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The importance of the setting in the psychoanalytic treatment of a patient who was not there to work with me[*]

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Eshel apresenta um caso difícil, envolvendo questões de pedofilia e de terapia intensiva compulsória. O paciente, apresentado por ela, foi condenado a 5 anos de prisão, mas por ordem judicial foi interno em um Hospital Psiquiátrico Estatal, no qual a autora trabalhava e foi convidada a assumir o caso como terapeuta. Essa situação não é a mais propícia para se estudar as questões winnicottianas. Mesmo assim, o caso tem importância, pois mostra o que é possível conseguir com um interesse e disponibilidade humanos e genuínos.

> "I artificially divide Freud's work into two parts. First […] the material presented by the patient is to be *understood* and to be i*nterpreted*. And, second, there is the *setting* in which this work is carried through" – wrote Winnicott (1954, p. 285, italics in original), going on to describe twelve points of the setting. Ten years later, in "The importance of the setting in meeting regression in psycho-analysis" he stated: "In some patients […] the provision and maintenance of the setting are more important than the interpretative work. […] The patient is not there to work with us except when we provide the conditions which are necessary." (1964/1989, pp. 96-97)

In this paper, I will describe the treatment of a patient convicted of sex offenses who was not there to work with me. But the provision of a reliable setting and, through me, of sustained caring, offset the absence of an emotionally reliable and caring environment in his early childhood, with deep and long-lasting catastrophic impact on the child's development. It touched deeply-hidden inner longings, and eventually cut the destructive cycle of abandonment and abuse and their horrendous consequences.

Case Illustration

The patient I describe was in treatment with me for over ten years, separated by two intervals, spanning all in all over fifteen years. The following account focuses on the first two years, and mainly the second year, of the first four-year period.

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Referral for treatment

Reuben was referred to me for compulsory intensive psychotherapy in the state psychiatric hospital where I was working. He had been hospitalized to undergo intensive psychotherapy by court order and by order of the Corrections Director in lieu of being sent to prison. Reuben was thirty years old, good-looking and had begun working towards a doctoral degree. He was sentenced to a five-year imprisonment for sex offenses involving four girls aged twelve to thirteen over a period of three months, which started when his second wife left him. In each incident, according to the evidence, he would invite the girl into his car with the excuse that he was looking for an address, take her to the same place, force her to engage in oral and anal intercourse, and masturbate in front of her. He would then take her back home. When he brought the fourth girl back home in his car, the police were waiting to apprehend him.

Before the trial, he was interned in a psychiatric hospital for approximately five months for observation and preparation of a psychiatric expert opinion for the court. During this period, his smiling and cooperative manner was regarded by the hospital staff as superficial. He expressed no feelings of remorse or guilt about his behavior towards the girls, despite great pressure to do so. He claimed he did not remember what he had done, was unable to remember the girls' faces, could not explain his behavior and said it had not been premeditated. But he also insisted he had only committed indecent acts, not actual rape. By contrast, he repeatedly expressed concern about his future, lest hospitalization and his emotional state cause his intellectual ability to deteriorate.

The summary of the psychiatric expert opinion submitted to the court stated:

A. The accused is capable of following the court proceedings and participating in his defense.

B. At the time of the alleged incident, the accused was not mentally ill, but mentally disturbed, and as such knew right from wrong. He acted under a strong, unconscious urge that, given his mental condition (compulsion in a state of depersonalization), was hard to resist. However, at the time of the incident he was not suffering from a mental illness.

C. Although he is capable of serving any sentence, in this specific case there are strong grounds for allowing the defendant to serve all or part of his sentence committed to a psychiatric hospital, to permit intensive psychotherapy.

The psychological evaluation in the expert opinion emphasized Reuben's rigid defense system with massive use of intellectualization, rationalization, and dissociation to deal with

feelings of abandonment and rejection in interpersonal relationships, and its collapse into vengeful and perverse destructiveness. The evaluation also stressed the need for intensive psychotherapy to help him understand better his emotional world and the motives underlying his deeds.

During this period, there were two unsuccessful attempts at psychotherapy: the first with a private psychologist (brought in by the family), who after several sessions felt she could not continue treatment because the patient was emotionally "flat" and "full of resistance"; and the second with the hospital's ward psychologist, who also felt it was impossible to establish a real therapeutic relationship. After sentencing, when the patient had been sent back to the hospital for psychotherapy by court order, I was asked to take on the case. There was great concern that since Reuben had already been sentenced, even his superficial willingness to undergo psychotherapy would disappear.

Background

Although Reuben had apparently grown up in harsh emotional circumstances, when he spoke about his life at the onset of treatment, everything was always "fine", and he "got along well with everyone"**.**

Reuben was the second of two children. His sister was two years older and an older brother had died when he was two months old. Reuben's parents were born in Germany. They left before World War II, moving to one country and then to another (when Reuben was about three years old). Their financial situation was sound, but family relationships were very bad (although Reuben claimed he knew nothing about until his mother revealed it in the hospital). His father had frequently been away from home on business, and maintained relationships with other women. His mother made extended visits to her family in Israel when Reuben was four, six and eight years old. When he was four and eight, she took the children with her, but on the second trip, when they stayed for half a year, she placed him in a religious kibbutz, despite his secular upbringing. (When Reuben was six, the children remained with the father.) Upon returning from the last long visit abroad, the father complained of feeling unwell and was soon diagnosed with cancer. He was hospitalized and died half a year later. He was forty-two years old when he died, and the mother thirty-six, "beautiful and imposing" (in Reuben's words}. Reuben's mother sold their house and belongings, discovered many outstanding debts, and immigrated to Israel with the children that same year. Reuben was ten years old at the time, and from then on, he no longer lived at home. The mother went to live with her older brother – a

businessman with whom she was particularly close – and she placed Reuben and his sister in a residential institution for underprivileged children. Two years later, she moved into a flat of her own, bringing Reuben's sister, who was an outstanding pupil, back home, claiming that she was too gifted to be left in an institution. Reuben, on the other hand, remained there and was a most unmanageable pupil. During those years, he visited his mother only during vacations, and she and her brother (the businessman uncle) visited him only sporadically.

At age eighteen, Reuben enlisted in the paratroopers, an elite army unit. After finishing his army service, he worked in construction for a while, moved into his mother's flat, and took his matriculation exams. He attended a university in a different city, served in active combat, and married his casual girlfriend from his early military days. The marriage was unsuccessful; his wife left him after a year and a half, and they later divorced.

After the divorce Reuben completed his bachelor's and master's degrees. He met a girl who was a doctoral student, and became immediately and rapidly involved. Despite a crisis during their second year together, they married and he, too, began doctoral studies. After the marriage, great tension developed between the couple. Reuben's wife claimed that he was irritable and detached, and although he tended practical household matters, she felt he was far away. He also interfered with her studies. After less than three months, she suddenly announced that she wanted to leave and move into the student dormitories, packed her bags and left home. An attempt at marriage counseling was unsuccessful, and the counselor recommended a temporary separation. During this period Reuben became very restless, could not concentrate on his work and studies, and frequently sought his wife at her dormitory and work, pleading with her to return. It was on the way back from these visits that the incidents with the girls began, until he was caught with the fourth girl. After he was transferred from prison to the psychiatric hospital for observation, his wife demanded a divorce.

The above information was provided mainly by his mother, uncle, sister and wife. Reuben's speech was emotionally flat and fragmented. He remembered almost nothing of his childhood before age ten – until his father's death and the family's immigration to Israel. In fact, his clearest memories were only from the time they immigrated to Israel, when he was placed in the youth institution (a youth village). He repeatedly stated that his stay there had been a good time of mischief and driving tractors, never mentioning the abandonment and neglect, or that his sister had returned home and he had not. He stressed that he had never envied her, and admired her for her academic achievements. Nor was he envious of his cousins, the children of his businessman uncle, who lived at home in luxury. All told, he was never envious. He stressed his successful army service. As for the action he saw in the war, he remarked that

even though there had been many casualties on both sides, he had felt nothing and that "they ate breakfast alongside the corpses".

About his marriages, he stated that his first one had been unimportant and he saw no need to think about it any further. He regarded his second marriage as very important, but was unable to explain what had happened between him and his wife that led to the break up and her wishing to leave. He had tried to ignore the tension that developed between them after their marriage and to go on as if nothing was amiss.

As mentioned, he remembered almost nothing about the "incidents with the girls", and could not understand what had happened to him.

Given the compulsory circumstances of treatment, his level of personality organization, and his way of providing information, Reuben's willingness and ability to undergo dynamic psychotherapy and to relate reflectively and affectively to his inner world and relationships appeared to be minimal.

The treatment

The first two years of treatment – four times a week, face-to-face intensive psychotherapy – were marked by frequent disruptions in verbal communication, ranging from Reuben's general difficulty in speaking to lapses into complete silence. During the first year of treatment, these silences could last an entire session or several consecutive sessions. In the second year, his silence was long and massive, and lasted over four months.

I will now describe these ruptures in communication, especially the long silence in the second year, and the breakthrough after two years of treatment.

The first session was laden with anxiety. Reuben squirmed restlessly in his chair, almost falling off, gazed at pictures on the wall, asked "Have to undress already?", and spoke in a vague, fragmented manner about his relationship with his two wives and his mother, and about the "incidents with the girls". Beginning with the second session, he became withdrawn and barely communicated.

The sessions dragged on heavily; he would not speak spontaneously, and when he did speak it was mostly to answer my questions in a stultified, dull way. Often, he would not answer at all. Over and over, he would say, "Again your annoying questions", immediately followed by "Are you angry?". Or he would say he had not heard my question, and that his ears were ringing. He claimed that when he was in the army, a bazooka was fired right next to his ear, causing partial deafness. It was evident, however, that his hearing problems increased when the

questions were more difficult for him to deal with. Later on, he began suffering from pain in his abdomen, hugging his stomach, his body contorted; he worried he might have an ulcer, until medical tests were conducted and turned out negative.

After two months, Reuben gradually began to talk in a more detailed, emotional way. And then the silences burst forth. Any openness or emotional relating on his part was immediately followed by great tension, by angry outbursts at me, charging that lately what I said "annoyed" him and that I "distorted things". It was difficult for him to remain until the end of the session, and his silence was persistent. He would sit tensely, his hands tightly gripping the arms of the chair, his face contorted, half crying, half shouting: "I don't know what's happening, I can't talk to you". When I said that the difficulty was perhaps rendered by our talking and connection, he smiled sadly and remained silent until the session ended. On the next session he spoke, but in the ensuing sessions the difficulty to speak continued and worsened. He would say almost nothing during the sessions, sitting silently, his fingers fidgeting nervously around his lips and the tip of his nose, or he would draw squares on the sheets of paper on the table, applying great pressure on the pencil, filling in the squares with crisscrossed lines that resembled prison bars. Sometimes he would begin by writing his name in a florid hand, but then completely covered it with crisscrosses. Or he would surround himself with objects, as if erecting a wall around himself – a pack of cigarettes, an ashtray, a match box and a pencil – covering his mouth with his hand, while his eyes watched alertly. He would sleep a lot before the sessions, and go to sleep immediately afterwards; during the sessions he would say he was tired, that he had only just gotten up, that he could not concentrate, and that he could not think on his own between sessions. Questions about his thoughts or feelings only intensified his silences. My interventions and suggestions concerning these reactions evoked great tension and anger. Nonetheless, at the end of the sessions he would leave slowly, saying, "It's hard to come and hard to go".

It was at this time that the issue of recollecting the "incidents with the girls" resurfaced, after not being referred to since the beginning of treatment. Reuben began inquiring about the possibility of taking hospital leave one afternoon a week to study, and was told this would not happen until he gained a better recollection and understanding of what had occurred with the girls so as to increase his self-control. In a session with me, he reiterated that he could not recall what he had done, repeating what he had already said in the same vague, partial, affectless manner (he only remembered riding the car to and from the place). He again stressed that he was certain there had been no rape, insisting that he could recall nothing else, and fell silent. But, at the end of the session, when I told him the session was over, he burst out saying I should

stay with him until evening so he might remember, that I ended the sessions whenever I felt like ending them, that he always had to come and remember, and talk when I wanted him to, not when he wanted and was able to that I dominate him; and he left very angrily. The following session he arrived quieter, saying that he understood and accepted that hospital leave was conditional upon his remembering and understanding the incidents with the girls, and since he wanted to be granted the leave, and was also interested in relieving himself of the matter but could do nothing more, he requested an injection of Pentothal. He was insistent about receiving the injection the next morning. I told him that it was not just a matter of providing information, but of his ability to recollect it and of struggling with inner obstacles to knowing**.** Therefore, **i**t was important that he remembers on his own, rather than a passive, forced remembering induced by Pentothal. Then suddenly, for the first time, he told me a dream he had dreamt in the youth institution when he was eleven-twelve years old:

He was pursued by wolves, and running, fell softly into an abyss ahead of him, an abyss with beautiful, shining stars alongside it.

He came to the following session feeling relieved that the idea of using Pentothal had been dropped. But there was no progress in his recollection of the incidents with the girls. He said that there are things which psychologists might want people to know, but people will *break down, go crazy*.

At the end of the first year of treatment I took a four-week vacation. Soon after I returned, a lengthy silence began which lasted over four months. This silence was directly related to Reuben's relationship with me. When I returned from vacation, he was awaiting me excitedly at the gate of the hospital. During the sessions he spoke about strong feelings of "loneliness and distress", of his fear of becoming dependent on me, of needing me, and that without me he felt great emptiness; he poignantly recalled a tree at the youth institution, under which he would sit alone and cry, and then spoke again of having no control over his relationship with me. Then, his tension and anger mounted; he asked himself over and over again, after the sessions, why he had told me all these very personal things, and had no answers. He left a session before it ended, saying in the next session that it had been because of a dream he had dreamt several days earlier, which he remembered in the previous session. *In the dream, he causes my husband's death, comes to my house, and I, totally unaware, greet him joyfully, looking softer than usual in a skirt and blouse**.*** *It is a one-storey house with antique furniture and a door of pale wood, and many people are there.*

Reuben said the dream was terrifying because in it he causes death in order to get closer to me, and also because he has harmed me and I don't even know it. He said that he recounted

the dream in this session and not the previous one because that session had been towards evening, and now it was early afternoon. Then he said anxiously that a dam had suddenly burst and his fantasies were beginning to run wild. I talked about the difference between fantasy and reality, thought and action. I said that if all the people killed in fantasy were to be dead, the world would be full of dead people. He appeared somewhat calmer. (Parenthetically, I would add that unlike other interventions in this treatment, today I would not have offered this interpretation because it was too experience-far from his acute sense of impending danger and dread of his destructiveness.)

In the following session he said that he remembered something connected to one of the girls, which he had not remembered earlier: When he took her home, the girl asked him, "Nothing happened to me, right?" and he answered, "Nothing," and feeling extremely uncomfortable, brusquely opened the car door for her to get out, without looking at her.

At the next session he said that he had told me too many thoughts, fantasies, that he had reached his limit. And then, silence reigned for over four months.

During these many sessions of silence Reuben sat very tensely, pulling apart paper clips and breaking them, tearing up paper that was on the table, breaking pencils and a ruler – first taking apart its metal ends and then bending and breaking the ruler into small bits. Then, he spent hours burning matches. He would light a match, and when it was almost all burnt, would get hold of the other end until the entire match was burnt and black, then place it in the ashtray and light another. My attempts to speak to him, to relate to his fidgeting with objects and playing with fire, to offer interpretations or help him speak, were received with absolute silence or with sharp cries of "Don't nag", "Don't fuck my mind", "You're pretending". It was only when I said I felt he wanted me to disappear, because in his world I had become very frightening, that he said, "You finally understand",. But then he went silent again. He sat covertly, his leg up on the chair, his hand over his mouth as if to hold back the words, with only his eyes peeking out tensely, saying it was boring. The next time he said it was boring, he pointedly took out a newspaper to read, but his eyes did not follow the lines. He then took a day's leave from the hospital in place of our session, going away a few minutes before the session was to begin. During this long silence, he would repeat the same sentence every session – standing at the door, before leaving, he would ask or point out the day and time of our next session: "You'll come on … at … o'clock".

What stood out during these sessions was that, despite his fidgeting and seemingly complete detachment, he was inexplicably very sensitive to my every movement, and if I shifted

in my seat or looked elsewhere, he would suddenly shout, "You're fed up, I can see that you're fed up with me and this whole treatment".

As for my own reaction, I was surprised at my abiding patience towards him during these continuous hours of silence. At times, I felt anxious about his emotional state, occasionally I became impatient with his detached, obdurate, provocative reactions; but mostly I sat there quietly, engrossed placidly and resolutely in him and in that massive, intensive something going on inside him. Waiting in silence.

Reuben came to the session after the one he had missed for hospital leave looking pale, a rash covering his face. He began by saying he was tired, depressed, in a bad mood, and couldn't sleep, attributing it to our meetings. He said he wanted to maintain distance from me because relating to me, especially where his feelings and fantasies were concerned, was difficult, and he also wanted to try things on his own, so he wouldn't have to tell me everything. He said, "I'm afraid it'll get burnt", didn't explain further, but suddenly appeared more relaxed. Then he said, "But you aren't leaving yet", and sank limply into his chair, appearing to sleep quietly until the end of the session. After that session, he resumed talking – and spoke continuously for hours about the youth institution, his feelings of abandonment and rejection, terrible earaches at night, the physical abuse there, and his aggressiveness. He said fearfully that he was "destroying the only home he'd ever had, the idyllic picture", but still continued talking. After another hospital leave**,** he spoke emotionally about his feelings when he visited his rich uncle and family, that they were all very disturbed, hiding within themselves great aggression towards the uncle, and if this aggression were to surface they would lynch the uncle. In the following session he spoke again about the hidden, overall aggression that he felt was aimed at his uncle. As he tried to think it through, he suddenly became very pale, grabbed the table, and said that the entire world was spinning. He asked to leave and return to the ward, insisting on it, even though I said that he had begun feeling bad here and we should wait together until the dizziness went away. When he refused to remain, I offered to accompany him to the ward. As we walked, he glanced sideways at me, with a kind of wonderment and excitement. Upon arriving at the ward, I bade him farewell and left.

At the next session Reuben spoke about trivial matters, not mentioning the previous session, but something seemed to bother him greatly. Towards the end of the session, he said that he wanted to tell me something important – that at home on his last hospital leave, he had wanted to remember the incidents with the girls and it was as though the memory was resurfacing; yet, in spite of everything, he could not remember. He thought that, perhaps, if he once again drove the route he had taken with the girls, he might remember, but was afraid to do

so alone. Would I be willing to go along with him? I thought for a while and suggested that we talk about it again and, together, attempt to recall the details during the two and a half months left until the end of this year of treatment. Then, if he failed to remember, I would go along with him on that route. This was a difficult promise for me to make.

I think of it as an act of faith.

For two months we spoke about the girls – four girls with no face, no shape. In detail, step-by-step, we reviewed him leaving the house, the clothes he had worn, the raod he had taken, but each time we got stuck at the point where he saw a girl on the way, stopped the car with a screech and asked her how to find an address. Subsequently, he remembered nothing except the desolate place he had brought them and that afterwards he had taken them home. It seemed that in treatment, too, every time he stopped with a screech at this point.

Little by little, he was able to recall the face of one girl, the clothes of another. During these two months, many things "happened to him". He lost his wallet with his identity card and driver's license. He arrived for treatment with a large scratch on his forehead – like the sign of Cain. He also formed an intense relationship with a nurse at the hospital (who, two years later, would become his wife).

As we approached the end of the second year of treatment and I was beginning to think he would not remember anything this way (making it necessary for me to take the ride he had proposed), he inquired towards the end of one session when treatment would end. I began to answer, but he cut me off and asked if it was possible that I might suddenly decide to end the treatment and leave. I answered that I would not. Then, at the beginning of the following session, he immediately said he had fully remembered the incidents with the girls, and would I like to hear it? He talked for an hour and a half without a break, describing girl after girl, what he had said, what he had done, "pouring" it all on me. When he finished speaking, he looked completely drained and I felt as if I had been run over by a steam-roller. I said only that it had been difficult and that we had taken a big, important step. The next day he said he had feared the day before that I would think him a monster and would tell him to leave and never come back. When I spoke of the importance of what he had told me, he felt I was holding out a hand to him.

Even though difficulties in speaking and shorter lapses into silence persisted during treatment, this had been a real, momentous breakthrough in the wall of silence that Reuben had erected around himself. It was the first time he had dared open up and reveal harsh, darkened matters from his hidden, secret world, exposing himself to the terrifying dread of being rejected, hurt, abandoned and dominated by another person. I am referring to breaking through the

silence, not his non-remembering, since he might actually remember more than he claimed to do and merely recounted it in that session. Even so, I feel it was a precious, profound and crucial step, for throughout his life Reuben had used disconnectedness, shutting down and dissociative-autistic encapsulation as his main defensive means for coping with and surviving devastating emotional situations. Loneliness, neglect and abandonment had been inflicted upon him from an early age, both emotionally and physically by his mother's narcissistic, rejecting attitude, and by the absence of the protective presence of his father (even when his father was alive, and certainly after his death). Over the years, behind a façade of niceness and smiles, he developed an encapsulated emotional world, suspicious, aggressive, hidden and disconnected. Trusting another person became thus a betrayal of his elemental self-protection and of the defense organization that had been crucial to maintain his sanity and his very survival. It meant unraveling his constantly being on guard against emotional connection and the ensuing alarming experiences of longing, dependence, neediness, loss of power and control, rejection, abandonment, breaking down. In addition, remembering and telling me the incidents with the girls were a confession and acknowledgment of guilt in the most concrete way.

The extent of this emerging trust and inner change were further revealed on three occasions when Reuben *chose* to be in treatment. The first was when, after three years of compulsory treatment in hospital, he was granted amnesty and was free to leave the hospital and treatment. By continuing treatment he clearly expressed he wanted the treatment and meant to finance it himself, from his own savings, even if his financial state and employment opportunities appeared extremely uncertain after being released from hospital. . He pondered and said in his characteristic way that he had to exceed the three-year period in treatment with me, because his relationships with women always broke up after three years. He remained in treatment for another year, and ended it after four years, on the eve of his wedding. He said he now had to invest in, and concentrate emotionally on his marriage, and I accepted and respected his decision.

Two and a half years later, he returned to treatment because of deliberations over having a child, and treatment lasted a further three and a half years. Then, after another two-and-a-half year break (and after a second child had been born), he once again returned to treatment because of feelings of distress, restlessness and a vague sense of problems with himself and in the relationship with his wife. Treatment lasted another three years.

I feel that Reuben's returning to treatment at a time of distress, rather than following his familiar, impulsive, lonely, destructive pattern of behavior, was an enormous change, a venture of trust in the therapeutic relationship. It would have been unimaginable several years earlier

and it was forged during those first difficult years of our living through the depths of long, dark silences and violent inner struggle. Treatment offered an alternative to this rejecting and shattering self-and-the-other world and to the breakdown of communication, hope and sustaining emotional contact.

Discussion

On the crucial experiential quality of the setting

I would now like to consider briefly[1], because of time limitations, Reuben's difficult treatment in light of the crucial significance of the analyst's reliable holding and being-there during the treatment of a difficult-to-reach patient. According to early Winnicott (1947/1992), for patients with insufficient good-enough past experiences, "the analyst has to be the first in the patient's life to supply certain environmental essentials. In the treatment of a patient of [this] kind all sorts of things in analytic technique become vitally important" (1947/1992, p. 198). Over the years, Winnicott continually transposes the early maternal situation into the analytic setting that has to correct the original environmental failure (1954a/1992, 1954b/1992) or provide things never provided before, and are thus relived and experienced "for the first time in the present" in the experience of treatment with the analyst (circa 1963, published posthumously in 1974, p. 105).

Reuben's treatment illustrates these processes in a provoking, extreme way. On the one hand, there was his impenetrable split-off psychotic state, foreclosing psychological work, which remained an ominous threat to his sanity and very being. This found massive, harsh expression in his non-remembrance of, and disconnectedness from, the "incidents with the girls"– a closed-off, mad, profoundly destructive, and perverse area inside him. On the other hand, my abiding presence gradually became a great critical force, bordering on the concrete. Reuben opened his dark world of secrets when I consented to go with him on a drive to reconstruct the "incidents with the girls," a starkly real commitment to his request that, once made, ultimately did not have to be carried out. This ensued from him testing and verifying the reliability of my presence over the course of many hours of total silence and aggressive detachment, session after session. It was only within my sustained and cumulative "presencing" that his mute cry and need for help, which had no means of expression, and his desperate dread of abandonment, could be absorbed and eventually become a new and powerful experience – a

[1] For a more comprehensive discussion of this case see Eshel, 2012, 2019.

critical mass capable of overcoming the horrors of dependency, emotional connection, and neediness in a person whose emotional environment since early childhood was dominated by constant disregard for his feelings, massive rejection and abandonment.

Years later, when I read Winnicott's recommendations on the need for holding in the treatment of antisocial tendencies and schizoid patients, I found it fundamentally close to the way I was and felt in Reuben's treatment. Winnicott writes:

> In treatment of *schizoid* persons the analyst needs to know all about the interpretations that might be made on the material presented, but he must be able to refrain from being sidetracked into doing this work that is inappropriate because the main need is for an unclever ego-support, or a holding. This "holding," like the task of the mother in infant-care, acknowledges tacitly the tendency of the patient *to disintegrate, to cease to exist, to fall for ever*. (1963/1979, p. 241, author's and my italics, respectively)

In Reuben's case, it was not a tendency; it was a real, devastating fact. Therefore, I conclude with Winnicott's powerful words about the setting:

> When the psychoanalyst is working with schizoid persons (call it psychoanalysis or not) […] the maintenance of an ego-adaptive setting is essential. The *reliability of the setting is a primary experience*, not something remembered and re-enacted in the analyst's technique. Dependence takes on a form that is exactly like that of the infant in the infant-mother relationship, *only the patient may take a long time to get there because of the tests that have to be made by the patient* who has become wary because of previous experiences […] and the risks that have to be taken […] are very great indeed. The risk is […] that the analyst will suddenly be unable to believe in the reality and the intensity of the patient's primitive anxiety, a fear of disintegration, or of annihilation, or of *falling for ever and ever"* (1963/1979, p. 240, my italics).

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