

**“SOME ASPECTS IN EARLY ORPHAN ADULTS ANALYSIS.
EXPERIMENTAL LONG-TERM SESSIONS.” (NEW VERSION) ***

DR. JOSE REMUS ARAICO **

INTRODUCTION.

This paper is actually a coalescence of two lines of interest, one concerning depression and the phenomena of mourning, the other, concerning psychoanalytic technique. For some time now I have been carrying our long-term sessions with a number of patients, not just early orphans, on an experimental basis. I shall take this up in detail later on in this paper, suffice it to say for the moment that the idea occurred to me as a result of the special nature of the psychoanalytic treatment usual in early orphan cases.

Ever since my first cases in psychoanalytical treatment I became interested in mourning and depressive reactions. Two or three cases were discussed in papers presented some time ago. One of them is about a homosexual patient whose father died when the patient was going through an adolescent crisis. In this paper (Remus Araico J. 1965 b) I tried to show the intimate relationship between object loss and mourning repression, and the overt appearance of the patient's homosexual tendencies. Clinical material was also supplied regarding the revival of mourning and its working-through during analysis, which undoubtedly paved the way for the cure of his manifest homosexuality and for the sublimation of these strong pregenital tendencies through artistic activities.

The first case of the series upon which this paper is based refers to a woman married to a sterile husband. The presence of strong denial and repression of his sterility was of paramount importance, since her husband has informed her of his condition prior to the wedding.

Her father had died suddenly from a cerebral-vascular accident when she was five and half years old. The oedipal relationship with her father was intense. He suffered the first ictus with aphasia and hemiplegia when she was only six months old and the patient shared his life intensively, aiding him to speak and to walk. The title of that paper, (Remus Araico, J. 1955 a) “Unconscious determinism and function from object choice in cancerophobia” synthesizes the ideas that I wished to convey. The denial of mourning and the appearance of infantile traumatic elements in adult age in the form of cancerophobia, conditioned the

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** Fundador, Vitalicio y Psicoanalista Didáctico de la Asociación Psicoanalítica Mexicana. Profesor Titular de las Facultades de Psicología y de Ciencias Políticas y Sociales de la Universidad Nacional Autónoma de México.

unconscious choice of a sterile husband, which was the “most economical choice of object”, to maintain mourning repression upon an object so conflictive due to intense oedipal drives. As in the previous case, here again re-activation of mourning was the highlight for transference neurosis and the expected solution of many of her symptoms.

I have had the opportunity to analyze several early-orphaned adults after those first cases, as well as to supervise treatment of others. Ideas which developed were synthesized in a previous paper (Remus-Araico, J. 1965) this one being an extension of it. Two other papers (Cueli, J. and Remus-Araico, J. 1964 / Remus-Araico, J. 1964) contain reference to an experimental aspect to which I will refer later on. This paper is primarily an over-view.

CASE MATERIAL.

The group is made up of thirteen adults: 4 woman and 9 men, of whom youngest was 22 years old and the oldest 45 years old when treatment began. All but two were married. Two of the woman lost their mothers and the other two their fathers. Two of the man lost their mothers and the remaining seven lost their fathers. When the patients suffered the loss, their ages varied from two and a half to six and a half years old. Only one had no brothers or sisters. Nine of them were my patients, the other four were patients whose treatment I supervised. Experimental long-term extra sessions have been held with five of the patients.

In all cases without exception, some form of depression was the common characteristic symptomatology. In many of them it was intense, present and overt, in one it was frankly psychotic and two had manic defenses. It was more or less disguised in others by character traits, particularly obsessive one which came to the fore in the face of any loss.

We agree with the Bowlby (Bowlby, J. 1958,1960,1961) and with the authors whom he mentions, in considering early losses and pathological mourning as very important causes of depressive reactions in the adult.

When I presented part of these ideas to the psychoanalytic Societies of New York and Washington several years ago, the discussion which took place was most useful and I have incorporated the results into this paper.

TRAUMA AND PATHOLOGICAL MOURNING.

Fenichel (Fenichel, O. 1957) referring to the loss of a beloved person during childhood, states: “It depends (occurrence of traumatic neurosis) upon the mental economy of a person (relative weakness of the ego due to age): for a child, disappearance of a person whom he loves may result in a trauma, because libidinal drives directed towards that person, having lost their purpose (goal), overwhelm the child”.

Bowlby (Bowlby, J. 1961), in his concepts regarding disorganization in mourning and the relationship between mourning and separation anxiety (Bowlby, J. 1960) among other valuable opinions states: "The hypothesis I shall be advancing is that unfavorable personality development is often to be attributed to one or more of the less satisfactory responses to loss having been provoked during the years of infancy and childhood in such degree, over such length of time, or with such frequency, that a disposition is established to respond to all subsequent losses in a similar way". (Bowlby, J. 1961).

M. Furer (1964) says "The child's capacity to mourn at the time of the loss will be commensurate with, and will be specially influenced by, the degree of object constancy achieved by the child." In relation to loss of a parent during childhood, P. Meubauer (1934) comments: "The type of acute reactions and the variety of clinical pictures in the child will be determined by such factors as the pretraumatic relationship to the object, the age and conditions of the child at the time of loss, and the attitudes of the remaining parent". To be sure, these ideas were clearly synthesized in the work of M. Mahler, later included in her book "On Human Symbiosis and the Vicissitudes of Individuation" (M. Mahler, 1908) There is no longer any doubt that the concept of Object Constancy may be the dividing line between the psychotic structure and the neurotic structure of personality. Mahler writes (p. 223): "I believe that, in the course of development to the stage of object constancy, the maternal image becomes intrapsychically available, just as the actual maternal object was available as a part of external reality during the need-satisfying stage". I think all my cases had acquired that quality of object constancy, except one with psychotic organization, in some cases, it seemed that the loss of the mother originated in early relations with the mother, but they could in no way be called psychotic.

Based on these concepts, we can elaborate upon the idea that loss of one of the parents during infancy will leave traumatic sequels in the ego. In many of my patients I was able to observe the subsequent development of a high sensitivity to all sorts of losses. I had previously stated in this respect, broadening one of Bowlby's ideas, that: libido and aggression prevented from outside expression due to lack of an object to stimulate and channel them, together with fantasies at the time of the trauma, enter in conflict with remnant drives from mnemonic traces or perceptions linked to the recently lost object, this being one of the reasons for ego disorganization.

The following material emerged during the analytical situation of one of our patients whose father had died when he was a little over three years old. While I was systematically interpreting his manic defenses, since he denied the impact of daily frustrations which he sought due to repetition compulsion, he started arriving for his session far ahead of time, rationalizing this new behavior towards me. Its interpretation showed that it was linked to the need to anticipate in order to control the emergence of something he feared. One occasion, he arrived at the session early but confused. His associations were vague and he said that he had been unable to sleep the previous night and could not remember having had any

dreams. He began to feel dizzy while at the same time he laughed with pleasure. Associations became more confused. He remembered that he had previously experienced the same feelings while traveling by bus to visit an old friend, a substitute for his father. In his own words: "A confusing expectation that something would happen". After working upon this symptom of conversive character, it was possible to pinpoint through very painful memories, the repetition of an infantile game frequently engaged in by the patient when his father came home. It consisted in grasping the boy by the hands and turning him around rapidly, which caused great joy to both.

In my opinion, confusion can be explained not only as an actual defense mechanism, but as the repetition of the disorganization of the infantile ego by inadequate mourning. It is the result of collision between two sets of forces: present perceptions and affections related to the present substitute for the lost object, transferred during the session, and those originating in the remnant drives from mnemonic traces of the infantile object. The yearning for the loved object was expressed in this example through "confused and dizzy expectation". Similar symptoms which evidenced a disorganization were also found in other cases.

It is also very important to consider by itself every detail which remains repressed in the traumatic situation. It is possible to reconstruct data from a truly infantile traumatic neurosis, through nightmares, blocking and regression of those functions of the ego already integrated.

One of our patients, when requested unexpectedly to go to some other place, frequently experienced a strong vague fear. This was connected with the fact that she had been suddenly taken out of kindergarden to go and see her dying mother. Many details of her life experiences which began with this vague fear repeated the details of the infantile scene with very little deformation, but they had never been connected with the traumatic scene. However, once the road for working-through was opened, connection of each new detail resulted in new discharges of the incomplete infantile mourning, slowly decreasing the tendency to repeat the initial feeling.

As frequently observed, infantile traumatic neurosis is rapidly contaminated by psychoneurotic symptoms. Aggressive and sexual drives cannot be handled by a weak ego in the process of development which experiences the invasion of overwhelming stimuli.

One patient experienced serious obsessive ideas with regard to money, which not only evidenced the anal conflict to which he was fixated, but were also the expression of introjects originated in the greedy environment surrounding him at the age of four on account of the legacy left by his mother. This patient experiences strong depressions when faced by minimum stimuli, from which he turned to severe paranoid, almost psychotic conflicts.

To sum up: I believe that early orphans who had lost one of the parents after achieving object constancy, basically suffered from an infantile traumatic neurosis. I am also of the opinion that they are fixed to a pathological mourning, considered as such in Bowlby's terms (Bowlby, J. 1961), of the three stages he describes regarding the mourning process when the stage of ego reorganization has not been reached.

OBJECT IDENTIFICATION AND RELATIONSHIP.

If we consider that integration of the ego starts after object constancy from identifications originating in abandoned object relationships, and that introjection and projection mechanisms are being in processes, we may consider that early orphans experience important quantitative and perhaps qualitative disturbances in object identification and relationships. I believe this to be so since the loss of one of the parents suddenly forces the ego in the process of development into emergency economical defensive adjustments. If a child loses one of his parents, particularly if this happens suddenly as occurred with some of our patients, he cannot rectify ambivalent fantasies. I believe that two situations should be clearly distinguished, which have different consequences. In one, in the 'normal and with adequate environment' child, the ego abandons specific object cathexis gradually, for example, in disillusionment of the primary scene, with internalization and reorganization, and identifying himself with it, but with possibilities to rectify and compensate many of the fantasies as regards the reasons for the oedipal rejection, experienced, since after all many events of daily life will certify that the object's love is not completely lost and that his fantasized aggression is not so terrible. The other situation is when the child loses the object really and completely, introjecting it at an accelerated 'tempo', we could even say 'choking himself' following the similarity of the oral mechanisms at play. In this situation it is not possible to rectify the projection with the same object which stimulated it. Even though I am convinced that it is however very important for later object relationship that surrounding persons provide him with the possibility to rectify as well as to favor recathexis of the object.

It is important to observe, as I have done, what happens to a child when a widower, or a widow, marry shortly after the death of the partner. If the substitute understands and tolerates the test imposed upon him or her by the child through his aggression, which is one of the signs of loyalty to the lost object, recathexis can be favored, even though in my opinion and due to reasons which I will state later on, a complete healthy reorganization is not arrived at. If the substitute, parent lacks the necessary empathy in this situation to absorb the chaotic manifestations, the danger fantasies which were active prior to and during the loss of the object, will be confirmed. In this respect, I am convinced that the 'wickedness' of the foster parent shows both the history of the child's active rejection of recathexis of the substitute parent, implying definite abandonment of the primitive object, as well as the motives in the new member of the family which prevented such recathexis.

Many of our patients showed an obvious hypersensitivity to 'the difference' to that subtle nuance which makes things and persons similar, but not identical. I often observed how a depressive crisis began with the perception of something 'not identical' to the inner pattern, even though this difference was not consciously perceived. More detailed research to the intimate nature of this phenomenon and in its transference expression, is casting much light upon the introjection and projection processes.

In our series I frequently observed failures in identification, particularly sexual, with its resulting expression in marriage, due to sudden traumatic projection problems and the impossibility of rectifying projections. I was able to observe in those patients losing the parent of same sex, the infantile history of an accelerated pseudomaturity due in part to the post-traumatic situation, to the increase of oedipal tensions when the third party, with his regulating function was missing, in addition to the idealization present in the cult of the dead, to which I shall refer later on. This ends up in the child developing a false identity with the aspect of an 'as if' personality, even though with a very different etiology and prognosis from the severe schizophrenic condition of the same name. In these patients, orphans of a parent of the same sex, marriage conflicts were based up on narcissistic conflicts. Comparatively speaking, in contrast, orphans of a parent of opposite sex presented conjugal conflicts related to disturbances in the search and adaptation to object relationship, with intense masochism, guilt, inhibition of genital levels, dependency and extreme susceptibility to loss of the partner. Logically all these problems were intensified in sexual adjustment.

An early father-less woman developed a severe erotomaniacal and promiscuous pathology from puberty on, pathology which in part stemmed from the search for the lost object, but in whom identification with the psychotic aspects of the mother which exploded with her widowhood, was present. It appeared as if these psychotic aspects were counteracted by the father. This was one of the most evident cases of the importance of the absence of the third line of the Oedipus triangle as regulating element. Erotomania and depression symptoms alternated dramatically. Perhaps in this case there was the basis for a borderline organization of the personality before she lost her father. A fatherless young male patient, frequently suffered from hypnagogic disturbances of the bodily image, confusing his wife's sex. His compulsive sexual relations served to deny these experiences through reality. Dreams of frankly bisexual content were frequent. In his overt daily adjustment there was no homosexual pathology. We believe that sleep regression reactivated failures in the masculine identification, which were expressed in dissociations and confusions of the bodily image.

Pollock (Pollock, G. H., 1961) referred to different normal and pathological forms of mourning as adaptation processes. González (González, A., 1964), referring to Bowlby's concept of "separation anguish" coined the fortunate term of "reunion urgency" as one opposed and complementary to it, and following the ideas of a previous paper (González, A., 1957), in which he tries to explain the climatic point in the depression-hypomania cycle, as a defense mechanism of the

ego to avoid the experience of being totally and unavoidably identified with a “dead and introjected object”. Lipin’s (Lipin, T. 1968) magnificent work regarding repetition compulsion has been very useful to me as starting point to cast light upon and to go deeper into the repetition processes, and also the possibility of recuperating memories or to build more accurate constructions during the analytical work. In this respect, his ideas on the three patterns for the “replica-producing activity” greatly clarify the functioning of our patients. There is merit in the hypothesis that our patients, as in the case of the erotomaniac one, repeated patterns to attempt maturity. I previously expressed the idea with respect to a homosexual patient (Remus-Araico, J. 1955-b) that compulsive repetition of homosexuality was at the service of ego integration. At that time I had not come across Lipin’s work on drive-representatives at the service of maturation.

AGE AND MOURNING CAPACITY.

Whatever the metapsychological conceptual frame may be, it is evident that we must admit that the human being undergoes important processes as from the second half of his first year of life, culmination in waning and dentition. We gather all these processes in what is called the oral stage. It cannot be denied that whatever the oral stage of our patient was, it gave color and contributed to all the traumatic phenomena, I said previously (Remus-Araico, J., 1965) that when patients elaborated their infantile mourning it became easier to distinguish between what had been traumatic during the death of one of the parents and what had been an oral conflict.

Since Freud (Freud, S., 1917) and Abraham (Abraham, K., 1927) both of whom established the relationship between normal mourning and melancholia, we know of the importance of the oral stage in the development of these phenomena. Once the period of maximum elaboration as regards infantile mourning has passed, our patients exhibited more frankly oral tendencies, expressed as envy and as other symptoms linked to the oral stage.

It would be too extensive to discuss in detail the problem that Bowlby (Bowlby, J., 1961) presents as a seventh point of controversy regarding literature on mourning: in what stage of development and through which processes does an individual reach the stage starting from which he is capable of responding to a loss in a healthy manner? I states previously the hypothesis (Remus Araico J., 1965) that, the capacity for repression, sublimation and neutralization, acquired by the ego when the Oedipus Complex ends, is one of the most important factors in the possibility of future mournings within normal limits. This brings forth the idea that the end of the Oedipus Complex, as a model of object loss different from the one taking place in the oral stage, due to the tremendous previous development achieved, will be another point to take in consideration in the oedipal development, particularly as regards future mournings. “That is why I believe that the early orphaned pre-oedipal child is unable to elaborate the suffered loss adequately, and that all these patients would be cases of stagnant mourning oscillating between the three stages so clearly described by Bowlby (Bowlby, J., 1961). Due to all these

reasons I believe that all are cases of ego traumatic defects in relation to pathological mourning.

COMMUNICATION AND CULT OF THE LOST OBJET.

Since the ego is not quite effectively separated from the object, and there has been no mourning which we could consider as complete, shortly after the death of the parent the child begins a sever task to preserve this relationship. Since it is not possible to do this openly completely due both to the surrounding adults' and his own reality tasting, he does it in a way which is increasingly warped and siguised by borrowing for this disguise the cultural and religious elements in his environment. We have observed that the deepest tenderness and love lie particularly in this secret communication with the object, since aggression against it is mainly projected, thus creating shizodepressive pathological systems. Due to pathological guilt feelings in the adult towards the decreased ones, collective family idealization often originate which greatly resemble the creation of a religion. This private home religion through which the deceased in worshipped and his relics kept, can be considered as a defense against mourning through idealization, a form of denial, even though it also has some traits of adaptation. Starting also from some of the idealized aspects of the deceased, the family nurtures certain elements of the ego-ideal in the child, which later on will become apparent in his choice of activity, and also in the artistic expressions of feelings and tenderness with the depth and tenderness of the depressive who has not yet completely overcome his infantile destiny. The family is frequently disrupted when one of the parents die, a fact which in turn increases the ego disorganization in the child. Of course, structural defects are also observed in the Superego, but to comment upon them is not within the scope of this paper. Such failures correspond to important melancholic and obsessive pathology, and sometimes to sociopathic traits.

I was able to reconstruct the development of a religious feelings in a woman who had lost her mother, from her early days as an orphan. She was a Catholic particularly devoted to Christ Crucified. She had in turn built up a narcissistic cult to her own person, based on the family opinion that she was the one who most resembled her mother. Strong oedipal tendencies sexualized her religious belief and led her to abandon the Catholic religion, she became interested in oriental religions and in the study of certain oriental philosophical ideas. Her love for Christ returned in her splendid artistic creation. Tender love, guilt, depression and oedipal tendencies were condensed in her favorite theme, the crucifixion. After the reexperience of mourning over her mother in extra long-term sessions, she created works of great beauty, representing the whole family, which she had been unable to accomplish before.

EXTRA LONG TERM SESSIONS.

Parameters and rules for classical analysis undoubtedly constitute the main instrument of the analytical situation. One of the purposes of this Instrumentalization is to lead the patient to a type of plastic regression which favors

transference, as well as its dissolution when the latter turns into resistance. Accordingly, the idea of engaging in extra long-term sessions, arose from considering the mere existence of the time-of-session-parameter as possible resistance. Many of my patients of this group as well as other depressive ones, evidenced various reactions to the termination of sessions, reactions which were highest at the end of the week, and even more so prior to vacation periods.

In addition, I considered theoretically and subjectively that a traumatic condition cannot be solved with complete cathartical expression if the ego reorganizes during session intervals, and if displacements and acting-outs are engaged in.

C. C. Dahlberg (1964) while preparing an experimental paper, prolonged the session to 100 minutes and observed that during the second half of this double session, patients showed evident signs of ego regression, changing the ratio of possessive pronouns. On that occasion I explained to him my idea that they were experimentally disorganizing the cathexis of the self. I did not get careful records of each one of these experimental sessions, because my objectives were primarily to propitiate catharsis, recover memories of the traumatic situation to be used later in regular sessions for working through and facilitating ego maturation by acquiring a better capacity for normal mourning.

Because of that, I decided to experiment with this type of sessions. Before explaining what they are, I wish to mention two papers regarding mourning and grief. Fleming and Altschul (Fleming, J., and Altschul, S. 1963), in a bibliographical revision point out, among other things, the importance of reactivated mourning as a maturity factor, with which I completely agree.

The intense denial (manic defenses) in the patient they present was so striking, that it was imperative to attack it systematically, until the patient resisted in an acting-out of such importance that the analyst was forced in the 270th. session to suggest that these defensive maneuvers be stopped: (Fleming, J., and Altschul, S. P. 422) "It was felt that she could tolerate this prohibition because she has become a little more involved in the analytic relationship". In previous paragraphs to this quotation I have been led to believe that this maneuver on behalf of the analyst, breaking the rule of not advising the patient, was originated in counter transference feelings. Packer (Racker, H. 1960), has studied the use of counter transference as a guide for interpretation. I believe that Fleming and Altschul were correct in breaking a parameter in this case. What I do in these extra-long-term sessions is to purposely change the rules of the game so as to make possible the lifting of resistance.

Wetmore (Wetmore, R. 1963) introduces the term 'effective mourning'. He states (p. 100): "Effective grief-work results not only in giving up the object, but in deintensification of the drive which determined the persons neurotic attachment to the object. The libido is not just transferred, but the inherent quality of the attachment is changed". It is precisely in this change of quality in the attachment,

that the difficult sensation of description lies, and it takes place after the partial and pathological mourning reactivation in our patients. After these sessions I sense a difference in their transference relationship which I cannot define as more or less intense, nor more or less profound, but simply as different. Perhaps I should add that it has the common quality of the psychoneurotic. I had the feeling that the affects were not so stagnant and that they could correspond to those experienced as directed to a living and present object.

I call them extra long-term sessions because of two characteristics. One, that they are interpolated at a given moment of the analysis with out altering the rhythm, frequency and hour schedule of the regular sessions. Two, that the patient agrees with the hour at which they will begin, but the duration of the session is left open according to the course which it follows, taking into account regression, the beginning of working through of the material obtained and fatigue. They are held every week or two, and once the material from regular sessions is worked through the experimental need to change the parameter is over.

Out of this group of thirteen adult early orphans, I analyzed nine and supervised the other five either periodically or regularly. I carried out long-term sessions of this type in four of the nine cases treated by me. Another analyst, Dr. J. Cueli, at that time a candidate under my supervision, treated two patients, a man and a woman, with whom he also had this type of sessions.

Altogether we had 23 long-term sessions, of which 17 involved my patients. I have recently had five such sessions with patients who were not early orphans, a young man with a traumatic situation related to this mother at age 7 and a young woman with a serious depressive disorder arising mainly from a rigid and solitary upbringing since she is the youngest of three children and much younger than her nearest sibling. I shall not present final results concerning these findings or discussions of them due to the shortness of this paper and the lack of data on one of the treatments.

I can state however, that the long-term sessions in my serie, clarify several metapsychological aspects such as regression, recovery of memories, and particularly aspects of infantile incomplete mourning and its fate. Another fact which I am studying is the recathexis process. The early orphans under analysis are giving us the opportunity to study many processes and to validate hypotheses regarding ego development.

In a previous joint paper (Cueli, J., and Remus Araico, J. 1964) we expressed some theoretical ideas which were extensively illustrated with a clinical example from one of these sessions. In another paper (Remus-Araico, J. 1964) we also touched upon this point and we shall now give an extract of the requirements we have drawn up to engage in this type of sessions: 1) understanding, as complete as possible, of the defensive interplay of the patient in order to handle possible emergencies; 2) empathy, as complete as possible, which could very well coincide with what Racker (Racker, H. 1960) describes as concordant identification

of the analyst with the patient; 3) that their analysis be sufficiently advanced in order that there may exist a possibility of insight and a plastic regression at the service of the ego, with good integration after the sessions, to avoid insofar as possible an unnecessary destructive acting-out; and 4) that there be indications that the repression is lifting, such as dreams, screen memories and a not very defensive curiosity for the infantile history. A good therapeutic alliance is necessary.

A short clinical summary will provide an example of how we have broached these sessions to our patients, always provided we believe they have fulfilled the above mentioned pre-requisites.

Let us consider the same female patient who lost her mother and with strong religious feelings for Christ to whom I referred before. On several occasions she had expressed intense erotic desires toward me, which were worked out in two ways depending on the material which appeared in the sessions. On some occasions as intense oedipal desires directed at her father in the absence of the maternal regulating side of the oedipal triangle.

On others, when they were erotic impulses hiding the wish for tender contact, they were directed toward a maternal image. **Thwn** the time came I asked her if she wanted experimental long-term sessions, which we would have on a Thursday afternoon after she had associated about the proposal. Her first reaction was of intense anxiety at the possibility of an erotic acting in with me, since she experienced the proposal as a seduction. I allowed her associations to continue and the idea soon appeared that she had spoiled the treatment by her earlier insistence on having sexual relations with me. She did not attempt to get up from the couch in spite of the intense anguish and that she felt that our mode of relationship was changing. She continued associating, imagining my silence an indication of excitement at the possibility I had offered her, but continuing in the face of my silence she said: "I believe it maybe another war you have for helping me, because each time, I felt I was coming closer to the lake I couldn't reach". A few moments later she burst into tears and exclaimed: "The time has come for I don't know what, but now it's here!".

She arrived very elegantly dressed and seductive for her next session. Very disturbed, she made as if to remain seated, and asked me if that special session was to be the following day, Thursday. I asked her nicely to lie down on the couch and continue associating as freely as she had been doing. Her affection immediately turned into aggression. She felt tricked and exploited, saying that it was all a hoax. She then reported a dream: "Yesterday I left disturbed, excited and frightened that when we would have sexual relations I would be frigid (as happened at times with her husband)... I wanted to dream of you in anticipation of what will happen on Thursday, but listen to what I dreamed... I found myself in the street of my childhood home... my father, who seemed worried was there. . . we were walking toward some deep excavations in some ruins at the outskirts of my town... by then we were joined by my Art School drawing instructor, the one who

tough me perspective so well, I felt afraid, very frightened of reaching this kind of dismal place with the two of them... I think everything I am talking about is from the time of my mother's death".

After two weeks, during which the use of the sessions was very clearly defensive, leaving important things to the end, something I had pointed out to her consistently in the past, we agreed to start the long-term session on a Thursday. It was to be an extra session beyond the regular four sessions she had the rest of the week. We would begin at 4:00 p.m. and decide by mutual agreement at what time we would finish. From the second session after the ones outlined above she worried about the cost of the special session. I asked her to associate about that too. She expected and ambivalent ideas about special recompense appeared as well as guilt feelings about this way she would "exploit" me. As a counter transfer I felt this as a highly creative game. I was able to transform the erotic countertransference feelings into scientific curiosity actually useful for analytic work.

It has been possible to describe a usual sequence from the majority of the sessions we have engaged in: first phobic reactions and even slight moments of depersonalization, then the usual defensive system display but at an accelerated rhythm; the depression increases little by little and interpretation of the screen memories increases it until it bursts into mourning. The revival of the mourning by the ego maturity obtained in the previous analytic work is such, that we have felt at times as if were witnessing mourning in the presence of a corpse.

In the first sessions of each patient with whom I carried them out, I clearly felt as if I were accompanying a child to his father or mother's funeral. All the initial erotic impulses, even the homosexual ones in the male patients, were shown to be superficial and defensive, against the reactivation of incomplete infantile mourning, however, now characterized by a degree of maturity. I am grateful for the experience of this human relationship with those of my patients who took part in these sessions, because through it I have been able to confirm and experience - many of the ideas of psychoanalytic theory which cannot always be made so vividly concrete.

In the long-term sessions, the reality testing slowly appears and recathexis begins with an associative material directed at a substitute for the lost object which was often projected in the analyst. Once the crucial experience for each of these sessions was over, fatigue appeared in the associations, asked in different forms. Interpretation and recognition of this marked the end of each extra session. The material obtained and every detail of transference are carefully used and elaborated upon slowly during the regular sessions. We generally felt, after three or four of these sessions, that it was not necessary to continue with them and later on analyzed the fantasies of repeating them, until they became an integral part of "the very history of the analysis".

I would not like to finish this paper without expressing the following ideas: our group of patients has a good prognosis. This is of course due largely to

previous family structure within the normal psychoneurotic limits. While progress of patients is gratifying to an analyst, with this group, we deeply felt the magnificent experience of having helped another human being to repair a crucial trauma inflicted upon him by fate, by defreezing and withdrawing personality elements from repression, elements whose development had been detained by trauma.

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Dr. José Remus Araico
Paseo del Río # 111, casa 20
Fortín Chimalistac
Coyoacán, 04319
México, D. F.
Tels. y Fax 56-61-07-67 y 56-61-36-