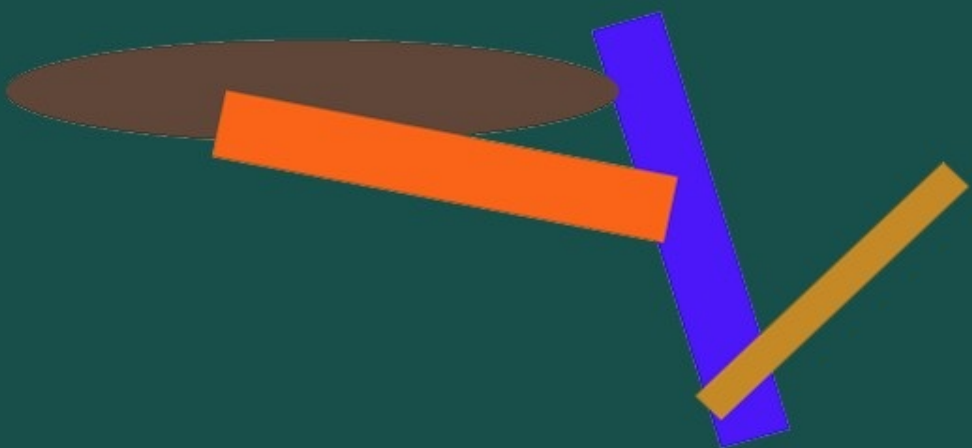


The Problem of  
**FEELING DemeanED**



**ARLENE ROBBINS WOLBERG**

# **The Problem of Feeling Demeaned**

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e-Book 2017 International Psychotherapy Institute

From *Psychoanalytic Psychotherapy of the Borderline Patient* by Arlene Robbins Wolberg

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## The Problem of Feeling Demeaned

In psychoanalysis with the borderline patient the problem of feeling demeaned as a child arises constantly and has to be dealt with repeatedly. The feeling of being demeaned is functionally related to the problem of having created an identification with the neurotic patterns of the parents. The “giving in” to the identification is a demeaning experience, and self-contempt and masochistic fantasies accompany these feelings. The repetitiveness of failing to gain the respect of the parents creates both depression and a self-contempt. The guilt and fear accompanying the feelings of wanting to be different from the parents, of knowing that one is *different* yet the fear of acknowledging this is evident.

Anger is an accompaniment of the feelings of being demeaned, and often the patient invites an attack. The paranoid attitude is a function of feeling demeaned, and the projections in the defense of projective identification are associated with the repressions and denials and with the isolating techniques that defend against two

opposing feelings—that of feeling demeaned associated with masochism and the feeling of grandiosity, a function of the patient’s sadism. The inhibitions (the “expression of a restriction of certain ego functions [Freud, S. E., 1926, 20:89] and other autonomous behaviors) of the patient infuriate him; yet he must put them into operation due to his identifications. The anger is reactive rather than a raw expression of aggression. The rage begins when the child at last allows himself the consciousness of being demeaned and inhibited in his functions by the parent. Later when he inhibits himself (after the internalization of the identification), he is angry both at himself and his parents. He must contend with his anger and with his feelings of demoralization through the means of defenses such as undoing, denial, grandiosity, which like repression are processes of derealization and depersonalization, which like repression are forms of flight from reality. The stimulus for these defenses are anxieties associated with feelings of danger originally evoked in repetitive traumatic relations with parental figures and later derived from projections (transference mechanisms, i.e., projections of identifications) onto others.

In the case history that follows we can see how George Frank Quinn used his problem of feeling demeaned as a defense against

interpretation.

## **George Frank Quinn—A Case Illustration**

The patient is a physician of 32, married. He engages in occasional homosexual episodes as one aspect of his acting out. He does not, however, have a true homosexual adaptation. Often, when he would be ending a session, he would say he feels like acting out homosexually; he wants to have some "excitement." We often tried to discover what it was in the session that made him feel like acting out. We knew that it had to have something to do with what went on between us. Lately, he has been able to "zero in" on some of his feelings. He has stopped acting out, and he can thus begin to think and to verbalize, to "unloose some of his repressions" and to "talk out." as Freud used to say, instead of "acting out" his sadomasochistic fantasy. In one session we had gone through an interpretation of a transference feeling, and he then said he was beginning to feel he wanted to act out. This was strange because he felt that the session had been useful. He had told me of an episode with some of his colleagues in the hospital where it was found that the wrong summary had been attached to the X-ray plate of a certain patient; this was

discovered by one of the technicians. His name (Quinn's) was signed to the summary. He was being made to feel guilty for the mistake, and he was angry about this. He felt "put upon."

He was in individual treatment twice a week and in group therapy once a week. This was his seventh year of treatment and his 329th session. What had upset him also was what went on the night before in the group.

Th. What was it that I did that was demeaning?

Pt. You were mocking me.

Th. When?

Pt. When you were talking about me being a little boy. My "little-boy act."

Th. I didn't say you *are* a little boy, only that you were *acting like one* in the group, and I also mentioned that you acted the same way at work.

Pt. You were mocking me, acting toward me as if I don't know anything, as if I'm a silly child.

Th. I think you are mixing me up with someone else I've heard about. I do not think you are a child, neither do I feel that you are helpless nor that you are silly.



Pt. All right, all right, but you were mocking me just like my parents did.

Th. Your parents told you that you couldn't do anything right. I don't remember saying that; and the group members, although they agreed that you were acting like a little boy, certainly were telling you that you are a good doctor, one they would have confidence in. That was the whole point of Ralph's talking to you. You couldn't accept his idea that you are a competent doctor with high ethical standards.

Pt. The point is that *you* had that attitude.

Th. Well, I won't argue with you.

Pt. You were angry at me.

Th. For what?

Pt. For making a mess of my job.

Th. Well. I can't say it made me happy to hear about it; I'm not sure I was angry.

Pt. Yes, you were. And you think I'm a mess!

Th. I don't think I'm angry, but I'm not happy either.

Pt. You are angry; you acted angry in the group; that's why you were mocking me, imitating me—the little boy.

Th. Perhaps I sounded sarcastic. Do you think I was being sarcastic to Harriet when we were telling her how she was acting? You were telling her, and I agreed with you.

Pt. No, I don't think you were being mocking with her.

Th. Well, what was the difference? I think she was annoyed; she didn't exactly like what we were saying.

Pt. Well it was different.

Th. I still don't think she thought so.

Pt. We were right about her.

Th. Yes. And about you too?

Pt. Well, you were right, but not entirely. You were mocking to me.

Th. In other words, I want to humiliate you. not Harriet. I want you to suffer, but I feel more kindly toward her.

Pt. That may be.

Th. I think you really know what I think about you and your capacities and talents. I think I feel a great deal different toward you than your parents did—or do—at least according to that letter from them that you let me read.

Pt. Of course, you don't have their attitude.

Th. Indeed I don't!

Pt. Well, what were you saying anyway? . . . It's not too clear.

Th. Well, I was saying that when you talk about recent incidents, you do so with the idea of *evoking sympathy* rather than talking *about the problems that got you into the mess*—and the group was agreeing with me. Sympathy isn't going to help work out the problem, and if we don't work it out, it will happen again. It's happened already twice, and it's time we took the matter seriously. Oh, yes! There was another thing we were saying. About being serious. Are you serious in wanting to work it out or are you still only trying to get sympathy or a pat on the back. *You know you have sympathy*, but that hasn't seemed to help work out the problem. What keeps your neurotic feelings and actings recurring? We were wondering whether you are serious now in wanting to work it out.

Pt. Well I am, but I don't know how to do it—how do you go about it—what can I do—what can I say? [*This is a passive-aggressive gesture.*]

Th. Well, can you think of anything?

Pt. Yes, the problem is not that I am so particular, that I'm such a good doctor, but it is that *I don't want to make a mistake*. And I confer a lot. I want to talk it over with others.

Th. And that makes people annoyed at you—they feel you are bugging them and wasting theirs and your own time.

Pt. Yes. So much conferring doesn't work out in private practice for every minute counts moneywise. They say I'm too slow. But I know I also don't like to work; that is a fact. *[He is in a group practice, having left a university setting.]*

Th. I've heard you say that *you do like work* and that you think there are some interesting problems you come across. You must have both feelings—opposite feelings.

Pt. Yes, but there is no time to do anything about the interesting problems. Only in academia is there time—but there's no money—so it's a conflict. I still have to work out this conflict. I think I'll have to give up a lot and go back to the university—I'll have to give up my boat, my vacations, my trips to Europe, my way of life.

Th. You'll have to give up everything. How do you figure that?

Pt. Well, if I'm earning a lot less, then I can't live like I do now.

Th. Are you sure it is necessary to give up so much?

Pt. Oh, yes.

Th. I think that all you have to do is give up some of your neurotic habits, and that's what you don't want to give up.

Pt. Why do you say that after such a long time? I would think that you would know that if someone spends seven years working at something they are serious. Now you are mocking me again!

Th. That's what you think—I'm mocking you?

Pt. Yes, that's it.

Th. After seven years that's what you think.

Pt. Don't try to turn the tables on me! You now you are discouraged and angry at me.

Th. Well, angry is perhaps not the word—it's frustrating to you and perhaps to me—I don't know—perhaps it's frustrating.

Pt. Well, if you're frustrated, you're angry.

Th. Perhaps. But are you going to get down to business, or are we going to play games?

Pt. Let's get down to business but how? *[Again the masochistic stance.]*

Th. Now you are acting like the helpless little boy again.

Pt. Oh you make me so mad—you are infuriating.

Th. What do you want to say to me?

Pt. That you are infuriating, like my parents.

Th. I refuse to be thought of as just like your parents.

Pt. Now, we really are wasting time.

Th. Yes, let's stop that.

Pt. Yes, well let's talk more about the job and how I act.

Th. Fine.

Pt. Well, I don't want to make a mistake—I guess I want to be perfect.

Th. The old orthodox analysts used to say that this is a narcissistic need—to be perfect. But, I think it's more complicated than that.

Pt. What do you mean?

Th. Well, we've mentioned wanting to control and being obsessive due to anxiety.

Pt. I can see that with the technicians—I don't want them to do anything different—I want the routines the way I want them—it makes me anxious if the routines are changed.

Th. Well, why would they be changed?

Pt. Well, for example—I was working in the hospital and was acting pretty much like the boss—then they appointed this fellow who came in and changed the routines . . . He was the new director.

Th. That made you angry?

Pt. For many reasons. I was displaced.

Th. Well, actually you knew you were not going to be appointed chief. You weren't going to have the chief appointment in that hospital at all.

Pt. Yes, but—well, I didn't like it—but changing the routines upset me

most of all. It was unnerving to me—it was a reflection on me too—putting me down.

Th. That's one way to look at it.

Pt. Well, how else?

Th. Perhaps that need to control—to have it your way—the way your parents acted with you and you had to act with your parents. But at work you act more like your parents did with you—at least with the technicians—like a taskmaster. Kill the unruly people! How dare they! Not having your own way makes you angry. You think of it as a defeat—as a put down.

Pt. Yes, that's true—but not quite anymore.

Th. I guess that feeling has been broken up a bit. I was thinking that you need to control out of some kind of anxiety. But when you deal with the “bosses,” you become the helpless little boy, and they control you.

Pt. Yes? I don't want to make a mistake—that's all I can think of.

Th. Well, once in a while everybody can make a mistake. I know that plenty of mistakes are made in hospitals.

Pt. Yes, but I don't want to make one.

Th. I wonder—was your mother like that?

Pt. Not at all—but my father was! [*Identified with the aggressor and the*

*controlling male. ]*

Th. Yes. *I* know he was a “put-down” artist too—but so was your mother a “put-down” person, I mean. Was your father a perfectionist too?

Pt. Yes, Yes—I said so already. Well, somehow I don’t get so angry at my father as at my mother.

Th. That’s kind of strange. They both participated in that terrible letter they wrote to you. Calling you impotent—not capable of managing your financial affairs, and all that! Perhaps it was because they were angry at you for demanding the money. They said you’d lose it all within one year through incompetent managing.

*[His parents had set aside \$40,000 in a way that they were able to avoid some taxes. The money was in his name. He was still a youngster when it happened, but last year, after he finished his residency, he decided to take the money. The parents had never anticipated that he would do that. They had no choice but to give it to him since it was in his name.]*

Pt. Yes, they must have been angry. I don’t know what we’re talking about this for anyway. We’re at the end of the session and we haven’t accomplished anything . . . Sometimes I wonder why I keep coming here! Oh well! I’ll see you next week. *[He has great anxiety about making decisions or being assertive. ]*

## **The Following Session - 530th**



Pt. [*The patient lies down on the couch although he has not been made to feel that he has to use the couch.*] I feel the same way I did last night. [*He refers to the individual session he had the evening before and the group session in which he participated after the individual session.*]

Th. Well, let's talk about it.

Pt. I feel like I did when I was a teenager. How am I going to do all these things? My mother would fret: "I don't know how you're going to get all this done." I'd be having school, confirmation sessions, dancing school, piano lessons, and she'd keep saying, "How are you going to do all this?"

Th. In an anxious way?

Pt. Yes, yes!

Th. And your father was anxious and "nervous" when he did things.

Pt. Oh yes—he didn't help matters any. They were both anxious.

Th. Did *they* want you to do all that—or did *you* want . . .

Pt. No, *they* . . . last night at the group I had all I could do to prevent myself from breaking down and crying.

Th. I could see that.

Pt. It really—one thing that really got me angry was Ralph. "You seem nicer now," he said. A fucking sadist, he is. When somebody's

really down, he likes them better. I don't like to say this but . . .  
What did you mean? I was confused—you said: "We're not really  
going to help you; you'll have to help yourself."

Th. Did I really say we're not going to help you?

Pt. Yes! But I'm not really sure what area you were talking about.

Th. Well, what comes to your mind?

Pt. Well, just working out this whole business and not having anything  
happen again. I know wherever I go, it'll be the same thing all  
over again.

*[He is referring to the fact that he has been asked to leave two  
different medical groups because he does not work fast enough,  
because he "bugs" people and has authoritative attitudes that  
upset technicians with whom he has to work. And the group—  
they're sadistic. He does not say this openly about me, or about  
himself, although in the group he did accuse me of being sadistic  
when I pointed out his little-boy stance, actually his masochistic  
attitude. He had an association in the group of going to his mother  
when he had a "hard problem" with schoolwork and asking her to  
help him—a "What shall I do?" attitude. It was this kind of problem  
that he was referring to when he said that instead of helping him  
the therapist was pointing to his little-boy behavior.]*

Th. Well, I thought that the implication was that we, the group, and I  
the therapist, am not going to give you the kind of help your  
mother gave you because you are a man and can focus on  
working out the problem rather than acting out *[in transference]*

with us. And we're not going to help you like your father did. He took over and did it himself in a flustered angry way instead of helping you do whatever it was.

Pt. Well, isn't that sadistic? Yes? I felt the group was sadistic too. Incidentally, the Supreme Court was unanimous in telling Nixon he must give up the tapes—that's one piece of good news. *[Patient has hardly ever mentioned current events. In his therapy he has been too preoccupied with himself. This is one of the first times he ever spontaneously referred to what is going on in the world.]*

Th. That really is good news. Maybe it's good news that you have made some changes—you say you have. Do you feel guilty if you don't act like your parents?

Pt. What the hell are you writing? *[I was writing this session as the patient talked because I wanted to use the material. Usually I do not take notes in the session. The patient was always supersensitive to my behavior whether sitting or on the couch. If I moved around in my chair, wrote, or answered the telephone, which rarely happened, or if I tapped my foot or moved my fingers on the arm of the chair, he would get very annoyed—he'd be distracted.]*

Th. I'll show it to you some time.

Pt. That Ralph *[a member of the group]* I really got mad at him. He's a real sadist.

Th. You mean he gets some pleasure out of taunting you? *[He means that I am a sadist too.]*

Pt. Oh yes, he's pretty fucked up. That really was terrible; he's really perverted. I was thinking about my perfectionism. I don't know why; I guess some authority figure is going to laugh at me to say I'm wrong. Burke [*his boss in the hospital*] always enters my mind. I don't like to have him say I'm wrong. I like to have him agree with me and say I've done it right. Another side of it—so many times I'll look at a film. I'll feel lazy; I'll feel blocked. It's too much for me. I don't want to work it out. I'll really have to work too hard. There are three things to work on—to work out—(1) the half-assed report that I do and put in the folder, (2) going for help—if I'm really not sure and I go for help, I may hedge a little, be vague—(3) feeling like giving up. No straight answers.

Th. What does that mean—no straight answers?

Pt. Oh, probably this: better be vague than wrong. [*This, I believe is a transference reaction that occurs when he is with any person that he takes as an authority. I think that such reactions, i.e., not wanting to make a firm statement about a given matter, come from experiences with parents where the parents always had to have the last word and the child's opinion was never accepted.*]

Th. But when you work it out, it's not so bad. Are you saying you don't want to spend the energy? It's impossible?

Pt. I realize what the reality is—but I really feel like a poor little thing—not helpless, but hopeless—too much to do. The only way out of it is that I'll latch onto something that seems okay, repress some things, and then do something neurotic that seems to cover it up.

Th. Like act out?

Pt. Oh I don't know—perhaps—I know I get mad.

Th. Feeling hopeless isn't such a good feeling. Latching onto something!  
... There are not other alternatives?

Pt. I feel that what I've been doing is too much and I've been sliding through. I get trapped in my own perfectionistic ways. Something gets out of context. I feel anxious—the whole thing isn't right. I'll say it's pretty good, and then I'll want to act out and I won't be able to figure out why I want to act out. Pretty easy to feel muddled in the mind in the whole business. *[He feels guilty when he feels he does a sloppy job. But he also feels guilty when he does a good job.]*

Th. Tell me about the feelings regarding Burke.

Pt. I have a fantasy. I had the same with the group—that they're making fun of me.

Th. If they don't agree with you? Or if they criticize anything in your be  
...

Pt. I want him to agree with me. The person who was laughing the most was my mother. *[To Ralph he had a mother transference.]*

Th. Mother—not father.

Pt. I remember at camp, she disagreed with me and argued and humiliated me in front of the others. I wanted to go home. I felt

out of place. The others didn't accept me. I felt weak, unable to compete in games.

Th. Did she often disagree with you?

Pt. Did she! Often! *[He could never be "right" with his parents, and this made him furious but he would have to take it without remonstrating. The only way he could feel like a person would be to feel angry and oppositional. But then he would feel guilty. And then to get out of the situation, he would do things sloppily and feel guilty about that.]*

Th. You say you want Ralph to agree with you.

Pt. Yes, she disagreed with me a lot. This makes a situation where one is never satisfied. *[He disregards my remark about Ralph and continues to talk about his mother. She was never satisfied; therefore, he could never feel satisfied.]*

Th. Never satisfied . . . You felt these feelings in the group, and you feel that way with Burke and also when you go through your perfectionistic routine? *[The mother transference.]*

Pt. Yes. I'd like to hear that I've done one good thing. I'd like to hear that from her.

Th. Do you think that you are afraid to be right, or to make a decision? In spite of what she may think or feel?

Pt. About success? I want to talk about that. I can handle success pretty well now. There was the time when I felt I didn't function well;

now when I'm reading something for knowledge and I'm beginning to enjoy it, I begin to feel anxious. Then I want to get up and talk to somebody, tell somebody something, or I'll start to block. It's only in the context of when I want to do something I feel I have to do that it's much harder.

Th. You're fighting authority. When you have to do it—is that it?

Pt. Sometimes the authority is myself.

Th. Yes. Or the situation—people sometimes just make the situation seem as if authority was telling them to do something.

Pt. *(Silence.)*

Th. Then you become a bad kind of authority to yourself? I wonder what makes you think that way?

Pt. Usually it's something I'm doing with somebody else—or I can ... or with others around. I get a fantasy of success, a good feeling. Then boom! I'm blocking and the feeling of wanting to act out comes on. *[This is similar to Dince's and Green's observation about a patient dissociating his good feelings from his experience or, more precisely, his psyche from his physical reaction to the experience, i.e. his soma. I am also reminded of Freud's paper, "Those Wrecked by Success. "]* For a while I thought it was a problem about succeeding, but I don't know whether that's the whole answer.

Th. What else could it be?

Pt. Well, I don't know . . . when I'm succeeding I get upset, and I sometimes feel I want to kill somebody. I feel like I have to *do* something . . .

Th. What do you mean killing somebody? There's a fantasy?

Pt. Well, I'm accomplishing . . . It's like I want to kill somebody who has had me in jail. Like when I was sailing—I have been very passive in the sailing— but last weekend I handled the crew fairly well. Then when I've done something well on the boat—then I want to act out. I'll drive home, and I'll feel I want to act out. I sometimes dream when I'm driving—I do it *without thinking*. The other drivers will yell at me.

Th. You sort of sink into a withdrawal fantasy and not pay attention to what you're doing? And then you do something you shouldn't to demean yourself. acting out the thought in the fantasy and then they yell?

Pt. Yes—especially if I'm working on the boat with a crew. And another thing, this business of “blobbing out” so often at the university. I'd have an afternoon, I'd be free, I wouldn't know what to do with myself. I'd be afraid to tackle anything. The minute I do something that I want to do, I stop it and start “flitting around.” Then I'll remember something I hadn't done; then I wouldn't know what to do.

Th. That sounds like guilt. It's as if you make yourself feel guilty. Who criticizes you? Who makes you feel so *guilty*! Who spoils what gives you pleasure?



Pt. Guys at the office. I'd have five or six things to do. and I'd flit from one to the other and get nothing done.

Th. You do make yourself feel guilty?

Pt. Yes.

Th. Guilty because . . .

Pt. *Why do I need the masochistic fantasy?*

Th. That's one of the problems.

Pt. Why so masochistic?

Th. It involves what we call a mother transference, doesn't it?

Pt. Yes, it is.

Th. I started to ask you, do you think your mother *enjoyed* laughing at you?

Pt. Well, I remember this particular instance; it was such a loud type laugh—she must have. It's hard for me to think. She must have—it must have been some kind of *relief* for her.

Th. Some kind of relief.

Pt. Yes, just projecting. I'm projecting. I laugh when people make stupid mistakes. There's something very funny about it, the very stupidity of it. Somehow I feel my mother was laughing, sort of

enjoying my mistakes. And I do it too. [*Identification.*]

Th. Mmmmm . . .

Pt. No, I get scared to death. I'm afraid I'll get blurred up: no—there are just

sometimes when I feel this other way.

Th. Like what?

Pt. Like distilling something out of a situation.

Th. The cork blows off, and then you laugh.

Pt. The whole thing seems so funny.

Th. You mean people . . .

Pt. An instructor tells you not to do something—I can remember being around a haggard person—I was afraid. When the person gets a suffering look, then it seems funny. I want to laugh. The instructor was very serious, and the whole thing seemed so funny. My mother seemed to have the idea that everything serious was so funny.

Th. It sounds like she too had a problem of accepting certain feelings, and then she cuts off the feeling part. You do something to stop the enjoyment. She stops her feeling by laughing—she cuts it off. I don't know exactly what she was feeling about you . . . Was it anger, embarrassment. good feeling, what?

Pt. Yes! I guess so—I don't know. I guess so.

Th. If she laughs, it's a relief. It's also a way of laughing at the person—  
kind of sadistic?

Pt. I think so. I don't know.

Th. Is there anything we can say here in recognition of something you  
have accomplished? Without making you feel guilty. I mean.

Pt. Oh yap! I guess so.

Th. What would it be?

Pt. I have broken that pattern to some extent. I told you that!

Th. Yes. you have broken it somewhat. That is all to the good. I really  
don't think you need praise from me to reinforce your own  
knowledge of what you have recently accomplished. You feel  
reassured. I guess, if someone praises you.

Pt. It's silly. Yes. I want Burke to say a kind word to me.

Th. He's like a father. I guess. But you say your mother too was never  
satisfied with what you did or accomplished. It does seem  
strange for parents whose son has gotten through medical school  
to tell him he is inept and inadequate and a poor manager. You  
seem to have managed.

Pt. They don't count that.

Th. They seem to consider you about 11 years old: they act like you are —it seems. I suppose it's hard for most parents to believe that their children are grown up.

Pt. I guess so—I wouldn't know.

## The Integrative Links

The concept is presented by most of the writers on the borderline that a patient who acts confused as Quinn does in the session above is a person who in early life could not integrate the contents of his mind, and his perception of objects is either a misperception or a dissembling of the object. This dissociation theory, which stems from some of the early psychoanalytic ideas, overlooks the fact that there are actually in the patient's mind links and connections that indicate an integrative function at work even when dissociation and denial are used as defense. Freud and Breuer disagreed on this point: Breuer felt the patient could not integrate the contents of his mind, and Freud saw associations and from these he deduced "motives at work." There is a *fantasy*, a masochistic feeling, devaluation of self in this particular dissociation process that we are describing in Quinn. The fantasy contains the elements of the links, as in a dream. When my patient Elizabeth Osgood had this kind of feeling while having sex. she had the

fantasy of her father taunting her. “You can't make it: you can't make it: you can't make it.” She felt her father wanted her to be a boy. Most of the theories now conceive the borderline patient as so low on the totem pole, developmentally speaking, and so defective that he has not made the appropriate connections between words and feelings, or if he has, these are so tenuous as to be nonexistent (or all practical purposes. This idea is quite different from the concept of hysteria or hysterical mechanisms where the “hysterical blind do see” or where the feelings are there, though denied. There are connections between words, thoughts, and feelings that the borderline patient denies. An isolating factor is at work in the denial process. To think of this defense as the consequence of deficits in the psychic structure (the ego) is a hindrance to an understanding of the dynamics of the patient’s behavior.

One of the papers that I cite by Rosner (1969) is a step in helping the therapist understand that *integrative links are operative*, and in a paper given at a Macy Conference L. R. Wolberg (1951) described a hypnotic session where the patient brought out the links in a dramatic fashion. There was a trend throughout Freud’s writing from comments on the hysterias (the hysterical blind do see) to the “Outline of

Psychoanalysis" (Freud, S. E., 1938) that emphasizes the fact that patients have a reality sense. Penfield (see Wolberg, A., 1973, p. 21) has probably demonstrated a tenet that Freud espoused to the effect that "nothing which we have once mentally possessed can be entirely lost," a quotation Freud used (1900, 4: 20) from Scholz (1893) and a reference from Delboeuf (1889). Free association was recommended by Freud as a means for discovering the appropriate links in the patient's mind.

The projective therapeutic technique is also a method of approaching the problem of these links. In acting out the patient "forgets" the conflict, but it is reactivated when something in the present reminds him of it and stimulates the memories of the conflict. What is remembered, however, is a fantasy that is a *defense against the actual memories*, which are disguised in the fantasy. This is not a replica of the fantasy of childhood—but rather a more complicated fantasy depicting the internalization of the identifications with parental figures. The relief of the tension is the goal of the fantasy that creates the so-called "pleasure" the individual feels in the expression of acting out either masochistic or sadistic acts. The tension is most often associated with *guilt* and consequent feelings of devaluation

(masochistic fantasies). The individual is not supposed to feel glad or to have pleasure sustained. He has been “programmed” in his family to feel guilty for normal feelings of pleasure that are associated with actual accomplishment. When he feels pleasure, he feels guilty and cuts off the pleasure. Then he feels resentful and angry—he “feels like killing someone who has kept him in a trap.” But instead of doing that, he turns the aggression on himself or acts in a sadomasochistic way, finding someone he does not know and who will spoil his pleasure by endangering his existence. He does not feel like being alone in such circumstances because he will do something foolish or perhaps dangerous to himself. Quinn, for example, several times has put himself in jeopardy by cruising and picking up a homosexual, then acting in a way to frustrate or infuriate the person.

When the person is deprived in some way of objects upon whom he may vent his aggression, he becomes depressed and lonely—and often suicidal. (Schizophrenics often become homicidal under such circumstances.) The patient is afraid to be alone, must seek constant company. Elizabeth did not feel or think of her “loneliness” or her fear of what might happen, but she sought out company at the apartments of others, often staying beyond the time when she was welcome. Then,

eventually, she would feel rejected. Finally, she went to live with a man who liked her but who was essentially rejecting. She felt “safer,” however, and protected in his home even though she saw little of him.

One can see in my second session with James Weber (Chapter 11) that the sadistic transference is expressed in teasing, but there is a fear that the analyst will change and “be like the father.” Being like the mother is a more acceptable feeling and undercuts the fear of the father transference, which would necessitate the working through of his homosexual excitement and his identification with his father—the most rejecting parent (MRP). The use that the mother has made of the child in the sexual realm and his identification with her is much less threatening to the patient than the use of him by his father. Yet the idea of giving up the masochistic role with the woman is threatening too. James makes the mother “give” and can thus express his aggression through the relationship. In his relations with patients, however, he would feel guilty if he taunted and bedeviled them. So he says in one session that he will always need a supervisor as long as he treats patients. Does this mean that James never reached the stage of “object constancy”? It means that he has not worked out his fear of *a woman*, nor his hostility. And he has not worked out his homosexual



fears. He says he thinks he will find a rich girl and marry her and hope for the best. James feels guilt often. He cannot love his girlfriend, but he “idealizes” her by saying that she would make a better therapist than he, she is more sensitive, she is talented and more intelligent than he. But then he becomes critical of her: she is not rich; she is not ravishingly beautiful; she is lazy; she is a sloppy housekeeper; and on and on. He has these ambivalent feelings in transference too. but for the most part he hesitates to verbalize them. Occasionally they break through, and he expresses them in teasing.

In the patient's fantasies one recognizes the aggression of the parents depicted, and due to his identifications the patient is more or less like the parents in his neurotic ways. In analysis *this identification is one of the final problems to be worked out after the patient recognizes his feelings of rejection.* The guilt about being different from the parents and giving up some of their values, particularly those associated with their neurotic feelings, must be worked through. Once the patient begins to act differently from the parents, he is on the verge of breaking up his identification with them. This is like killing them off, and he frequently has dreams that he is harming them or causing them distress or that he is going away from them, finding a

new life, and so forth. The anxiety associated with his guilt feelings often is expressed in somatic complaints. In my experience the prevailing depression is a defense against the recognition of the parental rejection and is associated with the need to deny and repress the knowledge of these feelings.

I have noticed that there is a poignant attempt or hope that one can get along with a rejecting parent. The individual tries and tries to do this, but often without success. The borderline patient, son or daughter, has been brought up in the sadomasochistic relationship and has failed to change the relationship; he reconciles himself to the relationship that he feels he cannot change no matter how he tries. The patient's revenge feelings aroused by the parental rejection and aggression tie him to the parents due to his superego guilt and these cannot be worked through in the beginning of analysis. The revenge feelings and the denigration (the sadistic trend) are expressed in teasing, in hostile acts, in sadistic maneuvers, in frustrating the object, in sexual degradation (perverse habits), in exploitation, and in a nagging to get what one can from other people. In the case of Quinn, as demonstrated in the two sessions presented, I would be more inclined to think of *guilt in the face of success and change in working through his*

*identifications* as being the important factor at this particular point rather than the patient's wish that someone would call him "great" for having success.

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