Hideouts and Holdouts

Sheila Hill

Dimensions of Psychotherapy, Dimensions of Experience

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Created in the United States of America

About the Author

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How good to be safe in tombs,

Where nature's temper cannot reach

Nor vengeance ever comes

Emily Dickinson, *XVI Refuge* (2000: 207)

Some patients, born into the world, cannot abide here. They are so afraid of development that they have created a hiding place or hiding places, which provide protection against an incapacitating terror. They construct a defensive carapace from whatever

comes to hand or to mind in what for some is an endless variety of enclosures, which enable them to holdout and hold back genuine contact with others and the world. These patients are a clinical challenge since they usually work in treatment in what appears to be an ordinary way until the therapist realizes that no progress has been made or, when genuine emotional contact is made with a hidden aspect of their personality, they respond with withdrawal at best or fear and loathing.

Donald Winnicott (1945), Esther Bick (1968, 1986), Wilfred Bion (1970), Donald Meltzer (1992) and John Steiner (1993) have all described the various ways in which people construct defenses against the experience of primitive anxieties: of having no one to hold onto and no one holding on. Winnicott, Bick and Bion describe the most primitive anxieties or states of mind and the defenses or mental spaces in which to hold those states of mind. Meltzer and Steiner include in their work the defenses against emerging from the defensive

carapace which both argue is a defensive organization made up of a variety of states of mind expressed in what for some is an endless variety of hideouts from the posture of being a holdout from life.

I shall first describe the situation in which many of these patients find themselves, the defenses they employ, some techniques for working with them, and then discuss the need to remain alert to the levels and cycles of primitive anxieties that often manifest in a session especially when patient

and therapist are working well with one another.

The conceptualization of mental states within a mental space proceeds from Melanie Klein's assertion that human beings move not only from one psychosexual stage to another but also from one state of mind to another. She asserted that those states of mind are accompanied by particular anxieties, defenses, and qualities of relationships. She further asserted that in normal early development, later in life in the absence of development, or

under stress, these states of mind are ‘ejected’ from the mind by a process she called projective identification. The consequent notion is that from birth one projects into something and someone (Klein 1946). Then the self maintains a relationship with the object projected into in which it recognizes the projected states of mind as its own (Etchegoyen 1991).

Wilfred Bion in ‘Attacks on Linking’ (1959), advanced the notion that projective identification is not only a process of evacuation but also a

process of communication to a recipient/container capable of modifying the projected contents into a form which can be taken back and made use of for the development of thoughts that can be thought about and feelings that can be held. The recipient/container in this formulation is the mother and the projected is the state of mind contained within the baby. Bion's concept is usually called the 'container/contained'.

The need for a mother as a holding space in which thoughts and feelings

are held, processed, and then returned describes a model of relationship and relating that takes Melanie Klein's formulation forward in development. It is often mentioned that Klein's 1946 paper, in which she introduced the thesis of projective identification, made use of the work of Fairbairn on schizoid states, what he called the *basic position*, and the active splitting process he described as a schizoid mechanism. It is often overlooked that Klein was also very familiar with Winnicott's work of the same period on *states of primary unintegration*.

This is a primal state that precedes the development of mental structure (Winnicott 1945, 1948, 1949; Likierman 2001).

Ester Bick focused on that phase of early development in which a baby begins to construct the notion of the structure of a containing space from its skin to skin contact with the mother. Her thesis was that ‘in its most primitive form the parts of the personality are felt to have no binding force among themselves and must therefore be held together in a way that

is experienced by them passively, by the skin acting as a boundary' (Bick 1968). She likens the process to the development of a psychic skin as a container for psychic contents. The psychic skin covers the personality and holds the parts of the personality together within a bounded place creating in so doing, an inside and an outside. Thus anxieties are contained in a way conducive to growth (Emanuel 2001).

Bick's thesis is that until a containing object exists and is taken

inside by the infant the attainment of the phantasy of internal and external space is impaired both in the infant's psyche and also in its experience of the other. Projective identification of the evacuatory kind continues unabated in such a situation. Introjection of a containing space and of a mind capable of processing experience does not occur. There is not, in the absence of the development of a mental experience of inside/outside, the development of the dimensions of life: no length, no breadth, no thickness, no

time, no holding in, no holding on, no someone else.

Bick, in her paper, 'The Experience of the Skin in Early Object Relations' (1968), described what she called 'second skin' defenses developed as replacements for a containing presence. These 'second skin' defenses involve sticking onto the surfaces of objects in an *adhesive identification* because there has not been a taking into the mind of another. These kinds of defenses include hyperactivity, muscularity, and mindless business.

They are a way of living inside one's second skin as a compensation for not having taken in a psychic skin. Surviving outside, sticking to, an object on which one could not depend for mental refuge is a precarious state. Often patients with this kind of early experience present with a compulsive need to exercise, to sew or knit, and to engage in mindless activities, which provide a feeling of being held together, of movement with little sense of aliveness and no pleasure. Living outside the 'second skin' is unthinkable, however, as life outside

presents the possibility of there being no limiting boundary.

Separation for these patients becomes an experience of being tom away from the object to which they are clinging or to which they have adhered (Bick) or a tearing away of the object and the experience of rupture (Tustin 1986; Meltzer 1992). The ‘second skin defenses’ defend against the fear of falling to pieces, disintegrating, liquefying, life spilling out (Bick 1968). There is, as Holden Caulfield describes in J. D. Salinger’s 1951

novel, a need for a ‘catcher in the rye’ or all the children go mad and then over the cliff.

It was Donald Winnicott’s (1948, 1949) thesis that when introjection of a containing space does not occur that states of unintegration become states of disintegration and the child is left open to taking in the state of self-preoccupation that is the caretaker’s state of mind. In a series of papers about the varieties and degree of maternal absence and presence, the states of mind in between and most

importantly the journey from one to another, Winnicott developed the idea that one can either traverse the experience of the absence of maternal presence in an alive way or one can deaden the experience by keeping alive internally what has died. No transition takes place. One holds onto something as opposed to thinking about it.

Both Winnicott and Bick describe patients who hold the therapist outside their emotional experiences relating not to the person of the therapist or to

the therapeutic process but rather to the furniture or art in the office, the odor in the room, the presence or absence of certain objects, or the therapist's clothing. They emphasize their own activities and belongings as things to hold onto not as expressions of interests or personality with meaning. The material objects and the sensual and physical experiences are 'second skin' hiding places. From inside the 'second skin' these patients can simulate a participation in life without any genuine contact. They have a variety of ways of filling a

session with both non-verbal and verbal information in which the style of the communication is more important than the contact. For these patients, however, Bick argues that, when the setting has been extremely constant and the technique firm, the very early anxieties will become available in the transference, often presenting as terror and a heightened state of paranoia.

Helen, an attorney in her late thirties, had been born and raised in the Middle East. She came to see me

eight weeks after the September 11, 2001, attack on the World Trade Center. She presented as a screaming, terrified woman sent to therapy by her married lover of ten years because he could no longer help her with her fears. Helen talked to me in a manner in which her words and their delivery reminded me of a machine-gun strafing the space between us. She spoke in staccato fusillades of angry accusations designed it seemed to both hold me at a distance and to communicate her fear. There were 'second skin' defenses in the rough

timbre of her voice, rigid body posture, and clenched fists. She reminded me of the 'boxer' baby in Bick's 1968 paper, fighting the air and struggling for self-containment. When I said that she feared that she had no one to hold onto and that no one was holding onto her she softened her body and her voice, relaxed, and began to cry.

As we have worked together in three-times-a-week psychotherapy she has related her history of serious and early feeding problems and her

experience of being ‘tossed aside’ at the birth of her younger brother. At the time of her birth her mother had been depressed over the death of the mother’s brother in an automobile accident. Helen says she was told that she was a good baby because she was willing to accept a rag ‘titty’ of scented cotton to suck on and with which to preoccupy her when her mother was unavailable. Perhaps, Helen said, that explained her need to hold the neckline of whatever she was wearing to her nose to smell whenever she felt anxious. Her need to hold onto

herself while she worked meant that she preferred to work in private and behind a closed door.

She has commented on the scent in my office and has noticed any change. After two years of treatment she noticed and commented on a painting on the wall she faces as she enters the office. She observed that she felt safe enough to look around, to notice, and to comment on the restful scene she thought the painting depicted. She had taken it in. I think she had not yet taken me in.

Recently a clearer description of the seriousness of her early feeding difficulties has come to light in her pursuing family conversations about the feeding problems of her infant niece. She learned that her parents feared that she would die from her mother's inability to breastfeed her. Only when she became dangerously thin did her parents decide to bottlefeed her. Then she often refused the bottle. In the transference she complained about the horrors of her weekends, presenting herself as friendless in the first session of the

week with no acceptable companionship. She also complained about her inability to get herself into my life, and the too-long gaps between sessions. Her reactions fit Bion's description of my absence as a nonexistence, which becomes 'immensely hostile and filled with murderous envy'. Space becomes 'terrifying or terror itself' (Bion 1970: 20).

The first session of the week on Monday is often very tense and difficult, the second an oasis, and the

third a mixture of work and recrimination about the rough time to come. When faced with terror over a lonely weekend, Helen first holds onto her work. She takes refuge in legal research working for long hours at her computer and surrounding herself with books. She sits reading and writing while holding onto and smelling her clothing. When she has calmed herself, she withdraws from the books, papers, and clothing onto which she has been holding and looks for another and more personal object in whom to take refuge.

Often she calls her lover who lives in a distant city. She seeks out one of her many acquaintances for long discussions about the world political situation. Then she brings her preoccupation with the current political situation to the next therapy session usually telling me of her many e-mail conversations with friends. The atmosphere in the session is one of preoccupation with important matters taken up with others with whom she is in contact over the weekend.

When I say that she sees me as frustrating and unavailable because she does not have my e-mail address so that she could reach me and stay in touch over the weekend, she often sighs and begins to tell me of the frustration of not being able to 'drop in' on people to visit. When I say, again, that she wishes she could have access to me as she wished, to drop in, instead of being on a schedule, she sighs again and reminds me that as an infant she wasn't even on a schedule, so her therapy is an improvement. It is not, however, the reversal of her

earlier experiences which she longs for. Recently she commented that at least she less often holds her cotton sleeve to her face to calm herself in the way she held the ‘cotton titty’ when she was a baby, is smoking less, and is on a schedule of regular eating and sleeping during the week.

When the passive experience of an object outside the self has been apprehended and a limiting boundary has been set, accepted, and used, there is a psychic skin in place. The infant’s next task is for an object to introject.

The object needed is the nipple in the mouth.

Over time my repeatedly setting time, place, and role limitations has established a boundary for Helen. There are psychic events, which happen inside her mind, then in mine, and within the session. There are events both psychic and material outside the session. Establishing and maintaining that boundary has enabled Helen to take in the existence of a limiting boundary and an awareness of internal contents to speak about and

think about with feeling and meaning. She resorts less to smelling, smoking, eating, and explosive arguments as a way of reassuring herself that she is alive and sane. She speaks more directly about what she thinks instead of speaking to me as a critic of a *New York Times* article, which she presumes I have read, 'because you are the kind of American who reads the *New York Times*'

The achievement of the taking in is dependent on the mother's assistance. It is an 'active experience of

acquisition' (Briggs 2002). Recently I came across an episode on TV in which a new mother helps her infant son find the nipple on her breast so he can nurse. Both baby and mother are at first frustrated by their failure and then elated and satisfied by their success. The encounter is portrayed as the mother's work on behalf of her son along with his cooperation. The depiction was of a mutual concordance. The baby had access to a mother willing and able with humor, perseverance, and genuine concern to help him take hold, suck, and eat.

When the nipple is in the mouth, the container is closed. When the experience of closure is sustained over time, the infant can take in the functioning container/ contained system described by Bion. Projective identification can then proceed for the basis of communication.

As the setting became secure by becoming dependable and predictable and as I became an understanding and humane person by interpreting Helen's reactions to my limit-setting as both frustrating and reassuring, without

becoming either explosively angry or coolly dismissive, she began to communicate more of her feelings in words and less in action, innuendo, or tone of voice. She began remembering and relating with feeling repeated experiences of being an outsider, desperate acts of clinging to anyone willing to tolerate her presence such as a woman high-school teacher who befriended her and became a lover, and an insistence on being taken in by people in whom she developed an interest, such as her married lover. Helen told me of her mother's inability

to think about Helen's needs as well as her mother's preference for mindless activities, which filled the hours and kept at bay anxieties about the family's safety in a politically dangerous situation, which was never discussed.

When the process of communication goes awry because there is not a mutual concordance between infant and mother, the infant is exposed to intolerable anxieties. While some infants can only manage an adhesive clinging and physical second skin defenses, some can

actively construct a *mental* protective armor or hiding-place in which to avoid the intolerable anxiety. Others do both. They can cling and get inside as Helen longed to with me and then both despair of and fear leaving their hiding place, as she feared to end her relationship with her married lover.

Donald Meltzer has described such a hiding place as a claustrum and John Steiner as a psychic retreat. Klein's delineation of a system of human development described projective identification as a mechanism used to

put parts of the self into another, first to rid the self of psychic and physical pain and then as a vehicle for the development of the structure of the personality (Meltzer 1992: 8).

John Steiner's 1993 book, *Psychic Retreats*, gathered together the work of the London post-Kleinians on the cryptic communications of patients in hiding and offered a diagnostic schema, and an interpretive technique that allows the therapist to communicate with them where they are hiding—either in a 'second skin'

defense of physicality or the mental armor of what he calls a pathological organization.

Paul told me in one of his early psychotherapy sessions that I would be working with a man living in an igloo under the polar ice cap. It appeared to me that he wanted his treatment to be a warm refuge in which he could maintain his status as a person of superior qualities who was misunderstood and under-appreciated both at home and at work with less pain from the cold of his isolated

existence. Some years later he said that he was emerging from his icy retreat inch by inch, like the progress of a glacier moving and melting. Indeed Steiner has observed that one can watch patients emerge from a retreat 'with great caution like a snail coming out of its shell and retreat once more if contact leads to pain and anxiety' (Steiner 1993: 1).

Paul's description of living in and under was his description of the mental organization he had crafted as a refuge from the pain of not being a

hero to everyone in his life. He often described the firm at which he worked as a mafia-style organization at which one was obliged to cooperate with madmen and thieves in order to survive. He had devised many strategies which he considered clever and which he could not revise despite their obvious failure to either free him from the firm or promote his success. Joseph (1983) has depicted patients like Paul as interested in using their therapy as a refuge both from the pain of their failure to get inside and control their objects as well as the pain of

letting go and mourning their inability to succeed.

Steiner, developing his own ideas and working from Henri Rey's (1979) work on the spatial quality of the mind structured once the ability to use projective identification is established, emphasizes that patients unable to accept a painful reality can evade, distort, and misrepresent that reality by organizing a mental retreat, the contents of which they can control. Their interest is in imposing the retreat on the treatment and inviting the

therapist to share it. Thence both patient and therapist hide together and the treatment enables the patient to be a holdout from the realities of life. The organization of the retreat can be multifaceted in that all its members or all its parts are interchangeable and that the patient can change his position at will or, as Paul often explained, 'in a nanosecond'.

Psychic retreats are mental structures as opposed to the sensuous and physical structures of second skin defenses. They are usually elaborate

verbal descriptions and catalogs of intimate spaces like those described by Bachelard in *The Poetics of Space* (1958). In each instance the organization or space is a variant of an immense or miniature maternal space in which the patient is either trapped or from which the patient has been prematurely ejected: a house, garret, cellar, drawer, chest, nest, shell, comer, etc.

Steiner proposes that patients retreated into such a world first want to be understood. They need evidence

that their projections as messages have been received and comprehended. In that the patient is unconcerned and uninterested in either understanding himself or the other, the retreat is a form of narcissistic organization. To the degree that the retreat is a more or less permanent state of mind and not a temporary, transient respite, it is pathological. Any attempt to assist the patient in understanding his role in his dilemma is experienced by the patient as an expression of the therapist's attempts to foist the therapist's problems onto the patient since the

patient, in a state of projective identification, assumes that all his problems are the therapist's problems.

What needs to be understood from the patient's point of view is that he is afraid, if not terrified, of the next step in development. He is hiding from the past failures to negotiate the next step and holding out against another attempt. And, as far as the patient is concerned, it is the people into whom he has projected in the past who were responsible for the failure then and the therapist into whom he has projected

in the here and now who will be responsible for the failure if it occurs yet again.

Paul wanted me to understand that his hard work for his family, firm, and me was unrecognized and unappreciated. He could, after all break down completely and refuse to function as his mother, father, wife and boss had at one time or another. If I failed to understand the heroic efforts he made to continue to work and think despite the failures of others, then I also would fail him in the task I had

accepted. When confronted with criticism of any kind or anyone, he retreated to a mental world in which he was a hard-working hero and did not want, at this point, to understand the ways in which he contributed to his difficulties. Only after my repeatedly interpreting my understanding of his point of view was Paul after some years able to tolerate understanding the contributions he made to his difficulties.

Steiner points out that patients unable to tolerate a painful reality of

any degree can retreat transiently, intermittently, or permanently to a mental hiding place. Communicating with them requires the use of what he calls ‘analyst-centered’ interpretations. These interpretations often require the therapist to accept the role of the failed or failing other in the transference. The interpretations often take a form in which the therapist observes and describes the patient’s experience; the therapist observes that the patient has an experience of the therapist as dangerous, helpful, neglecting, stupid, crazy, incompetent, etc. While one

might prefer to present a balance of interpretations which convey both being understood and understanding, a therapy can proceed for a long time with a preponderance of analyst-centered interpretations.

When Helen, the patient with the early feeding difficulties, feels understood, she can elaborate her present experiences and early memories. She moved from screaming her terror about the present political state of the world to the past politics of her earliest relationship with her

mother and father and can tolerate, now, interpretations of the politics not only between us but also between herself and others.

When I fail to understand the ways in which I fail to protect her from her fears, she often retreats, particularly on Monday, the first session of the week, first into detailed reports of an article in the *New York Times*. From inside the article she tells me of her superior understanding of the world. I then become the uninformed and stupid author of the article. If and when I

understand that, she moves briefly out of the retreat either to share with me some progress in her being able to be in the world and feel safe, for instance, participating in a meeting with people 'who can talk and really listen to one another', or to a memory from which she had been hiding in the article.

In all her sessions she changes positions like the nested structure of Russian doll toys. Only when I understand that she is hiding, and from what, do we become 'people who can talk and really listen to one another'.

When we can remain in contact for most of a session, she can leave the retreat, look back on herself, and observe, as she did recently for instance, that she has been 'very angry for forever' and often grits her teeth and refuses to accept help even when it arrives.

Both Steiner and Meltzer describe the resistance to change in patients entrenched in a *psychic retreat* or *claustrum*. Steiner, in particular, develops the ways in which grievances about failed containment can become

so important an organizing force in a personality that it becomes impossible to develop out of all the retreats created to survive life's catastrophes and disappointments. Paul remained a holdout from contact with many of the realities of his life for very long. He said he enjoyed the romance of being a 'lone wolf, a desperado'. He terminated treatment having made many changes, including the negotiation of an excellent severance package from his firm and establishing himself at another. Nevertheless he refused to responsibly manage

payment of the taxes and fees of car and house ownership and was frequently at odds with the 'state as parent' from which he expected special treatment in redress of his difficult childhood. He said he reserved the right to continue to withdraw from the 'cold facts of life' to the mental excitement of being successful at being above the ordinary rules and that if I could not understand that there was no point in continuing.

Some people cannot abide the world as they find it. For some it is

both terrible and a terror. For others it is rejecting and excluding. Some find no cover in another and create a covering for themselves out of whatever they find. Others, once inside a cover, cannot bear to be uncovered and seek refuge in a world of phantasies from which they look out on life. These patients come to treatment needing to have their situations understood if they are ever to gain any understanding of where and why they have hidden themselves from life.

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Table of Contents