**Introduction**

The “Three Level Model (3-LM) for Observing Transformations in Psychoanalysis” was developed through the work of the IPA Committee on Clinical Observation initiated in 2009. The 3-LM has been described in two books and several papers in the literature (Altmann, Bernardi, 2014; Fitzpatrick-Hanly, Altmann, Bernardi, in press; Bernardi, 2011, 2014). The 3-LM guides discussion of analytic clinical material in small group discussions over two days, and a report is written based on the group discussion. This paper will present the most recent use of the Model-- to create a data rich clinical narrative, composed by experts in the 3-LM taking a “third look” at the detailed analytic material over the course of an analysis. We will present observations on the difficulties and changes in the patient and theoretical ideas arising from the phenomenology of the clinical material to see what they suggest about mechanisms of change.

**The 3-LM methodology and the Presenter’s Role**

The selection of sessions by the analyst for a 3-LM clinical text is done within the protocol requiring first sessions (if possible), mid phase sessions, and recent or final sessions. The advantage in having the analyst select sessions is rooted in the assumption that the analyst’s bias is inevitable and is to be explored by the group. The presence and voice of the analyst, reading her verbal exchanges with the patient and describing non-verbal phenomena and key counter-transference feelings, thoughts and fantasies adds to the data for the group at a conscious and pre-conscious level. Blind spots are considered inevitable in the observations of each member of the group, in the moderator’s selection of dimensions to focus on, in the reporter’s reviews of the group discussions, revised by the group, in the final report (revised by analyst and moderator), and in the subsequent clinical narrative. The 3-LM procedures thus engage participants in a process of “expert validation” (Leuzinger-Bohleber, 2014), with the analyst/participants expecting to correct for each other’s blind spots all along the way.

A great advantage of having verbatim session material taken from long periods of analysis – a prerequisite in the 3 LM – is that it makes it possible to differentiate between observations and the group’s inferences and interpretations. Often, case reports only summarize the therapist’s account of the process. Here, we stay close to observations focused on the clinical text (Gullestad, 2014). To distinguish between observations of clinical data and interpretation of the data allows for disagreements about the conclusions drawn. Disagreements are important in the process of discussion, especially in the early phase of level one, when individual pre-conscious intuitions are encouraged, in weighing the strength of evidence for the kind and severity of presenting difficulties, the degree of change in those difficulties, and the mechanisms of change. In the course of a lengthy discussion using the three different approaches to the material, there can often emerge a consensus building process about change and no change in the analytic process as the data is reviewed.

A 3-LM Group

A group of experienced analysts, often from different regions and conversant with diverse theories, meets for 10-12 hours over two days. An analyst is asked to select and to send verbatim session material, typically 2 sessions from the opening of the analysis and sessions from two later points in the analysis. Once the clinical material is read, the analyst remains present in the group but is asked to step back, so that participants approach the material independently of the analyst’s point of view, and, as much as possible, free from theoretical school affiliations. esThe verbatim session material explored in this paper came from detailed transcriptions, the “he said/she said” of the analytic sessions, typed by the presenter/analyst on her I-Phone during the sessions. The presenter provided notes on some of the patient’s affects, gestures, tones, or use of the frame, as well as counter-transference thoughts and feelings, in brackets in the text.

In the first level discussion participants study the material from a phenomenological perspective, focusing on the presenting problems and attending to the resonances which the session material evokes in the participants. Analysts exchange their views on the most significant difficulties, selecting these as “anchor points” from the early sessions. The anchor points are written up by the reporter, revised by participants and used as reference points in the discussion of later sessions on change and no change in the patient and analytic process. With this systematic second look (Baranger, Baranger and Mom, 1983), the participants gain an awareness of the analyst at work, while developing their own perspectives. “Listening as a group to the analytic session material read by the analyst and sorting out the main presenting problems and changes in the patient can help participants increase their sensitivity to unfamiliar clinical situations and make them more aware of blind spots and subtleties in the clinical material” (Fitzpatrick-Hanly, Altmann de Litvan & Bernardi (Eds.), Guidelines. (Routledge, in press).

The anchor points selected are vivid expressions from the patient’s associations: metaphors, gestures, memories, opening enactments, responses to the analyst in the first sessions of the analysis. These expressions work as anchor points for observations of change in the patient’s psychic functions and capacities, because having metaphoric or allegorical qualities, each key expression is a “complex interactive unit, composed of polarities of meaning in which cognitive and emotional processes are put into play” (de Leon, in press). The authors of this paper selected three expressions from the first verbatim sessions of the analysis, which were repeated with variations and shifts in later sessions, and which illuminated core features of the patient’s difficulties in psychic functioning and changes in them.

In the level two discussion, the phenomenological observations are organized into psychodynamic categories to sort out the dimensions in which changes have occurred (or not). The aims of the group discussion at Level 2 are first, to contextualize the transformations of the patient, finding a more comprehensive description of the patient’s difficulties and second, to analyze changes in the patient according to diagnostic dimensions: subjective experience of illness, patterns of interpersonal relationships, main intrapsychic conflicts, mental functioning affecting psychic structure, and type of disorder (see OPD-2, 2013).

The aims of the group discussion at Level 3 are “to observe what the interpretations address in the clinical material, patterns of interpretations, and the effects of interpretations on the patient, and to test and enhance the observational basis for theoretical hypotheses about how the interpretations facilitate change” (Fitzpatrick-Hanly, Altmann de Litvan, Bernardi (Eds), Guidelines, in press). Discussion explores explicit and implicit theories of transformation, as they can be observed in the analyst’s actual interventions and their effects on the patient. The aim is not to consider abstract theories of therapeutic action, but implicit theories of analytic change. “Often common ground can be found in *personal mini-models”* (Bernardi, 2017, p. 1303).

**The Case of Adam**

The clinical narrative presented in this paper is based on 7 verbatim sessions from a psychoanalysis conducted at four times a week on the couch for seven years.

**Brief history**

Adam was a thirty-five-year-old man, married with two children, in business with his father when he began treatment. His mother and father divorced when he was three years old. After the divorce, Adam lived with his mother, whom he saw as “*warm and caring, but needy*”. Adam said he’d felt “*responsible for her happiness*”, describing her as “*unstable*”, often poor, while his father and step-mother were “*wealthy*”. His mother re-married when he was eleven, but was separated after a year from Adam’s step-father. At age 16, Adam had a fight with his mother, and left her home, afraid of his angry impulse when he’d “*wanted to kill her*”; he started living full time with his father and step-mother. Later his mother was diagnosed with multiple sclerosis and died a year before the analysis began.

In Adam’s words, his father was a “*good but demanding teacher*”, “*not always there*”, and Adam later said, “*he walked out when I was 3*”. He felt humiliated by his father. He called him “*controlling, authoritarian, and critical*”, a “*callous dick”*. Adam recounted that several years prior to the analysis, during the financial crisis, his father’s successful company was in danger of “*going under*”. His father had cancer and he asked Adam (in his twenties) to step in to make decisions to keep the company going. Adam made the decision to fire many long-term employees during “*the crisis*”. He felt he had to act in this way “*with no guidance*”, that he had to “*submit*” to his father, to make these decisions without the experience he needed. He said his father was always “*forcing*” him to do things without instruction, without his having an official role, and which were “*too much*”: “*what the fuck! If you cared enough about any of this then you might actually tell me what to do*". His father had a way of “*taking people over, and getting them to do things for him.”* Adam told the analyst that his father said Adam needed therapy to control his angry outbursts.

**Level 1**

**Anchor point 1) “*everything feels like it is on fire*”**

Adam started to have terrible and persistent pains in his joints after a day riding on roller coasters; after medical treatments had not been successful, it was these pains that brought Adam into treatment:

*P. I am in constant pain and no-one could even help …Mostly I felt unheard and wounded…everything feels like it is on fire…I can’t open my hands … my fingers won’t unfold.*

Adam also said he was unable to “*sustain an erection*” or to “*come to completion*” with his wife. Adam went on holidays often with his wife to ride on roller coasters (without their children) or to participate in sex with other couples at “adult resorts” or swing clubs, which he found sexually exciting (“hot”), passively watching others have sex or engaged in activities, which (it was later revealed) humiliated his wife. The joint pain was mostly gone after eighteen months of analysis, but came back in situations of extreme stress. Conflicts and relationship problems related to psychosexuality recurred in various ways over the seven years,

**Anchor point 2): “*I was left feeling like the destroyer…expanding the empire*”**

Adam retained intense, contradictory worries (and anger) about having been “*left*’ (while his father was in hospital with cancer) to take care of their failing business, having to fire many older employees. Looking forward and backward we noticed that Adam used the same expressions when he talked of feeling “left” with his mother at 3 years old. In the second week of the analysis, Adam reported:

*P. The business was failing and he [my father] was lost. So I oversaw all the layoffs…but I was left feeling like the destroyer, coming in destroying everything. I have been able to keep the business out of debt and we are beginning to expand. But I still feel like I’m expanding the empire at so many people’s expense. I should tell you that is not a new feeling for me, getting what I want at someone else’s expense.*

An important element in his story of the crisis, was that he felt “*confused”* about whether he was actually “*forcing another*”, whether he was “*the destroyer*”, or the one who was “*freaked out*” by a situation forced on him. This confusion about who was doing what to whom was present both with respect to his business and his wife.

**Anchor point 3): “*it feels like I am lying on the couch with my head on your lap”***

In the first session, Adam sat on the edge of the couch, and rubbed his hands with interlaced fingers, a gesture, which, he told the analyst, his wife his found “*enticing*”. Adam lay down and shared a fantasy:

*P.…it feels like I am lying on the couch with my head on your lap and I am thinking that I really should be doing this with my wife not you”.*

*A: “So, I am the other woman in your relationship?”*

*P. (laughs): “Yes, I guess. Except you look too much like my mom for that to work”.*

Spontaneously making a connection between the analyst and his mother, Adam disavows that the fantasy has a sexual meaning. But later in year seven of the analysis, Adam shares a transference fantasy that he has sex with the analyst, while denying he “*would*” do it.

**Repetition and Elaboration in the Opening Sessions**

An anchor point expression accrues depth and usefulness when the themes and dynamics inherent in the expression are repeated and elaborated within the opening sessions and in later sessions. Later in the first session, Adam tells the analyst that an old girlfriend “*freaked out*” over the sexual threesomes he involved her in. Adam feared being accused of forcing while disavowing any intention to force. The analyst then wondered if he felt forced by her;

Adam does not respond directly to the transference interpretation but expresses anger at his father, saying he “*forced [him] to take care of [his] mother*”. Adam didn’t seem to know whether he had actually *“forced”* his wife into a breast augmentation after their third child, but he worries that someday “*she’ll come back and say I forced her into it”.* His precise expressions showed both his wish and fear to have such power over the woman in his life.

A variant on this idea appears in other anecdotes: he felt “*left*” by his father and asked to do “*too much too soon*” during the financial crisis in 2008.

**Five years later**

In a bridge paragraph, the analyst reports that after five years of analysis, “Adam no longer has muscular pains. He is now the acting president of the company, having gone back to school to obtain an administrative MBA. He says his children are doing well”. These positive changes reported in the life, were accompanied by a deepening and darkening of he analytic process, by certain internal changes and areas of functioning still waiting for change.

**Year 5 Repetitions, elaborations, and changes**

The year five sessionsrevealrepetition with intense enactment of the difficulties which Adam expressed in the metaphors, fantasies and exchanges of the first sessions: *“everything on fire”; “left to be the destroyer”; “head in your lap… should be doing this with my wife”; “too much too soon”.*

In the fifth-year session, Adam tells the analyst about a disturbing episode: a sexual acting out with features of “forcing” and over-excited states. He was visibly upset: “*the shit hit the fan the other night*. *(…) I need to stay in analysis*”. He reports that he and his wife went to a strip club where his wife had “*arranged”* for a private encounter for them with a stripper. When the two women began dancing bare-breasted, Adam became excited: “*I thought she was hot*”. However, Adam’s wife had staged the dance with the stripper to turn the tables, to make Adam feel excited and then excluded. His wife texted with a man from a “swing couple” on the way home in the cab, making Adam intensely jealous. At home, she raged at him for not knowing how “*painful*” the sexual experiences with other couples had been for her.

The situations of inclusion, exclusion and over-stimulation were reported to the analyst in detail but at this point in the analysis some significant changes could be observed in Adam’s reflections: *“I just did what I wanted without thinking about the other person and what it might be like for them”.* Adam is afraid that he might be destroying the marriage he values: *“Shit, this is bad, my friends are getting a divorce because of something like this”*. Adam starts to own that he might really have been “forcing” his wife to do what she didn’t want to do, a new integration of his impulses. However, the 3-LM group observed the continued limitations in his capacity to see and consider the other. Adam goes on in the next session complaining bitterly to the analyst that his wife does not meet his needs and desires:

*P. She was so upset with me she wore a night gown to bed…It is like getting a sign that Disney is closed…that is how I think about her body, especially her breasts. Like they are my playground and I have been locked out. As I say that out loud, I don’t like the sound of it.*

The groups observe evidence of a shift as Adam expresses his desire to use his wife as a “*playground*”, but then reflects, “*I don’t like the sound of it”.*

In the next session, Adam is back imagining a threesome: him, the analyst, and another patient. He complains angrily about the analyst’s new office because there is no separate exit and he may see or hear another patient. Adam complains that the analyst is interfering with his “time” with his wife by “pressuring” him to be at *all his sessions*, as if the analyst is coming between him and his wife.

*P: ….my wife….she is jealous about me having an emotionally intimate relationship with you. She is* ***still upset*** *about me coming here. I think you are asking for more closeness and that makes me uncomfortable.*

Adam envisions his wife as the jealous excluded third in the opening session fantasy (*I should be doing this with my wife*). Now he can feel and express his own jealousy. In the days after the strip club incident, Adamhears another “*guy’s voice*” during his session in the new office, and asks *“are you sure that you checked out what could be heard…before you moved in here”*. Adam experiences his anger, jealousy and fears of the intimacy he says the analyst is asking for. Change is clear in the new ways he uses the analyst.

In the next session*,* Adam reflects on the analyst’s previous interpretation: *“I also thought about always needing a third… about my need to have Jess get excited about what’s going on here”.* He thinksabout his need to get his wife excited: *“I really love Jess, and I don’t want to hurt her. I really don’t know how I could not know this [*swing clubs etc.*] might be upsetting for her.”* Adam’s awareness of having not known that his wife has experienced things differently than he has is a sign of psychic change.

The session had started with Adam angrily accusing the analyst of “questioning” him too much about missing so many sessions; the analyst comments on the intensity of this anger later in the session: “*Maybe you have a need to make this* [the analysis] *so uncomfortable. Then you can storm out”*. Adam reflects:

*P.…was I trying to make it so uncomfortable here I’d do what I did with my Mom… I still can’t fully remember what that was about. That is so odd. All I remember is wanting to kill my Mom. I got really frightened by my own anger.*

Adam still cannot remember what the fight with his mother was about when he was “*wanting to kill”* her and left to live with his Dad, but he takes in the transference interpretation and uses it to link the past with the experience. In the fifth-year, a review of the verbatim session material shows Adam’s repetition, elaboration and shifts in core elements of his psychic functioning, presented in the first sessions: too much painful stimulation, forcing the other into painful situations, over-excited in sexual threesomes, guilt and anxiety about loss. However, the shifts and darkening of the pain, a new capacity for reflection, and the robust entry of the dynamics into the transference and counter-transference in the mid phase sessions, comprise a deepening of the analytic process. Adam’s typical ways of functioning will repeat, shift and require more working through before changes are consolidated.

**Year Seven: Repetition, Elaboration, Change**

In the seventh year of the analysis, Adam’s aggression comes vividly into the transference. He angrily accuses the analyst of failing to understand his copay in getting the billing wrong. He is away for a few sessions and when he returns, he forgets the check to pay her, but half admits the act of aggression towards her: *“It must have to do with you, since it’s you I’m not paying”*. Later in the session, he can reflect:

*P. I thought about how angry I was with you about not knowing that the copay had changed. I guess seeing you as a small-time operation isn’t really my experience of you…*

*A: My way of doing things doesn’t match my importance?*This is a complex interpretation: the analyst accepts being called a small-time operation, but understands that Adam needs to see her as important, as able to manage things and not to disappear. He had shouted about the billing in the session before “*Why the fuck don’t you know what is going on?”* echoing in the transference his cry to his father reported in the first session: “*what the fuck! If you cared enough about any of this then you might actually tell me what to do*". Anxiety is robustly expressed centering on who is big and who is small, on aggression and submission, on loss and presence, condensed in these repeating and shifting expressions in the analysis. The analyst hears Adam’s anxiety, acknowledges her importance to him, and uses a language that applies both to childhood anxieties and fears in the room.

In this period, Adam is extremely anxious about a new threat to the family business; he fears, again, that “*the company*” will “*crash*” [there have been new tariffs imposed]. His tone expresses the depth of his anxiety about loss. *“This is costing us 100K per day. My company can’t sustain that kind of loss…(He sounded frantic as he spoke)”*. Then, a very interesting moment comes, quite new as he recalls the time of previous crisis:

*P. (Tearful, sad tone) Jess [wife] was pregnant and my dad was sick…Dad was diagnosed with cancer…and my mom was actively dying…I left work to bring Jess [wife] to the hospital. You remember she had spinal injury after Lee [his son] was born. She couldn’t walk for weeks…Mom died one week and one day after Lee was born…then the economy crashed.*

The analyst tells us that she was feeling very sad as he spoke, which was “unusual in this analysis”. Adam elaborates, for the first time, the profound panic he felt in the earlier financial crisis, and he feels panic now in the session (he is hardly able to breathe) and wonders how he knew what to do, back then, when he was so young. The analyst affirms his ability to keep his mind, *“You were making sense”*, and names his internal state “*You sound shocked”*.

Later in the session, Adam tells the analyst that he worries about the size of his ‘manhood’:

*P. …the other day I was looking at myself naked in the mirror and the size of my manhood…the more I eat the smaller I perceive myself and I hate that…I would like to be chiselled like Ken…but I don’t want to be a prick like him.*

Adam envies the chiselled businessman, Ken, but thinks he is a “*nasty prick*” (his words for his father). The analyst interprets that he turns his aggression back on himself: “*you use food to castrate or stop yourself*”.

At this point, a moment of transformation appears. Adam has been coming to analysis more regularly and is aware of feeling attached to the analyst, needing the analysis, which he’s been loath to admit. He is about to miss some sessions and is worried. It is really a moving moment when we hear him saying to his analyst:

*P. It is not the sex. It’s the intimacy. I don’t have that anywhere but here and that used to frighten me, so I stayed away from it. Now I am frantic when I think I might lose it.*

Previously, Adam had expressed his need for intimacy solely through sex and sadistic control; to experience dependency was too frightening. Now the emotional need for the other is felt as such – indeed a substantial difference in functioning. Undoubtedly, this analysis has contributed to improved tolerance – and differentiation - of affects, and thus to increased integration of personality.

Adam’s feelings about intimacy and loss are new. Adam speaks, in this session, of sadness, loss, fear of loss of his parents, his wife, and the business. The most important people in his life appear more separate and distinct in his mind, with a life of their own; his range of affects has broadened. His need to force and to control the other has lessened. And, in the transference, he has become aware of his dependence on the analyst. He can worry about losing her. He is aware of confusion between his ways of using sex and intimacy, but he is not fully conscious that his sexual activities and his “enticing” his wife into threesomes, defend against passive wishes for nurturance. The idea of Adam’s old triumph and guilt in “*expanding the empire at others’ expense*” led the analyst to interpret a self-castration: “*you use food to castrate or to stop yourself”.*

Adam finds another metaphor for the intense emotions underlying his struggles with dependency on a woman in Year 7. He reveals his humiliation at his actual dependency on his wife, which he has not acknowledged previously: *“Like, I have to hide behind a woman’s skirt”; “Jess takes care of everything”.* Transformation is evident as Adam’s fear of humiliation is elaborated, expressed and eased; he can tolerate a wider range of affects.

The aggression comes into the transference as Adam misperceives the analyst as the incompetent mother with whom he was furious, and on whom he could not depend with confidence (she actually couldn’t keep a job and they had little money). In this session, he insists that *he* should not have to take care of things, that the analyst should have understood the co-pay in his insurance, in billing him: “*You need to get your shit together and run your business like it matters”.* The analyst interprets*: It seems as if you want me to manage your money for you and to know your insurance companies’ policies for you. Why would that be?”*

Adam realizes that he’s attacked the analyst for his own failures and incompetence and that his rage stems from his humiliation at “*not knowing what was going on*”: *“I am so humiliated that I didn’t even know my own insurance policy”*. He begins to process the humiliation he has been unconsciously trying to provoke in the analyst. The way he expresses his aggression here is, in itself, a new development, as it implies a greater ability to tolerate painful affects and unwanted impulses in the here-and-now.

Adam’s somatic pain was linked in his presenting complaints to traumatic experiences of excitement and humiliation, which were defended against by his compulsion to repeat situations of sadomasochistic excitement. His image of being a destroyer was connected to conflicts with his father and fears of retaliation. His need for tenderness comes out in the image of lying in his analyst’s lap, but is quickly sexualized. The severe physical pain had mostly disappeared by eighteen months into the analysis.

By year 5, his ways of persuading his wife into participating in sexual activities she did not like burst into the session and Adam succeeded in making the analyst feel incompetent. But Adam acknowledges his own jealousy, and speaks of his wife a separate person; he links current experiences to childhood relationships.

In Year 7, we see evidence for more substantial transformations. Adam openly struggles with issues of manhood and potency, and experiences new conflicts. He can directly express feelings of anxiety and sadness over loss. He acknowledges his fear of dependency on his father, his wife and his analyst. He can acknowledge humiliation and tell the analyst more about his sexual fantasies. Adam was more comfortable and successful in his work identity; his relationship with his wife improved.

**Level Two**

In leveltwo discussions, the 3-LM expert group selected conceptual dimensions to formulate the anchor points and change points. Two dimensions of the patient’s psychic functioning helped to clarify and to question, the clinical observations made in the Level I discussion on the patient’s difficulties and changes as they evolved in the three phases of the analysis.

**Main Intrapsychic Conflicts and changes in them**

Adam’s difficulties and the changes in them could be better understood and assessed when we considered his fear of dependency as a conflict between a humiliating submission to an insecure object and his wish for a secure dependency on a reliable object, the awareness of which was defended against by his projection of incompetence onto the other. These conflicts are first seen in enactments and actions before they enter the associations to his relationships with his wife and children and enter the transference as they deepen and then start to resolve. Adam’s guilt that he was “*expanding the empire*” was repeated, at work when he took over his father’s company and later in “*forcing”* his wife into sadomasochistic sexual activities, which the group viewed as a defense against experiencing humiliation in submitting to someone he depended on and, at times, hated (father, mother or analyst). Adam’s defensive narcissism lessened when he could work through feelings of humiliation in later sessions, admitting he felt he was not *“enough*” for his wife, not *“present”* enough to take care of details in his business, and incompetent in the payment of fees *(“I thought about how angry I was with you about not knowing that the copay had changed*….*I am so humiliated that I didn’t even know my own insurance policy”)*. His fear of being forced and taken over lessened when he could recognize the projection of humiliated states, and own his aggressive impulses and acts. His conflicts in the area of psychosexuality were prominent and shifted as they erupted into action simultaneously in his external couple life and in the use of the analyst in year 5 and then were expressed in relation to his father, to childhood experiences and in the transference fantasies in year 7.

In the second session from year five, Adam brings the idea of being “forced” into the transference, accusing the analyst of forcing him to attend all of their sessions. Adam felt controlled by the analyst, which allowed her to bring his frequent absences into the transference for the first time. He is now conscious of the fear of being controlled, but not aware of his insistent actions to control the other, nor aware of conflicted wishes and fears about submission.

By year 7, Adam could acknowledge a dependency on the analyst and the danger of her being unreliable and abandoning. Most importantly, a new set of conflicts appear, a major advance in the treatment. Adam becomes aware of a fear of failure, which he links with fears about his small and shrinking penis. He expresses a conflict between his fear and his wish to be a “callous dick” like Ken, or like his father. His attempts to control the love object to take care of things for him, when he is humiliated at “*not knowing what was going on”,* are recognized as defensive; his ways of controlling his wife (while actually relying on her “*to do everything*”) have kept his fears of smallness and inadequacy unconscious.

This area of conflict is directly connected to his psychosexuality in each phase of the developing analytic process. Adam told the analyst about his sexual difficulties in an early session: “*I can’t always complete, or, you know, maintain*”. *“I still get really excited by the idea of two women having sex with me”.* In the fifth year, we observe gradual stages in Adam’s recognition of his treatment of his sexual object. When his wife wears a nightgown to bed after the night at the strip club, Adam feels “locked out” from his “playground”, but notices his attitude, *“It makes me sound like she is just a play thing to me.”* These metaphors led us to conceptualize a shift, a transitional position. There is a new sequence: he can bear to stay with feeling “*locked out*”, hear that he thinks of his wife as a “*plaything*”; and hear this from the outside, that he doesn’t sound good.

**Mental capacities and changes in them**

A focus on Adam’s mental capacities--his capacity to perceive self and other, and to regulate his impulses, affects, and self-esteem--helped to clarify his difficulties and to assess changes in them. Adam’s “*confusion*” about whether he was forcing someone or being forced, his inability to sort out who was doing what to whom, his oscillation between feeling triumphant and feeling left out were reviewed to see if there were changes or not and if some elements in the material had been overlooked or over-emphasized.

Adam does not recognize his intense need to control the other in the first sessions, because the motive to control is so often projected, weakening a realistic perception of self and other. In Year 5, transformations in perception of self and others occur when Adam began to own and question his impulses to dominate and humiliate others. Then, he couls reflect on the effect he has on others and feel concern. *“I really love Jess, and I don’t want to hurt her. I really don’t know how I could not know this might be upsetting for her”*.

In a seventh-year session Adam speaks about a conflict between submission felt as takeover of self and an urge to rebel against being someone’s extension: *“I was my father’s mini-me, and not”.* He says to the analyst: *“why I don’t want you to speak sometimes is that I will become a mini-you.* As he articulates his fear of becoming the other, his capacity to differentiate self and other gets stronger.

In the seventh-year session, Adam recalls the time of previous crisis re-experiencing intense anxiety in the session. He finds a language for experiences of loss, for linking past and present. “*Dad was diagnosed with cancer…and my mom was actively dying…I left work to bring Jess [wife] to the hospital. You remember she had spinal injury after Lee [his son] was born. She couldn’t walk for weeks…Mom died one week and one day after Lee was born…then the economy crashed”.* Adam’s internal and external communication, including affects of loss and grief, has new depth and richness.

In the seventh year of analysis, reflecting on earlier bodily and emotional experiences, Adam connects his anxieties with the use and abuse of his body:

*P. I could easily have gone down an addiction path and the whole thing with my body. You remember about my hands and arms. I couldn’t even uncurl my arms when I first saw you. I was drinking a lot back then. I never really talked with you about the drinking… Now…I don’t drink but I certainly eat.*

When he says his over-eating makes his “manhood” look small, the analyst interprets “*you castrate or stop yourself*”. The interpretation leads to new material: Adam tells the analyst, for the first time, about another bodily symptom, which is rich in symbolism: he has bitten his thumb all his life, till the painful area has become calloused.

*P. There is actually a callous on the outside of my thumb from biting on it. I used to bite it when I was a kid and I still do. It’s when I am anxious, or when I am really afraid that I have messed things up. I think it’s related to my eating….I know it’s when I start thinking of myself as a fuck up. It used to be painful, but my thumb is so calloused now that it doesn’t hurt any more.*

*A: Painfully fucked up?*

*P: (Adam slowly nodded his head) ‘That would be funny if it wasn’t so true.*

Adam accepts that he gets anxious about messing up. He has felt “*painfully fucked up”*. The biting of his now calloused thumb becomes a new metaphor shared by patient and analyst. Adam’s growing ability to move away from the defensive omnipotence, allows him to wish for more intimacy with his wife and his sexual appetites start to shift. His exchange with the analyst is both rueful and playful.

In level 2, the verbatim data over seven years of analysis allows us to observe transformations in Adam in the dimensions of intrapsychic conflicts as well as in certain psychic capacities which structure the personality. Adam has a better knowledge of his conflicts over control and submission and has developed more capacity for the perception of self and other, and concern for self and other. The gradual disappearance of the presenting somatic symptoms can be related to an increased ability to symbolize (use of fantasy rather than action) and to feel a wider range of affects, including anxiety and humiliation. Adam uses language to symbolize his impulses, and has a broader range of fantasy, affect and metaphor in his internal dialogue and dialogue with his wife and with his analyst.

**Level 3**

The authors examined the analyst’s interventions and interpretations to see what they addressed in Adam’s associations and how they could see the effects of interventions on changes in his psychic functioning. In the first session on the couch, Adam draws the analyst into a fantasy enactment:

P. …it feels like a I am lying on the couch with my head on your lap and I am thinking that I really should be doing this with my wife not you. Really…this feels wrong. (He looked slightly anguished when he paused).

A: Wrong?

P: (Squinting his eyes slightly he replied) Yes, like I am cheating on my wife or something…. I still get really excited by the idea of two women having sex with me…. Dee ended up telling me that I forced her, and it fucked her up. It didn’t seem like I was forcing her.

A; So, I am the other woman in your relationship?

P: (He laughed) Yes, I guess. Except you look too much like my mom for that to work……

P: Dee was molested as a kid and I think that was part of what freaked her out so bad. I don’t want to talk about this right now, not really.

A: Are you concerned about one of us freaking out?

P: I am kind of. I know I need to talk about all this and my sexual feelings and what I like and my sexual encounters, but I am becoming uncomfortable. I think right now it would be better to talk about my health issues. I am worried about my response to all of this.

A: Are you having a response we should talk about?

P: (Bending his legs at the knee.) Well that’s just it. I am not sure what to say. I am embarrassed, and this just feels wrong. That’s all.

A: Too much too soon?

P: Closing his eyes. Yes, that’s a good way to put it. I think I need to slow things down, so I can handle it. I don’t think you can’t handle it. Then there is the judgement. I know you are a professional and all, but you’re still human and you are going to have your own response to all of this.

A: Does it feel like this is being forced right now?

In this sequence, the patient opens up with a conscious transference fantasy about the analyst, “it feels like a I am lying on the couch with my head on your lap and I am thinking that I really should be doing this with my wife not you.” which the analyst takes up, first asking about his “wrong” feeling. and then placing herself in the fantasy as “the other woman”, leaving open if she is the woman who is forced or the woman who is excluded. The analyst is aware of his anxiety, his “anguish.” The patient adds a bit of confirmation, that in his mind the analyst resembles his mother, something he does not want to know about, and contextual information, that his ex-girlfriend was sexually molested. The meaning of that is not clear at this point. The analyst persists in transference, suggesting one of them may be too frightened of the trauma, leaving it open as to which party it is. He verbally agrees and needs to change the subject. The patient admits to feelings of embarrassment and guilt; the analyst responds with the interpretation of unconscious traumatic anxiety, “too much, too soon”. The patient agrees and feels neither of them is able to handle the anxiety.

We see here an analyst who works at the pre-conscious level, taking up a conscious transference fantasy and exploring it with open-ended questions, not making any formulations about content, eventually focusing on someone “freaking out”. The only interpretation of unconscious content, “too much, too soon” appears to capture the patient’s fear in the room.

There were differences among the expert-observers about this sequence. One observer could see a transference re-enactment, a wish to erotically force the analyst and fearing a retaliation from the analyst, with whom he would have to submit. In this view, the sequence is about aggression, and fears of a paranoid attack, all of which is defended against by a deadening defense. Another observer hears more of the sadomasochistic aspects of the transference fantasy, pleasure in his sadism and wish to dominate and humiliate, leaving the analyst uncomfortable in the debased position. Still another observer thinks the impact of the interpretations was to create safety. Here the analyst, in a very natural way, alludes to affects that are actualized here-and-now. Even if Adam at this point does not seem to make use of the transference interpretation, a space is created in which what is intimate and personal can be put into words. The comment “*Does it feel like this is being forced right now?*” implies that the analyst is not threatened by the patient’s fantasy of her as an enforcer, a precondition for Adam’s next expression, of his doubts about the analyst: “*I don’t think you can handle it*”. Permission to express negative feelings about the analyst probably makes for a deepening the therapeutic alliance. Another question had to do with reality testing; does Adam, in hearing his analyst ask about his transference, hear this, not as a fantasy, but to a wished for and feared reality, in the ‘omnipotence of though’ area of his mind.

What the observers do agree upon is the level of anxiety, of Adam’s fears of something excessive, of being flooded. She uses her own sense of his “anguish” and noting his defensive need to retreat, asks the key intervention, “Are you concerned about one of us freaking out?”

It is too soon in the analysis to choose; what is important is the analyst’s ability “not to freak out”, allow the material to unfold, providing a sense of safety, a precondition for the work. On the HSCS[[1]](#footnote-1), we see a movement from (2) unwanted preoccupation with the problem, to (3) vague awareness of the problem along with a defensive attitude. We note that Adam minimizes the analyst’s interventions, using such words as “seems”, “kinda” or “might be.” Do we see here a structural deficit, Adam not having the words to express affects in a full way.

By the fifth year of the analysis Adam’s wife Jess, has felt pressured to participate in the sexual activities with another woman or couple, which she has “*never been into*”. She also says that she has felt intensely jealous for a long time, excluded from the analysis, and talked about:

*P. She screamed at me; ‘How could you not know?...I have never been into it.’ …. She said she is angry about you* [the analyst] *too. She wants to know exactly what we talk about and what we say about her….*

*A: Is it possible there is something she has wanted you to be talking with me about?*

*P: (He initially responded fearfully) …I certainly can’t tell her…[that] I talk about you, but it’s really not about you’. That sounds insane. She wants word for word what we talk about.*

The analyst reports her reverie in brackets in the clinical text: *“I felt threatened and responsible for the problem he and his wife were having. Upset that I had not pushed him to bring erotic fantasies into the transference”.*

Here is another example where differences among the expert-observers surfaces. The patient reports that his wife is angry at him for the forcing and not knowing, and at the analyst for feeling excluded from the intimacy that her husband has with the analyst. At the same time, the analyst reports feeling threatened and responsible, had she missed something? What does her intervention mean? One observer sees the analyst’s intervention as an enactment. The patient, in displacement, is voicing a transference fantasy with the analyst alternately playing the forced women and the excluded women. Is this a point of mutual anxiety or a blind spot? The analyst, in asking about the wife’s actual feeling, is stepping outside the frame in a defensive retreat from the transference intensity. In this view, the analyst might have interpreted the transference displacement. Another observer points to a subtle transference interpretation, what are your erotic needs of me? In this view, the analyst is inviting Adam to talk to her directly about his erotic fantasies. The patient’s response appears to indicate the latter, “I certainly can’t tell her”, focusing on his growing intimacy with the analyst. Another observer sees a double transference, using his wife’s words to get the analyst angry at his wife, setting up a fight he can sit back as the passive onlooker, and keeping secret his own erotic excitement. In this view, the analyst seems to be encouraging him to see her experience as different from his, to remove her from being constructed as part of a triangle in which he possesses the analyst as his life partner. Still another obverver sees the analyst clarifying separate identities: she, you and me.

Then in the next interpretation: *“Maybe she wants us to feel as exposed as she has been.”,* the analyst continues to evoke the wife’s actual feeling, thus continuing the enactment, or is speaking in displacement, maybe you feel too exposed, leaving open exposed to whom and for what? Adam responds*: “I had not thought about that…. Shit I have really screwed this up. This is the same thing I did with Janis [former girlfriend]…[She] blamed me for forcing her into the ménage à trois.”* The effects of the analyst’s interpretation are seen in Adam’s more acute recognition, that he actually had forced Janis and Jess into a *ménage à trois*, forcing others in the way he felt forced by his father; he is no longer “confused”. The analyst explores his fantasy/enacted:

*A: Do you* ***need*** *a third person?*

*P: I don’t know. Maybe. That is a good question….(After a long silence.) I wonder if it’s what I wanted when I was with my Mom? I think when my Mom was with someone else it wasn’t so intense for me. Like if my dad was there, or my step dad. But that doesn’t make sense.*

In this interpretation, the analyst is squarely back to addressing the patient’s anxiety, but leaves open how much this is transference. Adam makes a connection between his fears of his mother’s intensity and current fears of his female partners, including the analyst. Has he used the *ménage à trois* to ward off his anxieties about too much intensity with his Mom, and a sense of inadequacy in his sexuality? On the HSCS, we see a movement from (1) the problem is projected, to (4) a beginning exploration of the problem.

In the next fifth year session, the analyst interprets Adam’s jealousy. She makes a sequence of interpretations, which capture a mix of Adam’s unconscious sexuality, jealous feelings, hurting and being hurt, referring gradually to the transference:

*P….I just can’t make these things go away.*

*A: These things? Feelings of jealousy? Something like that?*

*P: That’s part of it. I didn’t like when she [his wife, Jess] was texting the other guy.*

*A: So hurtful to be included and excluded at the same time.*

*P. (sitting up) I had not thought of that. I think it does happen in here.*

Adam brings up his jealousy and the analyst at first stays in the marital relationship, pointing to the unconscious link of inclusion/exclusion, leaving it open as to which is the leading edge. The patient confirms this link in seeing this as new and explicitly thinks of transference.

*A. I think this was on your mind at the start of our session, excluded by the laughter in the back room. Making others uncomfortable is fun?*

*P.* (He remained sitting silently on the couch for a short time, then left, saying) *‘I need to talk with you about this more. She* [his wife*] said it all* [swing clubs etc.] *made her feel like she wasn’t enough for me. That I needed more than she could give me. It wasn’t about her not being enough.*

The analyst makes a key transference interpretation, linking his current fear of exclusion to an earlier transference fantasy where he felt the analyst was more connected to another male patient than to him. Then she adds the sadistic component, you turn the table and make others uncomfortable. The interpretation focuses on his jealousy, on the current and past trauma [inclusion/exclusion with divorced parents], on his implication that the analyst was having sadistic fun in provoking jealous states in him, which she interprets as *his* idea. He can now admit that it has been about him *“not being enough*”. The interpretations bring about the integration of painful affects and impulses. Adam can link his current “*need*” for a third person with an overly *“intense”* childhood situation. He remembers it was less “*intense*” with his Mom, when someone else, his dad or briefly his step-dad, was “*there”*. The impact of the interpretation *(“making others uncomfortable is fun?”*) when Adam remembers a repeated, painful, childhood situation and feels a new concern for his wife. Adam also has a contradictory thought, suggesting ongoing conflict: he says that feeling relief that his Dad was “*there”*, “*doesn’t make sense*” to him. The wish not to have his Dad there persists, split off from relief at having a third to decrease *“the intensity*” and not accepting the parental couple, and the difference in the generations; in these dynamics there been no changes yet. We also note in Adam’s life, that he can slowly give up asking his wife to participate in sexual activities with others. Now on the HSCS, we see a movement to (5) an uncertainty about his usual coping methods, and (6) a beginning of accepting responsibility, it is actually his needs that he fears.

In the Year 7 sessions, interpretations change again. In the seventh-year, the analyst’s interpretations seem to facilitate deeper expressions of anxiety and sadness. Adam becomes extremely anxious about a new threat to the family business; he fears that “the company” will “crash” [there have been new tariffs imposed]. His tone expresses the depth of his anxiety about loss. “This is costing us 100K per day. My company can’t sustain that kind of loss…(He sounded frantic as he spoke)”. Adam seems to experience the panic he felt in the earlier financial crisis, in the present moment of the session (“hardly able to breathe”). The analyst’s interpretation is an affirmation of reality and of his ability to keep his mind, “You were making sense”; she affirms his feeling of panic, “You sound shocked”. Here is another point of difference for the observer group. This is an affirming intervention but the observers differ on whether the patient’s anxiety needed affirmation or interpretation. Adam’s response, in a robust transference fantasy, seems to be a positive response to feeling affirmed and secure:

*P: (He laughed anxiously) I have had this fantasy that you have the best job in the world. I have imagined that you like listening to everyone talk about their sexual exploits and that you get off on it. You’re like this auditory voyeur.*

*A: I am getting off on it and getting paid?*

*P (He looked uncomfortable). That’s the fantasy.*

The analyst’s calm acceptance, in repeating Adam’s fantasy about her as “*auditory voyeur*”, is followed by his revealing another fantasy; his imaging actually having sex with her:

*P. (He looked …wary). “I don’t think you would, and I don’t think I would actually…that’s the fantasy”.*

The next interpretation links his phallic narcissistic wounds with his sexual fantasies and activities.

*A: Is the worry that I would get excited, or that I wouldn’t and that would be more devastating to your manhood?*

*P: …maybe that is why I keep gaining weight. If I am fat, it’s understandable why she doesn’t want me. I would really like it if she were just for once passionate about me and wanted me…. I don’t take charge, and maybe that’s why she isn’t turned on by me. I have always felt like I did not measure up to my dad.*

This interpretation focuses on his wounded narcissism and the vulnerability of his wish to be desired by his wife. Adam has tried to master a sense of not being wanted sexually, by actively setting up situations in which others are present to create excitement, but partly excluding him, turning passive to active. In this seventh-year session, he now can use the analyst’s interpretations to own that he wants a woman to passionately want him. And he expresses a painful but realistic, as well as relieving, truth: *“I did not measure up to my Dad”*. On the HSCS, he operates at (6), taking responsibility for himself and exploring new affects, most importantly, his wounded narcissism.

Importantly, the process of transformation is gradual. Structuralized defensive patterns do not alter in one piece, but through a steady, on-going progression over time: intrapsychic conflicts as well as patterns of interpersonal relationship and perception of self and others are modified through a process of repetition and continuous elaboration of central themes. Thus, by observing the course of an entire analysis, the 3 LM provides a realistic picture of change and no-change.

**Mechanisms of change**

Having explored the material to see what the interpretations and interventions focused on, and what their impact was on changes in the patient over the seven years, we ask the second set of questions at Level 3, what were the mechanisms of change?

In the last sessions, we observe transference and extra-transference interpretations, which facilitate a more robust articulation and regulation of the affects of anger, humiliation, anxiety, as well as the emergence of unconscious fantasies of exhibitionism and voyeurism, and a sexual affair with the analyst. The patient uses the analyst both as a transference object and, we infer, as a new object who listens empathically without imposing her own needs nor trying to force the patient into submission, which was his experience with his parents. She is robustly used and tested in the fabric of the analytic work as he provokes anxiety, sadomasochistic excitement and a sense of inadequacy, taking some responsibility for difficulties with his wife. Through attention to details in the associations to his current relationships and reconstructions of childhood situations which were overwhelming, the analyst interprets his affects and impulses in the transference and his current life with his past, furthering changes in the patient and the analytic process.

**Theoretical Alternative hypotheses**

Psychoanalysts from different traditions discuss to what extent their diverse theoretical hypotheses illuminate and account for the clinical phenomena including kinds of interpretation, or remain incompatible or insufficient (Bernardi, 1989). To become aware of the limits of our theoretical assumptions and to prevent hurried interpretations, the 3-LM discussion comes back again and again to the clinical material looking for nuances that challenge our assumptions. This detailed referential grounding provided by the unique 3-LM material allows participants to clarify, and to understand the bearing of, a concept in the clinical process. The three-level model, in this way has a consensus building effect when the evidence and several theories converge to show change in specific dimensions of psychic functioning. Scientific concepts are alive and we can modify a concept, using Sandler’s (1991) idea of the elasticity of a concept[[2]](#footnote-2), to catch the clinical complexity we are observing, to see if a concept may need reformulation, in order to create a better tool for clinical thinking.Some concepts became useful through further explanation and come to life when applied to a detailed clinical material over years of analysis.

In studying this clinical text, the authors were moved to consider and debate four theoretical ideas in looking at the verbatim material again: “reversible perspective” (Bion, 1963; Etchegoyen, 1991; “sadomasochistic excitement, maternal seduction and over-stimulation” (De M’Uzan, 2003; Chasseguet-Smirgel, 1984; McDougall, 1982); castration anxiety and pre-oedipal and Oedipal triangulation (Laplanche, 1970; Rangell, 1991); “complex patterns of conflict and deficits in psychic structure” (Killingmo, 1994). There continues to be considerable debate among the authors about how well the concepts worked on over decades in different psychoanalytic cultures illuminate this patient and this analysis process, and the authors recognize that there will be other perspectives.

**Reversible Perspectives**

The concept of “reversible perspective” (Bion, 1963; Etchegoyen, 1991) was introduced to observe that Adam seemed to engage in a hidden use of the transference, with two triangles. One of these triangles is presented taking place in the wife’s mind. According Adam she feels excluded from the intimacy between her husband and his analyst, exacerbating her sense that “she isn’t enough” for him. She feels jealous of the analyst and wants Adam to end the analysis, demanding to know "word for word” what he talks about with the analyst. The other triangle happens in the mind of the analyst. She tells us that in her countertransference she feels doubts about her performance. She says: “*I felt threatened and responsible for the problem he and his wife were having. Upset that I had not pushed for him to talk more about his erotic feelings and brought the material into the transference*”. The two triangles have in common that a woman, who is Adam´s partner, feels responsible for Adam´s sexual problems, but Adam says nothing. Therefore, there are two perspectives on Adam’s difficulties. In the first perspective, Adam came to analyze his problems. In the second perspective, the problems are not his problems, but his wife’s and his analyst’s problems, caused by their incompetence. The analyst pushes for including the relationship with his wife in the transference (how and where?) and the wife feels the transferential relationship is a scene from which she is excluded. The result is that, when Adam adopts the second point of view, he does not need to analyze his contribution to either triangle or explore and own his unconscious fantasies. From this second perspective, the transference is just another triangular scene in which he can get sexual satisfaction. These reversible perspectives allow him to avoid the risk of analyzing painful feelings of incompetence and the unconscious meaning of the triangles remain hidden.

The situation of the double triangle constitutes a “bastion” in the analytic field, which requires a “second look” (Baranger, Banger & Mom, 1963) by the analyst at the whole situation. This “second look” would attempt to interpret the roles of the analyst and the patient in both triangles and to facilitate the emergence of Adam´s unconscious fantasies. We know little about how Adam acts in the sexual threesomes and in his fantasies. Are they only a way to increase sexual excitement, a sort of erotic roller-coaster, or does the role of the third have a deeper unconscious meaning? Does Adam need a third because he failed in finding an Oedipal third, an “Other” who protected him from an engulfing mother? Does he fear that the analyst is forcing a similar situation through her persistent transferential interpretations? Even while recognizing the limitations in the evidence in the material, the 3-LM facilitates a discussion of these speculative hypotheses as a way of opening the scope of thought on other aspects of the analysis.

When psychotic aspects of the personality prevail, the splitting between reversible perspectives is rigid and static. Adam´s mechanisms are more neurotic and modifiable. As a matter of fact, his attitude toward his wife improved through the analysis as he became more conscious of his lack of empathy and lack of intimacy with his wife. Interestingly this change seems to have occurred not through the direct interpretative work on the bastion as such, but as an indirect effect of the progress of the analytic work.

**Sadomasochistic Excitement**, **Maternal Seduction,** **Over-Stimulation**

From the beginning of the analysis, Adam was “addicted” to watching others have sex or trading partners. He was “hooked” on the excitement provided by roller coasters. Adam was “addicted” to activities which recreated and titrated quantities of stimulation (McDougall, 1982; Chasseguet-Smirgel 1984; De M’Usan, 2003), in an attempted mastery, with compulsive repetitions acting as a defense against traumatic over-stimulation[[3]](#footnote-3). On the other hand, the activities to which he was addicted at adult resorts and amusement parks, could be seen, as they changed, to defend against dependency wishes and fears, since dependency was associated for Adam with submission to being taken over by an enticing, needy, or seductive mother figure, or submission to his father as his “*mini-me*”?

Adam responds to the analyst’s implied reconstructions of his childhood trauma of being over-included, over-stimulated and dropped, as she underlines the repetitions of these situations in his current life and in the transference. Although the sadomasochistic conflicts need further analysis, (as stated in brackets by the analyst), Adam’s understanding of his sadistic impulses (to control the other to get sexual pleasure) have opened up in the associations about his relationships in the past, in the present with his wife, and in the transference. The interpretations have effected change in his capacity to feel some concern and appreciation for his wife.

In the first session, Adam’s fantasy that he was “forced to take care of [his] mother” shows a child’s grandiosity and a defense against the child’s wish to have a parent all to himself.

In the fifth-year session, the analyst indirectly interprets Adam’s painful struggle in the situation with his mother and in the analysis, with a simultaneous inclusion and exclusion: *“it’s hurtful to be included and excluded at the same time”*. Intertwined narcissistic and oedipal issues in normal development are exacerbated by maternal seduction and the failure of the father to separate the child from the mother (Chasseguet-Smirgel, 1988)[[4]](#footnote-4).

In the seventh-year session, the analyst interprets that Adam is trying actively to make his manhood looks “*small*”: “*you castrate or stop yourself”*, turning passive to active. Adam’s father left when he was 3 so he passed his late pre-oedipal (anal-sadistic) and oedipal phases (4-6) without his father. French analysts have explored how an inability to tolerate anxieties associated with the primal scene fantasies can lead to perverse behaviors (McDougall, 1972; Chasseguet-Smirgel, 1984). The father is needed to modify the dyadic relationship of the child and his mother to facilitate triangulation (Lacan, Aucincloss & Sandberg, ).

**Castration Anxiety and Oedipal triangulation**

The authors differed, and debated as to whether Adam’s presenting conflicts had an oedipal triangulated presentation, with jealousy and aggressive urges to get rid of the father, and fear of loss of the penis as a punishment (Laplanche, 1973)[[5]](#footnote-5), as well as the dyadic sadomasochistic fantasies about forcing and being forced, with narcissistic defenses (denigration, grandiosity) and the drawing of the analyst into a threesome with his wife as the excluded third.

At the beginning of the analysis, the way Adam felt about taking control of the company during his Dad’s illness in the recession had indications of both grandiosity and oedipal conflict: *“Oh my God it was brutal! Dad had a prostatectomy with metastases, so he was disengaged from work and left me there with a useless Gen Manager and* ***I had to form a coup to gain power over him****.”*

By year 5 of the analysis, Adam could speak about the “crisis” in his company, feeling actual panic in the session, perhaps experiencing the full anxiety linked to various losses for the first time (après coup)*.* Adam’s fantasy in the opening session about “*expanding the empire at someone else’s expense*” changes in the mid-phase of the analysis, into a more realistic account of the financial crisis which required him to lay off employees because the company could not afford to pay them. The company was saved from bankruptcy not expanded. The presenting fantasy could be seen retrospectively to be the derivative of an unconscious fantasy, grandiose, guilt-inducing and anxiety provoking: the “coup” which deposed the father.

Based on the anchor points in the first session, when Adam expressed his sense of being a “destroyer” and “seducer”, one author asked: Destroyer of whom? Seducer of whom? His symptoms could be viewed as occurring mainly in the psychosexual sphere, mixed together with inhibitions and rigidities linked to unconscious conflicts at an oedipal level. However, his lack of awareness of how his actions affected other people, his confusion about who was doing what to whom given the excessive projections, his narcissistic defenses and acting out defenses, indicated more primitive dimensions of functioning.

However, another author asked if there was sufficient evidence in the opening sessions to view Adam’s psychosexuality as organized initially in an unconscious fantasy of triangulation, with jealousy of, and aggression to the father. As a child, Adam had an ‘oedipal victory’ in possessing his mother after his father left, but then found himself inadequate to satisfy her needs, especially as she was often depressed. His father was remarried, to a woman who owned the business. When his father fell ill with cancer, Adam took over a leadership role in the company his father partly owned, accomplishing what his father could not, and expressed the fantasies of an ‘oedipal’ victor, but then, as the associations show, his struggles with guilt and fears of retaliation became conscious. Was there triangulation at a pre-oedipal or oedipal level[[6]](#footnote-6)? sufficient evidence to indicate that Adam’s mental functioning was predominantly at a more primitive level[[7]](#footnote-7) or were the two dimensions of psychic functioning mutually engaged making the analysis more difficult? There remained disagreement about the causal factors in his acting out and his inadequate perception of self and other and whether there was sufficient evidence in these sessions to determine how strong these elements were in Adam’s psychic functioning in the analysis.

**Complex patterns of conflict and deficit and affirmation**

Discussing the “structural capacities”, weaknesses in self representation and self-other differentiation along with the pre-oedipal and oedipal conflicts, the authors differed, some seeing mainly pre-oedipal dynamics in the opening sessions, others seeing oedipal elements defended against. There was agreement that there was evidence for triangulation, with some degree of both defensive and expressive intentions, and that the formulations were not mutually exclusive, but provided different perspectives on the verbatim session material.

A developmental “stage” such as the oedipal stage in the 4-6-year-old will necessarily be marked by unresolved developmental fixations and structural deficits from earlier “stages”, and may, in its turn, through ‘Nachträglichkeit’,[[8]](#footnote-8) (Laplanche, 1983) structure the perception of earlier events and their psychical effects. As stated by Killingmo (1989): “As long as derivatives of dynamic conflict and derivatives of structural defects are organized in complex patterns, they should not be regarded as separate components added together but rather as different aspects of uniform phenomena” (p. 69). Thus, in Adam’s case, the dyadic relationship with mother, characterized by mother’s engulfing needs, probably results in deficits in the formation of a separate self-representation. This will have affected Adam’s sexual relationship with his wife, resulting in fear of closeness and intimacy, thus demonstrating how narcissistic and sexual issues are intertwined. And vice versa, when the fear of closeness is worked through in the analytic relationship, we can expect that the need for the triangular warding off of exclusive sexual intimacy will disappear. This is exactly what we observe in this analysis.

**Discussion and Conclusions**

The analysis, explored from the 3-LM perspective widens the information about the case, contributing to a better understanding of the problems of the patient and of the effects of the analytic work. 3-LM discussions, which return to the verbatim session material taken from intervals over the course of an analysis, lending a longitudinal perspective, also help participants to discover limitations, omissions and the possibility of bias, which are important to acknowledge in presenting a more transparent discussion of clinical papers. Some authors of this paper feel that the information provided by the clinical material is limited regarding the interpretations of dreams, parapraxes, and symptoms (e.g. pain). The absence of this material limits the discussion of some alternative hypotheses. To what extent do aspects of the psychic functioning related with Adam’s key fortress or capital city remain unexplored or difficult to change? (Freud, S. (1912). The Dynamics of Transference. SE, XII, , p 138. Freud, S. (1917). Introductory Lectures on Psycho-Analysis, part III. SE XVI, Pag. 455-6.)

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outcome of cognitive-behavioural and psychoanalytic long-term treatments.

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1. The Heidelberg Stages of Structural Change [we could add this as an appendix) [↑](#footnote-ref-1)
2. The terms used for our psychoanalytic concepts often have a spectrum of meanings, and relative precision is only reached by reference to the context in which the term is used. The notion of the elasticity of a concept has been used to refer to the existence of a range Previous of context-dependent meanings (Sandler, 1991, p. 133). [↑](#footnote-ref-2)
3. “When the traumatic mishap puts at stake quantities of excitation, considering their enormity—their being impossible to integrate or to elaborate and totally unfit to be physiologically discharged—the situation becomes literally staggering. Disarray gets the better of danger, and the basis for subsequent release of anxiety as a signal of alarm is missing. If the trauma comes to be repeated, the subject, who is not warned by anxiety and as a result is defenseless, will feel its impact full force. From now on, the process of compulsive repetition is entered into: it is, in fact, the only ‘solution’” (De M’Uzan, 2003, p. 724) [↑](#footnote-ref-3)
4. Without a father to separate subject and mother, the subject is in a world of confusion and chaos. In the Kleinian system, the first splitting’s of the object—into the ideal object and the persecutory object—also serve the purpose of enabling the subject to master chaos **(see Segal, 1964)**, **(1979)**. Here, too, we find three indispensable terms: the subject, the good object, and the bad object. Even though for Klein this splitting is not a prefiguration of the Oedipus complex, nothing prevents us from considering these initial operations, in which the senses, instincts, and affects are classified, as the early workings of mechanisms within a psyche in "a state of expectation" of the Oedipus complex (Chasseguet-Smirgel, 1988, 506). [↑](#footnote-ref-4)
5. The boy fears castration, which he sees as the carrying out of a paternal threat made in reply to his sexual activities; the result for him is an intense castration anxiety….The castration complex is closely linked with the Oedipus complex, and especially with the latter's prohibitive and normative function….It is possible to put castration  anxiety in the context of a series of traumatic experiences which are also characterised by an element of loss of or separation from an object: the loss of the breast in the routine of feeding; weaning; defecation (Laplanche, 1973, pp.56, 57). [↑](#footnote-ref-5)
6. Triangulation can be conceptualized as having earlier and later developmental formations concordant with the pre-oedipal and oedipal phases of development. Triangulation begins when the child goes beyond his dyadic attachment to a parent to include interactions with a “third,” such as a father, and to perceive the attachment between mother and father in relation to himself. Triangulation is thus a developmental process whereby the individual's object relations advance to incorporate a complex, ambivalent relationship to two other important persons (typically the parents), which includes the awareness of their relationship to each other.

   Triangulation is a central concept for any psychoanalytic theory that highlights the importance of the Oedipus complex, but it does not require the latter to be recognized as a momentous developmental accomplishment (Auchincloss and Sandberg, 2012). [↑](#footnote-ref-6)
7. The castration complex has its own developmental history, woven among the other streams of mental development. Phallic narcissism appears before phallic sexuality. There are early states, of an awareness of the genital, trial actions and thoughts of its use and application, renouncement of these, a stage of the sense of penis inferiority, all preceding the oedipal stage of the strong sense of its function and the vivid fear of its loss…. many patients…believed, and continue to believe, that their phallic, or genital (in either sex) equipment is smaller or deficient in comparison to others'. Castration has not yet occurred even as a concept, but the thought of a lesser or inferior phallic, or genital, endowment has formed in the self-representation (Rangell, 1991, p. 10-11). [↑](#footnote-ref-7)
8. “experiences, impressions and memory-traces\* may be revised at a later date to fit in with fresh experiences or with the attainment of a new stage of development. They may in that event be endowed not only with a new meaning but also with psychical effectiveness” (Laplanche 1983, p. 111). [↑](#footnote-ref-8)