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Freedom from Technical Constrictions and Therapeutic Productivity

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During the last few decades, psychoanalytic theory has evolved such that the object of study is no longer the individual taken as a separate entity. Now the unit of study is a field of interaction inside of which the individual is born and begins to struggle to establish contact through self-expression (Sullivan, 1940; Mitchell, 1988). Freedom to „dare to go beyond" the usual treatment constraints can vitalise psychoanalytic work and render it unique. According to Fromm (1994), two people on the same wavelength can find a love for life, courage, truth, and freedom. Hoffman (1992a,) also maintains that „expressive participation and psychoanalytic discipline are interwoven" (p.125).

The following case study illustrates how dispensing with the standardised rules proved to be therapeutically productive.

Davide, a forty-two year old business man, is married and father of two daughters. At our first encounter, the patient is dishevelled and foul smelling. He's a braggart, arrogant, and presumptuous, but at the same time he feels confused and anxious. He's a compulsive smoker („I'd like to stop but I can't!"). He rants and raves with a disconnected train of thought. He says he is drawn to smoking and at times, fears going mad. He often resorts to vulgar language especially with reference to the genitalia. The patient is overflowing with anxiety, anguish, hatred and desperation. His attitude towards me becomes increasingly aggressive. Davide is challenging and cynical. He asks for help but at the same time does everything in his power to keep me at arm's length.

My „comments" are considered as obstacles. I try to „get my foot in the door", but he doesn't let me in, belittling my observations and questions which are necessary for reaching a deeper understanding of an idea, a circumstance, or an emotion. He moves nervously on the couch, rising occasionally. His facial expressions reflect pain, anger and desperation. Often, he's totally absent. He arouses in me a mixture of contrasting emotions ranging from repulsion and annoyance to compassion.

During on-going treatment, his relationship with his parents comes to the fore. His mother pushed him away. Her gaze was empty and alienating. She was constantly in despair for the loss of Davide's brother (eight years his elder) burned to death in a hayloft after having had an argument with her (Davide was three at the time). He looks at me and bursts into tears, asking what he had to do with it. Often his father was not physically present. His mother forced Davide to stay with her and didn't allow him to see his friends. Reliving certain memories proved to be quite painful for him, especially those moments when no one paid any attention to what he had to say. He was never „listened to".

Fromm's concept of incestuous fixation describes the tie with the mother characterised by the desire for her love and the fear of its destructive power. The degree of pathology is expressed by the depth of regression.

The intensity level of dependency and fear is directly proportional to the degree of conflict with reality. All of these elements contribute to pathology. Furthermore, for Fromm, „incestuous symbiosis" is the deepest level of „mother fixation" (one of three orientations combined with „love for death" and „malignant narcissism" that create the „syndrome of decay" which brings men to destroy for the sake of destruction and to hate for the sake of hate). (Fromm, 1964).

In a dream, Davide sees his mother's face in profile. She pushes him away and is hostile towards him. In the background, his father is present, and Davide senses his wickedness. Dream exploration reaffirms paternal violence. We are facing a withdrawn mother and a violent father, both far from understanding their son's needs and fulfilling them.

Davide is a narcissistic patient with non-empathic parents. His mother was an accomplice to sadistic acts, thrashing him about even when he was without blame. We find ourselves in a clinical frame which Fromm (1941) would term as destructive sadism, Winnicott (1965) as inability to maintain holding, Bion (1967) as failure of containing function. The psychoanalytical art is the ability to look directly into the face of the patient's subjective world and deeply enter into it. It is this particular ability to relate to the analysand in a „unique" fashion which transforms a simple encounter into a process of „cure" (Mitchell, 1988).

After close to a year of treatment in which the usual time and space rules of the „therapeutic ritual" were respected with both parties spontaneously taking part in setting them, the analytic situation successfully brought to light and explored various moments of the anguish the patient suffered. The patient's account continued to be a ballet duet of two apparently contrasting tendencies. At times he wanted to be helped and at other times not. It was an accordion-like interaction.

Strangely, one day he arrives late. The patient asks if he could remove his shoes but, before waiting for an answer, he assumes the foetal position on the couch. Davide asks me to assist him in a breathing exercise. He is well aware of the fact that I only do this with other patients in a different type of setting. His request took me by surprise and not knowing exactly what to do next, I realised that I was allowing a transgression, going against technical conventions of this therapeutic approach.

Davide starts to cry, sobbing like an infant. He is desperate and lamenting. At that instant, his initial sense of embarrassment gives way to strong emotion. I felt like his mother. His face was that of a sweet child in need of some cuddling, love, attention and reassurance. I was far from those feelings of rejection and repulsion I experienced earlier, at the beginning of the therapeutic road when I felt attacked by him.

From that moment, Davide started to talk about himself. His recollections were most intimate, profound and authentic. This „unblocking" of emotions had produced an „unexpected change" towards shame and inhibition. With trust and courage, he spoke to me about his „strangely" lived sexuality. He doesn't desire a simple sexual relationship as such, but more importantly, feels the need for affection and the need to be caressed. He says that his wife is stern, strict, dominating, and controlling. He shamefully states that he feels irritated not only by his wife but also by his daughters. At that very difficult instant, the patient has sudden insight into his inability to love his wife or his daughters. He talks about his hatred for his mother and his sense of indifference for his father.

Extremely important clinical material is highlighted in this session. Davide takes hold of himself, puts his shoes back on, and in a kind, affectionate and sweet manner states that he feels good here. He feels listened to, understood, encouraged and hopeful. What immediately come to mind are *The Art of Listening* (Fromm,1994) and what Renik meant when referring to a productive therapeutic intervention that didn't satisfy the technical standards of the classical model of the Freudian mind.

At the end of the session, Davide maintains how much anger he carried inside and how damaging it was for his life, sensing how that emo-

tion was killing him. At this point, we can reformulate yet another clinical point of view through a dream which he reflected upon. He finds himself in a long hallway feeling attracted to his mother. He tells me that he's able to „move and put himself in the centre". I perceive this as hope for the „courage" shown by Davide, being able to place himself in the centre of the „scene" even though feeling attracted to his mother.

David now maintains that he's living a more active life by confessing some of his difficulties. He had a meeting with one of his daughters and they confronted her problem of bulimia. For the first time since we've known each other, he speaks about his previous bout with drug dependency and alcohol abuse (he still drinks at times). I allow him to speak for entire sessions, listening to him, reducing my comments to a minimum, thereby giving more space for non-verbal communication.

I realise that I'm overextending myself. Often, I feel curiosity and respect for the emerging material. Sometimes, Davide is the one to ask me to assist him with breathing exercises. His requests for help are more defined and his verbalisation is less confused. He continues to neglect his wardrobe but his personal hygiene has improved. His aggressiveness is still present with fewer manifestations of distrust and scorn.

From a clinical point of view, my focus isn't turned toward symptomatic behaviour such as compulsive smoking and drinking wine. To reclaim his identity broken by compulsive wine drinking would only mean to obey yet again, paradoxically, that mother with her „bad breast", castrating and destructive towards one who must transgress.

It is important to consider the therapy as a reparative moment on the road towards freedom. Fairbairn states „the patient needs to experience the analyst as a good object until he can break his ties with evil objects. This is the nucleus of psychopathology".

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