Controversies in Children and Adolescents Psychoanalysis

Year 2010, n. 6

FROZEN ADOLESCENCE[1]

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In this paper I would like to discuss a particular situation that I have encountered in the treatment of a certain number of patients who reach adulthood having « frozen » their adolescent crisis. Not only must the therapist take into account a manifold variety of factors at work in the history of this type of patient, he also has to deal with the different formes of communication used by the patient. I will discuss these questions as and when they present themselves in the clinical material, while emphasizing the importance of the autistic enclaves which enable us to apprehend the difficulties of these patients. Before dealing with the question of frozen adolescence it is appropriate to establish the difference between frozen adolescence and what is called « late » adolescence.

Contrary to late adolescence, *frozen adolescence* is a state of mind where emotional disturbances – normally occurring in moments of psychic growth – are rendered motionless and detached. Although frozen adolescence has much in common with late adolescence, it differs as far as the patient's and the therapist's capacities to experience the inevitable turbulences peculiar to the crisis, are concerned. In the case of late adolescence, the crisis requires a moratorium, whereas with frozen adolescence, no delay is necessary. In this case, the time of the crisis is coagulated.

When a patient is too deprived internally of points of reference, he can adjourn the adolescent crisis in two ways. Either he hopes that he will experience it later in an attenuated form, in other words under circumstances which he imagines will be less painful ; or he will avoid it by immediately jumping into adulthood. On the other hand, in frozen adolescence there is no moratorium : it is distinguished by a type of rigid and permanent latency state of mind ; a kind of enclave where the patient hopes to spend the rest of his life, because there he feels protected from the experience of any deep emotional state or crisis.

This type of patient could easily be observed in therapy with young adults, including those patients who show a would-be maturity and who are already « satisfactorily » settled down to life. The majority of them live their lives functioning in an *as if* manner which goes together with a very poor quality or even inexistant emotional life. These patients who are

[1] This paper was read at the Frances Tustin International Congress held at Caen, France, 15 and 16 April 2005. It was published in an abridged version in *Le journal de la psychanalyse de l'enfant,* Les psychothérapies, No. 36, Bayard , Paris 2005. In order to up-date the initial bibliography I took the liberty of adding several works which seemed to me useful to anyone who is interested in a possible research.

unable to establish real emotional ties, are very often shining with professional achievements or, on the other hand, have a job that is undemanding of them. In general we see them coming into therapy when they are feeling stressed by the tension between the demands made upon them by every day life and their wish to stay indefinitely inside their protective hiding-place. Most of these patients present significant claustro-agoraphobic symptoms. This general outline helps us to recognize the borderline personalities of these patients, with their narcissistic and schizoid components. During the analysis we can see other distinctive, descriptive traits emerge : these patients can be extremely bossy and overbearing, expecting too much from their analyst, resort to threatening behaviour and seek to dis-credit the analytic work as well as their external environment. Whereas, other patients who are agreeable and cooperative in the analytic work, live their affects in a dull way. In effect, gradually, the analyst begins to feel that the patient's « true self » remains inaccessible and that the analytic work reaches an impasse.

One of the noticeable characteristics of these patients, is the manner in which they freeze themselves into a sort of constant immobility which enables them to avoid what for them is assimilated as an imminent catastrophe, that is to say, a profoundly upsetting emotional situation. The works of Bion, Winnicott or Rosenfeld constitute here our most valuable and familier points of reference : Bion's contributions on the « Differentiation of the Psychotic from the Non-Psychotic Personalities » (1957) and « Catastrophic Change » (1970) ; Winnicott and the concept of the « true and false self » (1960) ; and lastly H. Rosenfeld who described the « psychotic islands of the personality » (1978). But it is to Sydney Klein (1980) that we owe the major progress in this field, when he established a parallel between these patients and the autistic children that F. Tustin (1978) has so wonderfully described.

In this paper my aim is to describe the moments when the analytic work compels the patient to come out of his immobilty. This happens when the patient's protective shell of *pseudo maturity* begins to crack and as a result, he sees himself forced to come into contact with his feelings of depression. The attitude of the analysand during the sessions puts the analyst and the analytic situation to a severe test. This crucial moment of the analytic work unfolds in two stages, which I will develop in both parts of this presentation. The first stage corresponds to a **pre catastrophic period :** it starts from the initial consultation and goes on for the first few months of the analysis. The second stage corresponds to a **catastrophic moment :** it concerns the session when the thaw sets in and the analytic couple enter into a zone of turbulence. However, this description will remain incomplete unless I deal with another essential point, the pivot of the resolution of the catastrophic moment : the psychic functioning of the analyst.

The work with Ingrid, a patient aged 28 years, will illustrate in detail the subject I have described above. We began a psychotherapy with a session twice a week which, two years later, was transformed into psychoanalysis with a rhythm of four sessions a week. Ingrid interrupted her treatment towards the end of the fifth year because she was going to settle abroad.

Ingrid

Ingrid (aged 28) is a young woman with an attractive and distinguished appearance. Her clothes, hairstyle and manners are bordering on perfection. Her speech is precise, ordered and faultless. The narrative of her history is irreproachably logical. Her rare ghostlike smiles seem more likely to be for the sake of social convention rather than a burst of spontaneity.

« I got your address from one of my father's colleagues, Doctor P. who is now retired and whom I met about 20 years ago at a winter sports resort in Switzerland. At the time my father was the business manager of a well-known clinic near Lausanne and he frequented a lot of psychoanalysts, although he has never been on the couch. For the last few months I've been feeling the need to consult : I don't feel well, I'm going round in circles ; however I don't know if I want to start an analysis. When I was nineteen, I had an unhappy analytic experience and I don't want to repeat that. This was in Paris, six months after I had left finishing-school in switzerland, where my parents had sent me to learn languages and good manners. I had come to join my family in Paris and to decide about my future orientation. It turned out that I couldn't stand living with my parents and my sister and two brothers. I felt the same deep uneasiness that I had experienced prior to my departure for Switzerland. I felt that my familly was unhealthy and, please excuse the expression, « crummy ». In this huge apartment in a very well-to-do area, we each had our own bedroom, but our intimacy was constantly disregarded. My mother would come into my bedroom without knocking or saying who was there. My brothers did likewise except for the youngest – he is six years younger than me – who showed me more respect. I was fond of him and I used to read him stories. My father worked constantly. He was director of an important consortium. When he came home, without opening his mouth, he flopped onto the sofa in the living- room, read the newspaper or watched television. I missed the orderly life of Switzerland where everything was impeccable. It was there that I found my tranquillity.

My mother, a stupid woman who only thinks about appearances, is in fact a woman-child. She was brought up to be obedient and dependant on her mother. As soon as she wanted to say something to me, I expressed a profound indifference, I would freeze up and that used to drive her ' mad ' ».

At that moment, I had the impression that Ingrid was no longer looking at me : her eyes were fixed in the past, more than ten years ago. Her mouth which had become a cold receptacle, expressed a controlled rage, with words that were dry, precise and cutting. Ingrid induced in other people distance rather than closeness, fear rather than empathy. I had the impression that for a brief moment she was cut off from reality. The conjuring up of the maternal relationship had taken on, in these few minutes, the allure of a psychotic transference.

In addition, I noticed that the position in which she was sitting had not changed for an instant : throughout the consultation her body remained in the form of a set-square at an angle of 90°. Then, becoming aware of my presence, like a streak of lightening, she looked at me, raised her eyebrows and continued calmly with her narrative.

« One day when my mother came into my bedroom, I had an attack of violence. I almost hit her and I called her every name under the sun. My second brother came between us....I remember after that, I locked myself in my room and cried. When my father came home he didn't hide his anger and spoke in a very firm and direct manner. He talked to me for a long time and suggested that I seek therapeutic help. Two days later, a psychoanalyst and friend of my father, advised him that I should contact Mrs. B. I began an analysis three months later because she didn't have a place for me straight away, so I saw her once a fortnight at different times. After that our appointments became regular and at a fixed time and I saw her three times a week. At the beginning I had so many things to tell her and felt relieved after each session. Mrs.B. was very silent, she seemed rigid and dressed in a gloomy way, generally in black. However, after six months, I had nothing left to say. Neither had Mrs.B : from time to time she punctuated her silence with a few words, that was all. Then a heavy and unbearable atmosphere settled in the sessions. I wanted to sleep, sometimes run away, but then said to myself that analysis is like that and something will happen soon. Then I read two books written by Mrs. B. and I spoke to her about this. She seemed affected by it ; her voice became softer for the first time but in fact I didn't understand much about what was going on. After three years, I stopped the analysis on the pretext that I was feeling much better. I had found a way to separate from her, but I was lying. I wasn't feeling well. I just wanted to free myself from a nightmarish constraint. That work wasn't an analysis. It left me tired. I have the impression that the effort I made was of no use, that I'd learn't nothing....I felt misunderstood and lonelier than before....I never want to repeat such an experience. »

The expressive strength of these last phrases contrasts with the rest of her account. There was no grandiloquence, just a suffering that had never been appeased.

« When I was twenty-two years old, I didn't know what to do with my life. I wasn't working. I wasn't gifted for studies. Then we had to move once again because of my father's work. We went and settled just a few miles from where my maternal grandmother was living. This was the beginning of a new experience for me. My grandmother was alone, wealthy and depressed. My only occupation consisted in visiting her twice a week. I think that in a certain way, she saved me. We talked about everything, or almost, because we were careful not to broach taboo subjects such as sexuality or intimate problems. She showed me what to do, organized my life and told me about our family history. For two years my life was suspended on these meetings. But one day my father gave me an ultimatum : I had to work and take responsibility for myself. Apart from voluntary work there was nothing else I could do. However, I did find work as a secretary, because when I was in Switzerland, amongst other things, I had learnt German. When I was in contact with the working world, I realised that there were a number of things in my life which were not right. I was still a virgin. Sexuality was irrelevant to me. A friend of my mother who had a « garrulous » therapist, advised me to go and see him. I started a therapy with him which was totally directive : he told me what I should do and how to do it. He encouraged me to have sexual relations, to leave home and find a more worthwhile job. I carried out all his instructions ; this helped me because I really didn't know what to do with my life. This therapy lasted four years. After a while I started seeing him less frequently, once a fortnight on average. I finally stopped seeing him altogether, when he retired a while ago. At the same time I also lost my job. My boss who liked me, left and I was confronted with his horrible replacement who I didn't get on with. She wanted to change my way of working. I held my own and didn't give in and she sacked me. »

Ingrid paused for a while remaining silent as if she was waiting for a response or a comment from me. I had listened carefully to her story, endeavouring to find through my countertransference, a feeling which would help me to formulate a comment or the outline of a cautious interpretation, but my state of mind was traced upon hers : *I was able to understand her story, but I felt nothing.* Instead of being a help, the information which I had just noted, gave me a feeling of impotence. The absence of emotions on Ingrid's part did not enable me to discern her *unconscious fantasy*. I only managed to situate myself on the level of Ingrid's logical narrative, which led me to think that she was telling me her story because she was looking for those who were guilty of causing her to suffer. In her state of mind, the analyst ought to don the robe of a cold and severe juge, who would convict her parents and entire family, whereas she reserved for herself, the place of the witness who would enjoy seeing the analyst inflict on them the condemnation.

I thought then that Ingrid's image of analysis was that of a neat and orderly process, like her appearance and her narrative, like her school in Switzerland and her conversations with her grandmother. It seemed, therefore, evident that she would refuse not only my capacity to take on parental roles in the transference relation, but also any psychic intimacy. My emotional compass had emitted its diagnosis : Ingrid wanted me to be cold and distant.

« I think, she said, that we have come to the end of the session. I've talked a lot and I hope that I didn't bore you. » She gave a faint smile and added : « Thanks to my previous experience, I know that analysts listen in silence throughout the first consultation. But if you don't mind, I will tell you something about your consulting room which intrigues me. You have some books and papers beside you which are a bit untidy, but your desk is clean and tidy, with nothing on it except a lamp and a statuette. I just wanted to mention this observation to you ».

Ingrid had waited until the end of the consultation to refer to something which concerned my mental working space. She gave me the possibility to approach her in the *here and now* of our consultation. I answered saying that she is expecting my mental space to be like my desk, clean, tidy and uncluttered, in order to have enough room for all that she had told me today.

Ingrid smiled and said : « I would never have thought about it like that. » I noticed a sign of surprise on her face and I proposed to her that we make another appointment for the following week, adding that both she and I needed time to think about this first consultation. My interpretative approach served to show her that I was neither silent nor directive, not a psychiatrist or a director confessor and that I was speaking in this manner to an inaccessible part of herself, her mental life. In other words, in focusing my approach on her (projections) as well as myself (the container of her projections), I was trying to give her the feeling that to understand and to be understood, was part of the work we would be doing together, a link between us.

Remarks on the First Consultation

My experience has shown me that the preliminary consultation often permits the analyst to seize the fundamental components of the patient's psychic organization. However, this in no way enables us to predict the length of time, sometimes years, which is necessary to understand and elaborate all this material. Sometimes, however, the patient's confusion and defensive strategies confuse the analyst's understanding to such an extent that our countertransference ceases to be of any assistance. However, one must not forget that at this particular moment the patient pays great attention to the analyst ; he is very attentive to verbal and non-verbal signs emitted by him. His posture, his changeing tones of voice, the language of his eyes, etc : Anything goes when it comes to learn something about the way in

which the analyst functions. James Gammill conveyed to me in a personal communication :« Every analyst should try to remember his preliminary consultation before the beginning of his personal analysis, in order to identify better with his patients » and he added that he was « convinced that the great majority of patients grasp unconsciously through the experience of the preliminary consultations, that it concerns an analysis, even if it will be a long time before knowing what it is about » [2].

The first consultation often enables us to sketch a characteristic outline of the patient, which grows richer as new data are brought to the sessions. This sketch is a model, a road-map which enables the analyst to navigate in chaotic situations as they arise.

An American analyst, Jacob Arlow, who had no particular affinity with kleinien or post kleinien concepts, wrote a few lines which give an idea about the use of the model. In fact, said Arlow, « the analyst is not always aware of the model to choose, his theory of mental functioning guides him constantly in what he says and does. The model will even influence, in his mind, the expectations he has of the patient's words, the way in which he perceives them, as well as the way he organizes his own observations. [3]» Here we are very far from the « without memory or desire » of Bion, but I think that the reception of the patient in our mind is a tributary of the chosen model. A kleino-bionien, devoted to studying early developement, will not listen in the same way as a disciple of Lacan, or of Kohut or an hyper-orthodox freudian analyst. How does this model take shape and tie up with the analyst's experience ? How does the analyst's mind work with it in the session ?

In taking notes of this first consultation, in which the lengthy and irreproachable dimension of Ingrid was the dominant characteristic, I was assailed by the memory of my therapeutic work with a child. In the course of the sessions, this young patient arranged his toys in a box, then moved them around the consulting room, always following the same order. Then he would put them away carefully, without playing with them. Then I imagined that Ingrid would do the same with my interpretations, that her internal *establishment* would prevent her from playing with the new toys that she would find during the sessions. I was partly wrong : Ingrid managed to pick up my interpretations and play with them, but as if it was about an intellectual game where syntax and semantics outweigh the emotional content that they convey. Ingrid's narrative capacity found its match in her obsessional rigidity and her perfect handling of logic. Characterizing this type of patient, David Liberman, an Argentinian psychoanalyst, wrote in the early 1960's : « Formal logic becomes an instrument

[2] Gammill, J. (1992) : Personal Communication.
[3] Arlow, J. (1985) « The Structural Hypotesis » in (A.Rothstein Editor) *Models of the Mind,* International University Press, Madison, Connecticut, 1985, p.21.

which is used to counter-attack the « logic of emotions », which means the primary process that the therapist has perceived and verbalized through the interpretation » [4].

Nevertheless, not all the emotional communication was absent from Ingrid's discourse, but it was only possible in the moments of crisis, as is illustrated by the fierce quarrel with her mother. However, at the same time, these crises proved to be dangerous, for neither daughter or mother were capable of containing the « madness » they unleashed. The father was the only container of these moments. In other words, the father's penis protected mother and daughter from their destructive and reciprocal projective identifications, thereby giving both of them space for thinking. However, this penis only helped them in critical moments ; as soon as the crisis was over, it was discredited, the same arrogant way Ingrid spoke of her siblings. Through her disparagement of the creative capacity (sexual) of the parental relationship, Ingrid was attempting to protect herself from a deep envious rage.

During the sessions that followed the preliminary consultation, Ingrid never ceased to show that her brother and sister – who had both completed brilliant studies – were nothing but degenerated offspring of the family descendants. Her sister, a lawyer who was beginning to be renowned and who is a mother of three children, was particularly alluded to.

This allowed me to reach the following hypothesis : the disparagement of her sister could possibly correspond not only to Ingrid's envious attacks on her sister's creativity, but also that she (Ingrid's sister) would be able to imagine an incestuous fecundity with the father.

Furthermore, it was evident that Ingrid wanted to triumph over the parental couple and their creativity, and in particular over the mother, which, it seemed to me, could be perceived through the interest she showed towards charity work. This work gave her the impression that she was a devoted mother who treats her children much better than her mother had treated her and her brothers and sister. This imaginary revenge corresponded to the need she had to show her internal mother that it was possible to establish relationships with people (children) which were free from any depressif aspects. As a matter of fact, a traumatic event occurred when Ingrid's mother was pregnant with her : her own father died and she went through a period of very strong depression which was probably reinforced by the one which followed Ingrids's birth. Ingrid was breast fed by her mother during six or seven months but she was looked after by the nanny. From this description of the early maternal relationship, it was possible to put forward the hypothesis of another splitting : Ingrid had introjected a fragmented mother ; because of this, she couldn't find the object capable of containing her totally which would enable her to work through the depressive position correctly.

[4] Liberman, D. : *Comunicación y Psicoanálisis*, Alex editor, Buenos Aires, 1978, p.184.

From the image of this fragmented mother, I also had the impression that some other much more premature factors were at stake, namely a splitting between the nipple and the breast. Ingrid took the milk but ignored all contact with the nipple. In drawing from the maternal feeding object without acknowledging it, Ingrid denied the link contact-nipple, the source of depressive anxieties and the pain of abandon at times of separation. But this splitting also probably involves positive aspects, that of an early differentiation between the depressive mother's milk from which she protects herself and the good nourishing milk. Our work would confirm or invalidate these first hypotheses.

For the moment, I would like to digress from these first considerations and return to the material of the session. It seems important to me to think about her first analytic experience, not to criticize her analyst, of course, but to highlight the importance of the unconscious fantasies triggered off by this therapeutic encounter. I think that every patient who begins a new therapy needs to see, from another point of view, what remained un-analysed, incompleted and confused in his/her previous therapy. A new approach sometimes enables the linking of past and present experiences and consequently to esteem the positive aspects of this first therapy.

Ingrid's first analyst, always dressed in black, unable to speak to her child analysand, reactivated in Ingrid the image of a mother who could neither contain her nor nourish her. However, I must also point out that Ingrid was afraid of even the slightest introjection of the analyst's remarks, which she imagined to be a toxic restitution of her own depressive aspects mixed with those of her mother. Le *status quo* which lasted for several years, enabled Ingrid to use her analyst as an outlet which kept her projections and all her history without returning any of it. In idealizing silence as a method of communication, the analyst waited for her patient to find the meaning of her dispair by herself. As for the patient, she found a secondary benefit in this method : she did not receive interpretations but relieved herself of her internal encumbrance and her depression, by way of her projections on to a mute container. To my way of thinking, such a situation leads to a collusion between patient and analyst, and ends in an impasse : both members of the analytic couple think that the analysis continues, but in reality, nothing happens.

When such a *status quo* occurs, an unconscious collusion between the patient and the analyst is created to prevent all progress. In my experience with patients who have come to me to begin a second or third analysis, I have often ascertained that the previous analyses were stopped at the moment when the patient was on the threshold of the depressive position. At that moment, the patient, fearing emotional turbulence, ceased to bring lively animated material to the sessions and the analysis became bogged down. The analyst too, probably fearing that the emotional turbulence of the patient might arouse similar feelings in himself, was content with repetitively analysing the same material. It is in this way that a

collusion is established, so that no progress can be made. With patients who are beginning analysis again, it is very necessary that we investigate the impasses of the preceding analytic treatment very carefully.

Back to Ingrid.

The healthy aspects of Ingrid's personnality were the bearers of a *therapeutic intuition* which dictated to her a more favourable diagnosis : her difficulties could be treated otherwise. This intuition was expressed by her need to find a manner of communicating with her analyst by commenting on her intellectual works. This is an important point to raise, because it concerns a particular form of communication used by the patient in order to get into contact with the analyst but not for seducing her. As for her second therapist, he immersed Ingrid once again into the universe of her maternal grandmother, which no longer held her responsible for any emotionnel implication in her life.

After three consultations, I proposed her a psychotherapy with two sessions a week, face to face. This would allow her to organize her life from a material point of view, and enable us to see if we could work together. Why this precaution ? Why did I not immediately propose an analysis ? There were several reasons for this. The first one concerns Ingrid's difficulty to understand, even « vaguely », my transference approach. Secondly, it seemed to me, that I hadn't heard any clue as to her capacity for reparation. Lastly, I needed to understand better, Ingrid's internal history in relation to me.

During the first few months, the therapeutic work presented very few difficulties and Ingrid made some important progress. She moved into a studio flat, found a job and began to frequent a group of foreign students in Paris. She made some friendships but none of them developed into an emotional or sexuel relationship. In fact she rarely spoke of her sexuality. Ingrid lost her virginity as if it were an administrative undertaking, without showing any feelings. She just « got rid of it » (to use her own words), and in this way, followed precisely the prescription of her second therapist.

Although the transference relationship became very strong at times, the transference interpretations were systematically denied or received with a condescending smile. I noticed that if she was « slightly » touched or surprised by a transferential approach, she took me up at once, reinterpreted my words adding : « I would say that even better… » or « it's not exactly that… ». However, I noted that at those times, her words, though the bearers of disagreement, were becoming more mellow. The tone of her voice indicated that her protective shell was beginning slowly to crack.

The description of the session which follows, illustrates Ingrid coming our of her autistic capsule and coming into contact with major symtoms, which until then, had been very carefully masked : aggressiveness, paranoid and depressive anxiety, the use of massive forms of projective identification.

The setting in of the thaw
(the catastrophic moment)

We were in the fifteenth month of the treatment.

Ingrid came into the consulting room more agitated than usual. Her face had lost the (false ?) tranquility she previously displayed.

Ingrid : « I want you to help me. I need help urgently because, I feel very, very bad at my work. When my boss asks me certain things, I can't think any more, I can't reply. I am terrified...And yet, these are just ordinary things. »

I listened very calmly to what she was saying. I thought that the work of the sessions was beginning to crack Ingrid's protective shell. She was no longer able to reply to her employer-analyst with the ease and detachment that had characterized her until now. An interpretation would certainly have been premature and partial, uncontaining, and would have engaged the patient's associations on another track. In short, it would have disorganized her ego. Because an interpretation seemed premature, I decided to let the material flow in, but as Ingrid went on speaking, my state of mind was transformed. I began to have feelings similar to Ingrid's, like those she felt towards her boss. I no longer knew what to say to her. It seemed evident that Ingrid was evacuating the contents of her mind, but I was far from being able to clearly measure the force of her projections. My thoughts were becoming more and more chaotic and so that I could put them in order, I attempted to describe to her what she was feeling : « This gives me the impression that a blank space has substituted your experience, as if you no longer have recourse to your savoir-faire. »

Ingrid : « It's something like that ».

Once I had approached what she was feeling, I then had to help her to associate. In fact, she wasn't able to say very much. I asked her if she could describe to me the situation at her work, to tell me what had happened.

Ingrid : « My boss came up to me and made a remark about word processing that I didn't understand. »

As she was speaking without emotion, I asked her : « Was he threatening ? ». I tried in this manner to explore Ingrid's emotional state in the presence of her boss, linking it in my mind to what was going on in the session.

Ingrid: « Not at all ! But I almost dropped everything and left. In my other jobs, I decided how to organize my day's work. Here I'm not able to. »
Ingrid started to get irritated, raising her voice little by little.
« Anyway, you asked me if he was threatening. Well , NO ! But it was for me. I can't stand what I'm going through ; it's your job to make me feel better ».

I suddenly had the feeling that I didn't understand her and that she was right. I not only felt incapable of relieving her anxiety, but also emotionally terrified with my thoughts rooted to the spot. I found myself in the same state of mind as my patient. I have experienced many times in my work and have analysed with success, this state of mind and the way of analysing it. However, this time my therapeutic experience didn't help me at all. Instead of thinking with my own thoughts, I was thinking with those of my patient. Dominated by this state, I sought to transfer the past situations to the present, instead of recognizing the here and now of the session. Consequently I gave her an approach copied from her experiences with her previous analysts.

« Are you able to link this experience to some similar moments that you have experienced in the past ?..... » Ingrid interrupted me and raising her voice, exclaimed :

« Oh dear ! You say the same stupidities as my previous analyst Mrs. V who was as dumb as they can be. You want to search into my past ; I know all about that ; I have already experienced it in my previous analyses. Then you'll talk about about my father or my mother and all that business, but you won't bring me the answers. I want to know what is happening to me. » Ingrid froze up, controlling a logic which rendered her inaccessible.

« I am wondering whether you can help me or not. What sort of work do you do ? Your job is to interpret and interpret well, so please stop this analytic gibberish, that you feel identified with my pain etc. I want a clear, plain answer. I am not expecting any feelings on your part ».

I remained silent and felt that I was no longer able to think. If, for Bion, the analyst must find a way to think even under a bombardment, the bombardment was well and truly happening. I was buried under a pile of debris and was having difficulty getting out. I felt that Ingrid was saying some things which were very pertinent concerning what was going on in the hear and now of the session, but it was difficult to think under the debris and find the right words. Through a violent projection addressed, not to the surface, but to the inside of my mind, she inoculated me with her state of mind. This evacuation paralysed my containing functions, thereby transforming me into a useless mother, which means a mother who looks at the distress of her baby without being able to help it, like her internal mother and probably like the mother she experienced in the primary relationships of her life. Ingrid was right to tell me that I should not try to bring her alleviation by looking into her personal history : to

interpret the transfer in relation to her past would be like turning the knife in the wound, or finding the culprit in the profile of an abusive mother. Things should be brought back to what she and I were experiencing at that moment in the session. But this situation, which was of a very high emotional intensity, was just what she feared. At that moment, the ideas which were going through my mind, were those of a man, buried alive, who was beginning to regain confidence in seeing the first glimmers of light. I began slowly to understand without, however, having an idea for an interpretation. I was *feeling* more than I was *thinking* ; but the more my thoughts were linking together, the more I felt in accordance with what I was feeling. The insight and the interpretation were not in an order of priorities, but were linked to a process in which they were both seeking to be realized together. The central point of the problem remained to be explored : how would I be able to touch the mind of my patient ?

As for Ingrid, she continued to concentrate all her artillery on my thoughts and my professional identity.

Ingrid : « You're useless. Just like all the others. Your job is to contain me and to relieve my pain…I can't stand it any more. I shall go and see someone else… »

Did she know the meaning of contain ? What sense did she give to this word ? Was she aware of what she was doing to her container ? In any case, I felt that Ingrid was getting away from me and that our communication was going to be irremediably interrupted. On the one hand, I needed to find the words and the state of mind which would enable me to be at the right distance in relation to Ingrid. On the other hand, I had to show her sincerely that, on a number of points, she was right and that we would be able to modify the situation. However, paradoxically, Ingrid knew the situation where she exposed herself the most and from which she wanted to run away : the transference. At that moment it was, therefore, important to differenciate between this particular session and the rest of the work accomplished up to now. Ingrid risked throwing the baby out with the bath water. I intervened in approximately these terms : « On certain points, I share your point of view. If you find that I don't understand you, you have the right to see someone else. But on the other hand, if it is only in this session that you feel misunderstood, we can cope with this in trying to think together about what is wrong. Up until today, our work has never shown signs of incomprehension, it has been going rather well ».

Ingrid (raising her voice) « What's this nonsense about you and me ? »

I remembered what I had learnt from previous experience : when a patient enters a phase of mania and omnipotence, the therapeutic reality is denied, with the risk of it disappearing altogether and the analysis as well.

It was time to stop her fit of « madness » in the sense that her psychotic transference was destroying the analyst, like the baby destroys its mother.

Then I began to speak firmly and raised my tone of voice. At first, my words were invested with a deep conviction, rather than a technical strategy. « Stop for a moment, please ! Try to listen to me, because, even if you don't want to hear it, *we* (emphasized) have great need for each other in order to get out of this situation. »

Being firm had stopped Ingrid's uninterrupted pouring out of words ; she remained frozen, staring at me.

With regard to my attitude, I wish to refer to a passage from Francis Tustin's work *Autism and Protection* (1992), which illustrates the behaviour of patients like Ingrid. Indeed, if the technique and the attitude of the analyst, she tells us, is too « soft and sentimental » ,the hidden anxiety is neither identified nor relieved. Rather, « We point out how they are treating us and explain that this must come from some unhappiness they have experienced, which has been stirred by events in the analytic situation. » [5]. « As therapists, we must not be bowled over by such patients' criticism of us (rational though this may be, for these patients needle us in our weak spots), nor must we be drawn into their abyss of despair » [6].

I felt that having distanced myself from her paralysing violence, I had recuperated my capacity to think. I had the impression that, for the first time since the beginning of the sessison, she paid attention to what I was saying. Suddenly, two words stuck in my mind : *reconciliation* (she had spoken of a reconciliation with her boss) and *here* (meaning she and I in the session). The tone of my voice became normal once again and calm. Then I started to speak very slowly.

I was able to say to her that the key element to what she was experiencing at the moment, was less her boss than myself, because she was discovering in this relationship, that an emotional situation of the past was emerging, but in a different context. This had created in her, a reconciliation with me which, precisely, was escaping from this part of herself which tried to control all emotion. (In other words, by coming into contact with the nipple, she was terrified and at the same time relieved.)

As I could see that she was very attentive to what I was saying, I continued.

« I would like to return to this *part* of you which gets angry when things escape it. » I accentuated the word *part* in order that she would be able, even vaguely, to come into contact with her splitting. « I believe, I continued, that in losing control, she felt threatened.

[5] Tustin, F. (1992) ,p. 192.
[6] Tustin, F. *Ibid*., pp.192-193.

Like a dictator who wants to control everything, accepts only his point of view, and whose policy always consists of using terror, therefore prefers to attack than to discuss. She (Ingrid) was relying on the only method with which she was familiar : her infantile omnipotence. But our discussion had shaken it. »

Ingrid barely agreed, in a patronizing manner, bordering on arrogance, which was usual for her. Her face which no longer showed the stiffness of rage as it did at the beginning of the session, did not, however, convey any signs of overture. On my side, I felt deeply relieved and serene in my mind, which encouraged my psychic freedom. I remembered that Ingrid had never spoken of her positive feelings and that it was time to approach them to enable her to attenuate the pain she had experienced.

Furthermore, it was necessary to substitute the dimension of her manic, grandiose approach, with a more depressive mood which would allow us to think and to analyse. Ingrid had to find, with my help, the aspects of her self capable of goodness and love, in order to confront her internal conflict.

« What has just happened is very important for our work ; it informs us not only about your anger, but it also shows us that your anger, can be a screen which hides other much deeper feelings, about which you have never spoken. I wonder if your anger serves to conceal your capacity to love, or to mutilate it, or to prevent you from recognizing it… »

Ingrid (in a tone between lassitude and sorrow) : « Or a little of the three… »

We had gone well past our forty-five minutes of session time. I asked her how she was feeling. She nodded her head as a sign of acquiescence.

What remained for me was to think about my countertransference reaction. Ingrid had inoculated me with a primitif and persecutory object which she wanted to be rid of. In fact, her ego had incorporated the image of a mother who was depressed, never available and unable to tolerate the suffering of her child. However, at the same time this internal mother had become a constitutive part of Ingrid which she projected into my own internal space. She re-edited with me, not only the primary (mental) situation, but she was using the same weapon she had at her disposal at the time in order to be heard : her anger. Suspicious with regard to any relationship or any emotional closeness, Ingrid used the force of intrusive projective identifications so that I would experience *inside of myself*, her own pain. After that, she not only feared that I (like her internal mother had done) would give back to her through my words and my feelings – in the form of *lex talionis* – her suffering intact and that this would destroy her capacity for thinking. Projective identification enabled her to get rid of her toxicity, and at the same time, abolished the link. In this way she protected herself from

any « return to sender ». In other words, it was as if she was saying « yes » to projection and « no » to introjection.

I would like to draw attention to two aspects of my work with this type of patient and the manner in which I was able to approach them. The first consists of the evaluation of the psychotic transference, which passes by the taking into account of all the projective processes at work, and which implies a *lively* interpretative activity on the part of the analyst. The second consists of spotting the conscious and unconscious effects of the patient's projections onto the analyst. This being, in order to characterize the specific reactions that pathological projective identification creates in the analyst, we have recourse to a key concept introduced by Leon Grinberg, as early as 1956 : *counter projective identification.* « The analyst, he said neither perceives nor registers this reaction consciously and, because of this, he is sometimes induced to playing certain roles or to experience affects (anger, depression, anxiety, boredom, drowsiness, etc.) which the patient has actively « forced into » him, even if this is done unconsciously »[7] This type of pathological interaction between patient and analyst is not always possible to eliminate, but understood and sublimated, it becomes an indispensable tool for the emotional understanding of the analyst.

Follow up and Conclusion

I saw Ingrid again two days later. She began the session with these words : « I was on the verge of not coming back . I thought you would kick me out. If you had said to me : get out ! I would not have come back.

That's what I was expecting, but it didn't happen, so…I wonder if I am still hesitating. »

I replied that if she had hesitated too much or wasn't very convinced, she wouldn't be here. « That's probably true », she answered.

A silence followed, that I interpreted as a request for a more detailed and developed understanding of the previous session. I decided to take up once again the aspect of herself which had great difficulty in accepting the link that we were building, and which withdraws into an intellectual coldness to attack what we are starting to create. Interrupting me with a voice which did not hide a lofty indulgence, Ingrid remarked that I had been very firm, which had surprised her. From that moment, it seemed to me, necessary to link the previous session to an infantile situation evoked some time before where little Ingrid petrified her

[7] GRINBERG, L. (1997) « Les affects douloureux dans les états limites », *in Hystérie et cas limites : approche métapsychologique et implications techniques*. 12ème Conférence de la FEP, Genève, 20-23 mars 1997. Bulletin de la FEP, N° 49. Tr.fr. Michèle Pollak-Cornillot. (without the page number).

parents by her capriciousness and her fits of anger. I said to her that she had finally been faced with a parental couple capable of setting limits to the tyrannical, omnipotent side of her that attempted to destroy what she needs, the therapeutic work.

Ingrid appeared to accept what I said and added at once that she had never loved her parents : « They were useless, dry, speechless. »

« Perhaps your fits of anger were also a way of making your parents attentive, warm and talkative. »

As if she hesitated before replying, Ingrid was silent for a brief moment then replied : « What you have just said sounds suitable to me. »

The following session, Ingrid brought a very alarming dream. She dreamt that she was covered with eczema and that it was spreading all over her body. Little by little, the eczema which at first was purulent, was drying up. The skin was cracking, and in its interstices, black holes could be seen. She had the sensation that the inside of her body was empty. All of a sudden, she felt herself being sucked into the inside of her own body.

« To remember this dream, she said, still fills me with anguish ; it was horrible…. I thought I was going mad….I don't know if I'm going mad at the moment or not… I don't know what to think …. Help me… »

I felt the urgency there was to interpret and, at the same time, the need to put some order in my mind. The account of this dream evoked the defenestrations of psychotic patients. With these patients, the confusion between outside and inside sometimes pushes them to throwing themselves into space to fill their own internal space. Most certainly, with Ingrid there is some psychotic anxiety, but the swinging movement was not directed towards the outside as it is with psychotic patients ; it was towards the inside of herself, a sign of her autistic dimension. Furthermore, the transformation of the eczema – from purulent to dry – was the consequence of a contact with air. This dream was about the *passage* from one state to another. The association which came to mind was that of a skin of a new-born child who, at birth had passed from an acquatic medium to a gaseous medium, which begins to dry. In basing myself on the ideas of Bion, I thought that in abandoning a closed medium (aquatic), Ingrid had to adapt to an open world (gaseous) and so then she had a feeling of emptiness and of being separated. But where did the feeling of emptiness come from ? Ingrid, although she always felt she had been taken under her grandmother's wing, never ceased to repeat something very « primitive » in her behaviour : a kind of osmotic communication from the time of her stay in the maternal womb, which might have involved an absence of differentiation between the body of her mother and her own body. In this way, the emptiness, which, after the expulsion of the baby, was felt in her mother's womb, Ingrid felt to be her own emptiness.

Then I said to her that the work accomplished during the last few sessions, had emptied her of the protection she had created for herself in order to cope with the anguish and the horrible sense of emptiness she felt. To escape from all this, she penetrated her own body and became « once again » solid and compact.

After this, Ingrid made a surprising association. « For a long time during my childhood, I imagined myself to be like a ball atached to a piece of string. My mother was at the end of the string saying to me that if I did not obey her, she could let me go at any moment ; my life was suspended upon her whims. My fantasy was that she had us all attached to an umbilical cord and that we would fly away if the cord was cut. When my little brother was born, I dreamt that my father, my brother, my sister and I were around my mother's bed at the time of the birth. The delivery did not take place in a clinic but out in the open. When the cord was cut, my little brother flew off and nobody did anything to catch him. My father, who was also the obstetrician, looked on helpless. We all looked up to the sky, watching the baby flying up in the air. Desperate, I screamed and screamed and screamed ….I woke up crying, rushed into the baby's bedroom. I needed to reassure myself… »

I said to her that she had experienced something both similar and different during the session before last. She had been able to be that mother who gave birth, in the session, to the part of herself that was shut inside of her, in other words the baby. I was wondering, I said to her, if the irritable tone of her voice had more in common with the cries of a new-born child than the cries of hatred. I considered that hate wasn't absent, but that it was more related to the manner in which she imagined she was received in the session. Was the father-obstetrician-analyst going to welcome her with firm and solid arms or rather, as in the dream, would he stay helpless, letting the baby fly away ? I associated my interpretation with her fear of being kicked out following the turbulence that occurred in the session. In other words, I didn't let her fly away, so perhaps she is now beginning to feel more secure in our relationship.

In the transference, we had been able to approach these innate dispositions of the new-born child, that Frances Tustin refers to as « Unbuffered awareness of bodily separateness » [8] in its attachment to the mother, and at the same time, the difficulty experienced by the mother to remain attached to her child.

Ingrid's early dream in which the baby *flies away*, can be linked to the feelings *falling, spilling and dissolving* observed in the children described by Frances Tustin. These patients all have the feeling that nothing can hold them back or prevent them from falling and their fall is endless. A patient once said to me during a first consultation, « My life is a fall, sometimes downwards, sometimes upwards. It is only when I cling to my rigidness, my

[8] Tustin, F. *Ibid.* p.131.

immovability and my bodily hardness, that I feel I have my feet on the ground ; my existence depends on my muscular control, on my gripped jaws, on my hands clenched permanently…. » The dream Ingrid had following her turbulent session, clearly indicates the transitory defence that she had put in place. It was a kind of autistic but necessary relief, faced with the tensions brought about as she emmerged from her encystment : in absorbing herself, Ingrid became consistent, finally kept her feet on the ground ; she did not fly away, neither did she fall.

During the sessions which followed, Ingrid began to understand that she could allow her feelings and emotions to circulate without terrorising others nor being terrorised herself. Little by little the few dreams corresponding to this period and the stream of material, made clear the necessity for increasing the number of sessions ; several months later, this necessity resulted in the transformation of the psychotherapy into an analysis. We then organized a new analytic setting with four sessions a week.

During the second year of our work the sessions were rich and sometimes filled with tension, which moreover, was inevitable. This tension, however, never reached the virulence of the attacks described above. I rarely experienced drowsiness or anxiety in reaction to pathological projective identifications. I was, however, surprised by the rapidity with which Ingrid disregarded her internal « cordon sanitaire », to seek a reconciliation in our work, without being afraid of contamination. In introjecting the analyst little by little, he became the internal container which she had been lacking.

I would like to elucidate two determining factors of the work with Ingrid. Firstly, the relationship with her grandmother which permitted the exploration of some of her early fantasies. The second, concerns the freezing of her adolescent crisis.

The role played by Ingrid's grandmother contaminated not only her conception of the therapeutic relationship but also that of any relationship.

During her first consultation, Ingrid had declared that her grandmother meant everything to her, and that seeing her two or three times a week was really lucky for her. It was a very difficult task to approach this internal relationship, because the grandmother served both as a protective « enclave » and as a secret relationship. Ingrid maintained an internal dialogue with her grandmother, who secretely helped her to question what was dealt with in the sessions. Accepting to work with the analyst, meant saying « no » to the grandmother, with the risk of losing the protective enclave. Then she was in despair to find herself alone, faced with her paranoid and depressive anxieties. This leads us to a broader understanding of the « explosive » session, when Ingrid demanded from the analyst, behaviour identical to that of her grandmother : she wished to receive, from the passive and attentive listening, advice and interpretations that she would be able to use as a passe-partout, without integrating them, discussing them or putting them into question. The

abandon of the *grandmother enclave* depended upon her internal growth which proceeded sometimes slowly, sometimes by leaps and bounds. At the same time, the first supposition of the breast split off from the nipple was being confirmed. Ingrid wanted to receive milk-interpretations which calmed her, but refused the *contact* with the nipple-analyst. The work on the dream had enabled us to understand that, for Ingrid, the establishment of a link meant coming out of her enclave, and as a result implied confronting her terrible disappearance anxieties, of flying up into an infinite universe. Ingrid's hardness was also compared with her need to find internal security.

Towards the fourth year of our work, Ingrid gradually ceased to bring her grandmother *secretely* into the sessions. The loss of this intermediary which filtered our exchanges, opened the way to a much freer communication. This factor, parallel to the collapse of her infantile omnipotence and to a contact with her depressive aspects, permitted a better differentiation inside of herself between the adult and the child, the mother and the grandmother, the father and her siblings.

From this internal discrimination, there emerged, in the analytic space, a cooperative woman who took the place of the pseudo-adult woman. The first consequence was the blossoming forth of a femininity which had been latent until then. Just as it is for the adolescent at the end of the latency period, Ingrid's sexual maturation threw her into the discovery of oedipien and pre-oedipien fantasies, of which the detailed analysis, opened up for her a psychic territory which until that moment had been unsuspected. In concordance with the elaboration of these discoveries, Ingrid fell in love with a young Italien man and realized her first experience living in a couple. This meant for Ingrid, a decisive step towards opening up herself to life. However, it was also an acting out in the transference relationship, the interpretation of which had to remain in a latent state. In my opinion, a persistency on the part of the analyst to bring everything into the here and now, can create in the analysand the feeling that the world revolves round his analyst who is the centre of his existence. Consequently, the progress that the analysand makes in real life is denied to him. It is, therefore, of the greatest importance that the analyst recognizes and understands what is going on in his patient's mind, because the latter one is anxious to be understood for what he has just accomplished and not for what the analyst thinks about the transference relationship.

Furthermore, the identification with this grandmother was analysed as a repetition of very early moments in Ingrid's life, moments during which an omnipotent and omnicient breast enabled her to face up to a deficient mother who was lacking all capacity for « reverie ». This breast gave her absolute power and knowledge so that she could do without others. The grandmother was tantamount to a combined object made up of a suppletive mother and an omnipotent and omniscient breast who spared her all grief and emotion. This object, who in Ingrid's internal world was organized like a real fortress, could be neither

attacked nor damaged. Moreover, it stands to reason, that it could not be explored from inside by normal projective identification. Consequently, her curiosity, this early precursor of knowledge, was considerably inhibited. The mother who teaches how to think, was replaced by an oracle-mother, (an attitude which Ingrid demanded of the analyst).

A major aspect of the unfinished work was the reparation of the internal mother. It turned out to be more than difficult, not only because of the mobilisation of the depressive feelings that this implied, but also because Ingrid's internal mother was a depreciated object, replaced by another object, an inexpungible mother, sheltered from all her attacks and therefore never damaged. How then could one repair something that the patient had never felt she had damaged ? The aim of this primary defence, constantly reinforced during her life, was to avoid everything that touches on the depressive position. These defences could have been shaken at the time of Ingrid's puberty and adolescence, but they had found a strong external ally. The introjection of the finishing-school in Switzerland as a new fortress which sehltered her from all emotional change, reinforced her old bastion. It was, therefore, the « crisis » moments which turned out to be the most fruitful for Ingrid, because she came out of her enclave, of her autistic capsule. But if, in a crisis, she was confronted with a re-edition of the maternal relationship with the analyst, she was also put in the presence of early separation and weaning anxieties.

The capsule was a fortress in which she could protect herself against the difficulties of finding the maternal functions in one and the same person. In coming out of her *capsule-enclave-fortress,* Ingrid was faced with a new dilemma: she did not know if the analyst (mother) was feeding her only to abandon her afterwards; or if the analyst (nanny) would take care of her without feeding her. Ingrid could not associate the feeding breast that she was looking for with the containing internal space, which meant that it could not become a *total internal mother.* This, therefore, had to be found in the psychic arms of the analyst.

As Sydney Klein so rightly pointed out, the patient cuts off a part of the self both from the rest of his personality and the analyst, by a process which he called « cystic encapsulation ». In the sessions, Ingrid was both present and absent, as if she was looking and listening from the inside of her capsule. As soon as there was a chance of a contact occurring, Ingrid flew off in other directions resorting to dull and trite conversation without feelings. Another point I would like to comment on in this context, concerns what Frances Tustin has called the *crustacean* type of child, that is children who give « the impression of having blocked the hole with hard autistic objects to protect their soft body…. » [9]. My first observation of Ingrid's body, seated, in the form of a set square at an angle of 90° had strongly impressed me. Without exaggeration, Ingrid's body could be described as quasi

[9] Tustin, F. (1986), *États autistiques chez l'enfant,* tr.fr. Christian Cler et Mireille Davidovici, Ed. Du Seuil, Paris, p.91.

metallic, to which can be added the hardness of her facial expression and her cutting remarks. But « hardness and softness are kept apart from one and other without possible interaction » [10](F. Tustin : *Etats autistiques chez l'enfant* p.91). These interactions began by degrees, once the analytic work was initiated.

The affective storm that Ingrid triggered off in the session had, in many respects, something in common with the manifestations of a borderline patient who acts out uncontrolled explosions.

O. Kernberg [11] describes these patients in an article about borderline patients . In this article I found numerous references which helped me to elucidate the question of Ingrid's explosion in the session.

However, what Didier Houzel describes, seems to me more appropriate as far as this case is concerned. In fact, he calls the autistic child's « instinctual and emotional movements » a « turbulent world » for which the child has not been able to constitute an adequate *psychic envelope.* I think that D. Houzel's description confirms the turbulent state into which Ingrid felt she was plunged when she left her capsule. Houzel continues, « But we can also imagine that the lack of distinction between inside/outside is not due to a default of the psychic envelope, but to the envelope bending around itself, in such a way so that what comes out of one side, goes in immediately by another side. The problem of establishing the limits of the distinction inside/outside is no longer that of constituting a container, but that of opening a world shut in on itself, in order to make a world into which objects can penetrate and from where they are able to go out without being immediately reabsorbed »[12].

If we push this reasoning, it is possible to consider that the violent criticism addressed to the therapist was also a way of giving him significance, to make him become emotionally significant. Even if, on occasions, the analytic situation gave a hint of behaviour which could be characterized by a transference psychosis, Ingrid cannot be considered as a borderline patient, nor psychotic, nor hysterical, nor extremely narcissistic, nor shut in *forever* in an autistic capsule. She doesn't permanently fit in to any of these categories, but she is bearer of all these conditions during the course of the psychoanalytic process, and is able to go from one to another in the same session. However, the analyst's recognition of the austic parts of the patient's personality plays a major role in the therapeutic work. A detailed analysis of these encapsulated parts, as remarqued by S. Klein, considerably reduces the length of these analyses and can prevent subsequent breakdowns during the course of life.

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[10] Tustin, *Ibid*., p. 91.

[11] Kernberg, O. (2003),): "The management of affect storms in the psychoanalytic psychotherapy of borderline patients », in *Journal of American Psychoanalytic Association,* 51 (2), pp. 517-545.

[12] Houzel, D. (2002): "Le monde tourbillonnaire de l'autisme", en *L'aube de la vie psychique,* Paris, ESF Editor, 2002, p. 197.

We can also characterize Ingrid as possessing a schizoid structure onto which she grafts these different conditions. It is in this sense that we must speak of a developmental crisis (in the manner of Erickson), rather than to establish a psychiatric diagnosis which has a tendancy to shut the patient in a unidimensional pathology. The nature of the adolescent crisis, which is above all a crisis of early development, is to pass through all of these states without particularly fixing in one or the other. The work with this type of patient, as I pointed out above, puts the analyst to a severe trial, and he cannot understand these patients basing himself solely on the words of the analysand. The non-verbal communication, the counter-transference, the different uses of projective identification and the observation of autistic states are the most direct ways of access, those which protect the analyst from any collusion with the *false self* of the analysand. However, here and there, some strong affective unheavals prove to be necessary and inevitable, in order that the analysand acquires his true self and finds again his identity of which he had been deprived.

(Ingrid went abroad almost at the end of the fifth year of work. She expressed the will not to abandon her companion. I think that the interruption of an analysis remains, besides the external factors, a very important problem which merits a deep investigation. Not having seen Ingrid again since two years, permits me to hope that the analytic process is continuing.)

Abstract

Frozen adolescence is a state in which the inner spirit is perpetually rigid. The subject plans to live his life distant from all crises and any deep emotional situation. While the descriptive characteristics of this personality type generally coincide with the schizoid personality, analysis reveals a significant degree of autistic encapsulation. The present work looks at the first session as well as subsequent sessions in which a "thawing out" takes place. It is precisely in the latter that the psychic life of the patient and the therapist experience strong emotional turbulence, a necessary condition for the patient to abandon his or her autistic enclave and move towards the development of the depressive position.

English Translation by, Angela Goyena.