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# The psychoanalytic treatment of an adult patient traumatized in early childhood

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<sup>1</sup> Among the research issues which have increasingly occupied me over the years are the long-term effects of traumatization occurring in early childhood. I asked myself, in what ways do traumatic experiences express themselves in the later development of the child? How has the child adapted to these and in what ways has the trauma influenced the development of the personality structure in adolescence and adulthood? I have several such patients in long-term analytic treatment and I hope to find answers to these questions using this clinical material.

Mr. A., a 55-year-old patient, came to me for treatment of depressive mood swings and a persisting sense of meaninglessness. He experienced his life as insipid, took no real interest in anything and nothing moved him; and yet this all seemed to fall short of how he envisaged his life. He characterized his primary feeling about life as being one of a perpetual mood of melancholy, which, around the beginning of the week, would grow into strong depressive states and feelings of meaninglessness. He would experience panic during the night resulting from a sense of being unable to move. He complained of a lack of vitality and experienced an almost complete lack of sexual desire. He has been married for ten years, prior to which he had several fleeting affairs with women. He experienced a frequently recurring dream in which he clung on to something, or he found himself in very small rooms that he was unable to leave. He was unable to remain seated in one place for a long period of time, and when visiting the theatre and cinema he would invariably select a seat at the end of a row.

He is a lawyer by profession, but today works in a social institution. He successfully took up a number of professional careers, but would resign each position for a new one. He explained his inability to pursue his career opportunities by feeling himself, after a certain amount of time had elapsed, to be caged in, pinned down and chained up. For this reason, he has until now been unable to establish continuity in his life.

He wanted to undergo analysis when he was 20 because of his sexual

problems. He was finally able to orgasm several years later. But the analyst at the time advised against high-frequency analysis since this would reactualize a considerable amount of his early trauma. The analyst in question was referring to a traumatic event in Mr. A.'s life. At the age of 18 months, he was admitted to a clinic for hip luxation treatment. At the time, this defective position was treated by lying in a plaster bed. The patient remained stationary in a plaster bed at the clinic for a period of nine months. The clinic was located at a fair distance to his hometown. The parents were not permitted to visit him for the first six weeks after which period they seldom paid him visits. The mother was expecting another baby, and when the patient returned home the sister had already been born. The mother pampered this second child who was frequently ill.

He was in psychotherapy in his late twenties and in a psychoanalytic treatment that he concluded five years ago. The psychoanalytic treatment with me lasted seven years with a frequency of three sessions per week. During the sessions, Mr. A. always felt himself under pressure. Though what he told me was vivid, I was unable to gain access to his feelings. My impression was that he was closed within himself, as if he were a closed cylinder from which I would slide off.

He was unable to freely associate, and no childhood memories emerged.

I gradually formed the impression that we were constantly revolving around the same problems and that the analysis was being exhausted therein. To me it seemed as if nothing could touch him. However, his often illusory attitude to life, according to which everything should be easy, did improve. This change enabled him to develop his piano playing in a sustained and systematic way, and his block with respect to writing songs and chansons was significantly dissolved. However, the severe irruptions of bad moods he experienced in the morning along with his sense of meaninglessness did not recede. And there were only minimal changes in his relationship to his wife. She was dominating, and he felt an inner compulsion to fulfil her expectations.

During the sessions, it gradually became clearer to me that his discourse was marked by a very subtle superego attitude. His statements were, in essence, reproaches towards himself. This insight opened up for the first time a deeper emotional access to him. I no longer had the impression of slipping on his reserve, even if his own sense of self, of being withdrawn and frozen, persisted. With this insight into the superego attitude of Mr. A. towards himself, I began to feel that what he said did not come from him, was not the expression of an ego that suffered. He rather tended to complain about himself. The suffering self apparently had no voice.

At the same time, I noticed that he seemed to be dominated by a sense of timelessness. He had no feeling for the course of his life. In the moments he became conscious of it, this sense of timelessness would assume a threatening character, namely, that his condition would forever remain the way it was. It was in such moments that I would begin to feel a diffuse, concealed sense of anxiety that he would sooner or later discover he had done nothing with his life and would commit suicide. I interpreted this sense of timelessness and the dissociation of his suffering self as the long-term consequences of his traumatization.

At the end of the Easter holidays in the third year of analysis, he wrote me a letter in which he terminated the treatment. He saw no sense in continuing since he was unable to see any change in what were for him the essential areas. I was stunned and could not understand it at all. I invariably had the impression that an emotionally responsive contact had existed. Had this simply been a figment of my own imagination? I wrote a letter to him that led to his return, and for which he was very grateful. As our analysis indicated, it was the sense of timelessness that had triggered anxiety in him during the holiday period. Doubts about the analysis had amalgamated into an anxiety-driven notion that he would be in permanent analysis; that it would continue indefinitely with no success, and hence his note of termination. The analysis itself had become the plaster bed that constrained him, and he was unable to imagine ever bringing it to conclusion. My mentioning that unpleasure is something that can be given a space and which can be talked about seems to have been a real aha-experience for him. He explained to me that, for him, unpleasure is not something that comes and goes, but is total and that he has the feeling that it will never pass. I responded by remarking that the connection between his present difficulties and his early experience of being confined to a plaster bed was clear, but that it had occurred to me that this had found no echo within him, and that he simply wished to cast off his difficulties like a plaster bed from which he could walk away. This interpretation struck him to the core. His attitude had indeed been that he could simply cast off his suffering and rid himself of it in this manner. The fact that the suffering concerns himself, and that his innermost self is manifested therein, is something to which he could not relate. This traumatized part of his self had been dissociated or split off. For me it was quite evident that his sense of timelessness and feeling of never being able to finish analysis were repetitions of the traumatic pattern of his childhood, which I then interpreted for him. However, I had overlooked at the time something that was far more immediate, namely, the permanent pressure he felt of having

to achieve something in the analysis in order to please me.

Shortly afterwards, his dog, to which he was much attached, died. I was astonished by the severity of his sorrow. A feeling of deep abandonment gripped him together with a sense of total dependency on his wife. Two months later, his wife also left him, suddenly, and without any forewarning. The patient fell into a serious crisis; he felt completely alone, desperate and depressive, and filled with a complete sense of desolation. Feelings of guilt alternated with homicidal rage directed towards his wife. His feelings now began to overwhelm him during the sessions and he began to weep for the first time. His sense of self-worth left him and he felt himself to be a helpless heap, needy and alone in the world. He felt packed off like a castaway by his wife, but still waited for her to return and redeem him. On the other hand, his experience of her was that she resembled an ice-cold goddess. Feelings of guilt for having destroyed everything alternated with a sense of longing and suicidal states of anger. He became suicidal. Antidepressants did not help. What made the sense of desolation and desperation so unendurable for him was his sense of timelessness coupled with the conviction that the condition in which he now found himself would never end. Although he felt himself utterly alone in the world, he upheld the inner relationship to me. In case of emergency, I gave him my telephone number.

He was now acutely aware of his feelings of abandonment, feelings to which he was unable to put a name to for a long time. After talking about this, and providing reconstructive interpretations that brought the feeling of abandonment into relation with his early trauma in a plaster bed in the clinic, he once again found that although this anxiety of being abandoned was something he repeatedly experienced in the past, for a long time he was unable to grasp it and put a name to it.

Above all, he was now in a better position to understand his behaviour towards his wife. The fact that in conflicts he would always back down and end up doing what she wanted was something he was now able to connect with his anxiety of being abandoned. By way of this concretization and clarification of his condition as a nameable feeling, and through the reconstructive connection with his earlier trauma a diffuse inner condition was psychically represented. However, this was not a unique process, but in the period that followed it had to be repeatedly worked through.

This crisis relaxed his hitherto inflexible characterological defence structures, rendered him less restricted and dissolved his 'shock-induced frozen state'. His dissociated needy self, pervaded by anxieties and panic

about being left alone became accessible to him: it was as if he felt ‘what a self is’ for the first time. He did wish not to lose this perception again. And yet this is what happened. His sense of self was to elude him a further time, and he fell into a depressive state accompanied by unbearable feelings of abandonment. He frequently took Ritalin as an antidote, which returned to him a certain sense of self and something like a ‘core experience’, which was for him an extremely valuable achievement.

In contrast to earlier stages, our relationship now took on greater emotional significance. Thus, he once said that he would check whether my comments contained a criticism or judgment of his person. In one session he recounted a dispute with a telephone company during which he became increasingly furious with himself because he was unable to find the relevant documents. Initially, the dispute centred on his refusal to pay three euro. The value of the payment had meanwhile increased to 66 euro due to the default and collection fees. I first focused my interpretation on his sense of justice, but then also asked whether he felt the dispute really worth the effort. The following morning I found a message he had left on my answering machine to the effect that he would not be coming to the session today, and in fact it made no sense to continue. I was not prepared for this; the abruptness of this message struck me like a mini-trauma, and I felt numbed. What had I done wrong? However, I then had the feeling that he was doing something to me that he had himself experienced, namely, being abandoned. At noon the same day, he called again to say that he would be coming to the session. During the session he said that through my intervention in the dispute with the telephone company he had the sense of having done everything wrong. In the night, this sense, namely, that he always did things wrong, had intensified and become generalized. Unable to sleep, he had then become desperate. Mr. A. began to weep heavily on the couch. Behind his rigid superego attitude a suffering self that had constantly striven to do everything correctly so as not to be dismissed or abandoned then became visible.

Unlike the first break, it immediately became clear to me that my intervention had been a countertransference enactment. In the previous session I had in fact considered whether I really ought to have posed the question, namely, whether carrying on a dispute about such an insignificant sum was really worth it. I then thought, “why not”, decided to waive this consideration, and so went ahead and posed the question. Reflecting on it afterwards, I realized that my spontaneous reaction of ‘why not’ was a counter-reaction against Mr. A.’s obsessive sense of justice.

Through my countertransference enactment, his ego-syntonic attitude of wanting to do everything right then became interpretable. I said to him that with this attitude he sought to avoid angering me or his wife, which would actualize the threat to be sent away. If he sought to do everything right he would then, for the most part, have control over the situation. Abandoning this attitude would make him vulnerable and place him at risk of being rejected by others. The patient replied, although these kinds of fears have disappeared, behind his will to be self-sufficient and autarchic, he has not, in fact, really been as confident as it would appear from the outside. The mother-transference was suddenly accessible. The patient began to develop hate towards his mother: “that damned woman, what a hell of harm she has done”. She had always found occasion to criticize him for something, in spite of all his efforts.

This crisis in the treatment has made the dissociation of his traumatized self more permeable. I suddenly became aware that his desire to please everyone was not solely motivated towards gaining greater recognition, but also by his wish to be loved. When this occurred to me, I then referred to it without any further reflection, using the word “love” and noticing at once how this resulted in a change in the entire situation. For the first time his need to be loved was represented in the relationship, after which his neediness became palpably obvious to him. I asked myself why this had not been clearer to me at an earlier stage, since it should have been perfectly obvious. This clear designation of his desire to be loved had a surprising effect. He had had the feeling that this desire of wanting to be loved was something infantile, something which he was unable to accept on account of his desire to be independent and autarchic. A heavy burden had been lifted from him.

Through this countertransference enactment, his sensitive, anxious and traumatized self, fraught with panic of being abandoned which was dissociated and split off for such a long time, was now increasingly accessible. It had been safeguarded by his narcissistic defensive position by way of which he had demanded of himself that he remain sovereign and autarchic, but which had given him the impression of being untouchable. This defensive position concealed his efforts to attempt to do everything to please in relationships, to not be the bad party who could be packed off or abandoned, all of which would have been a repetition of his trauma of separation. Through my countertransference enactment a superego that would attack him whenever failing to conform to its demands also became recognizable. The obedience towards his superego protected him against being abandoned which had then evolved into an ego-syntonic attitude. It

was also in this way that he felt he must be a good analytic patient. He presented his problems, but at the same time very subtly accused himself – an attitude which initially assumed the appearance of self-reflection. It was through this self-accusation that he would obviate his traumatic anxiety about being attacked, judged and dismissed by me. He actively anticipated that which was passively feared, and thus had it under control in this way.

About nine months after separating from his wife, Mr. A. met another woman who was very different to his dominant wife since she placed no expectations on him as to how he should behave towards her. She wanted to comply with his wishes. It then became clear that he was unable to do this, namely, to express his wishes, because he has no real idea what his desires actually are. He felt ill at ease and his girlfriend began to bore him. He would have also felt ridiculous had he expressed his feelings. His mother used to repeatedly shame him whenever he felt proud and expressed this. As if suspecting he had entered into another relationship, his wife contacted him again, and wanted to resume the relationship. She withdrew her official application for divorce. He then committed himself again to his wife. He felt attracted to the familiarity he shared with her. But he retained his own apartment as a place of refuge.

In the subsequent part of the treatment, the connection between his anxiety of being abandoned and the pressure to perform as an inner compulsion to orient himself according to the expectations of the object of his love became clear and possible to work through. He now sought to not simply comply with the expectations of others. However, whenever attempting not to comply with the expectations, he would experience a massive sense of guilt resulting in a fear of abandonment. I repeatedly interpreted his unconscious conviction that everything he does is in an attempt to avoid being the bad guy; that he fulfils the expectations directed at him, since he would otherwise run the risk of being abandoned; that he had been unaware of this anxiety for a long time because it was concealed behind his attitude of compliance and the search for harmony with his object of love. I connected this interpretation with a genetic interpretation, namely, that back then, when returning home from the clinic, he would have probably done anything to gain the love and attention of his mother, and that he was anxious about being sent away again.

However, working through these things in analysis hardly altered anything in his inner attitude and his behaviour. Because of his reactions to this kind of interpretation, it repeatedly occurred to me that he had no empathy for himself as a child. I raised this issue and said: as a 2- to 3-year-old boy traumatized in such a way, he would have probably done

everything to gain recognition and to be liked. I continued that it seemed to me that he actually had no sense of sympathy with himself as the boy he once was. This interpretation triggered in him an inner movement; he repeated my interpretation to himself several times during the session. It was the last session before the long summer holiday. When returning from the holiday he told me that what had helped him endure the separation was thinking about what I had said about boyhood. He had planned to visit the clinic in which he resided for nine months as a child. However, on the night before the planned visit he experienced painful stomach cramps and decided not to follow through with the plan.

During this long phase of the treatment a symptom reappeared which he had suffered years ago: at night, he would frequently suffer from urinary retention and a catheter had to be inserted at the clinic. Urinary retention seemed to have a dual function: first, it appeared like a final bastion for asserting himself against the demands of others, while, second, it was like a defence against letting himself go, “to let it run”.

There was another insight: when, in fact, he did not comply with what others wanted, a feeling of emptiness would arise which he found unbearable. Now he was in a position to perceive that he actually has little clue as to what he himself wanted, what he wished for and how he could give his life meaning. A pervasive, threatening sense of the meaninglessness of his life began to make itself felt. The far-reaching identification with the expectations of his object of love became perceptible: he spoke about his deep identification with others, and that he was unable to liberate himself from this. Another image which he used for this situation is that it felt like his wife was seated on his shoulders and that he was unable to throw her off. In several steps, I interpreted this as a form of projective identification: That he protected himself from being judged and rejected by identifying himself with others so as to perceive their expectations, or to project them into others as a means of controlling others from within. Were he to abandon this identification, he would then be clearly differentiated from the other; he would stand on one side and the other on the other side; and to feel this distinction and separation was the cause of his anxiety.

It was through this that something began to move psychically. He would repeatedly attempt to behave differently and occasionally begin freely associating during the sessions; but this would lead to silence until the session came to an end. Whenever I sought to intervene during this silence, he would again have the feeling that he was not doing it correctly. His apparently very fixed attitude towards his wife also began to relax: he would express to her everything he didn't like. She was hurt, and

withdrew, but now he was more able to bear it. On another occasion, while actively resisting his wife's expectations and thinking how he would prefer separation than complying, he noticed how his inner state changed, and a sexual desire began resurfacing. However, resisting only became possible when saying to himself, "I don't care if she wants to separate, then I'll simply be alone". The sense of abandonment began to lose its massive threatening character.

He tried to make peace with himself such that he must accept his difficulties in dealing with the expectations of others, above all, those of his wife, to which he would conform. Now, however, whenever it became too much for him, he would withdraw to his apartment. The compulsive power that expectations exerted over him was apparently not so strong, and neither was his sense of abandonment. On the whole, he felt himself more stable. After reducing the frequency of the sessions from three to two, and then down to one session, we concluded the treatment after seven years.

## **Discussion**

While psychoanalysis has always addressed the consequences of early traumatization, there are only a small handful of psychoanalytic studies – based on our contemporary understanding of early traumatization – which have thematized the specific consequences for the development of personality. Allow me to give a brief outline of what I gleaned from the treatment data of Mr. A. with respect to the effects of severe separation traumas. I am, however, aware that searching for a unilinear, point by point correspondence between the early trauma and later behaviour in adulthood proves fruitless; we are rather concerned here with a complex interplay of the various mechanisms and factors in further development. Today, we know that the physical sentiments deriving from the traumatic experience persist for a long time. Mr. A.'s prolonged sexual anorgasmy, as well as his urinary retention, can doubtlessly, at least in part, be traced back to his laying in a plaster bed. Coates and Moore (1997) assume that the persistence of the traumatic memory and its reactualization is connected to this persisting sensation. Thus, in Mr. A.'s case, the anxiety about being hemmed in or trapped persisted throughout his life, and not only in auditoriums or in the cinema, but by extension, also symbolically in his professional career, whereby he repeatedly felt hemmed in, a circumstance which, in turn, compelled him to resign from his respective jobs.

Over the course of the treatment, the intimate connection between the separation trauma, the development of autonomy and the identification with the primary object became manifest. The traumatically determined anxiety of being abandoned proved itself to be a central motive for further development. The traumatized self became dissociatively encapsulated, and was thus deprived of further development. A self that had adapted itself to the assumed expectations of the mother took its place instead. Mr. A. was a conspicuously well-behaved child. The identification with the mother served as a means of controlling the object such that it could not possibly be angry with him, since this would have resulted in his traumatic anxieties of loss erupting once again. Mr. A. was unable to use the oedipal conflicts in a sustained identification with the father, which might have enabled him to establish a certain distance to his mother. There had also been no opportunity during adolescence to moderate this frozen development. A character-neurotically anchored superego-attitude increasingly developed in which he sought to do everything properly and in compliance with the expectations of his object of love. By way of the virtually fusion-like connection with the primary object, the post-traumatic development of an independent self with its own needs and desires was massively impaired. And yet it functioned as protection against once again being exposed to the traumatic feelings of abandonment. This pattern of consciously and unconsciously orienting himself towards the expectations of his wife was possible to moderate therapeutically but was not possible to be completely dissolved, no more than was his attitude in analysis, namely, to comply with what he understood as analysis or what he imputed to be my expectations of him.

I found similar issues with other patients who had suffered from an early separation trauma. My thesis is that the early trauma led to a deficient development of autonomy. As a consequence, self and object representations were unable to establish themselves independently of one another, but were instead agglutinated due to abandonment anxieties. Hence, dreams of such patients show how aspects of the self are replaced with aspects of the object. Or you can find a self dreaming scenes which, in reality, are those of his object of love and vice versa. Through this agglutination the traumatized self is incapable of detaching itself from the expectations of its object of love. Thoughts where the ego assumes that his object of love would reject him threaten the sense of self and can induce a quasi-traumatic anxiety leading to a dissociated and alienated state of consciousness. One might, indeed, also describe these psychic processes by way of concepts of projective identification and introjective

identification, but this would fail to get to the core of the issue, namely, the traumatically determined agglutination of self and object.

## Note

- 1 Presented at the pre-congress working group “Trauma Study: Transmission, Enactment and Symbolization” IPAC Boston, 21–22 July 2015.

## Reference

Coates, S. and Moore, M. (1997). The complexity of early trauma. *Psychoanalytic Inquiry*, 5: 163–189.