



A Case of Symbiotic Dependence

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The First Contact with the Patient: His Symptoms

The patient (B) I am going to speak about is a 33-year-old (31 years old when he started analysis) male white-collar worker, single and still living with his family which consists of his father, mother, brother (7 years his junior) and maternal grandmother. He has undergone 85 sessions in two years.

He was sent by his family doctor although it was his mother who telephoned me saying she was worried about her son and explaining his symptoms: "he is depressed and never goes out; he suffers from gastritis and has taken several medicines but to no effect". It was only at his mother's insistence that B decided to fix an appointment with me. When we met, B described other symptoms apart from those given by his mother: he gets a lump in his throat; he has a sense of uneasiness in crowded places; his legs often feel heavy or he feels the need to move them continuously. His life is monotonous and stereotyped, anything out of the ordinary disorients him and is a cause of anxiety. When asked to describe a typical day, he replied: "I go to work, I go home for lunch, I go back to work in the afternoon, I go home again in the evening."

In fact, aside from the boredom implicit in the previous sentence, B feels very lonely, insecure, helpless, paralysed and frightened. This situation comes out in a recurring dream: "I'm on a very high and narrow wall with a void all

around. I'm terrified, completely paralyzed."

Family Situation

The family is of farming origin and culture. The father is a retired farmer who left home as an adolescent as a result of his difficult relationship with his family and kept himself by working as a shepherd. He had a very hard life, a painful childhood. Because his parents were cold he has not known how to give his children affection. The patient reports that when his mother was expecting her second child, his father, who was about 30 years old at that time, discovered a tumor in his right leg, and he had to have his leg amputated. B describes his father as uncommunicative and dictatorial and his orders must be obeyed without question. He's never been, nor has he ever had an affectionate gesture towards; he always finds faults in him, and tells him off, he never encouraged him. The patient hates his father and does not even bother trying to salvage his relationship with him.

The mother's parents were both farmers. She is a housewife, has always been shut indoors, and always lived with her mother, having little experience of the outside world. She is timorous, insecure and anxious. "She's afraid of everything and everybody". She tends to be apprehensive, overprotective, possessive and interfering. She always wants to know everything: what he does, where he goes, who he is with. B maintains he has always done everything his



mother wanted and whenever he tries to rebel he feels guilty and feels the need to make up for it.

The family is divided, as B himself realizes. On one side the patient, his mother and grandmother, and on the other his father and brother. The latter, according to B, has the same “character” as the former and this is why they get on. He considers his brother to be more independent of his mother and grandmother insofar as he does not let them interfere or influence him.

If on the one hand B realizes the part his mother has played in determining his current situation (as we will see in the first dream he reported in analysis), on the other he believes that she, together with his grandmother, are the only ones who have ever cared for him; she has always been loving and is the only one who understands him. In the 72nd session, B reports that his grandmother told him that when he was one year old he caught the flu with vomiting and stomach problems. He went to hospital for ten days and was kept in a room with other children who had the same infection while his parents could only watch him through a glass partition. Moreover, to stop him from falling out, he was tied to the bed with a belt. When his parents and relatives visited, he cried desperately and would not even look at them. When she told him all this, B’s grandmother said she believed that all his problems dated back to this episode.

With reference to this situation, J. Bowlby (1969: pp.50-51) when talking about children in hospital without their mothers, even if only for a few days and with daily visits, states: “The behaviour of small children in hospital gives us another set of data in support of the hypothesis that, if the mother is present the unfamiliar environment does not disturb the child to any great degree. ... returning home after only a few days in hospital. All the children who were alone showed the typical reactions of children who have undergone a brief separation in an unfamiliar environment: increased attachment, greater uneasiness during every brief separation, regression in the control of the sphincters; Children who were in hospital with their mothers did not show any of these disturbances.”

It is interesting to see what Erich Fromm

(1956: pp.41-42) has to say on this: “The mother’s and the father’s attitudes towards the child [must] correspond to the child’s own needs. The infant needs mother’s unconditional love and care physiologically as well as psychologically. The child, after six, begins to need father’s love, his authority and guidance. Mother has the function of making him secure in life, father has the function of teaching him, guiding him to cope with those problems with which the particular society the child has been born into confronts him. In the ideal case, the mother’s love does not try to prevent the child from growing up, does not try to put a premium on helplessness. Mother should have faith in life, hence not be over-anxious, and thus not infect the child with her anxiety. Part of her life should be the wish that the child become independent and eventually separate from her. Father’s love should be guided by principles and expectations; it should be patient and tolerant, rather than threatening and authoritarian. It should give the growing child an increasing sense of competence and eventually permit him to become his own authority and to dispense with that of father.”

The Reappearance of Symptoms when B’s Brother was Born

Symptomatic of the parents’ insensitivity is the fact that when their second son was born, B was hastily removed from their room where he had slept up until then because of problems of space (not in his parents’ bed and B does not remember ever experiencing sexual relations between his parents). After the birth of his brother B went to sleep in his grandparents’ room. He was sent to school in the afternoons too whereas previously he had only attended mornings. As a result he developed feelings of intense jealousy which resulted in certain behavioral manifestations: at school his relationship with the other children deteriorated as he kept himself apart. He ate very little, vomiting frequently and losing weight. He also found it difficult to write. At the age of seven he already required the help of a psychologist.



The Function of the Symptoms

The reappearance of the symptoms, in a situation similar to that which originally provoked them, in which B felt helpless, hopeless and abandoned, represented an attempt by the patient to win back his mother's love and protection which were threatened by this new rival. If we refer to Fromm's ideas of rootedness (1955: p.53), it would seem that in order to secure his mother's love, B used and still uses neurotic-magical means because he feels very lonely and helpless. He regresses emotionally to an infantile state and falls ill thus putting into effect the magical idea of being helped like a small child who needs its mother.

The same symptoms reappeared in another situation similar to the previous two when, according to the patient, they appeared for the first time. This was during a holiday in Africa with a small group of friends. B was unable to adapt to the climate, the food, the people and customs, everything was unfamiliar, strange and because of this, threatening. In his own words: "All those negroes, everything was black. I don't want to sound racist but they really did smell. When we had to use public transport it was a disaster for me, being in contact with them, their smell. I hardly ate anything, it was all so different from our food. All I ate was rice and I was often sick so I lost a lot of weight. The worst part was when we went to a small island for a week and it was impossible to phone home. I felt really isolated, lost and I thought I'd never see home again. I was worried about my mother and grandmother. I didn't even think about my father and brother, I wasn't worried about them at all. When I'm away from home I always imagine my mother or grandmother have died. I cried when I got home safe and sound and could hug my mother."

This episode coincides, to a remarkable degree, symbolically, with his repetitive dream: without mother and grandmother he is frightfully alone as the high wall.

Fromm (1964: pp.106-107) affirms that: "After the distortion of reason, the second most important pathological trait in incestuous fixation is the lack of experiencing another being as fully human. Only those who share the same

blood or soil are felt to be human; the "stranger" is a barbarian. As a consequence I remain also a "stranger" to myself, since I cannot experience humanity beyond that crippled form in which it is shared by the group united by common blood. Incestuous fixation impairs or destroys - in accordance with the degree of regression - the capacity to love." (underscore mine)

In fact, as we can infer from B's account of his holiday, it led him to relive the same situation experienced in the hospital when he was one year old, that is to say, a condition of uprooting from and abandonment of primary ties. When in Africa, far from the places and culture of his birth, this led to the acute reappearance of his symptoms.

Symptomatic of the patient's dependence and his sense of abandonment is his fantasy about the death, apart from his own, of the other two members of the symbiotic unit. That is, B compares his acute sense of isolation in Africa to a situation of mourning which he does not feel he can cope with in his fantasies of the death of the two supportive figures: his mother and grandmother. In other words, better dead than lonely. This fantasy proves Fromm right when he maintains that the fear of loneliness is a greater threat than death itself.

The First Dream Reported in Analysis

In this first dream, as I mentioned before, B reveals the causes of his existential condition: "I was in the final year of senior school and our math teacher, who was very strict, had missed many lessons and she was behind with the syllabus. The school year was well under way and I was very worried about this. I told myself I wouldn't be able to learn anything else that year and I didn't feel ready for my final examinations." It seems to me that this dream implies B's normal dependency and loving care deprivation with his consequent existential difficulties caused by the fact that his teacher (mother) hasn't completed the "syllabus". She hasn't supplied him with the means to face life as a mature person. She has been incapable of giving while, at the same time being extremely demanding of



her son from whom she required and still requires full emotional support, investing the mother-child relationship. She has not fulfilled her role as mother.

As far as the development of transference is concerned, the dream suggests the patient's assumption that again he will not be given the adequate means he needs; that we will not complete the "syllabus" here either.

The Symbiotic Relationship and Its Manifestations

The fact that I was contacted by B's mother made me suspect B's dependence on her. From what has been briefly outlined above it is easy to see where the symbiotic relationship between the patient and his mother comes from. She is an inadequate mother-figure who, because of her character structure, is unable to make her son feel secure and independent, nor is she able to give him real love. Yet she is forced to pretend to be protective, as Palazzoli Selvini says (1965: p.530), in order to disguise her own immaturity and dependence on her son. This makes her son weak and dependent on her, fixes him to her thus, she unconsciously overcomes the risk of him leaving her. During a session in which B spoke about his mother's possessiveness and the way in which she controls him, he reported the following dream: "Lots of little animals I can't describe were stuck to my fingers and were sucking them. I tried to pull them off but I couldn't, they kept coming back and I couldn't get rid of them".

In the context of that session the explanation of this dream would seem to lie in the strong symbiotic attachment of mother to her son and in the fact that the latter finds it impossible to free himself from this situation. The confirmation of the symbiotic relationship can be seen for example in those situations in which mother and son blackmail each other. The patient takes pleasure in blackmailing his mother by telling her he is leaving home, "but", he adds "I would never actually leave". His mother, on the other hand, tells B (and he admits it is true) that without her he wouldn't know what to do or where to go, throwing back at him every-

thing she does for him.

The patient's reactions to some of my attempts to de-mystify his mother are also very telling: not only does he show intolerance and embarrassment, but even when he agrees rationally, emotionally he tends to defend his mother. Fromm (1964: p.106) maintains that: "The incestuous orientation conflicts, as narcissism does, with reason and objectivity. If I fail to cut the umbilical cord, if I insist on worshipping the idol of certainty and protection, then the idol becomes sacred. It must not be criticized. If "mother" cannot be wrong, how can I judge anyone else objectively if he is in conflict with "mother" or disapproved of by her?"

Narcissism

B is incapable of forming deep relationships. If someone stands too close to him when speaking he is uneasy, preferring to speak himself, though in fact his mother has never listened to him and B reports that she insists on asking him questions but does not listen to the answers, she switches off. B speaks a lot, quickly and anxiously. The patient is therefore constantly faced with the uncertainty that his mother really loves him, for she does not listen to him and this uncertainty intensifies his pre-genital tie to his mother. He barely tolerates my contributions and often prevents me from speaking or interrupts me. His attitude is that of a person who believes that only what he says and does has to be important, relevant and worthwhile. For example: when speaking about his job he makes it clear that only he does it well while his colleagues are incompetent and jealous so they rely on him and dump their work on him.

This denotes B's narcissistic personality and as Fromm says, increased narcissism is closely linked to mother fixation. The patient hints that his mother prefers him to his brother or even to his father and when speaking of his grandmother he says quite openly that he has always been her favourite. Speaking of the narcissism of people with mother fixations, Fromm (Op. cit. p.102) affirms that such a conviction: "...makes it unnecessary for them to do much, or anything, to prove their greatness. Their greatness is built



on the tie to mother. Consequently, for such men their whole sense of self-worth is bound up with the relationship to the women who admire them unconditionally and without limits. Their greatest fear is that they may fail to obtain the admiration of a woman they have chosen, since such failure would threaten the basis of their narcissistic self-evaluation... However, in this, as in any other type of intense mother fixation, it is a crime to feel love, interest, loyalty toward anyone, whether men or women, except the mother figure. One must not even be interested in anybody or anything else, including work, because mother demands exclusive allegiance.”

The Difficulties in Overcoming Dependence on the Mother

At the age of sixteen B had his first relationship with a girl and this constitutes the only important relationship he has ever had even though they did not have sexual intercourse. B speaks of this relationship with great enthusiasm, as something unique, describing the girl as beautiful and perfect in every way. Obviously this girl represented the first and only (unsuccessful) attempt by the patient to transfer the idealized mother figure to another woman. The girl left B for another man and he has never fallen in love since as he has not dared to approach other women for fear of being refused which, he says, he could not face. However, he has tried to have sexual relations with a couple of girls but he did not enjoy it, he was impotent in that he failed to reach orgasm, neither does he reach orgasm in his erotic dreams; only through masturbation. This type of impotence points clearly to the maternal prohibition of giving himself to others and it also does not allow him either, to feel pleasure, or to share it with another woman. It must be pointed out that B's mother, in spite of his age, puts no pressure on him to find a girlfriend; on the contrary, she maintains that he must support her in her old age. At other times she suggests that they buy a large flat where they can all live together when he gets married.

In the following dream about his first girlfriend B demonstrates his fixation to her as a surrogate, transitional mother figure: “I was

with my first girlfriend, she was very downcast because she was in the process of leaving her boyfriend of the moment because she was angry that he was getting a paunch (a physical complex of B's), but at the same time she wanted to get back together with me. I was pleased both to get my first girlfriend back and also because she knows a lot of other girls and could introduce them to my friends.”

The patient's group of friends show the same characteristics of possessiveness, interference and favoring pregenital fixation as his mother (it would seem that he needs others like him). Inside the group they control each other; if one of the group is missing the others bombard him with questions about where he has been and with whom. The members of the group, whose main aim is to get a girlfriend, not only presume the individual is incapable of being successful with girls, but also, as B himself admits, tease and obstruct each other.

The following dream points to his incestuous, oedipal wish to supplant the father and that his brother is his son; it is a typical Oedipal dream: “I was pushing a pram with my brother in it. My brother was very small and it seemed as if he was mother's and my son.”

The Patient's Repressed Hatred for His Mother

B's hatred for his mother is not manifest even though he is aware of how she has obstructed him and made him weak and helpless. For example: when he says blandly how his mother has always made his decisions for him and he has always done what she wanted. Another example is when his mother once asked what I had said during a session and he jokingly replied that I had suggested he kill her. She told him to tell me that she was willing to come and tell me how things really were.

Conclusion

We have seen, if only briefly, the relational context in which B's symbiotic dependence gives rise to the irrational goal of his symptoms and how they serve to coercively perpetuate his



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pathological behaviour. The aim of the psychoanalytic process is, clearly both to make the patient aware of his situation, giving him an alternative existential model and mobilizing his internal energies so as to free him from the forces which relegate him to a devitalized condition of spiritual paralysis, and to make him aware of alternative models of growth and freedom.

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