

## **"Someday . . ." And "If Only . . ." Fantasies: Pathological Optimism And Inordinate Nostalgia As Related Forms Of Idealization**

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Fantasies whose core is constituted by the notions of "someday" and "if only" are ubiquitous in human psyche. In severe character pathology, however, these fantasies have a particularly tenacious, defensive, and ego-depleting quality. The "someday" fantasy idealizes the future and fosters optimism, and the "if only" fantasy idealizes the past and lays the groundwork for nostalgia. The two fantasies originate in the narcissistic disequilibrium consequent upon the early mother-child separation experiences, though the oedipal conflict also contributes to them. Both can be employed as defenses against defective self and object constancy as well as later narcissistic and oedipal traumas. This paper attempts to highlight the metapsychology and behavioral consequences of these fantasies as well as their unfolding in the treatment situation. It suggests six tasks to be especially important for analytic work with such patients: (1) providing and sustaining a meaningful "holding environment"; (2) employing "affirmative interventions"; (3) helping the patient unmask these fantasies and interpreting their defensive, narcissistic and sadomasochistic aspects; (4) rupturing the patient's excessive hope, analyzing the

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723

effects of such rupture, and facilitating the resultant mourning; (5) reconstructing the early scenarios underlying the need for excessive hope; and (6) paying careful attention to countertransference feelings throughout such work.

The “widening scope of indications for psychoanalysis” (Stone, 1954) has led, over the last three decades, to an enormous growth in the psychoanalytic literature on severe character pathology. This literature, far from being uniform, contains many controversies of both theoretical and technical nature. In the realm of theory, the most prominent controversies involve (1) the sufficiency of structural theory (Abend, Porder, and Willick, 1983; Arlow and Brenner, 1964; Willick, 1983) versus the need of new approaches (Balint, 1968; Kernberg, 1975, 1984, 1992; Kohut, 1971, 1977; Searles, 1986) to understand severe psychopathology; (2) the applicability of the conflict model to such conditions (Abend et al., 1983; Kernberg, 1975, 1992) versus the necessity to conceptualize them in terms of deficit (Adler, 1985; Kohut, 1977; Winnicott, 1965) and (3) the application of the developmental perspective provided by separation-individuation theory (Mahler, 1968, 1971, 1972; Mahler, Pine, and Bergman, 1975; Parens, 1991; Kramer, 1980; Settlege, 1977, 1991, 1993) versus self-psychology (Kohut, 1977; Kohut and Wolf, 1978; Wolf, 1994) in shedding light on the ontogenesis of severe personality disorders. In the realm of technique, the most prominent controversies involve (1) the differential emphasis upon searching and skeptical (Abend, Porder, and Willick, 1983; Kernberg, 1975, 1984) versus a credulous and affirming (Balint, 1968; Kohut, 1977) listening attitude; and (2) relative roles of interpretive interventions (Kernberg, 1975, 1984, 1992; Volkan, 1976, 1987; Yeomans, Selzer, and Clarkin, 1992) versus the “holding,” containing, and empathic functions of the analyst (Balint, 1968; Casement, 1991; Khan, 1974, 1983; Kohut, 1984; Lewin and Schulz, 1992; Winnicott, 1965) in the treatment of these conditions.

Caught on the horns of these dilemmas are attempts to elucidate the affective experiences of individuals with these disorders. Their envy, rage, and hatred have received multiple, often contradictory, explanations. More importantly for

the purposes of this paper, the focus of psychoanalytic literature has largely remained upon these

724

patients' bitterness, pessimism, and vulnerability to despair. Less attention has been paid to their "blind optimism" (Kernberg, 1967, p. 38), "unshakable determination to get on" (Balint, 1968, p. 19), and their tenacious, though often covert, attitude of waiting. The descriptions of "primitive idealization" (Kernberg, 1967) and "idealizing transference" (Kohut, 1971) did address this area of their inner experience. However, subsequent elaborations of these views became trapped in the polemic of such idealization being either a residual developmental need (Kohut, 1977; Kohut and Wolf, 1978; Wolf, 1994) or an instinctualized defense against deep-seated rage (Kernberg, 1975, 1992; Volkan, 1976, 1987). This polarization, with the inevitable pressure to amass "evidence" for one or the other position, has caused inattention to other aspects of such idealization including the existence of unconscious fantasies related to it. My paper seeks to fill this lacuna in the psychoanalytic literature.

In this paper, I will describe two fantasies, namely "someday ..." and "if only ...," which seem not only to be important vehicles of idealization but also related to each other in intricate ways. I will highlight their phenomenological characteristics, especially their relationship to optimism and nostalgia, and their deleterious effects upon the temporal continuity of the self experience. I will then elucidate their metapsychological substrate and trace their origin through various phases of psychic development. Having described the clinical, metapsychological, and developmental aspects of the two fantasies, I will conclude with the implications of the foregoing to the technique of psychoanalysis and psychoanalytic psychotherapy. It seems advisable, however, to delineate the potential pitfalls in such conceptualization at the very outset.

## SOME CAVEATS

*Caveat: (L. **caveat**, let him beware, 3rd pers. sing. pres. subj. of **cavere**, to behave, take heed): a warning, admonition [Webster's New Universal Unabridged Dictionary, 1983, p. 289].*

*Books must be read as deliberately and reservedly as they are written [Thoreau, 1854].*

725

First and foremost, the fantasies I am about to describe should not be taken as literally representing the ideational events of the early infantile life. While feelings and wordless thoughts of infancy do form the building blocks of these fantasies, their specific content, requiring greater cognitive maturity, seems derived from later childhood. In a fashion analogous to writing a song on a preexisting tune, the experiences and images of later childhood give form to the nebulous residues of the preverbal period (Burland, 1975; Frank, 1969; Isakower, 1936; Spitz, 1965). Freud's (1918) designation of notions involving intrauterine life as "retrospective phantasying" (p. 103) is an apt reminder here. Second, the manner in which these fantasies are communicated (by the patient) and deciphered (by the analyst) precludes certainty about them. Patients fail to satisfactorily put them into words<sup>1</sup> and often resort to metaphors, while the analyst finds himself relying on his own affective experience to a greater than usual extent (Burland, 1975). The ground is murky and the risks attendant upon excessive reliance on empathy (Akhtar, 1989; Rubovits-Seitz, 1988; Wallerstein, 1983), including countertransference intrusions, loom large in such an interpretive undertaking. Third, it should not be overlooked that the origin of these fantasies is often multilayered and their intrapsychic purposes complex. Longings implicit in them usually arise as a result of unresolved separation-individuation but such desires may also be mobilized by the developmentally later conflicts of the phallic-oedipal phase. Fourth, caution should be exercised in assigning diagnostic significance to such fantasies. In subtle and subterranean forms, these fantasies are ubiquitous. It is only when they are tenacious, serve major defensive and discharge functions, and encroach upon the executive functions of the ego, that these fantasies become pathological. Finally, it should be remembered that these fantasies may have a idiosyncratic relevance for a given patient. For instance, the "someday" fantasy of a patient might be based upon an identification with a parent who had such a fantasy. Another patient's excessive optimism might be carrying out, in an ironic fashion, the parental demand to think only good thoughts, be cheerful, and not complain. Keeping such

<sup>1</sup>*The meagerness of free-associative data has resulted in my resorting to a composite sketch of such individuals rather than specific case illustrations.*

diverse determinants in mind would facilitate discovery and enrich reconstructions in this area.

## THE “SOMEDAY ...” FANTASY

*Some people are dominated by the belief that there will always be some kind person—a representative of the mother, of course—to care for them and to give them everything they need. This optimistic belief condemns them to inactivity [Abraham, 1924, p. 339].*

*Only by remaining a hope does hope persist [Bion, 1961, pp. 151-152].*

*When hope attains ascendancy over desire, future time takes on a correspondingly magnified importance. If hope is to be maintained against the erosions of hopelessness and desire, time needs to be conserved and preserved—the more so since the pleasures attendant upon gratification of desire are not present to console or compensate for the loss of hope [Boris, 1976, p. 145].*

Like Balint (1968), who was led to choose the term *basic fault* because that was “exactly the word used by many patients to describe it” (p. 21), I am guided by my patients in calling this fantasy “someday.” This is precisely how these individuals refer to a certain kind of expectation from themselves, from their analyses, from life in general. They undertake treatment with gusto, religiously keep their appointments, arrive punctually, pay their bills promptly, and, from all appearances, seem good patients. Most of them talk copiously, offering well thought out formulations regarding their maladies. They earnestly express the hope of overcoming this or that inhibition, resolving this or that symptom, and achieving this or that life goal. They often stir up much redemptive enthusiasm in the analyst as well, especially during the opening phase of the analysis. Gradually, however, a different picture that challenges the assumed industriousness on these patients' part begins to emerge. They seem to be taking on too much, putting things off, never finishing anything. Whenever they run into difficulties, “road blocks,” or “too much hassle,” they withdraw. This withdrawal gives a superficial appearance of their being flexible and realistic. Actually the case is just the

opposite since their withdrawal is not caused by accepting realistic difficulties and the resultant mourning, but is intended to negate the impact of such limits on their vision. It is a behavioral counterpart of denial. After a brief lull in their optimistic pursuits, they begin all over again. They do not truly look for alternatives for anything since they never accept defeat in the first place. They

overlook discordant realities, cut ethical corners, and perpetually “shelve things away.” Their secret hope is that “someday” all problems will vanish or they will be strong enough to deal with them.

The unrealistic optimism of these patients caricatures the “confident expectation” (Benedek, 1938) or “basic trust” (Erikson, 1950) that results from a satisfactory infant-mother relationship. These normatively inclined concepts illustrate a long held tendency in psychoanalysis to regard optimism, even when excessive, in relatively positive terms. This tendency was set into motion by Freud's (1917) well-known correlation of “confidence in success” with being mother's “undisputed darling” (p. 156) and by Abraham's (1924) linking “imperturbable optimism” (p. 399) with an overly gratifying oral phase. Glover (1925) repeated that profound oral gratification leads to an “excess of optimism which is not lessened by reality experience” (p. 136). Later contributions (French, 1945; French and Wheeler, 1963; Menninger, 1959) also remained focused upon the positive aspects of hope and optimism. In an exception to such thinking, Angel (1934) noted that excessive optimism is often a defensive development.<sup>2</sup> She described five patients with chronic, unrealistic hope of a magical event (*Wunderglauben*) to improve their lots. She traced the origin of her three female patients' undue hopefulness to a denial of their lacking a penis and associated feelings of inferiority. Angel offered a different explanation for undue optimism in the two men. They had been prematurely and painfully deprived of their infantile omnipotence and were seeking its restoration by a fantasied regressive oneness with their mothers. Their optimism contained the hope of such longings being realized.

Over the sixty years following Angel's (1934) significant paper, only a few contributions commented upon the defensive functions of excessive optimism. First, Searles (1977) noted that realistic hope

<sup>2</sup>*Nearly two hundred years before this, Voltaire (1759) had declared optimism to be “a mania for maintaining that all is well when things are going badly.”*

needs to be distinguished from “unconscious-denial-based, unrealistic hopefulness” (p. 484). The former emanates from a successful integration of prior disappointments. The latter results from an “essentially manic repression of loss and despair” (p. 483). In contrast to healthy hopefulness, which is a source of support and gratification for oneself and others, excessive hope serves sadomasochistic aims. Searles outlined two connections between such inordinate hope and sadism.



*First, one of the more formidable ways of being sadistic toward the other person is to engender hope, followed by disappointment, in him over and over. Second, the presenting of a hopeful demeanor under some circumstances can constitute, in itself, a form of sadism toward the other person, for it can be expressing, implicitly and subtly, cruel demands upon him to fulfill the hopes written upon one's face [p. 485].*

Following Searles' contribution, Amati-Mehler and Argentieri (1989) described two cases in which "pathological hope" (p. 300) represented "the last and unique possible tie with the primary object, giving up [which] would mean the definite downfall of illusion and the admission that it is really, truly lost" (p. 302). Then, highlighting the effects of unresolved separation-individuation and impaired object constancy, I (Akhtar, 1991, 1994a) briefly outlined the "someday" and "if only" fantasies discussed here in detail. Finally, Potamianou (1992) asserted that excessive hope can serve as a character armor which keeps reality at a distance. In normal and neurotic conditions, hope sustains a link with the good object and makes waiting bearable. In borderline conditions, however, hope serves as an expression of the patient's narcissistic self-sufficiency; waiting is made bearable only by recourse to infantile omnipotence. For such individuals, the present has only secondary importance. They can tolerate almost any current suffering in the hope that future rewards will make it all worthwhile.<sup>3</sup> Potamianou emphasized that excessive hope, besides fueling (and being fueled by) narcissism, strengthens and prolongs the hidden masochistic suffering of these individuals.

Besides these descriptions of pathological optimism, there exists

<sup>3</sup>*Boris (1976) has proposed a "fundamental antagonism between hope and desire" (p. 141): possession of hope acts as a restraint upon desire and loss of hope is followed by a burgeoning of desire.*

the view of "independent" British analysts that hope, even when expressed through pathological behavior, is essentially healthy and adaptive. Winnicott (1956) declared that "the antisocial act is an expression of hope" (p. 309) insofar as it seeks a redress to an early environmental deprivation. Khan (1966) extended Winnicott's ideas to certain narcissistic and schizoid individuals who seemed uncannily capable of creating special and exciting experiences for themselves, experiences from which they nonetheless withdrew<sup>4</sup> and which left them basically unchanged. It is as if they had hoped for something ("someday"?) but did not find it. More recently, Casement (1991) related

“unconscious hope” to repetition compulsion through which unconscious conflicts continue to generate attempts at solutions which do not actually work. At the same time, patients do contribute in various ways, and “hopefully” (p. 301), to finding the clinical setting needed by them. In sum, the psychoanalytic literature on hope can be grouped into three broad categories emphasizing (1) its normative, healthy aspects; (2) its employment as a defense against early loss and defective object constancy as well as its covert narcissistic and masochistic aims; and (3) its adaptive role in seeking redress, including that through pathological behavior, of early environmental loss. The “someday” fantasy described here subsumes all these aspects of hope and optimism.

Returning from this detour into literature, one notes that patients vary greatly in the extent to which they provide details of their hopes from “someday.” Often they feel puzzled, uncomfortable, ashamed, and even angry upon being asked to elaborate on their “someday.” This is especially so if they are asked what would happen *after* “someday.” It is as if “someday,” like God, is not to be questioned. Some patients use metaphors or visual images to convey the essence of “someday,” while others remain silent about it. Frequently, the analyst has to fill in the blanks and surmise the nature of their expectations from “someday.” In either case, it is the affective texture of “someday” that seems its most important feature. Basically, “someday” refers to a time when one would be completely

<sup>4</sup>*Much earlier, Eissler (1950) had pointed out that the “addiction to novelty” (p. 154) among antisocial personalities actually consists of a monotonous repetition of essentially similar experiences. True novelty scares them and they vehemently avoid it.*

peaceful and conflict-free. Everything would be available, or nothing would be needed. Motor activity would either be unnecessary or effortless. Even thinking would not be required. There would be no aggression from within or from outside.<sup>5</sup> Needless to say, such a universe is also oblivious to the inconvenient considerations of the incest taboo and the anxieties and compromises consequent upon the oedipal situation.

A complex set of psychodynamic mechanisms helps maintain the structural integrity of “someday.” These include (1) denial and negation of sectors of reality that challenge it; (2) splitting-off of those self and object representations that mobilize conflict and aggression; (3) a defensively motivated feeling of inauthenticity (Gediman, 1985; Loewald, 1979) in those areas of personality



where a healthier, more realistic, compromise formation level of mentality and functioning has been achieved;<sup>6</sup> and (4) a temporal displacement, from past to future, of a preverbal state of blissful unity with the “all good” mother of the symbiotic phase (Mahler, 1972; Mahler, Pine, and Bergman, 1975). The speculation that this fantasy, at its core, contains a longing for a luxurious (and retrospectively idealized) symbiotic phase gains strength from the inactivity, timelessness, wordlessness, thoughtlessness, unexcited bliss, and the absence of needs implicit in “someday.” This genetic backdrop is supported by my observation that individuals who tenaciously cling to “someday” had often been suddenly “dropped” from maternal attention during their second year of life (at times due to major external events such as the birth of a sibling or prolonged maternal hospitalization). However, other factors including early parent or sibling loss, intense castration anxiety, and problematic oedipal scenarios also play a role in the genesis of the “someday” fantasy. Boys who were excessively close to their mothers, especially if they also had weak or absent fathers, might continue to believe that “someday” their oedipal triumph could actually be consummated; Chasseguet-Smirgel's (1984) delineation of “perverse character” is pertinent in this context. Girls who were “dropped” by their mothers and valiantly rescued by their

<sup>5</sup>*Rumbles of the “oceanic feeling” (Freud, 1930) of psychic infancy during which the self-absorbed infant experiences all of space and time as coextensive with his ego, are unmistakably present here.*

<sup>6</sup>*In an extension of Winnicott's (1960) terminology, the situation here can be described as a “pseudo-false self” organization.*

fathers in childhood, persist in the hope of “someday” finding an all-good mother-father combination in adult life.

Only the focal and externalized derivatives of “someday” are usually conscious. The infantile fused self and object representations powerfully invested with “primitive idealization” (Kernberg, 1967) emerge only after considerable analytic work has been accomplished. The adaptive functions of the “someday” fantasy involve its fostering optimism, perseverance, and “search for an environmental provision” (Winnicott, 1956, p. 310). The idealized “someday” is a defensive structure against the affective turmoil, including rage, consequent upon less than “optimal emotional availability” (Mahler, 1971, p. 176) of the mother especially during the rapprochement subphase of separation-individuation. However, it might also defend against anxieties consequent upon the

realization of the anatomical differences between sexes (Freud, 1925), and of oedipal boundaries and limits (e.g., “someday” I will have a penis; “someday” I will be the romantic partner of my mother/father).<sup>7</sup> The excessive hope implicit in “someday” fantasy serves both narcissistic and masochistic aims. In an attempt to establish a related sort of link between narcissistic and masochistic character types, Cooper (1989) emphasized that “pathological narcissistic tendencies are unconscious vehicles for obtaining masochistic disappointment; and masochistic injuries are an affirmation of distorted narcissistic fantasies” (p. 551).<sup>8</sup>

On the behavioral level, the manner in which patients strive to reach “someday” varies greatly (Akhtar, 1992a). Those with a narcissistic personality seek to bring “someday” to life by devoting themselves to hard work and social success. Those with an antisocial

<sup>7</sup>*Among the growing ego's attempts to hold onto illusions of omnipotence, Dorn (1967) includes the “when I grow up ...” incantation of childhood. Such motivating idealizations are already an advance over the more magical, earlier state of infantile omnipotence.*

<sup>8</sup>*States of addiction and “codependency” also depict the masochistic dimension of excessive hope. The addict continues to be self-destructive while hoping that the drug will somehow magically solve intrapsychic problems, and the codependent individual remains relentlessly optimistic that a terrible relationship will somehow become all right. The connection between pathological hope and masochism becomes blatant when the longed for “someday” involves death. Patients with this configuration manifest a chronic attitude of waiting for death, with or without occasional suicidal acts. Such incorporation of self-destructiveness into the ego ideal usually speaks for a guarded prognosis (Kernberg, 1975).*

bent seek similar magic through swindling, gambling, and other get-rich-quick schemes. Paranoid individuals focus on the obstacles in their path to “someday.” Borderline individuals frantically look for this “someday” through infatuations, perverse sexuality, and mind-altering drugs. Schizoid individuals adopt a passive stance and wait for a magical happening, a windfall, or a chance encounter with a charismatic guru. All individuals with a severe personality disorder, be it narcissistic, antisocial, paranoid, borderline, or schizoid, seem to be seeking a “fantasied reversal of a calamity that has

occurred" (Renik, 1990, p. 224), and a restitution of an inner homeostasis that was disturbed years ago. All are in chronic pursuit.<sup>9</sup>

This relentless pursuit of the "all-good" mother of symbiosis at times gets condensed with positive oedipal strivings. Condensation of the "good" mother representation with that of the desired oedipal partner gives rise to intense longings experienced as unquestionable "needs" (Akhtar, 1992a, 1994b). The parallel amalgamation of the "bad" mother representation with the oedipal rival creates vengeful hostility which is often split off, denied, displaced onto others, or enacted in a contradictory but unassimilated manner toward the analyst. During analytic treatment, such "malignant erotic transference" (Akhtar, 1994a)<sup>10</sup> often turns out to be an upward defense against faulty self and object constancy. Four aspects of this transference are: (1) predominance of hostility over love in the seemingly erotic overtures; (2) intense coercion of the analyst to indulge in actions; and (3) inconsolability in face of the analyst's depriving

<sup>9</sup>*To borrow terms used by Settlege, Bemisderfer, Rosenthal, Afterman, and Spielman (1991) in a different context, it seems that all patients with severe character pathology are stuck in the appeal phase of the infantile "appeal cycle" (adaption-distress-appeal-interaction), only the manner of their appeal varies. Perhaps these stylistic differences contain remote echoes of early infantile experiences. Spitz (1953) points out that an infant, when separated "first becomes weepy, demanding and clinging to everybody who approaches it; it looks as though attempts are made by these infants to regain the lost object with the help of their aggressive drive. Later on, visible manifestations of the aggressive drive decrease" (p. 133). Could the various phenotypic variations of severe character pathology (e.g., borderline, narcissistic, schizoid) at least partly be due to their different locations in this spectrum of affectomotor responses of a betrayed child?*

<sup>10</sup>*The choice of the prefix "malignant" to describe such "erotized" (Blum, 1973) transference is to highlight these aggressive and coercive features and to extend the context in which this prefix has been earlier used in psychoanalysis, e.g., "malignant regression" (Balint, 1968), "malignant narcissism" (Kernberg, 1984).*

stance;<sup>11</sup> and (4) the absence of erotic counterresonance in the analyst who experiences the patient's demands as intrusive, controlling, and hostile. In such cases, "the pre-eminent oral insatiability, the vulnerability to disappointment and detachment, the underlying sadomasochism soon become apparent" (Blum, 1973, p. 69). While in the throes of such intense erotic transference (see

also Eickhoff, 1987; Joseph, 1993; Wallerstein, 1993), the patient can become convinced the analyst should (or will) “someday” actually consummate their relationship and marry her. Here the emergence of the “someday” fantasy shows a beginning loss of reality testing and is therefore a cause for alarm. Conversely, in patients who, in a near psychotic version of such transference, are insistent that the analyst marry them right now, a movement toward “someday” implies the dawning capacity to tolerate postponement of desire. It might constitute the first evidence of a strengthened capacity to mourn and renounce omnipotent claims on reality.

## THE “IF ONLY” FANTASY

The first two years of life, in which external “omnipotent” persons took care of us, protected and provided us with food, shelter, sexual satisfaction, and reparticipation in the lost omnipotence, gave us a feeling of being secure in a greater unit, while, at the same time losing our own individuality. This memory establishes in every human being a capacity for nostalgia for such a state whenever attempts at active mastery fail [Fenichel, 1945, p. 561].

<sup>11</sup>Freud (1915) referred to such patients as “children of nature who refuse to accept the psychical in place of the material” (p. 166). In his experience, most such patients were “women of elemental passionateness who tolerate no surrogates” (p. 166). Such greater frequency of malignant erotic transference in women seems to have many explanations: (1) more intense reproaches in the female child toward the mother; (2) the extra burden on the female child's ego to mourn the “loss” of penis; and (3) the actual experience, in the background of many such patients, of having been “picked up” by their fathers after being “dropped” by their mothers. This last mentioned factor, while saving the child from a schizoid or suicidal breakdown, robs her of a fundamental prototype of mourning; instead, she learns that what is lost (“all-good” mother) can indeed be found (an overindulgent father). The fact that such rescues are usually quite instinctualized contributes to sadomasochistic sexual fantasies and a perverse defiance of oedipal limits in later, adult life.

*[T]he reiterative declarations of uselessness, failure and lack of hope made by our patients are placed in a non-temporal dimension in which the idea of failure is fictitious, since all energies are pathologically directed to a past that needs to be kept immobile and*

*therefore incapable of becoming "history" [Amati-Mehler and Argentieri, 1989, pp. 300-301].*

Individuals with an "if only" fantasy lack interest in the future and constantly wring their hands over something that happened in the past. They insist that "if only" it had not taken place everything would have turned out (or was) all right. Life before that event is glossed over or retrospectively idealized. When a childhood event, for sample, parental divorce, gets involved in the "if only" fantasy, an elaborate "personal myth" (Kris, 1956) tends to develop that, with its seductive logic, might even go unquestioned during analytic treatment (e.g., my case of Mr. A, in Kramer and Akhtar [1988]). The "screen" nature of such "if only" formulations is, however, clearer when the trauma, relentlessly harped on, is from the recent past. Individuals who remain tormented year after year by the memories of a failed romance from college days, a psychotherapist who moved out of town, or an extramarital lover who withdrew his or her affection (see my case of Ms. H, in Akhtar [1994b]) often give histories of having been painfully "dropped" from maternal attention during early childhood.

A concomitant of the "if only" fantasy is intense nostalgia. The wish to recapture an idealized past stirs up a poignant mixture of "mental pain" (Freud, 1926, p. 171) and joy. Pain is evoked by the awareness of separation from the now idealized object and joy by a fantasied reunion with it through reminiscences. "It is the subtlety, iridescence, and ambivalence of these feelings that gives nostalgia its inimitable coloration" (Werman, 1977, p. 393). While often attributed to a loss during adult life, this characteristically "bitter-sweet pleasure" (Kleiner, 1970, p. 11) has its origin in the incomplete mourning of a traumatic disruption of the early mother-child relationship. Sterba (1940) was the first to correlate "home-sickness" with a longing for the maternal breast. Fenichel (1945) also explained nostalgia as a wish to return to the preoedipal mother. Fodor (1950) went so far as to correlate nostalgic yearnings with a deepseated longing for the undisturbed prenatal state.<sup>12</sup> However, these

<sup>12</sup>*Chasseguet-Smirgel's (1984) notion of the pervert's "nostalgia for primary narcissism" (p. 29) seems related to this view.*

references to prenatal bliss, maternal breast, and preoedipal mother, etc., are better regarded as largely metaphorical. Much takes place between a premature traumatic rupture of the infantile bliss and its alleged counterpart in adulthood. Hartmann's (1964) warning regarding the "genetic fallacy" must be heeded here. Recall of such early events is questionable, fantasies involving

them are retrospective creations, and the idealization is intended to keep aggressively tinged self and object representations in abeyance.<sup>13</sup> It is, however, unmistakable that the nostalgic individual is looking for a completely untroubled state. Such a person is not only looking for the lost object but for an idealized object, and even more importantly, for the time before the object was lost. This covert element of search in the nostalgic hand-wringing is a clue to the psychodynamic kinship between the “if only” and “someday” fantasies.

The metapsychological structure of the “if only” fantasy is indeed similar to that of the “someday” fantasy. It too involves splitting, denial, and primitive idealization. It too serves defensive purposes and reflects incomplete mourning over preoedipal (premature loss of adequate maternal attention), oedipal (being excluded from the parents' mutually intimate life), and narcissistic (painful awareness of being vulnerable) traumas. Under normal circumstances, mourning such traumas goes hand in hand with the ego's renunciation of infantile omnipotence. “The experiencing of hopelessness is thus a part of normal development and is necessary for the attainment of a more reality-oriented sense of psychic self” (Schmale, 1964, p. 300). Klein's (1940) “depressive position” and Mahler's (1968) “object constancy” are both contingent upon renunciation of omnipotence, development of the capacity for ambivalence, and a certain diminution in optimism about the self and others. The “if only” fantasy, in contrast, is, at its core, a product of incomplete mourning over the loss of the all-good mother of symbiosis. It expresses a position whereby the idealized primary object is neither given up through the work of grieving nor assimilated into the ego through identification. Instead, the object is retained in

<sup>13</sup>*Awareness of the resulting “screen” functions of such nostalgia has led to the distinction between “normal and pathological” (Werman, 1977) or “true and false” (Sohn, 1983) types of nostalgia. The former is supposed to reflect a continuation of mourning and the latter its idealized blockade.*

psychic limbo by a stubborn “nostalgic relationship” (Geahchan, 1968):

*[Which is] characteristically indeterminate in its representations, and by its imaginary nature the subject is able to maintain separateness from the object. This leads to an indefinite and indefinable quest—and if an object should appear that seems to correspond to the nostalgic desire, it is promptly rejected, it becomes demythologized; it is not what it promised to be: the subject's*



*projection of what it should be. The subject can thus only enjoy the search and never the possession [Werman, 1977, p. 391].*

At the same time, the displaced derivatives of this “loss” are harped upon ad infinitum. Here splitting mechanisms also play a significant role since the aggressively tinged representations of the lost object are totally repudiated or displaced onto other objects.

Similarities between the “someday” and “if only” fantasies do not end with dynamics of insufficient mourning. Their form might differ but their message is essentially the same. Indeed, the two can together be labeled as “the fantasies of ideal times” (Juan David Nasio, personal communication). The “someday” fantasy says: “A day will come when I will recapture the lost mother of symbiosis and also overcome the oedipal barrier.” The “if only fantasy” says: “I wish the day had not come when I was dropped from maternal attention nor the day when I became aware of the oedipal limitations.” Another similarity between the two fantasies involves their pronounced sadomasochistic aims. In the “someday” fantasy, these are evident in the destruction of all here-and-now satisfactions. This destruction may be either an angry denigration of the available satisfactions or a defense against superego accusations for not having done better. In the “if only” fantasy, much hateful blaming of self and others underlies the preoccupation with an “unfortunate” external event.

*Those with ferocious superegos and masochistic inclinations are involved in endless self-condemnation: if only I had said this ... if only I had done that, etc. These fantasies are a way of paying back one's conscience without really intending to do anything different in the future. They are mea culpas: “I have confessed to being guilty and now we can close the books of this episode.” Then there are the “if only” fantasies that blame*

737

*others: “If only so and so had chosen to behave decently towards me ... if only people could see the real me and realize how wonderful I am ...,” and so on. In other words whatever catastrophe has befallen me, it is not my fault. It would not have happened had others not denied me my due or maliciously gotten in my way” [Arnold Cooper, unpublished discussion of this paper, June 1995].*

Yet another element common to “someday” and “if only” fantasies is the quest for a lost object and, behind it, for a lost self experience. Moreover, the psychic ointment of idealization is used by both “someday” and “if only” fantasies. It

serves a self-soothing purpose and helps to deny aggression toward the unavailable, frustrating object held responsible for the narcissistic disequilibrium. These “advantages” of idealization are matched by its deleterious effect upon the temporal dimension of self experience. In the “someday” fantasy, the future is idealized, leading to excessive hope and search for ideal conditions. In the “if only” fantasy, the past is idealized, leading to nostalgia and self-pity. Individuals with the former fantasy live in future and those with the latter in past; both are alienated from the present.<sup>14</sup> In other words, both fantasies cause a “temporal discontinuity in the self experience” (Akhtar, 1984,1992a). Frequently, the two fantasies coexist and form a tandem theme: “if only this had not happened, life would be all right, but someday this will be reversed and life will (again) become totally blissful.”<sup>15</sup> It is with such mixture of ache and expectation that individuals with these fantasies arrive at the psychoanalyst's doorstep.

<sup>14</sup>*I have elsewhere (Akhtar, 1995) highlighted such temporal fracture of the psyche and the associated role of “someday” and “if only” fantasies in the lives of immigrants, a group of people especially vulnerable to such experiences.*

<sup>15</sup>*This theme is not infrequently found in religious motifs and literary productions. The Christian notion of “original sin,” a transgression that brought the idyllic existence of mankind's mythic forebearers to an abrupt end, embodies a parricidal oedipal theme (Freud, 1913) as well as a separation and loss of omnipotence scenario. Together the two yield an “if only” fantasy of cosmic proportions. Counterposed to this fall from grace is the possibility of “someday” returning to it in the form of heaven. Judaism, while not subscribing to the “original sin” idea, does hold that a Messiah will arrive “someday” and bring eternal peace upon earth. Islam, like Christianity, subscribes to the notion of heaven, and certain of its sects, e.g., Shiites, also contribute to the notion of the Messiah's (Mahdi) return. Hinduism holds that after numerous reincarnations the soul will ultimately be relieved of the anguish of corporeal existence. Achieving moksha (freedom), the individual atma (soul) will become one with paramatma (the supreme soul, Brahma, the creator). Thus, in one form or the other, themes of being “dropped” and “expelled” from a blissful existence and of return to it exist in all the major religions of the world. This human desire to return to an earlier ideal (idealized!) state of total freedom from conflict finds nonreligious expressions as well. The deep love of nature in some persons and the yearning for a reunion with it seem to have roots in a nostalgia of the kind described above. Themes of pining for a lost paradise (often displaced to its derivatives, e.g., bygone youth, cities and nations left behind, past lovers) have created some of the most powerful literary pieces in history.*

*Kleiner (1970) and Werman (1977), in their papers on nostalgia, give many evocative examples of this sort, including that of Marcel Proust whom Werman aptly calls "the most famous grand nostalgique" (p. 394). Hamilton's (1969) essay on Keats is also in the same vein. Art, too, frequently capitalizes on nostalgia; examples of this extend from Giorgio de Chirico's preoccupation with Italian landscapes (Krystal, 1966) to the more plebian themes of Norman Rockwell's popular paintings. The recent attempt to resurrect Woodstock might also have betrayed a yearning to recapture the spirit and feeling of a past, now idealized, place and time.*

738

## TECHNICAL IMPLICATIONS

*Nostalgic tendencies are seen as associated with an inability to mourn in early life, and later, an unwillingness to do so. Only after the search for unification with infantile objects is given up is the nostalgic able to accept meaningful substitutes [Kleiner, 1970, p. 29].*

*To firmly undo the idealization, to confront the patient again and again with the unrealistic aspects of his transference distortion, while still acknowledging the positive feelings that are also part of this idealization, is a very difficult task because underneath that idealization are often paranoid fears and quite direct, primitive aggressive feelings toward the transference object [Kernberg, 1975, pp. 97-98].*

Having acknowledged the ubiquitousness of "someday" and "if only" fantasies in human mental life, I have, by implication, conceded that all individuals entering psychotherapy or psychoanalysis bring such attitudes with them. The hope and idealization implicit in these fantasies serves, in most patients, as a therapeutic incentive which sustains the interpretive enterprise and makes treatment possible. Their hope has a realistic quality which contributes to the development of therapeutic or working alliance (Friedman, 1969; Gitelson, 1962; Greenson, 1965). "Someday" and "if only" fantasies do not become an explicit focus of analytic inquiry in these patients. Themes of disillusionment and loss of omnipotence appear mostly during the termination phase of their treatment.

739

Other patients are different.<sup>16</sup> Their entire psychic lives are governed by “someday” and “if only” fantasies; in their case, these fantasies not only reflect an inner organizing element of central importance but also an outer relational paradigm. In the analytic situation, the “someday” fantasy of many such patients gives rise to an attitude of perpetual waiting. This might be expressed nakedly through protracted silences, or cloaked by superficial compliance, even verbal excess. Other patients develop a “malignant erotic transference” and coerce the analyst to have sex with them or marry them. All patients with a “someday” fantasy hope that analysis (or the analyst) will somehow magically solve all their problems. However, excessive optimism impedes realistic hope and paves the way to hopelessness. Consequently, such patients oscillate between inordinate optimism and a bruised sense of futility.<sup>17</sup>

The “if only” fantasy manifests in the analytic situation as either an abysmal preoccupation with an adult life loss to the exclusion of other associations, or as to a slow emergence of a “personal myth” (Kris, 1956) involving a childhood trauma. The individual with a “someday” fantasy waits or coerces and the one with an “if only” fantasy laments, seeks to convince, pleads for validation of a particular viewpoint. Issues of narcissistic vulnerability, shaky object constancy, repudiated aggression, and inconsolability are prominent in both. Secretly or openly, both types of individuals are given to intense idealization which betrays unmet “growth needs” (Casement, 1991) of childhood *and* a defense against aggression. It is to the treatment of such patients that the following technical suggestions apply.

<sup>16</sup>*In an unpublished discussion of this paper, Nasio distinguished the “someday” and “if only” fantasies of the neurotic and the borderline patients on two grounds: (1) the neurotic postpones castration anxiety by temporally displacing his wishes while the borderline avoids self-disintegration by hiding behind the hope or “memory” of absolute bliss; and (2) the neurotic attributes to the analyst the power to fulfill his needs while the borderline excludes the analyst and awaits no promise. Nasio’s first notion is more agreeable to me than the second. In my experience, the narcissist (seemingly) excludes the analyst and waits for nothing, the borderline attributes to the analyst the power to realize his hope, and the neurotic retains an awareness of the illusory nature of his excessive optimism.*

<sup>17</sup>*Killingmo (1989) has also noted such oscillation between “desperate hope and resignation” (p. 73). According to him, when this happens, the clinical material at hand is based primarily on a deficit driven sector of personality and not by that governed by conflict.*

Before proceeding further, however, a brief return to the developmental perspective on these issues seems necessary. Both Winnicott (1951) and Mahler (1972) trace a developmental line from illusion to disillusion during childhood. In Winnicott's terminology, initially "omnipotence is nearly a fact of life" (Winnicott, 1951, p. 238). Later, the transitional object appears, when the mother is in transition from being "merged with the infant to that of being perceived rather than conceived of" (Winnicott, 1971, p. 114). In Mahler's terminology, it is during the rapprochement subphase that the child realizes that his wishes and those of the mother do not always coincide. Unable to sustain the magic of symbiosis, "the child can no longer maintain his delusion of parental omnipotence" and also "must gradually and painfully give up the delusion of his own grandeur" (Mahler et al., 1975, p. 79). Adding a significant nuance to Freud's (1911) outlining of the gradual replacement of pleasure principle by reality principle, both Winnicott and Mahler regard this journey from illusion to disillusion as necessary for psychic growth.<sup>18</sup> And, it is this movement from illusion to disillusion that is the central task in the treatment of the individuals with tenacious "someday" and "if only" fantasies. Being able to take this agonizing step is what transforms their pathological hope to realistic expectation and their idealization to a mature, postambivalent object investment. For them to make such an advance, however, the treatment must offer both illusion and disillusionment.<sup>19</sup>

First and foremost, therefore, the analyst must provide a psychological atmosphere of trust, emotional security, and acceptance, attributes akin to the early maternal care of the child. Modell (1976) has spelled out those elements in the analyst's technique which facilitate the development and maintenance of such "holding environment" (Winnicott, 1960).

The analyst is constant and reliable; he responds to the patients' affects; he accepts the patient, and his judgement is less critical

<sup>18</sup>*This similarity should not lead one to overlook that significant conceptual differences do exist in the theories of Winnicott and Mahler (see Wolman, 1991).*

<sup>19</sup>*Technical approaches in this realm have leaned either toward providing and sustaining illusion (Adler, 1985; Balint, 1968; Kohut, 1977; Lewin and Schulz, 1992) or toward interpretive dissolution of such illusion (Abend et al., 1983; Kernberg, 1975; Volkan, 1976; Yeomans et al., 1992). Elsewhere (Akhtar, 1992a, pp. 316-324), I have attempted a broader synthesis of these two trends related to the "romantic" and "classic" visions of psychoanalysis (Strenger, 1989).*

*and more benign; he is there primarily for the patient's needs and not for his own; he does not retaliate; and he does at times have a better grasp of the patient's inner reality than does the patient himself and therefore may clarify what is bewildering and confusing [Modell, 1976, p. 291].*

To be sure, all this is important in the conduct of any analysis. However, in patients with “someday” and “if only” fantasies these ingredients acquire a much greater significance in so far as these help mobilize, and temporarily sustain, the patient's illusion that hope can be fulfilled and lost objects found. However illusory such goals might be, the patient does need to be able to feel and think them valid before seeing them as fantasies, with regressive aims and defensive functions. Volkan's (1981) observation that attuned listening and containment of emotions often constitute the only interventions for quite some time before any interpretive work can be done with individuals suffering from pathological grief is pertinent here. Also important is Amati-Mehler and Argentieri's (1989) caution that, before the patient's excessive hope is frustrated either directly or by way of interpretation:

*[T]he patient ought to experience for a sufficient length of time and at different levels the soundness of the therapeutic rapport, the security of being understood, the benefit of a careful and thorough working through of the transference, and a relational structure that enables him or her to contain the comprehension and the elaboration of the disruption of the transference play [p. 303].*

Second, the analyst must be comfortable with the use of “affirmative interventions” (Killingmo, 1989). These are comprised of “an objectifying element” (which conveys the sense to the patient that the therapist can feel what it is to be in the former's shoes), “a justifying element” (which introduces a cause-and-effect relationship) and “an accepting element” (which imparts a historical context to the current distress by including the mention of similar experiences from the patient's childhood). Affirmative interventions often necessitate that the analyst deliberately restrict the scope of his interventions, yet such “superficiality,” paradoxically, prepares the ground for unmasking interpretive interventions. The issue at hand, however, extends beyond matters of “tact” (Poland, 1975) and “optimal distance” (Akhtar, 1992b; Escoll, 1992) from the

depths of the patient's psyche. Considerations of actual time are involved here. For instance, when a patient endlessly laments the loss of a loved one, it is



better, for a long while, to “agree” with the patient and to demonstrate one's understanding of the nature and conscious sources of the patient's agony. Balint (1968) emphasizes that, under such circumstances, the analytic process: “must not be hurried by interpretations, however correct, since they may be felt as undue interference, as an attempt at devaluing the justification of their complaint and thus, instead of speeding up, they will slow down the therapeutic processes” (p. 182). To point out discrepancies and contradictions in the patient's story, to bring up the defensive nature of this idealization, and to analyze the potentially masochistic aspects of such continued pain, are tasks that must be left for much later.

Third, the analyst must help the patient unmask what underlies his waiting attitude. This will pave the way for the two of them to squarely face the idealization inherent in “someday” and “if only” fantasies. For instance, to a patient who after four years of analytic work continued to complain bitterly about the ineffectiveness of psychoanalysis vis-à-vis his short stature (a disguised but closed version of his actual complaint), I once responded by saying the following: “You know, the pained disbelief in your voice and the intensity with which you berate me about this issue makes me wonder if you really believe that analysis could or should lead you to become taller. Do you?” The patient was taken aback but, after some hesitation, did acknowledge that all along he had believed that he might become taller as a result of hard work.

Once such omnipotent expectations from analysis are brought to the surface, the analyst can attempt to interpret their defensive aims against aggression in transference, and behind that, toward the early objects (Kernberg, 1975). He might also help the patient bring forth the narcissistic and masochistic gratifications derived from these fantasies, which keep the patient's existence in a grand, suffering limbo. He might now point out to the patient the illusory nature of his “someday” fantasy and the “screen functions” of the nostalgia (Freedman, 1956; Sohn, 1983; Werman, 1977) inherent in his “if only” fantasy. However, even during this phase, the analyst must remain respectful of the patient's psychic “soft spots” and be affectively and conceptually prepared to oscillate between “affirmative

interventions,” when thwarted growth needs and ego deficits seem to dictate the transference demands, and “interpretive interventions,” when more traditional conflict-based transferences are in the forefront (Akhtar, 1992a, 1994a, 1994b; Killingmo, 1989; Strenger, 1989). Such “oscillations in strategy” (Killingmo, 1989, p. 75) would necessitate a conceptual freedom on the analyst's

part to view the patient's idealization as both a thwarted developmental need (Kohut, 1977) and a pathological defense (Kernberg, 1975), a psychic configuration requiring both empathic and interpretive handling.

Fourth, failing to engage the patient in such an interpretive undertaking, the analyst must be prepared to rupture the patient's inordinate hope. Clearly, many analysts would question the need ever to “rupture” the patient's excessive hope. They would suggest that simply understanding its origins and functions and letting the usual analytic approach take its course would lead to the transformation of such fantasies. This does happen in milder cases. However, in those stubbornly fixated on “someday” and “if only” fantasies, a more “ruthless”<sup>20</sup> intervention is indicated. Basically it comes down to “having to state that neither analysis nor analyst (are) omnipotent rescuers, as the patients in their illusion needed to believe” (Amati-Mehler and Argentieri, 1989, p. 301). In a case of “malignant erotic transference,” such intervention would translate into the analyst's explicit declaration that he would never marry the patient. With those endlessly lamenting a long dead parent, the analyst might have to literally “confirm” the irreversibility of the situation. A less dramatic, but essentially similar, example is of the patient who “kept crying and saying, ‘I can't help it’, and the analyst (who) said: ‘I am afraid I can't help it either’ ” (Amati-Mehler and Argentieri, 1989, p. 296).

Such interventions can be subsumed under the broad rubric of “optimal disillusionment” (Gedo and Goldberg, 1973) which requires that the analysand learn to give up magical thinking. They are neither conventional nor risk-free. They disrupt the transference dynamics and, therefore, are inevitably traumatic to the patient. Indeed, when their “dosage” or timing is inappropriate, and this may not be entirely predictable, the resulting despair and psychic pain

<sup>20</sup>*I am using the word in its paradoxically benevolent sense outlined by Mayer (1994).*

might lead the patient to become seriously suicidal. This puts the analysis to a most severe test. Temporary departures from neutrality might now become unavoidable, and adjunct, stabilizing measures might have to be employed. On the other hand, interventions of this sort might constitute a turning point of the analytic process in less complicated circumstances, provided, of course, the analyst's “holding functions” are in place, and the effects of such an intervention can be analyzed. Rupture of pathological hope is a necessary precondition for mourning that is otherwise blocked in these patients.<sup>21</sup> At the

same time, the analyst “must convey to the patient not only the direction he wants the patient to move in, but also confidence that the movement is inherent in the patient, which means that what the uncured patient wants is indeed a representation, however distorted, of what the cured patient will get” (Friedman, 1969, p. 150).

In other words, the analyst must make sure (to the extent it is possible) that the consequence of his intervention is not a transition from pathological hope to hopelessness but one from pathological hope to realistic hope. This movement is facilitated if the analyst has faith in the patient's capacity in this regard, a proposition reflecting Loewald's (1960) outlining of the childhood need to identify with one's growth potential as seen in the eyes of one's parents.

Fifth, the analyst, at this stage, must cautiously undertake actual reconstructions. The word *actual* here is not to denote their historical accuracy but to distinguish them from the historical dimension of the “affirmative interventions” made earlier during the course of analysis; the latter largely exert the psychotherapeutic effect of “inexact interpretations” (Glover, 1931). It is only after the defensive and drive-related nature of idealization has been brought under analysis—an event, sometimes, not happening until the patient's hope

<sup>21</sup>*Beginning with Freud's injunction for phobics to face their feared objects (quoted in Alexander and French, 1946) and his (1918) setting an end point to the Wolf Man's analysis, psychoanalytic literature is replete with “unconventional” measures in the service of facilitating analytic work. Kolansky and Eisner (1974), for instance, speak of the “spoiling” of preoedipal developmental arrest in impulse disorders and addictions in order to stir up a relatively more analyzable intrapsychic conflict, a notion extended to the treatment of sexual perversions by Socarides (1991). In Eissler's (1953) terminology, these are “parameters.” However, since the publication of his paper, it has become increasingly evident that analytic technique not only includes interpretation but preparation for interpretation as well.*

745

has been actively ruptured—that meaningful reconstructions are possible. Since the core problems involved in tenacious “someday” and “if only” fantasies usually date back to early preverbal levels, such reconstructive attempts are fraught with pitfalls. Blum's (1981) astute observations regarding preoedipal reconstruction must be kept in mind here.

Finally, throughout this work, the analyst must be highly vigilant toward his own emotional experience. The informative potential of countertransference in such cases is considerable. Since the idealization inherent in “someday” and “if only” fantasies is not easily verbalized by the patient, often the analyst has to decipher it through his own feelings. Within transference, the analyst is invested by these patients with the task of preserving an illusion. This puts pressure on the analyst. On the one hand, there is the temptation to actively rescue the patient. On the other hand, there is the allure of quickly showing the patient that his expectations are unrealistic, serve defensive aims. Cloaked in the guise of therapeutic zeal, hasty attempts of this sort often emanate from the analyst's own unresolved narcissism and infantile omnipotence. “The determinedly optimistic therapist coerces ... his patients into experiencing the depression which he is too threatened to feel within himself” (Searles, 1977, p. 483). Clearly, both extremes (rescue and rejection) are to be avoided. In this context, the issue of the analyst's own hope is pertinent (see also Mitchell [1993] in this regard). While he does envision an ego more free of conflicts in the patient's future (Loewald, 1960), his hope must not become unrealistic, whereby he keeps waiting for a day (“someday”!) when a patient who is appearing increasingly unanalyzable will suddenly become analyzable. An analyst-analysand collusion around such waiting is a certain recipe for an interminable analysis. Winnicott (1971) states that in such cases:

*[T]he psychoanalyst may collude for years with the patient's need to be psychoneurotic (as opposed to mad) and to be treated as psychoneurotic. The analysis goes well, and everyone is pleased. The only drawback is that the analysis never ends. It can be terminated, and the patient may even mobilize a psychoneurotic false self for the purpose of finishing and expressing gratitude. But, in fact, the patient knows that there has been no change in the underlying (psychotic) state and the analyst*

746

*and the patient have succeeded in colluding to bring about a failure [p. 102].*

Yet another aspect of the countertransference important in such cases is the analyst's becoming restlessly aware of the passage of time while the patient seems oblivious to the months and years that have gone by with relatively little change in his situation. The analyst's dawning awareness of time suggests approaching termination (Akhtar, 1992b) in most other analyses. In the case of patients with “someday” and “if only” fantasies, however, the situation is just the

opposite. The analyst's awareness of passing time is reflective of the fact that termination is nowhere in sight and the analysis has "bogged down." Indeed, in cases where "someday" and "if only" fantasies are deep and subtle, this countertransference experience might be the first clue of their existence. Interestingly, such entry of "the fatal limits of real time" (Boris, 1976, p. 145) in the analytic situation might itself yield a technical intervention. The analyst might announce that much time has passed and the patient seems totally oblivious to it. This might be a catalyzing intervention for the analysis and, under fortunate circumstances, might be the only comment needed to "rupture" the patient's illusory stance.

In sum, six tasks seem of considerable importance in working with individuals with "someday" and "if only" fantasies. These are (1) providing and sustaining a meaningful "holding environment"; (2) employing "affirmative interventions"; (3) interpreting the defensive, narcissistic and masochistic aspects of idealization inherent in the two fantasies; (4) rupturing the patient's excessive hope, analyzing the effects of such rupture, and facilitating the resultant mourning; (5) reconstructing the early scenarios underlying the need for excessive hope; and (6) paying careful attention to the countertransference feelings. Keeping these guidelines in mind, without turning them into a rigid strategy, and maintaining a firm allegiance to the "principle of multiple function" (Waelder, 1930), would help the analyst develop a clinically responsive technique and avoid the conceptual dichotomies mentioned in the very beginning of this paper. An "informed eclecticism" (Akhtar, 1992c, p. 44; see also Pulver, 1993) of this sort seems the best approach to ameliorate

747

the troubled and troubling existence associated with "someday" and "if only" fantasies.

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748

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