An Analytical Account of a Man in Search of a Substitute Father

"Old father, old artificer, stand me now and ever in good stead."

James Joyce

"Shame is the apprehension of a vision reflected from the surface of opinion... The opinion of the public."

Aristophanes

Matthew Suh, M.D.*

徐延贵*

INTRODUCTION

Shame is a universal affective experience. We have all experienced shame. Yet, shame has, until very recently, been paid little attention in the psychoanalytic literature whereas guilt as a subject of psychoanalytic interest and inquiry vastly outnumbers the former in any index of psychoanalytic writings. It is indeed a curious phenomenon when one remembers that shame is treated lexically and in everyday language almost as a synonym for guilt. The vocabulary of words implying the acute lowering of self-esteem or shame includes shyness, bashfulness, humility, self-effacement, and modesty as well as the experiences of being belittled, exposed, ignored, put down, ridiculed, slighted, and unmasked. Words such as degradation, debasement, demotion,

*精神分析医. 436 Gilmous Street, Ottawa, Ontario, Canada
derogation, dishonor, humiliation, ignominy, etc., also involve closely closely related states. Wurmsen (1981) thus speaks of the “shame family of emotions”, and treats as congnate the many words by which shame is experienced\(^1\).

What accounts for this curious phenomenon in which shame is accorded the position of stepchild, as Rycroft (1968) called it “the Cinderella of the unpleasant emotions” in relation to guilt, in psychoanalytic inquiry? Erikson (1950), who saw shame in relation to the struggles of the anal phase involving self-control and autonomy, suggested that shame is an emotion insufficiently studied because in our society it is so clearly and easily absorbed by guilt. Did the Judeo-Christian religious ideology of 19th century Europe, with its deep preoccupation with guilt and its consequent channeling of hostility and aggression turned inward to the self, influence Freud and his followers in the birth of psychoanalytic thought? Philip Rieff (1959) states:

A culture in which Freud is the presiding figure appears very different from any that have preceded it. He is not only the first completely irreligious moralist, he is a moralist without even a moralizing message. Man is tied to the weight of his own past, and even by a great therapeutic labor little more can be accomplished than a shifting of the burden... It is exhilarating and yet terrifying to read Freud as a moralist, to see how compelling can be the judgement of a man who never preaches, leads us nowhere, assures us of nothing except perhaps that, having lear-

\(^1\) There is no entry on shame in “The Language of Psychoanalysis” by Laplanche and Pontalis. However, the latest edition of “Psychoanalytic Terms and Concepts” (1990) by the American Psychoanalytic Association gives it an equal space of about half a page as is given guilt. “Psychiatric Dictionary” by R.J. Campbell, 6th. ed., 1989, Oxford University Press, gives a half page summary of the concept, elegantly and succinctly, from both the classical and self-psychological viewpoints. Shame appears for the first time under its own separate heading “Self-Esteem and Shame”, in the Psychoanalytic Study of the Child, Vol. 45, 1990. It lists four papers.
ned from him, the burden of misery we must find strength to carry will be somewhat lighter...(p. xi)

Was Freud ever interested in shame? He was, initially. In 1896, Freud first wrote about it in a letter to Fliess (Draft K, in Extracts from the Fliess papers, SE 1, p.221 – 222) in which shame, along with morality and disgust, was proposed as a cause of repression of sexual experiences and thus was seen to function as a defense: "…the fact that shame and morality are the repressing forces and that the neighbourhood in which the sexual organs are naturally placed must invariably arouse disgust along with sexual experiences." Again, in 1990 (The Interpretations of Dreams) Freud described several embarrassing dreams of being naked, and "a distressing feeling in the nature of shame and in the fact that one wishes to hide one’s nakedness, as a rule by locomotion, but finds one is unable to do so (p.242)." Elsewhere, Freud had also equated shame in a young boy with a history of enuresis, and the threat by the boy’s mother to tell friends and others. Thus, Freud placed shame as an affect within a social context, equating it with "fear of other people knowing about it… I feel ashamed in front of other people (p.225)." In “Three Essays on Sexuality” (1905), Freud moved from shame as an affective response to being seen, to shame as a defense against the sexual drives, and described exhibitionism and voyeurism, each of which is visual, as being socially embedded in the act of viewing, and saw shame as “resistance” against these drives. In 1930 Freud stated in “Civilization and its Discontents” his views of the origin of shame again in relation to genital visibility in man’s assumption of upright gait which made his hitherto concealed genitals exposed and visible, thus giving rise to feelings of shame. In a subsequent paper Freud (1933) shifted his emphasis in the genital origin of shame from its visibility to its imagined deficiency: "Shame, which is considered to be a feminine characteristic par excellence but is far more a matter of convention than might be supposed, has as its purpose, we believe, concealment of genial deficiency. We are not forgetting that at a later time shame takes on other functions (p.
One is left with this distinct sense of ambiguity in Freud’s early writings about the place of shame in his very fluid treatment of the subject as affect, as defense, or as a symptom.

In “On Narcissism”, Freud (1914) introduced the concepts of the ego ideal and self-regard, both of which in essence constitute the core of the shame affect. He described the ego ideal as that intrapsychic agent, precursor to the superego in his later theory development, which is the guardian of one’s values and ideals. Freud saw here the development of the ideal as being in direct continuity with the original narcissistic state: “The subject’s narcissism makes its appearance displaced on this new ideal ego, which, like the infantile ego, finds itself possessed of every perfection that is of value... What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal (p.94).” Freud is quite clear here on the distinction between the “narcissistic ego ideal” and the “institution of conscience” which is in essence “an embodiment, first of parental criticism, and subsequently of that of society (p.96).” Freud decided, however, to leave the question of ego ideal and self-regard untilled and fallow after “On Narcissism”, choosing instead to pursue guilt as a response to oedipal conflict.

Freud (1916~1917) returned in “The Introductory Lectures” to the position he took in 1914. But he went no further. The ego ideal was seen as being created by man for himself “in the course of his development”, and this is done “with the intention of reestablishing the self-satisfaction which was attached to primary infantile narcissism but which since then has suffered so many disturbances and mortifications (p.429).” Why did Freud not pursue the question of narcissism and its protean manifestations further as he started out in his paper of 1914? The answer to this intriguing question, which some people

---

2) The origin of the word “shame” (Scham in German) is obscure. It is believed that it comes from an indo-European root “skam” or “skem” meaning to hide or to cover oneself. The French word “pudeur” is derived from the Latin word “pudetia.” The genital connotation of the word becomes apparent in today’s usage and meaning of the word “pudency”, and “pudendum.”
suggest may be found in the social-political preoccupation of Freud and his followers in their zealous commitment to have psychoanalysis accepted as a science, is clearly beyond the scope of this paper.

Freud and his followers continued to build their theory of psychoanalysis upon guilt as the more worthy affective experience compared with shame. Guilt is the result of a transgression against the superego, and a response to intrapsychic conflict. Palliation and deliverance come from confession and forgiveness. Shame, on the other hand, is an indication of a failure or a defect of the self. Most writers viewed shame as a more archaic and primitive affect developmentally though clinically one experiences shame as universally as anxiety in its naked from even in situations where regression or regressive behaviors are not in evidence. Others have viewed it as a subject of sociological pursuit, embedded in a social matrix of interaction, as Freud briefly referred to it as "fear of other people knowing about it", in contrast to the intrapsychic and therefore proper psychoanalytic origins of guilt.

Another factor which may be responsible, in my personal observation, for this oddity in the neglect of shame as a serious subject for psychoanalysis as a primordial human affect, is the Eurocentric or Western Weltanschaung which psychoanalysis has deeply and intimately shared with the prevailing ideology of the time. Early anthropologists, predominantly Western in outlook and orientation during its nascent and formative years, often made a facile categorization of cultures by contrasting "shame cultures" of non-Western, non-Judeo-Christian origins versus "guilt cultures" of the West, and assigned shame to a class of not very urgent issue of the day. Ruth Benedict (1946) is a better known representative of this school of thought. She made a rather gratuitous comparison between the so-called guilt

---35--- That shame requires an audience is well illustrated by a Japanese proverb which, loosely rendered, says that the shame incurred by a traveler is no shame because the concerns of others or strangers mean nothing to a peripatetic traveler. "Tabi no hajwa kakisuteno haji(Shame while travelling is shame that can be discarded)." See also the quotation from Aristophanes on p.1.
cultures of the West which emphasize guilt and individual salvation and the shame cultures of the East which she posited for the Japanese, and implicitly for the Chinese and the Koreans who all share the same Sino-Confucian ideological and cultural outlook, as an archaic instrument of social control and manipulation.

CONCEPTS OF SHAME IN PSYCHOANALYSIS

The conceptual difficulty in distinguishing shame from guilt has been well noted. Fenichel (1945) introduced shame as a motive for defense against scopophilia and against exhibitionism and related it to visual stimuli: “I feel ashamed” means ‘I do not want to be seen’… Therefore people who feel ashamed hide themselves or at least avert their faces. However, they also close their eyes and refuse to look.” Fenichel continues: “This is a kind of magical gesture, arising from the magical belief that anyone who does not look cannot be looked at (p.139).” Levin (1971) also noted that shame frequently causes one to hide, to avoid interpersonal contacts as a protection against rejection, and to conceal the affective experience from one’s awareness. Parenthetically, I find Levin’s observation, and that of Fenichel with regard to the shame-induced with to hide and avoid contacts with others, an empirically and transculturally valid one. It is heard often in uncritical and tendentious acceptance of Ruth Benedict’s facile categorization of cultures that loss of face is a mortal blow to a Chinese or a Japanese in social interaction. In fact it has become an article of faith among some to invoke “the loss of face” to explain any culturally discordant “non-Western” and “unChristian” behavior. The literal meaning of the expression “losing face” in Chinese ideograms, which are adopted by the Japanese in their written language and also by the Koreans as well, conveys the sense that the shamed person has lost his face-[and]-eyes, he can no longer face, or look in the eyes of the person he has disgraced with his failure or incompetence, and he wishes to hide. The myth of Oedipus tells us that Oedipus, upon learning the tragic truth of his patricide and incest, plucked
his eyes not to see again and presumably not to be seen as Fenichel said of the magical belief of the shamed to close the eyes and to refuse to look. According to many contemporary affect researchers, the human face is the primary site of affect and is responsible for signaling and creating an awareness of an affective state and that human facial expressions are produced, recognized, and given similar meanings which transcend cultural boundaries in both Western and non-Western societies. In other words, affects are biologically inherited responses, universally shared by all humans(Ekman, 1972; Izard, 1971; Tomkins, 1962, 1963). Shame thus produces in the shamed person via the face the wish to hide, to crawl into a hole, out of a fear of making himself unacceptable to his ego ideal which has cut him off from all possible object relations.\(^4\)

Hartmann(1950), by defining narcissism as “the libidinal cathexis not of the ego but of the self”, distinguished between the ego as structure and the self as referent of “one’s own person... an experiencing agent that feels shame for failures and inferiorities.” In their subsequent work Hartmann and Loewenstein(1962) attempted to delineate the ego ideal in relationship to the superego and acknowledged that idealizations occur prior to the evolution of the superego and suggested that the concept of the ego ideal be reserved for those aspects of the superego which originate later from oedipal conflicts. They thus acknowledged the existence of early and archaic idealization as a shame precursor, which is differentiated from the actual ego ideal closer to oedipal conflicts and defined the ego ideal as the vehicle of expectations for perfection within the superego as Freud had originally laid out. However, it is to be noted here that, by agreeing with Freud that the ego ideal fuses into the superego, they denied a meaningful difference between shame and guilt.

\(^4\) It is of great significance and interest that the Chinese ideogram or character for shame consists of two distinctly different characters placed side by side to form a single ideogram: ear and heart(mind/internalized idealized object). You are in a state of shame when you hear (the ear) the critical voice of your heart/mind. The Chinese system of writing traces its root to the Shang dynasty of 1766–1123 B.C.
Matthew Suh

Annie Reich (1954) distinguished between the superego, "the later and more reality-syntonic structure", and the ego ideal, "the earlier, and more narcissistic one", and viewed the ego ideal as being based on "identifications with parental figures seen in a glorified light... the ego ideal expresses what one desires to be: the superego, what one ought to be" (p.209). In a more recent paper Reich (1960) wrote about the idea of "primitive" and "archaic" ego ideals, namely, the primitive identifications with idealized infantile objects, and demonstrated the role of persistence of these early ego ideals in later narcissistic pathology.

Edith Jacobson (1954) regarded the ego ideal as part of the superego system, "as pilot and guide for the ego", but also saw its formation as a precursor to the establishment of the superego system proper. Piers and Singer (1953) referred the experiencing of shame to tension between ego and ego ideal, and guilt to the outcome of tension between ego and superego. It thus seems fair to suggest at this point that the failure to clearly differentiate shame and guilt in the early days of psychoanalysis arose from the over-emphasis on the metapsychology of the structural theory at the expense of a movement toward more clinical view of the ego ideal as advocated by such psychoanalytic theorists as Schafer, Sandler and Kohut, among others. Schafer (1960), for instance, differentiated between the loving and punitive functions of the superego and assigned the former to the task of protecting the ego from excessive guilt, from abandonment by significant objects, and facilitating adaptation through identification with the parental superego: "It is in failing to reach these goals that the ego feels inferior...[inferiority feelings] correspond to feeling of loss of the superego's love, just as guilt corresponds to feelings of the superego's hatred (178–179)." For Sandler, Freud's use of the same term "das Ich" to denote the ego and the self was the main source of the conceptual confusion and he sought support for his argument in Strachey's editorial introductions to "On Narcissism" and "The Ego and the Id". Considering the fact that ideal self and object representations exist from early in life, well before the formation of the superego proper, Sandler and
his group proposed that the self-representation takes on different shapes at different times, one of which is referred to as the “ideal self”, the self as I want to be. It is the ideal self, according to Sandler, that would provide the highest degree of narcissistic gratification and would minimize the quantity of aggressive discharge on the self. Defined thus, the ideal self would provide the greatest sense of well-being at any given time since it is “far more fluid and flexible than the ideals held up to the child by his introjects (p.86)” although it will contain a solid core of identifications with the admired parents of his earlier years. The failure of the actual self to conform to the expectations of the ideal self, according to Sandler, will cause “pangs of disappointment, and the affective states associated with lowered self-esteem...the affect of shame arises when the individual perceives himself as having failed to live up to ideal standards which he accepts, whereas guilt is experienced when his self differs from that which he feels to be dictated by his introjects...Shames might be related to [I cannot see myself as I want to see or as I want others to see me]. Guilt, on the other hand, would be associated with [I do not really want to be what I feel I ought to be]. This distinction is of clinical significance in relation to the formulation of interpretations and the aim to which they are directed (p.157).” For Schafer and Sandler, then, Freud’s structural theory tended to stress oedipal issues revolving primarily around guilt and thus failed to delineate adequately specific functions of the ego ideal, including feelings of shame.

Yorke and his group, who emphasize the concept of anality and analization of defenses in the causation of shame experience, list additional points (1990): The feeling of exposure in shame is linked with the fact that shame always has an external as well as internal referent and as such it is doubtful if it is ever completely internalized; shame

59 Strachey state in his remarks that the meaning of the word "Das Ich" underwent a gradual modification and that ...in some of his [Freud] intervening works, particularly in connection with narcissism, the "ego" seems to correspond rather to the "self." Hartmann (1956) also pointed out that, in the second decade of this century, the term "ego" as used by Freud became synonymous with "one's own person" or the "self."
Matthew Suh

is developmentally determined but socially and culturally enforced: while shame is a normal affect, its excessive and repeated experience can constitute pathology as can its total absence.

Since Kohut's main contribution and place in the discussion of shame centers around the subject of narcissism, his key points in the metapsychology of narcissism will be taken up under the next heading where shame is reviewed vis-a-vis narcissism.

SHAME AND NARCISSISM

It is often heard that we live in the age of narcissism. That shame now seems central to the wide spectrum of character pathologies in our everyday practice of psychotherapy and psychoanalysis supports this observation. If shame is viewed as the consequence of failure to attain the ideals mandated by one's intrapsychic structures that contain those ideals, we cannot complete discussing the issues of shame without discussing narcissism, self-esteem and primitive object relations. These considerations make it necessary that the more recent views of Edith Jacobson and Annie Reich are once again examined, followed by more recent thinkers and clinicians who also so richly contributed to the study of shame in the context of narcissism and the narcissistic personality disorder.

It was Jacobson (1954, 1964) who attempted to bridge the theoretical breach between the ego-psychological and object relational perspectives on the ego ideal and narcissism and identified shame as a major end product of failure and inferiority. Jacobson saw the failure of the self to live up to the demands of a narcissistically invested ego ideal as leading to shame. Born of grandiose fantasies and ideals, however, the ego ideal is destined eventually to fall prey to feelings of shame and inferiority. Jacobson referred to these fellings of inferiority as "narcissistic defeat" and hinted that shame frequently reflects deficiencies, not conflicts, which the individual feels incapable of remedying.

In her often-quoted paper on self-esteem regulation, Annie Reich
(1960) reported a particular kind of patients who gained heightened self-esteem from grandiose fantasies of phallic perfection. During the periods of low self-esteem, such patients look to the omnipotent object for magical fusion and merger and through such idealization participate in the object's greatness. In Reich's veiw, self-esteem in such narcissistic patients oscillates between idealization of, and fantasied merger with, omnipotent objects in one direction, and aggressive contempt for, and envious devaluation of the objects in the other, a similar point Jacobson noted and Kernberg(1973, 1975) also raised in his paper in which he summarized such regular findings in treatment of narcissistic personality disorder. Kernberg states that in such cases there lies at the bottom of the dichotomy a deeper image of the patient's relationship with external objects, an image of a “hungry, enraged, empty self, full of impotent anger at being frustrated, and fearful of the world which seems as hateful and revengeful as the patient himself (1975, p.233).” The rapid shifts in self-esteem described by Reich, Jacobson, and Kernberg correlate with the surprising suddenness with which shame may strike as Wurmsen(1981) demonstrated. The concept of shame in the context of object relations theory emphasizes the self's attempt at individuation and identity formation. Both Kinston(1983) and Spero(1984) drew attention to the primitive and fragile object relations in the shame-prone person as a reaction to the alien, "unassimilable" negative and devaluing self and object representations. Kinston, for instance, indicated that shame is a signal experience reflecting painful self-awareness and separate identity relating to others. Such views echo Erikson's equation of shame and doubt. Kinston also evokes Winnicott's concept of "false self" in his formulation of object narcissism when he suggested that self narcissism or self awareness is replaced through shame anxiety by object narcissism in which self-object differentiation and boundaries are incomplete and unstable. Shame is resolved when this formation of "false self" is completed. The object relations theory thus ushers in a new orientation which introduces concerns with introjects and split-object representations and unstable self-other boundaries.
Lewis (1981), one of the earlier pioneers who recognized the key role shame played in narcissistic pathology, emphasized the “affiliative” nature of shame which she considered to represent “the relation of the self to another person in unrequited love”, a fear of loss of love based on anaclitic identification as Piers and Singer (1953) and Erikson (1950) suggested. Shame and narcissism are closely related “in being specifically and directly about the self” and she likened shame to an “implosion of the self” and narcissism to love of the self. Lewis dissented from Kohut, however, and stressed the supremacy of shame by subsuming narcissism under it. Considering shame to function in an interpersonal context, Lewis argued that narcissism, shaped by shame, serves defensively to restore the integrity of the self and its esteem.

Kohut, starting from his definition of the self as a “center of initiative”, and stressing its “superordinate role”, has made a clinically very useful and informative contribution to the understanding of shame and its relation to the self. Following Hartmann, Kohut initially viewed narcissism as the cathetic investment of the self with libido. As his clinical observations of major manifestations of archaic narcissism in the transference led him to reformulate the concept of narcissism, Kohut postulated a line of development for narcissism distinct from that of object love, and it allowed him to delineate a mature forms or transformations of narcissism, such as wisdom, humor, and creativity.

Kohut (1966) recognized early the relationship of shame to the frustration of the narcissistic self’s grandiosity and exhibitionism and discussed shame in relationship to the ego ideal within the framework of classical metapsychology. He saw the ego ideal as related to drive control, which for the narcissistic self is the source of ambition, the wish “to be looked at and admired.” Shame arises “when the ego is unable to provide a proper discharge for the exhibitionistic demands of the narcissistic self.” He stated again (1971) that the shame of narcissistic patients is “due to a flooding of the ego with unneutralized exhibitionism and not to a relative ego weakness vis-a-vis an overly
strong system of ideals”, and suggested that the shame of such patients reflects the power and drive of their grandiose ambitions. According to Morrison (1989), Kohut abandoned the function of the ego ideal in controlling the exhibitionistic drive components because of his stand against the theoretical grafting of the ego ideal in a conceptualization of object relations. Kohut was of the opinion that object love had been granted too much emphasis in psychoanalytic theory and dismissed the contributions of object relations theory in psychoanalysis as “social psychology.” There is much speculation as to why Kohut failed to see the conceptual link or indebtedness of self psychology to the pioneers of object relations theorists. Bacal (1990) suspects that Kohut was weary of associating self psychology with object relations theory because of his uneasiness in perceiving object relations theory as a threat to the intrapsychic emphasis in which psychoanalysis is anchored. Yet it is noteworthy that, notwithstanding Kohut’s disclaimers, there is a striking similarity between the concepts of Reich and Jacobson, namely, the concepts of ego ideal and of the quest for merger with the fantasied, idealized object, and Kohut’s concept of the idealized self-object. However, when seen as merger and reunion, rather than solely as an agent for drive control as discussed by Kohut, the ego ideal closely resembles the idealized self-object.

What, then, is the true aim of narcissistic needs? Some (Bursten, 1973; Chasseguet-Smirgel, 1976, 1985) have argued that reunion and merger with the fantasized idealized object is the ultimate goal of the self; others (Rothstein, 1979) have suggested that its real aims are autonomy, identity, uniqueness, competence, and perfection. Are these two aims truly antithetical, or might they be understood as complementary? Morrison (1989) advances a persuasive argument that this relationship be viewed metaphorically as dialectic. He argues that both of these positions are correct, that is, there is an ongoing, tension-generating dialectic between narcissistic grandiosity and desire for perfection, and the archaic sense of self as flawed, inadequate, and inferior following realization of separateness from, and dependence on, objects. Thus shame and narcissism feed and fuel each other,
as the self is first experienced alone, separate, and small, and, then, in its grandiosity, it strives to be perfect and reunited with its ideal. In other words, the narcissistic needs or drives leading ultimately to a sense of imperfection about the self's worthiness to attain its aims and objectives (Bursten, 1973; Lewis, 1971) operate in tandem with the narcissistic constructions of perfection, grandiosity, etc. with the aim of eliminating and denying shame itself (Broucek, 1982; Kinston, 1983; Morrison, 1984). Personally, I am in agreement with Morrison's dialectic position. It affords us clinicians to be free from theoretical dictates which sometimes stand in the way of understanding and appreciating an observed phenomenon by defining rather than organizing the data of observation. It gives us time and experience to reformulate our clinical understanding and helps us to advance in a dialectic way to accommodate theory and practice of psychoanalysis in a way to promote its clinical efficacy and theoretical coherence. If theory follows clinical experience, rather than leads it, there is less likelihood of theory-influenced interference in the clinical situation. In the following presentation of a clinical case of narcissistic personality disorder I wish to demonstrate examples of how such interdigitations and dialectic shifts and flows of shame and narcissism shape and mould each other in the transference. It is my view that narcissistic and object-related issues cannot be separated from each other developmentally and clinically and that a forced distinction would do violence to psychoanalysis.

HISTORY AND BACKGROUND OF THE PATIENT

Mr. Graham Cleroux⁶, a 25 year old single, unemployed, English-speaking university student, was temporarily out of school when he started his six year analysis with me. He was referred to me for psychoanalytic treatment by a psychiatrist at the Student Health Service who had treated him in psychotherapy for some time. One of the

⁶This is a fictitious name assigned to the patient in this presentation. All other identifying data are of course altered to ensure confidentiality.
pressing and prominent concerns of Mr. Cleroux was that all his life he had felt inadequate, incomplete, incompetent, and insignificant in comparison with his peers and referred to himself bitterly as a freak. He attributed these feelings of flawed self to his short stature, and in particular, to the near-delusional belief in the smallness of his penis. He always chose to wear a loose-fitting second-hand military field jacket which he hoped would disguise his short and slim stature. He refused to wear more fashionable jeans for fear their tight-fitting crotch might reveal the size of his small penis. He even avoided wearing a wrist watch from fear of people noticing the slenderness of his wrist.

The smallness of his penis was an outrageous insult to his sense of complete manhood. The earliest recollection as to when he felt his penis was small led him to the time when he and his cousin used to swim skinny-dipping at the family's summer cottage and he estimates he was about five or six years old. His cousin has a "huge cock" and Mr. Cleroux remembers feeling small and shamed of his own organ. He had consulted a few physicians and they all reassured him that nothing was wrong with the penis but he was not convinced. He claimed that it was the smallness of his penis that pushed him early on to seek comfort and acceptance in the company of young boys and men because he was quite convinced that no self-respecting female would honor his small penis. Once, in his pre-teen years, he sneaked a quick look at the exposed genitals of one of his sisters who was taking a nap in a revealingly short summer dress and he had this sinking feeling that his small penis would never do. Mr. Cleroux blamed his father for the most flagitious crime against him for endowing him with such a grievous and belittling gift. The fear of sexual confrontation with women was such that he had never dared a date and he ashamedly confided that he was still a virgin. As a would-be "chicken-hawk" he did not mind creating an impression in his social circle that he had scored a few hits but in truth he had and equally barren and virginal life in his pursuit of young boys, whom he only contented himself with ogling at in the bus or on
the street. His sexual life thus existed only in fantasies and he found his unsought status of virginity especially mortifying.

An associated complaint was that he required that he be courted and wooed over for him to feel aroused and passionate and that what sexual competence he had, for instance, a strong and big erection, would weaken and eventually disappear if he was forced to play the active instigator of sexual activity in his very infrequent engagements with other boys and young unpaired homosexuals in mutual masturbation. He hungrily cultivated their friendship in return for their attention though he secretly held all homosexuals in deep contempt for their life style, intellectual dishonesty, and “left-wing politics.” He clung to them to remain a “member in good standing” as he dreaded nothing more than being seen as a loner without affiliation, a status of the unwanted or undesired.

There was one more presenting problem which was a corollary of the first two concerns of his. Mr. Cleroux constantly worried about others’ opinion and perception of him and it drove him to insanity to imagine himself that he was of no significance to others. He was forever vigilant in his painful search for telltale signs to see if others cared about his presence or absence, that he was in good grace of those who mattered to him. He was driven to seek and demand constant and undying attention and admiration from the family members and friends. The world was his oyster or personal hell depending on what others thought of him and where he stood in regard to them. If he was at the center of him small universe, he was the most arrogant, demanding, impatient and strutting self but if he felt or imagined that others did not pay enough attention to him or looked at him with less than admiring gaze, a searing sense of shame would come over and plunge him into an abyss of black despair. His sense of self-esteem hinged entirely on his proximity to and distance from those he envied for their big penises. He would thus oscillate between a state of grandiose, hypertrophied sense of the self and a state of suspicious, withdrawn, hungry and malcontented self. He would happily fawn over those from whom he wanted or expected approval.
and appreciation and he would mercilessly and unfeelingly scorn and spurn those he regarded as inferior.

The patient is the third born, first son, in a family of four children. His father, in his mid-sixties, was a medically retired public servant of working class Franco-Ontarian who lost his mother tongue when he married an English-speaking woman. The father had fought in World war II as a gunner in convoy duty in the Atlantic and received a shrapnel wound to the head and became epileptic. Because the father was on a regular maintenance regimen of anticonvulsants which heavily sedated him, and because the patient was never told of the nature of his father’s disability until he was in his late adolescent years, the father was regarded by the patient as a total wreck as a role model. The son was full of venomous contempt and hate for his father: his father was a eunuch, a gutless weakling who was useless around the house, a man who was regarded by the son as impotent and sexless, a social isolate and misfit who wormed his way around seeking approval and acceptance from his own children, a man, in a word, who deserved unqualified contempt and hate from the patient. Even after he learned of the reason for his father’s disability and slumberous and weary existence, Mr. Cleroux was utterly unforgiving and mercilessly berated him. After all, it was the father who gave him that small and useless penis which was good only for masturbation. He ranted about the unfairness of Fate which dealt him such cruel and crushing disappointment in the person of his father who was a eunuch, a loser, a fawning weakling who was let live by the mercy of those around him.

The mother, also in her sixties, was a daughter of a successful local physician of British descent and it was a real mystery for the patient how his parents from two disparate and almost incompatible back-grounds ever met and married but she nerve spoke about it. She was seen as an intelligent but useless woman who constantly fretted and fussed over the slightest trivia, who moaned and groaned her way through her entire life, a helpless and witless mother who was never there to give comfort and succor when her children needed her. Her

- 39 -
habitual and routine response to cries for help from the children was "Don't ask me", "You are not the only one", or "What about me?" Mr. Cleroux's choice epithet for his feckless and depressed mother was "counselor of despair." Sometimes he referred to her as Mrs. Portnoy from "Portnoy's Complaint", a novel by Philip Roth. According to the patient, however, she was a very careful manager of family finances which consisted of the father's military and civil service pensions plus some inheritance from the maternal grandparents.

In short, Mr. Cleroux grew up in a family where severe early disappointments abounded in the hands of a disabled and impotent father and an unempathic, ungliving and emotionally unavailable mother. He recalled his childhood years with bitterness and felt he had received nothing from his parents that nourished and sustained him. After all his small penis was a living testimony to his father's malice toward him. It was the small penis of his that started him off in a desperate and futile search for a man who would provide him with a bigger penis. The school years were no different from the disappointing and humiliating life at home. He saw himself as a freak with a small penis, totally unfit and uninterested in any sport activities a social misfit with little contact with peers and none whatsoever with girls. He read, however, and read voraciously. If he had a small penis, he felt, the least he could do was to have big brains.

**PSYCHOANALYTIC MATERIAL**

Mr. Cleroux arrived for his first interview with me in his usual outfit which consisted of an olive-green army surplus jacket and oversized, torn and patched-over trousers, his bare and bony ankles peering out from tattered and discolored running shoes. He looked alert, intelligent, and had apprehensive, suspicious, and vulnerable manners about him. He cast furtive looks about in the office as if to make sure that he was in the right place for the right reason. He remarked
that he had always wanted to enter psychoanalysis as he had always been intellectually curious about it. He was very pleased with himself and felt relieved that he was now talking to a real and live analyst about the possibility of going into analysis for himself. When the interview was drawing to an end, Mr. Cleroux pulled out a piece of paper which had a list of names of local analysts and asked me nonchalantly if I would mind waiting for his call before I set up another appointment for him as he had other analysts to “shop around.” Apparently my name was on top of the list and he came to me first to “interview and size me up.” Mr. Cleroux registered an instant alarm when I advised him that there was no need for him to worry about it since I would not be set up to vie for the privilege of having him as a prized patient. I wondered aloud in an interpretive fashion if this was his way of making sure he would be “pursued and wooed over” before he was “aroused” enough to be interested in treatment. Mr. Cleroux looked flustered and anxious to say something but he left without a word through the door which I held open for him.

About a month or so later Mr. Cleroux telephoned me and asked in a subdued and chastened manner if I would be kind enough to spare him another session with me. He said he was quite convinced that I was the man for him, that he wanted to plead his case in person and get on with his treatment with me even if he had to wait for an opening in the future. When seen again, he looked somewhat calmer, settled, and talked about his experience with the other two analysts that he saw or “interviewed.” The first one looked “good” but the waiting list was too long; the second one had an immediate opening but he was too eager to have him and he was ever so solicitous and almost unctuous in every pronouncement he made to reassure him about treatment that Mr. Cleroux became suspicious and decided against him. “I get very suspicious when people try to please me or curry favor with me.” He decided not to continue with the list and
instead returned to me to plead his case. He felt I was the man for him because I looked more professional even though I did not seem to like him very much and that I was a bit more on the aloof and unsparing side than he would have liked. However, he would have more confidence in someone who could “put me in my place.” Mr. Cleroux started his treatment with a mixture of feelings. He was afraid he would fail as an analytic patient since he was convinced that I did not like him very much. He believed I despised him. I regarded him as a lowly worm. I had no sympathy for him. I hid my contempt for him behind the facade of analytical stance. At the same time a sense of triumph or something akin to having won a lottery came over him in that he succeeded in securing an analyst who appeared intelligent, well-read, well-dressed in a conservative but expensive-looking and elegant suit. His office looked posh and the wain-scotted walls were lined with heavy books. His flawed and enfeebled self would soon be replenished and transformed into an educated, comfortable, and tweedy preppy, his idealized image of himself in a British-tailored outfit. He would wonder aloud where I shopped or bought my clothes, and asked me once if I had my clothes ordered from Brooks Brothers which he read somewhere that many analysts in New York patronized.

As suspected, Mr. Cleroux’s prominent tendency to blame others for his “small penis” made its appearance first in the transference concerning his competence to do “good and interesting free association.” Anything that disappointed his sense of phallic competence or failed to meet his wondrous self-expectations would invariably give rise to blaming others for thwarting and shaming him. His very first target for this blame was of course the analyst. “Fuck I can’t do this [free association]. It doesn’t work! I am wasting your time.” He would shout. He had read Janet Malcolm’s “Psychoanalysis : The Impossible Profession” and wanted me to confirm for him that it
was indeed an impossible task for an ordinary person to do free association “off the bat.” “Not off the bat”, I pointed out to him that perhaps he was expecting too much of himself to see how good he was. “You feel bad. You are afraid that I would be terribly disappointed in you. You are not going to be my prized patient and I would be very sorry that I took you.” The overwhelming phallic-narcissistic need to impress his analyst thus quickly shattered, he would accuse me of setting him up for a humiliating unmasking of his ineptitude. He recalled how smart he was when he was small, everybody thought he was a genius and made a fuss over him for anything he did and everybody knew he would become a doctor or a lawyer, a picture of a child raised in fantasies of greatness without the benefit of empathic adults to modulate such fantasies. “Everyone thought I would become somebody and here I am, I am a failure, I cannot even talk and you are laughing at me.” He began to talk about one of his cousins who had a “huge cock” and he is now making big money in Ohio and how much he envied him. The exhilarating and almost intoxicating sense of triumph that he was finally in analysis with someone who shopped only at Brooks Brothers was regularly replaced in his sessions with a devastating sense of defective self, stuck with a small penis, when his cousin was flaunting his big penis and money in front of him, and his analyst with his own big penis, was laughing at him for his failure in becoming a prized analytical patient who could “free associate” interesting material for his analyst. It all happened because he was denied a big penis and “you know who did it to me. I am the son of a freak. I come from a degenerate type.” I pointed out, in connection with his failure and despair over his ability to free-associate without a glitch, that perhaps his desire to be my best analysand arose from his feeling that he had a special mission in life or a strong need to be special because of his belief that he was unfairly and unjustly treated by Fate to be born with a small
penis and as such he was entitled to something very special, i.e. right to special treatment, privilege, exemptions, or considerations from others (Freud, 1916; Jacobson, 1959; Moses & Moses-Hrushovski, 1990), a wish for a replacement, repair, or reversal of the defective part in him.

His sense of powerlessness and impotence was the direct result of his father denying him a big penis. He hates summer when he no longer can wear oversized military jackets. He hates swimming. He refuses to wear shorts which expose his crotch and his twiggy legs. The wish for a hiding place preys on him all the time. "I like the idea of a secret, hidden place where I can hide. A titillating idea, a Mohamed in his paradise, palm trees, fountains..." This wish for a hiding place where he can be alone, like Mohamed in paradise, in glorious isolation, where he would not be forced to acknowledge his puniness, was very often associated with his fantasies of being abandoned, separate, and afraid. He would make sure during sessions when silence intervened by asking if I was still "there" with him, wondering if there was a secret passage in the office through which I might sneak out for a quick snack or see someone else in another office while he was "blubbery" on the couch. Everybody is a threat to him — "if anyone succeeds in anything, it is my loss. Everybody succeeds at my expense." — and everybody "repudiates" him (for his small penis). The alternating sequence of arrogant, omnipotent and grandiose self and the trembling, fear-stricken infantile self was a constant and recurrent theme throughout the analysis: the child genius with great promise thrown into a rage over the discovery that his penis was too small, and to stay in the company of others with big penises, he had to force himself to consort with them and dole out favors to retain his membership in the gay community which he holds in secret and deep contempt, and now he would be faced with a terrible consequence or reprisal if he fails to become an interes-
ting patient, a man with a big penis, with his offerings of rich material to keep me feasted and entertained. To an analyst the patient who can do “good free association” is a guy with a “big cock” and he just does not have it. Now his analyst would abandon him by sneaking out through a secret door or truss him up like a dead turkey. How he wished he were a Mohamed in paradise, alone, supreme, unchallenged.

Mr. Cleroux’s sense of impoverished self would not leave him alone to bask in the shared glory of being in analysis in an elegant office with an elegantly dressed and impeccably trained analyst. Somehow he believed that there was a plot under way against him, he would be harshly and dismissively treated by me during his analysis and sooner or later he would be tossed out of the office, trussed up like a turkey and labeled “unsuitable for analysis.” He was always vigilant, alert, suspicious, and quick to ask or try to guess what I did or did not do behind the couch. Once, when he apparently found the silence in the office too much, Mr. Cleroux flipped over on the couch with such agility and caught me straight in the eye with his raised head. He said he suspected or imagined that either I had fallen asleep or just slipped out through a secret exit. When motioned to resume and continue, he burst out into loud sobbing and began to slap his head with his fist as if he deserved a blow. “Now I have blown it. I am crazy! I am paranoid. I am psychotic. I know what you think.” I interpreted his vigilance not so much as a paranoid trait which he should be shamed of as his expression of fervent wish for confirmation that he was worthy of my adulation and acceptance from me, a prized analysand and a valued son. He responded, half relieved but half unbelieving, that sometimes such assurances are not enough. Examples of this type of fantasies continued for a long time. When they persisted, I would gradually introduce by way of gentle interpretation the theme that he was too anxious to be liked by me, to become
like me, someone he would like to emulate, in the shortest possible
time, so that he would no longer need me or my help and someday
he would be his own man. He would no longer be the captive of
his shame that he is small and useless. To him I am a constant remi-
der that he is indeed held captive by his shame. His need of me
thus becomes the fuel that feeds his resentment and hatred of me.
The patient's frequent displays of arrogant, gradiose, angry, and testing
behaviors, as he demonstrated in his very first interview with me with
his suggestion that it was up to him to decide whether we should
meet again or not, were consistent with the underlying defensive needs
to deny and stave off his own neediness for dependency and the en-
suing rage against it. He would frequently accuse me of not liking
him, of being bored with him, etc. He would start the session with
an almost ritualistic incantation that I was angry with him. "I know
you are very angry with me today", "You had a smirk on your face
when you came to fetch me in the waiting room", or that my footsteps
sounded very reluctant and I always trudged when I walked over to
the waiting room for him. As weekends approached, he would never
fail to remark that I looked happier, I was looking forward to being
free from him, and he would sarcastically express his sympathy for
me on Mondays for being stuck with him again. It was so obvious
that these seemingly contradictory and alternating behaviors, idealiza-
tion and belittlement, were a telling illustration of the dialectic swings
of narcissism and shame, the battle royal between the wish to merge
and reunite with the admired and idealized analyst to bask in the
reflected glory of his big penis and the archaic sense of himself as
flawed, small, impotent, and inferior after the inevitable realization
that he is separate from me and that he so desperately needs me.
The persistent sense of the enfeebled, hungry and empty self then
would be replaced with a recharged sense of his special bond with
me. He is my analysand, he is with me, he is mine and I belong
An Analytical Account of a Man in Search of a Substitute Father

to him. As a well read young man, he was in the habit of quoting from authors ranging from novelists to philosophers, political theorists, sociologists to military historians and strategists. Nietzsche, Clausewitz, Marx, and Levi-Strauss were his favorite sources and Freud was his gospel. It soon became obvious that he derived more sense of grandiosity and blissful union with his analyst from making sure through persistent and tenacious questions that at least I could identify them or that I was familiar with their works, than from just showing off or flaunting his range of knowledge or exposure. He was amazed and extremely gratified when I knew who Levi-Strauss was. I told him that he was very happy with the discovery that I knew who Levi-Strauss was because now he could convince himself that we both had big penises. He chuckled, then denied that he was secretly questioning and testing my range of general knowledge (potency). It must be stated here that in the early phase of his analysis I felt it was necessary to meet his need for special treatment (in his eyes) by answering such questions. I felt that this desperate man, for acceptance and affirmation, would gain more from having some of his questions answered than from my rigid insistence on the strict rule of abstinence which would only increase his sense of already damaged and flawed self. Besides, Mr. Cleroux’s insatiable need for merger with the fantasied and idealized father with a big penis would be encouraged to unfold further and amplify in the transference only if I passed such tests and met his criteria. I further felt that if I listened carefully to the patient’s account of his narcissistic needs with empathic, tolerant and accepting attitude with a minimum attempt at clarification or interpretation at this early stage of analysis, his narcissistic vulnerability would be better contained and his underlying sense of the damaged and defective self would be encouraged to surface and reveal its form and content in the transference with less resistance. Kohut (1971) thus spoke of the therapeutic importance of tolerance for the patient’s nar-
cissistic grandiosity which is taken as an important clinical indicator of the patient's sense of himself and about the structure and content of the underlying narcissistic introjections. If my range of knowledge was wider than his, I must have a penis a lot bigger than he had imagined and it made him even happier. Mr. Cleroux expressed his first keen disappointment in me when he found out from the name tags in the parking lot that my car was not European, it was not an import. It was a plain ordinary big "American" car. He felt small, I pointed out to him, and embarrassed to know that I was not driving an import because he as my patient deserved better and I as his analyst deserved even better for the privilege of having him in treatment. He fantasized about my residence, about my wife and the family, etc. All an exaggerated fantasy where I reigned like royalty, yet he had this mortal dread that someday he would run into me on the street or at a theater and find out that my wife was not at all that attractive or glamorous, or that I was just one of those nobodies. In short, he was deathly afraid that his analyst's penis was not that big as he imagined. Mr. Cleroux would never be able to deal with the crushing discovery that his analyst was no different from the lifeless and sexless father of his and the shame of it would finish him off for good.

The danger of the analyst not recognizing his own countertransference in reaction to his analysand's overidealization of him has been duly noted (Greenacre, 1966). Greenacre correctly identified it as either arising from the analyst's own overidealization of psychoanalysis as panacea to problems of human unhappiness or misery of everyday life, or from his own need for being loved and admired by his patient. The capacity of the analyst to tolerate and accept the patient's need to idealize and bask in the reflected glory, the grandiose mirror in the transference, without being tempted into responding to the patient's narcissistic projections is of critical importance here. Mr. Cleroux's
wont for searing condemnation of his father and unrestrained deroga-
tion of me for not being "warm and caring" when he was in "black
mood" served me well in this regard as it always alerted me to my
own narcissistic need for staying "high and mighty" in the patient's
transference and to the patient's need for adulating and devaluing
me by turns. Forearmed and forewarned thus, I was able to base
my own analytic stance in the reality of my sense of myself and the
patient's need for projecting and then re-introjecting successfully such
narcissistic components, all desirable and assimilable attributes, ema-
nating from me. All I tried to avoid was not to repeat to the patient
in the transference what had actually happened to him: offering my-
self as an enfeebled, impotent father to a son who saw himself as
a damaged goods in the hands of the cursed and unblessed father.
Only when the patient acquired through analysis sufficient ego stre-
ngth to reinforce his tenuous capacity for primitive object relations,
Attempts would be made for more vigorous interpretive work.

One day, in the middle of the second year of analysis the patient
began to talk about his increasing realization that he was putting
more efforts to comply with what he regarded as demands of the
analytic situation. His initial complaints about the "ritualistic" and
"unreal" demands of the analytic situation seemed to be receding
gradually. His wish to please me and his need to be appreciated for
being a good analysand became more apparent and he made more
concerted efforts to give his best shot at the analysis. An imitative
phase, a precursor to the introjective and identificatory phase, of the
analytic process was thus in the offing. He noticed himself that he
was thinking more about going back to school and finishing his degree
requirements. All he needed was a little bit of discipline. He had
dropped out of school when he was not accomplishing much with
his academic work and receiving poor marks. His experience on the
couch, his grappling with free association, the required punctuality
for his appointments, the contract we had about him paying for any missed sessions, they were all for his own good. He admired the steely discipline which he believed I possessed. He noticed himself that he had been talking less and less about his father. He no longer cared whether he hated his father or not and he did not miss him at all (Mr. Cleroux moved out of his parental home in his second year in analysis). He reflected on his good fortune that he had decided to go into analysis with me instead of the one who so badly wanted him. I remarked that he sounded like a rookie conscript in a marine boot camp, undergoing a harsh initiation course which would toughen him enough to want to stay in the camp and finish it, and wondered aloud if he considered it as a price for a new father. I asked if the reason he decided not to go into analysis with the second doctor whom he had "interviewed" was that he reminded him of his own meek and solicitous father who used to beg of him to keep his [father's] company. "Oh! I didn't think of that. I just thought he would be too soft on me." I asked if he needed or sought discipline and punishment from a stern, unsparing and unyielding analyst like me, and if so, why? "I don't know. I just thought you knew what you were doing." I asked him if he felt bad at all for insulting and berating his father as much as he did and he denied feeling guilty. He denied feeling bad: "Why should I feel bad? I am the victim, not him." Mr. Cleroux went on once again mimicking his father's halting and stuttering speech pattern on the couch as he had done many times before and began to get carried away, spitting out invective after invective. Suddenly I became aware that I was feeling vaguely uncomfortable and even getting angry and offended by his theatrics on the couch. I had always realized that the very character Mr. Cleroux was playing out right on the couch fitted every inch the very characteristics of his own: blundering, fearful, damaged, defective, sexless and lifeless, small and shriveled, timid and useless, etc. down to the way how his father spoke
and shuffled around, etc. and now all of a sudden I seemed to have run out of patience with him and found him pitiable and tiresome. There and then I realized that I, a former soldier myself who saw combats, was identifying with his father who was a WW II veteran and that the patient was portraying his father with those very same words to show how much alike they two, father and son, were and how intensely albeit negatively he identified himself with the very caricature of his father, in the classical context of "identification with the aggressor", or the victim with the victimizer. I pointed it out to him in a calm and modulated voice that those adjectives with which he had just pictured his father were the very same ones he always used to describe himself so many times in his diatribe against the cruel Fate which had preyed on him and the cruel world out there full of big guys flaunting their big penises. "When you describe your father, you sound like you are describing yourself. You are your father's son after all. You seem to be saying that you two have a lot in common." Mr. Cleroux retorted that he never denied he was his father's son. "Didn't I tell you how I got my puny penis from him? Where have you been all this time? You don't believe me." He started crying. When he finally settled down, I said that what I meant by my remark about the uncanny resemblance between his father and him was that he, the patient, in spite of his professed hatred of the father, must have also felt the painful realization that they two were both in the same boat, both victims, his father as a result of the war injury, and he, the patient, from believing that he was unfairly victimized by Fate for being his father's son. I continued that I wondered if Mr. Cleroux sometimes felt sorry for his father who after all was man enough.

7) The original concept of "identification with the aggressor as proposed by A. Freud has been elaborated on by many authors: "identification with the hater (Berlin, 1958)", "identification with the humiliator (Rothstein, 1984)", by Sandler as "identification with the introject (1960)" and by Segal as "identification with the doer (1969)".
to volunteer to serve and fight in the navy as a gunner. "Never, never, never! Mr. Cleroux defiantly shouted. I continued my interpretation to the effect that it must be easier for him to express his anger at his father than to express sorrow, tenderness, and love for him who seemed to need his son's attention so much and depended on his good will. He remained silent for the rest of the session, and left looking at me in silent anger with his puffy, reddened eyes when he went through the door which I held for him.

The above session, which Mr. Cleroux started with a very optimistic note about his wish to go back to school and how I helped him to acquire self-discipline and recover his ambition and ended in a most acute, distressing yet meaningful session for both of us, was a telling example of countertransference reaction in dealing with shame. It was the recognition of my own shame as the patient's analyst that I reacted with pity and loathing to Mr. Cleroux when he appeared to be enjoying ridiculing his own disabled father and that I acted out my own anger and loathing of him in the form of a trenchant if not sadistic interpretation which, I believe, was a correct one but not very useful or helpful one for the patient at that moment. Since shame is the enemy of the grandiose self (Bursten, 1973), the task of the narcissist to repair his damaged self is achieved when he succeeds in ridding himself of shame through merger or reunion with the omnipotent and idealized object. My pointing out to him that he was no different from the very caricature he was drawing for our amusement obviously had the net effect of telling him that he was his father's son, separate from me, and that his fantasies of merger with me, the omnipotent and omniscient analyst who was also his warm and loving substitute father, were just that, a short-lived mirage.

It was noteworthy that very few elements of Mr. Cleroux's conflicts with his father could be termed oedipal. His father, who was the patient's original malefactor and shamer, not out of the legendary part
assigned to him as father in the classical triad, but out of the freakish accidental “castrating” act in endowing his son with a useless and small penis, had very little to do with generating the usual intense oedipal feelings in his interaction with the son and as such no “oedipal material” found its way into the analytic relationship with me. As far as Mr. Cleroux was concerned, there was no father, there had never been a father in his life. His natural father was invalided out of the military and the public service and it was just as well that he invalided himself out of the oedipal triad. Mr. Cleroux adopted me as his father, an idealized and fantasied edition for sure, but I was also real to him in his daily analytical discourse which he sometimes found intrusive yet fostering man-to-man talk, and that’s why “talking to you, to do free association, is so difficult. I never had a father. We never sat down and talked together.” It was an experience Mr. Cleroux never had with his own father as he often lamented on the couch. I was strong, decisive, intellectual, very professional and conservative. The only sour notes in this scenario were that I was aloof and remote, held him in secret contempt, showed very little indication to be really involved in his affair to any extent as he judged from my mostly neutral and somewhat abstemious interventions. In his recollections it was Mr. Cleroux’s father who would always ever so solicitously and meekly importune his son to talk to him or keep company but Mr. Cleroux would have none of it. A mere glance at his sickly father made the patient fell ashamed and humiliated. One of the most humiliating and mortifying recollections was when his father confided in him — Mr. Cleroux was in his late teens — that he, the father, had been impotent for many years and that he was a virgin until he was almost 30 years old when he married. I remarked that such unsolicited confession of sexual inhibition and subsequent debilitation must have had the same impact on the patient’s confidence in his father as it would have had on him if I had been found
out not to know who Freud was or what Marx was known for. Even as his analytic experience deepened, Mr. Cleroux was not able to recall any instance or memory of his father enhancing his sense of pride and masculinity through playing together or helping him with any of his assignments or projects from school (The patient was born after the war and he had never known his father in his premorbid robust and muscular state of health). As far as he was concerned, I was the only father-man who spent everyday an exclusive hour with him on most intimate details of his life for years and as such, it was right on the analytical couch that his preoedipal and dyadic (Blos, 1985), more archaic and narcissistic, longings for a strong idealized father and wishes for mirroring experiences with him were acted out and fulfilled. I as his analyst was thus the new “old man, old artificer, who [will] stand me now and ever in good stead.” His real father was totally unavailable, an abdicating father (Socarides, 1982) in every sense of the word except with a very important difference. Mr. Cleroux’s father failed miserably and traumatically for the patient’s sense of masculinity and gender identity to establish itself through association with the idealized, powerful father in a pre-competitive and non-competitive mode. The fateful difference was that the mother of the patient was equally absent emotionally from the patient’s early life. Thus the usual parental dyadic unit did not exist in the patient’s early emotional orbit and he was spared the average expectable libidinal entanglements and conflicts vis-a-vis each parental figure which a growing child comes to experience as it enters the oedipal phase of development. As far as the patient’s analytical material showed, his so-called abdicating father had never been under the dominance of his wife, who was an equally emotionally absent and chronically depressed woman in her own right. It is fair to suggest, therefore, that in Mr. Cleroux’s case the generally held psychoanalytical findings (Socarides, 1978) of homosexual sons following paternal abdication in the context
of a psychologically dominant phallic mother did not apply. Mr. Cleroux had a clear and distinct gender identity or maleness which was simply beset and plagued by the feeling of defectiveness and deficiencies. The patient's penis, however small, was a direct male linkage to his father and its smallness has thus come to symbolize for Mr. Cleroux the shriveled, whimpering and impotent father who was sexless as a man and useless as a father. I suggest therefore that Mr. Cleroux moved in his psychosexual development from the preoedipal stage to the genital stage, albeit subjectively feeling defective and impotent, in a non-linear and discontinuous mode and bypassed the phallic-oedipal stage entirely. It was indeed significant for the patient in a way that his mother was neither seductive libidinally, nor engulfing and phallic enough to thrust him into a state of reactive castration anxiety or onto a homoerotic career arising from his over-attachment to her. The psychological price for Mr. Cleroux's failure to identify with his father phallically was counterbalanced by the mother's total lack of libidinal attraction for the growing boy which apparently had interfered with the development of the core homosexual identity in her son. The nuclear conflict, in fact, the sole desire, of the patient was to find and merge with a powerful substitute father, his long-sought ego ideal, in order to reinstate the long-absent sense of adequacy and competence, that is to say, the search for a substitute father with a penis big enough to share with him, to make his own penis grow bigger to allow him to partake in the male world as competently as he could. It is indeed astounding that in nearly six years of analysis the patient seldom talked about his mother and if he did talk about

Isay (1987) advances an argument on the basis of his extensive studies of homosexual men that genetic predisposition to homosexuality is a necessary condition and that the environmental factors such as overattachment to the mother in the presence of an abdicating father alone is not a sufficient condition for homoerotic object choice. Marmor (1975) also suggested a similar line of argument.
her at all, it was always in the context of her expressly anaclitic or instrumental function she performed for him on his infrequent visits with her; that he was going to borrow some money from her, or that she did the laundry for him, or that she was changing her car, or that she was planning to move into a condominium after the sale of the family home, etc., but never on any subjects concerning or about their relationship as mother and son. Thus it is asserted here that Mr. Cleroux is a product of failure of development beyond the pre-phallic or phallic-narcissistic phase since his total failure in indentifying with the abdication real father and desperately searching for an idealized surrogate father has prevented him psychologically from moving ahead toward the phallic-oedipal phase of development where he can compete with a powerful father figure. The observation of Edgcumbe and Burgner (1975) lends a strong endorsement of my view here of Mr. Cleroux's psychosexual development. They noted that the survey of the literature in this area of child development indicated a certain set of assumptions by equating a boy's entry into the phallic phase with a simultaneous entry into the oedipal phase and that it was Freud himself (1924) who, by failing to differentiate the two by stating that the phallic phase "is contemporaneous with the Oedipus complex, ...the phallic phase] does not develop further to the definitive genital organization, but is submerged, and is succeeded by the latency period(p.174)...." was responsible for the historical assumption that a phallic child is an oedipal child. My observations of Mr. Cleroux's historical and analytical material clearly and loudly point to the predominance of his exhibitionistic and voyeuristic drive components over the nature of his relationships with the objects for genital discharge as one might expect to see in a boy in the phallic-oedipal phase of development. The psychopathology of the patient, in other words, was rooted not so much in the structure of conflicts as in the arrested ego development and his display of pre-phallic and exhibitionistic
An Analytical Account of a Man in Search of a Substitute Father

needs were more in the service of his narcissistic assertion of maleness, however fragile and defective, than for the purpose of attachment to the oedipal object or its surrogate female for discharge. The object relations, for Mr. Cleroux, consisted of very primitive ones in which the self-other boundaries existed but little capacity for object-relatedness was present. For my patient, therefore, shame was a signal experience reflecting his painful self-awareness of being flawed and stuck with a puny, useless penis, and his separate identity in the face of difficulty in relating to others.

As every context in which Mr. Cleroux experienced shame of himself as a victim of Fate, a sort of lapsus naturae, in the hands of his despicable and unforgivable father, who himself was a victim of war injury, was carefully worked through in an accepting and tolerant analytical environment, a slow but discernible change gradually came over him. First to go was the almost automatic and obligatory malediction of his father with which he started his daily sessions. Only when he had a “bad day” or a “bad time” with friends or on the couch, that is, when his level of narcissistic vulnerability was traumatically heightened, he would invoke his small penis as if it explained everything bad and evil that befell upon him. His alternating derogation and idealization of me as his analyst cum substitute father also underwent a significant change in that the pervasive persecutory and paranoid ideations which he had projected onto me receded gradually and were replaced by more soothing fantasies about the magical, magnificent father-analyst who would restore his small penis to its normal size and nurture and promote his stunted sense of maleness and manhood. Taking advantage of such slow but steady structural changes in him, I began cautiously at first making more interpretive interventions which he would have rejected before with characteristically contumelious and truculent challenges and protestations. Now he would simply remain silent, pouting, if he disagreed with my interpretations,
or express his incredulity or disbelief, or mutter something to the effect that he would think about it or that I might be right, etc., instead of shouting or pounding the couch and accusing me of hating him, despising him, or secretly scheming his expulsion from treatment with me.

A fateful event in the analysis of Mr. Cleroux took place toward the end of his second year of analysis. His father had a heart attack and died in the hospital upon arriving. When Mr. Cleroux arrived for the session he took the usual position on the couch and announced casually that his father had died and that he felt very strange for not feeling grief. Everybody else was very upset but him and it made him feel bad, an odd man out in the grieving family. After the funeral Mr. Cleroux complained that he felt strange and “paranoid” because he was not grieving enough and people were watching him. Should he feel guilty for not feeling grief? I remarked that sometimes an overwhelming emotion took time to be felt. He was very relieved to be back for his session after the funeral which was held on a saturday and said he missed his session very much over the weekend. He was becoming “paranoid” that everyone in the family now hated him for the way he had treated his father and wondered if his “paranoia” meant he felt guilty about his father’s death. It was all very strange that he should feel guilty about the death of his father because it was he, the father, who victimized him and that there had been no love lost between the two. I gently reminded him of the emotional session we had before about his having profound feelings for his father, a sense of affinity based on the shared view of themselves as victims of Fate and wondered if it was bothering him now. He denied emphatically having any feelings other than relief, disgust, and shame of himself for feeling upset.

The funeral of his father brought him back to his long-lost relatives on his father’s side, all French-speaking, hard-drinking and chain-
smoking working men from the other side of the river, at the wake, the funeral, and other family gatherings with out-of-town relatives who lingered on after the funeral. He talked about his lost French heritage, his proud habitant background, the earthy and sturdy pioneers of the past. He felt a bit ashamed that he had nothing to show for his Frenchness except his surname, and admired his French relatives for their gutsy and spunky life style. Perhaps he should learn to speak French, he felt, perhaps he could revitalize himself through getting to know his French cousins better. They made him feel like a specimen of a degenerate and effete leftover stock. Mr. Cleroux, in spite of his vehement denial and disavowal, was after all feeling a kind of strong French kinship which had been hitherto repressed and unacknowledged because of his shame of the father and now it was being rekindled. I reminded him that his father was one of those “gutsy and spunky” habitants until he fell victim to the head wound. “I only wish I had seen him like that”, he replied. “If you had, you would have felt very differently about your father and about your penis”, I pointed out. Whether Mr. Cleroux was able to mourn the death of his father sufficiently and adequately is hard to determine, however. Although the symbolic meaning of his wish to reassociate with his Frenchness as a way of identifying with his father and mourning his death, he would reject my interpretations stoutly. The concept of “the struggle against identification” (Greenson, 1954) is relevant here. Greenson described four patients who were totally unaware of their identification with a hated parental figure and resisted and rejected vehemently their entire life that their fateful introjection and identification with the hated object had ever taken place. Greenson cited as one of the reasons for this resistance and denial the patients’ fear of “a loss of a cohesive self representation” (sic) and of the possibility of the loss of sense of identity. Greenson also implicated Freud’s reference (Freud, 1923) to the liberation of destructive energies which ac-
companies the regression involved in identification to account for this phenomenon. Mr. Cleroux seldom raised the subject of his father again in sessions and in fact for all intent and purposes he stopped talking about him after a month or so after the funeral. I can only speculate at this point that my constant availability as his substitute father from the very outset of his analysis—after all he entered the analysis with the intent of replacing his small penis and his “unidentifiable” father with a strong and invigorating replacement father who would stand him in good stead, has considerably softened the impact of his father’s death; his father died, or rather, was replaced when he decided to enter analysis with me. For Mr. Cleroux his old father did not die, he had just faded away when I entered his son’s life. I was the one with whom Mr. Cleroux started all over again the serious business of growing up with a father, a remedial father-son bonding. The memory of his father and the impact of his death could only be inferred from the patient’s occasional reference to his mother who stood up to the challenge of widowhood surprisingly well and his unfolding realization that his mother also had been a victim of Fate who was finally freed from the burden of being married to a disabled man.

In his third year of treatment, Mr. Cleroux returned to school to complete his undergraduate degree. Out went his thread-bare surplus military clothes and his leaky running shoes were replaced by a decent pair of walking shoes. When he first showed up for his appointment wearing regular street clothes, he was quiet self-conscious and apologized for looking “stupid” in his cheap shirts and pants. He said the professors would be more friendlier toward him if he did not look like a Viet Nam veteran or a mercenary—“of course nobody would take me for a Viet Nam vet or anything like that. I am not built like that.”—and that he was plain tired of wearing the same thing year in and year out. A change of air was needed. “I think you are
An Analytical Account of a Man in Search of a Substitute Father

becoming more accepting of others who look like you and also becoming less self-conscious.” I said. “Maybe. Oh, I don’t know. I don’t feel comfortable. But I look ridiculous wearing that army stuff. I am not cut out to be military. Military history I like but to look or act military is not my style.” On the couch he began to talk more about what went on in school, how he felt being in competition with other students, and how he conducted himself with the professors. He was more intent on impressing his professors than being in direct competition with other students and he would light up and become animated when he recounted his conversations with the teaching staff who received his assignments or term papers with compliments or with encouraging remarks.

He decided to continue on to the graduate school and eventually to the doctoral level since he became convinced that an academic career would be the best choice for him. Successfully completing his Master’s degree in sociology and anthropology\(^9\), he applied for and was accepted into a Ph.D. program at a larger and better known university in another city. His final choice for the area of study was very significant. He chose an highly specialized area of study, the study of a dead ancient language, which is considered to be the root or ancestral language to one of the major linguistic families today. He said he chose it because it was so narrowly specialized that only a very select few would take it and that it has no practical monetary or commerical value and fit only for a academically minded research-oriented people. Its advantages are that he would receive a really intimate and close tutorial supervision from a small teaching staff since the student-teacher ratio would be almost like one to one and that he would get to travel to do a field work. I remarked that perhaps

\(^9\) It was indeed an uncanny coincidence that Mr. Cleroux chose the same area of study as graduate student in which I received an M.A. myself but I am absolutely certain that he had no such knowledge about me. Even more uncanny is the fact that he and I share the same birthday.
he was attracted to it because it was so special, nobody today studies it except for the reasons he himself cited, and that he would be like a Mohamed in paradise once he received his Ph.D., a real elite in an esoteric circle with restricted membership, a short of brotherhood who would face little challenges or competition from the uninitiated outsiders. He said the psychoanalytical community was regimented like that, he read somewhere, with all the shibboleth and rigmarole about years of hard training and restricted membership, etc. “So I see, you want to be where you think I am, or better still, you want to become like me, and it will make us alike, like two peas in a pod: special, protected, highly trained and with restricted membership in a kind of guild and with a big penis to boot.” “Nothing wrong with that,” he chuckled. He was thus signaling to me that when he received his Ph.D. it would be like having his small penis finally repaired and restored to its wished-for size which he would now proudly display without experiencing shame, and that the time would arrive for leaving me as a man who is finally and forever emancipated from the lifelong yoke of a small penis. Going back to school and working for a Ph.D. also had for him a special significance in that it signaled his willingness to surrender his sense of specialness and entitlement and work hard like anybody else in “the marine boot camp”, no quarters given and no privilege asked, in return for a tangible hard-won reward.

After he decided to apply for the doctoral course at the other university, he began sporting a suit, shirt and tie, and leather dress shoes if the weather was favorable. The sartorial change or transformation of Mr. Cleroux was such that it drew some comments from my colleagues with whom I share the same waiting room and a couple of other analytical patients of mine who over the years came to recognize each other also commented on the change. The internal changes, as noted above, were also remarkable if not outwardly discernible except in
the analytical situation. He began to see that his sense of specialness and entitlement always contributed to exaggerate his feelings of deprivation, persecution and victimhood and his grievance and rancor at his blighted and unblessed father who caused all this misery and humiliation by giving him a small penis. These points were constantly and continuously worked through as they came up. Interventions were coupled with more concrete clarifications and interpretations, which were always linked to the underlying sense of idealization and bebase- ment, grandiosity and belittlement, elation and disappointments, which in essence constituted the clinical picture of his phallic-narcissistic personality disorder. Mr. Cleroux began to see the part he played in perpetuating his sense of misery and shame, the almost self-fulfilling masochistic scenario in which his sense of special entitlement magnified unfairly the size of his disappointment and the persecutory quality of his victimhood only to justify his feelings of rage at his humiliated and shamed self. As such realization grew, Mr. Cleroux's repertoire for dealing with disappointments broadened. Instead of ranting and raging at every disappointment when he was not allowed to have his way, and imputing sinister motives to others for shaming him with a failure, he came to accept that his anger was a misdirected and self-serving one, and learning to accept and mourn the fact that he was not all that special and that for being special or becoming entitled, he would have to fight his way up through fair competition and hard work. His reactions to less than laudatory comments or criticisms on his performance from the professors progressed from explosive condemnation and denunciation of them for being ignorant or prejudiced against him to a passive-aggressive, critical but accepting stance to searching for clues to see if their criticisms were indeed justified in appraising the quality of his work. As his narcissistic demands came to be understood in the transference that they originated from his sense of specialness as a victim and his entitlements to repa-
ration for the accumulated shame experiences, he became more aware that what he really wanted and needed was for him to recapture and to reexperience what he failed to receive under the pathogenic circumstances of his life with the emotionally absent and depriving parents. He became more accepting and tolerant of having his wishes and desires delayed and sometimes denied and rejected, to the extent that he was now able to respond to others' perceptions of him without excessive degree of shame or elation. His reactions to my planned absence due to vacation or CME, for instance, became much more understanding and modulated whereas he used to react with anger, depression, or sarcastic remarks about me getting tired of him, etc. Mr. Cleroux's improvement in reality testing gradually led him to better distinguish self- and object images from each other and he thus was able to regulate and maintain his self-esteem without being at the mercy of how he felt about his acceptability or desirability in the eyes of his friends as was his wont. Mr. Cleroux's idealization of men with big penises, it must be stressed here, was a rather focalized form of idealization in that he idealized only the part object, the phallus, and it would be more accurate to say that he envied rather than idealized men who he believed had big penises. After all he had nothing but contempt for his friends in the gay community. Such disdain and devaluation were his defenses against envy and the ensuing narcissistic rage. He could idealize only one person, and that one person is his father or substitute father who will impart the idealized phallic qualities to him and allow him to grow phallically, the old father who will stand him in good stead.

With Mr. Cleroux's formal acceptance into the doctoral program at a university in another city, which was confirmed toward the end of the fifth year of his analysis, the thought of terminating the analysis before the new academic year in September became a reality for both of us. In a way he had been preparing himself for termination when
he started signaling his readiness to me with his reference to his wish for an advanced degree in a highly rarefied study of an ancient language that had been dead for the past three thousand years. The patient knew he would have to go through termination of analysis before his move to the new city but he would not raise it in the session, rather he would let me raise and confirm it for him.

In the absence of a precise and universally acceptable agreement or consensus, clinical and theoretical, as to what constitutes the ideal therapeutic objectives of psychoanalysis, there is very little consensus as to the criteria for termination. The subject of termination may be discussed either in terms of the goals of analysis, an internal criterion, or in terms of types of termination forced upon the party, an external criterion. A quick review of the literature on termination, however scanty, seems to indicate a discernible trend toward more modest expectations with less emphasis on “cure” and more focus on changes, shifts, or compromise formations. Presence of conflict is taken as the price of living and loving and no more overzealous commitment to eliminating psychological conflict is made. Psychoanalysis is being more increasingly viewed as a dialectic process which could be terminated successful even though more analytic work could be carried out. The concept of complete resolution of transference is also seriously questioned and its desirability is openly debated. Insight, still a highly valued desideratum, is no longer considered a sine qua non for a successful psychoanalysis (Gaskill, 1980; Weinsel, 1990). Although this assessment of psychoanalysis may sound somewhat too modest and revisionistic, it is in line with Freud’s own final assessment of its realistic limitations (1937), namely, that psychoanalysis offered the patient the potential to exchange neurotic for normal suffering. Gaskill thus concludes his thoughts on termination that the analyst’s task is completed when the best possible psychological conditions for the ego’s functioning has been reached including
the development of the self-analytic function and he places the epige-
ness of reality thinking as a central focus of the analytic process.

Loewald (1980, 1988) suggests that the clinical picture during the
termination closely resembles the process of mourning. Termination
is a process of separation, of loss and restitution in the psychoanalytic
process in which the relinquishment of external objects and their
internalization take place. Separation from love objects constitutes
a loss and may be experienced as deprivation but separation also
has the significance of emancipation and lack of separation may be
experienced as deprivation and stunting of further growth. An analysis
is itself a prime example of seeking a substitute for the lost love objects,
Loewald continues, and the analyst in the transference promotes such
process. Separation, in other words, can be experienced as a mastery
of a developmental task, an achievement.

When I asked Mr. Cleroux when he intended to go about making
the final plans for the move, he looked relieved and answered with
a sigh that he must leave before the end of August, that he would
like to continue the treatment until the very last week in August. As
afraid and upset as he was, he could clearly see that there was no
other way, no alternative to what he had done, namely, his decision
to move ahead with his pursuit of a new career, that he must go
on and his life must go on. He had fears about moving to a new
city, a frightening metropolis of teeming humanity and at times his
confidence would give way to trepidations about his survival without
an analysis. I indicted that I could understand his fears of leaving
me and leaving the analysis, and that, this being his first ever experi-
ence of stepping into a real life situation away from home alone, such
anxieties were to be expected. The big differences was, I pointed out
to him, that he was not really going by himself alone, he was leaving
behind something he had successfully handled, an experience akin
to finding an old father who would stand him in good stead, an expe-
rience which he was taking with him and which would sustain him when he was faced with any exigencies of new life in a new city. There is little room for doubt that my patient had acquired through the process of introjection of and identification with me in the transference as his idealized parent, father and/or mother, a degree of more differentiated ego functions as evidenced by the fact that he had returned to school and completed the requirements for two degrees, bachelor's and master's, in three years and was now accepted as a doctoral candidate. What misgivings or doubts I had with regard to the coming termination concerned his ability to mourn the separation from me and the termination of his analysis as I had some doubts about the quality of mourning he showed when his father died. Admittedly Mr. Cleroux had very little attachment to his father and it certainly influenced the manner and mode of his grief and mourning of the father's death. However, there also was some evidence, for instance, in his renewed interest in and rekindled longings for French culture and heritage, that he was coming albeit very slowly to the task of mourning and that its full emergence to the surface of his consciousness would take a very long time. Since mourning depends for its successful completion the mourner's ability to form a mental representation of the lost object, namely, the ability to internalize the lost object as it is relinquished as an external object, the ultimate test of Mr. Cleroux's capacity to successfully mourn his separation from me as we faced termination of our analytic relationship would take place in the campus and in the class where his newly acquired and/or restored ego functions serve him well enough in his effort to forge ahead in pursuit of the advanced degree and assume satisfying normal relationship with others in his environment.

The terminal phase, in retrospect, lasted about a year, from the time the official notification of his acceptance into the doctoral program was received till the middle of August of the final year. He under-
went the normal cycles of peaks and valleys until the early spring
when he had to start planning more mundane but very necessary
logistics of his move, applying for scholarship assistance, finding a
place to stay (which was not that easy with his very modest financial
means), and, most stressful and yet very important for Mr. Cleroux,
finding and making agreeable and credible living arrangements with
a room-mate who would contribute to the upkeep of the rooming
house. Because he was required very often to be physically present
in the new city to look after many details of such arrangements, there
were more cancellations in his treatment and I often found myself
on days when he was off thinking about and even quietly fretting
and fussing about his presumed competence to handle such transac-
tions, just like a parent who sends his or her bright-eyed but naïve
and callow child off to an important mission, a countertransference
reaction of a more benign and not too unfamiliar one with most
analysts who travel a long journey in the arduous, long-drawn task
of analysis. He would report on his small successes and triumphs
like a little boy showing proudly his good marks, and sometimes he
would grumble and moan, tossing and turning on the couch and
wondering if his appearance, demeanor or lack of skills or enough
pluckiness wasted him another day or a trip. As his anxiety over
termination intensified, he became more liable to outpourings of
anger, hostility and bitterness at times, most of which was directed
toward me again in a projective and projective-identificatory manner.
He would accuse me of wishing a quick relief from him, of praying
that somebody hapless enough would quickly take him in to do me
a favor. He would ask if I was really happy to see him go off on
his way, to be free from me, and to grow perhaps stronger than I,
or would I declare him unfit for termination so he could be held
in bondage of analysis forever? This latter phase of the termination
period was, for Mr. Cleroux, like the practising and rapprochement
An Analytical Account of a Man in Search of a Substitute Father

phase (Mahler et al., 1975) with his alternating affective states of elation, despair, hopeful anticipation and dreadful apprehension of his future without me. It could be also conceptualized as a process of mourning as Freud (1917) and Loewald (1980) so eloquently and graphically described. I was again going through mini-crises of countertransference in the face of such sudden relapses and recrudescence of the clinical picture into thinking and sometimes, in retrospect, wishing that he would go away and leave me alone, or that he stay and continue with me so that I could prove to myself that only I could "fix him good", a rather unpalatable picture of countertransference phenomena which I believe arose from witnessing the patient slowly sliding back into a state of disintegration and fragmentation which forced me to confront my own self-esteem crisis. Watching him backslide had a bonus dividend, however, in that it allowed my integrative function and experience as his analyst to be attuned and respond to his unconscious wish not to relinquish his ties to me. I found this period of revival of the patient’s original anxiety state very trying but the exigency of his predetermined and irrevocable date for departure was an added impetus to successfully bring to termination his long-drawn analysis. In the end his acquisition of adequate ego functions through introjection and identification with his munificent "phallic" analyst enabled him to conquer his sense of shame and revitalize his new self. We shook hands warmly and firmly one sunny summer day, saying "goodbye" to each other. Mr. Cleroux looking a bit impatient and yet mournful and flushed.

SUMMARY AND DISCUSSION

A case of phallic-narcissistic personality disorder in a 25 year old single male is presented to demonstrate the paralyzing and debilitating power of shame and its polymorphic clinical manifestations and to
illustrate the patient's very unique transference issues which contained a large degree of pre-phallic and phallic-narcissistic but ver little or no phallic-oedipal or oedipal themes on account of his idiosyncratic developmental history. The psychic organization in the pre-oedipal, phallic-narcissistic phase is a complicated one mainly because of its being burdened with two developmental tasks, that is, that the child has to come to terms with genital differentiation and identity between the sexes, which depends largely on the child's capacity to identify with the parents of the same sex, and that he also has to cope with the perception and acceptance of the immaturity of the genital organ and its functioning. Mr. Cleroux's failure in accepting the perceived smallness of his penis, which symbolically stood for his traumatically emasculated father who was deemed unworthy of identification, was thus directly responsible for the chronic state of lowered self-esteem and deep and corrosive sense of shame. Although controversies surrounding the psychoanalytic formulations of the narcissistic personality disorders are still going on with unabated vigor (Kernberg, 1974; Kohut, 1971), there is at the level of phenomenology very little disagreement as to the appropriateness or correctness of diagnosis and it is certainly the case with my patient in this presentation: grandiosity or self-idealization, preoccupation with self-idealizing fantasies, phallic-exhibitionistic needs for constant attention and admiration from other, disturbed self-esteem regulation, inflated sense of entitlement, and so forth.

The therapeutic approach in this case may be for the purpose of discussion divided into two stages as follows (Meissner, 1985).

**Empathic and receptive listening:**

This stage refers to the empathic mode of listening to the patient with "undivided hovering attention" to encourage the natural unfolding of the patient's archaic, narcissistic transferences (Kohut, 1971;
Meissner, 1985). My analytical formulation of Mr. Cleroux, as predicated by his early history of development and the analytic material, postulated that his narcissistic pathology was the remnant of a developmental arrest which arose from the singularly pathogenic experience of growing up with an absolutely abdicating father, a man disabled by traumatic epilepsy who spent most of his waking hours in lethargic inactivity, and an unempathic mother, a “counselor of despair”, emotionally absent and infecting those near her with sense of doom and gloom. Therefore it was considered therapeutically vital that a maximum exposure of this man to the fantasied idealized father-analyst with magical power to endow him with the means of conquering the crippling sense of shame be allowed in a non-threatening and non-disrupting analytic environment where the patient could relearn to register and affirm the real qualities of the self and the object and attain adequate self-object boundary and differentiation. Mr. Cleroux required such merger-like attachment to me which he found more sustaining and enhancing of his self-esteem during the initial phase of the analysis via the mechanism of introjection and identification (Rothstein, 1984). Any disruption, by any attempts at premature interpretation or clarifications, in this stage of treatment was considered threatening by the patient since it portended separation from and abandonment by me for his defects and deficiencies. His sense of victimhood and of shame emanating from this narcissistic configuration was actively encouraged to unfold with appropriate affective discharge. In turn, the archaic narcissism could be transformed into more phase-appropriate forms of self-esteem regulation. The specific contexts of Mr. Cleroux’s shame had been his father’s unavailability and emotional incapacity and his mother’s empathic failures. Mr. Cleroux’s active contribution to his victimhood with his counterproductive, narcissistically based defense, e.g. idealization of the self and devaluation of others, was also explored during this stage but with a minimum
emphasis on attempts as yet at interpretive interventions. The focal point in this therapeutic stage is to let the patient emerge from his shame-induced cocoon and learn to get to know the father-analyst better through boundary-defining and -differentiating experiences. Countertransference reactions had to be monitored with vigor and vigilance.

*Clarification and Identification of Narcissistic Defenses:*

Once the therapeutic alliance was forged through the empathic stage of intervention, I was more able to offer interpretive interactions with the patient (Buie, 1981). The patient's need to idealize me and his sense of specialness and entitlements, e.g. the archaic longing for a "huge cock", are no longer merely acknowledged but they are actively interpreted and the whole narcissistic configuration of the patient is brought into interpretive focus. By emphasizing the reality-testing aspects of the analyst's interpretive role, for instance, by pointing out that his wish for a bigger penis had more to do with his perception of himself as a rejectable, incompetent person as he imagined his impotent father was, I was also promoting not only his reality thinking but also his reality testing and boundary building since it had the interpretive and validating impact of proving to him that psychoanalysis did not grow a big penis out of nothing. Through such interventions the patient was gradually able to link his superior configuration, e.g. his sense of grandiosity, of specialness and entitlements, to his inferior configuration, e.g. his sense of defective self, victimhood, incompetence, shame of his parents, and was finally able to see how his sense of specialness set the stage for feeling deprived, persecuted, and victimized, and that his exaggerated sense of shame and humiliation was causally linked to his over-reaching expectations and narcissistic demands. As these points were regularly clarified and interpreted, the patient was able to identify the self-induced pattern of hurts: narcissi-
tic expectations leading to more painful disappointments, leading further to heightened sense of victimhood and at times to paranoid and persecutory attitudes. As Mr. Cleroux was now more modulated in his expectations, for instance, of attaining very high marks in school, he was able to take criticisms better and learn to admire others for their accomplishments, not just for their imagined big penises. His newly acquired ability to sublimate, e.g. his archaic desire for a bigger penis being transformed or sublimated into a desire for a doctoral degree in a field where he will someday become the biggest fish in the smallest pond, is a testimony to his ability to move away from the habitual way of genitalizing his envy and turning it into “desexualized” and more ego-syntonic aspirations.

The focal point in this second stage of treatment is that the patient and the analyst foster and promote through interaction a dialectic of projections and introjections, as in the dialectic of narcissism and shame, in the transference and countertransference. Through the maximal use of interpretation the analyst encourages the patient to examine his narcissistic motives and his patterns of the projective and projective-identificatory process while the analyst recognizes his own countertransference and makes no response to the patient’s overidealization, nor does he react to the patient’s self-devaluation. When the process is thus countered, the patient begins to internalize the analyst’s more positive and realistic attitude into his self-esteem.

Before closing, I wish to make a brief statement on how I understand the ongoing debate between Kernberg and Kohut (Panel Reports, Am. Psa. Ass’n, 1973; Sacksteder, 1990). A survey of literature seems to suggest, at this stage of theory development in the area of the narcissistic personality disorders, that clinical findings and treatment outcomes support the general notion that there are two kinds of narcissistic personality disorder. One is narcissistic pathology arising from the arrested ego development (Kohut et al. See Goldberg, 1974) where
the treatment approach aims at permitting the arrested narcissistic configurations to unfold as they would have if the process had not been prematurely and traumatically disrupted. The archaic narcissism then is transformed into a more mature form of self-esteem regulation. The second is narcissistic pathology deriving from defenses against object-infinitesimal investments (Kernberg) where the narcissistic configuration are defensive and aggression plays a more decisive role. In other words, Kohut maintained that narcissistic personalities remain fixated on an archaic grandiose self and/or on archaically and narcissistically cathexed objects, essentially unrelated to any vicissitudes of aggression whereas Kernberg believes that the study of normal and pathological narcissism cannot be separated from libidinal and aggressive drive derivatives and that the pathological grandiose self-structure interferes with the consolidation of normal ego and superego structures, especially with the formation of the ego ideal, as well as with external and internal object relationships. The treatment approach in the latter aims at exposing and interpreting early on the defenses against dependency, rage, and oral envy in the traisference whereas Kohut's position is that benevolent analytic forbearance will permit the unfolding of [healthy] infantile grandiosity, which will be eventually relinquished by the patient only when he feels safe enough to do so. In other words, Kohut's therapeutic position requires that the analyst must allow for the patient's defective reality testing in the narcissistic area until it is analyzed and more mature reality testing comes into play before the oedipal issues are dealt with. As for the place and role of aggression, upon which Kernberg rests his case, it must be remembered that rage and aggression are also multi-determined. It is suggested that the type of aggression that Kernberg stresses stems from early disturbed mother-child interactions and both object-directed and narcissistically determined disturbances may be observed in the foreground. The mother is perceived as withholding
or devouring and aggression is more retaliatory against the depriving mother. But, for Kohut, aggression is also present when the patient's integrity of the grandiose self is threatened by the care-taker who is incapable of providing phase-appropriate empathic mirroring. It is this type of aggression that Kohut prefers to call "narcissistic rage." It is noted, however, that both Kernberg and Kohut agree on one point, that is, the necessity to analyze the narcissistic transferences before expectable oedipal marital can be worked through. It is therefore suggested that genetic and dynamic formulations of Kernberg (1970) and Kohut (1971) are valid for different patients and that they require different treatment approaches.

According to Eisnitz (1973), in his review of the two divergent views of Kernberg and Kohut, narcissistic object choice and attachment-type object choice are intertwined in the development of all object relations, and narcissistic conflict occurs generally even in mature personalities and in the transference neurosis disorder. The real issue here is not whether narcissistic pathology exists or not but its degree. He defines narcissistic conflict, from the perspective of the self representation, as existing whenever the stability of the self representation is threatened. Since psychological maturation proceeds from external (reliance upon external object) to internal (structured superego) and from more instincualized to less instinctualized processes, narcissistic conflict can appear at any level of development. Eisnitz therefore points out that, the less mature the ego organization and the greater the disturbance in separation-individuation, the less stable will be the self representation, and hence, the likelier occurrence of narcissistic pathology. He concludes his review with a prognostic guide based on the development of the treatment process with emphasis on the appearance of narcissistic elements in the transference but also on the development of some capacity for therapeutic alliance and cautions that the analysis cannot be divided into separate phases of work on narcissistic conflicts.
and work on object-related wishes and conflicts since the analytic process reflects the natural vicissitudes of both elements. He regards such intertwining as representing a natural state and a favorable sign in the analysis and considers it very important that the analyst recognize the patient’s attachment type object striving with appropriate analytic acknowledgement.

As I have stated in the introductory remarks, my clinical approach in this case was to observe and follow the manifold manifestations of my patient’s narcissistic pathology from the position of dialectic and accommodating stance, closer perhaps to the position that Eisnitz articulated in his review of the current debate between Kernberg and Kohut. An interpretive analytic stance must be maintained at all time in the analytic situation where it is warranted but without being unduly constrained by either-or or all-or-nothing theoretical dictates since in actual analytical process both narcissism and object relations are intermeshed and intertwined very closely and bring to view the complex state of elements of narcissistic and attachment object choice. In psychoanalysis, the open-endedness of theory is rooted in one of its basic assumptions, which postulates that the principle of causality is secondary to that of overdetermination. Both magic grandiosity and fear of inner rage, Kernberg’s demonic rage, appear in all narcissistic pathologies as I have demonstrated in my patient. In the analysis of Mr. Cleroux there was the reactivation of prephallic and preoedipal self-object constellations which were played out in the transference. They gradually transformed themselves into more mature, reality-oriented, goal-directed and abiding interests in work and career plans when they were allowed to unfold without interference into a stable narcissistic transference before issues of object relations were dealt with. His object relations and reality testing improved as he moved along the prescribed academic paths. His ability to love may not have progressed in tandem at this stage with his ability to work but at
least the potentials now exist for him to learn to love and find some fulfilment in the object-relational aspects of his life.

References


——— (1900). The Interpretation of Dreams. S.E. 4 & 5.


Matthew Suh

____ (1923). The Ego and the Id. S.E. 19.


Matthew Suh

Sacksteder James, L.(1990). Psychoanalytic Conceptualization of Narcissism
From Freud to Kernberg and Kohut. New Perspectives on Narcissism.
Univ. Press. Also in From Safety to Super-ego. 1987. New York : The
GuiIford Press.
Schafer, R.(1960). The Loving and the Beloved Superego in Freud's Structural
York : Intern'l Univ. Press.
Observations on the Contribution of the Father to the Development
of Male Homosexuality. 509-521. Father and Child : Developmental and
New York : Springer.
New York : Springer.
and How Solid Is Its Structural Model ? Some Concerns and Observation.
University Press.