

THE TWO ANALYSES OF MR Z

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INTRODUCTION

Although hardly more than a dozen years old, the psychoanalytic psychology of the self has now reached a point in its development when, for the benefit both of those who understand it thoroughly, and are used to applying the new concepts in their clinical work and in their research, and for the benefit of those who are seriously trying to learn more about this new step and want to form a judicious judgement about it, we need to summarize our theoretical conclusions and to demonstrate their usefulness in our clinical work. The first—a summary of the present state of our theoretical insights—was attempted in the summarizing statement which appeared recently in this Journal (Kohut & Wolf, 1978), the second—the demonstration of the clinical usefulness of the new viewpoint—was undertaken with the publication of *The Psychology of the Self, A Casebook* (Goldberg, 1978). The present case report belongs, of course, in the second realm: it aims at showing the relevance of the new psychoanalytic insights in the clinical field.

Two considerations determined my choice of this particular case within the context outlined above: First, the structure of Mr Z's personality illustrates with great clarity the explanatory power of the psychology of the self. Second, this purpose is also served, and perhaps even more unambiguously, by the fact that Mr Z's analysis took place in two installments, each conducted five times a week and lasting about four years, which were separated by an interval of about five and a half years. During the first installment I was viewing analytic material entirely from the point of view of classical analysis. But the second installment started when I was writing 'Forms and Transformations of Narcissism' (1966) and ended when I was deeply immersed

in the writing of *The Analysis of the Self* (1971). The second installment, then, coincided with the time when I was beginning to test a new frame of references—a new viewpoint, which, to state it briefly, allowed me to perceive meanings, or the significance of meanings, I had formerly not consciously perceived. This case thus allows me to demonstrate that the change in my theoretical outlook that had taken place during this time influenced decisively the focus of my perception of Mr Z's psychopathology and enabled me, to the great benefit of the patient, to give him access to certain sectors of his personality that had not been reached in the first part of his treatment.

CLINICAL DATA

When Mr Z consulted me for analysis he was a graduate student in his mid-twenties. He was a handsome, well-built, muscular man. His pale and sensitive face, the face of a dreamer and thinker, stood in noticeable contrast to his athletic appearance. He was soft-spoken, his speech often halting.

The patient lived with his widowed mother in very comfortable financial circumstances because the father, who had died about four years earlier, had not only been a highly successful business executive but had himself inherited a considerable fortune. Mr Z was an only child.

The disturbances for which he sought relief seemed at first quite vague. He complained of a number of mild somatic symptoms—extrasystoles, sweaty palms, feelings of fullness in the stomach, and periods of either constipation or diarrhoea. And he also mentioned that he felt socially isolated because he was unable to form any relationships with girls. Although his academic work, as measured by his grades and

the reaction of his teachers, was good, he expressed the opinion that he was functioning below his capacities. He tried to relieve his loneliness by reading and by going to movies, the theatre, and concerts—either alone, or with an unmarried friend with whom he had been close since high school and who also seemed to have had some trouble in his relations with women. Not infrequently, the two friends were accompanied by the patient's mother, a woman with a variety of artistic interests (she painted and she wrote poetry). It was my impression that however pathological and unsatisfactory this mode of life might have been for an intelligent and handsome young man in his mid-twenties, the balance he had achieved in his relationship to mother and friend had spared him the full impact of a confrontation with his inhibitions, and I wondered what specific event might have prompted him to seek therapy at this time. As I found out later, there was indeed an event that had upset the balance which the defensively established threesome had provided: a few months before the patient consulted me, his friend had become attached to a much older woman. He not only excluded the patient from the relationship to this woman—Mr Z never met her nor did he even know her name—he also became much less interested in seeing Mr Z. He no longer participated in the social and cultural activities that had included Mr Z's mother, although he did retain some contact with both of them by telephone.

The revelation of the details of Mr Z's problems proceeded at first very slowly and against resistance motivated by shame—it was particularly difficult for the patient to reveal not only that he masturbated frequently, but that the masturbatory fantasies were masochistic. In his fantasies—he had never tried to enact them—he performed menial tasks submissively in the service of a domineering woman. He always reached sexual climax after spinning out a story of being forced into performing the sexual act by a woman whom he imagined as being strong, demanding, and insatiable. At the moment of ejaculation he typically experienced the feeling of desperately straining to perform in accordance with the woman's commands, similar, as he explained, to a horse that is made to pull a load that is too heavy for its powers and

that is driven on by the coachman's whip to give its last ounce of strength, or similar to Roman galley slaves whipped on by their overseer during a sea battle.

The genetic data obtained during the first phase of the analysis can be divided into two groups: material from Mr Z's childhood; and material from his preadolescence and early adolescence.

There was every indication, both from external evidence and from the over-all flavour of Mr Z's personality, that the unremembered earliest part of his life, perhaps the first year or year and a half, had been a happy one. However severely distorted the personality of his mother basically might have been, as will be discussed later on, she was quite young when the patient was born, and the intense relationship with her male baby might, as long as he was still small and the interweaving of her with him still phase-appropriate, have brought out her healthiest attitudes. At any rate, to all appearances, he was the apple of her eye, and the father, too, seems to have been pleased with him—at least as far as could be judged from entries in a baby book and snapshots and home movies that had been taken by the young couple. Whether his picture was taken as he was held by his mother or, occasionally, by the father, his facial expression and general demeanour seemed that of a happy, healthy baby. And, to anticipate, although in the second analysis we came to see the significance of many of the data from childhood in a quite different light, our impression concerning the earliest part of his life remained unchanged: there was a core of vitality, playful vigour, and enterprisingness in Mr Z's personality that had survived from earliest times, despite the distortions it underwent later.

When the patient was about three and a half years old certain events of far-reaching significance took place. Mr Z's father became seriously ill and was hospitalized for several months. The father's illness by itself would undoubtedly have been upsetting. What was of even greater importance, however, was that during the hospitalization the father fell in love with a nurse who took care of him, and after his recovery he decided not to return home but to live with the nurse. During the time of this relationship, which lasted about a year and a

half, the father seems only rarely to have visited his family. Still, there was no divorce and, when the patient was 5-years-old, the father, according to his mother's accounts, broke off with the nurse and returned home. Although the family was thus externally re-established, there can be no doubt that the parents' marriage was an unhappy one thereafter. (A modicum of affection seems to have become rekindled between the parents during the last year of the father's life when, during his final illness, Mr Z's mother took care of him.)

The theme that was most conspicuous during the first year of the analysis was that of a regressive mother transference, particularly as it was associated with the patient's narcissism, i.e. as we then saw it, with his unrealistic, deluded grandiosity and his demands that the psychoanalytic situation should reinstate the position of exclusive control, of being admired and catered to by a doting mother who—a reconstruction with which I confronted the patient many times—had, in the absence of siblings who would have constituted pre-oedipal rivals and, during a crucial period of his childhood, in the absence of a father who would have been the oedipal rival, devoted her total attention to the patient. For a long time the patient opposed these interpretations with intense resistances. He blew up in rages against me, time after time—indeed the picture he presented during the first year and a half of the analysis was dominated by his rage. These attacks arose either in response to my interpretations concerning his narcissistic demands and his arrogant feelings of 'entitlement' or because of such unavoidable frustrations as weekend interruptions, occasional irregularities in the schedule, or, especially, my vacations. In the last-mentioned instances, it might be added, the patient also reacted with depression accompanied by hypochondriacal preoccupations and fleeting suicidal thoughts. After about a year and a half, he rather abruptly became much calmer and his insistent assertion that his anger was justified because I did not understand him lessened conspicuously. When I remarked approvingly on the change and said that the working through of his own narcissistic delusions was now bearing fruit, the patient rejected this explanation, but in a friendly and

calm manner. He said that the change had taken place not primarily because of a change in him but because of something *I* had done. I had, he said, introduced *one* of my interpretations concerning his insatiable narcissistic demands with the phrase 'Of course, it hurts when one is not given what one assumes to be one's due'. I did not understand the significance of my remark at that time—at least not consciously—and continued to believe that the patient was now giving up his narcissistic demands and that his rages and depressions had diminished because of the cumulative effect of the working-through processes concerning his narcissism. And I told myself that it was in order to save face that the patient had attributed the change to the, as it seemed to me, innocuous and insignificant phrase with which I had recently introduced an interpretation. I remember that I even considered pointing out to the patient that by denying the effectiveness of my interpretation he was putting up a last-ditch resistance against the full acceptance of the delusional nature of his narcissistic demands. But luckily—as I see in retrospect—I decided not to go through with this move, since I did not want to disturb the progress of the analysis, which seemed now to be making headway in new directions and was moving, as I then thought, towards the central area of his psychopathology.

The centre of the analytic stage was from then on occupied, on the one hand, by transference phenomena and memories concerning his, as I then saw it, pathogenic conflicts in the area of infantile sexuality and aggression—his Oedipus complex, his castration anxiety, his childhood masturbation, his fantasy of the phallic woman, and, especially, his preoccupation with the primal scene—and, on the other hand, by his revelation that, beginning at the age of 11, he had been involved in a homosexual relationship, lasting about two years, with a 30-year-old high school teacher, a senior counsellor and assistant director of the summer camp to which he had been sent by his parents.

My perceptions with regard to the first-mentioned themes need little further explanation here, since they were fully in tune with the classical outlook of psychoanalysis. As the patient's main resistances, I saw his defensive

narcissism and the mechanism of denial. I attempted to demonstrate to him that he had, from way back, denied the fact that the father had indeed returned home when the patient was still only four-and-a-half or 5-years-old and that his insistence—as enacted in the transference—that he did not have an oedipal rival, that his pre-oedipal possession of his mother had remained total after the father's return, was a delusion. In other words, I interpreted the persistence of defensive narcissism as it protected him against the painful awareness of the powerful rival who possessed his mother sexually and against the castration anxiety to which an awareness of his own competitive and hostile impulses towards the rival would have exposed him.

Two sets of memories emerged in response to these interpretations: one cluster—first announced in dreams—concerned his observation of parental intercourse, the other revealed his childhood masturbation and the elaborate set of fantasies which accompanied it. I might add at this point a fact which became intelligible only years later, during Mr Z's second analysis, that the childhood masturbation did not subside during latency, stopped only temporarily during his relationship with the counsellor, and continued from then on. The fantasies that accompanied the masturbation remained in essence—though not in their specific content—unchanged from childhood to adulthood. They disappeared during the second half of the first analysis.

Mr Z undoubtedly had witnessed his parents' sexual intercourse from the time he was about 5 until about the age of 8, when he was assigned a separate bedroom. Up to the time of the father's return he had slept next to his mother in the father's bed. After that, a couch was moved into the parental bedroom, placed crosswise at the foot end of the parents' beds in such a way that the apparently fairly high footboards prevented him from seeing the parents if he did not raise himself up, yet so closely placed that the vibrations of the parental bed were transmitted to the couch.

We talked a great deal about the impact which these experiences must have had on him: the frightening noise, the anxious sexual stimulation. And we concentrated, in particular,

on the fact that memories concerning the frequent serious quarrels between his parents which the child witnessed and memories of the primal scene emerged in many of his associations in temporal sequence, allowing the reconstruction that he had experienced the intercourse not as lovemaking but as a fight.

His own sexual activity, the masturbation in childhood, began, as far as he could remember, at about the time of the father's return and continued, with increased intensity, after he was assigned his own bedroom. The content of his masturbation fantasies in childhood, as far back as he could remember, was masochistic. We could not recover any hints of a masculine-assertive competitive content from which these fantasies might have been said to constitute a defensive retreat, motivated by castration anxiety. Defined in the terms of a complementary series of regression and fixation (Freud, 1933, p. 126), the masturbatory activity seemed to be due to pre-oedipal and pregenital fixations (with a mixture of oral and anal drive elements and a preponderance of passivity), but not to regression. For although according to his memories the masturbatory activity began around the time of the father's return, its content was from the beginning rooted in the pre-oedipal, pregenital period when he had been the sole possessor of his mother. Specifically, so far as he could recapture, the masturbatory fantasies were always more or less extensive elaborations of themes taken from *Uncle Tom's Cabin*, a book which Mr Z's mother had read aloud to him on numerous occasions during his early childhood years, either at bedtime or when he was ill. In the fantasies which occurred invariably from age 5 to age 11 he imagined himself a slave, being bought and sold by women and for the use of women, like cattle, like an object that had no initiative, no will of its own. He was ordered about, treated with great strictness, had to take care of his mistress' excrements and urine—indeed, in one specific, often repeated fantasy, the woman urinated into his mouth, i.e. she forced him to serve her as an inanimate vessel such as a toilet bowl.

In my interpretative-reconstructive attempts I moved in two directions: I tried, more or less successfully, to address myself to the elements of pregenital fixation as they related to the infantile

sexual ties to his pre-oedipal mother; and, increasingly, but with scant success, I tried to discern and to interpret to him the motivations for his clinging to pregenital drive aims—or even regressing to them—namely, that the fear of taking a competitive stance *vis-à-vis* the father had forced him to return to the earlier developmental level, or, at any rate, that castration anxiety prevented him from making the decisive forward move.

All in all, my approach to Mr Z's psychopathology as it was mobilized in the analysis can be said to have been fully in tune with the classical theories of psychoanalysis. His masochism, in particular, I explained as sexualization of his guilt about the pre-oedipal possession of his mother and about his unconscious oedipal rivalry. And I said that by creating the imagery concerning a domineering phallic woman he fought his castration anxiety in two ways. Via the denial in fantasy of the existence of human beings who have no penis, i.e. had lost their penis, and by the assertion that his mother was more powerful than the father, i.e. that the father need not be feared as a castrator, that his mother could effectively protect him against the father because she possessed a more powerful penis than he, was stronger than he.

We also investigated, of course, Mr Z's homosexual relationship during his pre-adolescent years. Although the patient had talked about it off and on from the beginning of therapy, the memories about this theme were especially prominent rather late in the analysis. He described these years as extremely happy ones—they might well have been the happiest years of his life, except perhaps for his early years when he possessed his mother seemingly without conflict. The relationship to the counsellor appeared indeed to have been a very fulfilling one. Although overt sexual contact between them occurred occasionally—at first mainly kissing and hugging, later also naked closeness with a degree of tenderly undertaken manual and labial mutual caressing of the genitalia—he insisted that sexuality had not been prominent: it was an affectionate relationship. The boy idealized his friend. During the summer, in camp, he admired him not only in his function as an expert outdoorsman who taught his charges various skills but also as a

spiritual leader who infused the boys with his own deep, almost religious, love for nature. Later on, when the two continued their contact in the city, the boy's admiration continued but now shifted to the friend's moral and social philosophy and his knowledge and love for literature, art, and music. All in all it was my impression, at that time, that the relationship in its deepest layers was a reactivation of the bliss of the pre-oedipal, pregenital relation to the idealized mother, especially in view of the fact that, during this period, the boy was for the first time in his life to all outward appearances emotionally completely detached from his mother. The friendship with the counsellor ended when Mr Z approached puberty, i.e. when his voice changed, when he began to develop a beard and body hair, and when his genitals began to mature. The last months of their relationship were clearly the worst. The rapidly progressing pubertal changes apparently removed the psychological basis of their friendship—at least we could never discover any other reason for its coming to an end. The affectionate bond between them seemed to dissolve, while simultaneously—and for the first time—gross sexuality entered into the picture. On one occasion the counsellor tried to penetrate the boy anally (the attempt failed), and on another occasion—it was the first and only time in the two years of their friendship—he had an ejaculation when the boy caressed his penis. Soon after these events they ceased to meet.

Mr Z felt no resentment against his friend and spoke warmly about him whenever he mentioned him during the analysis. He felt that their affection had been genuine and that their friendship had been mutually enriching. Although they hardly saw one another after the breakup, they never lost contact altogether, even to the present. (The man, it might be added, is now married in what appears to be a happy marriage. He has several children and is successful in his career.)

After this two-year enclave of comparative happiness, Mr Z's existence became troubled and unsatisfactory. Puberty did not bring about any genuine interest in girls. Instead, he experienced an increasing sense of social isolation, and he gradually again became more

and more tied to his mother. The father, so far as we learned in the first analysis, remained a distant figure for him. His mother seems to have engaged in a social life of her own and, for a while—preceding the time when Mr Z attached himself to the counsellor—was intensely involved with another man, a married friend of the family—a liaison, it might be added, to which the father apparently did not object.

The patient's sexual life from the time of the termination of his homosexual friendship to the present was restricted to frequent, addictively pursued masturbation, always accompanied by fantasies of masochistic relationships with women. The fantasies contained no homosexual elements. Indeed, although I was of course alert to the possibility of homosexual propensities, I could not, with the exception of an anxiety dream toward the end of analysis, discern any unusual homosexual tendencies in Mr Z, or any unusual defensive attitudes concerning homosexual stimulation, either in the first or in the second analysis.

To put the symptomatic and behavioural results of the first analysis in a nutshell: Mr Z's masochistic preoccupations disappeared gradually during the second half of the analysis and were almost nonexistent at the end. He made, furthermore, a decisive maturational step by moving from his mother's house to an apartment of his own. And, finally, he not only began to date but had also several sexually active, brief relationships with girls of approximately his own age and of his own cultural background and educational level. During the last year of the analysis, while pursuing a research project, he became acquainted with a professional woman, about a year older than he, with whom he consulted about certain aspects of his investigations that lay outside his own field but were in the area of her competence. He pursued her actively, had satisfactory sexual relations with her, and entertained thoughts of marrying her, although at the time of the termination of the analysis he had not yet come to any decision concerning this step.

More important to me in evaluating the effectiveness of the treatment than these improvements, however extensive they obviously were, was the fact that I felt that they had come about as the direct result of the

mobilization and the working-through of Mr Z's nuclear conflicts. During the early part of the analysis his grandiosity and narcissistic demands had been taken up and were worked through, both in so far as they were the continuation of his fixation on the pre-oedipal mother and in so far as they were clung to as a defence against oedipal competitiveness and castration fear. These themes did not, of course, disappear abruptly but their frequency and intensity abated. And what seemed to me to be even more significant as an indicator of the genuineness of the termination of the analytic process was the fact that it was preceded by a shift in the dominant themes with which the patient was dealing. *Pari passu* with a gradual lessening of associations concerning Mr Z's pre-oedipal mother attachment, there was a gradual increase of allusions that a repressed oedipal conflict was being activated. At any rate I consistently, and with increasing firmness, rejected the reactivation of his narcissistic attitudes, expectations, and demands during the last years of the analysis by telling the patient that they were resistances against the confrontation of deeper and more intense fears connected with masculine assertiveness and competition with men. The patient seemed indeed to respond favourably to this consistent and forcefully pursued attitude on my part: the narcissistic features receded, the patient's demands and expectations became more realistic, and he began to be increasingly more assertive in his career-directed activities and *vis-à-vis* women. In the transference, too, he reported aggressive thoughts towards me and expressed some curiosity concerning my private life, including my sex life.

The most significant sign of his advance in facing what I then believed to be his deepest conflicts was a dream which occurred about half a year before the termination. In this dream—his associations pointed clearly to the time when the father rejoined the family—*he was in a house, at the inner side of a door which was a crack open. Outside was the father, loaded with giftwrapped packages, wanting to enter. The patient was intensely frightened and attempted to close the door in order to keep the father out.* We did a good deal of work on this dream, to which he had many associations referring to present

experiences (including the transference) and to the past. Our conclusion was that it referred to his ambivalent attitude towards the father. And, in view of the overall image I had formed of the construction of his personality and of his psychopathology, I stressed in my interpretations and reconstructions especially his hostility toward the returning father, the castration fear, *vis-à-vis* the strong, adult man; and, in addition, I pointed out his tendency to retreat from competitiveness and male assertiveness either to the old pre-oedipal attachment to his mother or to a defensively taken submissive and passive homosexual attitude toward the father.

The logical cohesiveness of these reconstructions seemed impeccable, and in view of the fact that they were entirely in line with the precepts about the unfolding of an analysand's conflicts and about the ultimate resolution of these conflicts brought about in a well-conducted analysis—precepts that were then firmly established in me as almost unquestioned inner guidelines in conducting my therapeutic work—I had no doubt that Mr Z's vast improvement was indeed based on the kind of structural change that comes about as a result of bringing formerly unconscious conflicts into consciousness. To my analytic eye, trained to perceive the configurations described by Freud, everything seemed to have fallen into place. We had reached the oedipal conflict, the formerly unconscious ambivalence toward the oedipal father had come to the fore, there were the expected attempts at regressive evasion with temporary exacerbations of pre-oedipal conflicts, and there was ultimately a period of anticipatory mourning for the analyst and the relationship with him, abating towards the very end, as the dissolution of the bond of trust and co-operation was in the immediate offing. It all seemed right, especially in view of the fact that it was accompanied by what appeared to be the unquestionable evidence of improvement in all the essential areas of the patient's disturbance.

What was wrong at that time is much harder to describe than what seemed to be right. Yet, I believe that, although both the patient and I must have known it pre-consciously, we failed to acknowledge and confront a crucial feature of the termination phase. What was wrong was, to state it bluntly, that the whole terminal phase, in

stark contrast to the striking contents that we transacted, was, with the exception of one area, emotionally shallow and unexciting—note-worthy because the patient was not an obsessional personality, was not inclined to split ideation and affectivity. On the contrary, he had always been able to experience and to express strong emotions. He had always experienced shame and rage with great intensity and often felt deeply upset about setbacks and wounds to his self-esteem; and he could also react with a warm glow of triumphant satisfaction when accomplishment and success enhanced his self-esteem. To draw specific comparisons: nothing in the terminal phase—neither his experiences in real life nor his experiences in the analytic sessions came anywhere near equalling the emotional depth with which in earlier phases of the analysis he had talked about his idealization of the pre-oedipal mother and his admiration for the counsellor. Only the feelings concerning the parting from the analyst appeared to have real depth; and his ultimate acceptance of the fact of having to give up the analytic relationship seemed hard-earned and genuine.

After the analysis had ended with a warm handshake and the expression of gratitude on his part and of good wishes for his future life on mine, I had hardly any contact with Mr Z for about five years. About three weeks after our last session, a brief letter came with his last payment. In this letter he again expressed his gratitude and stated that, while the termination of our relationship was still emotionally difficult for him, he was handling it all right. He also mentioned that he had decided not to marry the woman he had dated during the last year, but that he would look elsewhere. I also accidentally met the patient on two occasions: once in the theatre and once at a concert. In each case he was in the company of a young woman—a different one each time—whom he introduced to me, and each time we had a brief but friendly social chat. From what I could glean from these conversations he was doing well enough in his profession and, while not overly vivacious, he did not appear to be depressed.

I was surprised when, about four and a half years after the termination of his analysis, Mr Z let me know that he was again experiencing difficulties. His message was contained in a

Christmas card which, he wrote, he was sending me in order to congratulate me concerning a professional office I was currently holding. (I later discovered that he had learned about this from a newspaper notice more than half a year earlier, without then writing to me.) He closed by wishing me a happy holiday. It was only seemingly as an afterthought that he added the crucial information that he had been doing less well recently and that he would probably contact me in the near future. In acknowledgement, I told him he should get in touch with me if he continued to feel the need to do so. Shortly thereafter he set up an appointment.

My very first impression when he came to see me was that he was under some strain. But he talked freely and openly as he filled me in on the events of the intervening years and explained the reasons for contacting me at this point. There was little overt change in his life. He still lived alone, in an apartment of his own. He was at the present time not attached to any particular girl, but until recently he had had a succession of affairs. He was always sexually potent—a mild tendency to *ejaculatio praecox* that had developed some time ago did not appear to pose any serious difficulties—but he had progressively become aware of the fact that the relationships in which he engaged were emotionally shallow and, in particular, that his sex life gave him no real satisfaction. He then mentioned, in quick succession—a manifest *non sequitur* which, as I assumed, indicated a latent causal relationship—that there had been no recurrence of the former addictive masturbation with masochistic fantasies and that, although outwardly he was doing reasonably well in his profession, he did not enjoy his work but experienced it as a necessary routine, a burden, a chore. I remember that I immediately suspected, on the basis of the juxtaposition of his statement concerning the non-recurrence of his sexual masochism and the complaint about the burdensomeness of his work, that, contrary to my hope, the first analysis had not achieved a cure of his masochistic propensities via structural change, but that they had only become suppressed and had now shifted to his work and to his life in general. This impression, I might add, was later amply corroborated by the

information we obtained in the course of the second analysis.

He then told me that the masochistic fantasies had indeed never completely disappeared, but that he had often called them up actively during intercourse with his girl friends. He did this, he said, as an antidote to premature ejaculation and in order to experience the sexual act more keenly. Finally, during the last few months, after breaking up with his most recent girl, he had become alarmed about an increasing sense of social isolation and especially—he reacted like a former addict threatened by the danger of succumbing again to his addiction—about the temptation, so far resisted, to buy pornographic books and to masturbate with masochistic fantasies.

Although I misinterpreted its significance as a factor in Mr Z's return for treatment at that time, I dimly realized that the most important bit of information he gave me during the first of two interviews concerned the fact that Mr Z's mother, at that time in her middle fifties, had about a year and a half ago undergone a serious personality change. After Mr Z had moved away from her (about five years ago) she had become increasingly isolated, leaving the house more and more rarely, and, as became ultimately unmistakable about two years ago, she had developed a set of circumscribed paranoid delusions. I wondered immediately whether the mother's serious emotional disturbance was not in some way causally related to the worsening of Mr Z's condition and to his turning to me for help. Was he being confronted with the loss of a still unrelinquished love object from childhood or with guilt feelings about having abandoned her and having thus caused her illness? He had, himself, considered these possibilities; and he was indeed aware of some feelings of loss and of guilt. He did not realize, however—we achieved this surprising insight in the course of the second analysis—that, paradoxically, the mother's serious emotional disturbance had not been a deleterious force dragging him back into his former illness but rather, as will be explained later, a wholesome one propelling him toward health.

Although it became immediately apparent that Mr Z required further analysis, it would

have been very difficult for me to start with him at that time. Since, as he said in the second interview, he felt much better after the first contact with me—indeed, the change in appearance and demeanour was striking: his face had been tense and pale; now it was relaxed and his colour had returned; he held himself more upright and was bouncier in all his movements; his speech was more lively—he accepted without hesitation my suggestion that we postpone the beginning of further analysis for about half a year. He also agreed with my suggestion that I would see him now and then, if he should feel the need for an appointment. As a matter of fact, Mr Z did not make any further appointments after the initial visits, but wrote to me once, about half-way through the waiting period, confirming his expectation that we would start again at the date that we had set and stating that, in the meantime, he was now doing reasonably well. I might add at this point, that I suspected that his increase in well-being after seeing me again was an aspect of the transference he had established, and wondered whether his improvement was analogous to the well-being that he had experienced much earlier in his life, at the time when he had turned from the mother to the camp counsellor. I began to assume in other words—a hypothesis that I had not entertained during the first analysis—that he was establishing an idealizing transference.

When we began the second analysis as planned, this hypothesis was confirmed by the patient's first dream (dreamed during the night that preceded the first session). The meaning of certain aspects of the very simple manifest content were almost immediately understandable, the full depth of its meaning, however, became intelligible only much later. The dream contained no action or words. *It was the image of a dark-haired man in a rural landscape with hills, mountains, and lakes. Although the man was standing there in quiet relaxation, he seemed to be strong and confidence-inspiring. He was dressed in city clothes, in a complex but harmonious way—the patient saw that he was wearing a ring, that a handkerchief protruded from his breast pocket, and that he was holding something in each hand—perhaps an umbrella in one hand, and possibly a*

pair of gloves in the other. The figure of the man was visually very plastic and prominent—as in some photographs in which the object is sharply in focus while the background is blurred. The associations showed that the figure was a condensation of (a) the camp counsellor (certain features of the landscape referred to the location of the summer camp); (b) his father (the hair); and (c) the analyst (umbrella, gloves, the handkerchief, the ring). The relationship to an idealized object, the establishment of an idealizing transference, was portrayed by the impressive appearance and proud bearing of the man and by the tone of admiration with which the patient described him. I did not, at the time, understand the meaning of the multifaceted richness of the figure, especially as portrayed in the way he was dressed. The fact, however, that in his associations the patient recalled briefly the dream of his father, loaded with packages, trying to intrude into the house, established a link with the terminal phase of the first analysis—announcing as it were that the second analysis was a continuation of the first one, that, as I came to see later, it took off from the very point where the first one had failed most significantly.

As is characteristic for cases of the type to which Mr Z belongs, the initial phase of idealization was of short duration. In harmony with my then newly acquired insights about the analyst's correct attitude *vis-à-vis* a narcissistic transference *in statu nascendi* (cf. Kohut, 1971, pp. 262–4), I did not interfere with the unfolding of the patient's idealization of me. Still, after about two weeks, it gradually began to subside, in accordance with the spontaneously unrolling sequence of transferences that is determined by endopsychic factors—i.e. by the structure of the patient's personality and psychopathology—to be replaced by a mirror transference of the merger-type (cf. Kohut, 1971, pp. 137–42). The glow of well-being and inner security that he experienced in consequence of feeling himself within the milieu provided by the idealized analyst faded away, and in its stead the patient became self-centred, demanding, insisting on perfect empathy, and inclined to react with rage at the slightest out-of-tuneness with his psychological states, with the slightest misunder-

standing of his communications. This phase in the second analysis was quite similar to the corresponding one in the first. What was different, however, was my evaluation of the psychological significance of his behaviour. While in the first analysis I had looked upon it in essence as defensive, and had at first tolerated it as unavoidable and later increasingly taken a stand against it, I now focused on it with the analyst's respectful seriousness *vis-à-vis* important analytic material. I looked upon it as an analytically valuable replica of a childhood condition that was being revived in the analysis. This altered stance had two favourable consequences. It rid the analysis of a burdensome iatrogenic artifact—his unproductive rage reactions against me and the ensuing clashes with me—that I had formerly held to be the unavoidable accompaniment of the analysis of his resistances. And—a reliable indication that we were now moving in the right direction—the analysis began to penetrate into the depths of a certain formerly unexplored sector of the patient's personality and to illuminate it.

Formulated in the traditional terms of early object relations, we would say that this phase of the analysis revived the conditions of the period when, in early childhood, he had been alone with his mother, who was ready to provide him with the bliss of narcissistic fulfillment at all times. We would, in other words, look upon this stage of the transference as a revival of an early situation when he was spoiled by his mother, when a condition of overgratification had prevailed which, in turn, led to the fixation that hampered further development. But this traditional pattern of explanations fails to do justice to two significant features of Mr Z's personality that I could discern, even during this phase of the analysis: an underlying chronic despair which could often be felt side by side with the arrogance of his demandingness; and, *par excellence*, the sexual masochism that had reappeared and stood in stark contrast to his self-righteous claims for attention.

It is not easy to describe the subtle but decisive differences between this phase in the second analysis in which the reactivation of Mr Z's early relationship to the mother dominated the picture and the corresponding phase in the first analysis. Fundamental to all the other

aspects of the change is the fact that between Mr Z's first and second analysis my theoretical outlook had shifted so that I was now able to perceive meanings, or the significance of meanings, that I had formerly not consciously perceived. More important, however, than my broadened perception was the subtle effect which the change in my theoretical outlook exerted on my attitude *vis-à-vis* Mr Z. However mitigated by considerations that in everyday parlance one might refer to as patience or human kindness or tact, and that, to speak in theoretical terms, had been an outgrowth of my respectful attention to the fact that structural changes come about only as the result of a great deal of working-through, I had in the first analysis looked upon the patient in essence as a centre of independent initiative and had therefore expected that he would, with the aid of analytic insights that would enable him to see his path clearly, relinquish his narcissistic demands and grow up. In the second analysis, however, my emphasis had shifted. I had acquired a more dispassionate attitude *vis-à-vis* the goal of maturation, and, assuming that growth would take care of itself, I was now able, more genuinely than before, to set aside any goal-directed therapeutic ambitions. Put differently, I relinquished the health- and maturity-morality that had formerly motivated me, and restricted myself to the task of reconstructing the early stages of his experiences, particularly as they concerned his enmeshment with the pathological personality of the mother. And when we now contemplated the patient's self in the rudimentary state in which it came to view in the transference, we no longer saw it as resisting change or as opposing maturation because it did not want to relinquish its childish gratifications, but, on the contrary, as desperately—and often hopelessly—struggling to disentangle itself from the noxious selfobject, to delimit itself, to grow, to become independent.

It was in the context of our focus on the struggles of his feeble self to define itself that we came to understand the significance and effect of Mr Z's mother's recent psychosis. In the first analysis I had seen the patient's persistent attachment to the mother as a libidinal tie that he was unwilling to break. His idealization of the mother, which was still much in evidence

during the first analysis, I had understood as the conscious manifestation and accompaniment of his unconscious incestuous love for her. But now we saw the personality of Mr Z's mother and the nature of his relation to her in quite a different light. The picture of the mother that Mr Z had painted for me in the first analysis was that of the image which she portrayed successfully to people outside the family. Those intimately involved with her, however, especially, of course, the patient and the patient's father, knew better, even though they were not able to raise this knowledge to a level of awareness which would have allowed them to share it with each other. They knew that the mother held intense, unshakable convictions that were translated into attitudes and actions which emotionally enslaved those around her and stifled their independent existence. True, when Mr Z reported in the first analysis that the mother had responded to him with gratifying enjoyment, he had not misrepresented her. What had been missing from his reports was the crucial fact that the mother's emotional gifts were bestowed on him under the unalterable and uncompromising condition that he submit to total domination by her, that he must not allow himself any independence, particularly as concerned significant relationships with others. Mr Z's mother was intensely and pathologically jealous; and, it may be added, not only father and son but the servants, too, were under her strict domination.

His father's attachment to the nurse and his decision to live away from home, constituted, as Mr Z came ultimately to realize, a flight from the mother. It was also an abandonment of his son, as the patient must have preconsciously experienced the behaviour of his father in childhood—the conscious acknowledgement of this feeling was reached only during his second analysis. As the patient saw it: the father had tried to save himself, and in doing so he had sacrificed the son.

The description of Mr Z's relation to the mother filled many hours of his second analysis. The emergence of his memories, however, and especially his acquisition of gradually deepening insights into the essence of his relation with the mother, above all his recognition of the serious distortion of the mother's personality which

determined the nature of their relationship, was accompanied by great anxiety, often leading to serious resistances. The flow of his revelations would then be interrupted and he retreated from the pursuit of the analytic task, voicing instead serious doubts whether his memories were correct, whether he was not slanting his presentation to me. As we discovered—a dynamically extremely important insight without which progress would surely have ultimately been halted—his fears concerned the loss of the mother as an archaic selfobject, a loss that, during this phase of remembering and working through the archaic merger with the mother, threatened him with dissolution, with the loss of a self that at these moments—and they were more than moments—he considered to be his only one. His doubts, his tendency to take back what he had already recognized and revealed, were due to a temporary repression of his memories, or rather, in most instances, to the fact that his intense disintegration anxiety re-established the dominance of the disavowal that had already in childhood prevented him from fully acknowledging what he in fact experienced and knew.

I would like here to draw attention to a feature of this phase of Mr Z's analysis that I have found in all similar cases: the remobilization of childhood experiences in the analytic situation did not lead to sustained transference distortions of the image of the analyst. Transference distortions did, of course, occur—almost always as the elaboration of a nucleus of a real perception concerning the analyst, i.e. concerning some attitude or action of the analyst which he correctly but oversensitively perceived as being similar to those of the pathological mother. But they usually disappeared quickly, to be replaced by childhood memories concerning the mother. It is my impression that the comparative underemphasis of transference distortions in such cases is not a defensive manoeuvre but that it is in the service of progress. In order to be able to proceed with the task of perceiving the serious pathology of the selfobject of childhood, the patient has to be certain that the current selfobject, the analyst, is not again exposing him to the pathological milieu of early life.

Let me now turn to certain concrete details of

the mother's behaviour, to provide the data that will allow us to understand the pathological nature of their relationship. Mr Z's memories here did not emerge directly. They were recalled only after he had first re-examined certain features of their relationship such as the mother's reading to him, playing with him, talking with him, and spinning out fantasies with him about what his future would be like, that he had already described during his first analysis. At that time these aspects of the mother's attitude towards him were seen by us in the light of his then prevailing idealization of the mother, and we had both taken them as manifestations of the mother's love for him. Now, however, feeling supported by the analyst, he began to question the formerly unquestionable. And as he gradually became able to rid himself of the sense of the sacrosanctity of the outlook on their relationship with which the mother had indoctrinated him, he began to recognize a certain bizarreness of even these seemingly so normal and wholesome activities of the mother. He began to recognize, for example, that she had by no means been in empathic contact with the needs of his self for an anticipatory resonance to its future power and independent initiative when, in her imagery about him as a grown man, she had always taken totally for granted that, however great his successes in life, their relationship would never be altered, he would never leave her.

After the slow and painful process of freeing himself from the idealized outlook on his relation with the mother had gone on for some time, enabling him for the first time to recognize that the sector of his self that had remained merged with her since childhood was neither all of his self nor even its central part, he began haltingly, and against surges of severe resistance motivated by disintegration anxiety, to talk about some of the mother's more overtly abnormal activities when he was a child and adolescent. Three examples of Mr Z's mother's behaviour during the patient's early life, namely her interest in his faeces, her involvement with his possessions, and her preoccupation with small blemishes in his skin, constitute representative aspects of her attitude towards him—an attitude which, as we came to see more and more clearly, manifested her uneradicable

and unmodifiable need to retain her son as a permanent selfobject.

No direct memories emerged during Mr Z's analysis that referred to his toilet training. It seemed to have taken place fairly early during the second year of his life, apparently created no serious problems, and resulted in reliable sphincter control. There was no encopresis and only a single unusual incident of enuresis, shortly after he was moved from the parental bedroom to another room. Despite the fact that his development in this area appeared to have been in itself uneventful, Mr Z's associations and memories led us, in the context of his overall struggle to reassess the mother's personality, to a specific abnormal feature of her behaviour. He recalled now (this topic was especially active during the early part of his second analysis) the mother's intense interest in his faeces. She insisted on inspecting them after each of his bowel movements until he was about six. At that point she abruptly ceased the inspections and almost simultaneously began to be preoccupied with his skin, particularly the skin on his face.

It is remarkable that this striking feature of the patient's childhood had never become a prominent topic during the first analysis. It had emerged briefly on a number of occasions, but was never recognized by us as the important indicator of the mother's serious personality disorder that in fact it was. We had looked at it only in the context of what we had then considered to be the patient's defensively clung-to narcissism. The mother's behaviour, in other words, had served us as an explanation of his tendency to overvalue his 'productions'—his statements in social conversations and to the analyst, his written work in school, etc.—and I can still remember the slightly ironical tone of my voice, meant to assist him in overcoming his childish grandiosity, when I pointed out to him how his mother's interest in every detail of his physical and mental 'excretions' had brought about a fixation on an infantile pride in them, leading to his current oversensitivity to shortcomings in himself and in what he produced, and ultimately to his propensity to react to criticism, and even the mere absence of praise, with depression or rage.

In contrast to the first analysis, the second

one focused on the depression and hopelessness that the mother's attitude evoked in him. She was not interested in *him*. Only his faeces and her inspection of them, only his bowel functions and her control over them fascinated her—with an intensity, a self-righteous certainty, and adamant commitment that allowed no protest and created almost total submission.

As I mentioned earlier, her preoccupation with his faeces stopped, apparently abruptly, when he was about 6 years old; she then became as obsessed with his skin as she had been with his bowels before. Every Saturday afternoon—the procedure became an unalterable ritual, just as the faeces-inspections had been—she examined his face in minutest detail, in particular—and increasingly as he moved toward adolescence—with regard to any developing blackheads she could detect.

Mr Z began to talk about the skin-inspection ritual after telling me about the faeces inspections; but, even though he was now dealing with events of later childhood and adolescence, it was harder for him to give me a clear picture of what had happened during one period of his life and what during another. The events had become telescoped and the chronology blurred. As I would judge now in retrospect, this blurring of time relationships was to some extent defensive. It might well have been that it was especially hard for him to acknowledge how strong a hold his mother's pathological influence had had on him, even as comparatively recently as his late teens.

Be that as it may, the complete ritual consisted of two phases. During the first phase—the emotionally most trying one for Mr Z—she described disapprovingly in great detail what she saw. The second phase closed with the, often quite painful, removal of the ripest of the blackheads. The mother, who frequently expressed her pride in her long and hard fingernails, described to her son its extrusion and showed him the extracted plug of sebum—a faecal mass in miniature—with satisfaction, after which she seemed gratified, and Mr Z, too, experienced some temporary relief. The worst occasions were those when either no ripe blackhead was found or when an attempted removal failed.

Another cluster of Mr Z's associations and

memories that emerged during the early part of the second analysis concerned the mother's intense involvement with her furniture and the art objects and bric-à-brac that she collected and displayed in their home. One would be inclined to call her concern with these possessions an obsessional character trait, to be explained as due to anal fixations, just as one would, of course, be inclined to explain the ritual of the blackhead-removal sessions under the same diagnostic heading as a displacement of anal-sadistic drive aims. I have little doubt, however—and not only because she had developed a paranoid psychosis after the patient moved away from her—that a diagnosis of obsessional neurosis, i.e. a diagnosis based on drive-criteria, would, even if not wrong, be irrelevant. She was, in essence, a 'borderline case'. (See Kohut, 1977, p. 192, for the definition of this diagnostic category.) The psychotic core, the central pre-psychological chaos of her personality, the central hollowness of her self was covered over by a rigidly maintained hold on and control over her self-objects whom she needed in order to shore up her self. Although to superficial acquaintances she presented a picture of normal emotionality, even outsiders soon felt the lifelessness that lay underneath the appearance of normality. Thus none of Mr Z's classmates and acquaintances, either from primary school or later, liked to visit his house, which contributed to his social isolation. Even though a room was finally assigned to the boy, he enjoyed no privacy. The mother insisted that his door be kept open at all times and often entered suddenly and unexpectedly, disturbing whatever conversation or other activity might have developed between the patient and a visiting friend by a chilling look of disapproval (cf. the description of the similar behaviour of Mr B's mother in Kohut, 1971, pp. 81-2.)

We are again confronted by the puzzling question why this crucial material had not appeared during Mr Z's first analysis. To be sure, it had indeed appeared, but—what is even more incomprehensible—it had failed to claim our attention. I believe that we come closest to the solution of this puzzle when we say that a crucial aspect of the transference had remained unrecognized in the first analysis. Put most

concisely: my theoretical convictions, the convictions of a classical analyst who saw the material that the patient presented in terms of infantile drives and of conflicts about them, and of agencies of a mental apparatus either clashing or co-operating with each other, had become for the patient a replica of the mother's hidden psychosis, of a distorted outlook on the world to which he had adjusted in childhood, which he had accepted as reality—an attitude of compliance and acceptance that he had now reinstated with regard to me and to the seemingly unshakable convictions that I held.

The improvement which resulted from the first analysis must therefore be considered in essence as a transference success. Within the analytic setting, the patient complied with my convictions by presenting me with oedipal issues. Outside the analytic setting, he acceded to my expectations by suppressing his symptoms (the masochistic fantasies) and by changing his behaviour, which now took on the appearance of normality as defined by the maturity morality to which I then subscribed (he moved from narcissism to object love, i.e. he began to date girls).

Was the success of the second analysis based on a similar mechanism, it may be asked. Did he, in other words, simply shift to a new compliance with the new convictions to which I now adhered? I do not think so. Not only was his need to comply—particularly the fears that stood in the way of non-compliance—extensively investigated and worked through; the intense emotions which accompanied his struggles with the issues that were activated now and the zest with which he ultimately turned towards life had a depth and genuineness that had been absent during the first treatment.

But let me be specific. Mr Z's increasing awareness of the mother's psychopathology and his understanding of its pathogenic influence on him could not be maintained without a great deal of emotional toil. The emergence and analytic illumination of this material was interrupted time and again by serious resis-

tances in the form of doubts motivated by the nameless fear, to which (Kohut, 1977, p. 104) I have referred as 'disintegration anxiety'. Which reality was real? His mother's reality? The reality for which the first analysis had stood? Or the present one? Over and over, he struggled with these questions. And many times, particularly in the beginning of this phase of the analysis, he turned in his search for certainty to the fact that the mother had now developed a set of delusions which demonstrated without question that her outlook was distorted. And over and over, he remembered his reaction when he had first fully realized that the mother was mentally ill, that she harboured a set of delusions. His immediate reaction—deeply puzzling to him at that time but now becoming intelligible—had been one of a quietly experienced, intense inner joy. It was the expression of his sense of utter relief about the fact that he now, potentially at least, had witnesses;¹ that he was not alone in knowing that the way the mother saw the world, particularly, of course, the way she had behaved toward him during his childhood, was pathological.

It was after overcoming surges of resistances of this type that the most significant progress was always made, i.e. that he was able to take another step towards freedom, away from the enmeshment with the mother. Although this process came to full fruition only much later in the analysis, the lessening hold of the merger-enmeshment with the mother allowed us to take a fresh look at two important sets of childhood experiences which, during the first analysis, I had interpreted as manifestations of a fixation on and/or regression to infantile modes of pleasure gain through the gratification of pregenital drives. We now saw the significance of his childhood masturbation, with the fantasies of being the slave of a woman who unconditionally imposed her will on him and treated him like an inanimate object that had no will of its own, and the significance of his involvement with the primal scene—of material,

¹ I am here focusing only on the all-important inner experiences of Mr Z. It is of lesser importance in the present context that he also had actual witnesses: a relative who worked in the mental health field whose help he enlisted

when the mother, at one time, on the basis of her delusional convictions, wanted to take a step that could have had very troublesome practical consequences.

in other words, around which the working-through processes of the first analysis had taken place (which we thought had led to a cure)—in a totally different light. Where we had formerly seen pleasure gain, the sequence of drive demand and drive gratification, we now recognized the depression of a self that, wanting to delimit and assert itself, found itself hopelessly caught within the psychic organization of the selfobject. We realized not only that neither his masturbation nor his involvement in the primal scene had ever been enjoyable, but that a depressive, black mood had pervaded most of his childhood. Since he could not joyfully experience, even in fantasy, the exhilarating bliss of growing self-delimitation and independence, he tried to obtain a minimum of pleasure—the joyless pleasure of a defeated self—via self-stimulation. The masturbation, in other words, was not drive-motivated; was not the vigorous action of the pleasure-seeking firm self of a healthy child. It was his attempt, through the stimulation of the most sensitive zones of his body, to obtain temporarily the reassurance of being alive, of existing.²

I remember in particular the time during this phase of the analysis when Mr Z recovered the following two interconnected memories. In the first, he recalled how during childhood and latency he would often drag himself through a joyless day by telling himself that night would come and he would be in bed and could masturbate. I shall not attempt to describe the emotionality that surrounded this memory, poignantly presenting the utter dreariness of a child's existence whose only solace in the face of the almost total lack of the joyful sense of growth and independence open to healthy children, is the thought that he could stimulate his lonesome body in endlessly prolonged masturbatory activities—yet even then unable to rid himself of the awareness of his lack of self-

delimitation, as the accompanying masochistic fantasies demonstrate. In the second memory—it belonged to the deepest layer of the unconscious uncovered during this period—he recalled not only that, before the construction of his masochistic fantasy system, he had for a brief time engaged in anal masturbation but also—this aspect of his recall was initially accompanied by the most intense shame—that he had smelled and even tasted his faeces. As I said, the recall of these memories was at first extremely painful and the reactivation of his childhood sadness or shame seemed at times of overwhelming intensity. Still, in the context in which the recall took place, Mr Z's experiences were well within tolerable limits because he had come to understand for the first time, in empathic consonance with another human being, that these childhood activities were neither wicked nor disgusting, but that they had been feeble attempts to provide for himself a feeling of aliveness, manifestations of that surviving remnant of the vitality of a rudimentary self which was now finally in the process of firm delimitation. He understood, in other words, that to be separate from the mother was neither evil nor dangerous but the appropriate assertion of health.

We also re-evaluated the primal-scene experiences and ultimately grasped their essential significance only when we saw them as belonging to the depression that had pervaded his childhood. His involvement with the primal scene, in other words, was not a manifestation of the healthy sexual curiosity of a firmly consolidated, investigative self—a healthy curiosity that may come to grief if the prohibitions from and fears of the loved-hated incestuous objects create conflicts that the child is unable to solve and therefore represses. For Mr Z, the primal scene was *ab initio* an unempathically overstimulating experience, understood by him as a demand to be absorbed

² It should be mentioned here that Mr Z's secondary conflicts about his masturbatory activity were never very great. This relative absence of conflict is commonly found in individuals with personality structures similar to that of Mr Z. I used to think that the comparative absence of guilt was more apparent than real, that analysis should remove resistances in order to allow the analysand to confront his conflicts and to deal with them. But after many unsuccessful attempts to penetrate to conflicts and guilt, I have changed

my view. The absence of guilt, I believe, is in tune with the fact that the pathogenic parent, the father or mother who enslaves the child because of his or her own need for a self-object, completely disregards the child's sexual activity as long as it is part of the child's depression about the unbreakable merger. It is only when the child's sexual activities become associated with the assertion of independence that the parent begins to exert guilt pressure on him.

by the activities of the mother. And he submitted to this demand via the masochistically sexualized relinquishment of his independence.

The second phase of the second analysis cannot, of course, be neatly separated from the first, but, taken as a whole, it differed from the first in its feeling tone. The depressive elements receded, and active yearnings, intensely felt and vigorously expressed demands, an increasingly prominent vitality, buoyancy, and hopefulness were now in evidence. And simultaneously, the content of his communications shifted; he turned from the previous almost exclusive preoccupation with the mother to thoughts concerning his father.

He still talked about his parents' sexual relations, for example. But whereas in the preceding phase he had hardly considered his father's participation—and my attempts to emphasize that mother *and* father had been engaged in intercourse had evoked no significant response from him—his associations (direct memories and, occasionally, transference fantasies about the analyst's sex life) now began to turn spontaneously more and more to his father's role. At first the affect that accompanied the analytic work in this area was, again, one of depression and hopelessness—the mood, in other words, that had been prevalent during the first phase was still the same. But his hopelessness was now not as diffuse as it had been before—it related increasingly to a distinct preoccupation: that his father was weak, that the mother dominated and subdued him. At this time he also reminisced briefly about the old schoolfriend who, by turning from him and his mother (see p. 4), seemed to have brought about the psychic imbalance that had prompted him to seek analytic help in the first place. Despite the importance which the support he had obtained from the relationship with this friend had had for him, and despite the fact that we could understand its nature without much difficulty—it was in essence a mutually supportive twinship—this theme did not remain active for long and the significance of its emergence at this

point remained unclear.³ It was replaced by a period of strong transference involvement, in the specific form of the need to know more about me. Side by side, in other words, with continuing references to the primal scene and complaints about the weakness of his father and of his father's lack of interest in him, he began to express intense curiosity about me. He wanted to learn about my past, in particular about my early life, my interests, my education; he wanted to know about my family, the nature of my relationship to my wife and whether I had children. Whenever I treated his inquiries as a revival of infantile curiosity and pointed out the associative connections with the sex life of his parents, he became depressed and told me I misunderstood him. No serious analytic impasse developed, however. Although I did not accede to his demands for specific information about me, but told him that his wish to get to know me was surely rooted in an old wish or need, I did concede that, after listening to him further and watching his reactions, I had to agree with him that the term 'curiosity' that I had been using had not been right—that what he was experiencing now was not a revival of sexual voyeurism of childhood but some different need. And I finally ventured the guess that it was his need for a strong father that lay behind his questions, that he wanted to know whether I, too, was weak—subdued in intercourse by my wife, unable to be the idealizable emotional support of a son. The result of this shift in my interpretative approach was a dramatic lessening of his depression and hopelessness. He dropped his demands that I supply him with information about me—as a matter of fact he ultimately saw the friendly firmness with which I had refused to accede to his demands as an asset of my personality, a sign of my strength—and he made do with certain bits of information which he had obtained either accidentally or via inference—my interest in art and literature, for example—and talked about his impression that, in my case at least, the love of the world of the mind was not a retreat motivated by inability to compete in the real

³ My knowledge of the further course of the analysis tells me now that this theme emerged as an allusion to the forthcoming central complex of memories about Mr Z's

father. His associations here say in essence: I am thinking about a man who abandoned me by turning from my mother to another woman.

world, but compatible with masculinity, with courage.

And when he talked again about the camp counsellor, he spoke as in the first analysis, of his friend with affection and respect, expressed no regrets about the homosexual activities in which they had engaged, but saw his relationship to him as an enriching friendship with a strong and admired man. On the whole, I tended to concur with Mr Z's assessment. Different, in other words, from the understanding of the friendship that I communicated to the patient during the first analysis—namely, that it had represented a regression to the phallic mother—I now agreed that his friend had been the yearned-for figure of a strong fatherly man, perhaps the admired older brother he had never had. I disagreed with him, however (I did not expand on this view, mentioned it only once, briefly) about the innocuousness of the sexual aspect of the relationship. I thought, in other words—and I continue to incline toward this view⁴—that Mr Z would have obtained more lasting benefits from the friendship with this man who, as far as I can judge, was indeed a remarkable person, if their closeness had remained free of sexual contacts. (The fact, it may be added, that no homosexual conflict became activated during the transference revival of the relationship could well be taken as evidence that I am wrong and that the patient was right.)

Be that as it may, the analysis took a new turn at this point: it fastened for the first time directly on Mr Z's father, who had remained a shadowy figure up to now, despite my interpretative efforts during the first analysis to penetrate resistances which, as I then believed, shielded his narcissistic delusions from the awareness of a powerful oedipal rival. For the first time now—and with a glow of happiness, of satisfaction—Mr Z began to talk about positive features in his father's personality.

This was, as can be judged in retrospect, the crucial moment in the treatment—the point at

which he may be said to have taken the road toward emotional health. But the road was not an easy one. As the analysis moved towards the next waystation, the unfolding of the principal theme—the recovery of the strong father—was interrupted by recurrent attacks of severe anxiety, including a number of frightening, quasi-psychotic experiences in which he felt himself disintegrating and was beset by intense hypochondriacal concerns. At such times he dreamed of desolate landscapes, burned-out cities, and, most deeply upsetting, of heaps of piled-up human bodies, like those in pictures of concentration camps he had seen on T.V. The last image was especially horrible because, as he reported, he was not sure whether the bodies were those of dead people or of people still barely alive. It should be added here that during this phase of the analysis neither the patient nor the analyst was as concerned about a possible irreversible or protracted disintegration as one might perhaps expect in view of the alarming content of many of the sessions. There is no question that our tolerance for the upsetting material was in essence connected with our always present and continuously deepening understanding of its meaning and significance: that Mr Z was now relinquishing the archaic self (connected with the selfobject mother) that he had always considered his only one, in preparation for the reactivation of a hitherto unknown independent nuclear self (crystallized around an up-to-now unrecognized relationship to his selfobject father).

Only once did the mother appear in any of these dreams. Although the visual content of this dream was simple and in itself innocuous—a starkly outlined image of the mother, standing with her back turned toward him—it was filled with the deepest anxiety he had ever experienced. Our subsequent work, pursued for several sessions, illuminated the dream in considerable depth. On the most accessible level there was this simple meaning: the mother was turning her back to him; she would now

⁴ I am by no means certain whether this view is correct or whether I am here still unduly influenced by the classical theory of drive sublimation. The question we are confronting here, in other words, whether sexual activities between self and selfobject preclude structure formation, should be considered still in need of empirical investigation.

The most important structure building occurs, after all, in childhood, and it is not only not prevented by vigorous and sensually stimulating contact with the selfobjects, contacts that might well correspond to the lovemaking of adults, but seems rather to be enhanced by it.

abandon him because he was moving closer to his father. Without going into the details of his associations, I should add that, in connection with this interpretation of the dream, which was suggested by the patient without any prompting from me, Mr Z gave several examples—memories from childhood and later—of the mother's icy withdrawal from him when he attempted to step towards independence, in particular toward independent maleness. In former times the patient had always responded to this signal by an emotional return to the mother.

The deeper meaning of the dream was contained in its invisible part: it concerned the unseen, the unseeable frontal view of the mother. When he tried to think about it, to imagine what it would show, he experienced intense anxiety; and he was never able to find words for what he might see. When I suggested the horror of castration, of the sight of the missing external genital, of fantasies of blood and mutilation which children form by combining the sight of the menstrual blood and of the vulva, the patient brushed these suggestions aside. While he agreed that the imagery of mutilation, castration, and blood was related to the unnamed horror, he was sure that this was not the essential source of the fear. Although he himself was never able to formulate his fear in a concrete way, when I suggested that the mother may not have lost her penis but her face, he did not object but responded with prolonged silence from which he emerged in a noticeably more relaxed mood. Thus although I believe that the archaic fear to which he was exposed defies verbalization, I think that my attempt to define it came sufficiently close to the psychic reality of his experience to allow him a degree of mastery. All in all, expressed in more objective terms, the conclusion which we ultimately reached was that the unseen side of the mother in this dream stood for her distorted personality and her pathological outlook on the world and on him—of features, in other words, that he was not only forbidden to see but whose recognition would in fact endanger the structure of his self as he knew it. The dream expressed his anxiety at the realization that his conviction of the mother's strength and power—a conviction on which he had based a sector of his own

personality in intermeshment with her—was itself a delusion.

For the sake of clarity and in order to avoid unnecessary complexity I shall now describe the process of the reinstatement of Mr Z's childhood relationship to his father during the analysis as if it had had a clearly defined beginning at a point when the working through of the aforementioned anxiety and of the resistances that were mobilized by it had come to a clearly defined completion. In reality, of course, Mr Z's move toward his father and the recovery of memories about him took place step by step, each step being preceded and followed by renewed and intensified fears and resistances. In view of the fact that the relation between transference analysis and the recall of genetic data is well known, there is also no need to describe the details of the transference phenomena in the restricted meaning of this term that were in evidence during this period. Suffice it to say that the emergence of the decisive, positively toned childhood memories about the patient's father was preceded and accompanied by his idealization of me—including, as one would expect, the idealization of my professional proficiency. And, also unsurprising in this context, Mr Z expressed at that time the wish to become an analyst—a wish, it may be added, that soon faded spontaneously.

In the memories which now emerged, he dwelt particularly on a two-week skiing vacation he had taken with his father in a Colorado resort at the age of 9 (probably because, at the time, the mother was involved with her own mother's terminal illness). These memories are of decisive significance because they concern two crucially important topics: his discovery that his seemingly weak and shadowy father possessed indeed certain rather impressive assets embedded in a well-defined personality, and his increasing realization that he harboured an intense need from childhood to find out something about his father, to clear up a specific, mystifying secret.

With regard to his father's positive features about which he spoke now with an increasing glow of joy, it must be said that, as far as I could judge, Mr Z did not describe any outstanding qualities and there was clearly some discrepancy between Mr Z's emerging enthusiasm and

objective fact. But Mr Z's father seems indeed to have been a good skier and also something of a man of the world. He had a way with the waiters and chambermaids, and was soon surrounded by a circle of followers who were fascinated by his stories and appeared to look up to him. From listening to his telephone conversations and hearing his comments when he read the papers, the patient also got a glimpse of his father's business activities; and he came to admire his resoluteness, perceptiveness, and skill in this area. The psychological essence, however, of this phase of the analysis lay not in the patient's discovery of any surprising qualities of his father, either at the time in his early life of which he spoke, or in his retrospective evaluation, but in his recovery of the intensely experienced awareness that his father was an independent man who had a life independent from the life of the mother—that his father's personality, whatever its shortcomings, was by no means as distorted as that of the much more powerful mother. I will add here that my interpretations during this phase, both as they concerned the idealizing transference and the recovery of his father's positive features, were focused on the meaning that these two sets of experiences had for the patient. I did not confront him with the reality of either my own or of his father's shortcomings, but restricted myself to giving expression to my understanding for his need—in childhood and as now revived in the transference—for an idealized man to whom he could look up, of whom he could be proud.

The content of this phase of the analysis (Mr Z's detaching himself from the mother and turning toward his father) and, especially, the intensity of anxiety and resistance that we encountered, had been unexpected. I was, however, even more surprised by what followed. After speaking again briefly, mainly in associations to dreams, about the primal-scene experiences when he was 5 or 6, he began to complain of how little he knew about his father. Following a brief period of transference fantasies, he suddenly expressed the suspicion that his father had had a woman friend and that this woman had been present during the Colorado vacation. Although we were never able to ascertain beyond doubt whether this

suspicion was justified, I believe, and Mr Z agreed, that the evidence does indeed speak for it. The patient had, with a single exception, no direct memory of any particular woman to whom his father might have been attached. The exception concerned a small but notable event. There were no manifest indications that the emergence of this memory was opposed by resistances; it is, however, surely significant that it appeared only after all the other memories about the stay in Colorado had been communicated. As the patient remembered it, it was on the last day of their stay at the hotel that his father, for the first and only time, took the boy along to the bar in the evening. Although his father was in general not a heavy drinker, he seemed to have become somewhat high on this occasion and—the son, despite some embarrassment, reacting to his father's capers with pride—at one point joined the small orchestra and took over for their regular male singer. There was applause from the other guests, and his father received many congratulations, especially from one particular woman who came to their table and had a brief chat with the boy. Mr Z thought now that this woman might well have had a special relationship with his father; and he even speculated whether she could have been the nurse who had taken his father away from the family when the patient was a small child.

Be that as it may, the patient never mentioned the episode to the mother when, after their return, he responded to her inquiries about the vacation. Although his father had never explicitly asked him to refrain from mentioning the episode, he felt that there was a silent understanding between them that he would be quiet about it. Most suggestive, and perhaps the only piece of positive evidence with regard to Mr Z's suspicion that the significance which the woman at the bar had for him was not simply due to endopsychic falsifications but that she was in fact the 'other woman' in his father's life, was that he now recalled a specific image which had appeared fleetingly in several dreams of his first analysis, dreams that now took on a new significance and became understandable. The only thing these dreams had in common was that they contained the image of an unknown woman. When Mr Z reported these

dreams during the first analysis he had never been able to produce any illuminating associations to this figure, except that the woman was thin—similar in appearance to the woman in Colorado—and—dissimilar to the woman in Colorado—, being dressed like a working-class girl, that she was not of their own social group. My own conclusion during the first analysis had been that the woman represented the debased image of the patient's mother, that the patient, when he came closest to incestuous sexual fantasies, produced a degraded image of her—approximately corresponding to the splitting of the man's love aspirations that Freud (1912) described.

There is little more that needs to be said about this period of the analysis—a period whose end marked the beginning of the termination phase. It might not be amiss, however, to emphasize my view that, in spite of the fact that at the time of the episode at the resort Mr Z was already 9 years old—i.e. drive-psychologically classified in a period of latency—this material represents, in terms of the structure of Mr Z's personality, the deepest layer of the repressed. I am basing my opinion on the fact that, as I mentioned before, this cluster of memories was the last one in the course of the analysis to which Mr Z gained access, that it was reached after overcoming the most formidable resistances we encountered, and that the end of the processes of recall and working-through concerning it signalled the beginning of the termination phase of the analysis. No doubt it might be maintained by some that these memories were no more than derivatives: a cover for even more deeply unconscious material from the oedipal period—that the triangle at the age of 9 was nothing but a relatively harmless replica of the triangle experienced four years earlier. I considered this possibility, of course. But I came to the conclusion, as I have indeed in several analogous instances in other, similar cases, that no pathogenic oedipal conflicts still lay in hiding. And, unlike the feeling-tone that we recover in the reactivation of the oedipal experiences in structural neuroses, Mr Z's memories were not accompanied by a sense of hopeless rivalry with his father, but by a feeling of pride in him. Further, there was no depression and sense of inferiority, outgrowths

of the child's feeling defeated by the adult male, but a glow of joy and the invigorating sense of having finally found an image of masculine strength—to merge with temporarily as a means of firming the structure of his self, of becoming himself an independent centre of strength and initiative. As is usual in such instances, no early oedipal material from Mr Z's childhood emerged in the analysis, and the competitive fantasies that arose related to the analyst, not to his father. And they were not accompanied by hopelessness and anxiety but by a sense of optimism and vitality. The analyst-father was experienced as strong and masculine, and so did the analysand-son now experience himself.

The actual onset of the terminal phase was marked by the patient's returning to the analogous moment of his previous analysis, namely, to the dream that had set in motion the processes that ultimately led to the termination of the first analysis, the dream of his father's return, loaded with packages containing gifts for the patient, in which the patient had desperately struggled to shut the door against the father's pressure. To my great surprise the patient now presented associations that threw a totally different light on the meaning of this dream. In the previous analysis, as will be recalled, it had seemed to us that we had here the unambiguous manifestations of the ambivalence of the child towards the oedipal rival who, he feared, would—*Timeo Danaos et dona ferentes*—end his near-exclusive possession of the mother, and destroy him. Now the memory of this old dream emerged, not in order to *start* us on a period of working through, but as a *result* of successfully carried out working-through processes. Its emergence constituted a bonus, so to speak: confirmatory evidence that the material with which we had been dealing in the preceding year had indeed been of crucial significance. It is in harmony with this view that the unrolling of the process by which the re-analysis of this dream took place was hardly based on associations or slowed down by resistances. True, there were associations presented in the session in the second analysis in which he returned to this dream. And there were also, in subsequent sessions, interspersed with additional reflections about this dream, associations—including currently dreamed fragmen-

tary dreams—that dealt with fleeting transference-fears with regard to me, i.e., to be exact, with regard to the image of the analyst. But otherwise the emergence of all this material was virtually unopposed. It was as if all the decisive work leading up to the present significant insights had already been done, and that the associations were therefore not stepping stones on the way to the new insight but supportive evidence for an already preconsciously established new explanation.

The new meaning of the dream as elucidated by the patient via his associations, to put his message into my words, was not a portrayal of a child's aggressive impulse against the adult male accompanied by castration fear, but of the mental state of a boy who had been all-too-long without a father; of a boy deprived of the psychological substance from which, via innumerable observations of the father's assets and defects, he would build up, little by little, the core of an independent masculine self. When the father suddenly returned to take his position in the family, the patient was indeed exposed to a frightening situation. The danger to which he was exposed was not, however, to his body but to his mind. A traumatic state arose of which the dream constitutes only a tame replica—a traumatic state that had threatened not the boy's physical but his psychological survival. Having been without his father during the period when a male self is phase-appropriately acquired and strengthened via the male self-object, the boy's need for his father, for male psychological substance, was enormous. No independent self had gradually formed; what psychological existence he had managed to build was rooted in his attachment to the mother. In his enslavement he managed to gain some drive-pleasure—but not the exhilarating joy of the experience of an active independent sexual self.

His father's return had exposed him suddenly to the potential satisfaction of a central psychological need. Just as a correct but unempathically overburdening interpretation may expose the analysand to a traumatic state (see Kohut, 1971, pp. 232–5), so he had been exposed—but a thousandfold—to a traumatic state by being offered, with overwhelming suddenness, all the psychological gifts for which

he had secretly yearned, gifts which indeed he needed to get. The father, loaded with packages, trying to enter, the son defending himself desperately against his father's entry—despite the fact that some of Mr Z's associations touched briefly on intermediate systems of psychological material relating to homosexual themes, particularly with regard to his homosexual attachment in preadolescence, this dream deals in its essence with the psycho-economic imbalance of major proportions to which the boy's psyche was exposed by the deeply wished-for return of his father, not with homosexuality, especially not with an oedipally based reactive passive homosexuality.

Since I am familiar with the propensity of the psyche to respond to traumatic states by various forms of sexualization—by sexualizing the overburdening psychological task (see Kohut, 1971, pp. 69–73, esp. p. 72n. and p. 168)—I was alert to the possibility that Mr Z might have developed wishes or fantasies of anal penetration by his father, i.e. of obtaining male psychological substance by passive means. I could obtain no evidence for the existence of such fantasies, however, either in the transference or via the recall of memories from his childhood or adolescence. The manifest content of his dream—the multiplicity and spatial distribution of the gifts with which his father was loaded, a feature which, as I said earlier, invites comparison with the richly elaborated description of the appurtenances of the father figure in the first dream of the second analysis (see p. 11)—and the actual mode of bodily contact with the counsellor—holding and being held, kissing, smelling—indicate that his need for the firming of an independent self had become focused mainly on the absorption of the selfobject via the skin and, to a lesser extent, via the respiratory apparatus and the mouth. (I might add here, in passing, that in the analysis of homosexuals the nature of the relationship to the selfobject and thus the type of transference—mirror, twinship, or idealizing—is usually easily deduced from the patient's description of the homosexual practices he engages in or wishes for.)

It is not difficult to see in retrospect what turn Mr Z's psychic development took at this point. Unwilling to resign himself to giving up an independent self for good, yet finding himself confronted by the impossible task of performing the work of years in a moment, he began to experience himself in two different, separate ways—his personality established a vertical split. Ostensibly he remained attached to the mother, presented a personality that remained

enmeshed with hers, and—to express a host of fantasies with the aid of a single representative specimen, possibly the replica of a fantasy held by the mother—submitted to the role of being her phallus. And next to this sector of his personality that was part of the mother and of her pathology—the sector which openly displayed a grandiosity that was bestowed upon him by the mother so long as he did not separate himself from her—was another one, separated by a wall of disavowal. In this quiet but all-important sector he had preserved the idealizations that maintained a bond to his father, had hidden away the memories of his father's strength on which they were based. These idealizations, in other words, acquired in later childhood as the result of his not totally unsuccessful attempt to detach himself from the mother and to build, belatedly, an independent male self, had, on the whole, gone into repression.

It is of theoretical importance to emphasize at this point that the relatively successful encounter with his father when Mr Z was 9 was, of course, not the first relationship with a selfobject that led to the laying down of self structure in this sector of his personality. While there are all indications that it was indeed the most important one of his early life, that it was, in other words, not just a screen for or derivative of a more important earlier one, the outlines of an independent self had been drawn much earlier in life. The vicissitudes of the rudimentary self that was tentatively formed during the first years of life played no significant role in Mr Z's analysis. Still, we can deduce from the information we obtained about his earlier childhood that not only his father and maternal grandfather but that even the mother, especially when he was quite young, had contributed to the formation of the nuclear self that lay inactive in repression in this split-off sector of his personality. The event when he was 9 was important because his independent self obtained at that time sufficient strengthening to permit its psychoanalytic liberation and activation. It may be added here that in most instances of telescoping (see Kohut, 1971, p. 53) the event that becomes the representative of earlier and later events of analogous significance is the one through which a structure is almost successfully established, yet still not firm enough to assert itself through actions.

The needs which were active in his horizontally split-off, i.e. repressed, layer of the psyche, and the memories of experiences that were associated with these needs, came to the fore

only twice: during preadolescence in Mr Z's relationship to the counsellor which—as I am inclined to believe, because of its sexualization—did not lead to truly structure-building, wholesome results; and during his second analysis when transmuting internalizations, gradually achieved via the extensive working-through of his idealizing transference, led to the, it is hoped, permanent and reliable completion of a process that had remained unfinished in childhood.

The terminal phase of the analysis was comparatively brief and uneventful. While we had a year earlier tentatively agreed that this might well be the last year of the analysis, the definite decision to end our work with the beginning of the summer vacation was made only three months earlier. The substantial regressions that we have come to expect at the end of long analyses did not come about in Mr Z's case: neither did Mr Z's old symptoms (in particular his sexual masochism) return, nor did he experience serious anxiety concerning the loss of my supportive presence. There was a brief period, perhaps three weeks, when he felt some sadness about losing me, side by side with the regret, never before fully expressed, concerning the fact that his father was dead and that the chance for developing a friendly relationship with him, to make him proud of him and his achievements, was gone. And for a few sessions he also expressed considerable anger towards me for having originally failed him, like his father in childhood; that his analysis had therefore taken longer than it should, that he was now older than he should be at the stage of development he had finally reached. The last months of the analysis were, however, not entirely filled by retrospective themes; there were also thoughts about the future—plans about his work and about the possibility of getting married and of having children. Imagery about a relationship to a son dominated in this context—he did not talk much about the kind of wife that he hoped to find and about the life that he might lead with her.

During the last few weeks of his analysis I was very impressed by his expanded empathy with and tolerant attitude towards the shortcomings of his parents. Even with regard to the distortions of the personality of his mother,

which had exerted such a deleterious influence on his development, he could now express a modicum of understanding and even compassion. And he was also able to see, without a trace of the idealizations with which he had begun his first analysis, the positive features of her personality. Without any merger propensity, but on the firm basis of his separateness and maleness, he could acknowledge that, despite her serious psychopathology, she had given him a great deal. Not only did he conjecture that during his early infancy she might have been a good mother whose mirroring acceptance of him had provided him with the core of vitality that, much later, had allowed him to persist in the pursuit of emotional health despite the serious obstacles that stood in his way, he also acknowledged that many of his greatest assets, implanted into his personality much later in his childhood, including those that enabled him to be competent, indeed creative, in his work, had come from her. We both came to assume in this context that his mother had undergone a silent but malignant personality change—perhaps in response to a beginning deterioration in her relationship to Mr Z's father—but that, despite the serious distortions of her personality we discovered during Mr Z's second analysis, she had preserved throughout her life, even after she developed an encapsulated paranoid psychosis, not only a healthy and lively mind with regard to areas outside of her distorted interpersonal perceptions, but also a modicum of firmness, truthfulness, and realism.

On the whole I believe that I now understood how the structure of Mr Z's self as it became clearly outlined during the last weeks of the analysis was genetically related to the personalities of his parents. His most significant psychological achievement in analysis was breaking the deep merger ties with his mother. But despite this break he not only retained his most significant talents and skills, which now enabled him to be proficient in his profession, but also the specific content of his ambitions and ideals which had determined the choice of his work and made it emotionally meaningful to him—even though these talents, skills, ambitions, and ideals had arisen in the matrix of the now abandoned merger relationship with the mother. Neither his most important skills

and talents nor the content of his ambitions and ideals were thus primarily influenced by his father's personality. Yet all three constituents of his self were decisively changed during the analysis. The working through of his transference relationship to me enabled him to re-establish a link with his father's maleness and independence, and thus the emotional core of his ambitions, ideals, and basic skills and talents was decisively altered, even though their content remained unchanged. But now he experienced these assets of his personality as his own, and he pursued his life goals not in masochistic compliance—as had been the case following his first analysis—but joyfully, as the activities of an independent self.

When the analysis came to its end, the patient was in a calm and friendly mood. He was not involved in any significant relationship at that time; indeed, throughout the second analysis there had been no strong or significant involvements with people, even though he had engaged in a number of relationships with women and his sexual experiences were satisfying. But he spoke little about that; the analytic work which led to the crystallization of his autonomous self absorbed him fully. I learned, of course, a good deal about his everyday life during the years of his analysis, but much more about his professional work than about his contacts with people. During the last year of his analysis he talked from time to time about his plans for a major work that he wanted to undertake, plans which, I learned later, came to fruition and established him as a promising contributor in his field. Thus, even though I thought when the analysis was over that the area of interpersonal relationships would never play the dominant role in his life that it does for the majority of people and that it would not provide him with his most fulfilling experiences, I felt that the narcissistic-creative sector of his personality, with its rich endowment, was sufficiently freed and securely enough established to justify the confident hope that he would be able to lead a satisfying and joyful life.

A number of years have now passed since the end of the analysis and, except for friendly Christmas cards (one, about a year and a half after termination, saying he had recently married; another, several years later, announc-

ing the birth of a daughter), I have heard nothing from Mr Z directly. I did obtain some indirect information about him from a patient currently in analysis with me who works with Mr Z in a subordinate position. This young man, who, it should be added, does not know of my having been Mr Z's analyst, admires Mr Z greatly. But since his relationship to Mr Z constitutes at times a collateral idealizing transference, his reports cannot be taken at face value. I do know from this source however, that Mr Z's work is recognized as outstanding in his field and that he is an inspiring teacher. Via another informant I have learned a good deal about the personality of the woman whom Mr Z married. She appears to be a well-balanced, warm-hearted, socially outgoing person, without a trace of the paranoid certainty and need to control that had characterized Mr Z's mother. Even though she works in Mr Z's field, she is more what one might call an out-of-doors type than an intellectual. I concluded that Mr Z had chosen a partner who possessed his father's best features embedded in a matrix of femininity. And I concluded that he had made a good choice.

SUMMARY

As I stated initially, the preceding report was presented in order to buttress the claim that the new psychology of the self is helpful in the clinical area, that it allows us to perceive meanings, or the significance of meanings, that were formerly not perceived by us, at least not consciously. This is not a theoretical presentation of the psychology of the self—the theoretical knowledge needed will have to be obtained elsewhere (see, in particular, Kohut, 1971, 1972, 1977 and Kohut & Wolf, 1978). In order to assist the reader I append a diagrammatic summary of the psychopathology of Mr Z as it was perceived by me in his two analyses. For the rest I hope that this case report will speak for itself.

TRANSLATIONS OF SUMMARY

Cet exposé a pour but de donner poids à la notion que la nouvelle psychologie du self est utile pour la pratique clinique et que cette psychologie permet de percevoir des significations ou l'importance de celles-ci, alors qu'elles n'étaient pas perçues auparavant, tout au moins consciemment. Ce n'est pas un exposé théorique de la psychologie du self; un tel exposé peut être obtenu ailleurs (en particulier,

THE CASE OF MR Z—HIS PSYCHOPATHOLOGY AND THE COURSE OF HIS ANALYSIS

As Seen in Classical Dynamic-Structural Terms in the First Analysis

Overt grandiosity and arrogance due to imaginary oedipal victory.
① ① ①
REPRESSION BARRIER
Castration anxiety and depression due to actual oedipal defeat.

As Seen in Terms of the Psychology of the Self in the Narrow Sense in the Second Analysis

V E R T I C A L S P I T	Low self-esteem, depression, masochism, (defensive) idealization of mother.
	② ② ②
	REPRESSION BARRIER
	(Non defensive) idealization of his father; rage against the mother; self-assertive male sexuality and exhibitionism.

The analytic work done on the basis of the classical dynamic-structural concept takes place throughout the analysis at the line indicated by ① ① ①.

The analytic work done on the basis of the self-psychological concept is carried out in two stages. The first stage is done at the line indicated by ① ① ①: Mr Z confronts fears of losing the merger with the mother and thus losing his self as he knew it. The second stage is done at the line indicated by ② ② ②: Mr Z confronts traumatic overstimulation and disintegration fear as he becomes conscious of the rage, assertiveness, sexuality, and exhibitionism of his independent self.

Kohut, 1971, 1972, 1977 et Kohut et Wolf, 1978). Pour faciliter la lecture j'appose un résumé graphique de la psychopathologie de Mr Z ainsi que je l'ai perçue dans ses deux analyses. A part cela, j'espère que ce rapport en dira assez par lui-même.

Der vorhergehende Bericht sollte der Unterstützung der Behauptung dienen, daß die neue Psychologie des Selbst auf klinischem Gebiet von Nutzen ist, daß sie uns gestattet Bedeutungen zu erfassen oder den Stellenwert von Bedeutungen, die wir vorher nicht sehen konnten, wenigstens nicht bewußt. Dies ist keine theoretische Darlegung der Psychologie des Selbst—das theoretische Wissen, das man braucht, muß wo anders erworben werden (siehe vor allem Kohut 1971, 1972, 1977 und Kohut & Wolf 1978). Um dem Leser zu helfen, lege ich Diagramme der

Psychopathologie des Mr Z bei, so, wie ich sie im Laufe zweier Analysen sah. Im übrigen hoffe ich, daß der Krankheitsbericht für sich selbst sprechen wird.

La información precedente ha sido presentada con el fin de apoyar la idea de que la nueva psicología del yo-mismo ('self') es útil en el campo clínico, que nos permite percibir significados, o darle sentido a significados que, al menos conscientemente, no percibimos antes. Esta no es una exposición teórica de la psicología del yo-mismo; ese conocimiento teórico deberá ser obtenido en otra parte (Kohut: 1971, 1972, 1977; Kohut y Wolf: 1978). Para ayudar al lector, añado un resumen-diagrama de la psicopatología del señor Z tal como la percibi yo en sus dos análisis. Por lo demás, espero que la información presentada sobre este caso hable por si misma.

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