

THE CASE STUDY OF LYNN:
THE VALUE OF A DEVELOPMENTAL PSYCHOANALYTIC
FRAMEWORK AS A BASIS FOR MAKING INTERVENTIONS
IN THE ONGOING DIAGNOSTIC AND TREATMENT
PROCESS

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A Project Demonstrating Excellence submitted
to the Institute for Clinical Social Work in partial
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Doctor of Clinical Social Work

by

ADELE L. FRY, D.C.S.W.

June, 1979

INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the Project Demonstrating Excellence

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ABSTRACT

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This study provides a comprehensive, organized method of evaluating and diagnosing a twenty year old woman for the purpose of effective psychoanalytically oriented psychotherapy.

In this paper, I utilized the structure of the "Adult Profile," published in 1965 by Anna Freud, Humberto Nagera, and W. Ernest Freud. This "Profile" uses both drive theory and ego/superego development as a means of assessing an individual's maturational level. My paper contains the use of these two theoretical constructs, plus Margaret Mahler's theory of separation-individuation (object relations).

I will show that the use of these several theories of development, applied to a case, will facilitate my ability to diagnose and treat. My diagnostic outline can be referred to, time and again, as

the patient goes along in treatment, and the diagnostic picture changes.

Chapter I consists of a description of the growth of my interest in establishing a systematic way of assessing a personality. It also contains a statement of my clinical question.

Chapter II presents a digest of the "Adult Profile." In Chapter III, I presented the digest of this case study's adaptation of the "Adult Profile," along with the digest of Mahler's separation-individuation (object relations) theory.

In Chapter IV, the theoretical material concerning drive assessment, ego/superego development, and separation individuation concepts is described in detail. Following this presentation of theoretical material, the case history and background information is given in Chapter V.

In Chapters VI and VII, assessment is made of the patient's maturational level. This is done by applying the theoretical material to her developmental profile at the time of entrance into therapy, and at designated times during the two year treatment process covered in this paper.

In Chapter VIII, I chose a number of case examples ranging from early in the treatment process to later, as illustrations and explanations of the application of object relationship and transference

interpretations, always combining the use of the several theories.

I used the case material to demonstrate the value of a developmental approach.

In Chapter IX, I summarized the treatment process over a two year period, showing how the outline can be used on an ongoing basis, as a method of continually revising the diagnostic picture and treatment procedure.

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CHAPTER I

INTRODUCTION

The intention of this study is to provide a comprehensive, organized method of evaluating and diagnosing a specific person for the purpose of effective psychotherapeutic treatment by means of the case presentation, of a young woman, with careful assessment of her personality. My interest in such a method grew from the need to pull together the many pieces of knowledge that I had acquired in the Institute's program, into some kind of integrated pattern which would be helpful to me, not only in making an initial assessment of a personality upon which to base therapeutic interventions, but also to evaluate the effects of these interventions diagnostically as a basis for further treatment.

In the process of studying about dynamic diagnosis and treatment, I learned that, during the years from 1960 to 1965, Anna Freud constructed a "Developmental Profile" to be used in the diagnosis and treatment of children with emotional problems. This Profile was continually revised during these years by the Research Project at the Hampstead Child Therapy Clinic in London, finally culminating in her publishing Normality and Pathology in Childhood in 1966, in which the "Developmental Profile for the Child" is presented and

explained in detail. In addition to revisions in the "Child Profile," a revised schema was also drawn up to be applied to the adult personality. This was published in 1965 by Anna Freud, Humberto Nagera, and W. Ernest Freud.

The basic difference between the "Child Profile" and the "Adult Profile," is that the "Child Profile" is concerned with an ongoing process, that is, what is developmentally appropriate at a given age, whereas the "Adult Profile" pertains to a finished developmental process.

Since my case study is that of a twenty-~~one~~ year old woman, it is appropriate to use the structure of the "Adult Profile," although the examination of the "Child Profile" has been an indispensable learning source. In correlation with the use of the "Profile," I have found it valuable to incorporate Margaret Mahler's theory of separation-individuation. In The Psychological Birth of the Human Infant, she has been able to carefully document the developmental phases in the early years of a human being's relationship to the object world in such a way that it delineates the connections between specific early pathology in the separation-individuation process, and in adult pathology, as evidenced later when examined by application of the "Adult Profile." Since some of this young woman's symptomatology points to developmental difficulties at the borderline level, I will be also utilizing the writings of such authorities in the

study of borderline personality structure as Otto Kernberg, James Masterson, Gertrude and Rubin Blanck, and others.

The conceptual framework on which I am basing this paper is that of psychoanalytic developmental psychology. The therapeutic mode is psychoanalytically oriented psychotherapy.

The "Adult Profile" incorporates the use of drive theory with its libidinal and aggressive components as a way of assessing the maturational level of a person. Additionally, the "Profile" utilized another psychodynamic assessment, that of ego/superego functioning. I will describe the patient from both of these perspectives and, in addition, will examine her relationship to the object world through the use of Mahler's separation-individuation concepts.

In this paper I will address myself to the following question: In what ways did the use of this developmental psychoanalytic framework, which utilizes several theoretical constructs, enable me to intervene more skillfully in the ongoing diagnostic and treatment process, both in the content of my interpretations to the patient, and in the use of the transference relationship for both interpretation and support?

I anticipate that presentation of this assessment plan will not only make conceptual knowledge available to those practitioners who

are presently engaged in clinical practice, but will provide a teaching method which could be utilized in the educational preparation for the practice of clinical social work.

CHAPTER II

DIGEST OF ADULT PROFILE¹

- I. Reason for Referral
- II. Description of the Patient
- III. Family Background and Personal History
- IV. Possible Significant Environmental Circumstances
- V. Assessment of Drive and Ego/Superego Positions
 - A. The Drives
 - 1. Libido - Examine and State
 - a. Libidinal Position - The highest level reached, whether it has been maintained, or abandoned regressively for an earlier one.
 - b. Libidinal Distribution
 - (1) Cathexis of the Self - whether there is sufficient narcissism invested in the body, the ego, the superego, to ensure regard for the self and self-esteem.

¹The complete "Adult Profile" can be found in the appendix.

(2) Cathexis of objects, sexually, and in terms of other human relationships.

2. Aggression - To what degree is aggression under control in sexual life, work and sublimatory activities.

a. What is the quantity and quality of the aggression?

b. Is it directed toward the object world, the self, or both?

c. What defenses are used in dealing with it?

B. Ego and Superego

1. Examine the intactness, or otherwise, of ego functions (memory, reality testing, capacity for logical thinking, control of motility, speech, etc.).

2. Determine whether anxiety or danger is experienced as coming from the external world, the id, or the superego.

3. Examine the status of the defense organization.

a. Whether it has remained immature, or regressed to earlier stages.

b. Whether defense mechanisms are archaic or of a higher order, e. g. , denial and projection

vs. reaction formation and sublimation.

4. Examine the status of the superego with regard to:

- a. Degree of structuralization (arrested, faulty, mature, etc.).
- b. Functions (critical, aim and direction-giving, satisfying).
- c. Effectiveness (in relationship to ego and id).
- d. Stability (under the impact of internal and external pressure).

C. Reaction of the Total Personality to Specific Life Situations, Demands, Tasks, Opportunities, etc.
Drive and ego development seen in interreaction with each other.

VI. Assessment of Fixation Points and Regressions. At the time of initial diagnosis, such areas are betrayed:

- A. By the type of the individual's object relationships, and drive activity.
- B. By certain forms of behavior which are characteristic of a patient and allow conclusions to be drawn about the underlying id processes.

C. By the patient's fantasy activity.

VII. Assessment of conflicts, which will help in the assessment of the person's level of maturity and severity of disturbance, and which can be graded according to quality:

- A. External conflicts - conflicts between id and external demands of the environment (refusal to adapt to, or creative attempts to modify the environment).
- B. Internalized conflicts - disharmonies between instinctual wishes and external demands.
- C. Internal conflicts - insufficiently fused or incompatible drive representatives (such as activity vs. passivity, masculinity vs. femininity).

VIII. Assessment of Some General Characteristics with a Bearing on the Need for Analytic Therapy and the Ability to Profit from It.

A. On the positive side:

- 1. Whether the ego's mastery over the impulses is insufficient and improvement will first depend on the strengthening effects of therapy.
- 2. Whether there is a desire to be cured.

3. Whether there is ability for self-observation, capacity to think and verbalize.
4. Whether the patient has a sufficiently high level of object relations to establish a meaningful transference relationship to the analyst.
5. Whether there is capacity to tolerate frustration and to cope with anxiety released during the analytic process.
6. Whether the patient has shown the ability to persevere.
7. Whether the patient has the potentiality for sublimation.
8. Whether there is a positive attitude toward life.

B. On the negative side:

1. Whether there is dangerously low anxiety and frustration tolerance, coupled with unwillingness to renounce secondary gains of pathology. ✓
2. Whether the patient's pathology is part of a pathological family or professional setting and cannot be altered without major upheavals in the external life situation.

3. Whether there are extreme self punishing and self-destructive attitudes that are satisfied through the pathology and oppose improvements, i. e. , which cause negative therapeutic reactions.

CHAPTER III

DIGEST OF THIS CASE STUDY'S ADAPTATION OF THE ADULT PROFILE AND SEPARATION-INDIVIDUATION THEORY

I. This Paper's Adaptation of Theoretical Material of the Adult Profile.

A. Case Material - Reason for Referral, Description of Patient, History and Background.

B. Assessment of Drive Development.

1. Assessment of the Libido.

a. Examination of the position of the libido.

1. Determination of the libidinal position both heterosexually and homosexually.
2. Determination of whether libidinal development is regressed or fixated.

b. Distribution of the libido.

1. Whether there is sufficient narcissism invested in the body, the ego and superego to ensure regard for the self and self-esteem.
2. Examine the phase of the object relatedness at which the patient seems to be, i. e., narcissistic, need gratifying, object constancy, etc.

2. Examination of aggression according to:

- a. The quantity and quality of the expressions of aggression.
- b. The direction of the aggression, either toward the object world or the self.
- c. The defense mechanisms which are established against expression of aggression.
- d. The degree to which the aggression is under control in sexual life, work, and sublimating activities.

C. Assessment of Ego and Superego Development.

1. Examination of the ego:

- a. Determination of the intactness, or otherwise, of ego functions such as memory, reality testing, speech, etc.
- b. Considerations of whether the danger to the ego (anxiety) is coming from the external world, the id, or the superego.
- c. Assessments of the kinds of ego defenses which are employed, including primitive ones such as denial, identification, splitting, etc., as well as secondary defenses such as repression, withdrawal, etc.

- d. Observation of ego strengths such as motivation, capacity for judgment and self-reliance, capability for perseverance, etc.
 - e. Consideration of the status of the defense organization as to whether it has remained immature, or regressed to an earlier stage.
- 2. Examination of the superego in terms of function, effectiveness and stability.
 - a. Is it arrested, faulty or mature?
 - b. Does it function harshly or in a satisfying direction?
 - c. Does it remain stable under the impact of internal and external stresses?
 - 3. Assessments of drive and ego/superego development and object relations theory in terms of their interaction with each other.

II. This paper's summary of Mahler's Separation-Individuation on Theory.

A. Definition of the Theory:

- 1. Meaning for Separation.
- 2. Meaning of Individuation.

B. Summary of Theory according to developmental phases.

1. Autistic (0-2 months).
2. Symbiotic (2-5 months).
3. Separation-Individuation with its division into four sub-phases.
 - a. Differentiation (4-5 months to 9-10 months).
 - b. Practicing (8-10 months to 16-18 months).
 - c. Rapproachment (16-18 months to about 24 months).
 - d. Consolidation of individuality and beginning of emotional object constancy 22-24 months to about 36 months.

CHAPTER IV

THEORETICAL MATERIAL TO BE APPLIED IN THIS CASE STUDY

DRIVE DEVELOP- MENT

The assessment of drive development is the first position to be carefully studied. This is divided into two componets:ⁿ 1) The examination of the libido (instinctual sexual desire and energy) and, 2) The expressions of aggression.

LIBIDO LEVEL

The first part, the examination of the libido, is described against the normal ideal position of heterosexuality, with no more than the normal admisture^x in terms of bisexuality. It is important to determine if the highest level of heterosexuality in terms of oral, anal, phallic and genital drives has ever been reached, is being maintained, or if one level has been abandoned regressively for an earlier one.¹

¹A. Freud; H. Nagera; and W. E. Freud, "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX (p. 12).

Nagera states that it is obviously easier to help the forward movement of the libido which has regressed, than libido which has been arrested at earlier stages.¹ If fixations are at the pre-oedipal level, then conflicts typical of these phases remain unsolved. It is at these early levels of fixation that we observe the developmental arrests characteristic of the adult borderline personality.

LIBIDO
DISTRIBUTION

In continuing the examination of the libido, it is important to look at the distribution of the libido, whether there is sufficient narcissism invested in the body, the ego, and the super-ego to ensure regard for the self, self-esteem, and a sense of well-being.² The quality of the adult's object relations should be described, observing at what

LIBIDO
QUALITY

¹ Nagera, H., "The Developmental Profile," Psychoanalytic Study of the Child, Vol. XVIII, p. 517.

² Freud, A.; Nagera, B.; and Freud, E. "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX, p. 12.

phase of object relatedness he seems to be predominantly, i. e. , narcissistic, need-gratifying, object constancy, pre-oedipal, adolescence. Such questions can be asked as to whether the individual has been able to mature beyond pre-oedipal relations, to choose a sexual partner, and have his object needs met by the partner, whether he has other satisfying human relationships, what part is played on the one hand by heterosexual object cathexis, and on the other hand by homosexual object cathexis.¹

EXPRESSIONS
AND DIREC-
TION OF
AGGRESSION

The second part of the drive assessment, that of examining aggression, can be assessed according to the quantity and quality of the expressions of aggression, as well as the direction of the aggression, either toward the object world or the self. We must then ask what defense mechanisms are established in attempting to control the aggressive

¹A. Freud, H. Nagera, and E. Freud, "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX, p. 13.

EGO AND
SUPEREGO
DEVELOP-
MENT

drives. We should note to what degree aggression is under control in sexual life, work, and sublimating activities.¹

The second major assessment component of the Adult Profile is that of ego and superego development. Anna Freud states in her Child Profile, "Where ego and superego are immature in comparison with the level of drive activity, neither the appropriate emotional object relationship nor sufficiently strong social and moral concerns are available to bind and control the libidinal and aggressive drive components."² This may be considered true of the adult's character as well as the child's.

EGO
FUNCTIONS

The ego assessment can be accomplished by first looking at the intactness of such ego functions as

¹Ibid., p. 14.

²A. Freud, Normality and Pathology in Childhood: Assessments of Development (New York: International University Press, Inc., 1965), p. 125.

ANXIETY
SOURCE
AND
LEVEL

memory, reality testing, speech, control of motility, secondary thought processes, etc. We should consider whether the danger to the ego (anxiety) is experienced as coming from the external world, the id, or the superego, so that the level of the patient's emotional development can be assessed, i. e. , is he afraid of annihilation, does he experience separation anxiety, castration fear, guilt, etc.¹

EGO
DEFENSES

Next we must ask what kinds of ego defenses are employed by the patient, including primitive ones such as denial, identification, projective identification and splitting, as well as secondary defenses such as repression, withdrawal, passivity, intellectualization, sublimation, etc. Has the ego remained immature, or regressed to an earlier stage?

SUPEREGO
STATUS

Included at this point should also be the status of the superego in terms of function, effectiveness,

¹A. Freud, H. Nagera, and E. Freud, "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX, pp. 14-15.

SUMMARY
OF DRIVE
AND EGO/
SUPEREGO
ASSESS-
MENT

and stability. Is it arrested, faulty, or mature? Does it function harshly or in a satisfying direction? Does it remain stable under the impact of internal and external stresses?¹

In summarizing the Adult Profile's assessment of drive and ego/superego development, it should be emphasized that the assessment of these positions should be viewed in terms of their interaction with each other. Further, the person's total personality should be considered in the way it reacts to specific life situations, demands, tasks, opportunities, etc. One can ask such questions as, "What is the patient's attitude toward his sex life, and toward his capacity for enjoying companionship and social relationships? What is his attitude toward his success or failure in work, his ability or failure to withstand losses or disappointments, etc.?"²

¹A. Freud, H. Nagera, and E. Freud, "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX, pp. 14-15.

²A. Freud, H. Nagera, and E. Freud, "The Adult Profile," Psychoanalytic Study of the Child, Vol. XX, p. 15.

SEPARATION INDIVIDUATION THEORY

This assessment of drive development and ego/superego development is a significant method of viewing the level of an adult's emotional maturity. In correlation with the use of the Profile, it has been proven valuable to incorporate Margaret Mahler's object relations theory of separation-individuation. She defines separation as the intra-psychic achievement of a sense of separateness from the mother, and, through that, from the world at large. The concept of Individuation is a complimentary development to separation, in that it consists of those achievements marking the child's development of his own individual characteristics.¹ Along with examination of drive theory and ego/superego assessments, the use of Mahler's theory enables the delineation of the connections between specific early pathology in the separation-individuation process, as later evidenced in adult pathology.

¹Margaret Mahler, The Psychological Birth of the Human Infant, pp. 4-6.

Although this paper will address itself to developmental deficits occurring during the separation-individuation phase, the earlier phases of infancy, the autistic and symbiotic phases, will be briefly described so that the reader can conceptualize the developmental process on a continuum beginning from birth.

AUTISTIC
PHASE
0-2 MONTHS

Mahler views the psychological development of the infant as beginning in the autistic phase of life.

This phase occurs during the first few weeks following an infant's birth when he is unaware of a mothering agent. Soon this is followed by the dim awareness that need satisfaction comes from somewhere outside the self. During this normal autistic phase, the task of the newborn is to adjust to his new extramural environment by predominantly physiological means (reflex equipment such as sucking, rooting, grasping, clinging, turning the head toward the breast, etc.). The baby has a fleeting response to external stimuli.

SYMBIOTIC
PHASE
2-5
MONTHS

From the second month until about five months, dim awareness of the need satisfying object marks the beginning phase of normal symbiosis.

The infant behaves as though he and his mother were an omnipotent system--a dual unit within one common boundary. (This state of fusion is to be observed in the most severe states of psychotic disturbance). The cathexis of the mother is the principle psychological achievement of this phase.¹

BEGINNINGS
OF SEPARA-
TION INDIVIDUA-
TION PHASE

At about four to five months of age, at the peak of symbiosis, behavioral phenomena seem to indicate the beginning of the first subphase of the separation-individuation phase, namely, differ-

DIFFEREN-
TIATION
SUB-PHASE
4-5 MONTHS
TO 9-10
MONTHS

entiation.² The infant's attention, which during symbiosis, was inwardly directed, or focused in a vague way within the symbiotic orbit, now seems no longer to drift in and out of alertness, but instead is more permanently alert when awake. Mahler says that a baby with that look "has hatched." At about seven/eight months he begins to differentiate his own from his mother's body,

¹ Mahler, Margaret, The Psychological Birth of the Human Infant, pp. 42-48.

² Ibid., p. 52.

by exploring and touching her face and body. He studies the faces and gestalt of others, and compares strangers to his mother. He begins to discriminate between mother and others. This is an important developmental occurrence, since Mahler believes that the feeling of basic trust in the mother at this point is an important precursor toward development of emotional object constancy and socialization.¹

PRACTICING
SUB-PHASE
8-10 MONTHS
TO 16-18
MONTHS

The second subphase of the separation-individuation phase, the practicing period, begins during the latter part of the differentiation subphase, eight to ten months, and extends to sixteen or eighteen months. The early part of this second subphase is characterized by the infant's ability to move away physically from the mother by crawling, climbing, and standing up, yet still holding on, or not venturing far away. The child needs the availability of a "home base" to return to for "refueling" through physical contact with the

¹ Mahler, Margaret, The Psychological Birth of the Human Infant, pp. 54-58.

mother, plus her emotional availability. The toddler experiences rapid growth in the autonomous ego and its functions. His upright locomotion widens his world, and he can explore his expanding environment, both human and inanimate. His narcissistic delight in his own body and achievements is so elating, that he separates from his mother quite easily, accepts mother substitutes, and is impervious to bumps and falls and other frustrations.¹

RAPPROCH-
MENT SUB-
PHASE
16-18
MONTHS TO
24 MONTHS

The third sub-phase of separation-individuation, called the rapprochement subphase, begins about sixteen to eighteen months and extends to about twenty-four months. Along with the growth of cognitive faculties, and increasing awareness that his parents are separate individuals with their own personal interests, the toddler now becomes sensitive to the painful aspects of separateness, whereas earlier, in the practicing subphase, he seemed to derive only total pleasure

¹Mahler, M., The Psychological Birth of the Human Infant, pp. 65-71.

from this. Being "on his own," being separate, means that he frequently feels quite small and helpless. He begins to experience fear of losing the love of the object (instead of the primitive fear of object loss). He gradually and painfully must give up the delusion of his own grandeur and power to control, as experienced by him during the practicing subphase. He alternates between darting away (separating) from her or pushing her away, and wanting to be held in his mother's arms (clinging). Mahler stresses the necessity of mother's optimal emotional availability at this period, even though the toddler seems cranky and conflicted, saying that libidinal characteristics of love rather than of aggression are more likely to develop in an individual whose needs have been positively met at this stage.¹ (In the Adult Profile, this phenomenon corresponds to that part of the drive assessment relating to examination of the quantity and quality of both aggression and libido).

¹ Mahler, M., The Psychological Birth of the Human Infant, p. 79.

CRITICAL CROSSROADS

The rapprochement subphase is a critical crossroads, with necessity for the mother to be available with a ready supply of object libido, but at the same time, emotionally willing to let go of her toddler, and to give him encouragement toward independence. If the child is not able to begin the process of developing libidinal object constancy at this subphase, then he runs the danger of permanently splitting the object world into "good" (need satisfying) and "bad" (need withholding).

BEGINNINGS OF OBJECT CONSTANCY

It is at this point that the toddler must begin the process of fusing the "good" and "bad" objects into one whole representation, i. e., the mother. If this process occurs, the aggressive and libidinal drives can come together and temper the hatred of the object, the mother, when aggression is intense.¹ If this does not occur, and splitting and aggressive attempts to control are intensive, then an unfavorable fixation point

¹ Mahler, M., The Psychological Birth of the Human Infant, p. 108.

can occur. This prevents the occurrence of maturation to the next sub-phase, and can fixate the child at the level found in adult borderline personalities.¹

OTHER
DEVELOP-
MENTAL
MILESTONES

At this rapprochement subphase, the child is experiencing other developmental milestones besides the need to renounce symbiotic omnipotence.

He is developing the capacity to think, play and verbalize. He experiences heightened awareness of body feelings, such as urinary and bowel pressures, and he discovers anatomical sex differences. He begins to widen his object world to include his father, and to react to approval and disapproval by parents, thus evidencing the beginnings of super-ego development.²

Mahler finds that the task of becoming a separate individual at the rapprochement subphase is

¹Mahler, M., The Psychological Birth of the Human Infant, p. 110.

²Ibid., p. 107.

generally more difficult for girls than boys, "because the girls, upon discovery of the sexual difference, (their lack of a penis) tended to turn back to mother, to blame her, to demand from her, to be disappointed in her, and still to be ambivalently tied to her." Boys, on the other hand, seemed to be faced with castration anxiety only later, in the second and third year. They seem better able to function separately at this rapprochement period; to turn to the outside world and their own bodies for pleasure and satisfaction. They also begin to turn to their fathers as someone with whom to identify.¹

FOURTH
SUB-PHASE
CONSOLIDA-
TION OF
INDIVIDU-
ALITY AND
BEGINNINGS
OF EMOTIONAL
OBJECT CON-
STANCY
22-24 MOS.
TO 36 MOS.

The fourth subphase of separation-individuation is called the consolidation of individuality and the beginnings of emotional object constancy. This subphase occurs from about twenty-two months to thirty-six months. As far as the self is concerned, there is a far-reaching structuralization of the ego

¹Mahler, M., The Psychological Birth of the Human Infant, pp. 105-106.

and beginnings of development of object constancy. There are signs of internalization of parental demands, indicating the early progression toward development of a superego.¹

Mahler refers to Heinz Hartman, who, in 1952, stated that "the establishment of emotional object constancy depends upon the gradual internalization of a constant, positively cathected, inner image of the mother."² This last subphase is an extremely critical intra-psychic developmental period, during which time a stable sense of entity (self-boundaries) is attained, as well as the beginnings of gender identification.³ Mahler goes on to say that emotional object constancy involves more than the maintenance of the representation of the absent love object, but reminds us of the

OBJECT CONSTANCY

GENDER IDENTIFI- CATION

¹Mahler, M., The Psychological Birth of the Human Infant, p. 109.

²Ibid., p. 109.

³Ibid., p. 110.

UNIFYING OBJECTS

child's necessity for unifying the "good" and "bad" object into the whole object. Mahler refers to W. Hoffer, who stated in 1955, that object constancy has to be regarded as the last stage in the development of a mature object relationship. The love object will not be rejected or exchanged for another if it is not present to provide satisfaction, but will be longed for, though not rejected (hated) as unsatisfactory simply because it is absent.¹

PRIOR DETERMI- NANTS FOR OBJECT CONSTANCY

Prior determinants for establishment of emotional object constancy are: establishment of trust and confidence as early as the symbiotic phase, through satisfying of needs by the whole object (mother) and cognitive acquisition of the symbiotic inner representation of the permanent love object, (mother) plus other factors, such as innate drive endowment and maturation; neutralization of drive energy, reality testing, and toleration for frustration and anxiety.²

¹Mahler, M., The Psychological Birth of the Human Infant, p. 110.

²Ibid.

SEPARATION-
INDIVIDUATION
A CONTINUING
PROCESS

This fourth subphase of the separation-individuation process is not a subphase in the same sense as the first three, since it is open-ended at the older end. It occurs mainly in the anal and phallic phases of libidinal development. Cognitive development occurs rapidly in the form of growth in verbal communication. Fantasy play, capacity to tolerate delay of gratification and to endure separation, need and wish for independence, increasing interest in playmates and adults other than mother, a sense of time, all take place during this individuation process.¹

¹Mahler, M., The Psychological Birth of the Human Infant, p. 117.

CHAPTER V

CASE MATERIAL

Reason for Referral

Lynn, age 20, sought help two years ago, following the termination of a romance of 3 months' duration with R., a 41-year-old clothes designer. She spoke of her frantic attempts to hold onto him through demanding, aggressive means. When this was unsuccessful and he asked her to move out of his apartment, she became very frightened and chaotic. She then sought treatment and is presently being seen once each week on a regular basis.

Description of Patient

Lynn is tall and thin, with dark hair and expressive dark eyes. She dresses attractively in the current styles of jeans or skirts, worn with T shirts or gauze tops. She is a pretty young woman, has a good sense of humor, is usually animated in manner and very talkative. She is always on time for appointments, and is customarily tense and anxious to begin talking. Her intellectual capacity is very good. She works the graveyard shift as a data processor for a large auto manufacturing company and initially described

herself as having difficulty on the job because of insubordination, excessive absences, and carelessness in the execution of her work.

Although she goes out with many men, they tire of her quickly because of her controlling, aggressive demeaning manner. She has several girlfriends with whom she has similar difficulty. In addition to social dating, she also worked as a highly paid prostitute. She has periodic homosexual feelings, but has never allowed herself to have a homosexual relationship. She is frightened of loneliness and feels unloved by everyone.

Family Background

Lynn comes from a middle-class, Protestant caucasian background. She is the younger of two children, with a brother, B., four years older. Lynn's mother described the marriage to father as shakey from the very beginning, because of father's infidelity. In a desperate attempt to hold onto him, she became pregnant with Lynn, but the presence of the new baby served only to alienate him further. He deserted the family when Lynn was two years old. Although father was an engineer, earning an adequate salary, he provided no financial support, with the result that mother and the two children had to go on welfare. Mother soon went to work, and Lynn, therefore, spent her childhood years in a variety of daycare arrangements. She experienced her childhood as lonely and sad,

interspersed with some pleasant times she recalls having spent with maternal grandfather who died ten years ago. Lynn has had little contact with her father, having seen him only a few times in her lifetime. The most painful and frightening of these few experiences with father, was a particular week-end when she was about four or five years old. At that time mother dressed her and her brother in their best clothes, drove them to father's home, and told the children she hoped he would keep them because she felt overburdened. Father had no intention of keeping the children, and Lynn remembers her relief at returning home. Until recently, Lynn had periodically telephone father in an attempt to force him to send child support to her, since mother has refused to take responsibility for doing this. Lynn remains angry and bitter toward father. ✓

Lynn's mother, who is presently in her late fifties, has always had a subservient, close tie to maternal grandmother. Lynn perceives both women as withholding, hostile, and controlling. Because of maternal grandmother's lifelong disapproving attitude toward Lynn, culminating in a recent refusal of grandmother to loan her some money, they have little contact with each other, which makes mother very uncomfortable. B., the twenty-five year old brother, is perceived by Lynn as the preferred child. She remembers him as being encouraged by mother to function in the role of

caretaker and of father, and he did so, persecuting her by being physically assaultive, as well as by teasing and humiliating her in the presence of peers and mother. According to Lynn, mother has always defended and sheltered him from the consequences of his anti-social behavior at home, at school, and in the community. He is presently unemployed, drug-involved, and without ties, drifting in and out of sight, sponging off mother and others. At the onset of Lynn's treatment, he made a practice of forcing entry into her house, and threatening to harm her if she opposed this. Shortly thereafter, she secured a restraining order from the police in order to protect herself. Mother and grandmother are angry at her for doing this.

When Lynn was about age 3, mother established a long-term relationship with a man, M., but did not live in the same house with him until they married when Lynn was eight. Mother used to beg Lynn to learn to like him, but she continued to hate him until about two years after the marriage when she was 10 years old. At that time she decided, quite deliberately, to become friendly, realizing that she was lonely and ostracized emotionally from mother and step-father. She then became very close to step-father, sitting on his lap, telling him her secrets. Mother reacted with jealous anger and accused ten year old Lynn of seducing him. Step-father did not defend her, and Lynn has since remained contemptuous of him and

bitter toward both mother and step-father over this. From that time on, Lynn describes herself as withdrawing into her shell, and avoiding closeness with them. She was aware of being saddened and angered by her loneliness and feelings of isolation. She longed for affection. She was on the fringes of family and peer contacts, and derived her few satisfactions from teachers who sometimes singled her out for special attention because of her skills in writing and singing. During junior high school years, she worked at her mother's witchcraft store every day after school, and was taunted by school-mates for being a witch. She remembers herself as being drab, thin, lonely, and angry. She felt ugly and unattractive in the clothing her mother could afford to buy, and it was only after she began earning her own money when she was fifteen that she was able to buy her own clothes and make herself more attractive.

When she was a high school sophomore, at age 14, Lynn had her first boyfriend. She was flattered by his attentions, as well as anxious to have sexual experiences. She asked her mother to help her secure adequate birth control, but her mother angrily refused, after having previously invited her confidences. She then knew she had to arrange this on her own. She began by going to a free clinic and then to several doctors, where she subsequently had many unpleasant experiences with birth control pills, I. U. D. 's, etc., until

she found a reputable doctor. When she was a high school senior at age 16, she became engaged for a brief period to a man of 28. Soon after graduation she broke up with him, because she saw that he was poorly motivated toward seeking employment and making any provisions toward taking responsibility in a marriage. She described herself as cleaning his apartment and cooking his food until she got sick of it. She then called off their engagement.

After this, Lynn went to work as a data processor, which was the kind of vocational training she had secured in high school. She began to lead a frantic social life, much to the disapproval of her mother and grandmother. She had many short term boyfriends, and began to earn extra money as a prostitute. She used drugs and alcohol, always having mental reservations about the advisability of this. Around age nineteen and one-half, she picked a new name for herself and had it legally changed. She disliked her real name because it sounded too plain, conforming, and undistinguishable from so many other girls. She also wanted to give up the surname of the despised father.

At the time of entering therapy at age twenty, Lynn was sharing a bungalow with her older male cousin, L. Her mother and step-father had recently moved out of this house, bought a mobile home,

and moved to a rural area about one hundred miles away. Step-father is self-employed, and at present he and mother periodically return to this area to work for a few days and they often stay at Lynn's. Lynn's relationship with her mother is poor. She believes that her mother superficially preaches love and devotion, but practices coldness and rejection. She sees mother as lacking understanding of her needs to be loved and admired.

CHAPTER VI

ASSESSMENT OF DRIVE DEVELOPMENT

In this chapter, interwoven with assessment of drive development, will be the evaluation of Lynn's maturational level in terms of Mahler's separation-individuation theory. The profile will contain assessments at the initial phase of treatment and at successive stages over the two year period.

In assessing Lynn's drive development, her libidinal position will first be examined.

LIBIDINAL POSITION

At the onset of therapy, Lynn's heterosexual sex life was characterized by her sexual aggressiveness toward men, her contempt for them, her mistrust, and her wish to be loved and taken care of by them. Mahler states that one of the prior determinants for establishing emotional object constancy is the ability to develop trust and confidence beginning as early as the symbiotic phase, and continuing through subsequent subphases of the separation-individuation phase, especially rapprochement. During these growth periods, it

is the mother, primarily, who satisfies nurturing needs, with the father also beginning to attain importance. Lynn sought sexual contact with men as a way of satisfying these unmet needs for closeness and comfort, but at the same time, her displacement of anger from the ungratifying nurturing sources (mother, and the lost, abandoning father) resulted in her projecting her anger onto them, so that they retaliated against her and left her, thus playing out an endless cycle of search, abandonment and loss. This, in turn, served to reinforce her feelings of low self-esteem, loneliness, anger and depression.

Lynn's feelings of anger and worthlessness were exemplified within the first two months of therapy, by her telling of her self-employment as a prostitute. Although she initially defended herself from feelings of devaluation by describing the practicality of earning a substantial amount of money this way in addition to her salary at the auto manufacturing plant, she responded rather quickly to the therapist's implicit concern, expressed by raising

questions regarding her physical safety, plus the very cautious characterization of these relationships as of short duration, and lacking in the qualities of meaningful interpersonal contact that she seemed to be looking for. She was touched by these concerns, and then revealed her fears of being harmed. She was also able to talk about her feelings of hostile superiority toward men, and the opposite feeling of knowing she was sexually desirable and, therefore, important to them, if only for a brief time. Her heterosexual level, then, was one suffused with aggression, contempt, and mistrust, and the ambivalent wish for love and control, characteristic of the anal phase, as well as the rapprochement sub-phase of separation-individuation phase. Once aware of her position and its consequences, she decided (it seemed with a sense of relief) that she would quit prostituting. This occurred during the first six months of treatment.

This decision was an early indication of Lynn's ego's potential for growth, both in concept

formation and emotional capacity in regard to heterosexuality.

The homosexual components of Lynn's personality were observed in her anxiety over the sexually aggressive and controlling feelings she sometimes experienced toward women. At the onset of treatment, she had a close friendship with D., a young woman of eighteen, two years younger than herself. Initially, Lynn's controlling personality accommodated itself well to D's passivity. However, as time went on, D. began to chafe under Lynn's attempted domination, preferring instead to continue her dependency relationship to her boyfriend. At this point, Lynn's secret sexual urges and protective, controlling feelings toward D. gradually shifted to feelings of rejection, anger, and then of loss. Again, her feelings of worthlessness were reinforced. Case material with respect to these feelings can be found in the Clinical Section, Example A.

The therapeutic intervention during the first six months of therapy was based on the view that her

homosexual feelings were an expression of early longings for closeness with her mother, along with expressions of anger toward her for not being sufficiently available.

Mahler makes another observation pertinent to Lynn's homosexual component. She states that at the rapprochement subphase, the girl child discovers she is anatomically different from boys, for which she blames her mother, but remains emotionally tied to her. Mother's preference for the brother and the absence of a father, made it not only difficult for Lynn to accept herself as a girl, but to separate emotionally from the mother as well.

In summary, Lynn's psychosexual level appears to have oral components expressed through wishes for closeness with the maternal figure. Also, fixation points at the anal and phallic levels, with their controlling, hostile components, are observable.

On the positive side, over the course of the two year treatment period, there are indications of

Lynn's advancing toward the oedipal level of psychosexual development. She recalls the presence of a loving, maternal grandfather during the early years of her life, and has recently been able to remember some happy times with her mother. Her description of her relationship to her mother and step-father during her early adolescence has some characteristics of oedipal rivalry with her mother for the love of the step-father. These recollections are helpful in understanding the healthier part of Lynn's sexuality, expressed in her growing capacity for enjoyment of male and female companionship during the course of ongoing treatment.

LIBIDO DISTRIBUTION

The next task is to look at the distribution of the libido. Lynn usually takes great pride in her appearance, except when she is feeling depressed. When the therapist first knew her, she was leading a fast social life; she drank, smoked, and sometimes used drugs. As with her prostitution, she seemed to welcome the opportunity to curtail these activities, and did so, within the first six months of treatment. This wish for the imposition of

controls seems similar to the behavior of the acting out adolescent who wants someone to evidence sufficient concern to stop him, that is, to act as an auxiliary superego to help him cope with his internal demands.¹

Lynn is learning to enjoy physical activity, such as racquet ball and jogging. After a year and a half in therapy, she seemed to acquire enough self-confidence to allow herself to compete in a sport. On the other hand, all along she has shown more than the usual amount of confidence in being able to sing extemporaneously at clubs and bars, and has brought several tapes which she had recorded recently. She identifies this singing skill with her mother and maternal grandmother, both of whom occasionally performed for churches and similar kinds of organizations. Lynn keeps a journal and, at the end of the first year of our relationship, brought the therapist a notebook of her poems and

¹Moses, Laufer, "Assessment of Adolescent Disturbances," Psychoanalytic Study of the Child, Vol. XX, p. 111.

thoughts in which the predominant mood was one of loneliness and fantasies of being loved. Case material regarding her depressive feelings can be found in the Clinical Section, Example C.

Lynn is aware of her good intellectual capacity. She has fantasies about going to college, but has not arranged for this to happen. Following about six months in therapy, after she had quit prostituting, she enrolled in a real estate course, but did not study sufficiently to pass the exam. She experiences satisfaction in out-talking and outwitting others, but feels helpless and alienated after this aggressive action has driven them away.

With several exceptions, Lynn has usually gravitated toward ambitions, restless, predatory men on the fringes of the entertainment industry, often seeking those who are at least five or more years older than herself. Although these men initially have gratified her pressing needs to be admired and sought after sexually, she soon becomes dissatisfied because of the urgency of her unmet longings for nurturing. She then becomes

aggressive and demanding for what they cannot give, and quickly loses them. Her desperate search for gratification has always been self-defeating because, in Mahler's terms, her early disappointments in her mother during the rapprochement subphase prevented her progression toward libidinal object constancy and the integration of love and hate within one object. Thus, she has continued to seek the gratifying mother image in her older men, and when this is not found, she retaliates with anger and separation, only to begin the quest again. After the first year in therapy, when Lynn had acquired some self-awareness, she began to narrow her social life considerably. This meant that she often spent time alone which originally was frightening, but as time has gone on, it has become less so. Therefore, her ego is moving ahead from a need gratifying level to acquiring the capacity for tolerating delay.

EXAMINATION OF AGGRESSION

The second part of drive assessment is that of studying Lynn's expressions of aggression. Her relationships at work constituted a major area of

conflict which underwent change by the end of the first year of treatment. Initially, she had so much difficulty accepting authority from her male supervisor that she was given a termination date. Because she was frightened of losing her job, she forced herself to control her hostile, aggressive manner and verbalizations, and as a result, the termination order was rescinded. Fortunately, the hated supervisor took an extended disability leave of nearly six months' duration, which gave her some relief from continual contact with him, as well as time to work on this problem in therapy. Therapeutic intervention resulted in her ability to recognize the significance of the projection of negative feelings onto this supervisor, and how this had provoked a negative response in him. Her behavior was covertly provocative with him, and when he was guardedly responsive, she was quick to reject and embarrass him in the presence of others. He retaliated by persecuting her on the job.

At the onset of therapy, Lynn expressed uncontrolled aggression through two automobile

accidents, both occurring because of hurried, careless driving, late at night in a small sportscar. She turned this aggression toward the object world in the form of accepting no responsibility for her part in the two accidents, and by suing both parties even though she acknowledged to the therapist that she was taking unfair advantage of the situation. She turned the aggression inward in the form of sustaining severe whiplash (she wore no seat belt) and by severely damaging her two cars within a short period of time, both of which she had purchased by making considerable financial sacrifices.

On the other hand, only occasionally is Lynn able to express aggression toward the therapist. One example is her use of humor to "jokingly" refer to the discrepancies in our respective financial positions. A second example occurred when she relayed a joke to me, originating with her mother, about miserly Jews, which she quickly qualified by saying she didn't think the joke was "all that funny." This provocative, teasing, jocular manner is a typical way that Lynn expresses envy and

aggression in her interaction with others.

In summary, her early position in regard to aggression was initially one of poor control over aggressive impulses. At this initial stage, she attempted, unsuccessfully for the most part, to employ various defense mechanisms against her expressions of aggression. She projected blame for her aggressive acts onto others, used verbal means for outwitting and teasing, behaved in a sexually provocative and appealing manner and then practiced rejection, and drove her car offensively, thereby endangering herself and others. After the early crisis period occurring at the beginning of therapy, she was able to consciously exercise controls in certain areas, although her behavior still revealed fixation points characteristic of anal and phallic developmental levels.

CHAPTER VII

ASSESSMENT OF EGO & SUPEREGO DEVELOPMENT

The second component of the Adult Profile which will be explored is the state of Lynn's ego and superego development. In this chapter, along with assessment of ego/superego development, Mahler's separation-individuation concepts will be utilized as a means of describing Lynn's maturational level. As in the previous section, assessments will be made at the initial phase of treatment, and at successive stages of therapy over the two year period.

EGO FUNCTIONS

Lynn's ego functions were assessed as being intact. Her intellectual capacity and ability to think clearly were unimpaired. Her memory, speech, reality testing and body control were all excellent. In these areas she is on an adult level.

SOURCE OF ANXIETY

Lynn's anxiety stemmed from that part of the unconscious, the id, which is concerned with gratification of aggressive and libidinal drives. She also felt threatened by her outer world, such as her possible job loss and her alienation from family and friends. When Lynn started therapy,

the defenses which her ego had employed to help her cope with this anxiety, pain, and frustration, were not effective. She described feelings of low self-esteem, anger, abandonment and hopelessness.

SPLITTING

Discussion of Lynn's ego defenses will begin with consideration of her primitive defense mechanism of splitting. When Lynn first came into treatment, she used splitting as a means of expressing her non-integrated feelings of love and hate felt toward herself and others. In her feelings toward her mother, she could find nothing positive. She remembered the primary affect of her childhood as that of loneliness and anger. She recalled an incident illustrating her hunger for affection which occurred at four or five years of age, when she urgently demanded expressions of affection from the pediatrician who was examining her, much to his and her mother's anger and embarrassment.

She remembers that her mother heaped disapproval upon her during her childhood because she rejected M., the man who later became her step-father. Then, when Lynn eventually complied,

her mother reacted by viewing Lynn as a sexual rival. Later, during Lynn's adolescent years, mother, step-father and maternal grandmother's disapproval escalated as she began to actively express her libidinal urges through aggressive and sexual acting out behavior.

PROJECTION

During the early months of treatment, Lynn's feelings of loss and rage toward R., the man who had just rejected her, were profound. She was devastated by the narcissistic injury, and displaced and projected her feelings of mistrust and contempt of men, in general, onto R.

IDEALIZATION- THE "GOOD" OBJECT PART OF SPLITTING

Lynn initially idealized the therapist as the all good object, saw her as her rescuer, and was unable to consider any negative feelings toward her. Since her symptomatology at this early period contained many borderline characteristics, it was important for the therapist to be emotionally available and supportive in attitude, with only occasional risking of a cautious interpretation. This was to help Lynn maintain the therapist as the representation of the good mother. Toward the end of the

first year of therapy, it became increasingly possible to confront her with her behavior, and to offer interpretations without her experiencing overwhelming feelings of anger and loss of object love. This was encouraging in terms of ongoing diagnosis, since it suggested that the splitting mechanism was an exacerbated, regressive symptom experienced at a time of severe loss, but that Lynn's ego did demonstrate capability for eventually integrating the "good" and "bad" within one object.

Mahler describes this integrating capacity as occurring in the fourth sub-phase of the separation-individuation phase, which she refers to as the consolidation of individuality and beginnings of object constancy. As therapy has continued over the two year period, Lynn has shown signs of moving on developmentally to the level where she will be able to integrate the "good" and "bad" parts of the object, and, equally important, she is showing increasing signs of being able to seek emotional object constancy in her relationships with others, which Mahler describes as the capacity for not

rejecting or exchanging one love object for another if it can no longer provide satisfaction.¹

In the latter part of the first year of therapy, two examples gave indications of her increasing ability to repair splits in the object world. The first was her willingness to examine her aggressive role in driving away R., along with her increased awareness of some of his good qualities. The second instance concerned her association with L., a lawyer with whom she has maintained contact for several years. Although he did not respond favorably to her expressed wish for a deepening of their relationship, she was able to retain some positive feelings for him. Case material relating to this can be found in the Clinical Section, Example B.

Increased ability to repair splits in her self-representation is shown in a spontaneous observation she made about herself occurring early in the second year of treatment. She commented that she

¹Mahler, M. The Psychological Birth of the Human Infant, p. 110.

surprised herself one day by musing about her former hatred of her old name and the stodgy, traditional concept of herself that she connected with it. She found herself liking some of those old parts of herself. For instance, she has been thinking about herself in the future, in which she hoped her life would contain some conventional components such as marriage, a home, respect from her husband, etc. She went on to say that she also liked the more modern, sophisticated, worldly parts of herself. In summary, the defensive use of splitting has diminished as Lynn is proceeding on her way to object constancy.

DENIAL
AND
ACTING
OUT

An early defense mechanism employed by Lynn at the onset of treatment, was her flight into social and sexual activity, which afforded her the means for denying her feelings of depression and loneliness. She pursued social activities at clubs, bars and discotheques, where personal contacts were rapidly made and lost. She sometimes used drugs and alcohol as an additional way of warding off depressive feelings.

Lynn's use of denial was initially shown in her way of coping with her feelings of longing for her mother. Even when she was tearful, she would state emphatically that she was happy to be free of her oppressive, withholding mother and did not need her love or approval.

After a year in treatment, during which a recurring thread was the exploration of her feelings of longing for the unavailable mother, Lynn allowed herself to experience her sad, forlorn feelings rather than deny them. Although she was unaccustomed to spending quiet, lonely times by herself, she chose to do this, rather than deny her depression through manic, acting-out behavior, along with protestations of her self sufficiency.

EGO STRENGTHS

Some ego strengths were observable which were helpful in assessing Lynn's treatability. Even though

AWARENESS AND MOTIVATION

Lynn came to therapy in crisis, she did so because of her acute awareness of needing help, and her strong motivation for seeking it. In Lynn's case, she had known for at least five years that she and her family had needed help. When she requested this

numerous times during her adolescence, her mother refused, basing this refusal upon having had an unsatisfactory experience some years earlier at a child guidance clinic where she had gone with B. for a brief time. In addition, mother has become increasingly religious over the years, and has sought her own kind of emotional relief through prayer. Futhermore, this family, including Lynn, has an orientation toward witchcraft, and often uses the reading of Taro cards, palms, astrological charts, etc., as its means of securing guidance. When Lynn's crisis occurred, it provided the precipitating event which led her to seek psychotherapy for herself. She used her group medical plan as her first treatment source, and made contact with a staff psychologist there. Because of the manner in which Lynn presented herself to the psychologist, it became obvious that she had serious unmet dependency needs and her problems were chronic in nature. The psychologist therefore made the alternate suggestion for her to seek long term treatment elsewhere, instead of using the short

CAPACITY
FOR
JUDGMENT
AND SELF
RELIANCE

term program available through the medical plan. Lynn was able to grasp the reasonableness of this suggestion as well as the genuine interest and concern on the part of the psychologist. She was flexible enough to consider the merits of the proposal. She therefore made the choice of accepting a referral to an open-ended treatment source for which she was to be financially responsible. This was an indication of her capacity for utilizing good judgment and self-reliance.

CAPABILITY
FOR
SELF-
OBSERVATION

Another positive indicator that was noticeable over the first year in treatment was her capability for development of self-observation, plus some toleration for frustration and anxiety. This was illustrated during the first six months to a year in therapy when her job was endangered because of her aggressive, provocative attitude toward her male supervisor, as well as her poor work performance. She began to take note of her actions; she began to become her own "observing ego."

PERSISTENCE
AND
TENACITY

She showed she was able to persevere under considerable self-imposed and external pressures

which were both frustrating and anxiety-producing. This use of her tenacity and eagerness to learn about herself were hopeful signs.

Conversely, many incidents have been noted over the entire two years when this tenacity has been aggressively and hostilely expressed toward herself and others. This detrimental pattern is often illustrated in her habitual dealings with men when she persistently pursues them, even after they give her compelling indications of wanting to be left alone.

CAPACITY
FOR
SUBLIMATION

Another sign of ego strength is Lynn's capacity for sublimation. This capacity should be increasingly satisfying to Lynn as she is further able to neutralize her drive energy. She is open to seeking various ways to express and enjoy herself. She writes poetry and keeps a journal. She tries cooking and playing racquet ball, but quarrels with her partners and opponents. She has a sense of humor and a generally favorable attitude toward life.

SUPEREGO
STRUCTURE

In assessing Lynn's superego structure, the therapist again turned to Mahler. She points to beginnings of superego development as occurring

during the latter part of the rapprochement sub-phase, as well as during the fourth and final sub-phase, the consolidation of individuality and the beginnings of emotional object constancy. She describes these superego beginnings as originating when the child shows signs of internalizing parental demands.¹ The child becomes highly sensitive to approval and disapproval by the parent, and is afraid of losing the object's love.² Anna Freud describes a functioning superego as one that accepts and internalizes the existence of a governing norm in general.³

POSITIVE
INDICATIONS
CONTROL OF
AGGRESSIVE
IMPULSES

On the positive side, during the first six months to a year of her therapy, Lynn was able to control her aggressive impulses sufficiently to alter her behavior on the job so that she was removed from her termination status. Although this restraint

¹Mahler, M., The Psychological Birth of the Human Infant, p. 109.

²Ibid., p. 229.

³Freud, A., Normality & Pathology of Childhood: Assessments of Development, p. 183.

was connected with development of ego control over excessive drive activity, there was also a part which had to do with super-ego development. That was shown in her expressions of guilt concerning her childish, vindictive behavior toward her boss, even when he periodically made special efforts to work harmoniously with her. In the second year of therapy, she showed signs of developing the capacity for empathy, as illustrated in her considerate attitude and actions toward an older neighbor who is presently very ill.

EMPATHY

INADEQUATE COMPONENTS

In other ways, Lynn's superego development has shown various inadequate components. This correlates with earlier observations that many of her difficulties are fixated at the rapprochement subphase, or, in libidinal terms, at the anal and phallic phases. Since superego development is "the last agency to be formed in the process of structuralization,"¹ and is closely connected to the resolution of the oedipal conflict, we can,

¹Blanck, G. & R., Ego Psychology Theory & Practice, p. 177.

therefore, appropriately expect deficiencies in her superego development.

ATTITUDE ABOUT MONEY

An illustration of this can be made by discussing Lynn's attitude about money. During the first year and one half of therapy, she showed a stingy and punishing manner toward others with whom she had money dealings. She held people accountable to the last cent. She expected men to take her to only the most expensive places. She spent money very freely on herself, but had trouble paying her therapy bill. When periodic discussions of therapy fees occurred, interpretation of her transference of negative feelings from her mother onto the therapist, and her need to "withhold" money as punishment were turned aside as she, instead, spoke of her financial realities.¹ However, she always complied to the extent that she paid part of her bill. Further

INADEQUATE ETHICS

attitudes about money can be described by her somewhat unscrupulous dealings in her lawsuits

¹Blanck, G. & R., Ego Psychology Theory & Practice, p. 177.

connected with her two auto accidents, wherein she used these opportunities for optimum financial gain. Conversely, she became enraged at a cousin of hers from whom she had purchased a car, because she felt he had been unfair in the financial arrangements. She consequently sued him in small claims court. See Clinical Section, Example D, for discussion of some changes occurring about money after one and one half years in treatment.

SUMMARY OF EGO AND SUPEREGO DEVELOP- MENT

In summarizing Lynn's ego and superego development, it appears that at the onset of treatment, in time of crisis, her primary ego defenses were those of splitting the object world into "good" and "bad," projecting feelings of mistrust and aggressiveness onto others, and denying her feelings of loneliness through engaging in acting out behavior. Observable in the initial phase of therapy was her high degree of motivation and perseverance, as she set about seeking suitable therapy for herself in a most determined way. Over the succeeding eight to ten months, capacity for developing adequate judgment and self-reliance was noticed as well as capability

for increasing her capacity for self observation and sublimation. She showed growing capacity for tolerating the anxiety created by the therapist's object related interpretations. It was in the second half of the second year in therapy that she demonstrated beginning capacity for utilizing transference interpretations. See Clinical Section, Example E. for case related material.

Within the first six months to a year, Lynn's ego struggled to gain some control over self destructive behavior, because it observed the consequences to herself. These efforts consisted of giving up prostitution and drug use, along with development of some control over her aggression at work. However, her hostile, punishing attitude toward others continued to be demonstrated in her handling of money matters which were little influenced by ethical principles (superego). Under stress, Lynn's superego showed instability, as shown in Clinical Section, Example E. Her ego, therefore, is viewed as increasingly strong, but her superego is still undeveloped.

VIEWING
DEVELOP-
MENT IN
TERMS OF
INTERACTION
OR DRIVE,
EGO AND
OBJECT
RELATIONS
THEORIES

In order to describe the development of an individual in psychodynamic terms, it is important to view drive, ego/superego, and object relations development in terms of their interaction with each other. In Lynn's case, it has been essential to help her strengthen her ego, in order to help it cope with its libidinal and aggressive drives, as well as fulfill some of her libidinal needs, thereby reducing their strength and the aggression associated with their frustration. The therapist, as the good mother, attempted to be emotionally available, but also help her to individuate. Lynn, therefore, will not have to keep repeating the process of seeking satisfaction for her longings with other objects and her drive energy will be available to move ahead to the oedipal stage and to a higher level of object relations.¹

In summary, along with drive and ego/superego assessment, the use of Mahler's separation-individuation theory, which emphasizes object relations, has been built into this paper.

¹Blanck, G. & R., Ego Psychology Theory & Practices, p. 101.

CHAPTER VIII

ANSWERS TO MY CLINICAL QUESTION

THE VALUE OF A DEVELOPMENTAL APPROACH

The interweaving of the dynamics of the drive theory, ego/superego development, and separation-individuation concepts, enabled more skillful intervention in the ongoing diagnostic and treatment process. New information, examined from the perspectives of these theories, permitted reformulation and refinement of the tentative early dynamic diagnostic impressions, and evaluation and adjustment of the mode of therapy from more supportive to more interpretive.

The presenting picture of Lynn was that of a depressed, anxious, fragmented young woman. She had entered therapy immediately following the trauma of rejection by her boyfriend, R., with whom she felt she had made an attachment following several years of manic, acting out behavior. Initially, Lynn showed:

1. Destructive expressions of libidinal and aggressive drives, such as sexual acting out, and hostile, mistrustful, demeaning verbalizations and actions;

2. Use of lower level ego defenses such as splitting, projection, and denial;
3. Separation-individuation difficulties shown in angry, unfulfilled longings for maternal gratification with resultant inadequate capacities for establishing libidinal object constancy; and
4. Deficiencies revealed in superego development, such as weak principles concerning money and ethics.

In the beginning, this picture seemed to clearly indicate borderline personality structure. This meant that the therapist should be prepared for painstaking, lengthy availability in the necessary initial process of relationship building, because the borderline patient must first develop a feeling of safety and trust with his reliable, predictable therapist. Only then can he gradually move toward enhancement of his ego strength and capacity for establishing object relations, and begin to acquire the capability for tolerating interpretations of the meaning of his behavior and attitudes, without experiencing severe damage to his sense of self.¹

However, in the case of Lynn, during the first six months of treatment, it became evident that in spite of the initial clinical picture

¹Blanck, G. & R., Ego Psychology, Theory & Practice, pp. 338-339.

which looked so unfavorable, she was able to move forward to higher functioning. What could account for this? Several factors contributed, such as the hope inspired by entering treatment, and the maturational process which was taking place as she moved out of adolescence.

G. & R. Blanck describe this phase of life as the adolescent's "second chance" at separation-individuation. Since Lynn experienced early maturational difficulties occurring during the rapprochement subphase of the separation-individuation phase, it was particularly helpful developmentally during therapy, for her to establish a relationship with a "good object" (the nurturing therapist) during this "second round" of separation-individuation.¹

EXAMPLE A

The following example, occurring during the first six to eight months of treatment, will illustrate how careful exploration revealed greater capacity for ego development than originally expected. She showed that she was able to:

1. Express herself well verbally and tolerate the anxiety created by interpretation;

¹Blanck, G. & R., Ego Psychology, Theory and Practice, pp. 258-259.

2. Successfully employ some control over libidinal and aggressive drive activity; and
3. Give indications of capacity for working toward separation-individuation and development of libidinal object constancy.

During this first six months of my relationship with Lynn, she described homosexual feelings with strong aggressive components which were directed toward her friend, D. Lynn had invited this young woman to move into her house on a temporary basis, but expressed the hope to me that they would get along well together for a long time.

However, after only a month or six weeks, the two young women began to quarrel. This was because Lynn was attempting to manage and control D's life. D. responded to this with resentment, but, at the same time, took advantage of Lynn by refusing to pay her fair share of the household bills, by using Lynn's cosmetics, by being excessively untidy, etc. Lynn then demanded that D. leave. D. was not greatly upset by this request, since she was still able to turn to her boyfriend for moral and financial support. However, Lynn felt abandoned, lost, and exceedingly jealous of D.

Lynn began this particular hour by saying that D. promised to move out by the end of the month. She then described D.'s

dependent behavior toward Lynn and others, relating how D. managed to force others to take care of her. An excerpt from this hour follows:

Therapist: "You've told me before that D. is angry at her mother for refusing to take care of her, and now it sounds as if you believe D. is forcing you to take on the job."

Lynn: "You mean she's dumping her anger toward her mother on me, and I'm dumping my anger toward my mother on her!" Laughter--"Oh, swell" - pause - "But she gets other people to take care of her and (by contrast) I drive people away." Tears - "Oh, damn, could you believe I envy her? Everyone rushes to take care of her. She has a million friends--I have no friends--"

Therapist: "Your anger toward people is expressed very directly, so that it scares people away. I wonder if you sometimes might feel that you could be in danger of losing me, too, just like you lose others, if you sometimes were to express some of your anger toward me."

Lynn: "No, no, you are trying to help me. You explain to me. C. (a man at her work with whom she is friendly) says his therapist never explains, and in response to his questions only asks him what he thinks the answer should be."

(Therapist's thoughts--she can't deal with her negative feelings toward me.)

Therapist: "You've mentioned him so many times, as someone you share lots of thoughts and feelings with--he surely seems to be an example of a friend. Sometimes life is so painful, as yours is right now, that it's hard to think of any good aspects."

Lynn: "I just can't ever remember feeling like a happy little girl. I have always felt sad and worried and mistreated. Oh yes, I had a nice sitter when I was about 3--she played with me. My mother was too busy for me. B. (brother) was my 'father,' hitting and scaring me. M. (step-father) stayed out of my way or I stayed out of his."

Therapist: "So it was hard for you to feel good about yourself, and to feel loved by either mothers or fathers, men or women--"

Lynn: "My mother is a controlling bitch just like I
am--I don't want to be like her--"

In this short piece of process, as Lynn clarifies in her own words the therapist's interpretation regarding D.'s displacement of anger from the depriving mother onto others, she demonstrates her competent intellectual ability as well as her capacity for comprehending object related interpretations. When she speaks of her disturbing feelings of anger, aggression and envy, she shows a beginning awareness, and wish to control her excessive libidinal and aggressive drive activity. As she describes childhood feelings of loneliness, fears of abandonment, and anger toward others (the mother imago) she reveals the unfulfilled longing to be protected and loved, together with the resultant feelings of anger and abandonment when this was not experienced.

In consideration of her emotional position during these first six to eight months of treatment, the therapist felt it was important to help Lynn with the anxiety she was feeling about her homosexual feelings of love and aggression directed toward her friend D. This was done by cautious interpretation of her unmet longings for maternal love, at the same time using this opportunity for interpretation as a means of assessing her ego's capacity for making use of it. Here, as the diagnostic picture showed signs of change from

"lower level" to "higher level" symptomatology, so did the treatment procedure, to include the use of interpretation of object relations earlier than originally anticipated. Although a transference interpretation was offered, she was unable to utilize it at this stage of treatment, perhaps because she would be too fearful of the loss of the therapist, the "good object."

In summarizing her development level during this early phase of treatment, her psychosexual position can be described as having components of the oral phase, when the child seeks union with the mother, as well as the anal and phallic phases when the traumatized child primarily experiences explosive libidinal and aggressive feelings and fears of the loss of the love of the object. In terms of object relations theory, this correlates in time with Mahler's rapprochement subphase, when the child displays coercive, aggressive behavior directed toward the unavailable mother, alternating with signs of desperate clinging.¹

EXAMPLE B

The next example, occurring in the tenth month of therapy, is a further demonstration of understanding of drive, ego, and object

¹Mahler, Margaret, Psychological Birth of the Human Infant, p. 107.

relations frames of reference as the basis for making object related interpretations. These interpretations once more show in several ways the connections between diagnostic assessment and mode of intervention. As treatment proceeded, and Lynn seemed able to handle interpretations, the therapist's verbalizations became less cautious. It then became noticeable that Lynn was able to develop the therapist's interpretations in ways that were specifically clarifying for her.

The following illustration during the tenth month in therapy, will show that although the presenting picture was one of poor ego strength, some higher functioning of her ego became manifest. Lynn evidenced beginnings of capability for maintaining relationships with others, without reacting with rage and termination of contact when she could not be in control.

For two years prior to therapy, Lynn had maintained an ongoing contact with a man, L., whom she had originally picked up while strolling along X Avenue one day. In the beginning, she established an amiable, occasional, ongoing, sexual relationship with him, but as time went on, during the tenth month of treatment, she found herself increasingly interested in him as a person. She told him this, saying she also wanted him to learn to know her in the same way. While there were some resultant modifications in

his attitude and in the quality of their relationship after she discussed this with him, L. made it clear that their old status would essentially remain the same. The hour began:

Lynn: "L. promised to take me to a classy place for dinner last week, but he 'phoned to say he had changed his mind, and was too busy to spend more than a little while with me. I got the hint, and told him we would make it some other time. I was so disappointed."

Therapist: "You don't like the way he treats you--."

Lynn: "No. I've explained to him over and over that I don't want to be patronized. I want him to see me as I am today--a person with feelings for him, for myself, not "Hollywood Lynn." I am furious-- I'm not good enough for him--I don't live in _____ (a wealthy area), I'm not attending college, and I'm not Jewish."

Therapist: "You've made some changes, but he hasn't--."

Lynn: "He still sees me as fun and sexy, but he won't let me "into" his life. My urge is to call him up and tell him to get lost, to find someone else to fuck and then slam the phone."

Therapist: "And then what would happen? "

Lynn: "I would probably make him so angry that I'd never hear from him again, and I don't want that to happen. "

(Therapist's thought: Although in the future she may have to deal with that very realistic eventuality, at this moment she is attempting to control her aggression, so she can keep contact with him.)

Therapist: "So, what do you think you should do about this? "

Lynn: (laughing) "I think you would tell me to phone him and explain to him firmly how his attitude hurts me and makes me so mad! --But he doesn't really hear me or see me--He doesn't even notice the difference in the way I try to talk to him, or in my way of dressing--. "

(Therapist's thought: She is trying to internalize my attitudes and concepts by "putting the brakes" on her libidinal and aggressive drive activity, but finds this hard to do.)

Therapist: "You feel he is depriving you of the love and acceptance you want. It reminds me of the time you finally decided to love your step-father,

and instead of everything turning out all right,
your mother decided you were seducing him and
then both of them turned you away."

Lynn: "But L. is not really such a bad guy, by any
means. After all, he's been helpful to me
and he has never been rough or crude with me."

In the above example, Lynn's struggle with control of her
destructive urges is observable. Also noted is her growing attempts
to heal the splits of the object world, as she tries to retain some good
feelings for L., regardless of the fact that she was hurt, angry, and
disappointed.

In this next illustration, we can see that Lynn continued to express
feelings of anger and loss during the first year in therapy. Over this
period of time, the therapist helped Lynn further explore and deepen
her understanding of her relationship with her mother. In the beginning
months of therapy, and intermittently, but less frequently over the
year's time, her coping methods were self-defeating. She was very
distressed about engaging in acting-out, destructive behavior, directed
both inwardly and outwardly. She displaced her anger outwardly from
her non-nurturing mother onto all persons in her environment who
could not love her enough, at the same time punished herself by
driving them away. As the year progressed, Lynn gradually became

better able to make connections between her childhood feelings and the adult repetitious, destructive manic patterns.

EXAMPLE C

The following episode occurred one year after therapy began, and is an illustration of Lynn's extreme anger, as well as her growing awareness of her depressive feelings, their origins and meanings.

Lynn: "Well, I finally bought a car--my mother came through, and actually drove me around to help me find one. Last week when we left here, Mother was upset because I was going for therapy--to her it means she wasn't a good mother--she felt that way when B. thought about seeking therapy--she discouraged him--she lives in this fantasy that he is all right and I am, too. I try to reassure her that it's good that I have the guts to go for help, and that one out of two of her kids, at least, might make it okay. I have to be the mother, and she's the child that I'm reassuring--I have to be the mommy--remember last week when I had the memory of my mother driving us a long way to visit my father and his wife one weekend? I asked her how far away it was, it was only from

our apartment to T. --about 10 minutes drive--
(laughing ironically). It seemed so far to me,
like I was leaving my mother forever--I dreaded
going and was miserable the whole weekend.
Mother tells me she had dressed us up and sent
us there in hopes my father's wife would like us
enough to keep us--she was sick of us--wanted to be
free. She only got pregnant with me as a way of
trying to hold onto my father. She got him drunk
and tricked him into having intercourse. It only
made him run out on her even more, and then
he left her when I was just a baby. She never
wanted me--she wanted him. She was so emotional
last week telling me all of this--crying like a
baby--I would have thought after all of the years
and her own therapy (when I was little) she wouldn't
care so much. She blames herself for not trying
to understand him--can you imagine? She's mad
at me for hating him. It's the same guilt trip she
lays on me that my grandmother lays on her--my
mother blames me for everything--B. can do no
wrong. He used to hit me, make fun of me, order

me around and I was always blamed. She blames me for not allowing B. and his raunchy friends to come into my house, destroy my property, eat my food, use my telephone. I hope when B. comes back (he hitchhiked to Oregon recently) this house will have disappeared." (Laughter. The freeway will be coming through the property).

Therapist: "Your mother seems to associate you with so much that is bad--especially the loss of your father, and your very existence which required her to take care of you."

Lynn: "I was always with babysitters--lonely, lonely. (tears) B. would drive away any friends I might make. We were very poor and my father (who is an engineer) refused to send us any money. We lived in federal housing. I used to stay with sitters, neighbors--anyone who would take care of me, when my mother went to work or out on a date. She went with my step-father for seven years before marrying him. He married her, not us. He was stuck with us. We came with the marriage, but

he wasn't obligated to take care of us. The one time I finally showed him affection, my mother blamed me--the little Lolita--she still tells me I use sex to get what I want, which is an insult--she does not understand how I separate sex for pleasure when I never make demands, from sex as a business. I never use guys. I never took a thing from R. I still miss him--God, I'm depressed."

Therapist: "You have usually avoided your depressive, lost angry feelings by "running." Now, you're allowing yourself to experience the feelings, and it's very painful."

Lynn: "Before I leave, I brought you some of my poems."

In this episode, object relations interpretations were focused upon Lynn's longings for tenderness, and feelings of abandonment and futility. She also refers to something more explicitly dealt with over the year's time, namely, the use of her sexuality as a means of gratifying her unmet yearnings for maternal love. As Lynn's ego made headway in its capacity for acquiring insight, the therapist's interventions became increasingly interpretive.

EXAMPLE D

The following episode occurring during the seventeenth month of therapy, is concerned with Lynn's changing attitude about money. This is an important treatment issue which illustrates forward movement along with threatened regression. During the first year of therapy, it was noticeable that Lynn exercised little restraint in the spending of money on her clothing and entertainment, although she was penny-pinching and grudging toward others concerning money matters. This included the payment of her therapy bill. Several earlier interpretations of negative transference feelings from her mother onto the therapist as expressions of the angry child's anal need to withhold money as punishment to the depriving mother figure, were not utilized. Now, during the seventeenth month of therapy, Lynn came to her appointment in a very distraught, agitated, fearful mood. She had come to the realization that she had severely over-extended herself financially through the reckless use of her credit cards and, moreover, her therapy bill was now past due. Again, theories were utilized as aids in interpretations regarding handling of transference and object relationships.

Lynn: "I just cut up all my credit cards, because I'm
worried sick about paying my bills."

Therapist: "Your bill to me is part of that worry?"

Lynn: "Oh, I know you won't cut me off, but I'm beginning to be desperate about all of the money I owe. You know, I almost feel like hooking again--."

Therapist: "Guess you must be worried about losing me, -and are plenty angry that I have so much control over your life."

Lynn: "How can I be angry at you?"

Therapist: "Maybe you feel I'm like a mother holding the purse strings, saying 'pay me or you'll lose me'--."

Lynn: "I'm not aware of being angry toward you. You are my life-line."

(Therapist's thought: Lynn still can't tolerate any bad feelings about me. Therefore, the choice was made to support her ego at a successful point of her development,¹ rather than interpret her recurrent fear of the loss of the object's love.)

Therapist: "It's been very hard for you to have taken care of yourself from such an early age. Although I know you're proud of your independence, I also

¹ Blanck, G. & R, Ego Psychology, Theory & Practice, p. 177.

know you often would like to have someone take
care of you, for a change--."

Lynn: (tears) "I'm getting a second job selling flowers
at the discos three nights a week--that will
help--."

(Again, the therapist's thought was to continue to be supportive
of her search for ways of coping with her problem, which would be in
the interest of strengthening her ego, as well as acting in the service
of her superego as related to development of reliability and responsi-
bility concerning money.)

Therapist: "Good for you. What else? Any overtime needed
on your regular job?"

Lynn: "No. I thought of borrowing from a loan company,
but their interest rates are sky high."

Therapist: "How about your credit union?"

Lynn: "Never thought of it. I'll look into it."

In this brief piece, Lynn's concerns about money were tied up
with expressions of the aggressive and withholding characteristics
of the anal and phallic period, as well as with fears of losing the
nurturing therapist, toward whom she was unable to express

aggression. This threat of loss forced her to consider regressive, self destructive means of expressing aggression. When transference interpretation was not effective, support to the stronger, coping part of her ego, as well as support to her maturing, legitimate concerns about handling money matters was offered.

At this period in treatment, Lynn gave some evidence of advancing in that part of superego development related to internalizing a realistic, responsible attitude about her obligations. Already exceedingly anxious about her money situation, she became frightened at the prospect of loss of the object's love (the nurturing mother-therapist) when a transference interpretation was offered about the unconscious dynamics of her attitude regarding owing money to the therapist.

Therefore, what we observe here is some forward movement, as well as some threatened regression under stress. It is obvious that Lynn's ego's progression toward object constancy is very susceptible to threats of loss of object love, and that transference interpretations of this are frightening to her. The therapist recognized both her inability to employ this interpretation and her threatened regression. Therefore, a "more supportive" rather than a "more interpretive" response was made to her at that moment.

EXAMPLE E

A final example concerns a transference interpretation occurring in the twentieth month of therapy which was accepted. Lynn had just attended a wedding of a cousin, at which her maternal grandmother was present. She and grandmother had not spoken to one another for about one and one half years, following grandmother's refusal to lend Lynn money with which to buy a car. While at the wedding, Lynn was pleased because she had conducted herself in a non-provocative manner toward grandmother, thereby avoiding the possibility of creating tension on a happy occasion. Nevertheless, she afterwards felt depressed and lonely as well as envious toward the bride, and these feelings carried over to our next hour together.

Lynn: (jokingly) "Why can't you make me feel better, when I'm making all of these changes? I feel like I'm starving."

Therapist: "Maybe you feel I'm depriving you of comfort when you need it in the same way as your mother has done--."

Lynn: (tears, anger, and disappointment in her voice)
"No, it's okay--(pause) Well, I feel that way just a little. I guess I can't expect you to

work magic to make things okay--But, I am very lonely, and you don't help, except for this one hour. "

Therapist: "You mention the 'magic'--A very lonely part of growing up is letting go of the fantasy that a loving mother can always make everything all right. "

Lynn: (responding with laughter, and referring back to our ongoing work regarding her persistent yearning for the fantasized 'knight in shining armor. ') "Oh, so you can't find me a new boyfriend? I think I can handle that!"

The above instance illustrates that Lynn is moving along in therapy. She is developing the capacity for toleration of transference interpretations of anger and loss from her mother to the therapist. She is continuing to develop the capacity for unifying the "good" and "bad" parts, or love and hate within one object. She is proceeding on the way toward separation-individuation.

In summary, the therapist has shown that the examination of the case material from the perspectives of the drive theory, ego-superego development and separation-individuation (object relations)

concepts, has enabled her to intervene more skillfully in the ongoing diagnostic and treatment process. As new information has become available, and as progress in treatment has occurred, reformulation and refinement of early diagnostic impressions have become possible, as well as changes in the mode of treatment from more supportive to more interpretive.

CHAPTER IX

CLOSING STATEMENT

I have shown that the use of the several theories of development, applied to a case, have facilitated my ability to diagnose and treat. My diagnostic outline can be referred to, time and again, as the patient goes along in treatment and the diagnostic picture changes.

The structure of my outline was based upon the following: First, I used the Adult Profile, in which drive and ego/superego development are assessed. In addition, my outline incorporated Mahler's separation-individuation (object relations) theory.

After I established the structure, I presented the theoretical material. I then introduced the case history and background which gave the initial picture of the young woman, Lynn. Next, I applied the theory to her developmental profile at the time of entrance into therapy, and at designated times during the two year process covered in this paper. Finally, I chose a number of case examples ranging from early in the treatment process to later, as illustrations and explanations of the application of object relationship and transference interpretations, always combining the use of the several theories.

In summarizing Lynn's developmental position, we can first assess her personality at the time of initial contact when she was experiencing a crisis in her life. At that early point, I saw her emotional level as having many borderline characteristics. Libidinal and aggressive drive activity was excessive and destructive. She experienced ambivalent wishes for dependent love, typical of the oral level, and hostile control, characteristic of the anal level, as well as the rapprochement sub-phase of the separation-individuation phase. Lynn's use of the lower level defenses of splitting the object world, projection of aggression onto others, denying, and acting-out, all seemed to present evidence of borderline development.

However, this borderline description did not take into consideration an important dimension of the total picture, namely, that Lynn was chronologically in her late adolescence. This meant that in addition to her early pre-oedipal developmental deficits, her ego was struggling with present expressions of libidinal and aggressive forces which are so powerful during adolescence. The ego's attempt to adapt to these unaccustomed instincts, creates anxieties and instabilities which often make the adolescent appear to be quite chaotic,¹ as Lynn appeared at the beginning of treatment.

¹Fenischel, Otto, M. D. The Psychoanalytic Theory of Neurosis, pp. 110-113.

Another important factor which contributed to the initial borderline picture, was that Lynn's precipitating crisis at the time of entering therapy, her loss of the boyfriend R., caused her ego's defenses to show marked regression to lower levels.

Therefore, the borderline picture was tempered by these ameliorating factors, and there were encouraging signs in her ego development which pointed to higher level capacities. When interpretations of object relations were offered, she was able to tolerate this. She could employ some control over libidinal and aggressive drive activity. She gave indications of capacity for working toward separation-individuation and development of libidinal object constancy.

Although her initial position, when threats of separation and loss were extreme, was regressed to oral-anal-rapprochement-separation individuation points of development with pathology of object relations, she showed capacity to move along to phallic-oedipal stages with development of object constancy.

As a treatment goal, I hope she can become less vulnerable to regression, and consistently able to function on a higher level. She is still being seen in treatment.

Finally, it seems appropriate to offer the reader the observation of Gertrude and Rubin Blanck, that diagnosis in psychotherapy is a process continuing throughout the course of treatment. They emphasize this by stating that one way of describing the purpose of treatment is to change the diagnosis.¹ I take the position that both structurally and theoretically, my outline can be used as a basis for continually revising the diagnostic picture and treatment procedure.

¹ Blanck, G. & R. Ego Psychology, Theory & Practice, p. 97.

APPENDIX

METAPSYCHOLOGICAL ASSESSMENT OF THE ADULT PERSONALITY

ADULT PROFILE

(State the material on which the Profile is based.)

I. REASON FOR REFERRAL

Symptoms, anxieties, inhibitions, difficulties, abnormalities, breakdowns in functioning, acting out in the environment, inability to fulfill inherent potentialities, arrests in development leading to faulty ego and superego structualization, etc.

An attempt is to be made, where possible, to distinguish between the manifest and the latent reasons for which the patient seeks help.

II. DESCRIPTION OF THE PATIENT AS DIRECTLY OR INDIRECTLY CONVEYED IN THE INTERVIEW

Personal appearance, moods, manner, affects, attitudes, etc.

III. FAMILY BACKGROUND (PAST AND PRESENT) AND PERSONAL HISTORY (As provided by patient or derived from other sources.)

IV. POSSIBLY SIGNIFICANT ENVIRONMENTAL CIRCUMSTANCES

(Interviewer's as well as patient's evaluation where available:)

- (a) in relation to the timing of referral;
- (b) in relation to the over-all causation of the disturbances as evaluated by the patient himself as well as by the interviewer;

- (c) in relation to the links between individual and family pathology and their interaction.

V. ASSESSMENT OF DRIVE AND EGO-SUPEREGO POSITIONS

A. The Drives

1. Libido--Examine and state

(a) Libidinal Position

Describe the present libidinal position of the patient against the ideal normal position that he should have reached. Ideally, for women, a passive feminine position; for men, an active masculine one, with no more than the normal admixture in terms of bisexuality. At the time of assessment it is important to determine if the highest level has ever been reached, if it is being maintained, or if it has been abandoned regressively for an earlier one. Where the adult position has not been reached, it is important to assess the quality and quantity of interference contributed by previous phases.

(b) Libido Distribution

(i) Cathexis of the Self

whether the self is cathected, and whether there is sufficient narcissism (primary and secondary), invested in the body, the ego, or the superego, to ensure regard for the self, self-esteem, a sense of well-being, without leading to over-estimation of the self. If possible, consider the regulation of narcissism; note whether this is brought about through identification, object dependence, magical means, work, etc. In the adult some information in relation to the cathexis of the self can be obtained in areas such as the patient's personal appearance, clothes, etc. (while the child's appearance in this respect reflects the adult's attitude toward him).

(ii) Cathexis of Objects (past and present; animate and inanimate)

The disturbances observed here should be described from the point of view of their predominant origin in one of the following phases: narcissistic, need-fulfilling, object constancy, preoedipal, oedipal, posteoedipal, adolescence. As in previous sections evaluation should start at the highest level, i. e., at the level where the objects are considered and treated as partners in their own right. State:

- whether the individual in question has been able to choose his or her sexual partner and how far his object needs are met by the partner;
- whether the attitude necessary for motherhood and fatherhood has been achieved and on what level;
- whether and how far the infantile oedipal relationships have been outgrown or still dominate the picture;
- what part is played by other human relationships such as friendships, alliance to groups, or their avoidance, working relationships, etc.:
- above all, what part is played on the one hand by heterosexual object cathexes and on the other hand by homosexual object cathexes;
- whether too much libido is withdrawn from the real object world and sexual satisfaction sought in masturbation (accompanied by object-directed fantasies);
- whether and how deeply the individual is attached to objects which serve as substitutes for or extensions of ties with other human beings such as animals, property, money, etc.

2. Aggression

Note to what degree aggression is under control while being at the service of the personality in sexual life, work, and sublimatory activities.

Examine the defenses against aggression for relevant information. Aggression thus has to be assessed:

- (a) according to quantity, i. e., presence or absence in the manifest picture;
- (b) according to quality, i. e., correspondence with a given libidinal position;
- (c) according to the direction or distribution, i. e., toward the object world (within or outside the family) or the self or both. In the latter case, state whether directed to the body or through the superego to the ego;
- (d) according to the methods and defense activity used in dealing with it.

B. Ego and Superego

- (a) Examine and state the intactness or defects of ego apparatus serving perception, memory, motility, etc.
- (b) Examine and state in detail the intactness, or otherwise, of ego functions, as they are at present (memory, reality testing, synthesis, control of motility, speech, secondary-thought processes, etc.). If possible, compare the present state of ego functions with functioning before the onset of the disturbance.
- (c) Examine and state whether danger is experienced by the ego as coming from the external world, the id, or the superego, and whether consequently anxiety is felt predominantly in terms of fear of annihilation, separation anxiety, fear of loss of love, castration fear, guilt, etc.

- (d) Examine in detail the status of the defense organization and consider:
- whether defense is employed specifically against individual drives, affects, and anxieties (to be identified here) or more generally against drive activity and instinctual pleasure as such;
 - whether the patient's defense organization is mature, i. e., dependent on his own superego structure;
 - whether it has remained immature, or regressed to pre-superego stages, i. e., whether id control is dependent on the object world;
 - whether the defense mechanisms predominantly used are archais or of a higher order (for example, denial, projection versus reaction formation, sublimation);
 - whether defense is balanced, i. e., whether the ego has as its disposal the use of many of the important mechanisms or is restricted to the excessive use of specific and primitive ones.
 - whether defense is effective, especially in its dealing with anxiety, whether it results in equilibrium or disequilibrium, lability, mobility, rigidity, or symptom formation within the structure.
- (e) Note all secondary interferences of defense activity with ego functioning, i. e., the price paid by the individual for the upkeep of the defense organization.
- (f) Examine the status of the superego with regard to:
- its degree of structuralization (arrested, faulty, mature, etc.);
 - its sources (where obvious);
 - its functions (critical, aim- and direction-giving, satisfying);
 - its effectiveness (in relation to ego and id);

- its stability (under the impact of internal and external pressure);
- the degree of its secondary sexual or aggressive involvement (in masochism, in melancholia, etc.).

C (A+B). Reaction of the total personality to Specific Life Situations, Demands, Tasks, Opportunities, etc.

Drive and ego development that were viewed separately for purposes of investigation in the earlier sections of the Profile are here seen in interaction with each other, as well as in reaction to specific situations, such as: the totality of the patient's attitude to his sex life; his success or failure in work; attitude to social and community responsibilities; his disturbed or undisturbed capacity for enjoying companionship, social relationships, and the ordinary pleasures of life; his vulnerability and ability or failure to withstand disappointments, losses, misfortunes, fateful events, environmental changes of all kinds, etc.

VI. Assessment of Fixation Points and Regressions

As character disturbances, neuroses, and some psychotic disturbances--in contradistinction to the atypical personalities--are assumed to be based on fixations at various early levels and on drive regressions to them, the location of these points is one of the vital concerns of the diagnostician. At the time of initial diagnosis such areas are betrayed:

- (a) by the type of the individual's object relationships, the type of drive activity, and the influence of these on type of ego performance in cases where these are manifestly below adult level;
- (b) by certain forms of manifest behavior which are characteristic of the given patient and allow conclusions to be drawn about the underlying id processes which have undergone repression and modification but have left an unmistakable imprint. The best example is the overt obsessional character where cleanliness, orderliness, punctuality, withholding and hoarding, doubt, indecision, slowing up, etc., betray the special difficulty experienced by the patient when coping with the impulses of the anal-sadistic phase, i. e., a fixation

at that phase. Similarly, other character formations or attitudes betray fixation points at other levels or in other areas. Unrealistic concerns for health, safety of the marital partner, children, parents or siblings show a special difficulty of coping with death wishes; fear of medicines, food fads, etc., point to defense against oral fantasies; shyness to defense against exhibitionism, etc.;

- (c) by the patient's fantasy activity. Some adult patients may occasionally be more willing than children to communicate some of their fantasy life at the diagnostic stage. Personality tests may reveal more of it (during analysis the patient's conscious and unconscious fantasy provides, of course, the fullest information about the pathogenically important parts of his developmental history);
- (d) by those items in the symptomatology where the relations between surface and depth are firmly established, not open to variation, and well known to the diagnostician (such as the symptoms of the obsessional neurosis with their known fixation points); in contrast, symptoms with multiple causation such as anxiety attacks, insomnia, vomiting, some forms of headaches, etc., convey no clear genetic information at the diagnostic stage.

VII. Assessment of Conflicts

By examining the conflicts which are predominant in an individual's personality, assessment can be made of

- the level of maturity, i. e., the relative independence of the patient's personality structure;
- the severity of disturbance, if any;
- the intensity of therapy needed for alleviation or removal of the disturbance.

According to quality, conflicts, which should be described in detail, may be graded as follows:

(a) External Conflicts

In the adult direct clashes between id and external demands occur only where ego and superego development are defective. Conflicts between the total personality and the environment (refusal to adapt to, creative attempts to modify the environment) can occur at any stage after adolescence and are not pathogenic.

(b) Internalized Conflicts

In the fully structured mature adult, disharmonies between instinctual wishes and external demands are mediated via ego and superego and appear as internalized conflicts. Occasionally such conflicts are externalized and appear in the guise of conflicts with the environment.

(c) Internal Conflicts between insufficiently fused or incompatible drive representatives (such as unsolved ambivalence, activity versus passivity, masculinity versus femininity, etc.).

VIII. ASSESSMENT OF SOME GENERAL CHARACTERISTICS WITH A BEARING ON THE NEED FOR ANALYTIC THERAPY AND THE ABILITY TO PROFIT FROM IT

An all-round metapsychological view of the patient will assist the analyst in assessing on the one hand the patient's need for internal change, and on the other hand his chances to effect this in psycho-analytic treatment.

As regards the need for internal change the following points may be considered relevant:

- whether the patient's id and ego agencies have been separated off from each other too completely by excessive use of repression, and whether better communication needs to be established between them;
- whether the ego's sphere of influence has been restricted unduly by the defenses and needs to be enlarged;

- whether ego mastery over the impulses is weakened for other than defensive reasons (ego defects, psychotic core, etc.) and whether improvement will depend in the first instance on the strengthening effect that therapy has on the ego resources;
- whether the superego structure is archaic and, through analysis of its sources, needs to be replaced by a more mature one;
- whether the libidinal and aggressive energies or only libido or aggression are bound up in counter cathexes, conflicts, and symptom formation, and need to be released for constructive use.

The following characteristics, attitudes, and circumstances seem of relevance to either a positive or negative reaction to analytic therapy:

On the positive side:

- whether there is insight into the detrimental nature of the pathology, including the desire to be cured;
- whether there is ability for self-observation, self-criticism, and capacity to think and verbalize;
- whether the patient has a sufficiently high level of object relationship and a sufficient quantity of free object libido to establish a meaningful transference relationship to the analyst, and whether this relationship will serve also as a treatment alliance and withstand all the ups and downs of the resistances;
- whether there is enough frustration tolerance to cope with the necessary restrictions on wish fulfillment in the transference setting;
- whether there is enough tension tolerance to cope with the additional anxiety likely to be released by exposing conflicts and weakening defenses during the analytic process;
- whether the patient has on previous occasions shown ability to persevere in the face of difficulties;
- whether there are (past or present) areas of established sublimations which attest to the patient's capacity to displace and neutralize energies and to accept substitute satisfactions;

- whether in the absence of established sublimations there is evidence of a sublimation potential which has been interfered with by pathology;
- whether there is flexibility of libido (as contrasted with adhesiveness);
- whether there is a positive, optimistic general outlook on life (as contrasted with a crippling pessimism).

On the negative side:

- whether there is dangerously low tolerance for frustration and anxiety, coupled with the unwillingness to renounce secondary gains of the pathology;
- whether the patient's pathology is part of a pathological family or professional setting and cannot be altered without causing major upheavals and breakups in the external life situation;
- whether there are extreme self-punishing, self-destructive, and masochistic attitudes that are satisfied through the pathology and oppose improvements, i.e., which cause negative therapeutic reactions.

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