Fragment of an Analysis

This fragment of an analysis is given as an illustration of the depressive position as it can appear in the course of an analysis.

The patient is a man of thirty, married, and with two children. He had a period of analysis with me during the war, and this had to be broken off because of war conditions as soon as he became clinically well enough to work. In this first phase he came in a state of depression with a strong homosexual colouring, but without manifest homosexuality. He was in a bemused state and rather unreal. He developed little insight although he improved clinically so that he could do war work. His very good brain enabled him to juggle with concepts and to philosophize, and in serious conversation he was generally thought of as an interesting man with ideas.

He qualified in his father's profession, but this did not satisfy him and he soon became a medical student, probably (unconsciously) retaining thereby his use of myself as a father-figure displacing his real father, who had died.

He married, and in doing so offered a girl who needed it a chance for therapy through dependence. He hoped (unconsciously) that in his marriage he was laying down a basis for a therapy through dependence for himself, but (as so often happens) when he in turn claimed special tolerance from his wife he failed to get it. She fortunately refused to be his therapist, and it was partly his recognition of this fact that led him to a new phase of illness. He broke down at work (as a doctor in a hospital) and was admitted into an institution himself because of unreality feelings, and a general inability to cope with work and with life.

He was not aware at that time that he was seeking out his former analyst, and was quite incapable of asking even for analysis, although as it turned out later this is what he was precisely doing and nothing else would have been of value.

After about a month of the new analysis he was able to resume work as a hospital officer.

He was by this time a schizoid case. His sister had had a schizophrenic illness treated (with considerable success) by psychoanalysis. He came to
analysis saying that he could not talk freely, that he had no small talk or imaginative or play capacity, and that he could not make a spontaneous gesture or get excited.

At first it can be said that he came to analysis and talked. His speech was deliberate and rhetorical. Gradually it became clear that he was listening to conversations that were going on within, and reporting any parts of these conversations that he thought might interest me. In time it could be said that he brought himself to analysis and talked about himself, as a mother or father might bring a child to me and talk about him. In these early phases (lasting six months) I had no chance of direct conversation with the child (himself).1

The evolution of the analysis at this stage is described elsewhere.2

By a very special route the analysis changed in quality, so that I became able to deal directly with the child, which was the patient.

There was a rather definite end to this phase, and the patient himself said that he now came himself for treatment, and for the first time felt hopeful. He was more than ever conscious of being unexcitable and lacking in spontaneity. He could scarcely blame his wife for finding him a dull companion, unalive except in serious discussion on a topic set by someone else. Actual potency was not disturbed, but he could not make love, and he could not get generally excited about sex. He had one child, and has since had a second.

In this new phase the material gradually led up to a transference neurosis of classical type. There came a short phase leading obviously to excitement, oral in quality. This excitement was not experienced, but it led to the work described in detail in the case notes that follow. The case notes refer to the work done between the excitement that arrived in the transference but which was not felt, and the experience of the excitement.

The first sign of the new development was reported as a feeling, quite new, of love for his daughter. This he felt on the way home from a cinema where he had actually cried. He had cried tears twice in that week, and this seemed to him to be a good omen, as he had been unable either to cry or to laugh, just as he had been unable to love.

By force of circumstances this man could attend only three times a week, but I have allowed this, since the analysis has obviously gone with a swing and has even been a rapid one.
Thursday, 27 January

Patient The patient said that he had nothing much to report except that he had had a cough. Probably this was an ordinary cold. It did occur to him, however, to think in terms of TB, and he had been going over in his mind the use he could make of it if it should turn out that he should have to go to a hospital. He could say to his wife: ‘Now here I am...’

Analyst Various interpretations were possible here and I chose the following: I said that what was ignored was the relationship of this illness to the analysis. I was thinking in terms of the break it would make in the treatment. I said that I was not at all sure that this rather superficial working out of the consequences was the most important part of the anxiety. At the same time I dealt with the reality aspect and said that I was going to leave it to him. He was conscious of the fact that he wanted me to deal with this as material for analysis and he did not want me to take part in actual diagnosing.

Patient After my interpretation he said that in fact the idea came at him not as TB, but as cancer of the lung.

Analyst I now had more powerful material to work with and I made the interpretation that he was telling me about suicide. It was as if there was what I called a five percent suicide. I said: ‘I think you have not really had to deal with a suicidal urge in your life, have you?’

Patient He said this was only partially true. He had threatened suicide with his wife but he had not meant it. This was not important. On the other hand he had at times felt that suicide was part of the make-up; in any case he said there was the fact of his sister's two suicide attempts; they were partial suicides and not designed to succeed. Nevertheless, they showed him how real suicide could be, even when not an urge involving the whole personality.

He now linked this up with the barrier that he felt he had to get through to get further.

Analyst I reminded him (and he had forgotten) that he felt that there was a person preventing him from getting through the barrier.
Patient He said he felt the barrier as a wall that he must break down or hit himself against; and he had the sensation of having to be carried bodily over the difficult patch.

Analyst I said that we therefore had evidence that between him and health was suicide and that I must know about this as I must see that he did not die.

Patient He had the idea of various forms of starting life again with things different. Pause. He spoke about his lateness which had become a feature recently. This was due to the fact that something new had

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happened; he could have come, setting aside all his work and hanging around for a quarter of an hour so as to be on time. Instead of that his work had become more important and he now finished things off before coming; with luck he might have been on time. He put it that the analysis had now become less important than his work in some sense.

Analyst I made an interpretation here, gathering together the material of the past and pointing out that I could see this more easily than he could: first he could only contribute into himself, then he could contribute into the analysis; and now he could contribute to the analysis in his work. I joined this up with the guilt which underlies the whole of this phase including the suicide. I reminded him that the thing that the analysis was leading up to was excitement with instinct including eating. The guilt about the ruthless destruction here was too great except insofar as constructive urges and capacities reveal themselves.

Pause.

Patient The effect of these interpretations was revealed in the next remark when he said in a much more easy way: ‘I now think of the illness in amusing terms; it might be measles, a childhood thing.’

Analyst I pointed out that a change had come over him since I had taken away the suicide communication which was hidden in the fantasies about the illness.

Patient Following this he said that for the first time he felt if opportunity occurred he could use an affair and balance this with his wife's infidelity.

Analyst I pointed out that this indicated a lessening of the dependence elements of his relationship to his wife, these having been gathered into the analysis.

The week following 27 January
The report of the next three sessions is condensed into the following statement.

Patient The patient reported that before the last session he had in fact slept with the girlfriend. This was after a party. All feeling was damped down. He said that it might have happened at any time apart from analysis. He felt no love (potency was not disturbed).

The whole of this session was toneless and unconsciously designed to make the analyst feel that nothing important was happening.

1 Cf ‘The Development of the Capacity for Concern’ (Winnicott 1963).

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Patient Following this he reported that he had expected a great result. He had expected me to know without being told that he had had an experience with excitement in it.

The information came indirectly at first.

Analyst I pointed out to him that he had so damped down the report of what had happened that I had been unable to make use of it. I was now able to interpret the transference significance of the incident and at first I said that the girl represented himself so that in the affair he as a female had had intercourse with me as a male.

Patient He half accepted this interpretation but he was disappointed because there was no natural evolution belonging to the interpretation.

Analyst The following day he was depressed and I made a new interpretation, stating that my previous one had obviously been wrong. I said that the girl was the analyst (in the transference neurosis).

Patient There followed an immediate release of feeling. The interpretation led to the theme not of erotic experience but of dependence.

The analysis now came out of the difficult phase which had lasted throughout the week, and a powerful relationship to me developed which frightened the patient.

Patient His question was: ‘Can you stand it?’ He spoke about his father in particular among the people from whom he had sought the right to be dependent. His father could take it up to a certain stage, but then always he would hand him over to his mother. His mother was of no use, having already failed (i.e. in the patient's infancy).
Analyst I made another interpretation, which I had to withdraw because I could tell from the effect that it was wrong. I reminded him of the female version of himself that hovered around his male self throughout his childhood, and I equated my new position in the transference neurosis with this female shadow self. After withdrawing this I saw the correct interpretation. I said that now at last his thumb had come to mean something again. He had been a persistent thumb-sucker till eleven, and it would seem likely now that he gave it up because he had no one for it to stand for.1

This interpretation of the thumb was clearly correct, and incidentally it produced an alteration in his very stereotyped hand-movements. For the first time in the whole of his analysis, without being aware of doing so, he put his left thumb up into the air and brought it towards his mouth.

1 See ‘Transitional Objects and Transitional Phenomena’ (Winnicott 1951).

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Tuesday, 8 February

The doorbell being out of order, he was kept waiting three minutes on the doorstep.

Patient He reported having a formula for starting, and compared it with history-taking. Patients assume that you know more than you do.

Analyst ‘I have to bear in mind that you may have been upset by the waiting.’ (Very unusual in the case of this patient.)

Patient He went on with the description of how one gets stuck in history-taking between going into great detail or simply satisfying the patient, presumably pretending that one knows as much as one is expected to know. Somewhere in the middle of this he had a withdrawal.1 Recovering from the momentary withdrawal, he managed to report the fantasy belonging to the withdrawal, in which he was very annoyed with a surgeon who stopped midway in an operation. It was not so much that the surgeon was angry with the patient as that the patient was just out of luck; he was being operated on when the surgeon went on strike.

Analyst I linked this with the reaction to the weekend following my acceptance of the dependence role. I brought in the bell failure, but this was relatively unimportant; whereas the long breaks linked up directly with his statement at the end of the previous
hour that I might not be able to stand his need for an extreme dependence, such as his living with me.

The effect of this interpretation was very marked; the analysis came alive and remained alive throughout the hour.

Patient The patient spoke of his negativity, how it bores him and makes him depressed. It leaves him high and dry. When he gets sleepy he gets annoyed with himself. This negativity is a challenge. Sometimes speech is not worth the effort. He feels literally dried up. Sleep means lack of emotion. Nothing presents itself. He then described the contrast between his wife's attitude and his own. His wife feels things and cannot stand his own intellectual approach to everything and his absence of feelings. He began to discuss the word love, not its sexual aspect.

He then spoke about Jones' article in The Observer,2 mentioning especially the child with the button and the way Jones linked this up with cannibalism.

I made no interpretation, knowing that he was coming the next day, and that the theme would reappear.

1 Cf ‘Withdrawal and Regression’ in the Appendix to this volume.


Wednesday, 9 February

The patient came excited.

Patient ‘I feel better.’ (Elation.) He reported having laughed with people. There was something new about all this. It was natural.

Analyst I found that he could not remember what happened last time and I gave a summary. In giving this I was unable to remember the content of the withdrawal fantasy and said so. It always helps this man if I am able to remind him of the material of the last hour.)

Patient He said that this liberation brought about by his feeling better made him independent of his wife. He now had a bargaining weapon with her which he could use,
although he felt no vindictiveness against her. He did not need to beg for sympathy any longer. It used to be nothing but himself, hopeless.

Analyst I said that it seemed to have strengthened his whole personality, his getting a little bit nearer to cannibalism and to instincts.

Patient He said that to make matters better he had had a discussion with a surgeon, very friendly, very satisfactory in result.

Analyst Here I remembered his withdrawal fantasy and reminded him of it.

Patient He continued that the surgeon had argued against the idea of an operation in regard to a certain treatment of a patient. The surgeon understood, but in a sense he had downed tools.

Pause.

Analyst I interpreted that excitement was present but well under control because it brings its own anxieties.

Patient He reported other minor incidents. ‘I can afford to be excited. A year ago the same things happened but as I could not afford to be excited they passed over me. I allowed an intellectual appreciation only. I could not afford to do without my depression. In fact I could not understand how anyone could get excited, and I had no conception of feeling competent. Now, because of the progress that seems to be maintained here in this treatment, I can let things go.’ Pause. ‘I do not want to talk about excitement.’

Analyst ‘The point of excitement is being excited.’

Patient ‘There is a risk involved. You look silly. People might laugh if you prattle.’ (This word belongs in the analysis to a phase of his early childhood in which it was said that he prattled before he became sullen and withdrawn.) ‘And then you are left holding the baby.’ (Meaning excitement.)

Pause.

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Analyst I made an interpretation joining together the prattling and the holding of the baby.1
Patient ‘People despise adult prattling. I have always been serious-minded. Now I feel that I could prattle naturally outside the analysis. In the analysis I can only be serious even now or I can be excited about something. There is something different about excitement in its own right. The danger is that if you are excited you lose it. You have it taken away or undermined.’

Analyst ‘If you show excitement it gets bagged.’ (I might have interpreted the castration anxiety here but refrained.)

Patient ‘Yes. You are light-hearted and then you become heavy if the excitement is claimed and considered to be attached to something. It is important to be fancy free, but this can only happen in the absence of a love relationship. I was thinking of this last night. The relationship to the girl is a fancy free affair. The relationship to my wife cannot be so.’

Analyst I reminded him that he was also talking about masturbation, and he developed the theme as he already was on the point of doing so.

Patient ‘The advantage is that there is no risk taken; no social complications.’ He was struck by the unexpected fact that when he was married the need continued, even though this jeopardized his potency.

At this point there were bell noises; a man was mending the bell. This caused an interruption, and the patient was surprised to find that he minded.

‘It is usually the other way. You seem to be overworried when there are interruptions and I cannot see that they matter. Just now, however, with such intimate matters under discussion, I see for the first time the truth of what you have said about the setting of analysis and its importance.’

Analyst I linked this up with the theme of dependence.

Thursday, 10 February

Patient He continued to report excitement, although this was at a low level compared with the elation.

Analyst ‘It appears that you have lived most of your life at a level below par in regard to excitement, and now when you come even to ordinary excitability you feel conscious of it.’

Patient ‘Yes, I find I am able to be gay and lighthearted with less effort. I
used to be able at times but it was always an act. Something happened today which made
me realize, however, that caution is needed. There are still unanswered questions to do
with work and family. I feel apprehensiveness and guilt at feeling well, and of course at
having a secret affair. It would be dangerous to get too excited, that is to say, at the
expense of the future. I cannot afford to ignore what remains to be done. But there is a
difference. I can now look forward to a future. In the past it seemed that I had difficulties
in the present with no solution, as well as no prospect for the future. There was no hope of
living an ordinary life ever. My depression was something to do with looking for
dependence. I could say that in the dependence and therefore in the depression I was
claiming my birthright.’

Analyst ‘The hopelessness about the future and the present therefore turns out to be a
hopelessness in the past which you did not know about. What you are looking for is your
capacity to love, and, without our knowing all the details, we can say that some failure in
your early life made you doubt your capacity to love.’

Patient After agreeing with all this, he said: ‘There is the task still to be done.’

Analyst I made a rather wide interpretation linking up the reality that belonged to his
discovering his love of his daughter and reminding him that this followed tears at the
cinema.

Patient ‘I have always had an intellectual idea of pleasure associated with pain. Similarly
I associate love with sadness. I told somebody this once. It was at a Youth Club talk on
sex. I said that there was an association between love and sadness, and I was forcibly
rebuked and called sadistic.’

Analyst I remarked that nevertheless he knew that he was right and that the speaker was
wrong.

Patient ‘Perhaps she (the speaker) knew but she found it inconvenient to agree with this
point in the setting.’

Analyst ‘There is no need for me to try to answer this because the answer is evolving in
your analysis.’

Patient ‘I was not being sadistic, and this comment was therefore not true.’
Analyst Here I started making a rather more comprehensive interpretation, bringing in the word cannibalism which came from Ernest Jones' article in The Observer.1

Patient He filled out my remark by saying that he had always recognized that biting was important in love-making.

Analyst In the comprehensive interpretation I spoke of this infancy situation

1 See p. 24.

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which he had missed in some way and which he was needing me to provide in the analysis, speaking of the holding of a situation in time, so that the dependence phenomena could be tested in relation to the instinctual moments and ideas. I happened to say in illustration that an infant might have three nurses in the course of a day in an institution, thus presenting a difficulty in regard to reparation.2

Patient He picked up the idea of my interpretation quickly and said: ‘In my case there seemed to be four, because of my four lives – hospital, home, analysis, and the girl. Everything depends on my being able to describe in the analysis what happens in the other phases.’ He then said: ‘But adversely what is happening is that this split in the total situation is giving me more to talk about. In any one of the four places I have a lot to say, whereas usually I feel exhausted if I say anything and have nothing more to say.’

Analyst I spoke first about his need to feel that he was contributing in this analysis and that if he has nothing to say he has often felt awkward and deficient. I said: ‘We are also talking about one of the origins of conversation in which each individual is integrating all the material of the split-off experiences by talking in one situation about another, there being in health a basic unified pattern.’

Previously all he had been able to find were various examples of the original pattern which he was all the time seeking. Now in the analysis he had found the pattern and could benefit from being able to split it up.

Pause.

Patient ‘There is a danger of going too far. One could get confused.’
Analyst At first I thought that he meant that my interpretation had been too complex. He was referring, however, to the innumerable odd things that he could bring into the analysis, and I was reminded of his having been noted for prattling until a certain age in early childhood when he changed over into being unable to talk except seriously.

Patient He now told me about the fear of a hopeless jumble of bits and pieces, something that he called being too widely split. He chose to speak about the ward round that he does on Thursdays with Dr X, especially as this always affects the Thursday evening session. I had never been told this fact before. Dr X's round is never simple. It is always a series of challenges. He is full of ideas and demands. At present there is a new development in that the patient has innumerable ideas of his own and he now stands up to his chief, and they both enjoy the contact. There was also the matter of a rather difficult

2 Cf ‘The Development of the Capacity for Concern’ (Winnicott 1963).

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surgeon. He had written a history of a patient, and had received an amusing letter back thanking him for his very detailed and comprehensive report. This letter was praise, and it came just when the patient was in a mood to receive praise, perhaps for the first time for many years. He certainly welcomed it. Just now there seemed to be too much of everything. He became worried always when there were innumerable bits, and for this reason had developed a technique of generalizing and thereby simplifying issues.

Analyst The alternative to an ordering of the material was getting lost in innumerable fragments. It would seem that the patient here was describing his growing ability to tolerate disintegration or unintegration.

Patient He said that these ideas felt like too many children.

Analyst My job as analyst was to help deal with these children and to sort them out and get some sort of order into the management of them. I pointed out that he was cluttered up with reparation capacity when he had not yet found the sadism that would indicate the use of the reparation phenomenon. The excitement in relation to me had only been indicated and had not appeared.

Patient He then described the analytic situation as a difficult one for the excited patient. Analysts are well protected. They avoid violation by special mechanisms for protection. This was especially evident at the Institution, where patients and doctors do not meet except professionally, and appointments are arranged indirectly. The doctors also are
having analysis. It is only possible to hurt them by actual physical violence. Once some men tried to break through and succeeded in annoying some of the doctors by deliberate rudeness and were rebuked. An analyst ought not to act that way. Or why do they? ‘There are two ideas,’ he added here. ‘One, I am annoyed that the analysts were not immune to verbal trauma. At the same time I am annoyed at their invulnerability. You can only annoy an analyst by not turning up, but that's foolish.’

Analyst I said that he had omitted talking about not turning up (I ought to have said playing at, but I left this out). It was as if he had told me a dream in which he had not turned up, and we could now look into the meaning of this dream. We could see that it contains sadism for him at the moment and that the sadism leads us to cannibalism.

As an additional interpretation I said that, in joining together all the different phases of his life, there was one which was the surgeon's praise. I had been likened to the surgeon in the material of the previous hour, and it was important to him that I should be able to see that I have praised him through the surgeon.

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Patient His response to this was that he thought that I ought to be able to show excitement along with his excitement. Why could I not be proud of his achievement?

Analyst I replied to this that I was indeed excited, although perhaps not as excited as he would be since I was also not so much in despair during his despair periods. I was in a position to see the thing as a whole.

Patient He continued on the theme of the analyst's ability to be excited at progress in patients and I said:

Analyst ‘You can take it from me that I do this kind of work because I think it is the most exciting thing a doctor can do, and it is certainly better from my point of view when patients are doing well than when they are not.’

**Monday, 14 February**

Patient He reported that the phase of excitement had subsided. The novelty of it was lost. There were three factors. One of these was that he was tired; another was that the excitement could not solve all his problems. (I noted the end of a phase of elation.) While he was excited he had expected that his difficulties with his wife, etc., would automatically solve themselves, but he realized now that they were as before.
Analyst I brought in the end of the last hour when he hoped that I would be excited too. I pointed out that we were dealing with elation and that it was important to him that I had not shared his elation although I had shared his excitement.

Patient He said that the change had persisted to some extent; for instance, he noticed a lessened need for putting on an act – living in itself had become less of a heavy burden and deliberate activity. His talking, although still difficult, was now not a permanent problem; it often seemed unimportant that he was not talking like others. Pause. He said that the end of excitement brought anxiety because during the excited time he had plenty to say in the analysis. Now he had nothing again.

Analyst ‘Really you are letting me know that you have nothing whatever to say.’

Patient ‘That took the lid off. It showed that all I had been saying was of no value whatever. I feel exposed.’ Pause. He reported definitely not wanting to speak.

Analyst Here I made a comprehensive interpretation, bringing in a previous one in which I linked up the present analysis with the first phase which was completed in the war without his having achieved much insight. I said that satisfaction annihilates the object for him. He had obtained some satisfaction last week and now I, as the object, had become annihilated.

Patient ‘That makes me think, because I was concerned that the girl friend was no more of interest to me.’

He then made a review of his relationship to his wife in the light of this interpretation of mine. He observed how satisfactions had to some extent always led to anxiety associated with annihilation of the object.

Analyst I made an interpretation concerning the continuation of my interest in the period in which I seemed to be annihilated.

Patient He reported that intellectually he could understand my interest continuing and the continuation of the object, but there had been an effort required to get to the feeling of the reality of these things.

Analyst I drew attention to his use of frustration which keeps satisfaction incomplete and preserves the object from annihilation.
Pause.

Patient ‘I now feel we have got down to important things. Looking back I am able to recognize the reality of this problem.

‘I wonder if this sort of reaction is unusual or uncommon or whether I am like other people.’

Analyst I discussed with him the two aspects of this question; firstly, he was talking about a universal phenomenon, and secondly, he was dealing with something which is more important to him than to some people.

Patient ‘How does this affect the baby having a breast feed?’ (Here he was getting very closely back to the essential features of the first analysis.)

Analyst I now gave him a longer and more detailed description of the two possible reactions, the schizoid and the depressive (without using those terms). I spoke in terms of the buttons of the coat pulled at by the child, which was associated in the patient's mind with the word cannibalism. I said that for him when he had got the button the important thing was that he was satisfied, and therefore the button became unimportant (decathected). ‘There is another possible reaction, which I mention because it is there in your analysis but you are not yet able to see it. This would be concerned about the coat that was now devoid of a button, and also concerned about the fate of the button.’

Patient He obviously understood what I was saying. Pause. He said that he had been thinking a great deal over the weekend about which of two extremes to follow in his career. On the one hand there is the intellect and the highbrow line of development, with pleasures despised. Alternatively there is pleasure, which he could make the most important pursuit. In practice the first meant following the advice of his chief, writing up case histories and starting off on a career in medicine based on intellectual attitude. His chief's whole life is in medicine and on an intellectual plane. He was tempted to follow this spartan regime but, he said, this would leave himself out of the picture, and the alternative would also be unsatisfactory as he would go out purely for pleasure. He could drift into some line between the two extremes, but drifting would not be satisfactory either.

Analyst I related this to the material at hand. I said that, if his analysis got no further than it had got at present, he was left with exactly the problem that he had described which belongs to the first of the two reactions (the schizoid). I said that it would be possible to
talk about the future, and to say that his analysis already did show that he was on the brink of the alternative line of development with concern about the object. Should his analysis cover this issue, then a new solution would automatically appear to the main problem of the management of his career.

Patient He said that he wondered how there could be hope of getting at something here in the analysis which had never been before. ‘Is it possible to get at something in one's nature that does not yet exist? How can one achieve concern when it has never been there before? Can something be created out of nothing? Alternatively, is there something buried which can be discovered?’

Analyst I said that to some extent we might find that he had achieved concern and had lost this capacity through hopelessness in some infantile situation. Nevertheless, it would not seem impossible to make a step in analysis that had never been made before. These things depended not only on himself but also on his analyst.

Patient ‘Well, of course the baby has to get at these things for the first time with the mother.’

Analyst ‘In the last few minutes we have been talking intellectually and talking about your analysis, and this is rather different from doing analysis.’

Patient ‘I do feel, however, that it is of positive value to talk about things intellectually.’

Analyst (I could not help comparing this state of affairs with that which obtained at the end of the first analysis, when very big changes had occurred in the man's personality and external relationships, but insight was not a feature.)

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Tuesday, 15 February

Patient ‘I was thinking about the end of yesterday. You said we were talking around the subject. For some reason or other this made me laugh. It was really a very marked reaction. I could not help feeling that it was very funny. It was as if we had said, “We are only pretending to be serious.” We were playing round in a lighthearted way. There was a break in our serious attention to matters, and I laughed and felt very excited.’

Analyst ‘Your word “playing” reminds me that I might have brought in this word “play” in connection with the ideas around your phrase “fancy free” in the previous session. At the end of last hour you and I were playing together, talking round the subject, and you enjoyed it, and felt the contrast with the usual hard work.’
Patient ‘That reminds me of something from Molière. Someone told a man that he had been speaking prose all his life. He was amazed. He had been unaware of this fact and it excited him.’

Analyst ‘I think there is a feeling that we were caught playing together.’

Patient ‘The same thing in medicine generally. I can see now how important it is when something lighthearted turns up in the middle of a serious subject. It can be bad taste, but occasionally it is very helpful in the middle of a serious medical discussion to have a little game, a wisecrack of a play on words. I spoke about the two extremes: should I undertake very serious work like a hermit or an ascetic, or should I go out for pleasure and avoid everything serious? There seems now the possibility of a blend, which is different from seeking a midway path. The blend includes both extremes at the same time.’

Analyst ‘This is the same subject as that of the thumb and your interest in it and your having me for it to stand for.’

Pause.

Patient ‘A new subject cropped up today. It had to do with the girl friend. I saw her just now. My attitude to her is changing. Originally I was only attracted intellectually. Firstly there was a demonstration of bravado in relation to my wife, and secondly there was a physical excitement, but this made me worried because I knew that boredom and exhaustion were bound to appear. Today there was a change. I actually experienced warmth of feeling and an interest in what she was doing and saying. I wonder if I might be starting to be in love. This would be absolutely new. I cannot judge. It never happened before. I don't want to pin a label onto it. There is a sharp contrast between my ease with this girl today and my general difficulty which continues with my wife. It is the same with work. There seems to have arrived a bridge. In relation to the girl, when there is a hiatus, she continues with ideas from her end which my wife can no longer manage. Probably she used to, but she has given up hope. A striking example would be that I phoned this girl for half an hour. This is absolutely new. I have never phoned anyone for more than three minutes, as there was never anything to say except business arrangements. At home there is a great easing of tension, because it no longer matters about my wife and her boy friend.’

Analyst I asked about his wife and about how much she knows.
Patient ‘Probably she knows pretty well, but I prefer to make a mystery of it. It would be too cold-blooded to open up a frank discussion on the subject. Whoever starts the subject is in a weak position.’

(Incidentally the patient is showing that he knows that this episode with the girl is part of the analysis and not an attempt to break up the marriage. He is always hoping that he can get well and that the marriage will mend.)

Analyst I attempted to show that the various separated episodes in his life all came together in the transference.

Patient He went on to speak about the way his wife expects him to be dominant, while she likes to be in the dependent position. With the girl, neither is dominant. It occurred to him to say that this relationship with the girl is like that of a brother and sister, whereas with his wife the relationship is of father and daughter. Occasionally he had this relationship with his younger sister, but they have drifted apart. The advantage with the girl is that, while providing a relationship of this kind, there is an absence of incest taboo. They can help each other. This provides an exciting novelty, discovering the possibilities. Pause. He reported that he was stuck.

Analyst I continued with the theme of the bringing together of all the attitudes in relation to the analyst and the experiencing of conflicts which are avoided through the acting out in compartments. In speaking of this I referred to masturbation.

Patient ‘I was thinking that you were sure to say that this relationship to this girl is something to do with masturbation, partly because masturbation has become very much less compulsive since the relationship started. I thought: “He will say you are only acting out a fantasy.”’

Analyst I pointed out that the introduction of the word ‘only’ was important, a word that I had not used.

Patient ‘Yes, you would pour cold water on it.’

Analyst I dealt with the reality of the masturbation fantasies which formerly we could not find, but which he has discovered in relation to the girl

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and particularly in the interplay which has turned up and which follows developments in his relation to myself.
Friday, 18 February

Patient ‘The first thing that occurs to me to say is that it was three days ago when I came last. It seems a much longer time. There was a part of a dream which I had in the morning which I remembered. When I woke I was still in it, and then, as I gradually woke further, I just remembered it, by which time I became worried because I felt I ought to be horrified, whereas it seemed quite natural. The dream was that I had seduced my daughter. For a time I lost the memory of this dream and then it came back.’

Analyst I pointed out that this dream followed on his having felt love for her after crying. I asked what he meant by seduced.

Patient ‘Probably I simply mean that I had intercourse with her. I remember now that recently, when she was on my lap, I had some sexual excitement, something needing suppression. This occurred last week during a period of excitement and during the time when I was having occasional intercourse with the girl friend. It was all part of this same thing, and in this period I was not masturbating. I did not want to. Also I was able to suppress it by conscious effort, in preparation for potency.’

All this reminded the patient of the problem belonging to several years ago, at home, with his wife. He reported for the first time difficulties in getting excited and premature ejaculation. At that time he would masturbate to relieve tension in order to get better control.

Analyst I reminded him that he had likened his relationship to his wife to a father – daughter relationship, and that the dream therefore indicated something happening in his relation to his wife.

Patient ‘That links up with what I was going to say. I have been depressed because I have been seeing the girl friend since the dream and I have been getting fond of her, but I now have found that she has become cold.’

An earlier partner had turned up, so my patient was being pushed out. She herself had been seduced by her father at sixteen and therefore she hated him. There is the point that society does not frown on such a seduction as much as it does on incest between son and mother. In anthropology a father – daughter relationship may develop, but not that of mother and son.

He said that in several relationships girls tend to lean on him because he is sympathetic, and the relationship tends to end in a

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father – daughter way. He feels this as a defect of his personality. He is not able to be aggressive.

Analyst ‘What you are leading up to is that you have not been able to get to your hate of the man in the triangular relationship.’

Patient ‘This only comes afterwards. It is not spontaneous. It is an academic point.’

Now there had been an advance and there was danger of it all getting out of hand. How would it all end? He knew the rival with the girl friend.

Analyst Here I made a sweeping integration of the four elements which only joined together in the transference: dependence, instinctual gratification, incestuous dream, the marriage relationship.

Patient After this he said that he just remembered that many years ago he dreamed of intercourse with a woman, and it now seemed that she could have been his mother. There was certainly some element of his mother in the woman of the dream. All this came on top of the practical dilemma in regard to the girl. There are unsatisfactory alternatives:

1) compete with the man
2) retreat
3) terminate the relationship.

He recognized all three as unsatisfactory and was angry. Such ends would only be convenient. Also he had been thinking on the way to analysis today, ‘A life without sex must be unsatisfactory, even although worries could be avoided in that way. If there were no expectations it would not be a life.’ He said that, from early on, somehow or other he had acquired the idea that intercourse is desirable; something he knew he would want even if he did not need it.

Analyst I pointed out the absence of the father in the dreams.

Patient It was here that he told me more of the rival with the girl friend, also a married man with two children. He felt that it was unsatisfactory in this relationship that these two men were treading in each other's footsteps (identified).

Analyst I pointed out that the dream about his daughter and the relationship to the girl avoided the strong feelings and the conflicts that would belong to the dream about his mother.

Patient He said that I must remember that for the last few years he had had no feelings at all about his father. They were buried and distorted, except that they turned up at one
stage of the analysis. (He associated the loss of feelings about his father with the absence of the father in the dream.)

Also he said, ‘You must remember that what was happening with

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this girl is an act. It felt natural but it was an act, and the act had come to an abrupt end. Naturally I am in a temporary depression; I feel there is gloom ahead.’

Analyst ‘In regard to this act, what has happened is that you have informed yourself as to the hidden meaning in the masturbation.’

Pause.

Patient ‘Also in the depression.’

He then went on to say that he wanted someone to talk to about all these things, not the girl nor his wife. He had no friends close enough, and has had none for many years, and in the analysis everything is taken seriously. He needed someone for jokes and games. Some men would drink and feel jilted, and others would work excessively hard or talk around it with someone.

Analyst ‘The lack of a close friend is what you are reporting, and it would have to be a man.’

Patient ‘Yes, perhaps.’

Analyst ‘Also it would be necessary for him to give you his confidences also.’

Patient ‘Yes, because only in that way would we avoid one leaning on the other.’

Analyst I asked if he ever had a friend, and he told me about one at college.

Patient He said that he had in fact had no one to be best man and his wife constantly taunted him with the fact that they had to employ a relation of hers. He said he felt the hour was near the end. He would get dismissed, which meant jilted. So it was important not to let anything come up near the end.

Analyst I brought out the full meaning of this word ‘jilted’, which linked me so closely with the girl. I said: ‘There are only two of us here, and if I jilt you, you have no one to be angry with.’
At this point the bell rang and he said:

Patient ‘I'm not so sure; there's someone at the door.’

It happened that I had to let in the next patient, who was a man, and as I let my patient out he implied with his looks that he was enjoying playing a triangular game, hating a man who was responsible for his being jilted by a girl.

**Tuesday, 22 February**

(Five minutes late.)

Patient ‘It occurred to me to say that there is an article in The Lancet on enuresis, in which emotional diuresis is recognized.’ He reported that at one time I had pleaded ignorance on this subject. (This seems unlikely.) He noticed that his own diuresis had disappeared along with the recent progress in his analysis.

Analyst I spoke about my ignorance, which he was pleased about. (I did not defend myself.)

Patient He felt himself drawn between two attitudes, triumph over the analyst and also showing up the physical doctors. There was also in the article, however, a tendency to show that enuresis is frequently caused by a minor organic disability. Probably therefore many disorders which are called psychological are organic.

He spoke of himself as rescuing children from the psychotherapist. He reported this as if reporting a dream which had surprised him. He said it was like saving them from the surgeon's knife. He compared this with his desire for a more rapid approach than psychoanalysis.

It gradually became clear in this hour that he was in a state of resistance; this took the form of sleepiness.

He said he was in a dilemma, whether to be pleased at the attack on psychology or the contrary. The neurologist also implied that cases are labelled functional without evidence. All this implied that there might be a way of dealing after all with the vast flood of psychological cases. Pause. He said that he had a curious feeling: there was nothing. It was like any session when he was dealing with his own patients when nothing happens
and he passes on to the next case. Here, however, the analyst is stuck for an hour. He cannot pass on. He felt guilty at the way he passes over difficult patients simply because they are not interesting. 'It is rare in medical practice to get a situation like that in analysis.'

Analyst I reminded him of the surgeon ‘downing tools’.

Patient ‘You cannot get away. The logical sequence is that you must resent this sort of hour when nothing happens.’

Analyst I made an interpretation regarding the neglect of his patients, also drawing in the fact that in some respects I do neglect him, that is to say, between hours.

Patient He said that the analyst puts up with the patient for an hour. He compared it with the claims his daughter makes on him. She really must not assume that because he is at home his two hours are at her disposal. Pause. He reported that he was stuck, and claimed that he was tired.

Analyst (Lost.)

Patient ‘I discovered with the girl that she is shocked by something different from what shocks me.’ Any sign of homosexuality shocks her and it appears that she had a homosexual tendency for which she has had something like analysis. ‘What shocks me is incest, not homosexuality.’

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He feared as a child to be kissed by his mother and still dislikes it. Perhaps he had ‘abnormal incest ideas’. This filled him with horror.

Analyst I asked him what the horror was associated with.

Patient ‘It is not enough to say that it is socially unacceptable. It is not frowned on when a boy kisses his mother.’ There was an episode at seven or eight which he reminded me about and which he had reported earlier in the analysis. It had to do with a walk; the whole family was present. The father pushed him over to the mother. There was a scene.

**Pause.**

Analyst I made an interpretation covering a fair amount of ground, showing his development recently towards a triangular situation, and linking up the sleepiness with
anxiety that he is not able to feel but which concerns the new position. I said that I knew that he was really tired but that he would not like me to let this be the total explanation.

Pause.

Patient ‘My mind seems to be wandering; it is difficult to concentrate, or to get at thoughts that I want to say.’

Analyst ‘My rather long interpretation squashed out these thoughts of yours.’

Patient ‘No, I could easily produce nothing at all today.’

Analyst I picked up the subject of undermining and the interpretation which was appropriate at the time, and showed that it had a present equivalent in castration anxiety, father having turned up at least in theory in the triangular situation which was new. I also linked the end of the last hour with the word ‘jilt’ and with the fact that he heard a man's voice when I let in the next patient after ‘jilting’ him.

Patient He reported that he was tired.

Analyst ‘I think I may have talked too much.’

Patient ‘No, I would only sleep.’

Analyst (I was of course influenced by the fact that he had started the hour with a wish that there was a quicker treatment, and I knew that he would prefer me to go ahead in so far as I had material to work on.)

Patient He was concerned at my ‘awkward embarrassment’; he said he felt irritated. It was as if he were not accepted. Something was turned down. He felt he ought not to be so put out by his sleepiness. He ought to be able to take it in his stride. He was tired, but there was something else in it.

Analyst ‘The sleep therefore is dealing with something opposite, such as aggression, hate, or simply an unknown fear.’

Patient He reported himself to be drifting, very tired, sleepy.

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**Wednesday, 23 February**
He came twenty minutes late. The lateness today was due to an emergency in hospital.

Patient He spoke about yesterday. His tiredness was only part of the story. Afterwards he was only just rather tired, which was quite different. (He recognized tiredness as a resistance.) ‘How often I do not remember what happened yesterday. I cannot remember yesterday's session, and I feel I ought to be able to.’ He was concerned at his amnesia. Even at the time he was not taking anything in.

Analyst I made an interpretation and linked up yesterday's hour, and reminded him of the suggestion of anxiety underlying the tiredness.

Patient He then reported a fragment of a dream which he had had the night before. He found himself saying, ‘It's probably not important but….’ In the fragment of the dream the girl friend had MD, MRCP. She took them without effort; hardly knew that she had been in for them; this is really just what she is not like. She is not intellectual or academic, and she is even thought incompetent. She rather makes a point of not thinking clearly. The point about the real relationship with this girl is that she goes to the patient for support. He had anxiety at the idea of not automatically being superior, that is to say, medically. She appeals to him for help. In other words, again he has become the father figure.

Analyst ‘This ties up with the girl's dislike of homosexuality.’

Patient ‘Yes.’

Analyst ‘It's a question, who has the penis?’

Patient ‘She is very much criticized by Dr X, unmercifully, and I always defend her.’

Analyst ‘But one must defend a colleague, and this seems to imply that she is a male.’

Patient ‘There is also a difficulty which I can foresee. We only talk around the medical subjects. If we had not this subject to talk about, we might be left with no conversation.’

Analyst ‘The dream gives the clue, it seems. The girl has a fear of homosexuality, and artificially assumes incompetence in a tremendous attempt not to be masculine, and this fits in in some way with your needs. The dream gives the other half of the total situation.’

Patient ‘From this I can see all the difficulties that men have with women colleagues. Till now for me girls have always had equal status, and I have been keen on this. Firstly I was angry with men if they called girls incompetent, and secondly it was satisfactory to think of a girl doing equal work with men.’

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Analyst I made an interpretation concerning his attempt to deal with the differences between the sexes on a basis which applies more to two men or brothers competing.

Patient ‘For the first time I can accept the idea of dominating. Remember that this is one of the chief complaints my wife makes of me, that I will never dominate, make an arrangement for a holiday or anything. I have always felt it necessary, as I see it now, to make sure that she is equally capable.’

Analyst I made an interpretation here and he commented:

Patient ‘What you said was just repeating what you said before.’

Analyst I agreed.

I made a further interpretation about his inability to think of a girl as different from a man because it raised his own fears of loss of penis.

Patient ‘She is very apprehensive about being masculine. For her, orderliness of thought is masculine.’

Analyst I interpreted that, with regard to the psychology of the girl, we were dealing not just with this problem of his but also with her identification, what her father was like, and so on.

Patient ‘But we are not concerned with her psychology. She only comes in so far as it throws light on my difficulties.’

Analyst I reminded him that the orderly thinking of which he was specially capable was masculine for the girl and also for him.

Patient ‘The trouble is that for her, being impetuous, which is what I am trying to become through analysis, is a female characteristic, undesirable in men.’

Analyst I said that he was unable to tell immediately whether I would hold this girl's view or a personal one on this subject. I was sure that for him this subject of becoming able to be spontaneous concerned men and women alike. In making an interpretation about girls according to his fantasy, I said, ‘It is as if their heads are cut off for you.’

Patient ‘Well, that's your fantasy and rather drastic.’

Analyst I tried to link up the orderliness of thought with the special characteristics of his father, but he reminded me that his father was capable of considerable spontaneity and that this did not make him unmasculine.
I then asked him about the female version of himself that went about with him when he was a child.

Patient ‘It's very difficult to know, because although I remember telling you about this, I do not get at it very easily. I think, however, that it had a penis.

‘In adolescence I noticed that, in my dreams about girls, the girls all had penises. I was not dismayed in the dream but I was dismayed

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on waking. On the contrary, in daydreaming, which required effort of thinking, I was able to produce girls as they really are.’

Analyst I said that it was a pity we had to have a short hour but I could not avoid this. Nevertheless we had arrived at his adolescent dream in which girls appear with penises, and we had therefore got to the place that the dream was leading to.

I had given him ten minutes extra and now terminated the session.

**Thursday, 24 February**

I had to keep him waiting for ten minutes.

Patient ‘Firstly, I am aware that we were in the middle of something important. I broke off with reluctance. I have only a hazy idea what it was about, but perhaps I could think of it.

‘Secondly, I am aware of this matter of speed. How long will the treatment be? How does one know about the end of a treatment? It would help if one could have a target. What about the summer, for instance? How does one know how far to go? Naturally treatment produces a disturbance, so that one would not expect the good effects to show till some time after the end. There are difficulties to do with the arrangement of my future programme, but I won't force the issue. I don't like an indefinite prospect.’

Analyst (I gave details about my summer holiday.)

‘I am aware of your real difficulties.’

(Here I recapitulated yesterday's analysis, which ended abruptly on the note of the adolescent dreams of girls with a penis.)
‘Your relationship with the girl friend is therefore part of this analysis, valuable just as a
dream is.’

Patient ‘The girl is firstly not stable herself, and secondly not intellectually a companion
for the future. I’m not sure of this. It sounds rather snobbish. We only have in common:

1) a desire for intercourse, for pleasure, and we both use it for the restoration of
confidence;

2) as doctors we discuss medical matters; and

3) she has had some analysis.

But there is really no future in the relationship. I don't feel justified in leaving my wife on
her account. But the relationship is very valuable. I have found a much greater capacity
for pleasure without tension with the girl friend. This is in part due to the analysis. With
my wife I make a conscious effort to enjoy things, and it's more like a technique than an
instinct. With the girl there is no romance, but it's all so natural. We are relaxed and take
things as they come. There are and

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will be other men in her life, but I don't have to deal with that kind of complication. I
have no wish to lean on her, and it would be dangerous to do so. She has served me as an
object for me to sharpen my claws on, and it doesn't matter because she herself starts off
as unfaithful and unstable (though sincere in her way) and blunt. I also can be blunt and
hard without awkward guilt feelings. I contrast this with what happened with the girl I
met in hospital at the beginning, when I was ill. She wanted me to lean on, and if I had
gone further I could not have let her down without disaster to her.’

Analyst ‘It is important all the time here that you feel you can count on me not to lean on
you, so that here the only thing is your own benefit.’

Patient ‘When I left you before, I thought I had completely left you, and was surprised to
learn that you had kept up an interest in me. It occurs to me to wonder whether the same
would happen again, whether you would remember me if I left off, and whether you
would expect me to come back.’

Analyst ‘Yes, I should, if like last time I knew you had left off before ready to do so.’

I also reminded him of war conditions, which hampered me at the time.
Patient ‘It's the same again with the domestic struggle.’

Analyst I continued with the theme of being ready for the end.

‘There is still the fantasy of the girl with the penis, and if you left off now you would be evading that issue.’

Patient ‘Yes. With girls I don't hate other men, I just get annoyed to think of them. My present attitude to women depends on whether or not they take some action indicating interest in me, so that I don't have to be initiating everything. This is partly coloured by knowing my wife's hostility to me, especially on account of my inability to initiate. I am driven into a pleading situation. So I don't allow this again, I don't want to let another girl become a necessity. I don't want to find myself pleading and begging again.’ Pause.

‘Now I am no longer the suppliant with my wife; also I have less urge to be trying to please her all the time. So she gets fed up. She isn't fond of me in any case, and now she has less grounds than ever for keeping things going.’ Pause. ‘It's difficult to say any more now. There's nothing fruitful – only filling in time, talking for the sake of talking, not getting places.’ Pause. ‘I had no dream that I remember; that would set things going.’ Pause. ‘I am aware that there is something to be done. I am reminded here that you used to say that my mother had constant anxiety, when I was a small child, so that she had a need to be perfect. It's similar to my anxiety here. I expect this is in contrast to what other patients are like; they

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perhaps have less of a conscious need to get on, and are able to enjoy a healthy contentment. They might adopt the attitude: “Why say whatever comes into your head to that silly old man.”’

Analyst ‘You might feel just that.’

Patient ‘I think I have, but I must reassure myself by going ahead.’

Analyst ‘You have found out your feelings by indirect means.’

Patient ‘It's the same with my chief. I have anxiety about not getting to grips with a case, awkward about criticism. I feel I shall be disowned, and I have to take on responsibility; it's like destiny, to be perfect.’

Analyst I made an interpretation which included the following: ‘You can only meet your mother's perfect care by similar anxiety-driven perfection. Behind this is hopelessness about loving and being loved, and this applies now and here, in your relationship to me.’
Patient ‘I feel conscious of dislike and disgust.’

**Monday, 28 February**

Patient ‘On the way here I was thinking, it's not really useful talking about reality, about actual things. These things seem less real than dreams. I am thinking of actual things. Is it worth trying to bring them into the analysis? They seem less useful than dreams. I was depressed today, mainly or on the surface, because of home. It's more difficult at home now. Up till recently I've accepted the situation, been sad, but felt it would change through the analysis. Now I am faced with having to make a decision. Logically, I should give up the girl friend. But I'm unwilling to give up this relationship to go back to the old conditions.’

Analyst ‘This feels real and it is real. You really are in a dilemma.’

Patient ‘I told the girl about home. It is difficult to get to the girl in actual practice. I was just planning a summer holiday with the girl – but here there would be a real need to tell my wife. This would raise the issue, and either she would understand or else it would bring about a break. But what have I to offer my wife? Only income and some loyalty, and if not even loyalty, well, I'm useless. And I have no wish to be spiteful. Not that I've much sympathy for her, for she won't discuss my problems, only her problems with her boy friend. There is no place for talk about me and the girl. I'd like to be able to say it's all her fault. She might break up, and I couldn't repair the damage. Perhaps she knows but does not believe, or she doesn't know but all the time suspects. I'm hoping that there will be some way that I will be able to start and talk with her. But then, I would only talk to gain a certain end, and I don't know what that end is, so I don't risk it.

‘I might put leading questions, but she knows that trick. There is

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also the complication of my wife's difficulty, etcetera, etcetera. So I opposed seeing the girl last night, as I don't like to see her too often. But after I felt – ’ (detail lost).

Analyst ‘You and the girl have some overlap of interests, so that when there is overlap you can play, whereas there is no play with your wife.’

Patient ‘There is a story of a man whose wife was unfaithful, written by an American author. Eventually this man travelled to Europe and in the end turned round and found himself a girl. Then his wife was no longer able to tolerate herself, gave up her loose life, and went to live with her daughter and became fixed to her and went to pieces. There is the risk that my wife is kept together by my loyalty, and that if I went off she would lose
her ability to have a boy friend, and would break up. Do I hate her enough to do this to her? Could I stand it if she is either well and happy or if she breaks up? My wife once said: “I'll never leave you.” I feel she meant she could not tolerate the disgrace, etc. She would throw this in my face. At the start she wanted to know if I'd commit suicide. Now I think she may have wanted to ask whether it would be worthwhile her waiting or whether I'd be likely to go off from her if the analysis succeeds. Remembering this makes me think her lack of interest may not be so genuine; she perhaps had to withdraw interest. She couldn't face the situation otherwise. Her disinterestedness may be a defence. I find I have less interest in my work. Work is not a substitute for life. Dr X's pressure would lead me to a life of devotion to work. Here I'm wasting time, just thinking aloud, using the time to clarify my thoughts.’

Pause.

Analyst I said that these real things had not altered the fact that there is very important fantasy in the offing, and anxiety connected with it. There is the fantasy of the girls of adolescent dreams who had a penis. Perhaps the reality situation had sorted itself out according to the fantasy, so that his wife had a penis and presented a problem on that account, whereas his girl friend was being used as the girl of daydreams, who is ordinarily female.

Patient ‘Here there is a difficulty in reality. There is an area of play with the girl. I need play in the real situation. Here we have a professional relationship, and the only play is through dreams and the work we do with them.’

Analyst ‘Yes, I see that. And you feel me as reluctant to play, as you have said before in other settings. The question is, where is the penis? As there is no man rival yet, there is no one to have the penis, and you expect the girl to have it. In the intercourse dream, in which mother was to some extent the woman, you nearly reached the idea of a man – father.’

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**Tuesday, 1 March**

Patient ‘The depression about the dilemma has continued. I had hoped to argue the matter out with my wife, but I did not, and I'm pleased, but at the same time annoyed, at having once again shelved it.’

Analyst ‘The point is that you do not know what outcome you wish for, and therefore you feel that shelving it is more appropriate.’
Patient ‘What step would make things better? I expect to gain two things by delay: I might get my mind clearer, and something else might turn up. It boils down to the fact that my marriage is a failure, and although I see this intellectually, I cannot accept it. Also, I'm depressed because of the excitement phase, which proved to be short-lived.’

Analyst ‘When hopeful, you feel there ought to be changes in your wife as well as in yourself.’

Patient ‘I tried that – but my wife was not interested. I'm also depressed because, although with the girl friend it's less of an act than with my wife, still it's unreal. There is some strain and tension. What I really want is a relationship without pretences. Also, though I've changed a lot, there is still the talking difficulty.’

Analyst ‘You are using the pattern of your defences as a stable factor, something to catch on to when there's nothing else.’

Patient ‘I expected because of the girl to feel colder towards my wife, but that's not the effect. I want her as much. Before, the remedy was to sit at home and be in a depression. I told her I would not be home this evening on account of the fact that I plan to meet the girl friend. Before I told my wife, we had a row over something else. I was annoyed. Here was an opportunity to inform her fully, but I was dishonest – I didn't want to be apologizing; it is better to be firm.’ Pause. ‘Also my wife perhaps sensed what is going on. There are pointers. For the first time for years she put out my pyjamas to warm. There were other details. This was after the row, and before I told her about not coming back. I want to avoid missing these opportunities.

‘This confuses my relationship with the girl friend. My wife also talked about the holidays – this is new, she has always pooh-pooh'd this sort of discussion. It would be ideal if I had dropped the bomb at this dramatic moment, that I was planning to go away with the girl friend. But I'm not that sort. I don't enjoy cruelty. That reminds me, on a previous occasion, before I met my wife, I had planned a holiday with a girl friend. Before the day came, we had found we didn't like each other. Here was a dilemma – cancel or carry through the arrangements? I was weak and carried on, thinking we might just possibly enjoy the holiday, but of course it was not a success. It will

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Analyst ‘The weakness seems to indicate a fear of your wife, a fear which you do not understand yet, and which you hardly feel as fear.’
Patient ‘It is like eating without being hungry. Weakness means not taking the risk of being abandoned. Heroic people take this risk. ‘It’s like this with diving, which for me meant breaking from my mother. I was tied to her apron strings.’

Analyst ‘It is a question of having no one to go back to. As if you were walking for the first time and there was no father present for you to go to when you ventured to leave mother. Leaving her simply meant going away from her with nowhere to go.’

Patient ‘That seems valid, but it is like a new subject. My daughter suddenly stood and walked.’

Analyst ‘Your daughter had got further than you, and had already at that time been seen through a stage of development that you are now at.’

Patient ‘I learned to ride a bike only by father holding and letting go without my knowing. If I found I was on my own, I fell off. It was the same with swimming. I had to float first; then I could make movements, and at length I could swim. It is the idea of not being held that is important. The feeling is that there is nowhere to go to, or to come back to. Diving was the same. I always tried to cover my anxiety – I just shut my eyes and deliberately dived, but really I remained too anxious to dive. In my work I do find some anxiety when I work on my own. It happens to all, I say, but I fear abandonment – there I am floundering in a state of panic.’

Analyst ‘In your series of dreams, soon after the withdrawal moment (the “medium” interpretation), you had one about going for a holiday abroad. It was a weekend, and you came back.’ (I made a point of this as it was in the series –‘medium’, ‘lap’, and then the idea of somewhere to come back to.)

He gradually recalled this dream, which he had forgotten. There was a girl in this dream, a hospital doctor.

Patient ‘As a matter of fact it was this very girl, before I developed the special relationship to her. This is the same as the end of the analysis – at the end what happens, does it just stop? I feel I would be floundering.’

Analyst ‘You feel that the end would be letting go and having nowhere to go to and no one to come back to. This applies especially to the end as a bite – which we have had before. In fact the present phase of the

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1 See ‘Withdrawal and Regression’ in the Appendix to this volume.

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analysis is a long digression from the subject of eating me at the end of the hour, or at the end of the analysis. You would be left with me destroyed, and with anxieties about your inside.’

Friday, 4 March

Patient ‘Well, there seems to be nothing. Perhaps because I have a sore throat. Perhaps because it is Friday, which means a gap before and after. Friday seems detached from the general run of the analysis.’ Pause. ‘There's a difficulty on account of the break in continuity. I might join it up with what we were saying last time. It's like letting go. A child walks, which means he lets go. But he must be able to hold on. Starting again means letting go again. There seems to be an obstacle here.…’

Analyst ‘One way would be to say you are thirty, and then two, and then thirty years old again, and the goings to and fro are painful because of the dependence-independence. Or we could say that I have shown I let you down, because of the breaks, that I don't justify confidence for holding on.’

Patient ‘I could just lie still (without going to sleep) for the whole hour. I don't feel any tremendous urge today. It may be just that I'm physically under the weather.’

Analyst ‘If you are physically ill you know from experience it is more easy to get properly cared for.’

Pause.

Patient ‘I'm just planning the weekend; I forgot I was here. I just filled in the time planning and thinking of trivial details of work. It seems I'm lazy; I feel someone else ought to do it for me, talk for me, just as when I'm not well I let the work go and someone else does it. It would really have to be you, I suppose.’

Analyst ‘What trivial things, for instance?’

Pause.

Patient ‘There's really nothing, only I can't accept the waste. It's unproductive. Why come for just wasting time?’ Pause. ‘There's nothing to get a grip on. I was just thinking about hospital then, and what I'll do this evening.’

Analyst ‘What do you plan to do?’

Patient ‘Well, I shall meet the girl friend. But what happens depends on how I feel. But that wasn't the thing. I was thinking of my home too, and hospital. It was really a strange
coincidence last night, I thought; since I was ill before restarting analysis I haven't taken sleeping drugs, although I have had access to them, though while at hospital as

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a patient I was sleepless and very much needed sedative. That's a whole year ago now. And then I got this sore throat and had rather a sleepless night. But firstly I had had a very difficult and unusual case, and had stayed up till twelve-thirty to get the notes written up, having to concentrate, and secondly I had this sore throat. I was awake two hours and then went and got some tablets.

Analyst ‘Perhaps not such a coincidence; you were already feeling not so sure of yourself?’

Patient ‘Well, yes, that's true. In the afternoon, before the case came in, I was not feeling well and I remembered I hadn't slept quite so well for a few nights. Of course it's not like when I was ill. It was simply that I felt that, if I went to bed early, I would not benefit because I would lie awake a little. As a matter of fact I've not felt so stable generally, the last few days. I've had a lack of desire to do the job well, although I have actually done it just as well. There's a paradox here. I was concerned at not having concern. Since I've been with this girl I've had less ambition, or perhaps less time for work, and in the dilemma, work or life, I have chosen life.’

Analyst ‘Perhaps there have been dreams during this phase?’

Patient ‘No, it's more that I had prolonged consciousness.’

Analyst ‘There may be a relationship between the present phase and the break-up of a dissociation – you were not disturbed in your home affairs by the affair with the girl, and then (as appeared in the last session) you began to feel the two matters at the same time and so to suffer the pain of conflict.’

Patient ‘Yes.’ (Here he went over the ground again confirming the interpretation.) ‘It's the same thing as holding on. I don't want to let go of something till I know I have something else to hold on to that is reliable. Last night I felt perhaps I would cancel today's session.’

Analyst ‘But you did manage to come, which means that the meaning of cancelling the session can be talked about and you can find out the effect of letting me know…’ (Here the patient said ‘Yes’ in a forced way, and I saw he was asleep. After a few minutes I made a slight noise by mistake, and this woke him.)
Patient ‘I have a reluctance to talk today.’

Analyst ‘While I was talking you went to sleep.’

Patient ‘I think I said the last thing.’

Analyst ‘No.’ (I repeated the interpretation, and he remembered forcing the ‘Yes’ just before going off.)

Patient ‘Yes, it's better that I come, even if I don't talk, so that we can understand it. Not coming would be really wasting it all.

‘Also, I was reluctant to make the break bigger still by not coming.

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That would be not taking the analysis seriously. It would be unprofessional.’

Analyst ‘But what you seek is the impulse, and by not coming you would be making coming more real. If it is a professional matter, you come for other than reasons of impulse.’

Patient ‘Yes. With the girl most of the talk is professional jargon. It is very important to me when I can talk with her in a way that has nothing to do with our common profession. Sometimes I feel that rows at home are better than the smooth times, in which I am thrown back on myself. With the girl friend talk is in technical terms and there is some tension, but – this reminds me of one very difficult thing in my relationship with my wife. After intercourse, when we were having it pretty regularly, she wouldn't talk, she seemed awkward or wanted to sleep. It is just then that I feel free from tension, and with the girl friend it is just then that we talk naturally and without use of technical language.’

Analyst ‘This period after intercourse is very important to you, for here at least you reach a capacity to love naturally. This difficulty in your wife is therefore a very real one for you. This suggests that there is always some anxiety in your relationship with women, based on an unconscious fear of impotence, a fear of a demand that might be made on you by the woman. For a brief spell, after intercourse, you feel free from this threat, and you are free to love and be loved, which is what you are always looking for.’ Pause. ‘There is also the matter of your having been given a short time twice during the past week; this may have affected your attitude here.’

Patient ‘I don't think so, because each time it was due to my being late, and also I realize that I get a full hour, whereas the usual period for analysis is fifty minutes.’
Analyst ‘But what about illogical feelings?’

Patient ‘Funnily enough, I think I feel resentment more at the loss at the beginning when I am late.’

Analyst I did not go further, but I could see the relationship between this and the demands that may be made by the analyst, and also the lateness was a token ‘not coming’ which was brought for analysis, and indicated the patient's need to be able to have me on impulse, which is the positive aspect of the anxiety about demands from my end.

**Tuesday, 8 March**

Patient ‘I am wondering whether today won't be able to produce anything, like yesterday. I came to the conclusion that Friday is different because it has a gap before and after. But today there is no gap after.

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