's what you mean. I was not a good sex partner when I first married, but that improved. I was just inexperienced and afraid, and I felt ugly. I know whom I was

afraid of as a child—it was not in the relationship with boys. This does not mean that I was not afraid, that I wasn't afraid of the man. I was afraid of my mother, her sister, my cousins, my brother, my uncle, my father, two other cousins, my father's brother, the bad man servant we had, of authoritarians that would crush me by giving me orders and who would punish me if I disobeyed them.

The dream seemed to be in Puerto Rico, where I had friends, where I liked my peers for the first time.

Th. Cardboard—why cardboard?

Pt. Snakes, alligators, toads, crabs are the same to me. I dream of them all.

Th. What are your associations?

Pt. Awfully big, vicious or tame, and scared of their death!

Th. Why are you scared of their death?

Pt. Before they die they will kill me—they're more desperate when they're dying.

Th. They represent things that are potentially harmful to you if you disturb them in any way?

Pt. They can harm me, hurt me.

Th. You were talking in the context of a phobia, as if these animals

represent dangerous people. We don't know who the people were.

Pt. Once I had a dream of a big crab, when I was in the group—a big crab coming to get me—my father—the association was to my father.

Th. A long time ago—when you were little—did you have any conscious fears of rape?

Pt. No.

Th. Did you have fears of the anger of men—of your father?

Pt. No.

Th. Then maybe it's reversed—maybe you have a fear of your own anger toward men.

Pt. I wouldn't know. You see, my actual exposure to boys was good; there was a boy, sweetheart in the fourth grade, another boy in the sixth grade. I thought he was beautiful. My cousins, they hit me.

Th. And in the sessions here you may be afraid of your own anger—your own fears of what would happen in closeness. I was wondering about the \$120—what would that refer to?

Pt. I don't know—nothing that I can think of.

Th. I suppose it could be a sum that you paid—paid it for something.

Pt. Yes.

Th. To me.

Pt. No.

Th. Perhaps you fear I would be very angry if I knew what you do—or perhaps you are angry at me.

Pt. No, I can't think of it that way.

Th. Just that your anger frightened you when you realized how intense it was at work?

Pt. Yes, yes.

Th. I remember the long walks you used to take through the city here. You told me about those long walks. You must have been discharging a lot of pent-up anger through physical means, if the dream has any significance in relation to your anger.

Pt. Oh, yes, I did that even a few months ago.

Th. Perhaps you feel that people are like the snakes and the toads—that if you disturb them or ruffle them they will fear that you are trying to kill them, and they'll kill you first. Therefore, you need a big stick. Your associations seem to mean that the big stick is aggression—aggression to safeguard you against aggression. But your husband makes you feel accepted. No matter what you do, he accepts you.

Pt. Yes, yes.

Th. So you wouldn't need a big stick when he's around.

Pt. Yes, yes.

Th. What about *me*—how do you feel here?

Pt. I feel safe enough.

Th. But I mean perhaps you have transferred feelings to me—that I may turn on you and injure you!

Pt. No conscious thoughts like that. You may not be helping me, but no thoughts that you'll injure me.

Th. Who would I represent—if you did feel that way?

Pt. I don't know.

Th. Are you angry at me?

Pt. No.

Th. But you're not sure that I'm helping you.

Pt. Well—I still have this intense anger, an overreaction to people and things and I don't seem to be able to reduce it or eliminate it. It makes me fearful, and we haven't done anything yet to make me get over it.

Th. So you are angry about that.

Pt. Not too angry really—but I would like to be less angry. It takes a lot out of me—I'm done in, exhausted. I have this overreaction; why can't I be a little angry and then get over it?

Th. You feel you just keep on with the anger long after the situation is past?

Pt. Yes, I could kill, that's so bad.

Th. Well, you're not killing anyone even if you feel like it.

Pt. Yes, but I don't want to feel that way.

Th. That's understandable. I think you resented the side of the research problem where you had to spend the time writing up a justification and then going to defend it. You feel that if you want something, you should have it without such a hullabaloo.

Pt. That's right.

Th. The bureaucracy—authoritarian—is the bureaucracy authoritarian? And you got so angry because they were trying to control you—they were controlling you by making you leave your work at the university and making you defend yourself. And when you get angry, you become afraid of your anger. You feel if they see you are angry, they'll punish you by not giving you what you want and need.

Pt. I guess so. Oh well. I wonder if this will help me be less angry .

Th. Perhaps, I don't know, perhaps.

Perhaps one of the most difficult aspects of treating the borderline patient, using a theory of defense rather than a developmental concept, is the matter of making an interpretation at a point where the patient will listen and accept the interpretation without too much resistance. The patient will say, "My other therapist told me that a long time ago, but at the time, I had no idea what he was talking about. It meant nothing to me." Or the patient may say to me, "Well, why didn't you tell me that a long time ago? Why have you waited all this time?" My obvious reply is, "I did not think you would accept what I said." Some patients will say that they heard a lecture or they read a book and in the book they learned so and so about themselves. This may be the exact statement that I have made several times, but when I said it, the patient was not listening.

## Conclusion

With our new understanding and the adapting of the theory set forth in this volume to the dynamics of the borderline, the therapeutic process will be more understandable and the therapist will be less likely to have counter-transference reactions. When knowledge is on a

firm ground, both the patient and the therapist benefit, and the therapy is more likely to proceed to a satisfactory conclusion. Each patient will manifest his problems in a unique way. How the therapist will utilize the emerging dynamics will reside in his particular style of operation. I have indicated ways of functioning that I have found useful and that have been confirmed by some of my students and supervisees. It is my hope that this material will inspire readers to report their experiences with patients which will add to our knowledge about a syndrome that continues to intrigue us with its complications and challenges.



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