

# **Between Loss and Departure – Difficulties of a Male Adolescent in the Transition to Young Adulthood**

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## **1. Introduction**

**Adolescents approaching adulthood are challenged with certain mental tasks: the separation from their powerful infantile love objects, the use of their sexually mature body, the integration of different self images and the acceptance of their own aggressive acts. What is required is the recognition of gender and generational differences, of limitation and temporality. In this context the quality of this transitional phase assumes central importance. Is the adolescent able to make use of this as a psycho-social transitional space, in which he can adequately – in accordance with the social and cultural environment – deal with the loss of his childhood world and experiment with his fantasies of grandiosity, with attack and reconciliation, separation and reunion? Bodily changes due to sexual maturation require a confrontation with the psychological meanings of one's own gender. For the adolescent the gap between physical maturational processes and his lack of psychic integration is often felt as a severe trial. The separation both from his own childhood body and the infantile love objects is always experienced as a loss which activates aggression; this is especially true in cases where a toleration for psychic pain is lacking. This is one of the reasons why adolescence may be accompanied by many phenomena akin to mourning the death of someone close – except that adolescents are neither aware of their feelings of grief nor of the reason for their depressiveness. The capacity to tolerate loss, to mourn and to face new challenges is essentially dependent upon the quality of the internalized relationships with both parents. This is even more difficult in the case of male adolescents who have to separate from their mother in order to build a male gender identity. Internalization of a stable male gender**

identity is dependent on the unconscious attitude shown by the mother towards her son's masculinity. Unconscious paternal and maternal identifications of both parents as well as their pre-oedipal relationships with their son are of crucial importance for the shaping of his gender identity (see Diamond 2004).

In this paper I am going to describe the initial contacts and several stages of the four years of psychoanalytic therapy of a male adolescent with a developmental arrest.

## 2. Initial interview with Sven

A tall 19-year-old with dark curly hair and metal-rimmed glasses had asked for a consultation. What struck me first were his somewhat rigid mimical display and his soft, gangling movements. He started by saying that he was afraid of not being normal – maybe a transvestite or transsexual? Since the age of 13 he had masturbated with a certain white silk-blouse belonging to his mother in front of a large mirror. Also involved in this scenario was a certain necklace of his mother; the whole scene had to be immersed in twilight. Of outstanding importance was the feel of the soft silk on his skin. He told me that he had progressively developed the scene so that by now he had come to use blown up balloons as pretend breasts. Recently there had been an urge to present himself publicly with this outfit. He describes his masturbation habit rather detailed and without shame. After he has finished he urges me to give him my opinion – was it a severe disturbance or something else, nothing serious? For him, he said, it felt 'funny' that he had come to see a psychoanalyst: he had been used to discussing all his problems with his father. In the course of the interview I become increasingly aware that I somehow dislike Sven; in a somehow sticky way I feel taken in and, on an intellectual level, put under pressure. I suppose that I am experiencing the feelings he wants to rid himself of. Though he is presenting his 'travesty' as a symptom I suppose that he does not know what to make of his emotions and his body; and obviously there had been no one available in his environment to take him seriously and help him deal with it.

On arriving for his second interview he greets me by holding out his left hand while at the same time turning away. Then he wants to know whether I have thought about him between the sessions. I feel like being put to the test, as if I have not done my homework. But immediately he begins to recount a dream he

has had following our first interview. In the dream *he had worn his mother's clothes. Then his father turned up and pursued him.*

He continues non-stop by reporting two other dreams:

*'I am going on a cruise. Going on shore there was a rock. You had to climb upwards through a tubular passage inside of it. Then the rock was gone.'*

Third dream: *'I am in a supermarket. A lady is sitting at the cash desk. The doorbell is ringing and I go downstairs to open a gate. Looking up from downstairs I see two men knocking the woman down. Then they go upstairs and take her place at the pay desk. I walk into the room. The woman is lying on the floor, beaten to death.'*

When he has finished his dream accounts, the session is nearly over. His descriptions reveal a lot of his unconscious fantasies, and I hear them as an overture announcing all themes to come. He wraps himself in his mother's clothes and wants to do the same with me. The 'third' is not available as someone who could open up the seductive 'skin relationship' with his mother and enable him to think; instead, he is experienced by Sven as persecutory and seductive, too.

On leaving he again holds out his left hand, glances at me with his eyes half-averted and asks: 'Do you think that I am very lonely?' I feel as if having had a short moment's contact with a shy, anxious and clinging boy. But this moment occurs at the end of the session and in such a way that there is no chance for me to reply.

In the next interview, our third meeting, I see more of this side of him. He tells me about the young boy Sven, a shy, stuttering child. But he cannot hold on to these feelings and asks me inquisitively, whether I regard him as normal or not. I say that the question should rather be what he is afraid of and how he deals with his anxieties. He made up the masturbation scenario to protect and stabilize himself, but at the same time it means that he has to cope with isolation and self-sufficiency. He answers by saying that sooner or later he loses interest in all girls and that he has never fallen in love. In this way he experiences himself different from his peers. I say that I regard his situation as serious and that he needs therapy. I advise him to think it over.

Sven calls again after he has made up his mind: he wants to start therapy, but he will soon take his 'Abitur' examinations and it is not yet clear whether he

will move into another town after that. On the other hand he needed somebody to talk to. Because of his 'travesty' he was completely isolated, both from his peers at school and his brother. We agree on a therapy with a frequency of 2 sessions a week. With regard to the months after his 'Abitur' when he is going to do his community service I suggest the possibility of analysis.

### 3. Sven's history

Sven is the second son of a well-to-do academic family. In his childhood he felt disadvantaged because of his physical weakness. In addition, he was a stutterer. As long as he can remember he felt extremely attracted by his mother's breasts. Cuddling with her until the age of 15 also involved sucking her breasts which she obviously did not discourage because she did not take it seriously. His father is described as an 'imaginary invalid' who occupies an elevated chair at the family table. Because the father used to talk exclusively to his older brother, Sven felt excluded.

When he was 7 years old the family had a bad car accident during their holidays. Afterwards Sven suffered from sleeping disorders and nightmares. Between the age of 13 and 14 he contracted meningitis. During the next years the family moved several times, which inevitably meant that Sven had to change schools. His academic performance worsened significantly.

### 4. The treatment process

In the first year of therapy Sven described his strong feeling of agitation and his compulsion to enact his 'travesty'. He tried to find explanations and interpreted it largely on his own. He struggled to throw away the 'paraphernalia', which is how he called the female underwear and the blouse. He admits that in his daydreams – in which his father is absent – he drugs his mother to make her compliant and tells her how to dress. He describes himself as a 'real blouse fetishist'.

In his transference I was largely a split object. On the one hand he projected the part of himself into me which longed 'to get rid of his mother', while on the other hand he tried to re-enact the perverse scenario with me. Right before the sessions he went to the lavatory, complained about my non-lathering soap or something like that and tried to involve me in creating a sexualized atmosphere. He regarded himself as an exceptionally intelligent and pleasant patient. Without

telling me, he used to wait near my house before and after his sessions to observe the other patients. After he had managed to abstain from masturbation for a period of 6 weeks he described horrible feelings of loneliness and emptiness.

It became clear that Sven needed another person who did not take refuge into an “apparent sovereignty and neutrality” but helped him to differentiate between bad and good (see Laufer, 1984).

In this initial phase Sven never told me whether he was going to continue his therapy after the ‘Abitur’. From the beginning he pursued what Novick (1997) calls a ‘unilateral termination plan’. When he had started therapy during his last year at school it was with the implicit intention to do his community service in another town – his secret device through which he intended to control and limit his treatment. He wanted me to experience all the uncertainties which had been inflicted on him by the repeated and unexpected moves and changes of school. Finally, he decided for a community service post in another town and expressed his decision to terminate treatment. He said that he felt more like a grown-up now and that this decision wouldn’t have been possible before. In fact it was my impression that part of him would have liked to continue to see me, and I told him so. He left to take up his community service in another town.

On returning from my summer holidays I had a letter by Sven saying: ‘I am in trouble’ – he wanted to continue treatment with me. When he was back he told me how miserable he had been. There had been a big row in the very first week of his community service, because he had refused to drive a ‘lorry with hazardous materials’. He had suffered from nightmares, persecutory fantasies and terrible feelings of loneliness, which he tried to deal with by excessive consumption of hashish. He looks miserable and exhausted and his stuttering has worsened. Compulsive masturbation with his mother’s clothes is intensifying again. But it dawns on him that he uses the ‘scenario’ to cut off his feelings. *‘I am already 20, but since I have had this problem it has prevented me from having close relationships. Because I have nobody to talk to about it, I am completely isolated.’* He becomes aware that the image he uses for his masturbation fantasy dates back to the summer when he was 12. It shows his mother, sitting on the terrace and buttoning her blouse. He remembers those holidays when the whole family became involved in a car accident. In the same year his paternal grandfather died,

and his own father went through a severe crisis during which he was constantly afraid of dying of a heart attack. 'My father has always been a hypochondriac', Sven says. At that time, he supposes, his father had probably also been in therapy.

In the next phase the frequency of his compulsive masturbation decreases. In the fantasies accompanying his masturbatory activities his mother appears without a face. He remembers his first months at secondary school when he felt very lonely. It was this shy, stammering little Sven he had wanted to get rid of in order to change into a completely different person, though at that time he had in fact not been fully aware of his miserable feelings. Mother's clothes had been a reliable source of comfort. I get a long letter in which Sven deals with his parents and his own emotions. There are a lot of aspects by which I feel deeply touched. He finishes by saying, that *writing all this down made him aware that, instead of confronting himself with life as it is, he had taken refuge into his supposedly happy childhood – this he had attempted to restore by his masturbation practice. It made him sad to write this down, because in fact nothing had changed. He knew, however, that this was the first step to facing and deal with reality.*

For the first time Sven has a girlfriend, though before long it becomes clear that he projects his own anxieties into her. In his identification with me he gives 'therapy' to her anxieties. This is the beginning of a phase in which he takes a critical stance towards his parents. He dreams *that he gouges his parents', his brother's and/or his own eyes out with scissors.*

I am able to bring him into contact with his aggressive and destructive impulses. He becomes aware of how easily he is being influenced by his father. In the past he has been obedient, always doing what father advised him to do, but now he allows himself to be influenced by me, too. His father used to control him in an indirect, somehow insidious way. Sven finished his community service and decided to go to university. He chose a course in the field his father is working in. At the same time he considered terminating his therapy. *'I will try to walk the remaining way on my own, with the help of others.'* He is hesitant, wavering: 'I am looking forward to going to university – but it is a terrifying thought to be "little Sven" again, always polite and obliging, someone without a personality.' Finally: *'I would, actually, like to continue with "it". Internally I feel afraid; I am uncertain whether I have really changed; maybe there will be a setback. My girlfriend wants*

*me to stop therapy. I am in such a conflict.* He is able to see that the part of himself that wants to quit therapy is projected into his girlfriend, too – an insight which he communicates indirectly when he says that his girlfriend would have needed psychotherapy when she was 10 years old. Her mother was an alcoholic, and the girl had a lot of problems. Finally he decides to continue his therapy: *'While the travesty felt like something natural to me in the past, it feels strange now. I dislike it, though I am able to accept it as part of myself. Maybe it conforms with my wish to have breasts of my own.'* *'It's a huge challenge for me. Probably 90% of all other men would have dropped out by now.'* His father had told him that he didn't need his therapy sessions any longer. Now his brother enters the scene. Their contact deepens and they are able to openly discuss their feelings towards their father who his brother feels to be extremely oppressive. His father talks to his brother as if he were colleague. It is too much of a burden, his brother says. *'I advised him to write a letter to our father. I don't think that he has ever been allowed to be young.'* After one more year in analysis he quits university: *'I am floundering. As if pushed into it by my father. I am not at all interested in my studies, but I feel free at university, because there are hardly any constraints.'* He quits his studies and applies for an apprenticeship in the psycho-social field. When his father again urges him to terminate therapy, Sven manages to defy him for the first time. He tells me that something's wrong in his parents' relationship, and refers to his father as a *'pseudo-psychoanalyst, everything acquired merely by reading, second- or thirdhand.'* *'He blocks me off in a friendly manner with logical explanations. I don't feel accepted. According to my father you want to hold on to me because I am young and intelligent. If I were to listen to him I would fall into an intellectual vacuum. I can accept myself as a psychotherapy patient, now.'*

Sven abandoned his termination plan and engaged himself in his therapy. He continued for another 18 months, which proved to be a very difficult time. He smoked more hashish than before in order to counteract his feelings of anxiety and loneliness, watched porn movies and masturbated after his girlfriend fell asleep. *'Porns and masturbating have taken the place of the travesty.'* But, he also said, *'I enjoy sleeping with my girlfriend more and more.'* Time and again he retreats into his daydreams, referred to by him as his *'Toto-Lotto fantasies'*. In these fantasies he is rich and independent and free of all duties. He stays in bed

all day long, leaving it only for his therapy sessions. He oscillates between his 'Toto-Lotto fantasies' and a realistic perception of himself and his objects. This phase is demanding on me, too, and repeatedly I am afflicted by self-doubt and the feeling to have utterly failed him. But I remain confident that in the end Sven will not get bogged down.

6 months before he finishes his apprenticeship he suggests fixing a termination date. Now his wish to masturbate dressed in women's clothes reappears after a long time. *'Maybe the whole analysis was good for nothing.'* But he was able to accept my suggestion that his feelings about the imminent termination made him want to take refuge into 'women's dresses' and that he blamed me for having failed him. Finally he could own these feelings.

As to myself, I still had to struggle with feelings of doubt and anxiety in this last stage. Sometimes I suspected that progress was restricted to superficial, external changes. During treatment Sven had passed his 'Abitur', he had finished his community service and moved from his parents' home into an apartment which he shared with his girlfriend. Moreover he had opposed his father's expectations, abandoned his studies and trained in a field of his own choice. Now it seemed possible that he would resume his masturbation habits as well as his extreme consumption of hashish.

Sven said: *'I am still worried by my sexual habit, but now I am in a close relationship, and with you I actually got through such a lot of difficult situations.'*

In his last session he told me: *'Yesterday I met an old friend. He said, he would never have thought it possible that I would be able to develop as I had.'* He added: *'Still there is a faint longing to have breasts of my own; though at the same time I am comfortable with being a man.'*

## 5. Concluding remarks

For Sven it had been hard to manage the tasks of adolescence and the transition into adulthood. He had not been able to renounce his infantile and incestuous relationship with his mother.

His difficulties rooted in his inability to acquire a masculine sexual identity and to build up a relationship with a girl. His urge to intrusively merge with his mother prevented him from internalizing a reflective object which could have helped him to contain his anxieties. Putting on women's clothes was an attempt

to deal with his feelings of loneliness and his separation anxieties. Playing with the transgression of boundaries was an attempt to be in control of his altered body as well as to deny his own limitedness. Enacting his masturbation fantasy he sought protection in an illusionary sexual identity with his mother. The potential for an 'oedipal transitional relationship' (Ogden, 1990) with a father-in-the-mother succumbed to a delusional relationship with a sexualized pre-oedipal mother, which served to deny the sexual difference. In the course of his analysis Sven began to separate from this delusional relationship with his mother; he could also start to examine his father imago. In his therapeutic relationship he was able to experience and tolerate dependency. *'Being a patient is acceptable for me now'*, he said. His masturbation habit gave way to daydreams which time and again he used as a buffer against his reality perception. His attitude towards his masculine body changed fundamentally, and for the first time he was able to get attached to a woman. Finally, he chose – and successfully finished – training in a field of his own choice. Sven was now able to work and to tolerate frustration. A crucial element of this progress was the clear treatment setting, a definite frame which – as 'a third' – constituted a paternal structure-building function (see von Klitzing; Grieser).

With adolescent patients it is particularly important not to deny or to ignore the inevitable processes of mourning. Working them through enables young patients to cope with their experiences of loss – loss of their relationship with their childhood parents, loss of their child body and finally the loss of the analytic relationship – in a qualitatively different way. For the therapist letting adolescent patients leave is hard because he or she can never be certain whether they will be able to live out their talents and realize their potential.

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