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Psychic retreats: a clinical illustration[1]

In this chapter I will present clinical material from a patient (Mrs A) in a relatively stuck analysis in order to illustrate the function of psychic retreats in the to and fro of analytic work. One of the chief technical problems with this patient was her silence, which often extended for most of the session and indeed for several sessions. Despite this there were periods when she was more free, and she was sometimes able to bring dreams and other material which helped me to understand her experience in the stuck periods. Both in her everyday life and in the sessions she was able to make transient contact which enabled some progress to occur, but it was frequently cut short in an abrupt and violent way.

I will illustrate how it was possible to observe a withdrawal to a refuge where the patient was relatively free from anxiety but where development was minimal. The withdrawal protected the patient from contact and the history suggested that it had functioned in that way for many years. Shortly before she began analysis the defensive organization which gave rise to the retreat had broken down and periods of panic and persecution ensued which led her to seek treatment. Once in analysis she used the treatment and the relationship with the analyst to re-create the retreat. This provided relief from the panic but re-established the rigid defensive organization.

The patient's silence seemed to mark those periods when she retreated out of contact. For a long time it was idealized and served as a position of strength from which she could mock and denigrate the analysis. She effectively projected the desire to make contact into me and would watch as I struggled with my uncertainty about how to

1 This chapter is based on some of the ideas and the clinical material previously published in Steiner (1987).

react. It seemed wrong for me to remain silent, but attempts to reach her were mostly ineffective. If I was patient I could make a tentative contact from time to time and was then sometimes able to follow the patient and stay in touch, until something would go wrong and she would abruptly withdraw.

Although the withdrawal appeared to break contact with the analyst, a closer consideration of what happened revealed that the withdrawal in fact established a different type of interaction which was by no means less intense. This pathological type of contact involved an intense sado-masochistic interaction between patient and analyst and was characteristic of the way she functioned in the retreat. Although in many ways distressing and even persecuting to her, it served to protect the patient from 'real contact' which would put her in touch with psychic reality.

The patient's dreams and reports of her phantasy life provided information about the nature of the retreat she withdrew to and revealed its protective function. It was sometimes possible to follow the movements in the session and to link these with the images she brought in dreams and other material. This gave an idea of the nature of the anxiety she faced, which varied. For much of the analysis, especially in the beginning, the anxiety was that associated with panic, fragmentation, depersonalization, and persecution. Later, however, there were hints that she also feared depressive pain. The retreat then served to avoid contact with loss, guilt, and other anxieties associated with the depressive position.

Sometimes she gave the impression that the retreat was held onto and used for reasons other than protection from anxiety and pain. There was often a perverse flavour to the interaction, and cruelty was prominent at these times. There was also an addictive quality, as if the retreat was being used to give gratification, and any progress that had been made was kept secret in order that adherence to the retreat could be justified.

The patient was often difficult to understand, and it was not easy to assess the nature of her anxiety or to know whether I was working well or badly; this was particularly so at those times when she would make contact and then abruptly withdraw as if she had been shocked or hurt by me.

History

The patient was an attractive, recently married woman in her twenties who had dropped out of university and who tended to develop

withdrawn states when she would take to her bed and do nothing except read novels endlessly. When she was still a baby, her family had escaped from a country where they experienced political persecution. They were occasionally able to return to visit her grandmother, and these visits and the border crossings they entailed were especially anxious times for her.

She sought treatment because of attacks of incapacitating anxiety, at first associated with major decisions such as whether she should stay in England, or whether she should let her future husband move into her flat when, at that time, he did not intend to marry her. They would also occur when she got involved in long discussions on existential themes, which resulted in panic when she realized that she saw no meaning in life. She would find herself trembling, would feel her surroundings recede and become distant, and found that she could not make contact with people because a diffuse barrier came between them. When her husband agreed to marry her the anxiety lessened but would reappear periodically – for example, once when she lost a locket containing a piece of his hair. In addition, she suffered from a specific fear of being poisoned from tinned food which she would become convinced had been contaminated. Even between anxiety attacks she was preoccupied with pollution and poisoning, and had terrifying dreams in which, for example, radioactivity produced a kind of living death and people became automata. A fascination with deadness and aridity was linked to a preoccupation with the Sahara Desert which she had visited and to which she planned to return on an expedition when her treatment was over.

Behaviour in the sessions

A central feature of the analysis was the fact that she was a silent patient – in fact, often silent for the greater part of the session for months on end. She would begin with a long silence or a comment such as, 'Nothing has happened', or 'It is going to be another silent session'. Occasionally she would give an explanation and, for example, say, 'I sort things out into what I could say and what I couldn't say, and the things I could say are not worth saying'. Very often there was a mocking, teasing quality, usually accompanied by a sulky little girl voice. 'I felt totally misunderstood yesterday and I am not going to say anything today, so there!' Or she might admit that she said to herself, 'Don't show anything to him unless you have thought it all out so he cannot find fault with it', or 'Don't say anything to him unless you are sure you can win the argument'. The silence might turn into a game in

which she would alternate between starting a session herself or making me start, or she might gamble on how long she would have to wait before I spoke. During the silence she often thought of herself as sunbathing on a desert island, and she acknowledged that she enjoyed these games and their accompanying fantasies. The most prominent mood was of a smiling indifference, a kind of nonchalance and a playful lack of concern in which the difficulties of the analysis and indeed the realities of life going on around her were *my* problem. This sometimes made me feel exploited and put upon as if I had colluded with the notion that I should care more about her analysis than she did. At other times I was provoked to interpret her lack of concern in a critical way, as if I was trying to persuade her to become more caring because I was unwilling to take on the responsibility.

At the same time there was a deadly seriousness about her analysis, and she was rarely late and almost never missed a session. On one occasion, when I had let a silence go on for longer than usual, she began to weep silently, and when I asked her what she was thinking I was told a tragic story about a girl who had taken an overdose and was left to die because nobody came until it was too late.

As she lay on the couch, the patient would move her hands restlessly and incessantly. She would pick at her fingernails in a jerky and irritating way, or pull threads out of a bandage or out of her clothing or play with her sleeve or her buttons. For a time she found it hard to resist picking at the wallpaper next to the couch, where there was a small raised piece at an edge which she longed to pull off. Most often she played with her long hair, pulling down a bunch as if milking it, teasing out individual hairs, making patterns with them, twisting them and then milking them free again. I was reminded of Freud's statement in the Dora case that, 'no mortal can keep a secret. If his lips are silent, he chatters with his finger tips' (1905a), but for the most part I could not understand the factors behind her silence or the meaning of the hand movements.

She would say that she had a large number of thoughts which she could not string together, and this suggested a fragmentation of her thoughts. However, it was also clear that something active, teasing, and pleasurable was going on. The overall atmosphere was one of long periods of deadness and aridity in which no development was discernible.

On the basis of the history and the description of the patient's general behaviour it is possible to put forward the idea that she retreated to a refuge which protected her from contact and which was represented by her image of a desert island where she could sunbathe and leave the responsibility for the analysis to me. The feeling of aridity

and deadness associated with this state was well represented by the preoccupation with sand and her love of deserts, and it was important to her that she should learn to cope with conditions where life could barely survive.

Sometimes the refuge appeared to break down and the anxiety emerged in the form of attacks of panic. This was the case before the analysis began, and the initial rapid improvement as she began treatment resulted from the re-establishment of a refuge, now using the analyst and the analysis as part of the defensive organization. For the most part the panic appeared to involve a fear of disintegration or a paranoid fear of being poisoned. Later, as we shall see, the refuge was utilized as a protection against depressive feelings as well.

Material from a session

She began a session some two years into the analysis, by hunting in her bag for her cheque which she eventually gave me, and which I noticed she had filled in wrongly, forgetting the figures.

She then spoke after only a short silence to tell me a dream in which she had invited a young couple for a meal and then realized that she had run out of something, probably wine or food. Her husband and the friends went out to get the provisions while she waited at home. When they returned they brought the girl back on a stretcher and explained that she had been cut through at the waist and had no lower half. The girl was not upset but smiled and later went off on crutches. The patient asked her husband to take her to show her where it had happened. He did this and explained how a car had hit her from behind and cut her in two.

It was a relief to have a dream instead of the silence, and I interpreted that the dream itself might represent provisions for the analysis, as if she realized that we had run out of material to work with. The girl in the dream had been violently attacked when she went out for the provisions, and I suggested that she might be afraid that something similar would happen to her if she brought material for analysis. Perhaps, I added, she was less afraid of being attacked now and could express a wish to understand these fears, represented in the dream by the request to find out how the accident had happened.

She was attentive and nodded as if she understood what I meant, and this led me to go on a little later and try to link the dream with her experience at the beginning of the session when she was hunting for her cheque. I suggested that she might be divided in her feelings about

paying me, having brought the cheque and then losing it in her handbag, and also by filling it in incompletely.

There was a sharp change of mood and the patient became flippant, saying that if that was the case she could put it right immediately because she had a pen with her, and she did not want me to have anything I could use in evidence against her. It felt as if the contact with her had been abruptly cut off. She now seemed to feel that I had caught her out and was making a fuss, using her mistake with the cheque to put pressure on her to admit her ambivalence and to talk about her feelings. A mistake which she had not noticed left her feeling dangerously out of control, and she had to attack the mood of co-operation and correct the mistake as quickly as possible. The mood in the earlier part of the session had, however, given a feeling of contact, and I think it did represent a move out of the protection of the retreat. This, however, stimulated a violent attack when I went too far or perhaps too fast, to link it up with something actual which had happened in the session.

The violence of the break in contact was striking, just as had been the violence to the girl in the dream. She had emerged to make contact in order to get provisions, indicating an admission that she felt the lack of something and wanted something for herself and her guests. But something went wrong and she reverted to a state of mind in which she was cut in two just as the girl had been in the dream. In my interpretations I linked the way that she was cut off from her feelings in the session with the indifferent, smiling, flippant lack of concern of the girl in her dream who smiled and did not mind being cut in two.

There was also an innuendo that I was more concerned with my cheque than with her needs, so that she quickly took out her pen as if she had to satisfy my greed. This led me to doubt my motives and made me feel that I had let her down and that I had changed from someone who understood her anxiety about being attacked into someone felt to be attacking her by pointing out her mistake in the cheque. It may also be possible that she unconsciously set things up so that I would both make contact with her in response to her dream and also that I would 'spoil' this contact by appearing to criticize her for the faulty cheque. The result was just that described in the dream, namely, that the attack was directed against the relationship with me and against any part of her which had a desire to cooperate with the analytic work by bringing material and by acknowledging her ambivalence and attempting to understand it. At first, evidence for an interest in the analysis of the dream and in the desire to understand her state of mind was discernible, which I thought was represented in the dream by her wish to

understand where and how the accident to her friend had happened. Subsequently, this disappeared from view and the desire to understand resided in the analyst, and she directed her endeavours to keeping me at bay.

Progress of the analysis

Acknowledging progress was particularly difficult and usually led to such violent attacks that she seldom admitted any improvement in our working relationship or, indeed, in her life in general. It was only in passing that I heard, over the next few months, that she had applied to an art school for which she was preparing a portfolio, and that she was taking driving lessons. She did, however, mention that her husband was installing central heating, and that although she was reluctant to leave her art work, she had somewhat grudgingly agreed to help him. She had become quite involved and interested in this work, and had admitted that when she did bring herself to help she found it satisfying. 'I have become quite an expert on radiators and boilers,' she said. This seemed to correspond to a warmer atmosphere which had begun to develop in her sessions, although the grudging, sulky and sensitive mood had by no means completely lifted.

She then failed to turn up for three sessions, and because this was so unusual I telephoned her to enquire what had happened. She explained that while working on the central heating she had dropped a radiator on her toe and that she had tried to ring me at her session time, but I had failed to answer – in fact, because my telephone bell had inadvertently been turned off.

Material from a second session

On her return she could admit that not only her toe but her feelings had been hurt by my failure to be available, and she had once more taken to her bed and her novels.

She then described a dream in which a girl had died of a mysterious illness and she had been summoned by the girl's parents to talk to them. She did not know what to say, and was told that it did not matter, as if they saw that she was upset and were being careful not to make her cry. She added, 'You can say, "How nice", when something good happens but . . . if something bad has happened . . .'. In the dream the room to which she had been summoned contained bookshelves and a coal stove which she was able to link to bookshelves in a children's home where she had been left as an infant.

She idealized her memories of this home – in particular, the beautiful dolls there – but in fact said that she had been left there while the family went on holiday with her younger brother and on their return she refused to recognize her mother and became so ill that she was unable to leave the home for a further two weeks.

A further association then emerged to a waiting room on the frontier when the family had been stopped after a visit to her grandmother. Her mother had on this occasion been taken off the train by border guards to have some irregularity in her passport checked, and the family waited for her in a room with bookshelves and a coal stove.

I was able to interpret that elements in the dream reflected her feeling that when I did not answer the telephone, a tragic event like a death from a mysterious illness had occurred, and that when I had telephoned her, it felt as if I had summoned her back to the analysis to ask her to explain her reaction. I think the analytic work represented by the installing of central heating had put her more in touch with her feelings, and the associations to the dream confirmed that horrific memories were revived of times when she feared she might lose her mother.

Discussion

If we look back at the fragment of material from the first session, it is possible to see how a degree of contact was allowed as she followed my analysis of the dream in which going out for food was linked to getting material for the analysis. She could even recognize that the dream showed how afraid she was of a violent attack and that she wanted to be shown how and where it happened. Then, the contact was suddenly and violently broken, as I connected the whole situation to the fact that she had left the numbers out when she wrote the cheque. The contact was replaced with the flippant superiority which came from the protection of her refuge and I was quickly left isolated and rejected. The implication was that I had done something terrible and that she had to protect herself from the trauma I had created. The climate was a persecutory one and as she retreated one got a glimpse of a panicky feeling which made contact too terrifying to sustain. While at first she could appreciate that she had paranoid fears and make contact with me as someone who could help her with them, we could not prevent them from being enacted in the session, and when this happened she felt obliged to return to the refuge.

In the second session the retreat to the refuge followed my failure to answer her telephone call, and the atmosphere at this time was very different. Progress in the analysis had occurred even though it was

rarely admitted, and the work on the central heating in cooperation with her husband was reflected by a greater warmth in the sessions. Then, when I failed to answer her telephone call, she was dismayed. She had little capacity to sustain loss, and just as a warmer relationship was developing and she was able to mobilize a bit more contact she found herself betrayed. It is understandable that she would be seduced back into her refuge from which she could approach me with flippancy and a lack of concern. She took to her bed and resumed the endless reading of novels which had been a feature of her behaviour before the analysis began. At the same time she was less panicky, and the pain connected with the contact appeared more to do with loss and anxiety about loss. Her dream connected with memories of being left, and, later, with the border crossings when she must have been terrified of losing her mother. The refuge was at this stage represented by the room on the border which had the coal stove and bookshelves and in the dream was connected with the family who had lost a daughter. Nevertheless, it was still a place which was idealized and used to avoid contact. She could retreat to a state of mind when her feelings were hurt and which kept her away from the analysis. It is hard to know how long she might have stayed in bed if I had not telephoned her. She did seem to be relieved by the telephone call and she responded to it and was able to resume analytic work although she remained very sensitive and easily hurt.

The refuge appeared in the patient's material in spatial terms, as a place to which she could retreat and gain safety. Later I will show how it can also be represented in terms of complex object relationships which I call a pathological organization of the personality. Equally, it can be thought to arise from the operation of primitive defence mechanisms which are intertwined to make up a defensive system. These various ways of describing the retreat reflect different aspects of the same clinical phenomena.

The refuge offered the patient an idealized haven from the terrifying situations around her but also appeared to provide other sources of gratification. The perverse flavour was connected with the apparent lack of concern on the part of the patient, and the evident pleasure and power she derived from the self-sufficiency of the retreat. The analyst, by contrast, feels extremely uncomfortable, being asked to carry the concern and yet knowing from his experience with the patient that whatever he does will be unsatisfactory. If I had not telephoned the patient I had the impression that she would not have been able to make the move towards me and we might have had a very long absence or even a breakdown in the analysis. On the other hand, I was also left feeling that telephoning her was a serious error in technique, and I had

an uneasy sense of doing something improper as if I had been seduced or was seducing *her* to make her feel she was coming back to the analysis for my benefit and at my summons. It is interesting to observe that it is sometimes the analyst's shortcomings which are exploited to justify a return to the retreat. Here the patient could argue that my failure to answer her telephone call meant that I had let her down and this justified a retreat to her bed and her novels, which could again be idealized as safe and warm. This makes the analyst feel that any lapse on his part can become a stimulus for a perverse triumph.

The importance of the perverse element will be examined in detail in Chapters 8 and 9 but will be discernible in much of the clinical material in this and other chapters. It was a factor in this patient's silence that was associated in her mind with a retreat to an idealized state which she could call her desert island where she could sunbathe free of concern. I thought she had some insight into the way she created these states of mind, and that the safety she found there was illusory while the deadness and aridity she created was real and extremely disabling. She therefore had a true desire to make progress in the analysis and to find within herself creative capacities which could lead to development professionally and to the satisfaction of a long-hidden wish to have children.

Such developments, however, depended on her capacity to withstand destructive attacks which were regularly mounted whenever she approached the depressive position and made contact with her need of objects and her reparative impulses towards them. In fact, some progress gradually became apparent, and she was less often silent and cut off as she acquired more insight into the way she could be threatened and seduced back into a withdrawal whenever contact with reality became difficult. She began and eventually completed her art degree and passed her driving test. She also made better contact with her husband and parents whom she was able to invite and even to appreciate, and she even finally became pregnant. She had very much wanted to have a baby but the pregnancy revived many primitive anxieties and her propensity to withdraw returned. She stopped her analysis soon after, partly for practical reasons, but returned to see me some three years later. At that time she reported that she had two children and that although she had many difficulties with them, she was coping reasonably well. She was pregnant again and wanted to discuss the question of having an abortion. I thought she saw me as someone who had continued to be available if she needed to make contact and that I represented a figure who supported her in difficult times. I said very little in this consultation but I was interested to hear about her progress, and she wrote to me afterwards to say that she had decided against a termination.

I think it is possible to see how the pathological organization protected the patient from both paranoid-schizoid and depressive anxieties. It offered the comforts of withdrawal to a state which was neither fully alive nor quite dead, and yet something close to death, and relatively free of pain and anxiety. This state was idealized even though the patient knew she was cut off and out of touch with her feelings. I think that perverse sources of gratification were prominent and that these helped to keep her addicted to the relief which the refuge brought. The panic attacks represented a breakdown of the defensive organization and a consequent return to the persecutory fragmentation of the paranoid-schizoid position. At other times it was possible to observe a change of attitude which represented a move towards the depressive position, and these could be recognized as constituting analytically meaningful change. She was able, at least temporarily, to relinquish her dependence on the refuge and establish a relationship with me as her analyst. It was evident, however, how precarious this contact was and how easily it could once more be cut off.

3

The paranoid-schizoid and depressive positions[1]

When a pathological organization of the personality breaks down and ceases to function effectively the patient is thrown into a state of anxiety and panic. The patient may himself refer to this state as a 'breakdown', and it is often what drives him to seek treatment. Frequently the anxiety is overwhelming, and he may in desperation turn to his analysis to re-establish the equilibrium he had before his breakdown and to create out of it a retreat similar to that which protected him previously. It may take much analytic work before the patient will once more risk emerging from the retreat to make contact with the analyst and with psychic reality. Other patients reach this point earlier, and some even seek treatment because they feel stuck in the retreat and want to be free of it. In the course of their lives or through analytic work they feel stronger, and they may get a taste of the satisfactions which reality can provide. As they relinquish the protection of the retreat they are brought up against anxieties, and if these are felt to be unbearable they may withdraw once again.

In this chapter I will examine the different types of situation which the patient meets as he emerges from the psychic retreat from the point of view of the anxieties he confronts as he does so. These can be categorized in a number of ways, but perhaps most helpful is that based on the distinction that Melanie Klein made between two basic groupings of anxieties and defences, the paranoid-schizoid and depressive positions. I will first briefly describe her ideas and then suggest that more recent work enables us to refine these concepts and to subdivide each of the positions. This leads to a continuum of mental states within the positions, each in a dynamic equilibrium with its neighbour. In this

1 Parts of this chapter have previously been published. See Steiner (1990c) and (1992).