

CYCLES OF GROWTH IN PSYCHOANALYSIS

by

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ABSTRACT

Using revised theories of narcissism and repression, and a new classification of states of mind, the process of a successful psychoanalysis has been reconceptualized. Therapy involves three stages with sharply distinct characteristics. These are: 1—reaching the trauma, 2—psychic repair, 3—identity consolidation. The psychoanalytic management of Stage 1 has been well described in the literature. Stages 2 and 3 are recognized but not well articulated, and an agreed technical approach is not currently available. The paper provides a detailed clinical account of Stage 2 and demonstrates the cyclic process involved in working through of primal repression (psychic trauma, psychotic core), abandonment of protective narcissistic organization, and emotional growth.

INTRODUCTION

New psychoanalytic theories require extensive clinical examples to validate them and to ensure that they can be intuitively understood and used by practitioners. Over the past decade, we have been revising and reworking two of the most fundamental theories of psychoanalysis, narcissism and repression and linking them to a theory of trauma. This theoretical research has been driven by clinical needs, and tested in clinical practice and supervision.

In our model, the two principal forms of psychopathology, neurotic defence and object-narcissism (or narcissistic organization), are recognised as regions of the mind directly expressed as distinctive modes of relating (Kinston & Cohen, 1987). We have argued that these states are formed as an adaptation to primal repression which is the product of actual psychic trauma (Cohen & Kinston, 1984). Psychoanalytic work, we proposed, must enable patient and analyst to move out of neurotic and object-narcissistic states altogether, so as to deal directly with the traumatic state itself (Kinston & Cohen, 1986). This approach is congruent with Freud's later views of transference (1920, p 18-19); and equivalent to the emphasis on reaching the analysand's psychotic core (Bion), or region of the basic fault (Balint), or breakdown (Winnicott), or non-integration (Gaddini).

When illustrating these propositions with clinical material in previous papers, we have had to restrict ourselves largely to vignettes. These vignettes have had the inevitable limitation of showing only a tiny fragment of analytic work, and it strains the reader's belief to accept the entire story of an analysis compressed into a few lines. Evidence from the literature supports the view that our ideas are concordant with the technical approaches of leading analysts of the major schools (Kinston & Cohen, 1986; Cohen & Kinston, 1988). However, to explain the new ideas properly it is necessary to report from our own analyses in detail.

The present paper stems from a research project aimed at exploring analytic process and exposing the technical implications of our theory to critical scrutiny. In particular, we wished to understand exactly how psychic trauma is repaired and how emotional growth develops. Detailed records were kept on two patients, one presenting with neurotic defences,

the other in object-narcissism. The principal research questions were as follows: what becomes of the neurotic and object-narcissistic states once primal repression is reached? how exactly does new emotional understanding develop? does repair of primal repression mean the end of the analysis? if further psychoanalytic work is required, what is its nature?

UNDERSTANDING STATES OF MIND

Primal repression is the organising point of our approach, both clinically and theoretically (Kinston & Cohen, 1986, 1987). Primal repression is the absence of usable mental structure or emotional understanding consequent on psychic trauma. It manifests clinically as reliving of trauma and takes the form of mental disorganization and inability to function, intense quasi-psychotic experiences, and replicas of past traumatic events. Primal repression can be worked with when the psychoanalytic relationship is sufficiently advanced. However it is a source of re-traumatization, and hence real danger, if activated prematurely or inadvertently. Mishandling leads to unsatisfactory and even catastrophic outcomes ranging from analytic stalemate, through abrupt termination, to illness or death of the analysand or his intimates.

The state of relatedness in which primal repression may be activated with relative safety, that is to say with the possibility of understanding rather than catastrophe, has been called *primary relatedness*. Primary relatedness refers to the 'direct valuing, nurturing, confiding and reflecting relationship with others, which each person absolutely and objectively needs' (Kinston & Cohen, 1986, p.343). Primary relatedness is the non-technical, interpersonal matrix of all psychoanalytic work. It must be conveyed for the most part through maintenance of the context of the analysis and requisite technical handling of symptoms, resistances, associational material and transference experiences. Significant emotional growth in psychoanalysis based on repair of primal repression can only take place when primary relatedness has been mobilized. We term this specific application of primary relatedness during psychoanalysis, *special primary relatedness*. In its presence, past trauma can be

creatively reconstructed as it is relived. Unmet needs can be mediated by the analyst and new representations (i.e. emotional understandings) are then laid down.

Beginning with the insight that primal repression presents as a state of mind and is distinct from repression proper, we have proposed that the analyst ordinarily deals with four distinctive states. Each state may be seen as a form of inner functioning or interactive relatedness, and each calls for a distinctive mode of analytic responsiveness. We have noted above the primal repression/traumatic state. The other states, in order of progressive distance from the influence of primal repression, are: object-narcissism, neurotic state and the open or spontaneous state (Kinston & Cohen, 1987). Each state of mind provides, to the person in it, a seemingly comprehensive view of oneself and the world. This gives each state qualities of a distinct self-organization and leads to the notion of vertical splitting.

The key difference between neurotic and object-narcissistic functioning lies in the internal mental handling of the traumatic state inherent in primal repression. In neurotic functioning, trauma is handled by symbolic transformation (i.e. repression proper). This may be of the Freudian type—instinctual guilt following the formula "through my impulses I am to blame for what happened to me"), or of the Kleinian type—evacuable guilt following the formula "I have inner badness which I can rid myself of". In both cases, *the trauma is represented by an unconscious concept of badness*, either bad impulse or bad substance. These representations lead to transference experiences and manifestations which can be usefully interpreted by the psychoanalyst. Indeed, interpretation is the sole effective intervention, because other forms of more direct communication are unconsciously distorted by the analysand.

By contrast, in the object-narcissistic state symbolic representation is absent and inner experience is blotted out. Analysis reveals that object-narcissism contains a deliberate confusion between self and object, past and present, inside and outside, good and bad, and so on (Klein, 1946; Rosenfeld, 1971). So attempts to force awareness only result in the experience of confusion, blatant avoidance, or the artificial production of experience. If

focussing on inner experience is impossible, interpretation will be unusable and the transference relation will have the quality of a shield, armour, cocoon or other organized protective structure between the analyst and analysand.

THE PROCESS IN A COMPLETE PSYCHOANALYSIS

As a result of the research project we now see an analysis as comprising three distinct stages. In the first stage, the trauma is reached much as described by us previously (Kinston & Cohen, 1986); in the second stage, the analysand's trauma is worked out and located in actual history; in the third stage, a new identity is consolidated. This paper is primarily concerned to provide an extensive clinical account of the second stage using the ideas summarized above. Before presenting the clinical material, we will briefly overview the therapeutic process as we now understand it.

The First Stage: Reaching the Trauma

The first stage extends from the beginning of the analysis through to the time when special primary relatedness is asserted. This is marked by the first occasion in which the analysand uses the analyst explicitly and creatively to relive and integrate an aspect of his trauma.

Although analysands occasionally attend in a traumatic or open state, most present with, or rapidly develop, either persistent neurotic functioning or persistent object-narcissism. These are both ways of maintaining interpersonal-distance and keeping trauma at bay. Conventional analytic work rapidly establishes the analyst as a *primary object* (i.e. the holding or containing environment). Subsequent useful analysis leads to closer personal contact with the analyst and awareness by the analysand of unmet needs, emotional deficits, and past damaging events. In this process, the analysand is introduced to the qualities of the various psychic states which he unselfconsciously maintains. Eventually the analysand can explicitly acknowledge primary relatedness as a fundamental personal and psychoanalytic need which can be realized by the analyst. Closeness is then allowed and the trauma emerges. For

the analysand to move closer and use the analyst explicitly to aid in the tolerance and transformation of his traumatic state is a profound attainment. It marks the first great watershed of an analysis, and the end of Stage 1. Stage 1 may only last a few months in a healthy or prepared analysand and receptive analyst. However, more often it lasts over several years and demands painstaking complicated analytic work..

The process looks and feels different depending on whether specific primary relatedness is approached via neurotic functioning or via object-narcissistic functioning.

The person who presents with neurotic functioning is intensely involved with his trauma in a way that leads to an over-personalization of experiences, arrangements and communications. The analyst makes himself available as a co-player in this overpersonalised world, promoting its efflorescence through a combination of encouragement of transference and interpretation of repressed unconscious fantasies. Successful interpretation requires that the analysand is genuinely experiencing feelings and fantasies in the immediacy of the moment. If the patient is merely presenting the products of neurotic functioning in a state of object-narcissism (e.g. to comply with assumed expectations of the analyst) then interpretation results in intellectualization or some other collusive form of relating and has little beneficial effect. Given a correct diagnosis of neurotic functioning and correct and sensitively worded interpretations, the patient becomes aware of his neurotic functioning inside and outside the analysis together with its developmental roots. However, insight is not the main achievement. In our view *the primary function of interpretation in the first phase of an analysis is to make the emergence of primal repression likely*. When such emergence is imminent, object-narcissism is activated as an emergency self-protective procedure and then a shorter or longer period of work on object-narcissism must follow.

Object-narcissism may be easy or difficult to diagnose if it presents initially. Eventually it becomes clear that empathic efforts to interpret the analysand's associations are to no avail. The analyst then recognises that he is being used in a dead, compliant, stereotyped, or driven way. As a result, neither party in the interaction can exist as a person with his own

unique needs. The analysand is unaware of this and needs to become familiarized with himself. The features of the state and its effects on the analytic relationship must therefore be communicated to the analysand in a helpful way. Proper handling simultaneously respects and supports the fragile self-narcissism of the analysand, appreciates the persecutory anxiety, understands his need to protect himself from retraumatization consequent on closeness, and confronts him with the reality of the analytic interchange. Such handling enables the analysand to gain a perspective on his state, and the significance of the analyst. This recognition is experienced as a profound revelation. Analytic material prior to this point typically contains symbolic references to death and disaster, voids and absences. It now becomes apparent that these are not mere symbols but correct portrayals of severe inner damage and a source of actual danger for the analysand.

Trauma then begins to emerge. There is a deterioration in the analysand's psychological state, sometimes generating psychotic features, disturbance in social functioning, or physical illness. The traumatic phase is typically relatively brief, being followed by a distancing reaction, but reconstructive work is possible and leads to an increment of emotional understanding. Once this point is reached, the analysand can realize the purpose and process of psychoanalysis. With this development, the first stage of the analysis and a full cycle of growth (Cycle 0) are completed.

The Second Stage: Psychic Repair

Our research has now begun to clarify the nature of Stage 2. In this Stage, the psychoanalysis sharply changes its character, due mainly to the cyclic emergence of traumatic states (i.e. activation of primal repression with special primary relatedness) and to the altered quality of object-narcissistic and neurotic functioning.

Object-narcissism in Stage 1 has a rigid, impermeable and inexorable quality, serving as it does as an absolute barrier against inarticulate, unbearable trauma. During Stage 2 it evolves into a periodic block which protects against traumatic states. This block is increasingly transient and decreasingly automatic and unselfconscious. Its voluntary abandonment marks

the move to Stage 3. Similarly, neurotic functioning in Stage 2 is no longer needed to screen trauma and disguise object-narcissism because these states present regularly. In Stage 2, neurotic functioning becomes enriched by the progressive symbolic representations of the trauma which follow its reconstruction. A more constructive link with the open state develops, and access to repressed elements within the personality is facilitated.

«« INSERT FIGURE 1 ABOUT HERE »»»

Because all states are now generally accessible and their value accepted, shifting between them can be rapid. We have identified a more or less regular and cyclical pattern in these shifts (see Figure 1) which is briefly summarized in schematic form here. The fit between model and reality will be examined in the Discussion which follows the illustrative clinical material.

The starting point after the completion of Cycle 0 is the reassertion of object-narcissism e.g. the patient stops listening or becomes indifferent; or he may revert to earlier manoeuvres; or he may feel cured and announce his intention to leave the analysis; or he may reject and devalue any achievements. This state, recognized by the analyst and properly handled, rapidly subsides.

There follows an emergence of some personal assertion or experience, often with dreams or associations revealing a negatively-valued self-image. A devalued identity may be presented using either non-specific ideation such as being a failure or being too damaged to benefit from analysis, or ideation more specific to the analysand's experience or a self-narcissistic pathology such as being a tramp, cripple or orphan. This self-awareness needs to be recognized and accepted. Self-narcissistic disturbance as the other side of the coin of object narcissism has been previously documented and explained developmentally (Kinston, 1980).

Rapidly a re-emergence of the traumatic state occurs. There may be experiences of being terrified, disorganized, engulfed or unable to function. Associated features of primal repression, such as specific bodily changes, or delusional experiences may present. These

and other fragments can be used to clarify the aspect or quality of the trauma relevant at this point in the transference. Hence, reconstruction of traumatic events in detail is now possible. Disorganization, trauma replicas, or developmental acting out may at times require a responsive adaptation by the analyst to mediate previously unmet needs. Frequently there are attacks or accusations against the analyst, and it may be appropriate for the analyst to admit failure, before reconstructing the past failure of the environment.

As this analytic work of reliving and reconstruction progresses, the state fades and the analysand appreciates his past and feels better for it. New decisive and personal actions or capacities within the analysis and in the external world are manifested and recognized as evidence of emotional growth. The analysand is now in an open state or in a form of neurotic functioning which permits exploration of new areas of the personality. However, this exploration sooner or later brings the analysand close to a different aspect of the trauma.

The analysand reacts to the proximity of trauma by re-erecting an object-narcissistic protection and a new cycle begins. Eventually, object-narcissism is voluntarily dispensed with and Stage 2 is then completed.

We are not clear about the usual duration of Stage 2. In both research cases, it lasted about 2 years. During Stage 2, it is essential that the patient starts to actualize his new emotional capacities both within and without the analysis. As we have argued previously, such 'developmental acting out' must be recognized and sometimes facilitated. Growth-promoting actions sometimes have the feel of action urgently taken to save an analysis, only to be appreciated afterwards as creative rule-breaking. Many examples from the work of leading psychoanalysts have been provided (Kinston & Cohen, 1986). In our research analyses, unusual action required by the analyst to aid growth was minimal and purely verbal.

The Third Stage: Consolidating a New Identity

Our research suggests that termination does not follow immediately on the cessation of the cycles at the end of Stage 2. It seems that there needs to be a period of inner exploration and consolidation prior to satisfactory termination. Once primal repression has been repaired

in Stage 2, the analysand realizes that his past personal and social life had been largely constructed around the avoidance of trauma and the denial of his history. The analysand needs to review both his inner and outer world functioning and commit himself to personal and social actions which accommodate the reality of history and values acquired in the course of the psychoanalysis. Research on this stage is in progress and will be reported in due course.

THE CLINICAL MATERIAL

The cases studied were typical analysands, successful enough to be able to afford full analysis and sufficiently damaged to need it. One presented in object-narcissism, the other in neurotic functioning. The cases were not chosen because they were successful—indeed at the time of selection, this could not be judged. For reasons of space, we report on only one case; the other is available on request. The aim of the material is to demonstrate the cycles of growth and their handling*. The case is summarized in narrative form together with a running margin commentary which notes the cycles, state transitions and state-related features including interventions and outcomes. Dreams are italicized. Technical errors and other issues are noted in the right-hand column in small type within square brackets. The account starts by setting the scene in Stage 1 and concludes with a very brief summary of Stage 3.

**Methodological note:* The theory of psychic states had been developed prior to the research cases. Applying the theory to the research material revealed the cycles. The process was as follows. The clinical material of each case was originally written up extensively in the form of conventional case notes. The notion of a cycle emerged from this and earlier work. The case notes were then condensed into a lengthy narrative. This narrative was analysed in terms of state transitions and this led to the cycles being formally identified. The narrative was then compressed to make it suitable for publication, and additional explanatory notes were added to clarify the therapeutic process of the cycles. A similar method has been applied to case material of other analysts (Cohen & Kinston, 1988).

THE PSYCHOANALYSIS of MR. P.

STAGE 1:

Mr. P was a highly successful businessman in his late forties when he came to me for analysis. He worried about his failing marriage and vaguely sensed his severe emotional constrictions. He described a fear of ending up in life like his father. After a year of work with Mr. P, his wife, who had been going through a prolonged crisis following the deaths of her parents, divorced him. She died of a stroke shortly after.

Interpretive work over several years resulted in Mr. P settling into the analytic relationship and gaining some insight into overly-sexualized interactions during his childhood and other damaging experiences. This work helped to make sense of his anxieties over passivity and homosexuality that pervaded his life and the transference. However, it eventually became clear that these insights into his neurotic functioning were not affecting him deeply. They were being handled object-narcissistically by being reduced to formulae which he recited compliantly and sincerely. When I recognized that Mr. P was emotionally absent while presenting or associating to material, I restricted my use of interpretations. Instead, I reflected back to Mr. P that, although he appeared to work very hard, he was frozen and unable to think or associate in a way that helped. This shift in assessment and approach came to a head in the transference in the seventh year of the analysis as follows.

Mr. P had a vivid dream clearly associated with incestuous anxieties which had been alluded to and worked over many many times before. I interpreted in the transference that I was the frightening and seductive mother, and that analytic involvement equaled meaningful contact equaled physical contact equaled incestuous intercourse. But these efforts only broke the thin thread of potential meaning and contact between us. I therefore explained again to him that he was frozen, compliant, and out of touch with the dream and with himself. Mr. P responded by feeling unappreciated and angry.

I accepted this narcissistic reaction but persisted in focussing on the frozen state and contrasting it to the state in which he had had the dream. Mr. P finally acknowledged the truth of the difference between the two states, and then felt relieved to be able to talk about it. He began describing himself as like two people, the self of the dream and a frozen self. He talked in a genuine way about his fears of dreaming in general, which he and I were able to trace back to age fourteen when he had a terrifyingly vivid dream of intercourse with his mother that culminated in an emission. My interpretations of his vivid dream were then vindicated in that he now noted that I was like his seductive mother, and he became aware that aspects of his analytic behaviour had the meaning of resisting temptation.

The intercourse dream at fourteen, it then emerged, had been the beginning of a frank obsessional neurosis that dominated much of his adolescence. He dreaded dying as a result of orgasm, but engaged in compulsive masturbation. That dream was linked to a series of exciting and confusing seductive experiences with his mother throughout childhood.

Following that session, recurrent states of frozen inability to think and feel in the analysis could be reliably recognized by us both. Ideas like 'dead', 'frozen', 'disconnected', and 'not here' came to be part of the analytic dialogue. These destructive experiences even acquired a positive meaning of a prelude to the kind of constructive and genuine contact that eventuated in the session referred to above. His developing relationship with me and curiosity into his transference reactions, led him to defer a planned month-long cruise which

otherwise would have disrupted our work. With the voluntary removal of object narcissism, he started feeling needy and vulnerable between sessions. This, following on the emotional reliving and reconstruction of traumatic childhood events, signalled the end of Stage 1 (and Cycle 0).

STAGE 2:

Mr. P felt at times quite needy, but it was soon apparent that he was again consistently blocked and emotionally absent. He presented dreams with obvious symbolic meaning, but was unable to associate and merely spluttered with ineffectual, undirected anger.

Again, over a period of time, I pointed out his absence from the interaction. When Mr. P was able to see this, he began using "dead" in a positive sense, to describe an aspect of himself. He felt tearfully appreciative of the analyst's patience in 'talking straight' with him, which he said no one had ever done.

In the ensuing sessions his dream reports had a different quality in that he entered emotionally into the symbolism of the dreams by actively associating. In effect, he experienced a transference version of the dream while in the session.

After having several dreams interpreted, he was amazed to realise that all his dreams had an erotic element and referred in some way to fantasies of seduction and bodily damage. He was moved at his new analytic capacity and hoped to use it to understand his sexual development, which he realized was a 'chaotic mess'. He recalled other frightening incestuous dreams from adolescence, and experienced for the first time rage at his mother's 'prick-teasing' behaviour with him.

His state of mind then seemed to shift suddenly. For many days he was blithely indifferent to any special qualities of the relationship with me. Detached and aloof, he attempted to convince himself that the changes he had recently felt had very limited benefit because 'of course you can't change the past'.

I noted how frozen and indifferent he was, and explained to him that trauma is timeless. Therefore, I pointed out, whether or not the past can be actually changed may not be relevant.

Start Cycle 1

Object-narcissism

*Recognition of object-narcissism
and activation of self-narcissism*

Special primary relatedness

Open state

Representation of trauma

Outcome: Growth in awareness

End Cycle 1

Start Cycle 2

Object-narcissism

*Recognition of object-narcissism
and confrontation*

In the following weeks, Mr. P vividly recalled exciting and frightening sexual experiences from preadolescence and early adolescence, that had been, and were now, accompanied by anxiety, confusion and guilt. These included mother exposing herself to him, and sexually teasing him; and a nocturnal emission accompanied by a fantasy of intercourse with mother. The experiences were so vivid that he described himself as being in a 'time machine'.

Another period of indifference followed, but this was recognized by Mr. P fairly quickly with help from me.

He then became preoccupied with sexual experiences with his woman friend, and reported fantasies about being made love to by me. I reflected these as wishes to regard himself as feminine, and he began to think of himself negatively, as a 'mama's boy' with uncertain identity, and unable to relate to men.

He became anxious, cynical and pessimistic about making any further progress, and thought of terminating his analysis. So I explained that he was making use of the awareness of his sexual neurosis to experience some deeper traumatized part of himself.

There followed profuse associations to books, movies, and photographs with themes of children or animals being abandoned or given over to be raised by surrogate caretakers.

After a number of weeks, as more personal memories entered the picture, we clarified a pattern of events to which Mr. P had never attributed significance. As a young boy, he was left to his mother to raise, while his father was uninvolved. When he was pre-pubertal, his father tried to claim him back, oblivious of the effect of his many years of neglect, and contemptuous of his son's attachment to his mother and some of the feminine ways he had developed.

There then followed a period in which intrapsychic exploration was possible. He expressed, through dreams and acting-out, his conflicts over sexual identity (e.g. in a dream *a spaceship lands, a man and woman emerge; the man disappears, and he is claimed by a woman with a strange breast-penis*); conflicts over humanness (dreams and fantasies on the theme of transforming animals into humans), and conflicts over the loss of his dead wife (after a session, he drove absent-mindedly in the direction of her grave).

Reliving of trauma-related events

Outcome: Better recall of the past.

End Cycle 2

Start Cycle 3

Object-narcissism

Self-narcissistic disturbance reflected by the analyst and confirmed by the analyst's response.

Transient return to object-narcissism explained in terms of underlying trauma.

Emergence of trauma-related material.

Reconstruction of trauma in detail

Neurotic state handled by interpretations.

End Cycle 3

Mr. P then had a dream-like episode in real life: Taking his car to be fixed at a garage near my office, he had a premonition that the radio would be 'dead' when he received it back. Indeed, when the car was returned, the radio did not work. Mr. P was deeply disturbed by this and thought he might have to get rid of the car.

Other things at home mysteriously broke and he was anxious over his inability to fix them. I suggested that he was expressing in this way a feeling that he was irreparably damaged.

During this time he changed certain long-standing phobic habits. For example he began riding on public buses. In the past these were associated in his mind with commonness and the humiliation of being without. He expressed an uncanny 'time machine' sense of something deep in himself changing through interaction with me.

He found himself missing his dead wife. He realized that they had not related to each other, especially in the latter years, and became aware of how much he had contributed to that.

Following a weekend separation, Mr. P became angry about missing me, and thought of terminating his analysis.

He was amazed that the analyst could know that he was damaged, but then described certain long-standing phobic patterns having to do with things breaking and being repaired. He revealed a perception that one side of his body was weaker and smaller than the other. He had dreams in which he referred to himself as damaged goods like a woman pregnant out of wedlock.

He now talked about the early years of his marriage when he repeatedly impregnated his wife, and then insisted on an abortion. He linked that to the humiliation inflicted by his father when, as a boy of six knowing a new baby was on the way, he believed he could be pregnant like his mother. The meaning of the abortions in the transference was a wish to transform me into his defective self, so magically ridding himself of that burden. He could then understand that his driven behaviour in marriage was a similar attempt to dump his defective self, and avenge himself for the childhood humiliation. He began to fear how truly evil, as opposed to just bad and defective, he might be. He pictured himself as a Nazi torturer and victim simultaneously.

Start Cycle 4

Psi (paranormal) event with a characteristic feature of object-narcissism: deadness.

Activation of self-narcissism and its recognition.

Outcome: New capacities for action associated with an assertion of special primary relatedness.

Outcome: New experience and acceptance of responsibility.

End Cycle 4

Start Cycle 5

Object-narcissism.

Self-narcissistic pathology including delusionary self-perception.

Pathological use of an object to rescue his self-esteem, illuminated through transference.

He felt extremely burdened, and dreamed that *he was a woman or with a woman, near a fire that was too hot to remain next to; he fled, awoke, and urinated*. Mr. P could not associate to the dream. I explained that he was picturing some overwhelming experience of stimulation, victimization, and rage, probably within our relationship.

In ensuing sessions Mr. P was furious. He was critical and cynical about the analysis, and ready to leave. He felt that he never should have married or begun analysis.

I explained that he was undergoing a positive reaction to analysis and was frighteningly in contact with the trauma of his life. I accepted Mr P's anger toward me as appropriate. I explained that it indicated emotional growth, because it represented a claim for moral responsibility and proper understanding on my part.

This explanation led to a shocked awareness on Mr. P's part of his lifelong inability to feel legitimate anger in response to injury. He recalled numerous examples of serious injury in childhood, often but not always due to punishment, for which he was not taken to a doctor.

With my help he became aware through these memories of a pattern of injury, and automaton-like compliance with punishments and degradations. As this awareness into his traumatic past deepened, he remembered and relived for the first time real childhood terror.

His deferred vacation cruise was rapidly approaching, and it had not been dealt with. He became suddenly aware of it a week before and entered a state of indifference. Denying his own needs, he expressed solicitous over-concern about my loss of income.

During his trip, Mr. P experienced a new-found sense of social comfort. He returned wanting to learn a foreign language so as not to be the 'ugly American', always burdening the other to understand him.

He had a sense that he could now have a future different from the past, and he engaged in the analytic work with a new level of energy. His first dream on returning had a familiar setting but was now not grandiose. *He was in a Western saloon, but was the good guy rather than the tough. He was shot in the chest. At first there was no pain and he even questioned whether anything had happened. Then he noticed thick blood on his chest, realized he was mortally wounded and had not much time to live.*

Traumatic state beginning to emerge.

Intense negative transference and apparent deterioration in the analytic relationship.

Positive therapeutic reaction completed with acceptance of accusations.

Reconstruction of trauma in detail.

Terror of traumatization

End Cycle 5

Start Cycle 6

Object-narcissism

Self-recognition activating self-narcissism with wish to engage in analytic dialogue.

Awareness of risk of death

His associations were at first stilted but then gave way to painful tears and a sense of aliveness when I asked him whether in fact, in life, he was shot in his heart. Over the ensuing weeks, dreams and memory fragments enabled reconstruction of serious injuries in childhood cavalierly neglected by his parents. Various events were remembered and reconstructed in detail, including two broken arms at the age of four that were either the direct result of physical abuse and neglect, or an enactment of the dangerous quality of his nurturing. We discovered that he was at times virtually anaesthetized to physical pain, and this led him to realize more deeply than ever before how he deadened experiences as an automatic protection against trauma. In the midst of this work, he expressed a strong conviction that re-experiencing traumas with me was the condition of a new life.

We talked about how he coped with the repeated injuries and endless emotional abandonment of his childhood. I explained that virtually any real event could now evoke the trauma by association. This meant that the past was constantly being relived by him, and I pointed out that this could be seen as a way of remembering it. He also became aware that his conscious memories of childhood were idealized.

A ten day separation for my winter vacation loomed, and this time Mr. P anticipated it. He dealt explicitly with the issue of how much he actually needed me. The day before the separation he reported intense but tolerable loneliness, and felt proud to be experiencing 'a different system of living'.

He also reported feeling harassed and overwhelmed in dealings with his son. His son, who had been referred by me to a colleague soon after I took on Mr. P, had terminated a 5-year analysis some months before. Mr. P claimed his son was attacking him irrationally for continuing in analysis, was very intimidating to him, and was requesting to see me with his father.

I returned from vacation to find Mr. P in a near-psychotic state, seeming to be engaged in a mutually persecutory interaction with his son. He was contemptuous of his son, and wished for the relationship with his son to die. I treated this state as a transference reaction to the separation and simply attempted to interpret the feelings I assumed were being avoided. However my comments, accepted intellectually, had no effect on the state which persisted and worsened.

Reconstruction of trauma in detail.

Assertion of special primary relatedness

Open state and explanations.

Outcome: awareness of separateness and need, and possibility of a new life.

Reapproach to trauma with object-narcissism embodied in son.

End Cycle 6

*Start Cycle 7
Object-narcissism*

[The analyst fails to handle the object-narcissism or recognize that Mr. P's self-narcissism, the part of him which can respond to interpretations, is now embodied in his son. He also fails to understand the death-wish as an attempt to control trauma.]

Mr. P insisted that his son was disturbed and was driving him mad, and that something needed to be done. I was so unsure that I spoke to his son's former analyst, and was assured that the son was all right, but troubled by his father's erratic behaviour. I therefore concluded that this deterioration in Mr. P's condition was protective and triggered by the separation, which had, for the first time exposed his vulnerability and genuine feelings associated with closeness.

I pointed out Mr. P's distortions, self-righteousness and rageful attitudes which kept his son at an emotional distance and kept his own torments obscure. I noted that he had paid lip service to being a bad father, but had never really explored this. Now, I suggested to him, there was a hypocritical lack of correspondence between his intense fear and hatred of his son and what his son was actually doing. I wondered if his son might be making reasonable claims for financial and emotional support in connection with a career change, and might be properly criticising his father's aloofness.

My comments led to intense confusion. He unjustly characterized his son as a son-of-a-bitch and a sponger whom he would be best rid of. I was then able to help him accept his long-standing hatred of his son. With this awareness, we realized that his real and serious failures as a parent starkly repeated his parents' failures with him.

Mr. P could now see that parental failures, his own and his parents, needed to be openly explored if he were to progress in life, and to re-marry as he wished. However, he dreaded open exploration; and experienced a recurrence of colitis.

Mr. P claimed analytic work would overwhelm him, and turned cagey and angry. He attempted to intimidate me into thinking that it was my 'interpretation' that he hated his son. He trivialized his hatred by equating it with ordinary parental irritation towards children.

I stood firm in the face of these distortions. I confronted Mr. P by pointing out that his hatred of his son was not a matter of interpretation at all, but was expressed and described in detail by Mr. P himself. For many weeks blockage, anger, and denial, alternated with bits of awareness.

Projective identification of psychotic core into son.

[The analyst is still uncertain and takes stock to formulate a technical approach which will meet the analysand's needs. He then correctly identifies object-narcissism]

Confrontation

Hostility underlying the paranoid reaction emerges.

Outcome: Self-awareness of his own traumatic nurturing and of how he has repeated it.

Open state

Reapproach to trauma

End Cycle 7

Start Cycle 8

Object-narcissism

Confrontation

During this period, there emerged a clearer image of his idealization of his childhood, and of his wishes to have his children be clones of himself and his father. He acknowledged frequent brutal handling of his own son. Rapid fluctuation between blockage and awareness enabled a perspective to develop on the way he could simultaneously be aware of the horror of his childhood and yet deny it without conflict.

Gradually, he became more courageous in facing the reality of his attitudes towards his children. For example, he accepted that he had never wanted them and that he had enacted child-destruction through insisting on repeated abortions early in marriage.

He realized that much of his aloof avoidance of his children and his retreat into the role of material provider was based on his inability to stand their neediness. I explained that he had been unable to tolerate being reminded of his own neediness.

Mr. P now associated to rare experiences, which he had registered but never understood, in which he had genuinely and openly given to his children and felt good and whole. He now saw such experiences as a paradigm for the 'new system of living', in which altruism, self-value and pleasure were linked.

Two dreams were then presented: (1) *He was in a war zone, and wondering what he was doing there.* (2) *He had a pimple on his chin. He squeezed it and a huge amount of purulent material came out.* He explored and interpreted these dreams himself in terms of the current analytic work on his inner badness and paranoia.

Shortly after, he became preoccupied with his youngest child, a daughter in her early twenties who was dangerously hypochondriacal. She had undergone multiple surgeries of her feet, bowels and ovaries for dubious indications. Psychotherapy had not helped her. She was now consulting urologists about frequent urination, and had accepted a recommendation for reconstructive surgery on her bladder.

Mr. P got into a similar state with her that he had got into with his son. He felt helpless, enraged, and confused. He was reminded of the helplessness he experienced in the face of his wife's physical deterioration. He felt inclined to rid himself of his troublesome daughter, and was intensely disturbed for many days.

Self-narcissism — object-narcissism oscillations.

Trauma repeatedly emerging.

Replica of trauma recognized.

Open state

Outcome: the possibility of being a good-enough parent.

Neurotic state

End Cycle 8

Start Cycle 9

Object-narcissism

I experienced Mr. P's upsurge of confusion and rage as indicating both closeness to his inner badness (purulence) and heightened responsiveness to her (and his own) actual severe difficulties in life. Mr. P was angry, more frightened than ever, and increasingly focussed on his daughter. Under the self-projection and denial, I saw an emerging awareness of a vital need for a good father which he had never had and had rarely been, who could provide care and understanding for all of them. I simply explained that he was experiencing terror of relating and being related to with genuine care. Mr. P responded by weeping at the thought of being in my presence with his son.

Over many days Mr. P moved between (1) states of blockage, artificial blandness and intellectuality; (2) a pained awareness of the loveless environment he provided for his children, while thinking of himself grandiosely as a king; and of how that replicated his own horrible upbringing; (3) intense neediness for me; (4) feeling drained and overwhelmed.

During this time we were able to reconstruct segments of his life that led to stalemate and depression, and had propelled him finally into psychoanalysis. This work culminated in a focussed awareness of his tendency to shift between a state of intense neediness for the analyst and a state of indifference, without any anxiety or shame that could act as a signal for the change that was occurring.

Subsequently, he described preparing anxiously for the engagement party of his youngest daughter. His intense anxiety focussed on the attendance of a nephew who lived in the same city as Mr. P's father. His associations could be helpfully interpreted in the transference as fantasies of castration at the hands of his father. Castration was seen as retribution for his alliance with the analyst, for his progress in life, and for his wishes to marry.

He then experienced intense psychic pain over a weekend, with renewed focus on his deficiencies as a person and as a father, and gastrointestinal distress. This continued into the following week, until he felt he was at the limit of his endurance.

Recognition of need for support for self-narcissism.

Trauma identified

Assertion of special primary relatedness

Internal cycling:

1: object-narcissism

2: self-narcissism

3: special primary relatedness

4: proximity of a traumatic state

Outcome: Appreciation of distinct states of mind and an experiential deficit.

Neurotic state leading to interpretation.

Re-approach to trauma

End Cycle 9

At the point he felt at the limit of his endurance, he received a panicked call from his middle child, a woman in her mid-twenties. She had returned home to find her house flooded, the upstairs toilet having overflowed. This seemed to be a concrete manifestation of Mr. P's recurrent dreams of toilets and disordered plumbing. Mr. P assisted her generously, felt relieved, and that night slept well for the first time in weeks.

In the following session, I allowed the possibility that Mr. P had somehow produced this flooding as a way of dealing with his own broken system and emergent faecal self. Though puzzled, Mr. P did not wholly reject this idea.

He then responded with a frightening image of a wind-up toy soldier running down and stopping. I suggested that this might be his false mechanical self dying and this was reassuring. Mr. P then reacted with depression and worry about himself, combined with a cynical view that maybe this was all 'analytic bullshit'. I talked seriously and openly with him about the great difficulties of becoming human and a person, instead of continuing in a dead, mechanical, existence.

Mr. P was amazed and chagrined that he actually questioned the value of being human. He reported a dream: *he was disembarking from a ship and noticed that there were two ways off; to the left, a polished steel ramp; to the right, a complicated and steep combination of ramps and stairs, the end of which he could not see.* The complicated way represented to him the complicated analytic approach to solving his difficulties. Shortly after, he began feeling better about himself. He thought that his analysis might actually be terminable in a genuine way, although he could not imagine how this might come about.

He had an attack of vertigo when he talked about termination. He compared this state to a terrifying loss of orientation experienced once when he was skiing in a white-out caused by a blizzard.

I explained the disorientation as the trauma he must have experienced early in life when he tried relying on another. I noted that, for genuine termination, he had to rely on me to help him work through his destructiveness and self-destructiveness.

Start Cycle 10

Psi (paranormal) event producing a characteristic feature of object-narcissism—freedom from pain and conflict.

Self-narcissism activated by implying responsibility.

Self-awareness confirmed by the analyst's recognition

Explanatory confrontation of the tendency to object-narcissism.

Outcome: Assertion of healthy self-narcissism in contrast to object-narcissism

Outcome: Acceptance of psychoanalytic values and the possibility of termination.

Traumatic state

Reconstruction

At the next session, he reported contacting his youngest daughter's doctor and was preoccupied with her medical problems. He also reported that a young adult daughter of one of his good friends, had presented at a local hospital the night before, critically ill with fulminating pneumonia, and was not expected to survive. He associated blandly to termination being possible, while ignoring his recent attack of terror on the couch, and any possible meaning for him of this other unusual medical circumstance.

Mr. P subsequently had dinner with his daughter. For the first time ever, he honestly acknowledged his neglect of her, rather than insidiously blaming her, the circumstances and his ex-wife. He felt genuine contact had been established, and that she might reconsider her surgery.

In the next session Mr. P melodramatically stated that his life was now so good that he could terminate immediately. I did not accept this and he responded by genuinely asking how he could use his gains to work on his remaining problems. I suggested that he might take greater initiative in his analysis, using his anxiety as a signal to guide him to areas of his mind needing exploration. Associations then centred on a dream he could not remember, but from which he awoke angry; and on his father's hospitalization the day before for a heart condition. He realized he had never separated from his father, and had given up hope of ever having a proper life. I agreed and suggested that taking initiative in his analysis must mean separation and risk of death. Mr. P became somewhat freer. For example, he expressed feelings about an upcoming brief interruption in the analysis. But he had a nagging feeling that he was depriving me of my authority, and felt inhibited about pursuing a train of associations. He saw himself as Peter Pan, not wanting to grow up. I agreed with his understanding and confirmed that associating freely, and taking the initiative, was generally too aggressive and frightening for him, and that he must remain immature and defeated.

[Contact with trauma seems to expose the analysand and his intimates to the risk of serious illness and death. Here the friend's daughter puzzled the specialists, had a heart attack, and lingered on the brink of death for several weeks. Eventually she made an unexpected recovery.]

Outcome: Genuine personal contact outside the analysis.

Neurotic state

Outcome: Self-interpretative ability

This interpretative work released a series of dreams. In the first, *he was going up a mountain. He had to leave his car and take a bus. Then he was at the bottom again, going up in the bus, looking for his car. It seemed strange that he was looking for his car out of the back of the bus.* He associated cautiously to the curious front-back element of the dream. When I invited exploration of his fleeting idea that coming and going referred to bodily functions, he felt resentful and paranoid about having sexual thoughts suggested to him. He was pleased at not feeling belittled, however, when this reaction was pointed out. In the next session he was self-critical for continuing 'his war' with me. He reported a further dream: *He was in lush tropical surroundings. People were pairing off with sexual partners. At first he had a woman, but then she had gone off with another man. He accepted all this calmly, thinking 'next time'* Then he was in a bathroom, and was being told that it had been connected up to a cesspool. He awoke with anxiety.

In another dream, *he was with his former wife and children in a bank, thinking how sexy his wife was. The president of the bank was there, paralyzed from the waist down from a shooting accident.* I interpreted to him that being sexual meant damaging me and retaliation by me. Thus it was better to let the woman go, like shit, and accept the inevitable defeat philosophically. Mr. P was pleased at these affirmations of his sexuality and aggressiveness, conflicted as they were, but was stilted in further exploration of his fantasies.

In the next session he enacted the dreams by seizing upon them as meaning his analysis 'had provided what was missing' and was therefore complete. I successfully interpreted that his pressure to terminate reflected oedipal-castration anxieties, which were more intense than he had realized.

He began to think of himself as impotent and constricted. Then he associated to vague memories of being in his parents' bedroom as a child. He recalled a sense of overstimulation and helplessness, ending in paralysis. He knew intellectually that such events had occurred until the age of 12, and so had always denied amnesia.

Emergence of repressed material, anxieties and conflicts suitable for interpretation.

End Cycle 10

Start Cycle 11

Object-narcissism

[Interpretation may have had the quality of a confrontation.]

Self-narcissism

Direct approach to trauma: the event and the experience.

He expressed surprise at the extent to which he experienced his healthy aggressive activity in analysis as dangerously sexy and dirty. For example, he had a dream of *being outside a peep show*. He reported a strange and disturbing dream of *being in an airport, with no memory of how he got there*. His bland associations consisted mostly of denying that he had any amnesia for childhood events.

While talking, he developed a cough and sensation of something in his throat. He blandly and grudgingly linked this to a previous idea that he may have made some sounds to attract attention or to interrupt, when he was stimulated by his parents' intercourse. The bodily experience recurred when I actively encouraged him to associate to the physical experience of something in his throat.

He then had a paranoid reaction, which subsided as we recognized it. He thought that he had probably been expressing fellatio. I noted that his bodily experience occurred in the context of absence of any real, emotional, memory of being in his parents' bedroom or of their sexual activity. At this point he acknowledged his severe amnesia.

In the following session, Mr. P related two other bodily experiences. While driving away from the session the day before, he had experience acute severe pain in his buttocks and anus. He had also noted ringing in his ears for several weeks. These were associated in his mind with a preoccupation with defecation, thoughts of anal intercourse, and the amnesia for being in his parents' bedroom. I suggested that he was probably re-experiencing the trauma of witnessing parental sexual acts in the form of body memories. He thought that perhaps he was feeling what he imagined or perceived intercourse to be for his mother.

He now felt it was important to figure out what actually had happened to him that was so traumatic that it left no memory. He reported a dream in which he took pictures, but they all turned out blank from overexposure. He appreciated with my help that this was the traumatic state—overexposure leading to emptiness—out of which body memories were now forming.

Representation of trauma with temporary object-narcissistic protection.

Bodily representation of trauma.

Object-narcissistic reaction.

Bodily representation linked to the nature of the traumatic event.

Further bodily representations used to aid reconstruction.

Outcome: Wish to face the past commencing with a mental representation of trauma.

He feared going on in analysis, and sensed he was at a point of no return. He was unsure how understanding the past might affect him, and feared disillusionment. He then concluded that he had not had a meaningful sexual life, having had excited over-sexed fantasies instead. This awareness helped him. He recalled a fantasy of pregnancy when seven and thought it sexual in that he was identified with his mother.

Material then emerged about failing as a way of protesting. For example, he failed college to protest his father's pressure to attend medical school. He recalled an adolescent desire to be a psychiatrist, which he abandoned when he discovered one had to undergo medical training. I explained that he now wished to be helped to relive and remember traumas in his life, and to understand his past further; but that would inevitably change him and his life. I interpreted that identifying with analytic goals (= the analyst = his father) led to fears of losing his identity.

He came late to a session because he had locked his keys in the car, and felt panicked and helpless. He felt he was expressing his locked-away potential and sexuality. He was intensely ambivalent about continuing analysis, but saw its potential, in the sense of finding himself. He described a sense throughout his work life of not being among his proper group; and in marriage, his choice of mate seemed wrong.

Mr. P then reverted to efforts to treat the sessions as a power-play and tried to rid himself of anxiety rather than use it as an aid for exploration. I noted how sterile this behaviour was and how he was turning away from his recent accomplishments. This produced outbursts of rage and self-attack. I explained that he was blocking contact with needy aspects of himself and his need for me. This intervention helped him.

He left one session in a fury but the next day was able to understand his difficulty. He said that he actually needed my permission to be himself.

He then reported a dream: *He was being interviewed for a city manager job. He then went to another city, accompanied by a man from the first city. This city was much less desirable: desolate, primitive, and aggressive. He was puzzled as to why he was attracted to it. He was expecting the man to recruit him for the first city, but he wasn't.* I translated the dream as expressing his need to be helped in sustaining contact with the desolate primitive and aggressive aspects of himself.

Open state.

Accurate perceptions of the uncertainty of the future leading to reassertion of awareness and inner exploration.

Neurotic state

Outcome: Awareness of need for an identity change.

End Cycle 11

Start Cycle 12

Object-narcissism handled by confrontation.

Assertion of special primary relatedness.

Self-narcissism emerging and receiving support.

A further dream was reported: *He was travelling through a swamp in a small boat. It was lush and beautiful, but there were snakes in the water of which he was afraid.*

The next session he was blocked, sterile and intellectual. I drew his attention to his state and explained that he was needing help entering a region of his mind that was lush as well as desolate. He responded with specific associations to snakes: biting him on the leg or penis, penetrating his anus, or going down his throat. He thought these fantasies represented oral and anal sex. In contrast to his earlier paranoid reactions in the face of such fantasies, he seemed genuinely curious about them, particularly their ambivalent quality. He realized that his pregnancy fantasy at age seven had this quality, and that his long-standing fear of homosexuality was probably a reflection of his unconscious bisexuality.

In a session soon after, however, he glibly denied homosexual fears. I pointed out how automatically he shifted back into a state of denial and not-knowing. He responded positively in the session, and after a weekend separation, he was rageful without knowing why. He reported two dreams: 1. *He was with his woman friend and a long-time male friend trying to find a place in a crowded park. He went ahead to find a place, but they stayed behind and found a place themselves. He was embarrassed at being separated and excluded.* 2. *He was with his woman friend again and they encountered her ex-husband. He suggested she talk with him. Then he felt he must do something, or she would have to sleep with her ex-husband forever.* He associated freely but omitted any reference to his relation with me. I interpreted that he must be experiencing successful analytic work as a dangerous sexual activity from which he must try to exclude himself.

At the next session he was anxious due to the following dream: *He entered a house that belonged to him but was occupied by someone else. A woman confronted him, and he felt intimidated. Then he was in a bathroom. An arm was reaching in. He acted by closing the door. Then he pressed the arm and it exuded a huge mass of something that fell on to the ground. It was glistening and amorphous, like a mass of intestines.* This dream image felt disgusting and haunted him all day.

Transient object-narcissism is recognized and leads to an open state.

Transient object-narcissism is recognized, and leads to emergence of trauma into the transference.

He was cynical and despairing about his life and the analysis, which he described as 'pouring sand down a rat hole'. I accepted Mr. P's feeling that he was in contact with a hole and faced the task of filling it. I interpreted his cynicism as self-protective in the face of the outpouring of inner disgusting experiences. I pointed out that the house he was laying claim to in the dream was his analysis and himself.

The manifest content of the dream led him to realize that he wished to claim what is his, but was frightened of what he would encounter in regard to sexual and excremental matters. We saw that intestines = guts = courage, and spilling his guts = being eviscerated = excreting = expressing himself. He felt awed, shocked, and disgusted by all this, and saw himself as massively sexually repressed. Facing his repressions with my help seemed to be the cost of moving from being the excluded boy to being the determinedly involved man.

He continued to be disturbed and fascinated by his dream, and associated productively to elements of it. He realized that in fantasy he was picturing himself as having a sexual organ with male and female elements. This gave emotional meaning to the bisexuality he had been seeing in himself. He seemed curiously intrigued and comfortable with the idea of bisexuality. Shortly after, he reported another dream: *His son had bought a Lotus automobile which was a total wreck. Mr. P was panicked and enraged, shouting 'How could you do this?' He was reassured when his son spoke calmly, assuring him that the motor worked.* Awake, he also felt reassured, thinking the dream meant what it said. However, he made a verbal slip, saying that his son had said things were 'worse' than they appeared. I then interpreted that he was expressing unconsciously that denial was useless because improvement depended on his facing with my help the severe damage in himself. Mr. P seemed able to do this for several sessions, seeing in the Lotus his damaged but potentially beautiful and functional self and sexuality.

Then he had a terrifying dream: *Someone had presented him with a gift of a card or poster that represented something sexual. It was displayed above him. First he was in front of it, then behind it. When behind, he experienced intense anxiety and confusion as to who he was, male or female, with feelings of vertigo.* Anxiety and confusion continued into his waking state. I explained that this was an affective reliving of traumatizing exposure to sexual scenes.

Representation of primal repression as a 'hole' in the mind.

Self-narcissism

Further exploration of self-narcissistic pathology.

Trauma-related dream persisting while awake and producing mental disorganization (traumatic state)

I suggested that he was reliving something specific, such as seeing the sexual act from behind. Mr. P found this useful in understanding other times of identity confusion. In the ensuing days, he was frightened and desperate, feeling in limbo, without a future, and diffusely angry. He reported at times feeling he 'really needed someone' but now it felt as if I could not possibly be that person. So I explained that this is what it had been like for Mr. P as a child—desperately needy, but without anyone to help him.

Mr. P could not understand or accept the idea that I should really care about him in any personal way. The possibility was like 'a new idea in the world'. He continued floundering in extreme distress, felt despairing of his prospects for working his problems out, and again considered stopping. I realized that he had no memory of the recent analytic events that had precipitated this state. I reconstructed them, and brought him back to the terrifying nature of sexual exposure and the confusion produced in the absence of anyone caring for him. That helped create a perspective on the problem. Mr. P then tolerated a ghoulish image of a person seen from behind, turning around and revealing that it was neither male nor female, and laughing sadistically.

Mr. P appreciated the help in understanding that his dream had precipitated a kind of retraumatization from within. He had stepped into a hole for which he was emotionally unprepared, despite the apparent familiarity of content. Over the weekend he acted out experiences of confusion in various ways, including going in wrong directions and getting off at the wrong floor in his building.

He had a dream that *he was sliding backwards down a slope in a cart, applying the brakes to no avail*. He started talking about his driven self-reliance, which he said was a kind of religion for him. He was dimly aware that it was this religion that led to retraumatization, an opposed understanding and assimilating expressions of his unconscious.

Again, he became rather intellectual and divorced from the actual situation with me. I explained that a gradual, insidious retreat into an omnipotent shell of self-reliance must have taken place invisibly, even while he seemed engaged in the useful analytic work of recent weeks. This retreat became manifest only when he was retraumatized by familiar material.

Reconstruction of a specific event.

Traumatic state persists in transference.

Reconstruction of general childhood environment.

Potential re-traumatization by the analytic process dealt with by reconstruction in the present.

Action which is a replica of trauma or an attempt at mastery of trauma.

Exploration of object-narcissism.

Object-narcissism used in reconstruction

Mr. P agreed that he could use his relationship with me to understand what was wrong and what he needed. He accepted that emotional withdrawal was a problem, and that he needed to be aware of its various manifestations. Mr. P compared himself to a person with malaria, who had to be alert to symptoms of recurrent disease. Then he dismissed this comparison grandiosely and cynically. I pointed out his denial immediately and reminded him of its destructiveness for his own aim to understand and develop. I affirmed that his malaria metaphor was correct and that there was some incorporated evil or destructive presence inside him. He then ruminated on his sense of incurability and the irreparable damage he had suffered.

It began to dawn on Mr. P that there was an almost uncanny equivalence between contact with terrifying inner aspects of himself and contact with me. He felt that things in his analysis were at a 'point of no return', and wondered what would happen if he were not always reverting to keeping me at arm's length. He thought that if he related immediately and directly to the analyst he would become a 'blithering idiot'—meaning urgently concerned with himself, and with what had happened to him to prevent him from loving.

Mr. P then became indifferent and superficial, and contemplated termination. He ignored the fact that he was recurrently severely blocked, generally emotionally absent, and often performing for me.

In addressing this cynical denial, I found that I became more active, breaking up Mr. P's monologues with frequent small interventions. The effect was to keep Mr. P off balance and to make the interaction more lively.

Mr. P then reported a dream in which *he was in a restaurant but isolated, sitting at a table by himself*, and then genuine analytic work recommenced.

He expressed mistrust of me for my apparent liberalism. This was, he realized, an improvement over his massive mistrust of the world as psychotic and destructive. When I confronted him in a subsequent session with the sterility of his talking, he realized that he feared becoming psychotic should he relate more actively with me. 'Psychotic' meant 'having experiences which were totally incomprehensible'.

Outcome: Perspective on self-defeating quality of object-narcissism, and its further exploration.

Self-narcissism

Outcome: Awareness of the nature of special primary relatedness and the possibility of dispensing with object-narcissism

End Cycle 12

Start Cycle 13
Object-narcissism

Action by the analyst

Self-narcissism

Re-approach to trauma sensed as a psychotic core.

I kept prodding him to notice aspects of his automatic return to meaningless words and sterile formulae. He would, for example, restate things already known as if new, or use word-sounds magically in place of ideas. I continued to keep Mr. P off balance with frequent interventions and much confrontation. He responded with anger, complaints, and wishes to give up the analytic task as hopeless. I asserted that these reactions were insincere, and reflected his unconscious and destructive commitment to maintain the status quo of pseudo-relating.

Return of object-narcissism, again handled by analytic action.

Mr. P began noticing that he experienced my activity as supportive and productive of a broader range of experience in the sessions. He noticed a contrast between relatedness with me during the week and its dissipation over the weekend. Nonetheless he felt I was being relentless and was demanding that he give up his shield. He felt persecuted, but I did not believe that his experience matched my approach. I persisted, and then realized that having impossible emotional demands placed on him was an emotional situation of his childhood which was being replicated between us. I explained this to him.

Reconstruction of a transference enactment to which the analyst contributes.

Mr. P then recalled painfully his father's consistent lack of affection, and contrasted it to my care for him. While trying to describe his relation to me he experienced vertigo and could not associate. I explained that he was expressing through his body what was inarticulate for him in words, namely needs to be held, hugged, and supported.

Recall of trauma previously reconstructed, and then entry into traumatic state.

Mediation of needs.

A few days later he reported feeling affectionate towards his daughter and able to embrace her without anxiety. His son told him that he seemed different, and more emotionally present.

Outcome: Capacity to express affection.

On the eve of leaving for a long vacation, he dreamed *he was saying goodbye to the analyst, portrayed as a woman, whom he kissed passionately*. While packing he felt vertigo but allowed it to continue, realizing it represented contact with the analyst.

End of Cycle 13

On return from his vacation, object-narcissism was no longer felt as an obstacle to progress.

End of Stage 2

STAGE 3:

Object-narcissism was unstable because Mr. P had consciously turned against it, and would not accept the way it blocked his emotional experience. Transference material initially centred on his fear of homosexuality which was linked via the transference to his desire for physical affection from his father. The new feel of the

analytic relationship and the achievement of the depressive position in this stage was captured in a dream which was associated to feelings of depression: *Mr. P was in a space ship hovering around the earth. The captain was showing him how things worked and he had a feeling of warmth toward the captain.*

He became preoccupied with genuine object-relating and aware of the need to struggle against object-narcissism. Object-narcissism was seen as magnificent and grand, a special status beyond life and death, and was represented by apocalyptic visions, including a film image in which a heroic gangster, who is close to his mother, dies in a fireball atop a gas tower.

Dreams then ushered in a spate of material about his pregenital and genital body which Mr. P was genuinely able to explore without becoming traumatized. He began to worry about money and his capacity to work. He felt genuinely lazy over weekends for the first time in his life. Images of implacable impenetrable barriers covering indescribable damage, gave way to images of fences, houses, windows, keeping out frightening but interesting things, like animals or waves.

Object-narcissistic responses were virtually abandoned after an episode of going to urinate during a session was handled as developmental acting-out. Over the ensuing two years, Mr. P often felt pain, anxiety and depression as we analyzed a whole gamut of physical, psychological and social experiences both present and past. He regretted many of his past actions and attitudes which he now faced openly. He positively feared the return of object-narcissism. He was concerned to create 'a new script' for his life.

The analysis continues.

DISCUSSION

The detailed annotated case above illustrates our starting thesis, and demonstrates our most recent discovery.

The starting thesis was as follows. With the establishment of special primary relatedness, the analysand can safely tolerate experiences that were previously traumatizing and could, in the present, be life-threatening. This analytic re-living, properly responded to and reconstructed, leads to new representations of actual traumata which fill in the void of primal repression. Emotional capacities emerge as this occurs, healthy mental functioning begins to dominate, and awareness develops in regard to matters that were previously inaccessible.

The main purpose of the paper has been to demonstrate our discovery of the way that growth in emotional capacities is associated with repeated contact with the traumatic state. This

contact occurs in a regular and predictable sequence of psychic states: object-narcissism, self-narcissism, traumatic state, open or neurotic state and then return to object-narcissism.

The successful handling of each such cycle ensures that it will be followed by another. Urges to interrupt the process and terminate the analysis are typical products of object-narcissism during Stage 2. In Mr. P's case, pressure for inappropriate termination occurred principally in Cycles 5 and 13. Such expressions or intentions need to be confronted or explained and not discussed as if they were a product of healthy functioning. Eventually, a critical amount of repair and understanding takes place and the analysand begins to talk meaningfully about termination *in the context of consciously dispensing with object-narcissism*. When object-narcissism is finally rejected as a solution or protection, the cycling process and Stage 2 is complete. The analysis alters its character again and enters its third and final stage.

The cycles that Mr. P passed through were not precisely identical with each other and all did not meet the full pattern illustrated in Figure 1. Furthermore, the character of the components of the cycle evolved in line with progress in the analysis. We will review this evolution in terms of: changes in their length, object-narcissism and self-narcissism, contact with the traumatic state, reconstruction, and emotional growth.

Cycles are typically measured in days or weeks. The early cycles tended to be short compared to later cycles, and their state transitions were more abrupt. Presumably this was due to intolerance of the traumatic state and lesser confidence in a constructive recovery at the onset of Stage 2. Cycle 12 was reported somewhat more extensively than others to illustrate the richness and complexity in a later cycle.

Object-narcissism was initially intense and unyielding and required supportive recognition and familiarization (Cycles 1 and 2). Later, the analyst could confront it directly for what it was (Cycle 7 onwards). By the end of Stage 2, object-narcissism yielded to explanation (Cycle 10), possibly interpretation (Cycle 11), and analytic action (Cycle 13). Conversely, the healthy exploration of repressed (neurotic) material, including self-narcissistic

pathology, was minimal in the early cycles, but from Cycle 8 onwards such analytic work took up more and more of the cycle. A feature not always emphasized in relation to handling trauma but reflected throughout the clinical material is the need for continuing work to be done on self-narcissistic pathology, especially increasing the analysand's tolerance for an extensive range of negatively valued self-images.

We have noted previously the occurrence of psi (paranormal) events as the analysand gains access to primal repression. Our research cases provide further detail. Paranormal events seemed to replace object-narcissism, and to be clustered in the middle of Stage 2 (Cycles 4 and 10).*

The traumatic state was only briefly and tangentially tolerated in the early cycles. Following a 'positive therapeutic reaction' (Kinston, 1983) and an episode of terror in Cycle 5, the analysand expressed in Cycle 6 a pre-conscious awareness that traumatic reliving risks death. At the same time special primary relatedness was asserted. Subsequently in Cycle 7, the full force of the traumatic state emerged but Mr. P was object-narcissistically protected by projectively identifying with his son. In Cycles 8 and 9, the trauma was owned and re-emerged repeatedly. An experience of vertigo and terror followed in Cycle 10, bodily representations in Cycle 11, mental disorganization in Cycle 12 and terrifying vertigo again in Cycle 13. The length of the time during the cycle spent on experiencing the trauma and reconstructing past events increased significantly in these last cycles as the analysand's capacity to cooperate increased.

Turning to the actual content of the trauma, it is noteworthy that the existence of over-sexualized interactions has been revealed in Stage 1, but neither their traumatic quality nor the associated pathogenic childhood context had been appreciated by either the analyst or analysand. In Stage 2, a far more detailed account of childhood damage was uncovered, partly through reconstruction and partly by recall. Findings included abandonment and

* The links between parapsychological or paranormal phenomena and psychoanalysis are well recognized but poorly understood and too complex for us to explore further here (v. Eisenbud, 1983).

inappropriate reclamation by father (Cycle 3), serious injury due to punishment and physical abuse (Cycles 5 and 6), and parental neglect, failure and inadequacy (Cycles 7, 10, 12, and 13). Finally, the sexual trauma of exposure to parental intercourse was elucidated (Cycle 11).

Emotional growth was demonstrated by improved awareness and recall of significant childhood experiences initially (Cycles 1 to 5). Subsequently, there were changes in long-standing phobic habits (Cycle 4), experiences of missing someone (Cycles 4 and 6), acceptance of responsibility for his own actions (Cycles 7 and 8), and healthy self-assertion, acceptance of psychoanalytic values and opposition to object-narcissism (Cycles 10, 11 and 12). At the end of Stage 2, there was evidence of the capacity to express affection (Cycle 13).

The handling of Stage 2 demanded that the analyst commence explaining about trauma (Cycles 2, 3 and 6), emotional growth (Cycle 5), and object narcissism (Cycles 9, 10 and 12). Such explanations reassure the analysand that the analyst understands what is happening and what needs to happen, and so facilitate conscious efforts oriented towards growth. More importantly, reflection on the analytic process within the analysis contributes by emphasising the importance of self-reflection in general.

It will be evident to the reader that the conceptual cycle, as pictured in Figure 1 and described in the first part of the paper, is not a blue-print or script to be expected or followed blindly by an analyst. Our findings are that the framework, used judiciously, can guide the analyst and may assist when the analytic process appears to be foundering.

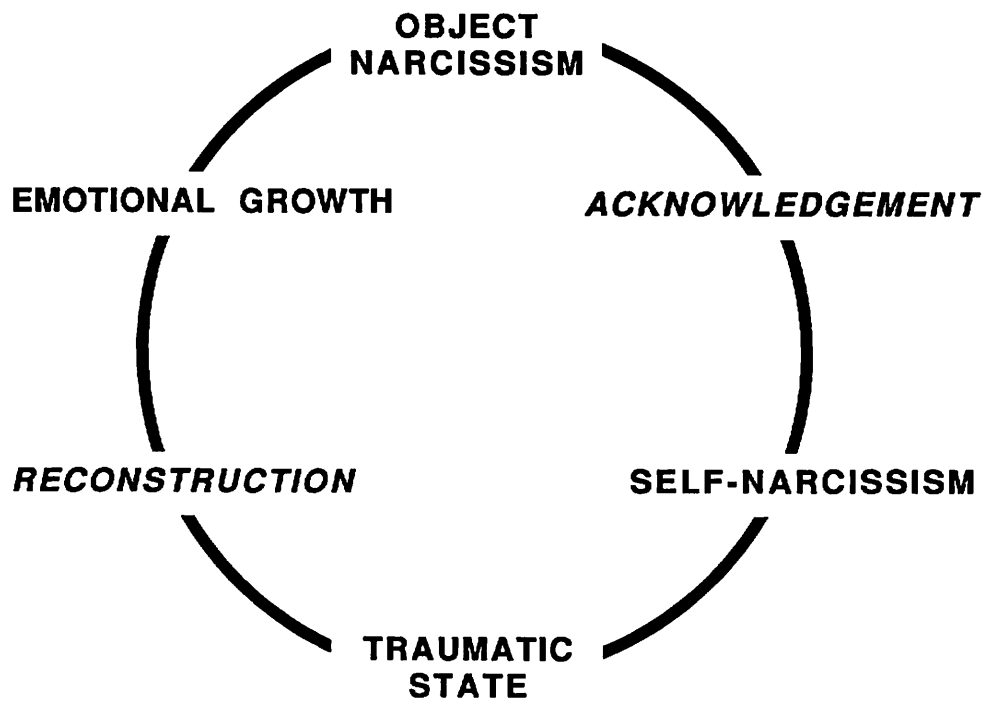
Finally, it may be asked whether the constructed history reflects the literal truth or is merely fantasy. Such a polarized question obscures the nature of history of any type. History can never be the literal truth: but nor is it just fantasy. Terrible things did happen to Mr. P, of this we (and he) have no doubts. His upbringing so violated basic human needs that he was overwhelmed and his mind severely damaged. He could not know what happened to him and so could not know himself. On his own he could not get better and he mindlessly damaged his own wife and children. Thoroughly interpreting his sexual and aggressive wishes or his ego and superego mechanisms could never alone make him better. He had to know what

happened to him. To know means to relive. Such knowledge-through-living repairs primal repression and leads to emotional growth and the development of a coherent self. In our view, only in the context of such growth does genuine collaborative exploration of impulses and identity become possible and constructive.

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Fig. 1: The cycle of growth. State transitions occur clockwise as described in the text and illustrated in the case material. The terms in italics are contributions by the psychoanalyst.



[Cycles of Growth in Psychoanalysis: Warren Kinston & Jonathan Cohen]