Psychoanalytic Plurality in Theory and Praxis

Clinical Horizons

AMERICAN BOARD & ACADEMY OF PSYCHOANALYSIS

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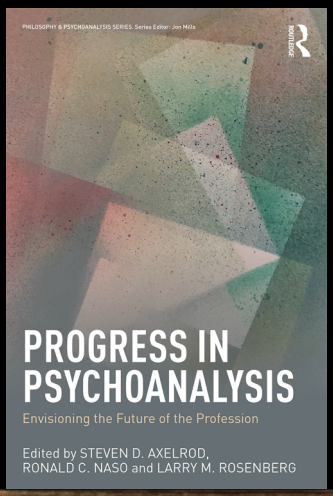

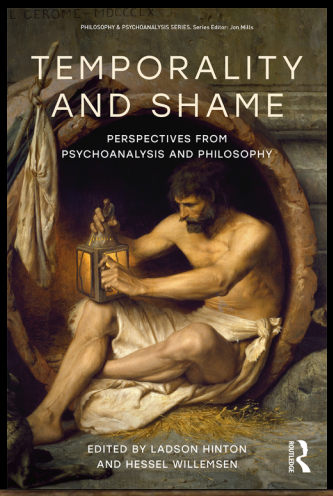

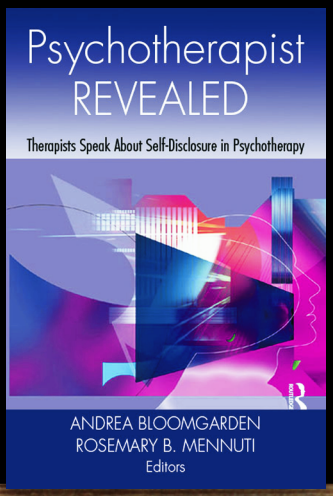

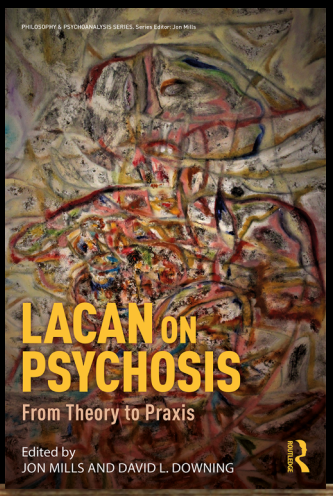

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Introduction

It is with great pleasure that the editors present the second volume of the American Board and Academy of Psychoanalysis's (ABAPsa) annual FreeBook series, created in partnership with Routledge Mental Health. ABAPsa is committed to a pluralistic and inclusive model of psychoanalysis, one that respects all points of view and endeavors to promote communication across theoretical orientations and cross-fertilization of ideas. It is our strong belief that scholarly colloquy is the most productive way to expose the psychoanalytic community to useful and important developments in the field.

Established in 1982, ABAPsa offers formal recognition of psychologists in the specialty of psychoanalysis. The ABAPsa, having met the rigorous requirements of the American Board of Professional Psychology (ABPP) to be recognized as a specialty in psychology and to qualify and examine psychologists meeting the criteria of the specialty, was accepted as a member board of the ABPP in 1996. ABPP is the only multi-board organization recognized by the American Psychological Association's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). It is the highest level of certification within the field of psychology.

Specialty Board certification by the ABAPsa assures the public and the profession that psychoanalysts who are certified and have completed the educational, training, experience, and professional standing requirements performance examination by peers designed to assess the competencies which are required to provide quality services in the specialty of psychoanalysis.

As its subtitle suggests, *Psychoanalytic Plurality in Theory and Praxis: Clinical Horizons* directly addresses what psychoanalytic practitioners do. It presents clinical work from the practices of board certified psychoanalytic psychologists working from a wide array of theoretical orientations, with patients whose problems in living are equally diverse. More than simple case studies, each chapter presents a cogent conceptualization of the psychoanalyst's thinking and how this thinking eventuates in a particular stance and interventional strategy. The chapters invite one to think about one's own clinical approach and how it might be enriched and deepened by engaging each author's work. The editors can think of no better way to demonstrate the continuing relevance of the psychoanalytic clinical method.

In the first chapter, Ronald Naso draws our attention to how the narrative turn seemingly places contemporary practitioners at odds with those who view psychoanalysis as capable of generating testable hypotheses about the mind. In advocating the rejection of 20th century scientism, Schafer described the

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psychoanalytic enterprise as concerned with reasons rather than causes, as redescribing rather than explaining what transpires within a life, its data always selected and organized from a particular point of view. For all its merits, the unintended effect of this position has been to cast psychoanalytic interpretations in a form that, on the one hand, seems to advance truth claims that, on the other hand, are literally false because of its philosophical pre-commitment to perspectivism. Interpretations frequently reference objects, like unconscious fantasies, that do not exist in the world; they are imaginary, highly inferential, metaphoric or exist only "in a sense." Naso describes this exceptional circumstance as psychoanalytic fictionalism. Lest they be relegated to the status or mere stories, he argues that psychoanalytic interpretations can successfully fulfill their purpose without the existence of the entities posited in theory. For this reason, its discourse need not be abandoned. To illustrate this point, Naso describes one particularly fertile program of research being conducted at the Personality Disorders Institute by Kernberg and his collaborators.

In the second chapter, Jon Mills explores the interrelationship between the phenomenology of time and shame in the therapeutic encounter. The relationship between the analyst's shame and the phenomena of temporality casts a particular light on the quality of the lived experience that occurs in treatment. As the relational encounter unfolds in the intersubjective field, Mills shows how psychic reality traverses the whole gamut and continuum of time that springs from the (a) *archaic primacy* of the past, the (b) *immediational presence* of the current moment, and the (c) *projective teleology* of the future as dialectical mediation. Temporal mediacy informs the qualitative experience of lived time in its simultaneous reiteration of the past within the present and the future trajectory of consciousness, hence re-presenting mnemonic linkages to affect states and emotional schemata that are stimulated by the therapeutic environment. When the experience of shame is evoked in the analyst, it is linked to a reiteration of the temporal that stands in relation to the analyst's own developmental history within the current transference-countertransference dynamic. What becomes more difficult is to bear an almost unbearable intensity of emotion that is usually enacted in the countertransference because the analyst feels it would be inappropriate to share such emotions directly with the patient. In this chapter, Mills discusses the horrid mobilization of shame after being idealized by two clients: one a child who was physically abused, while the other an adult who revered him as Jesus. His inner negotiation of shame led to two different forms of intervention in the transference, one interactive and paternal, the other containing and role responsive. Each treatment led

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to a creative transcendent function for all participants when Mills was able to transform historical shame by adopting the intentional stance of the other's idealization.

In the next chapter, Marilyn Charles offers an in-depth, extended case study in her treatment of a traumatized patient. After successfully articulating several key Kleinian insights, she brings them to bear on the applied conceptualization and clinical treatment of her client, a subject matter Charles treats with great sensitivity, empathy, and technical skill. In describing a primitive type of splitting in which aspects of reality could disappear, Charles shows how Klein added an extremely useful clinical tool to the analytic literature. Klein termed this state of unknowing the 'paranoid-schizoid position,' describing it as a state of fragmentation in which good and bad are dichotomized into separate realities. Whatever is not seen within the self is located outside. Klein's descriptions of projective identification offer valuable insights into how we might make constructive use of these split-off pieces as we encounter them within ourselves and our patients' lives in our work. A detailed case is presented in which these mechanisms provide scaffolding for finding our way through very difficult territory and for coming to see what remains unseen, in ways that invite integration and understanding.

Karen Maroda is known for her writings on the judicious use of self-disclosure in analytic space. Her chapter addresses some of the critical issues involved in a therapist's decision to use self-disclosure in treatment. A review of the literature reveals that, in spite of the ongoing controversy surrounding its use, self-disclosure appears to be therapeutic, at least some of the time. The reasons given for this usually include modeling; providing needed reassurance; increasing openness in the relationship; confirming the client's perceptions and reality; and ending an impasse. Although not all clients are seeking self-disclosure, they appear to benefit only if it occurs within the context of a strong, positive therapeutic relationship. From the standpoint of neuroscience, change occurs when there is a free flow of emotion in the brain. Our intra-session goal is the stimulation of emotion, with the hope of creating new experience. Emotional engagement, and to some degree, mutual disclosure of emotion, is the currency of therapeutic action.

Maroda presents two extensive case reports where she uses self-disclosure, once with great success, and once with a considerable negative outcome. In describing these two cases she integrates the existing literature on self-disclosure with neuroscience findings to delineate why she believes her self-disclosures produced the results that

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they did. She concludes that judicious self-disclosure can be highly therapeutic if done within an existing strong therapeutic relationship, and for the primary purposes of completing the cycle of affective communication, modeling mature affective management and, in terms of brain function, providing the catalyst for change.

In the final chapter, David Downing articulates the value of allowing the psychotic patient to speak uninhibitedly. In fact, the title of his essay, *Through Symptom into Meaning,* suggests a *double entendre* whereby the psychoanalytic position vis-à-vis the "symptom" allows for a deconstruction of the symptom as such, seeing it as a portal into the unconscious: through the symptom we are entering into meaning, and simultaneously, through the speech act, moving from symptom to signification. Through clinical vignettes, Downing demonstrates his clinical efforts to approach the construction of meaning that resides in the wake of psychotic collapse, and associated energies to maintain an ethic for the laborious elucidation of the patient's undiscovered inner knowledge. By establishing a therapeutic space where open exploration of internal experience and questioning is privileged devoid of analytic epistemic authority, this process opens up the possibility for finding meaning as material is brought into the field of speech where the analysand becomes aware of oneself as a speaking subject.

Taken together as a whole, this volume shows a variety of analysts at work coming from a variety of psychoanalytic orientations, hence highlighting the plurality in theory and praxis that represents the spirit of our speciality board in psychoanalysis.

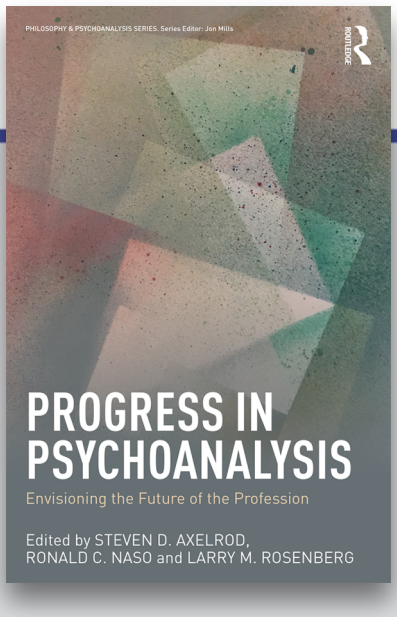
--Ronald C. Naso and Jon Mills

Note: As you read through this FreeBook, you will notice references to previous pages or chapters. These references are to the original text and not the FreeBook.

CHAPTER 1

FICTIONALISM AND THE FUTURE OF PSYCHOANALYSIS

BY RONALD C. NASO



This chapter is excerpted from

Progress in Psychoanalysis: Envisioning the Future of the Profession

Edited by Steven D. Axelrod, Ronald C. Naso, and Larry M. Rosenberg

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Excerpted from *Progress in Psychoanalysis*

When Stekel (1907/1923) claimed that all neurotic problems originated in psychic conflict, he was giving voice to a shared but unspoken sensibility among key members of the Wednesday Evening Group: Human suffering could be understood in multiple, distinctively psychoanalytic ways. Then, as now, these understandings frequently were advanced as assertions that were epistemologically problematic, if not literally false. In the following pages, I refer to the latter circumstance as *psychoanalytic fictionalism*. As described here, fictionalism shall be distinguished from the thesis that reality can be subordinated to the imaginary or that the psychoanalytic enterprise itself is purely aesthetic. On the contrary, I suggest that fictionalism compels us to critically examine key psychoanalytic concepts, the objects and experiences to which they refer, and, perhaps most crucially, the narratives in which they are embedded. Despite their problematic ontological status, they can generate valid knowledge.

To contextualize this discussion, I begin with Schafer's development of the narrative turn, focusing especially on his rejection of classical metapsychology. This rejection reflected a loss of confidence in the ability to settle disputes on the basis of empirical research findings, because the latter were viewed as hopelessly mired in a nomothetic program incapable of yielding in-depth understanding of the individual mind. Putting aside the question of whether this criticism was warranted, its effect on progress was stultifying. Most affected was attention to careful data collection that might facilitate a more rigorous analysis of the relationship between interpretations and the clinical material and concepts that underwrite them.

Strictly speaking, the case for psychoanalytic fictionalism does not mean that its interpretations are necessarily false. Rather it reflects the mind-dependent, often nonliteral status of their objects. Because interpretations motivate and influence us deeply, rejecting them as mere fictions seems unwise. Are their meanings and ability to inspire action no less a part of our reality? The fictionalist does not dispute their impact but rather pauses to consider the consequences of their exceptional ontological status. After all, splitting of the ego, multiplicity, enactments, and the like do not exist as tables and chairs do. This is not to say that the referents of these terms are null and void. Rather, so the fictionalist argues, assertions containing such terms more closely resemble utterances like "Han Solo is a skilled pilot" than "Brad Pitt is an actor." The former is true only within the *Star Wars* narrative; as a purported assertion of fact, it literally is false. As a purely fictional entity without material existence, Han Solo cannot be said to pilot anything. Fictionalism focuses attention on the nonliteral or metaphoric status of much of psychoanalytic theorizing, an inherent feature of psychoanalytic discourse from the beginning. How else are we to understand the origins of ambivalence and guilt as presented in *Totem and Taboo* (1913), or, more directly related to clinical practice, concepts like internalized objects, castration anxiety, or splitting? However much these concepts capture feelings, fantasies, or desires that are psychologically real, like other forms of fiction, they exist only as products of mind—which is to say, they depend entirely on narrative choices made by psychoanalysts. They reflect a selection and organization of observations in accordance with storylines of particular kinds. I suggest that many of these storylines are highly abstract and

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substantially fictional in nature.

Less clear, but vitally important, is that fictionalism focuses attention on how psychoanalytic insights might be defended against the charge that they are nothing more than mere stories. While often resting on metaphysically questionable (if not outright false) assumptions, there is a rational basis for retaining them as well as a distinctively psychoanalytic way of talking about them. I hope to show that the success of psychoanalytic interpretations does not depend on the existence of the entities posited in theory. To illustrate this point, I shall describe one particularly fertile program of research being conducted at the Personality Disorders Institute by Kernberg and his collaborators.

Schafer and the narrative turn

The narrative turn is unified by its rejection of late 19th and early 20th century positivism and especially of any attempt to explain human motivation within the framework of Newtonian causality. Disenchantment with the *weltanschauung* of classical theory was not new; psychoanalysts had long recognized the shortcomings of Freud's metapsychology. However, Schafer's (1976) break with this tradition was both unique and decisive: unique because he retained allegiance to Freud's vision, unlike other so-called dissidents; decisive in his rejection of a language of impersonal forces in favor of one that emphasized choice and personal agency.

People were not to be regarded as inert objects moved by impersonal forces but as actors who think, reason, and deliberate. It was Schafer's view that we ought to speak about them as such. In place of abstract metapsychological terms, his "new" language formulated "propositions in which the person figures as a unitary agent in the sense that there is one person who is the doer of the actions that are being described or interpreted along psychoanalytic lines" (1980, p. 84). This language was to more adequately portray the person psychologically, without reification, and to encompass in all of their varieties thinking, feeling, and behavior, whether conscious and avowed or unconscious and disclaimed.

Banished from psychoanalytic sensibility was the positivist vision of immaculate perception. In philosophy, this view already had been criticized by Kant and Nietzsche, who denied the possibility of achieving certitude with regard to the thing-in-itself. In the 20th century, this thesis was discredited decisively in the sciences by Heisenberg's indeterminacy principle and the identification of the observer effect. Taken together, uncertainty was no longer a matter of measurement error to be corrected mathematically or improved with more precisely calibrated instrumentation. Instead, indeterminacy expressed the *necessary incompleteness* of any physical system (Einstein et al., 1935). Psychoanalysts could not ignore the intimate connection between the perceiver and perceived; objects of perception were not brute facts independent of the perceiving subject and his personal biases.

In a sense, Schafer reformulated indeterminacy psychoanalytically by claiming, "all perception is interpretation in context" (Schafer, 1982, p. 184). He asserted, first, that it was possible to speak about meanings and intentions

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psychoanalytically only as they are situated within a broader storyline that provides the key linkages between intentions, purposes, and outcomes. By context, Schafer referenced these linkages and the narrative strategy that organized them. Second, even when contextualized, psychoanalytic interpretations were provisional rather than complete. By conjoining these premises, Schafer transformed in one fell swoop the vision of the psychoanalyst as archeologist, historian, and/or detective who uncovered fully formed meanings—both independent of and unaltered by the perceiving subject—to an interlocutor who participated in a narrative endeavor. The psychoanalyst's participation transformed what was told in accordance with a robust array of possible storylines. No longer guided by an objective algorithm, the choice of storyline reflected a preference, animated by influences from the aesthetic and personal to the practical and technical.

Mindful of the perils of relativism, Schafer (2000) distinguished psychoanalytic interpretations from arbitrariness by claiming that they are not "just a matter of the analyst's whipping together a therapeutically helpful or reassuring life history" (p. 38); nor was he willing to constrain his understanding of narrative to a straightforward, linear sequence of events. Rather, he regarded "any and every telling of anything as being an instance of narration. There is always more than one way to tell 'it,' even though it can be argued that each variation constructs a new 'it'" (p. 38).

Multiplicity in the narrative realm paralleled the indeterminacy of physical systems. Both were ineradicable. In theory and in practice, meanings and concepts could neither be fixed nor universalized. They were pure process, continually revised in light of new findings and understandings. At the same time, Schafer did not jettison the truth of narrative claims entirely. He boldly asserted, "narrative is not an alternative to truth or reality; rather it is the mode in which, inevitably, truth and reality are presented" (1992, pp. xiv–xv).

Although not engaging Schafer directly, Mills (2014) understands the controversy surrounding psychoanalytic truth claims as resulting in part from confusion about the term *truth* itself. Disagreements turn on premises employing the term in one of three distinct ways: ontologically, epistemologically, or phenomenologically. Because interpretations in the narrative turn aspire neither to confirmation via some objective standard—what Mills means by *epistemological*—nor to essences conceptualized as ontologically real, the phenomenological dimension is especially important. Truth is aligned with moments of disclosure when both patient and analyst alight on new insights or experience the awe of recognition. It sometimes is described as the "ah ha" experience with which every psychoanalyst is familiar. Phenomenologically, the truth of an interpretation is its ability to provide insight or to open a new horizon of understanding; recognition of its significance seems to require no further evidence. Its truth is at once perspicuous and persuasive.

Criticisms

Critics of the narrative turn decried the opacity of truth standards and the relinquishment of decision-making procedures that might more reliably organize clinical material and settle interpretive disagreements. They clung tenaciously to

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Excerpted from *Progress in Psychoanalysis*

Freud's (1907) hope that the psychoanalytic method would be more easily learned "once the arbitrariness of individual psychoanalysts is curbed by tested rules" (Nunberg & Federn, 1962, p. 237). For those who envisioned psychoanalysis as providing valid knowledge and contributing to a more general science of the mind, fictionalism signaled the dissolution of these aspirations. Sass and Woolfolk (1988) questioned whether psychoanalysis might survive "the repudiation of its own claim to a kind of scientific authority" by accepting a characterization of its technique as one that does nothing more than offer a loosely metaphorical and fictionalistic account of one's personal history and character (p. 450).

Aligned with the excesses of relativism, fictionalism seemed to entail the loss of any privileged access to knowledge, of any reliable way to distinguish the perceived from the desires and biases of the perceiver. While these fears were perhaps overstated, the result for truth claims relying on standards of correspondence and independent verification was devastating. For some, it meant psychoanalysis could no longer discover or learn anything of importance about the mind or world (Eagle, 2003).

Although critical of the narrative turn, Spence (1983) disputed Eagle's negative assessment, especially the idea that psychoanalytic interpretation devolved into mere storytelling. He believed that Eagle had mischaracterized the narrative position and had reasoned unsoundly to the conclusion that it engendered a form of relativism that rendered interpretations virtually interchangeable. Spence (1983) wrote, "because the truth is never known, the analyst makes as convincing a story as possible with the facts at his disposal and with his best guesses about what the facts might have been like, drawing heavily on clues that come to light in the transference" (p. 469). These "facts never speak for themselves" (p. 470), nor does knowledge of them translate directly into interpretations. Facts emerging in the course of an individual treatment provide the anchoring details for what Schafer described as *psychoanalytic retellings*. These retellings are external to the facts rather than provided by them. Thus, despite his empiricist aspirations, Spence ultimately embraced a view of psychoanalysis as a narrative genre.

Yet, Spence's endorsement came with an important caveat. While acknowledging that the psychoanalyst never possessed all the facts nor had access to early life experiences in their "original" form, he took the narrative turn to task for what he described as "narrative smoothing" (Spence, 1987, p. 133). Narrative smoothing reflected the psychoanalyst's conscious and unconscious interpretive shaping of clinical data in accordance with recognized standards of proof. It reflected, in other words, his imposition of coherence, of a particular point of view. Spence saw the problem as intrinsic to storytelling itself. Contrary to verbatim reporting, storytelling necessarily involves decisions about what is to be included and what is to be ignored. Epistemologically, however, narrative decision-making is problematic because it allows interpretations to "masquerade as explanation … [thus] prevent[ing] the reader from making contact with the complete account and thereby prevent[ing] him (if he so chooses) from coming up with an alternative explanation" (p. 134). A continuing point of contention within psychoanalysis, these comments have been interpreted to reflect Spence's positivist sympathies and commitments to realism. True, this perspective implies the presence of an ideal

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Excerpted from *Progress in Psychoanalysis*

observer, of a god's-eye view that discerns reality objectively and with ultimate authority. But this criticism ultimately fails to do justice to the thrust of Spence's point. Notwithstanding his problematic metaphysical position, Spence wanted to draw attention to the problem of anecdotal reporting and the ways in which it undermined progress. Specifically, he claimed that it prevented the richness and complexity of clinical material from ever finding its way into case reports, certainly in a manner permitting informed debate or disagreement. Hence, Spence's (1983) call for verbatim reporting. It was his hope that a "partly fictitious" (p. 487) clinical archive might be replaced with transcripts, supported by contemporaneous reports of the analyst's processing of this information, so that interpretations might finds stronger epistemological support. While not entirely solving the problems inherent in the narrative perspective, these recommendations have yet to receive the attention they deserve.

What is fictionalism?

When defined as mere storytelling, fictionalism seems to deepen rather than resolve the epistemological problems presented by psychoanalytic narratives. This is especially so when storytelling is construed narrowly—and, I maintain, incorrectly—as a form of pretense aspiring to nothing more than entertainment. Formulated as a pure aesthetics, its critics justifiably dismiss it as ill-suited to hypothesis testing and valid truth claims.

The truth of the matter is more complex. For it turns out that all reporting of events and experiences, all narrative discourse, embodies traditional story elements—the events of the story and a historical time sequence—that must be organized and communicated by strategies with a markedly different time dimension. Representation condenses and transforms, selects and emphasizes. How else can the story of life be conveyed in an hour-long performance on stage or screen? These are the characteristics that investigators like Schafer have in mind when they describe all tellings as retellings. Retelling is neither incidental nor decorative; it is a necessary feature of experience itself. Short of returning to the past and reliving the event one wishes to describe, one cannot recapture it in an unvarnished form. Narration always is a matter of recreation and, hence, of imaginative transformation. The narrativist rejects the notion of an experience fixed forever in time, awaiting discovery by an observer who somehow unpacks its meaning independent of the experiencer. Retelling is inescapable.

Once its inescapability is acknowledged, the possibilities for narrative truth are greatly enlarged. By narrative truth, I do not mean to invoke the thesis of Spence (1982), who viewed it as set against claims whose truth depends on correspondence with brute historical facts. Instead, I refer to truth claims that emerge directly or indirectly from reports of any experience, event, or interaction. That these claims assume a variety of forms—from specific assertions to more general propositions—does not diminish their value as knowledge.

Consider the protagonist of *The Stranger* (Camus, 1942/1988). We are told that Meursault lived in Algeria in the 20th century, had a girlfriend named Marie, and murdered an Arab man. These facts are presented straightforwardly. Camus does not caution the reader about their fictional status, nor does he qualify these

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facts in any way. There is nothing in the text that suggests it ought not to be believed. Yet, the reader understands that what follows is pure fiction. Meursault cannot live in Algeria, have a girlfriend, or kill anyone. He does not exist. To claim otherwise is to use the term existence in an ontologically odd way. Meursault exists (if one insists on retaining this term) only in the discourse of *The Stranger*—that is, only within the fictional world of the story. Its fictional status does not impede understanding; its meaning and insights do not suffer due to the failure of its details to correlate with actual events. In fact, they are fully disclosed *if and only if* the story's characters, settings, actions, and events are treated *as if* they were real. If comprehension depends, on the one hand, on construing the story's details as assertorial while, on the other hand, on recognizing their literal falsity, there is something different and unique about the way one processes information from stories. It is an attitude similar to the one adopted in processing metaphors and other nonliteral comparison statements. Understanding requires the story's details to be treated as facts like any other. Rather than undermining comprehension, recognizing the literal falsity always lurking in the background forces one to qualify one's evaluation of its truth. One might say that the story's claims are true provisionally or "in a sense." Alternatively, its claims might be regarded as "infelicitous" (Armour-Garb & Woodbridge, 2015), bringing it about that our acceptance of the story's claims must be based on belief or plausibility rather than truth (Kalderon, 2005). In each instance, one is pushed beyond the literal or manifest content of what is said. This is the essence of metaphoric thought and, I believe, psychoanalytic listening. The kinds of similarities and pattern-matches productive of interpretive insight are rarely literal; they possess an *as if*, fantasy or desire-driven quality. Is this duality not problematic for discourses aspiring to validity?

How fictionalism might be advantageous to narrative claims is more easily seen when one moves beyond the level of a story's details to its more general claims. For example, were one to limit one's analysis of *The Stranger* to the truth of its details, one would not notice Camus' poignant depiction of the psychological processes of dissociation and moral detachment and their impact on an individual life. Meursault offers a first-person perspective of one who lives without conviction, without concern for or attachment to others. There is nothing about which he is willing to take a stand. In fact, he avoids taking any stand whatsoever, simply living life as it comes, without any experience of personal agency. He lives unburdened by the past, in a kind of default state equally unaffected any projection of his possibilities into the future. He is strangely disconnected from himself, his surroundings, and the events unfolding around him. As I read him, Camus makes a claim about one who experiences oneself as thrown into an indifferent universe, who feels powerless to direct or exercise control over one's life. To search for meaning or purpose is both futile and irrational because the universe is indifferent to one's needs. Camus' story poignantly captures the impact of the absurd.

Understood in this way, Camus' ideas can be framed as legitimate truth claims. True, these claims must be contextualized because they do not hold for all individuals or situations. However, the need for clarification does not invalidate them. Neither does the absence of statistical data. Minimally, the story offers truths to be accessed phenomenologically, to be experienced immediately and from a first-person perspective that is not otherwise recreated or conveyed easily. Its

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Excerpted from *Progress in Psychoanalysis*

structure directs one's interpretive attention. Is not Conrad's *Heart of Darkness* a claim about the horrors of exploitation and depravity that transpired in Africa? Isn't Dickens' *A Tale of Two Cities* a claim about the injustices of the French Revolution? When one enlarges one's understanding of the kinds of claims advanced by narrative discourse, one begins to appreciate the possibilities they present for achieving valid knowledge.

Fiction is us

While fictional objects do not exist in any embodied, physical form, might we say that they are nevertheless part of our reality? Precisely because they move and influence human action, isn't it the case that they exist and are real in some way? It seems that we want to answer this last question affirmatively. Although ontologically odd, we want to say that characters like Hannibal Lecter or Sherlock Holmes enjoy a special or exceptional status in our world. One approach to fortifying such a claim is to notice that not all assertions in which fictional terms appear are necessarily false. That is, reference to purely mind-dependent concepts does not necessarily entail falsity.

Consider the following:

- Hannibal Lecter is more intelligent than Homer Simpson.
- Rocky Balboa's boxing skills are superior to those of Forrest Gump.

These sentences pose a problem for one who wishes to do away with all such talk of fictional characters. Literal falsity need not relegate a discourse to the status of mere storytelling, as incapable of offering insights worthy of sustained reflection. Against eliminativism, fictionalism highlights the ways in which a discourse provides practical solutions to problems while remaining epistemologically provisional, incomplete, and, sometimes, literally false.

Field (1980, 1989) makes this same point dramatically with respect to mathematics. He criticizes the Platonist view of numbers as resting on the existence of nonmaterial, abstract forms. Field reasons that arithmetic theories are false because they rest on a false premise—namely, that numbers like π or 3 exist. Important for the present discussion is that Field does not advocate the elimination of this discourse because he recognizes that arithmetic offers an extremely useful way of thinking about things. It is deductively efficacious, generates testable predictions about the world, and provides valid knowledge.

Psychoanalytic fictionalism

When Freud (1914) placed psychic phenomena on par with material reality, he advanced an exceptionalist claim:

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Excerpted from *Progress in Psychoanalysis*

> Under the influence of the traumatic theory of hysteria … one was easily inclined to regard as real … the accounts of patients who traced back their symptoms to … seductions … The analysis had led by the correct path to such infantile sexual traumas, and yet these were not true. Thus the basis of reality had been lost … If hysterics refer their symptoms to imaginary traumas, then this new fact signifies that they create such scenes in their phantasies, and hence psychic reality deserves to be given a place next to actual reality.
>
> (p. 414)

Whereas the Platonist posits entities that curiously stand outside of space-time and are incapable of causal interactions, Freud envisioned psychic phenomena as etiologically indispensable to neurosis. In light of the relinquishment of his neurotica, his claim that "hysterics suffer mainly from reminiscences" (Breuer & Freud, 1893, p. 7) now meant that fantasies—mind-dependent and fictional on their face—have actual causal force. Contrary to the realist perspective in which mind-independence and particularity are ontologically determinative of existence, Freud postulated an equivalence between fantasized and real seductions that made any such distinction moot. This pivot allowed him to establish linkages between the clinical data and retellings of occurrences; it brought about circumstances in which truth was claimed despite the falsity of key premises or the absence of reliable evidence. One can reframe Freud's claim as follows: According to the psychoanalytic story of neurosis, fantasized seductions are equivalent to real ones.

This perspective is further developed by Schafer (1982) in his treatment of a male attorney. The patient's parents had been significantly misattuned to his needs, and their insensitivity and unresponsiveness caused him great suffering. He described his mother as remote, his father as fearsome. During the treatment, Schafer concluded that the patient was experiencing the analyst as depressed and unavailable. Noting similarities between the transference and information gathered about the patient's relationship with his mother, Schafer reasoned that the patient's "mother had been depressed during his early years, and … the best way to maintain contact with her was through cultivating a depressive identificatory rapport of the sort he was now imagining existed between him and the analyst" (p. 199). In other words, Schafer made a historical claim about the patient's mother (her depression) and its shaping influence on the patient's behavior—specifically that, on the basis of an identification with his mother, he transformed himself in accordance with what he imagined might elicit desperately needed maternal care. Schafer then asserted that this same strategy was unconsciously enacted by the patient in the transference. The basis for this inference was as follows:

1 The patient's mother was depressed and emotionally unavailable during his childhood.

2 To secure maternal care, the patient engaged in behaviors that averted potential

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abandonment by acute emotional sensitivity to his mother's needs and close proximity to her.

3 During the phase of treatment in question, Schafer believes the patient is experiencing him as depressed and unavailable.

4 On the basis of an inferred behavioral/emotional similarity, Schafer concludes that an unconscious transferential enactment (repetition) has transpired of the very same depressive identification thought to have animated the patient's early relationship with his mother, motivated by the patient's fear of being abandoned by the analyst to whom he is growing increasingly attached.

As in many psychoanalytic interpretations, Schafer's construction is complex and multifactorial. What is important is that it makes a series of claims that may be evaluated on the basis of their truth or falsity. These claims reference phenomenological elements of the treatment process—the patient's depression and helplessness, his experience of the analyst also as depressed, perhaps disengaged—and propositions that are properly described as causal in nature. All rest on the assumption that formal similarities between inferred scenarios and contemporary ones establish a causal relationship. In line with this assumption, indicants of subsequent insight and/or changes in behavior are interpreted as proof.

Schafer does not simply note a pattern similarity between the patient's current stance vis-à-vis the analyst and the inferred, historical one; rather, he implies that this earlier relationship is the reason for, or explains, this stance. He believes this interpretation is warranted because it references psychic reality—the feelings engendered by the patient's early relationship with his mother and those inferred by Schafer about the current transferential feelings. This claim is truth-apt and based on a nonliteral relationship between earlier experiences and contemporary ones. It rests on the idea that these experiences are similar in some respects but not in others. That these similarities are important is not the issue; the problem is their lack of identity. Evidence of maternal depression and emotional unavailability certainly strengthens Schafer's inference, but it does not establish its truth.

In a second vignette drawn from the same treatment, one sees the role played by fictionalism more clearly. Based on evidence emerging in the transference, Schafer rethinks his initial suspicion that the patient's father had been indifferent and unresponsive to his son's dilemma. He comes to believe that the father tried to rescue his son from his depressive maternal attachment. Schafer infers that the father's efforts engendered conflict and ambivalence, and that these feelings now find expression in the transference. But he also notices a change in the analysand's feelings and behavior toward him. Specifically, he discerns increasing ambivalence, feelings states alternating between closeness and disengagement. On this basis, Schafer interprets what he believes to be "passive homosexual love—of the analysand's wishing to be impregnated anally by the analyst but having to defend against showing that this was so by rebuffing the analyst's interventions and maintaining a detached manner" (p. 200).

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Excerpted from *Progress in Psychoanalysis*

Schafer's formulation is at once more specific and abstract—specific insofar as it describes a fantasy never reported by the patient directly; abstract by virtue of interpreting his resistance as a reaction formation to passive homosexual love. But this is not all. Schafer's interpretation rests on the claim of an implicit and nonliteral psychological equivalence between the patient's ambivalence about his deepening attachment to the analyst and specific homosexual wishes, one that cannot be established

conclusively on the basis of perceived similarity alone. He uses the same data twice as it were—both as a product and proof of his interpretation. As was true of Freud's seduction hypothesis, the basis for these equivalences resides in a fictional discourse that redescribes such feelings and attitudes in a distinctively homoerotic way.

Rescuing psychoanalytic narratives

On its face, fictionalism seems to create more difficulty for psychoanalysis than it solves. Of most concern is the ethical problem it appears to pose for practitioners placed in the unenviable position of offering interpretations of questionable validity. Spence's insightful argument lessens the impact of this criticism. In brief, he points out that the psychoanalyst is never in possession of all the facts, nor do facts directly translate into interpretations without the imposition of structure and organization external to these facts. Though guided by therapeutic purpose, practitioners nevertheless rely on assertions that are incomplete, metaphoric, and sometimes literally false.

From arithmetic fictionalism, we learn that fictional discourses need not lapse into the imaginary, where they no longer enjoy explanatory power or the ability to make predictions about the world. Fictionalism does not renounce truth claims or the ability to test hypotheses so long as linkages are established between the fictional—in this case, psychoanalytic—discourse and a base discourse encompassing literal statements, observations, and concepts. In arithmetic theory, this is not an onerous demand, since many of its terms can be reformulated by means of manipulatives. Bridging principles link the abstract objects of arithmetic to statements that are literally true in the base discourse. They are typically expressed in the form of conditionals.

The difference between the two discourses is readily observed in Schafer's interpretation of anal impregnation. Anal impregnation is false on its face; it is not a human possibility. However, it is possible as a psychological reality, which is to say, as a fantasy inspired by desire or fear. Fantasies need not comport with what is possible, yet they play a critical role in thoughts, feelings, and behavior. More precisely, anal impregnation is possible only within a discourse that views relationships among men, in this instance, as expressing homosexual desires, and transference relationships as always representing repetitions and reenactments. It is reasonable, perhaps true, only within the fiction that characterizes relationships in this way. Importantly, even a verbatim account of the patient's statements and the bridging principles linking them to this interpretation would not rescue Schafer's homoerotic discourse from its fictional metaphysical status. Utility aside, it would have no more effect on this concept than the accuracy of a scale would

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Excerpted from *Progress in Psychoanalysis*

have on the abstract property of weight. Internalized objects, castration anxiety, multiple selves, birth trauma, and the like, with rare exceptions, cannot be other than fictional. It is more accurate to preface assertions relying on them with qualifiers like, "it is true according to the story or fiction that …" These qualifiers distinguish what is said and observed in treatment from the psychoanalytic redescriptions into which they are incorporated, redescriptions that rely on concepts with no real-world referents nor, sometimes, any literal representation in the patient's mind. Speaking this way prevents fictionalism from lapsing into the relativism of postmodernism, which forever relinquishes the ability to make truth claims. In the latter view, truth never expresses anything more than the perspective of the interpreter, a perspective that is entirely shaped, in turn, by language, culture, and tradition. In contrast, psychoanalytic fictionalism more closely resembles mathematical fictionalism, a discourse that generates valid knowledge so long as it is linked to an appropriate base discourse.

A brief illustration

Kernberg et al. (2008) have fashioned a program of research and treatment for severe personality disorders that illuminates the model of fictionalism advanced in this chapter. Built upon findings from studies conducted at the Menninger Foundation during the 1960s and early 1970s, Transference Focused Psychotherapy (TFP) has evolved as an effective and theory-driven approach to the understanding and treatment of personality disorders. Significant about TFP is its unique relationship to psychoanalytic theory, in particular to Kernberg's contemporary object relations theory, which has been deeply influenced by the work of Melanie Klein and Edith Jacobson. These theorists regard early experience as populated by frightening images that leave the infant vulnerable to overwhelming and diffuse affect states. It is a period of life when, due to the inability to differentiate inner from outer as well as self from other, emotions can be highly charged and undermine the capacity to integrate disparate feelings and perceptions. To an extent, relative lack of integration is developmentally appropriate; it is a normative condition preserving the experience of safety and comfort. It is an effective coping mechanism gradually superseded by defenses of greater complexity. Splitting is a natural reaction of an enfeebled ego, whether resulting directly from trauma or genetic predisposition.

Kernberg links the etiology of severe personality disorders to this inner circumstance. Inner continuity cannot be maintained when internalized representations are discordant and linked to disorganizing affects. The deeper the divide between good and bad objects, the more likely that what begins as an involuntary but normative response to discomfort will crystalize into a chronic dissociative defense, with devastating implications for personal identity. Kernberg's core thesis is that fixations establishing affective polarization of internal representations produce the syndrome of identity diffusion.

Were Kernberg to have done no more than link his theory of personality development to the etiology of personality disorders, he would have provided an interesting and useful redescription of the goals and therapeutic action of the psychoanalytically informed treatment. He would have narrated the etiology and

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treatment of personality disorders from a distinctively psychoanalytic perspective. Some of its details are supported by infant research (Beebe & Lachmann, 2002) and therapeutic outcome studies (Fonagy, Roth, & Higgett, 2005; and Schedler, 2010); other aspects are more properly regarded as conceptual elaborations of historical psychoanalytic thought. Like the Kantian thing-in-itself, the objects of this more abstract, theoretical discourse cannot be known with certitude and, hence, are fictional in important respects.

Unique to Kernberg's method is his operationalization of key psychoanalytic concepts. Operationalization makes them accessible to reliable observation at the clinical level and permits Kernberg to formulate principles that bridge what I have described as fictional or metaphoric object relations concepts and clinical-observational data in the base discourse of treatment sessions. For example, beginning with Wilkinson-Ryan & Westen's (2000) definition of identity as "a sense of continuity over time; emotional commitment to a set of self-defining representations of self, role relationships, and core values and ideal self-standards; development or acceptance of a worldview that gives meaning; and some recognition of one's place in the world by significant others" (p. 529), Kernberg describes the concept of identity diffusion as "the incapacity to accurately assess self and others in depth, to commit in depth to work or a profession, to establish and maintain stable intimate relationships, and in a lack of the normal subtlety of understanding and tact in interpersonal situations" (2008, p. 602). Defined in this way, symptoms of identity diffusion may be elicited reliably by the psychoanalyst utilizing a semistructured interview (Clarkin et al., 2007).

To be sure, operationalizing identity diffusion does not mean that it can be identified without inference and clinical judgment, only that these judgments can be made reliably and independently of the assumptions of contemporary object relations theory. The chronically polarized internal representations Kernberg posits as undergirding expressions of the syndrome of identity diffusion are nowhere to be found in his structural interview. Internal representations never are observed directly. Rather, they are and remain abstract, hypothetical structures whose presence is narratively assumed; their nonliteral existence permits clinical observations to be organized within a distinctively contemporary object relations perspective. One infers identity diffusion on the basis of a

- poorly articulated concept of self and/or others;
- subjective experience of chronic emptiness, contradictory self and/or other perception and behavior (Kernberg, 1984).

For Kernberg, identity diffusion instantiates polarized internal representations that, on the one hand, are integrated sufficiently to preserve reality testing but, on the other hand, are insufficiently integrated to unify contradictory feelings, perceptions, and behaviors. By extension, one might reformulate Kernberg's thesis more precisely in the following way:

> Identity diffusion is inferred if and only if, according to the fiction of identity diffusion—understood as expressing poorly integrated representations of self and others—the patient demonstrates a poorly articulated concept of self/others, and/or the subjective experience of chronic emptiness as well as contradictory behavior toward or perceptions of self/others.

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Although cumbersome, this restatement distinguishes Kernberg's base discourse, comprised of interview findings and operationalized definitions, from a more speculative and, ultimately, fictional discourse about personality and its structures. The latter is true only nonliterally. To see this more clearly, consider the following: Even if it turns out that there is no case of severe personality disorder in which identity diffusion fails to co-occur, his etiological thesis remains speculative—true only according to the fiction of contemporary object relationships theory. Despite questionable metaphysical status of its objects, what is critical is that this discourse nevertheless offers an excellent way to describe what transpires in the minds of individuals, how they view and experience themselves and their worlds—one that enjoys, thanks to Kernberg, strong linkages to clinical phenomena. At bottom, TFP offers a cogent argument for retaining key psychoanalytic concepts despite their failure to fulfill the requirements of literal truth. It permits sound deductions and communicational clarity among practitioners, as well as hypothesis generation and testing of processes relevant to treatment outcome.

Coda: On the idea of progress in psychoanalysis

To characterize psychoanalytic discourse as fictional does not mean that its interpretations are necessarily false. Hopefully this much has been made clear. Instead, it means that several of its core concepts and assumptions are literally infelicitous and fictional in important respects (Bonevac, 2006). When scrutinized carefully, some of its propositions more closely resemble nonmaterial Platonic forms or characters like Harry Potter or Bilbo Baggins. They are better evaluated in terms of their ability to bring their referents psychologically to life. Psychoanalytically speaking, they effectively delineate what transpires in the mind, what is psychically real, as opposed to what exists in the world. It is in this sense that many psychoanalytic interpretations are properly regarded as at once assertorial and literally false. But even this claim must be qualified by understanding that the literal falsity of its concepts does not exhaust the possibilities for what is generally regarded as truth, especially for what Mills describes as phenomenological truth. Nonliteral truth may yet be apt, successful, persuasive and capture the heart of the matter. It can provide a rational basis for informed debate and scientific colloquy.

But the kind of truth made possible by fictionalism is not limited to the phenomenological. Arithmetic fictionalism is particularly instructive on this point. The nonexistence of numbers does not relegate them metaphysically to the status of pure make-believe. Nor does it require abandonment of deductions that rely upon their truth. It is good enough that they are "true in some sense," which is to say, true according to a particular story. Contrary to Schafer's fictionalism, however, the utility of this story rests on accurate description and rule-governed connections to a base discourse of literal propositions and observations. These rules are bidirectional and bridge the two discourses. This is why the work of Kernberg and his collaborators is so important, as is the work of other investigators who have operationalized various aspects of psychoanalytic theory (Eagle, 2000, 2013; Fonagy et al., 1995; Weinberger, 1990; and Weiss, 2003).

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Although not engaging psychoanalysis specifically, Kalderon (2005) suggests that its interpretations need not be truth-normed. Interpretations do not require literal belief or commitment to any one of its various theories or more speculative concepts. For example, the concept of anal impregnation need not be literally true to warrant its retention, nor should it be judged solely on this basis. Despite its literal falsity, it summarizes a dynamic configuration of meanings, labeling and organizing them in order to illuminate previously unknown and unformulated aspects of the patient's experience. For Kalderon, this is possible because fictional utterances do not aim at truth (as correspondence) despite sometimes successfully achieving it. Their goal is better described in terms of pragmatic success, which does not depend on the existence of the concepts, entities, and objects referenced or contained within psychoanalytic discourse. Success may be achieved descriptively, generating understandings that are helpful rather than falsifiable, a goal completely consistent with the narrative concept of truth as "intuitive, pragmatic credibility" (Mitchell, 1998, p. 7), "enrichment of common sense" (p. 8) or, more basically, as one that overcomes a threshold of skepticism (Hoffman, 1996). Validity in this context may be construed as having "proved helpful in generating a sense of personal meaning and value" (Mitchell, 1998, p. 26).

While likely to elicit a negative reaction initially, the term *fictionalism* defends the ability of psychoanalysis to capture experience in a phenomenologically real way that often cannot otherwise be known. That it relies on nonliteral constructs to accomplish this is not a fatal flaw. What psychoanalyst has not prefaced remarks to or about an analysand with the phrase, "in a sense?" Doesn't this phrase signal that what follows should not be construed literally, that its truth does not depend on its being universalized? Isn't this same flexibility in listening and formulation precisely what allows the psychoanalyst to discern deep patternings between present suffering and relational configurations in the transference as well as the patient's early life? Aren't these impressions critical to clinical thinking? These data rarely correspond to facts that can be established independently of one's interpretations, but they nevertheless successfully reveal a perspective on the patient's life that may be helpful in freeing him or her from self-undermining thinking and behavior. Although framed in a discourse that treats its objects as real, many such interpretations turn out to be "true" only within a fictional discourse that treats psychological properties *as if* they are real properties in the world, properties that can be established factually and empirically.

It is here that Spence's call for greater attention to the data of the psychoanalytic encounter is most urgent. Active archiving of transcribed psychoanalyses, supplemented by commentary by the treating psychoanalyst, will greatly enhance the ability to examine what transpires in treatment, in terms of understanding both the process of clinical inference and the effectiveness of various interventions. Yet, as Spence recognized, these data will not solve the epistemological problems of the narrative turn (see also Grünbaum, 1984). Instead, they will provide the necessary material for a faithful preservation of its base discourse, one that will allow linkages with theory to be more precisely and, presumably, lawfully articulated. While agreeing with Sass and Woolfolk that these data did not do justice to what transpires between patient and analyst, verbatim recordings offer one means of examining connections between the patient's

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statements and the psychoanalyst's interpretations directly. These data also would make it possible to study a variety of therapeutic processes as well as their relationship to outcome across an aggregate of cases, something that cannot be otherwise accomplished. While no single, overarching truth is to be expected, research grounded in such data is essential to reversing the trend of theory building on the basis of anecdotal material.

That the data of the clinical encounter are inherently complex, multifaceted, and ambiguous is one reason that they lend themselves equally well to various redescriptions. Which narrative strategy is selected does not follow directly or necessarily from the facts but rather from preferences that reside in the psychoanalyst by virtue of his or her personality, training, and experience as well as the broader locale, culture, and tradition within which the treatment relationship is embedded. This variability is not to be regretted. But it is rationally justified only when complemented by operationalized concepts and the ongoing effort to articulate their complex relationship to a discourse in which unconscious processes and structures play a determinative role. Progress depends on greater clarity about the real-world referents of these concepts so that their impact on treatment and our understanding of the mind is made explicit and, hence, more easily evaluated. That these concepts need not be literally true or exist as such is secondary to their ability to predict, explain, and permit logical deductions and further rational debate.

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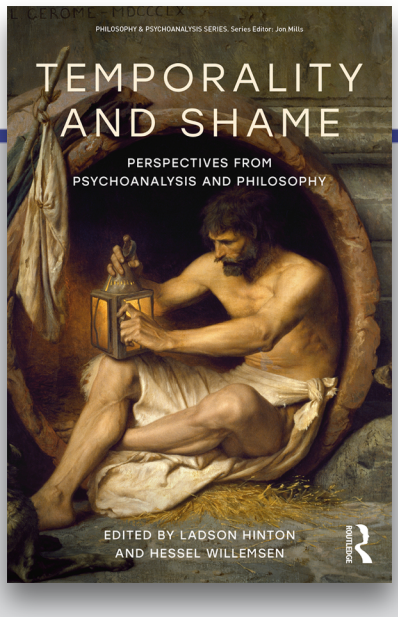
CHAPTER

2

THE UNBEARBLE SHAME OF THE ANALYST'S IDEALIZATION

REITERATING THE TEMPORAL

BY JON MILLS



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THE UNBEARABLE SHAME OF THE ANALYST'S IDEALIZATION

REITERATING THE TEMPORAL

Excerpted from *Temporality and Shame*

Although it is common to discuss the dynamics of patients' shame, what is often not discussed in the literature is the analyst's shame: it remains secret and taboo. To discuss shame openly is to reveal vulnerability and psychological motives, and to risk judgement from others; yet, it is the very thing we encourage in the consulting room.

The relationship between the analyst's shame and the phenomena of temporality casts a particular light on the quality of the lived experience that occurs in treatment. As the relational encounter unfolds in the inter-subjective field, psychic reality traverses the whole gamut and continuum of time that springs from (a) the *archaic primacy* of the past, (b) the *immediational presence* of the current moment, and (c) the *projective teleology* of the future as dialectical mediation. Temporal mediacy informs the qualitative experience of lived time in its simultaneous reiteration of the past within the present and the future trajectory of consciousness, hence *re*-presenting mnemonic linkages to affect states and emotional schemata that are stimulated by the therapeutic environment. When the experience of shame is evoked in the analyst, it is linked to a reiteration of the temporal that stands in relation to the analyst's own developmental history within the current transference-countertransference dynamic. Shame may take on polarities in their manifestation, qualia and vectors, from the realm of pure negativity to that of ideality. Therapeutically, the clinician may be temporally surprised by the mobilization of shame to the point that it affects praxis and the treatment frame, hence altering the course and boundaries of the therapeutic process. What becomes more difficult to shoulder is an almost unbearable intensity of emotion that is usually enacted in the countertransference because the therapist feels it would be inappropriate to share such emotions directly with the patient.

Shame is also structurally instituted by the very nature of the analytic milieu where formal parameters of professional space impose a certain constraint on what the clinician and the patient can do, despite the fact that analysis by definition imposes the ethic of honesty on the subject. Here, disclosure becomes asymmetrical from the beginning as does the seduction of the transference predicated on the therapeutic framework itself; the analysand is led to both idealize and devalue the analyst at different temporal intervals in the treatment. We may say that shame is always in the background as unconscious presence, but also in the foreground as the realization that we can never fulfil the patient's desires or expectations while at the same time holding back revelations that are deeply personal and confessional. These conditional dynamics maintain an artificial or constricted ambiance that at times can appear very unnatural, inauthentic and depriving to both parties involved. Therefore, shame is inscribed in the very onto-structural, socio-symbolic matrix that constitutes the analytic encounter.

In this chapter, I discuss the horrid conscription of shame after being idealized by two clients: one a child who was physically abused, the other an adult who revered me as Jesus. This mutual shame dynamic resonated both within the treatment and each patient's own experiential vulnerabilities due to their developmental traumas, as it did in me due to my own abuse history and professed atheism. My inner negotiation of shame led to two different forms of intervention

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in the transference, one interactive and paternal, the other containing and role responsive. Each treatment led to a creative transcendent function for all participants when I was able to transform historical shame by adopting the intentional stance of the other's idealization. In other words, by adopting the role each patient needed me to play in the idealized transference, shame was transmuted.

On shame

When psychoanalysts speak of shame, it is usually in the context of critical superego functions (Freud, 1917, 1923); group identifications, idealizations and idealized imagoes (Freud, 1921); mobilization of defence and rage, narcissistic vulnerabilities connected to fragile, grandiose, or incohesive self-states (Kohut, 1971); and hypocrisy, dissociation, inauthenticity, and morally corrupt agency (Naso, 2010). It may also be based on insidious toxic introjects that hinder healthy personality structure, self-regulation, and disfigure attachment capacities due to developmental trauma (Mills, 2005). As the underside of narcissism (Morrison, 1989), shame has traditionally been viewed as a negative, emotional, qualitative form of psychic injury – what more contemporary discourse refers to as microtrauma (Crastnopol, 2015).

In considering shame as painful affect states or introjects that assault the integrity of the self and one's self-representations, there are innumerable forms that shame can manifest with regard to content, form, scope, intensity, duration, and qualia. It is in fact the qualia of shame – those qualitative properties and emotional resonance contours – that often give lived phenomenal experience their harrowing character. One decisive experience of shame is psychological *exposure*, that is, how certain aspects of oneself are disclosed, unconcealed, and viewed, hence judged, by another. Such soul exposure, if we want to call it that, is coloured by a certain degree of vulnerability, fear, lack of safety, embarrassment, hurt pride, humiliation, and so forth, which evokes feelings of inferiority, abnegation, psychic castration, and self-defect that are elicited, unwelcomed, exploited, and foisted upon us and are outside of our control. I would refer to this as *imposed* shame, and there is almost always an element of surprise involved, for events sprung on us without anticipation, preparation, or warning are experienced as encroachments on our psychic integrity. While we also displace, externalize, and project disowned shame experiences on to others, as seen in childhood onward, shame is ultimately an intimate self-relation to one's interior mediated by many competing psychological dynamics, contexts, and contingencies. This makes the experience of shame a highly esoteric enterprise, despite the fact that it is a universal emotion derived from intrapsychic conditions that are interpersonally informed.

As Kohut (1985, p. 109) reminds us, shame arises when we can't live up to our own ideals. But shame is much more than that. Shame is the emotive corollary of self-consciousness as the *recognition* of one's failure to live up to one's own self-imposed ideals that brings about self-condemnation and narcissistic depletion. Despite the fact that ideals and values are based on the internalization of one's identifications with one's parents, community, society, culture, and so on, we develop a very intimate relationship with our values, as they form the

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qualitative bedrock of our own self-relation to self-valuation vulnerable to judgement and criticism from others. Shame, I suggest, is ultimately based in negation, the compromise or devolution of self-value. When you betray your own self-professed values, you sully the self, and hence shame is a logical consequence of self-abnegation as recognition of lack, and in particular, a lack of courage to live up to ideality.

As an assault on self-consciousness, shame becomes amplified when one lacks cognizance or knowledge of themselves. I would refer to this as *epistemological* shame. One instance of this is bearing witness to the other's acute awareness and observation of some absence, failure, or deficit in oneself. Perhaps that is a more intense form of shame because others see your vulnerabilities or weakness, and you now are *forced* to become aware of the other's knowledge of how they see something in you that you did not notice before. Here shame is a lack of self-knowledge given over to us by the mirror image of the other's epistemology. In other words, when others see things we do not see in ourselves, shame is a *fortiori* inevitable, and, more ironically, the analytic arrangement is set up to be where the analyst is supposed to be the one who knows, hence a master discourse.

But looking at shame as an internal self-relation of failing to live up to ideals is a private inner experience clouded in negative feelings that affects the self-esteem of the subject. It is shrouded in avoidance, annulment, dissociation, and denial. I propose that the qualitative felt-injury of exposure is an important aspect affecting the degree and intensity of experiential shame, whether as self-exposure (i.e., as conscious awareness of one's personal limitations and ignorance), or more sinisterly, when others mock, ridicule, denounce, or reject you, especially when there are perceptual acts of humiliation cast upon the subject. Feeling out of control over the affair only accentuates emotive self-derision. Acts of aspersion that are public and witnessed by others are most poignant and emotionally agonizing to anyone. Yet shame is always an internal relation regardless of what others do or say. It is always *mine*: either you experience it or not. Here the quality of *mine-ness* is always an internal self-relation to one's interior.

Time, or to be more precise, temporality as living time, is also indispensable for shame to occur, even when it involves conjuring historical memory or its re-inscribed after-effects (*Nachträglichkeit* or *après-coup*), because it is temporally mediated in the present, hence confronting the residue or resurfacing of dishonour felt as tarnished desire and pride. Despite the fact that shame is memorialized in the psyche, that is, engraved as a negative mnemonic leaving semiotic traces as reminders or recollections of the subject's vulnerability, which occurred in the past, it further elicits an impending realization that nothing can be done now nor in the future to remedy those adverse conditions or emotions tied to archaic events. It must merely be accepted and subsumed in history.

When we fail to live up to an ideal – what we utmost value and prize – we are forlorn and left in the ashes of disappointment, weakened, crushed, maimed. Here I am reminded of Hegel's (1807) beautiful soul as a divided self: spirit (*Geist*) is aware of what it wants and what is right, but it just can't live up to its own values. Instead, sadly, it is interned in 'unhappy consciousness'. In this sense, shame always remains a condemned relation toward the future, as it can never be overcome or surpassed, hence sublated (*aufgehoben*), only forgotten. Here shame is

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tied to some element of failed perfection – the notion that we can never be or become that ideal (whether in fantasy or reality), itself an artifice based in a fantasy principle. We remain exposed and exploited by our own limitations and must bear witness to our own imperfections, something that can only be mourned. The ego ideal is therefore an illusion.

The ontological conditions of shame apply to everyone, including the clinical practitioner. What I have in mind is to articulate some parameters of the analyst bearing witness to their own shame in professional space, namely, the consulting room, visited by the unwanted imposition of the alien Other, an unconscious remainder of the real. But before venturing into case material, it is important to say what we mean by the temporal.

On temporality

Time is a succession of phases experienced through our river of consciousness, a patterned fluidity of perishing awareness that contains the coming into being and passing away into nothing of previous series of moments, what we may call phenomenal diachronies of difference and change within a transmuting process of persistence. There are beginnings and endings, openings and closings, both ephemeral yet permanent. Time is pure flow and unrest, at once continuous yet spontaneous and fleeting, for as soon as you try to pin it down, it is already gone. Each moment is merely a transitory conduit to a new movement or mode of experience within an interconnected chain of moments containing past, present, and future (not to mention their gradations of closest to farthest, undiscernible to palpable, in their sequence), all standing in dynamic relation to one another as a pressurized holistic systemic. Yet there is a universality to time that is ontologically invariant as sheer process.

Experience is imbued with diachronies that punctuate the pervasiveness of lived time, the essence of what precipitates shame. The diachronic experience of time is that there is a sensation of interruption with ordinary sequential time: it could be that lived time is experienced as long when it is short, minimal when it is quantitatively enduring, fleeting when it is protracted, or unaccounted for, such as a depersonalized loss of time when one is in a state of psychogenic fugue, meditation, or mystical absorption. Here time is both instituted and constituted in the moment of our living experience as we live it, which may entail a (felt) adjournment of consciousness as withering streams of awareness, or conversely, an attunement and intensity of self-consciousness as heightened self-reflectivity that directs our focus of awareness to a particularized moment of lived experience.

Time is not merely a theoretical abstraction, for we feel its presence, its coming and going, that which is momentarily here then gone, only to be cyclically present as a dialectic of passing-over into a ceasing-to-be only to enter into a new movement of becoming that is retained through enduring experience encountered as transient intervals of length and intensity. At the same time, we may view time as an incorporeal condition, an immateriality of pure event, namely, experience itself. Yet experience is a temporal embodiment. On the one hand, time is not an entity, literally no-thing, and in this sense immaterial; yet on the other, it exists as actuality governed by natural laws of patterned continuity, duration, perishing, and

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succession as a flux of appearing modes of becoming. Time is always coming, going, and is *here*, hence developing, transitioning, succumbing, and expiring yet never fully ceasing, as it is born anew as an eternal presence and recurrence within an ordered series of temporal modalities and periods.

Paradoxically, we may even say there is no such thing as pure time independent of mind, as it is merely a formal concept; rather time is constituted through embodied space, hence its appearance is always enmattered yet nowhere to be seen. To be more specific, because mind is embodied activity, temporal experience is only possible through cognition. Here the notion of time takes on its own phenomenological encounters. Time is neither static nor fixed, nor is it a tangible thing that can be appropriated, for it is invisible and indivisible yet it transpires in a series of spacings each of us inhabit in our mental and material worlds; this is why it is more appropriate to think of our experiential relation to spacetime as a fused event. Here the essence of time is process.

Our relationship to presence and absence, finitude and eternity, flux and permanence, all presuppose our intimate dynamic relation to what I call *temporal mediacy* (Mills, 2010). Here time draws on (a) the *archaic primacy* of our past as the amalgamation of our historicities, ontological preconditions, and developmental trajectories, (b) the *immediational presence* of the phenomenology of our present (concrete and qualitatively) lived experience as mediated immediacy, and (c) the *projective teleology* of the imagined future as a valued ideal, goal, or purposive aim. These three simultaneous facets of temporal mediacy are operative at any given moment in psychic tandem where the past and future convene on the present, or immediate, subjective experience. The presentational encounters of past, present, and future we confront as immediacy become our meta- physical relation to time, phenomenologically realized in the here-and-now.

Psychic organization has a simultaneous temporal relation to the past, the present, and the future: (1) the past is subsumed and preserved within the psyche; (2) the present is immediate mediated experience; and (3) the future (in contemplation and fantasy) becomes a motivational, teleological impetus. Temporal experience is a mediational realization informed by this threefold relation of the dialectic; however, each domain may have competing and/or opposing pressures that affect the other modalities at any given moment. In other words, each locus may pressurize, extol, invade, usurp, coalesce, and/or symbiotically conjoin with others within their interdependent dynamic system. But each domain also has the potential to have a subjective surge, voice, or lived reality of its own, despite the force and presence of the other two realms. Yet such seemingly autonomous moments of individualized expression are relegated to the broader systemic processes that operate within the dialectical mind. In psychoanalytic language, we may refer to these differentiated experiences as a multiplicity of self-states that are operative on parallel or overdetermined levels of functioning within the ontologically monistic, supraordinate agency we call the self.

The past we may refer to as archaic primacy, thus emphasizing the primordial nature of our historicities, including a priori ontological conditions (e.g., constitutional, social, and cultural forces) as well as that which is subjectively (i.e., qualitatively) and developmentally experienced (both consciously and

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unconsciously). Here we may say this is archetypal, for history always re-enters psychic structure. The present we may call immediational presence, thus stressing the phenomenology of the concretely lived experience presented as subjectively mediated immediacy. The future we describe in terms of projective teleology, which captures the future trajectory of the dialectic of desire, which stands in relation to a valued ideal, goal, purposeful action, or wish-fulfilment. These three simultaneous facets of temporal mediacy are the dialectic in action in the moment of bringing the past and future to bear upon its present, or immediate, experience.

Archaic primacy holds a privileged position in the psyche since the mind always presupposes and draws on the past in all its mental forms, derivatives, contents, and operations. For instance, cognition necessarily requires memory, which is the *re-presented* past, just as the mind itself requires certain ontic relations and neurobiological processes in order for there to be cognition at all. Similarly, the unconscious is lost presence, namely, that which had formerly presented itself (in its multiple derived forms) but had receded back into the abyss. Archaic primacy has a stipulated degree of causal influence over the driving force behind the dialectical psyche since the archaic is always brought to bear upon presentational encounters that the subject confronts as immediacy, which furthermore stimulates projections of a future. The way the present is incorporated into the past, however, may be highly conditional and idiosyncratic given the unique contingencies that comprise the nature of subjectivity, either individually or intersubjectively actualized. It is in this sense that the preservative aspect of mind may be very *selective* in what it retains. Although we may generally say that the past is preserved in some way as our personal thrownness or developmental historicity (and this is certainly true of world history), there are certain elements that are – or have the potential of becoming – omitted or negated and forgotten altogether, hence denied, dissociated, and/or repressed. That is, certain aspects of archaic primacy may not be operative, mobile, or causally expressive and, perhaps, may fizzle out entirely in the psyche, while other aspects are selected, secured, harboured, and sustained (especially as segregated schemata within unconscious life).

Immediational presence is the subject's experience in the here-and-now and how it engages what is presented before it (either as an internal event or stimulus, or as an external imposition), thus affecting thought, feeling states, somatic schemata, and action, and their unconscious resonances. The immediacy of the lived encounter highlights the context and exigencies that influence the phenomenology of the emotional, cognitive, and unconscious aspects of personal experience. Although the present immediacy of the moment is largely a conscious phenomenon, immediate experience is already a mediated dynamic by virtue of the fact that archaic primacy already suffuses every lived encounter, which is superimposed as its facticity. This means that unconscious processes always saturate every conscious experience and become a mediatory screen, or template, in which the world is received and perceived, thus influencing the contingency and construction of experience.

Selective retention is particularly operative within immediational presence, as cognition executes certain determinate choices in its relation to mediated experience. In effect, the psyche seizes upon certain aspects of the environment

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and internally evoked stimuli from the press of archaic primacy while refuting, denying access to, or limiting the range of others that may exert certain degrees of determinate influence on immediate experience – the range and signification of each mediated choice having resonance in the mind's trajectory and orientation toward the future. In every immediate encounter, the past and future are summoned and converge on the present: the archaic superimposes past form and content; the future superimposes goal-directed intentionality in mediated thought and action.

Projective teleology is the future trajectory of a desired state of affairs (as fantasy, wish, intention, or purpose) that is stimulated by presentational processing or mediatory interventions, thus instigating the teleological projection of a goal-directed aim. Like archaic primacy and immediate experience, the projected future may entertain a certain selective aspect to the retention or locus of experience that takes place within the transformative, progressive dialectical processing governing each mediated dynamic. Mediation stands in relation to which the subjective mind experiences as desire. This is fertile ground for shame to materialize. In all three spheres, however, there exists the primacy of ambiguity, uncertainty, and context, for real and virtual time may be suspended within the mind and experienced as radically dissociative, incongruent, or atemporal, yet nevertheless wed to contingency.

At any given moment of experience, the past and future are ontologically operative on subjective immediacy, bringing to presence the vast configurations and pressures of unconscious affect, wish, and defence, and the corresponding conscious reality that is simultaneously evoked and represented, such as in the experience of trauma and shame. Archaic primacy, immediational presence, and projective teleology are functional aspects of orienting the psyche towards dialectical growth, even if regression and decay are activated consequences of the lived encounter. Here it becomes important to keep in mind that the psyche works radically to compress and transpose its multiple instantiations within its mediatory functions. There are multiple realities and self-states or microagents that coalesce, intermingle, compete, vying for attention and expression, and do battle for supremacy by forcing themselves on the pressure cooker we call mind. The teleological motives of the dialectic are therefore informed by the threefold presence of the past, the present immediate context, and the future trajectory to which it is oriented, each vector exerting its own source and constraint on the inner constitution of the subject.

The phenomena of awareness involves our immediate immersion in what we presently desire, feel, perceive, think, remember, emote, cognize, or otherwise experience as an internal temporal relation to intentional objects in reality or fantasy mediated by unconscious agency. Just as Freud (1933, p. 74) reminds us that the unconscious is 'timeless', the nature of consciousness as such is the outgrowth of an unconscious epigenetic instantiation and dialectical contrary that fractures its primordial cosmic eternity by introducing temporal enactments in and through qualitative experience, namely, that which we live. Like the nature of experience itself, it is vast and variegated, punctuated by instances of particularity and its concomitant qualia. Here enters shame.

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Excerpted from *Temporality and Shame*

A better father

Jimmy was 10 years old when he first came to see me. He had a history of violence, hearing voices, and had multiple suspensions from every school he had attended. He had been to several medical and mental health professionals, including his paediatrician, two psychologists and a child psychiatrist, who had diagnosed him with ADHD and a psychotic disorder, and he was prescribed Risperdal and Concerta. His parents were at their wits' end, reporting a history of paranoia, delusions, and physical aggression against themselves, peers, and adults, including being expelled from public and private schools for hitting other people. The day I met him he had just been kicked out of his fifth elementary school for putting his head through drywall because he was mad at a classmate, which escalated to assaulting a teacher when she attempted to intervene.

When he first entered my office, he plunged himself on to my sofa and started to maul the pillows while he avoided eye contact. Then he leaped across the room and did a cannon-ball on my analytic couch, an early 1900s, reupholstered Edwardian antique with original box-springs, and then bounced off on to the floor, where he promptly took his shoes and socks off, and then farted without excusing himself, oblivious to his social surroundings. After I asked his mother to wait in the sitting room, he spoke honestly, somewhat agitatedly, the whole time. Jimmy reported going into rages, feeling out of control over his 'brain and body', and heard both 'boys' and girls' voices' that would direct him to hurt others, especially when he felt teased or picked on, upon which he would feel 'sad' afterward. He said that 'Mother Mary and Jesus' sometimes speak to him and tell him good things, such as he is 'loved,' and that 'they are there to help.' When I asked him what some of his favourite things to do were, he got very excited talking about fishing and wanting to catch a big fish. As an avid bass angler myself, I told him of some of my fishing stories and the best strategies that work for me, and he started beaming, now making full eye contact.

Jimmy had a rather woeful look to him and was somewhat chubby, but his face lit up when talking about what interested him. We had a propitious connection in our initial session, and he enjoyed being listened to. Upon inviting his mother back into my office at the end of the hour, she commented on my authored books I have displayed in my waiting area. Jimmy wanted to see them and know what they were about. He was very much eager to see me again, which I arranged with his mother.

During our second session, he entered my office and immediately verbalized that he wanted to be an author like me. After encouraging him to tell me more about his newfound interest, I asked him to tell me a story he may wish to write about. Without being told to do so, he sat on the edge of my analytic couch and looked at me rather perplexedly, saying 'I don't know what to say.' 'Well, what comes to mind? Say anything that pops into your thoughts; that's a good place to start', I replied. Jimmy went on to talk about a boy who is sad because he is picked on and teased, but also angry for being hit. After encouraging him to expand his narrative and talk about the feelings of the protagonist, I asked him if he could relate to his character in the story and if anything like that ever happened to him. Upon this query, he disclosed that his father sometimes hits him as a form of discipline, such as being slapped in the mouth or in the face when he talks back.

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Excerpted from *Temporality and Shame*

He also reported being angry at his mother for not stopping it, but also expressed ambivalent feelings about his father because now he was getting 'special time' with him, unlike in the past. He was perspicacious enough to connect his anger at his parents for why he took his aggression out on other children and teachers at school as a form of displacement. Given that he had a history of violence since the age of 5, including beating up his older sister, initiating fury toward his parents, and needing to be restrained at home and school due to uncontrollable rages, I felt it was prudent for me to acquire more facts before making any decision regarding child protection matters under the law. Instead I empathized with Jimmy and asked him how I could help. I suggested that I meet with his mother to make sure that any physical discipline at home promptly stopped without making the matter worse with his father, and he was happy with that plan of action.

My concern about Jimmy having an underlying psychotic process was due to him reportedly hearing voices since kindergarten and unprecedented acts of violence in childhood, such as throwing chairs at students, beating up classmates, and attacking family members, but all of this would make sense due to his father's abuse as well as attachment pathology based in accruing developmental trauma. I decided the best course of action was to work with the family rather than involve the child protection agency governing my jurisdiction. This was because the physical discipline was not current or ongoing, there was no immediate or imminent threats to Jimmy's safety, and the so-called abuse took place during times when he was out of control and assaulting others, thereby necessitating restraint. Instead I coached the parents on the parameters of the law, my legal responsibility, and the need to stop any form of physical discipline, persuasively educating them on how to be sensitive to his emotional disruptions and on how not to exacerbate the situation when he appeared out of control. This seemed to work, and was also welcome news to Jimmy, who felt I had restored a balance in the family dynamic while protecting him at the same time.

The seeds for an idealized transference had already been incubating, but it had intensified after he told me about the sundry incidents of being bullied at school and in various settings away from his family without their awareness, many of which he did not disclose either because he did not trust them to protect him or remedy the situation, feared being blamed or ridiculed for causing the conflict, and felt they were impotent to do anything about the incidents. He had recounted many emotionally painful and shameful experiences he'd had, perpetrated by boys at school during team sports and while away at summer camp, but when he recalled being assaulted in the bathroom at school by older boys who ganged up on him at the urinal, this is when I was reacquainted with my own traumatized childhood under similar circumstances. Jimmy had his pants pulled down to his ankles while being choked around his neck from behind as he was urinating and then thrown on to the ground helplessly as the boys laughed and sadistically mocked him. He started weeping when recounting the event, reliving the humiliation he felt after 'pissing' on himself, and I felt my eyes starting to well up witnessing his vulnerability.

Like many victims of child abuse, he internalized his secrets while acting out as a form of defence and displaced emotional expression. I am no exception. I was bullied from my early elementary school years until early high school, living in

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a perpetual state of anxiety and helplessness with no faith whatsoever that my parents could do anything about it. I could neither confide in nor trust them, but when it got so bad I had nowhere to turn but to tell them the truth. To this day I still recall the feeling of being reproached and blamed by my parents, as if it was my fault that I was being physically abused and taunted by schoolmates, often older kids, sometimes several years older than me, and sometimes in swarms at a time. As I sat next to Jimmy as he was crying, I was specifically reminded of a similar incident I experienced in the locker room while feeling powerless and naked in the shower after gym class. Here the archaic primacy of my past revisited me in the immediational presence of relived shame, while simultaneously invoking the projective teleology for how I had wished things to be. Even now, after putting these words to paper, there persists the lingering aftermath of shame, both in what had happened to me as a child, as well as the contempt I experienced for my parents, including writing about it openly in professionally public space.

The identificatory mortification of such exposure to my little patient's helplessness, shame, and derision led to the reverberation of my own countertransference, yet one that led to a turn in the therapy. When appealing to my father's help or advice during times of desperation, he was often insipid and incompetent. Moreover, he was inept at dealing with my feelings and had a way of making me feel it was my fault for not fixing the matter on my own. My mother was equally invalidating and useless. Neither seemed adept at understanding my emotional vulnerability nor doing anything to protect me. I understood Jimmy's pain very intimately. The only thing my parents did of any value was to enrol me in karate classes at my insistence, hoping I would learn how to defend myself. When Jimmy was expressing his sense of anxiety, hopelessness, and fear of future abuse, I could not help but ask myself, *What did I wish my father would have done to help me?*

It was Lacan (1936) who introduced the notion of the mirror stage in the development of the ego, which he derived from Hegel's (1807) theory of recognition as the reappropriation of the other's desire. When I saw the desperation in Jimmy's eyes, I recognized my own as a mirror reflection, but rather than maintain a passive holding environment marked by empathic listening and validation, I decided he needed much more, and I was going to do something about it. I told him I understood how hard it was because I had also been bullied for years at school, and what really helped me was when I learned karate. So I offered to teach him some martial arts moves and self-defence strategies so he could protect himself if kids ever started to threaten him again, and he jumped at the chance.

I have a large playroom that is adjacent to my consulting room and waiting area, so I took Jimmy there to show him where we would begin our lessons next time I saw him. That room also contains a small store-room, which I had opened to show him where I store all my trophies I had won in martial arts tournaments when I was a national competitor as a younger man, having earned my black belt in Taekwondo. Amidst his excitement, as his mother was returning to pick him up at the end of the session, he said to me, 'I wish you were my father.'

This comment not only brought on an almost unbearable shame, it also conjured up my own conflicted dynamics in relation to my traumatic past as well

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as profound disappointments with my parents' failures as parents. But over the course of treatment, I had become more comfortable in adopting the role of being a better father to Jimmy, despite being uncomfortable with my heightened idealization.

It was Winnicott (1971, p. 47) who referred to therapy as play, which involves a certain degree of precariousness between two psychic realities that can at times appear quite magical in the development of mutual intimacy within a secure relationship. The playroom became a transformative space of becoming as Jimmy learned the basic stances, blocks, punches, and kicks, and, as he progressed, more advanced techniques at self-defence and in disabling one's opponent or foe. This process had a modifying effect on his self-esteem as he felt more capable of sticking up for himself and not feeling so intimidated. I encouraged his mother to enrol him in a formal club where he could build his confidence even further, learn self-discipline and restraint, and have a controlled (sublimated) outlet for his aggression. And she did just that.

As Jimmy became more involved in the sport formally, our karate lessons slowly began to dissipate; instead we focused on other matters, pursuing other interests. Convincing his parents to stop dispensing his anti-psychotic medication led to a complete remission of voices, which were likely more ego-syntonic in nature and connected to his fantasy life in reaction to internal conflict commensurate with his developmental age. He was getting along better with classmates, had less problems at school and home, and his grades were improving. He was also spending more quality time with his father, and they even went fishing together at my suggestion. I started to teach him the guitar, and he practised throughout the week eager to show me his progress. He also developed an interest in conducting magic tricks, would demonstrate his acts for me, and eventually started performing at his school's talent show and the local public library. As he gained new friends and excelled in his endeavours, after two years of therapy, it was inevitably time to end. And with a big hug. This process was also transformative for me, as I felt I could allow myself to indulge my own fantasy by being a better father with diminished shame, as well as welcome forgiveness for inadequacies any parent is condemned to make by virtue of our ontological imperfections. In the end, I believe we both benefited without shame.

Becoming Jesus

Rachel came to see me after a referral from her family doctor. She was 47 years old, married with no children, unable to have a baby after her hysterectomy, with a 20-year history of depression and anxiety primarily treated with Effexor, Wellbutrin, and Xanax for panic. She grew up in a strictly observing Irish-Catholic home and suffered gross developmental traumas. Her father was described as a 'cruel man' who would 'terrorize' her and her siblings with threats of physical aggression, pound his fists on the table during dinner, and would punish her if she showed any display of emotion or anger. He was totalitarian, demanded unwavering conformity, and would discipline upon the slightest provocation or if his children did not do exactly what they were told. She recalls as a small child crying out at night from her room, only to be beaten for waking up the house. She never cried out again.

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Excerpted from *Temporality and Shame*

She used to rub her ankles together until they bled because she could not express her feelings openly and had to internalize everything. Rachel characterized her childhood as constantly living in fear and feeling unsafe, and made to feel responsible and guilty if her parents were upset. When she was 6, she received a doll she wanted for her birthday and started to cry, not out of happiness for receiving the doll but because, she said, 'I didn't deserve it.'

Rachel's mother was described as cold, aloof, unavailable, and invalidating of her feelings and needs, such as when she told her mother she could not have children; her reply was 'You're free.' She 'hated' her mother growing up as she was un-nurturing and never gave her affection or hugs, and 'sicked my father on me' for upsetting her. In short, she never felt loved. Although her father did occasionally show her affection during 'happy times', this stopped after she defied him in her teens, only to be shunned by him ever since.

Rachel mentioned, almost in passing, that she and her husband 'never have sex', but reported that he was 'supportive'. She associated this with how her father would follow her on dates, spy on her, and once assaulted her boyfriend on the street, accusing them of wanting to fornicate. But when she entered the convent at the age of 20, her father wept and begged her to reconsider. She left shortly thereafter.

All three of her siblings were distant and had cut ties with the family, only occasionally speaking to her. She described the onset of her depression and anxiety as the culmination of abuse, relational trauma, and the gradual withdrawal and withholding of acceptance and love, which she feared was becoming 'severe'. At the end of the first session, she disclosed that I had instilled some hope as she found me 'kind'.

Rachel's father was raised in a strict religious home where weekly observance was mandatory for the family. During Rachel's upbringing, her parents always had priests and clergy over for dinner or after church functions, two of whom were arrested for paedophilia, charges the parents dismissed, even though her father's 'best friend' was convicted for molesting boys. As the initial sessions progressed, Rachel described her father acting like a 'jealous lover' who controlled, dominated, and shamed her during her adolescence. She reported that all break-ups with boyfriends were due to her father, and that he would make uncomfortable comments about her body and sex, and even removed the mirror in the bathroom because he accused her of looking at herself naked. Constant references were made about her weight and 'getting fat,' and even her mother once accused her of seducing her father. She felt she was always the object of unjustified blame.

At the beginning of the fourth session, my patient stated that she had felt an almost immediate lifting of her depressive symptoms that had brought her immense relief. Upon my query of what she thought was the reason for her sudden change in mood, she attributed this to me. Although I had sensed the development of an idealized transference, I was not prepared for what I was about to hear. I have a home office separated from the other parts of the house with its own private entrance. As a matter of habit, I always greet my patients standing at my office door after hearing them enter the house and descend the stairs to my waiting area.

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Excerpted from *Temporality and Shame*

This is when Rachel said that the first time she saw me she had a vision of me as Jesus waiting for her. She said that she had immediately felt safe and that there would be no judgement of her, only a loving and accepting presence, which I embodied as her 'Saviour'. She even asked if I had a beard when we first met or if I had grown one since our last session. I've worn a beard since high school.

Having been exalted to such a divine position, I immediately felt mortified and defensively wanted to laugh out loud. In fact, I recall blushing, hence feeling the blood rush to my face and having to keep it in, mindful not to appear shaming in any way despite my own feeling of embarrassment. The comical thought of me being deified was about as ludicrous as I could imagine, let alone me allowing the delusion to persist. The immediate sense of shame was particularly intensified because I have been an outspoken atheist most of my adult life, viewing the notion of God as no more than a supercilious idea (Mills, 2017), and to accept the transference projection would be a most profane form of inauthenticity and assault on the truth as well as my sense of personal identity. In fact, as a general rule, I feel it is an ethical duty to challenge such social ideologies when confronted with the topic. But here I felt a curious impulse to remain silent and accept the idealization. Although adopting the posture that I thought the patient required was for technical reasons and was warranted, even now I feel like I betrayed a personal sense of authenticity. When cast in perfectionistic fashions by patients in the course of therapy, I typically defer to the reality principle and suggest it is due to the transference or their need to see me in such romanticized ways, whereas a dis-identification may be a more appropriate stance, or at the very least I would encourage a more holistic appraisal of integrating both good and less worthy aspects of my presence into some meaningful whole where fanciful, fetishized elements are subsumed into more objective dimensions, virtuous as they may appear to be. But here I felt paralysed by Rachel's need to see me otherwise, and indeed felt it would be counterproductive not to adopt the therapeutic role responsiveness she was craving. Was this my countertransference? I am still uncertain, but this question may itself be illegitimate given that we can never entirely separate our personal psyches from the therapeutic encounter. Rather than dissuade such thinking on her part, I merely accepted the protagonist she needed me to be by not challenging her projection. Instead I encouraged her to tell me more about her thoughts and feelings.

After an outpouring of emotions, including feelings of loneliness, emptiness, and loss, Rachel felt she was able to liberate her true inner experiences and talk about them for the first time, released from the childhood prison of her pathological accommodations. I made her feel safe and my office felt like 'home' where she was allowed to have emotions and express them openly. She gradually admitted that she was not so happy in her marriage after all, having come to realize that she picked a man who served as a compromise, resembling both her parents. As she opened herself up to her inner world that previously remained compartmentalized and unformulated, she naturally felt a mourning for living a life that was unconsciously chosen yet consciously denied.

After only ten sessions, her symptoms subsided and she went off all medication. This was also at the point her insurance benefits had been exhausted for the year, but she felt good enough that she did not need to return until the new

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year when her plan resumed again. The new year came and passed, but she did call to let me know that she was doing fine and did not need to return. Approximately four years later she wrote me a letter to thank me for my help and to let me know that she was estranged from her parents, divorced, and was soon to remarry.

I consider this treatment to be a 'transference cure' where I offered very little in terms of being scarcely more than an idealized selfobject experience providing transitional space via attentive listening, empathic attunement, and validation within a role responsive-holding environment intended to provide a corrective emotional ambiance sensitive to her vulnerabilities and shame. Although there was some interpretive and integrative work that was accomplished, I am left with the humble conclusion that I was neither her saviour nor a successful analyst despite her suggestion otherwise. But I guess we all get lucky sometimes.

Concluding postscript

Psychoanalysts of all persuasions and schools of thought often do not talk about or write openly and honestly about what they truly think and feel, or admit their internal conflicts or complexes, let alone what they actually do and say in the analytic session. This scholarly observation, I suggest, is largely due to shame and fear of exposure, critique, and ridicule by colleagues. When analysts do write freely about what transpired in the session, their experiences become alienated from their personhood and judged by others, whether they like it or not, especially when technical principles, revealed content, and the specifics of interpretation and self-disclosure are ripe for intellectual rape. It is not uncommon to hear analysts from a particular psychoanalytic coterie or camp debasing or belittling analysts from different orientations when it comes to clinical praxis due to group identification, competition, and the narcissism of minor differences. It is largely seen as exhibitionist when therapists discuss their own personal traumas or tragedies in the professional literature, which is often invalidated, condemned, viewed as pathology or a countertransference enactment, or seen as a narcissistic act of self-expression inappropriate for the profession. But it also takes courage to speak the truth even if we risk verdicts and deprecation from others, whether this be about our own personal lives or what really transpires in the consulting room – not some manufactured narrative, contrived scenario, or massaged vignette that customarily permeates psychoanalytic writings where the sage master demonstrates the perfect interpretation or intervention that all others should aspire toward or emulate. In fact, this conventional practice is somewhat shameful, as it is disingenuous and inauthentic, for it never reveals the whole picture, as is typical of life. We need to be honest with ourselves and with others: if we cannot disclose our personal feelings and conflicts with our fellow colleagues, then how can we advance as a profession? More analysts should be encouraged to be open and genuine when writing or speaking in professional space because we may all learn from what they experience in their practices and struggle with internally. We need to be truthful and real if we are to progress as a discipline, and there is no shame in being human.

We usually do not consider shame to be a philosophical matter, but rather a

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psychological state of mind we desperately seek to avoid. But shame may very well be one of the most salient emotions that structure subjectivity ontologically and contribute to group identifications and interrelations politicized within the social fabric of all cultures, hence informing the concrete universals reflective of collective humanity. Here we may say that shame is archetypal, a psychic dominant that is at once interiorized, externalized, and symbolic.

Whether standing in relation to a set of ideals or values, the internalization of one's family, being a member of a group or nation state, or revelling in one's penchant for a particular identification with a cherished object, the problematic of shame yields many philosophical representations. It further carries a modicum of humility amongst a backdrop of anxiety, for it is ubiquitous even when hidden. In fact, the ontic condition of hiddenness or concealment generates free-floating psychic unrest, as this reminds us of our intimate relation to time, which is ticking by-the-way, and freedom, that which is chosen, enacted, or denied. Here we generate time in every act of consciousness as the coming into being of our lived subjectivity, the coming to presence and instantiation of our being. Shame is always lived in time, in living the embodied temporal, whether historical, immediate, or looming. Absurdly, we have no say in the matter whatsoever. Let's simply call this existential inertia – the impotence of freedom, for we just can't will away our emotions, only transform them.

The temporal mediacy of our emotional lives is contingent upon the psychological realities that condition our experience of self, other, and world. As such, the past is unconsciously memorialized and becomes an eternal present from the standpoint of conscious reflection as recollection, while the future is an eternal recurrence of what came before through modified form. Both realms of psychic reality are united when the unconscious artefacts of personal history, as well as history in general tarrying within cultural memory, merge with the 'new now', the presence of the present. Here the presence of the present can retroactively alter the past as reinscription, which in turn can amend the contemporary, thus revealing the double character of their values, values that are internally divided. As in political economy, values vary over time. Nothing stays the same, although in their purest forms we have memorialization, presencing, and futurity, each supervening on one another as its own self-constituting form of emanationism. When futurity is realized, it becomes the actualization of the archaic, and when the past resurfaces in new patterns or appearances, it is the eternal recurrence of a new presence. There are no unchangeable states, only perspectival shifts when it comes to the temporal, except for the ontological merit that process is invariant and universal, itself an oxymoron but something that can always be counted on. Or perhaps a better word is paradox, the *aporia* of impassable time.

Does shame change or is it re-emblazoned in the 'new now' through temporal alterations and imprints on consciousness? I would surmise that the qualia, intensity, and valence of shame does not qualitatively disappear in memory when revisited, as it is a traumatic (though subdued) reiteration, but it can be mitigated with time. History is never erased. Futurity is uncertain. All we have is now. This ultimately implies that temporality is the emotional instantiation of value.

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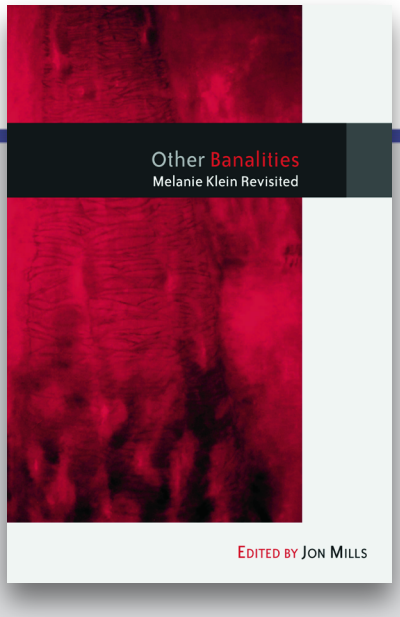
CHAPTER

3

PRECIOUS ILLUSIONS

RE-CONSTRUCTING REALITIES

BY MARILYN CHARLES



This chapter is excerpted from

Other Banalities: Melanie Klein Revisited

Edited by Jon Mills

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Excerpted from *Other Banalities*

Through her attempts to understand the developmental impediments encountered by her young patients, Melanie Klein opened an extraordinary window into the workings of the primitive mind. Her depictions of conceptualizations such as projective identification and the paranoid-schizoid and depressive positions opened up profound territory for psychoanalytic exploration. Klein's conceptualizations are pivotal understandings to have in mind as we engage in deep analytic work, most particularly in our work with more fragile patients. With individuals such as these, it is often critical to be able to ground ourselves in a coherent theoretical understanding at just those times when rational understanding is least accessible within the process itself. In this chapter, I would like to highlight a few of the conceptualizations I have found to be most useful in my clinical work. I will first offer a clinical vignette, so that we can anchor the theory and technical considerations in personal experience. I will then outline the theories that informed my clinical work in this case, emphasizing critical pieces from Klein along with useful emendations from key figures such as Bion and Winnicott who expanded on her work, and noting how these conceptualizations have been coloured and refined by current writings of contemporary British Kleinians. I will then offer notes from one week's sessions, so that we can see how the theory informs the process. I will end with a brief conclusion to highlight the technical value of Klein's contributions, which are very useful conceptualizations to have in mind as we engage in this difficult work.

'Mary'

This is a woman with whom I have been working for over two years. We initially met twice weekly, then she cut back to once a week, in part because of a lack of funds. This was clearly not sufficient for any real work to be done. We had come to an impasse. Mary was thinking about giving up, whereas I thought the impasse might be addressed more constructively if she were to come in more frequently. I suggested that she consider coming in three times a week for the total weekly fee she had been paying. She said she would think about it and then agreed to try this path.

At this point in our work together, Mary and I had come up hard against a wall of silence. It had always been difficult for Mary to speak, but now it felt as though she was lost in her own silence. At times, I had rescued us from the silence; however, as our relationship grew and I became more clearly an object on whom she could rely, it began to seem increasingly important to be respectful of Mary's need to locate her own self within the space. When we increased the sessions to three times weekly, the silence persisted, but began to have a different feel. At times, I wondered whether I had made a mistake, torturing myself with this additional silence. Then, a shift came. The space had clearly changed for her. My sense was that being offered the space – without needing to do anything with it – felt like an opening in which she might be able to be in a larger sense.

Mary is a 39-year-old African-American lesbian woman, whose childhood home had been chaotic and violent. Mary had learned to survive by being the 'good girl' and walling herself off in a world of books. Her mother had not wanted her and had clearly stated at various points her regrets that the pregnancy had come

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to term. Mary feels as though she should not have been born and acts out her rage and ambivalence by enacting her own nonexistence in various ways, including ritualized cutting, which seems to be her most gratifying outlet under stress. Her father, now deceased, was by far the warmer of the two parents. The mother is described as depressed, angry, and often inaccessible through a fog of alcohol. Mary has three older brothers who fought verbally and physically with her father throughout her childhood. Most of the family violence was catalyzed by the acting-out behaviour of Mary's youngest brother. This was the brother who had shown her the most care and affection but also seems to have sexually abused her, though this is not always clear to her.

I have likened my experience of working with Mary to 'playing in an empty room' (Charles 2004a). In many ways, imagining the room as empty serves as a defence against encountering an other who might recognize Mary and those aspects of self and experience she prefers not to know. She is caught between annihilating her past and thereby her future, or acknowledging truths that make the present seem impossible to bear.

Mary's one positive escape in childhood had been into the world of books. The academic environment had been the one realm in which she could affirm her own value. In her advanced studies, Mary encountered the theory of 'repressed memories', which offered her the escape of believing that she had just 'made up' the abuse. This had been a more satisfactory resolution than believing it had actually occurred. We had visited this domain once previously in our work together, and then it receded from our overt content. It reappeared, however, in the sessions being reported here.

In the hours leading up to the sessions being reported, the theme of fantasy versus reality had been playing around the edges. The confusion between these two becomes a soft fog that Mary can hide behind, blurring the sharp edges that threaten to penetrate into conscious awareness. The other major theme was of victim/perpetrator: I easily become the persecutor/prosecutor, forcing Mary to know what she prefers not to know, intruding my own sharp edges. The intensity of this engagement at times is such that it brings to mind Melanie Klein's conceptualization of the paranoid-schizoid position, which characterizes this type of deadly interplay in a way in which one might achieve some life-saving distance while also being sufficiently affectively engaged to participate in the work. Working our way *through* these moments has been facilitated by conceptualizations that expanded on Klein's work, such as Winnicott's (1971) ideas about how play becomes possible only when one has assured one's self of the viability of both self and other; and Bion's (1977) notions of 'myth' as a vital form of play. These important psychoanalytic threads are built upon the crucial foundation of Klein's characterizations of self under assault.

Mary and I 'play' around the deadly issues confronting her in small skirmishes in which we attempt to make contact without undue harm. Humour has become one way of masking truth sufficiently that we can survive the encounter. We also use myth and metaphor as means for communicating dense realities that must to some extent remain hidden (Charles 2004a). At times, this occurs through images of distorting mirrors and Pandora's boxes, whereas at other times we move

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into the realm of poetry, as Mary brings in snippets of songs to which she has been resonating. It is often easier to speak in the displacement, through the voice of another. The displacement, however, becomes another hall of mirrors, easing the encounter but also reinforcing the wall. Encounter is so difficult for Mary that she can barely make eye contact. For some time, when she would try to look at me, her eyes would shift to the side: they could not meet mine. Learning to engage with one another without undue harm (by omission *or* commission) was an ongoing dilemma.

Conceptualizing the case

Before we move on to the actual sessions, let's pause to locate ourselves within the conceptual space in which I was orienting myself as I attempted to find my way. As I mentioned, it was extremely useful in my work with Mary to be able to look at her predicament through the lens of Kleinian theory and technique, which, in turn, is deeply embedded in classical Freudian technique, with a profound respect for the importance of the frame in bounding the treatment (Segal 1981). Klein, however, gives particular emphasis to what Betty Joseph (1985) has termed 'the total transference', in which the experience of the moment *illuminates* the internal objects, including the wealth of experiential, relational, and situational elements. If we are to truly understand the other's object world, we need to be willing to participate in it, to experience the 'transference as a living relationship in which there is constant movement and change' (Joseph 1985, p. 453). Klein's willingness to be present in the moment, and to engage with impossible realities, gives her work a potency and vitality that is quite remarkable.

Perhaps Klein's greatest contributions to technique lie in her theories, which, in turn, were informed by her attempts to understand the factors that move us in our earliest years and in the most primitive recesses of our beings. Klein opened up a new universe of psychoanalytic thought and technique, bringing us right into the heart of our most basic needs, desires, and fears. She helps us to find our way through the primal terrors we experience when taxed to our utmost resources. Through it all, she maintains an appreciation of the ambivalence that is inevitably found at the heart of human relationships. In acknowledging the good and the bad, the hostility and the care that can intermingle and obscure one another, we help to heal the splits that arise under extreme pressure.

Klein (1930) builds upon Freud's drive theory, linking early anxieties to an excess of sadism that is expelled (because it is ego-dystonic and therefore unknowable), but then becomes dangerous (and therefore retaliatory). Always, in Klein's work, there is the affirmation that what is explicitly not known is still held within the individual at some level of awareness. Whatever cannot be consciously known is carried in the less conscious regions through what Klein (1957) has called 'memories in feeling': the 'language of the body' (Charles 2002). These feelings 'mark the spot' (Charles 2004b) of the distress, holding the place of what must ultimately (yet cannot now) be known, so that we can master the anxiety sufficiently to survive.

This was the type of crucible that represented an essential dilemma for

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Mary, who seems to have reached an uneasy balance in her attempts to master this type of potentially overwhelming anxiety. Her relational needs had brought her to points of seeming annihilation, via both the mother's angry, critical, controlling nature and the brother's ostensibly 'loving' sexual assaults. It remained for me to help her to affirm and acknowledge these unknown meanings, and to believe that we might know them together without imminent annihilation.

In this endeavour, it was crucial that I be able to mark the feelings (and their relative absence) that characterized Mary's presentations and also the process between us. What could not be known was integrally tied to what could not be felt without invoking annihilation anxieties. In delineating both the dilemma and the path towards resolving it, Klein (1930) links the experience of annihilation anxiety to the creation of symbols, pointing to the desperate struggle to hold on to meaning in adverse circumstances.

The ability to create meaning is a crucial step towards ultimately building relationships between two separate beings. Initially, however, the beings are not entirely separate, nor are the symbols. According to Klein (1930), early symbols take the form of 'symbolic equations', a type of proto-symbol in which no distinction is made between the object and the representation. Symbolization processes offer a means of relief from these untenable equations, providing respite from the intensity of the affective charge. Through the creation of the symbol proper, an object can be internally represented and more explicitly thought about, and thereby used more freely in the service of meaning-making and communication (Segal 1957).

Symbols give us conceptual anchors. They provide relief from anxiety by linking objects while also obscuring problematic aspects of reality, so that we can keep the dilemma in mind with sufficient distance to be able to think about it more freely. In this way, the internal object is protected by virtue of the very forces that keep it at peril. If we are aware of the representative nature of the internal object, we have some way of thinking about it and thereby taming its more terrible aspects. This transformation entails also coming to terms with the ultimate separateness of self and other (Grotstein 1982–3).

The process of differentiation of good and bad, self and other, requires us to be able to note similarities and differences, while keeping the boundaries sufficiently permeable and sufficiently separate to be able to make real contact, without the type of symmetrization of self and other that can occur when primary process thinking holds sway (see Matte-Blanco 1975, 1988). Generalization helps us to link similar objects, which helps us to organize our world, but can impede development if insufficient discrimination is made *between* objects. Severe anxiety (fear) impedes symbolization, so that we can fail to make critical distinctions between dangerous and not dangerous aspects of others, thereby impeding the capacity to ground one's observations in reality.

Whereas Klein's early work was closely tied to Freud (focusing on anxiety as a signal of distress, rather than noting the signal functions of affect more generally), later followers expanded upon these ideas. Bion (1977), for example, noted the essential relationship between meaning and feeling, placing emotion at the heart of meaning (see Meltzer 1981). In this way, Bion highlights an essential

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hallmark of Klein's work, which is also a hallmark of any good psychoanalytic work. He terms this quality 'passion', to denote the quality of feeling that marks the essential truth of an experience. Valuing the feelings that we experience in our relationships with patients helps us to mark these essential truths, so that we can attend to them more carefully and perhaps come to understand them better over time (Charles 2002).

Klein's ability to track emotional realities seems to have been quite profound. She links the experience of anxiety to the experience of dependence, noting the delicate balance between the need to rely upon the other, and the terrible vacuum that ensues in the absence of sufficient responsivity to the child's experienced needs. When there is a lack of fit between the child's needs and the mother's capacities, the excess of dependency needs can feel like a chasm ever waiting. The ensuing rage then loops back into the relationship, further toxifying need, self, and other. For Mary, the resolution to the terrible danger to which her relational needs exposed her was to attempt to have no interpersonal needs. She created a vacuum in which sleep, substance use, and ritualized cutting attenuated her longing and despair and thereby ostensibly kept her safe from the far more perilous world of human relations.

This desire to have no needs also becomes a desire to have no words, no way in which to symbolize – and thereby make more palpable – thoughts that seem too distressing to think about. Klein notes this tension between the need for words and the fear of knowing. Discussing her work with a very disturbed child, she writes:

> In general I do not interpret the material until it has found expression in various representations. In this case, however, where the capacity to represent it was almost entirely lacking, I found myself obliged to make my interpretations on the basis of my general knowledge, the representations in Dick's behaviour being relatively vague. Finding access in this way to his unconscious, I succeeded in activating anxiety and other affects. The representations then became fuller and I soon acquired a more solid foundation for the analysis.
>
> (Klein 1930, pp. 228–229)

Klein's attunement helped her to verbalize and to thereby detoxify feelings that had seemed impossible to know together. In my work with Mary, I, too, have learned to speak to what is missing as well as that which is present, as a way of alarming that one might know impossible things without imminent annihilation (see Charles 2004b). Mary often points to a problem by noting an absence, as was the case in the material to follow. In this material, not only were the connecting links missing, but also the very words by which the feared representations might be known.

Anxiety can be titrated through an interpretation that allows for a redistribution and reconstruction of elements in a way that is more tolerable to the

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self. In this regard, writing of her work with a very disturbed young boy, Klein writes: 'From the theoretical point of view I think it is important to note that, even in so extreme a case of defective ego-development, it was possible to develop both ego and libido by analyzing the unconscious conflicts, without bringing any educational influence to bear upon the ego' (1930, p. 229). At the more primary levels of unconscious fears and phantasies, *implicit* education is more readily integrated than explicit, 'rational' instruction. We are putting forward an alternative way of thinking, an alternative way of being.

For Klein, the individual under attack becomes caught between the pain, the urge to fend off the pain through counterattack, and the fear of retaliation (which is also the fear of one's own hostility):

> The ego's excessive and premature defence against sadism checks the establishing of a relation to reality and the development of phantasy-life. The further sadistic appropriation and exploration of the mother's body and of the outside world (the mother's body in an extended sense) are brought to a standstill, and this causes the more or less complete suspension of the symbolic relation to the things and objects representing the contents of the mother's body and hence of the relation to the subject's environment and to reality.
>
> (Klein 1930, p. 232)

The apparent lack of anxiety is bought at the price of interpersonal engagement and of contact with one's own affect and being.

Whereas Freud (1917) tends to speak in terms of whole objects, implicit in Klein's theory is an appreciation of the role of part objects and the various meanings of these, along with the meanings of whatever links or lack thereof might also be present. Klein's metaphors are very concrete, developed in her work with small children. In the work of more contemporary Kleinians, there has been a tendency to shift from a focus on structure to one on function. 'It is capacities for seeing, touching, tasting, hearing, smelling, remembering, feeling, judging, and thinking, active as well as passive, that are attributed to and perceived in relation to part objects' (Spillius 1988, p. 5). Klein's own language, however, vivifies the dilemma of these primal aspects of self that entangle us in their particular emotional realities. In the following passage, for example, Klein speaks to the abject and primary terror experienced when faced with impossible realities:

> One of the earliest methods of defence against the dread of persecutors, whether conceived of as existing in the external world or internalized, is that of scotomization, the *denial of psychic reality*; this may result in a considerable restriction of the mechanisms of introjection and projection and in the denial of external reality.
>
> (Klein 1930, p. 262; italics in original unless otherwise noted)

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In my work with Mary, we often came upon these crevasses in her reality, in which facts that might be knowable at one moment were eminently unknowable at the next turn. Whereas Freud (1917) posits the loss of a (whole) loved object as the fundamental cause of despair, Klein (1935) suggests that early losses are more difficult because the relationships are with part and not whole objects, thus enhancing splitting processes and impeding the type of integration of good and bad that is required for real mourning and successful resolution of loss to occur. Klein notes that the reciprocal attempts to introject the good and expel the bad are each inherently doomed. The need for reparation to (and hence reunion with) the good object exists side by side with the need to placate (and hence avoid being destroyed by) the bad object.

In order for this resolution and integration to occur, the internalization of affect regulation is critical. Klein (1935) points to the crucial function of affect regulation in ensuring healthy development and adaptation to reality constraints: 'Every internal or external stimulus (*e.g.* every real frustration) is fraught with the utmost danger: not only bad objects but also the good ones are thus menaced by the id, for every access of hate or anxiety may temporarily abolish the differentiation and thus result in a "loss of the loved object" ' (p. 266).

In her attempts to understand this internalization process, Klein (1935) details her fantasies/extrapolations/interpretations of the internal world of the infant that result in particular dilemmas. Whether or not one accepts the details overlying Klein's analyses more concretely or more metaphorically, the processes she is depicting are crucial in understanding the dilemmas with which many of our patients are faced. These depictions parallel quite closely the fundamental processes of cognitive and affective self-regulatory development that have been detailed by researchers such as Stern (1985), Fonagy and Target (1997), and Tronick (1989), augmented by those theorists who have described the constraining effects of trauma upon those same processes (Krystal 1988; Van Der Kolk and Van Der Hart 1991).

These early tensions between good and bad part objects are linked not only to affect regulation, but also to the development of superego functions. Klein (1935) notes that anxiety becomes complicated by the need to fulfil demands of the 'good' object, who turns persecutor when the demands cannot be met. The resistance this evokes from within, in Klein's view, is experienced as hatred, which in turn causes

> uncertainty as to the 'goodness' of a good object, which causes it so readily to become transformed into a bad one – all these factors combine to produce in the ego a sense of being prey to contradictory and impossible claims from within, a condition which is felt as a bad conscience. That is to say: the earliest utterances of conscience are associated with persecution by bad objects.
>
> (Klein 1935, p. 268)

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This results in a terrible dilemma when the primary object relations are weak or impeded, in that 'the stronger the anxiety is of losing the loved objects, the more the ego strives to save them, and the harder the task of restoration becomes, the stricter will grow the demands which are associated with the super-ego' (Klein 1935, p. 269). For Mary, this has resulted in an impossible bind in which goodness (mother) is equated with self-annihilation (as not-mother and therefore as bad). Psychic survival, however, is predicated on preserving self from mother (preserving her difference). The resolution of this dilemma has been to avoid the bad mother and to long for a (re)union with mother that will never and can never come. In this way, as attempts to find a 'mother' who will love and accept her have been sabotaged by her attraction to 'motherly' women (critical, self-absorbed, narcissistic women whose love is annihilating), Mary has reinforced her notions of self as inherently unlovable and utterly valueless. This position protects her from further disappointments but also keeps her isolated and alone, thereby perpetuating the negative self-reflections.

In our work together, this idea of self-reflection has come up repeatedly, as Mary's eyes slide to the side in attempts to not see herself being seen. We have discussed how repugnant she found herself in her childhood mirror, and how mirrors have become sources of fear, aversion, and self-loathing. This inhibition seems to add a terrible edge to Winnicott's (1971) description of the baby who *must* find herself in the mirror of the mother's eyes. Not only could Mary not find herself in any positive sense, she has lived in fear of being annihilated by the other's gaze.

Klein (1935) suggests that this fear of annihilation is more fundamental than the fear of loss. This is the paranoid-schizoid reality, in which the individual finds herself in the odd position of residing in a world that is 'in a state of dissolution – in bits' (p. 269). This dissolution – this 'unlinking' (Bion 1977) and unknowing – both feeds and titrates the underlying anxiety. We are inevitably persecuted by whatever it is we are not-knowing. The enforced blindness of projection and expulsion does not eliminate the feared objects, but only dislocates them. The lie remains, continually yearning to right itself. One aspect of this attenuation of reality is the coexistence of the bad object with the fantasied perfect object, without possibility of integration or diminution. The wish for perfection further vilifies the imperfect self who cannot attain the longed-for perfect object. This desire for perfection may also be seen as a desire to protect (and to heal) the flawed object from our own destructive attacks.

When our needs are insufficiently met, they become increasingly problematic. From Klein's (1935) framework, this leads to the ego's hatred of the id. The seemingly irresolvable clash within the self results in extreme despair and feelings of unworthiness. The hatred may be seen as a function of the inability to tolerate one's own pain, a fear of one's own lethality, and also a projected fear that this intense level of hatred may reside in the other. The excess of hate and associated persecution anxieties impede the ability to integrate good and bad aspects of object and self, in this way perpetuating both the split and the fear. Paranoid anxiety, invoked as a means of warding off danger, may be seen as the

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type of hypervigilance that has been linked to the sequelae of trauma (Krystal 1988). This level of anxiety tends to promote distortions because of the lack of reality-testing resulting from an enhanced focus on negative over positive aspects of self and other.

Klein (1935) links paranoid anxiety to the fear of destroying or damaging the internalized loved objects. One means, then, for protecting both self and other may be by defensively withdrawing from the external world. This type of defensive withdrawal seems, at times, to have been Mary's only resolution to her desires for and terror of connection. Immuring herself in her own internal world, she seems to have folded into herself by way of creating a womb in which she might, perhaps, be born anew. Her means for lulling herself into this position, however, had been quite lethal. It was only when she entered analysis and was confronted with my view of the lethality of these 'comforts' – and my conception that a womb might actually be a place from which one might emerge and be recognized – that she was confronted with an alternative creation myth.

It is in a footnote in her 1935 article that Klein affirms her use of the term 'position' to describe these early developmental anxieties and defences. In this way, she attempts to bridge the experience of primal anxiety across time, expressly unlinking this dilemma from any explicit chronology or pathology (see Charles 2001a). In Klein's view, the destruction of the self represents both the murder and the saving of the loved object. In killing the bad parts of self and other, there is a fantasied reunion with the object. Mania may be seen as a denial of dependence; an unknowing that is a denial of the importance of the objects and also of their dangers. Attempts to master and control the anxiety through the control of the environment represent a denial of the need and of the dread. In kind, Mary describes needing to repudiate all ties with the object world when her anxieties become aroused. Experiencing my caring, in particular, has been almost intolerable, resulting in defensive acts of self-annihilation. From this perspective, Mary's avoidance of eye contact may be seen not only as an avoidance of the feared vilification she might read in the eyes of the other but, perhaps more importantly, as an avoidance of becoming entrapped by her desires for love and acceptance.

When Klein (1946) talks in terms of psychotic anxieties, she seems to be literally referring to anxieties that preclude the type of effective reality-testing that might serve to attenuate them. In her term the 'paranoid-schizoid' position, she integrates Fairbairn's (1952) notion of a schizoid position into her ideas of a persecutory phase. In this composite, the term 'paranoid' refers to the anxiety, and 'schizoid' to the resultant distance/alienation prescribed as the price of safety from the feared object relations, whether in the service of keeping self or other safe. In Klein's view, the failure to successfully resolve primary persecutory fears becomes further reinforcing of this paranoid-schizoid position. In line with Winnicott's (1945) views on the lack of integration of the early ego, Klein (1946) assumes that the early months of life are characterized by a tendency towards disintegration or 'falling into bits' (p. 4). The fear of annihilation 'takes the form of fear of persecution' (p. 4) so that experientially, at a certain level of intensity, persecution and annihilation become interchangeable.

Klein believes that the splitting of the object is inextricably tied to a

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splitting of the ego. Although 'it is in phantasy that the infant splits the object and the self . . . the effect of the phantasy is a very real one, because it leads to feelings and relations (and later on, thought-processes) being in fact cut off from one another' (1946, p. 6). This splitting also leads to a dislocation of parts of self and other. Klein describes projective identification as an identification that takes the form of an aggressive object-relation, such that whatever is vilified is not seen within the bounds of self but only outside, in the other. When the primary impulse is to harm or control, the other is felt, reciprocally, to be the persecutor. If, in contrast, it is the good parts that are projected excessively, the other becomes the ego-ideal, resulting in an over-dependence on the other and a reciprocal weakening and impoverishment of the self. Mary's difficulties in integrating good and bad aspects of self and other leave her caught in relationships in which she is inevitably persecuted by either the withholding good object or the actively bad object.

Introjective processes, when excessive, result in the same type of impasse, in which the dependency and subservience are in relation to an internal rather than external object. 'With an unassimilated idealized object there goes a feeling that the ego has no life and no value of its own' (Klein 1946, p. 9). With excessive introjection, the disintegration results from the concomitant attempts to unite with the ideal internalized object while also fending off the internal persecutors. For Klein, parental love and understanding are the forces that help this integration process to occur, a theme explored most pointedly by Winnicott (1971). Bion (1977) then expands our views of this containment process by noting the crucial 'reverie' function of the maternal object who digests the child's evacuations and feeds them back in tolerable chunks so that meaning can be made. This is also the role of the analyst, who digests the evacuated elements and attempts to put them into words that can be integrated by the other.

When maternal containment or reverie is insufficient, the lack of integration of good and bad aspects into a coherent whole lends itself to impoverished relations with self and others: 'as-if' relationships that do not evolve, develop, enrich, or grow. Klein (1946) links this type of relating to loneliness, isolation, and fears of parting. This is the type of constricted imprisoning cocoon in which Mary finds herself when her anxieties begin to supersede her desires for relationship. From this perspective, the self is experienced as inevitably bad and wanting, and the other appears to be in danger from this deprecated self. For Klein, the resolution of this conflict comes in the form of a drive to make reparation, which she sees as a function of the move towards the depressive position. If reparation cannot be made (in Mary's case, her inability to find the good mother or evade the bad brother), then the anxieties and the fear and splitting are reinforced.

Much as Klein (1946) describes in her depiction of schizoid defences, Mary appears to have split off those parts of self that seemed to be dangerous or hostile to the other. The destructive impulses are then turned towards the self and are experienced as an *external* danger because of the projection. This splitting helps to allay the anxiety that seems to stem from a fear of killing/losing the other whose well-being is felt to be essential to the self. Klein notes that interpretations regarding the causes of the splitting that integrate an understanding of the anxiety and its impact in the transference – and also in the past – must include details of

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the situations that encourage regression to these schizoid states. These details help to anchor the individual to the functional elements of the problematic interchanges, rather than becoming lost in the surface aspects of the apparent context. Although confronting reality in this way can lead to depression in the short term, it also leads to greater integration and to fundamental positive changes in object relations. This crucial developmental milestone, in which good and bad are integrated into one object, is what Klein terms the 'depressive position'. This position is not an ultimate end to be achieved, but rather a point in an ongoing developmental process achieved through recursive phases of fragmentation and integration across the life span (Bion 1977; Klein 1952a).

With the mourned loss of the idealized object, the demonized object, too, loses its power. Without this integration, persecution prevails. At the extreme, there can be an apparent lack of anxiety (as in schizoid states), which Klein (1946) links to fragmentation. 'The feeling of being disintegrated, of being unable to experience emotions, of losing one's objects, is in fact the equivalent of anxiety' (p. 21). The inner deadness results, in this case, not from an absence but rather from a surfeit of affect. For Klein, it is through our interpretations that we re-link whatever has become unlinked due to the intolerable anxiety. In the moment, however, it may be very difficult for us to maintain the links sufficiently to be able to offer them up for consideration:

> Interpretations which tend towards synthesizing the split in the self, including the dispersal of emotions, make it possible for the anxiety gradually to be experienced as such, though for long stretches we may in fact only be able to bring the ideational contents together but not to elicit the emotions of anxiety.
>
> I have also found that interpretations of schizoid states make particular demands on our capacity to put the interpretations in an intellectually clear form in which the links between the conscious, pre-conscious and unconscious are established.
>
> (Klein 1946, pp. 21–22)

In these difficult moments, we find ourselves in opposition to the other's fear of knowing that is being experienced by them as persecutory anxiety. This is the type of dilemma in which I often found myself in my work with Mary. Klein's metaphors help us to position ourselves in these odd engagements in which a battle is being played out for psychic survival and the sides can change quite rapidly. She describes persecutory anxiety as a primitive form of protection of object and self, positing splitting as a function of the death instinct and integration as a function of the life instinct. 'Persecutory anxiety relates predominantly to the annihilation of the ego; depressive anxiety is predominantly related to the harm done to internal and external loved objects by the subject's destructive impulses' (Klein 1948, p. 34).

Depressive anxiety implies the injury of the good object, which is then lost.

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In this way, 'depressive anxiety is closely bound up with guilt and with the tendency to make reparation' (p. 34), whereas persecutory anxiety is about psychic survival. Klein suggests that persecutory anxieties provide a means for avoiding guilt and despair, whereas the reparative tendency is a more adaptive function of the sense of guilt. You will see in the material from the case how the progression in these sessions is presaged by Mary's growing awareness that she is not merely a helpless victim, but rather a complicit one. She, too, plays an active part in the drama in which she feels imprisoned.

This growing awareness helps to bring Mary out of the dichotomized experience of self and other, in which, according to Klein (1952b), omnipotence is the corollary of persecutory anxiety. This distance gives us a bit more room for reflection rather than being so overwhelmed by the affect of the moment. Being able to be present with both the thoughts and the feelings helps us to better understand the transference, in which one must be able to appreciate not only the present moment but also 'the fluctuations between objects, loved and hated, external and internal . . . [and] the interconnections between positive and negative transferences' (1952b, p. 53). For Klein, to truly understand the transference, we must be able to 'explore the early interplay between love and hate, and the vicious circle of aggression, anxieties, feelings of guilt and increased aggression, as well as the various aspects of objects towards whom these conflicting emotions and anxieties are directed' (p. 53).

Through these explorations, recognition of the splitting helps to contain our ambivalence, so that we might more constructively illuminate the patterns, not only of relationships or characteristics, but also of modes of being and of defence, reactivity, and adaptation that are being repeated. We can notice, for example, how internal and external loci of aggression feed the persecutory anxiety, while the projection and introjection of loving feelings serve to strengthen one another and to decrease persecutory anxiety. Recognition of these patterns helps us to better understand how to contain the affect sufficiently to build ego resiliency, which in turn enhances the ability to know and to link, thereby providing further aid in perception and reality-testing.

We all titrate our knowing through the reciprocal processes of fragmentation and integration that help to contain anxiety, optimally allowing further development without too much anxiety. As we move towards greater integration, however, greed can threaten the internal and external objects. 'The ego therefore increasingly inhibits instinctual desires . . . [which may lead] to serious inhibitions in establishing both affectionate and erotic relations' (Klein 1952a, p. 73). This certainly seemed to be the case with Mary, who becamedestabilized when the possibility arose of allowing anyone entry as a valued or valuable object. In the transference, encounters with a caring object seemed more difficult to tolerate than disdain. The identification with the injured object (and the attendant guilt and anxiety) leads to denial of feelings or connecting links, even to the extent of disavowing any care for the object. This may be seen as a manic defence that precludes care or relatedness, which pulls away from acceptance of the inevitable duality of being and back towards the paranoid-schizoid position.

It is our ability to confront and engage with the world that facilitates

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development. 'The continued experience of facing psychic reality, implied in the working through of the depressive position, increases the . . . understanding of the external world' (Klein 1952a, p. 74), thereby reducing distortion, enhancing reality-testing, and reducing anxiety. Being able to differentiate between internal and external sources of danger and disequilibrium helps to reinforce more adaptive ways of coping, which reduces both aggression and guilt, and aids in effective sublimation of these. For Klein, the urge to make reparation becomes the primary means for keeping depression at bay, which helps in making this important transition. Real successes and new achievements are felt to be reparative, thereby strengthening object relations as well as the ego.

Ego development is sorely challenged by early environments such as Mary had endured. Severe deprivation results in a diminished capacity to receive goodness and to make crucial distinctions between inside and out. When insufficient distinction is made between internal and external sources of danger, real self needs may be abdicated in the hope of repairing the other. Excessive anxiety also leads to rigidity and a lack of porousness and permeability between conscious and unconscious, impeding further phantasy, symbolization, and integration. At the extreme, self-denial and injury become the ultimate gift, in hope of reparation. If the underlying hostility remains split off, self-harm can become a very dangerous manic defence. We can see this tension in Mary, in her impulse to give life by giving to the other, while denying the self. This always seemed to be the price of connection. Receiving had been the greater hazard, in that so much of what had been received had been toxic: from mother, anger; and from brother, sex.

When early objects have been toxic, it is particularly important for the patient to be able to come into contact with, and to thereby integrate, bad as well as good aspects of the analyst. Failing this, any growth or resolution will inevitably be unstable. It is important to build in this resilience, which helps us to tolerate the ongoing struggles between paranoid-schizoid and depressive modes of being and between aggression and libido that are 'renewed at every mental or physical crisis' (Klein 1952a, p. 93). This struggle can be quite taxing and may, at times, be beyond the capacity of the individual to bear. The potency of the destructive impulses can reach a point such that life-enhancing activities are foreclosed, leading to what contemporary Kleinian theorists have termed 'narcissistic' (Rosenfeld 1971), 'defensive' (O'Shaughnessy 1981) or 'pathological' organizations (Steiner 1987, 1990). These terms attempt to characterize an interim state in which the individual is caught between the fragility of the ego and the intensity of the anxieties with which it is faced, resulting in oscillations between exposure and restriction (O'Shaughnessy 1981).

This type of an interim position may offer some respite from the fragmentation and confusion of the paranoid-schizoid position, and from the anxiety and anguish of the depressive position (Steiner 1987). It may be characterized as a kind of no man's land, wherein no growth may occur. Yet, as O'Shaughnessy (1981) points out, within the containment provided by the analysis, this interim position may enable the ego sufficient respite that growth is eventually possible. This may be one way of understanding the hours of silence in my work with Mary that eventually gave way to the clinical material being presented.

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Rosenfeld (1971) notes that in the narcissistic organization, the destructive aspects of narcissism are highlighted and linked with envy, which aligns with the powerful parts of the destructive other as a means for psychic survival. This characterization would seem to help us better understand another aspect of Mary's dilemma: her alliance with her pain that seemed to keep her from straying too far from its sources. At this level, pain and pleasure seem to be closely aligned; we find ourselves in the region of the alliance with whatever has become 'home' (see Novick and Novick 1996).

The sessions

For Mary, the issue of home – how it might be characterized and whether it might ever be a place in which any real nurturance or sustenance might be found – was a pivotal one. Crucial in this regard was not only how home was to be defined, but who might do the defining. During the hours leading up to the sessions being reported, an issue that had become salient was the possibility of actually coming to the fore in her own life, rather than allowing others to destroy her. This would require her to integrate good and bad aspects of self and other. Keeping others in the persecutor role keeps her safe from taking risks of incurring new assaults, but also keeps her immobilized.

During this time, Mary reported a dream in which she was encircled by barbed wire in an empty room. She was trying to chew her way out but not meeting with much success. As she was describing the dream, I had a sense of her allegiance to the pain, her alliance with it – there seemed to be a perverse element in all of this. The real enemy seemed to be her love of the pain.

'Who is saving whom from what?' I wondered to myself.

Processing this dream led us to her relationships with her mother and with a previous lover, both of which were extremely sado-masochistic. An interpretation had then led Mary to more actively consider her own part in this loop. Seeing herself as an actor in the drama, rather than merely a passive victim, had shaken her.

'I'm still kind of raw from last week,' she said, when she returned after the weekend break, 'thinking that I might need to forgive my mother and J. and realizing that I've probably been doing to them exactly what I've been accusing them of. It's good – the realization – but it's hard.'

Mary had brought in the lyrics of two songs by Alanis Morissette and read them to me. One was about 'little rejections' that become internalized affirmations of lack of self-worth, ending with the challenge of *not* abandoning one's self. In the lyrics, I could clearly hear Mary playing with the possibility of acknowledging the victim stance in which she positions herself. Hearing these words left a charge in me – we were clearly entering into new territory in this possible reconfiguration of self.

The other song was about 'precious illusions', beginning with a playful recognition that in playing out the urge to be rescued, one reaffirms the victim role and thereby re-enacts the victimization. In these lyrics, there is an

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acknowledgement of the comfort inherent in whatever has become 'home'. No matter how self-destructive, there is always the longing to return to the known. At this point in the session, the charge in the affective field is heightened as we sit with the hope, juxtaposed with the sadness and the loss. Each is palpably present in the room, accelerating the intensity. There is so much waste, so much lost time, making it difficult for Mary to come to grips with all that has occurred. When we hit that waste, it is like a vast chasm of pain that opens.

We come, then, to the week's sessions being reported. Although I had hoped to present this particular case at an upcoming clinical seminar, I had found it very difficult to write out the process. In part, this is an inhibition against attempting to remember, which I find difficult. There was also an inhibition against inviting judgement, in my own little eddy into the paranoid-schizoid position. More deeply, however, this represents a fundamental dilemma in which, as I think about remembering, I realize that this focus takes me out of the session. I become caught between my wish to hold on to the process so that I might report it, and the need to abandon this desire and immerse myself in the session.

I often find the sessions so taxing that the idea of writing about them afterwards can be quite repugnant. The following transcriptions are what I have managed to retrieve from this tension. They represent one week of work.

Monday morning

'I'm realizing that I miss things', says Mary. 'There was a party Saturday night with my co-workers. They're mainly straight. We were playing charades and the word was "blow" and the guy decided to get to "blow" by using the word "blow-job". He said something about "sexual perversion" and then "jobs" and I'm thinking "jobs . . . sexual perversion . . . what the hell is this" and I'm just not getting it. And everyone is laughing and laughing. And I just couldn't get it. Was my face red.'

She sat for a few moments, then said: 'Then, I was listening to this Tori Amos song, these lines: "boy you best pray that I bleed real soon – how's that thought for you" and finally I get it and I think "God, how stupid." '

(I'm thinking that she is now thinking it's about pregnancy, which is outside of her realm, and that previously she had thought it had to do with cutting, which is within her realm. I'm not certain whether her old thought or her new thought is 'correct', only that my reading has been more consistent with her old thought; wondering what that means . . .)

'I feel so stupid', she says.

'Why stupid?' I ask.

'Just not wanting to even think about pregnancy or any of that. Just not getting it.'

'It's interesting that you would decide that you're stupid', I say. 'We all miss things. I'm thinking that with the first example, with everyone laughing, it makes sense that you would feel stupid, but with the second example, you were alone, up against your internal critic. I'm wondering about when you were young – your

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experience of feeling laughed at or ridiculed or criticized.'

She smiles wry acknowledgement. 'Oh, that. There was certainly a lot of that.'

(But then a wave hits. Lots of distress in her face.) 'What?' I ask.

'I feel like I just went down the rabbit hole.'

(Silence. She curls up into a ball on the chair, sideways.) 'I feel really weird.'

'How so?' I ask.

'This white noise hit That's how I feel when I wind up cutting.'

(I'm thinking 'blow-job' – 'blood' – 'brother' – thinking we're back on this track we had gone down before but been diverted from. I'm wondering how much to say; not say; wondering if she is even aware of these headlines that are screaming in *my* head. When the spasm ebbs a bit, I say, tentatively: 'I'm thinking of where the session began.'

(She nods, but isn't able to say much. I just sit, hoping the pain will ebb. I ask her how she's doing. She describes the pain in bullet points:

- 'intensity,
- noise,
- voices'.

(She curls up. I watch as the pain hits again, and she curls further into herself.)

'I don't know if I can do this', she says.

'I don't know if you can afford not to', I say, after a pause.

(Some time passes, then the pain and distress intensify.) 'I can't stand it', she says.

'Then let it go', I respond. 'Maybe that's enough for today.' Mary calls mid-afternoon:

'I need a little contact with reality', she says. 'I'm not doing so well.'

'Would you like to come in this evening?' I ask.

'Yeah.'

That evening

'I'm trying to avoid climbing into a bottle or cutting myself', Mary begins. 'Sleep seemed to be the best option.'

'I just can't figure out what's going on. I've been going over and over it and

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I just can't get it. I feel like I keep missing something.'

'How do you put it together?' I ask.

(I'm wondering once again about the blow-job and the blood: those refrains keep going through my head. They're so palpable in the room I am never certain to what extent they are present for her or, to the contrary, are exactly that which is not being seen. I'm not wanting to assault her with something she already sees, yet not wanting to be complicit in the not-seeing.)

'I came in, talking about not being able to put things together, then I started thinking about childhood and all the things I couldn't make sense of, and they just kept marching across, the whole progression and then this pain and this wailing and "stop it!" and "don't do that!" and I just can't make sense of it.'

(She's holding the sides of her head with her hands rigid at this point.)

'It seems to have something to do with "blow-job" and "blood" and not being able to stop it or get anyone to help', I suggest.

'I just can't tell what's true and what's not. I spent so much time convincing myself it wasn't true and most of my adult life putting it to rest. I just can't even tell what's true.'

'It seems like a story I told myself', she continues after a pause.

'*That* may be the story you tell yourself to lull yourself', I reply.

'Seems like a dream.'

'A dream you dream to avoid the nightmare?' I ask.

'I don't know.'

(Mary turns to the other side and curls up tightly in the chair.)

(I'm wondering how she might be able to speak to whatever *is* there. I'm feeling pretty lost. Not knowing what is known and what is not known or how we might know together.)

'Tell me about the nightmare', I say.

(She smiles – she sees the ruse and is grateful for the respite offered by the displacement. She works with me: 'It's very dark. I'm very small . . . and I'm scared . . . and in pain.'

'Where do you hurt?' I ask, hoping for some bit of detail through which we might orient; more fragments to piece together – hoping to be let in – to know more of what she knows. But she surprises me completely by saying: 'My heart, my soul – it's like broken. I'm broken.'

(The brokenness is palpable. It has taken over the room. I want there to be some way she can be not broken. I want to have not broken her. Inwardly, I challenge the brokenness. I am not willing to believe in it. Not ultimately.)

'I wish I was dead', she says, cutting the silence with raw emotion.

(I'm thinking that that was in line with her mother's stated wish that Mary

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had never been born and also with this experience she describes with her brother, of having been killed. I'm thinking she acts this out in the blood-letting – ritualizing the killing of herself, keeping it within herself, under her control.)

'That was certainly the message you got', I reply, after a pause. 'Hard to know how to survive that then.'

The line of a song is running through my head, a song I know she listens to, and it's persistent. I wonder about saying it aloud to her and finally tell her: 'This line is running through my head: "Hold on – hold on to yourself – this is gonna hurt like hell".'

(She smiles, grimacing a bit, but nodding. Her resonance is palpable. We have come into synchrony. A bit of respite. The lighter side of the silence.)

'Sara McLachlan', she says, rolling her eyes, but acknowledging the meeting.

(Then I say something referring to having been betrayed by the people who ostensibly loved her. This is the part that seems to be difficult to know or to believe in.)

(We are at the end of the hour. I ask her if she thinks she can go home and get some sleep without 'crawling into a bottle'.)

She smiles. 'I'll give it a shot', she says. 'Thank you.' 'See you tomorrow', I say, affirming the bridge.

Tuesday morning

Mary brings in a poem she had written some years before. I realize she has given it to me before, a long time ago, but accept it as though I am seeing it for the first time, which gives an uncanny feel and yet seems resonant to her experience of proffering something new – a gift.

Through the fog of things past
and forgotten . . .
In the darkness of night where
the moon is obscured . . .
I see a little girl child
hidden in fear . . .
In this place called childhood
there is no laughter
only silence and death.
I see in this place, a big man-boy
moving towards the little girl child

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Excerpted from *Other Banalities*

A malicious glee parts his lips
in a smile of satisfaction . . .
The satisfaction of the conqueror
of the victor . . .
He moves to her and strikes
with the speed of a rattlesnake . . .
He comes back to her again
and again and
again . . .
He says to her don't tell, don't tell
don't tell
DON'T EVER TELL!
Or no one will ever love you
And the six year old little girl child
listens and believes . . .
She believes the lies of the big man-boy
because she trusts him.
She does what he wants
because he is family.
I see the little girl child crack and split
split and crack, beneath the weight
of the big man-boy.
Finally, he leaves . . .
The little girl child sits in a darkened
room . . .
The little girl child cries out
in anguish and pain.
Pain that scars so deep
it leaves little visible sign
Save the eyes which had
fallen into yesterday's hell of tomorrow.
The moon disappears,

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Night is complete in this place
of no light, no air . . . no love.
I move to the little girl child
and I take her in my arms and
hold her, I rock her in my cradled arms.
For now, for the Goddess, forever . . .
I take the little girl child with me
through the years after Him.
I show her how I pieced together the
broken dreams.
We journey to another family,
one of love and safety,
of comfort and growth.
We see the pain of coming out and
the joy within.
I take the little girl child
to a place of today . . .
and together we look back
to where we have been,
and where we are headed.
We look at today and
come together, healing at long last.

'That's an optimistic note', I say. 'What was going on then?'

'That's when I was in grad school – J. (her former lover). When I was in grad school, the repressed memory issue came up and I went underground. Seems like a safer place to be.'

'You're not six any more', I say, trying to separate now from then; trying to give her a bit of respite from the intensity of the affect of being six and overwhelmed; perhaps to give us both some respite.

'I'm not so sure', says she.

(I had an image as she was talking of being submerged and gasping for air, but being afraid of going back: being caught in between.)

'I have the sense that you feel as though if you went back there it would be

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the same', I say. 'Kind of like you were drowning and need to get up above the surface to gasp for air, but terrified of going back there. You're stuck between needing to know and needing to not know.'

(I don't have the whole flow of this session. I know that I was preoccupied once again with the blow-jobs and the bleeding and thought once again back to her comment in which she referred to 'suddenly knowing' the 'real' meaning of the line from the song.)

'How had you interpreted the bleeding before your "epiphany" ', I ask, after a period of silence.

(She does not connect with this: it was too rough. I had wanted to insert some distance between myself as the 'holder of truth' and this 'truth' she had discovered, but mainly managed to insert distance between us.)

I try again: 'The line from the song – how had you interpreted it before you saw it in the new way?'

'As cutting', she says, smiling with some embarrassment.

'What makes you think you were wrong?' I ask.

She just looks at me for a bit, taken aback, then says: 'My willingness to assume that the other person is right, damn it.'

(She shakes her head violently, and then floods with tears.)

After a long time has passed, I say: 'What's going on?'

'I'm thinking that I'm going to need to let you in more', she says.

'And I'm wondering why you're doing this. Why you're willing to take this journey.'

'I think you know why, but you're afraid to believe you could get what you hoped for', I reply.

'I'm afraid of being dependent and then having the rug pulled out again', says she.

(I'm thinking that there is a lot of pushing and pulling, lightening and deepening, in this relationship; that this game between the two of us is a way of making safe her surrounds. That in many ways that *is* the work: making *her* the frame of reference. I say something about that but am not certain at this point what it was that I said.)

Thursday evening

I open the door and Mary looks taken aback, like a deer in headlights.

'You looked surprised as I opened the door', I say.

'I wasn't expecting you so quickly', says she.

(As we sit down, I am thinking of the irony of this – the image comes to

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mind of her knocking on a door and being surprised (and not so pleased) that someone would answer. The image is persistent enough that I say: 'I have the image of you knocking on someone's door really quietly and then being disappointed when they answer.'

'I've done that.' She nods, smiling, seeming pleased, albeit a bit sheepish, at being recognized in this way.

There is silence and then: 'I'm not wanting to be here', she says. 'I'm having a hard time. I've been going back to my journals from the last time I got to this place and it's like ridiculous. It was ten years ago, but it's like the same thing over and over. I turn the page and it's like: "yep, been there, done that"'.

(There's a lot of turbulence in all of this. I'm aware of a certain nausea that has been present since the beginning of the week and wondering to what extent it has to do with my sense of trying to disgorge something being forced into her/our mouth.)

'Same old shit', I say, in keeping with the feeling.

(I'm thinking: blow-jobs and blood, and feeling nauseated. I'm wondering how much of this is in reaction to her material. In kind to my own turbulence, she says: 'I'm thinking it's not real.')

I'm wondering how we might talk about something that is not real. I decide, once again, to accept her conditions, and say: 'So tell me about your dream nightmare.'

She smiles. She curls up into her chair and begins telling me, once again: 'It's fragments . . . Darkness . . . Force of the hand at the back of the head.'

(She stops. I'm thinking that we have been here before. Wondering what other experiential bits of memory we might be able to pull, wondering how to get to them, how to help her to speak of them; how to bring the past into the present sufficiently that we might give words to each, and so distinguish between the two, thereby marking her survival.)

'And the front of the head?' I ask.

'Eyes closed. "Open your mouth." "Just a little." "Kiss it" ', she says, in her other-person mode, mouthing the words with repugnance.

'Crying', she says, in reporting mode once again. Then: ' "I don't want to" ', she says, in her first-person-past voice.

'Oh God', she says finally, in anguish, holding on to the sides of her head: 'my head!'

Silence, then: 'I can't go there.'

'It's there', I say. 'It's already happened. Not knowing it just keeps you from being able to move on.'

Silence, then: 'I don't even know if it's true.'

'You know what you feel', I say. 'He betrayed you. And then you betrayed

yourself by pretending. That's how you survived. But now it's killing you.'

Silence, once again, then I say: 'It's hard because you can't afford to force yourself, because that's part of the problem.'

She makes a gesture of helplessness, then says: 'What do I do?'

(I'm acknowledging her dilemma, but not wanting to take a position that would once again move her out of the centre of *her* life, *her* experience; not wanting to preempt her in any way; wanting to preserve the core of her that seems to need strengthening.)

I say: 'You're on a tightrope and the important thing is to find your balance at any given moment – to take care of yourself – to keep yourself as the frame of reference and not get lost.'

(There is silence once again, but the tension has eased. She opens up a bit, looks less distressed. We're at the end of the hour.)

Conclusion

The week's sessions reported here represented a turning point in our work together. Mary had changed. She was no longer so persecuted by her past and by powerful others in her surround, but rather was beginning to locate herself as an active agent in her universe. Increasingly, our hours were filled with Mary's descriptions of experiences of insight achieved and challenges met. She began to dare to spend more time with others and was better able to keep her eyes open in these encounters. She could locate deficit and disjunction, not only within self, but also within the other. Through these interactions, Mary develops an enhanced awareness of the tensions and the enticements she experiences with others, and can begin to make sense of these.

A crucial factor in this work was our ability to build a space in which we might coexist without annihilating self or other. In this process, my attunement to Mary was the fundamental crucible within which the work and meaning itself were tested. Mary repeatedly wondered aloud at my persistence with, and apparent valuation of, her. This type of recognition of both the experienced and the potential self can be an essential precondition for any real work to take place (see Charles 2001b). Irma Brenman Pick (1997), for example, notes how fundamentally the transference/countertransference experiences of patient and analyst are tied to constructive working through in the analysis. 'I wonder whether the issue of truly deep versus superficial interpretation resides not so much in terms of which level has been addressed but to what extent the analyst has worked the process through internally in the act of giving the interpretation' (p. 352).

Our ability to track the other's affect and patterns of meaning grounds our recognition in ways that make it useful to the other in their attempts to ground their own experiences of self and other more adaptively. As Mary builds resilience through encounters with real (rather than demonized or idealized) others, she is better able to experience her distress and, along with it, her enjoyment. She can struggle with tensions rather than becoming annihilated by them. Winnicott (1974)

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talks about the fear of a breakdown that has, in actuality, already occurred. My sense was that the pivotal turning point in my work with Mary came at the point where she recalled feeling as though she was being annihilated by her brother, but recalled it in the present tense, as an imminent and ongoing annihilation that could not be directly faced, but only avoided. Locating the *breakdown* in the past and the survival in the present helped Mary to be able to see her survival as well as her surrender. This ability to see what had been unseeable – to know what had been deemed unknowable – represented a profound shift in terms of Mary's ability to locate and ground her strengths along with her vulnerabilities in the present moment and to utilize these strengths in the service of her own development.

One of the sequelae of extreme trauma is the abdication of one's own being. One becomes quite literally not present in the moment. The capacity to dissociate under extreme stress can allow us to survive the unsurvivable. And yet, in our inability to be present in our own experience, to some extent we have not survived. Paradoxically, we have lived through our own annihilation. Perhaps in part because of this type of dissociation under stress, trauma impedes the encoding of memory and also the ability to think one's way through the traumatic event to a more tolerable conclusion.

One of our roles, as analysts working with individuals who have experienced severe trauma, is to become the one who knows. Through our interactions, we build, at both verbal and nonverbal levels, an understanding of the experience of the other. We find ourselves in the odd position of being in sufficient proximity to profoundly resonate to – and in this way to 'know' – the experience of the other, while also having sufficient distance to be able to think about this experience and to begin to find our way towards a more adaptive conclusion. This is the role of the interpretation, as Klein (1946) depicts it. From her framework, the most useful interpretation is one that binds past to present by highlighting the salient elements of the interaction. This brings us to the essence of the dilemma, rather than becoming lost in the particulars. We can mark the pattern in a way that makes it more recognizable in spite of whatever costumes it might wear.

If an interpretation is to be useful, it must not only highlight the functional aspects of the dilemma; we must also be able to anchor our awareness in the affective cadence of the lived moment, while titrating the affect sufficiently to maintain our capacity for reflection. This is the crucial balance between feeling and thinking, pointed to by Matte-Blanco (1988) and others, that was always a reference point guiding my work with Mary. Ever lurking in the background was the tension I experienced between the potential of failing to confront difficult issues, and overwhelming her affectively. In this way, we struggled to maintain our bearings between the Scylla of allowing her to remain lost in the darkness created by her fear of knowing, and the Charybdis of retraumatization and despair.

In our work together, Mary and I needed some way of maintaining an interim space in which unknowable meanings could be deposited and transformed into meanings that might be knowable. One magnificent mark of the creativity of the unconscious is our uncanny ability to know while not-knowing; to reveal important truths while also obscuring them sufficiently to tolerate the exposure. This titration process is a crucial aspect of our work as analysts. In Bion's (1963)

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terms, we ease our patients' encounters with the infinite by transforming and translating the primary experience into tolerable and meaningful chunks that can then be further elaborated and integrated. This process is facilitated by our ability to use symbols, which enable us to 'mark the spot' (Charles 2004b) of important meanings, while also titrating the exposure. Symbols allow us to play with potential meanings that might be too dire to consider without the safety of distance. Over time, this titration process becomes internalized and our patients learn to ease their own encounters with the infinite, which, in turn, affords them the opportunity to play with their own experience, to consider potential meanings rather than being locked into foreclosed realities that offer neither relief nor escape (Winnicott 1971; Charles 2004a).

The reversal of the symbolization process is the *unlinking* of associations described so vividly by Bion (1962). The denial of meaning can be an important safeguard against the traumatic onslaught of overwhelming affect, but can also leave the individual immobilized, unable to grow. This was the dilemma Mary put before me quite explicitly when she reintroduced the poem that had become unknown between us, even though it had been shared knowledge at some time previous. In this way, Mary was telling me that there were gaps in her memory; gaps that were not necessarily repaired by the mere introduction of knowledge. We would have to find some way of repairing this damage; some way of making links that could persist over time. The key, she was telling me, lay somewhere within these thoughts that could not be thought about, regarding memory; blow-jobs; and blood.

My ability to carry these words – along with their potential meanings in light of Mary's history – in my mind, enabled me to begin to confront Mary with the knowledge she needed to have, but was afraid to encounter. In this process, she relived, quite vividly, the felt sense of having been killed by her brother through his sexual assaults. Experiencing herself being killed in this way seemed to evoke, at another level, the affective sense of having been a failed abortion. Her mother had wanted to bleed, but had not. Mary had been the cause and the result of this abortion that had remained unfulfilled. Her life had been won at the expense of her mother's. In some fashion, she appeared to have been living out her expiation for this crime, by letting her own blood in the fantasied atonement to, and reunion with, the mother.

My work with Mary was extremely difficult and taxing. At times there was no hope in the room, only silence and darkness. In these dark and dire moments, having a sense of the conceptualizations first articulated by Klein, and then further delineated and augmented by her followers, offered me a conceptual map through which to find my way. These conceptualizations helped me to locate myself in psychic space, as I struggled through the long and at times torturous hours we spent together. This conceptual map was an essential ally in my ability to tolerate being in these dark and terrible spaces with her, and was also an important guide in working together towards a place where these dangers became less imminent and healing became possible.

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Note

The author would like to express her gratitude to 'Mary' for her gracious willingness to share this material. Appreciation is also due to all of the members of the London Clinical Seminar Group, whose generosity of spirit and thoughtful comments greatly enriched my appreciation of elements of this case.

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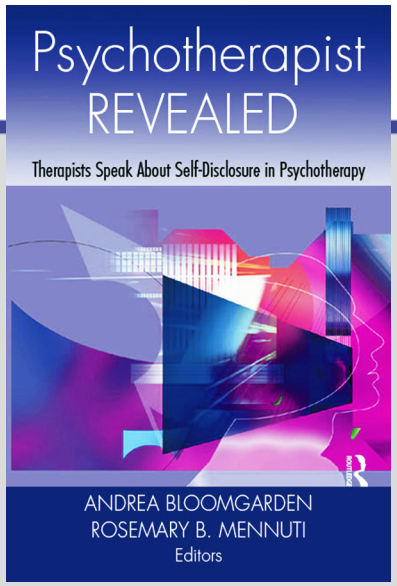
CHAPTER

4

LESS IS MORE

AN ARGUMENT FOR THE JUDICIOUS USE OF SELF-DISCLOSURE

BY KAREN J. MARODA



This chapter is excerpted from

Psychotherapist Revealed: Therapists Speak About Self-Disclosure in Psychotherapy

Edited by Andrea Bloomgarden and Rosemary B. Mennuti

Learn more

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AN ARGUMENT FOR THE JUDICIOUS USE OF SELF-DISCLOSURE

Excerpted from *Psychotherapist Revealed*

Historical overview

Self-disclosure has been rapidly shedding its reputation as the technique of last resort for the inexperienced or insufficiently trained therapist. Although analytic clinicians have historically been less inclined to self-disclose (Simon, 1988; Myers & Hayes, 2006), there were several analysts in the 1930s to 1950s who strongly advocated for self-disclosure, especially to confirm the client's reality and when the analyst had contributed to an empathic break or impasse (Little, 1951; Ferenczi, 1932/1988; Tauber, 1954). As Rachman (1993) said in discussing the work of Ferenczi, "by the analyst's self-disclosing his own contribution to the emotional experience, he becomes the parent who is willing to take responsibility for contributing to any, even unintentional, emotional difficulty" (p. 93). These pioneering attempts to endorse self-disclosure when it was needed to acknowledge the reality of the emotional scenario taking place between analyst and client were buried by the mainstream analysts in favor of ongoing "neutrality."

Self-disclosure resurfaced in the analytic world in the late 1980s and early 1990s, primarily with the work of analysts like Renik (1995), Ehrenberg (1982, 1992), Jacobs (1999), and Maroda (1991, 1999). Although self-disclosure has been acknowledged as ubiquitous and possessing therapeutic potential, it remains controversial. The problem with self-disclosure has been, and remains, whether the disclosure is done for the therapist's benefit, the client's, or both. When we disclose, what is our reasoning and our motivation? When is it helpful and when is it not? To whom should we disclose and to whom should we not?

Simon's (1988) now-classic study of therapist self-disclosure was one of the first efforts to compare therapists who were most likely to disclose versus those who were not. Twenty years ago, when this study was done, self-disclosure was not widely accepted and Simon's results probably did little to encourage any changes. The high disclosers in her study did not possess the characteristics most therapists aspired to. Simon says they were inclined to answer any question their clients asked; they initiated hugs and other minor physical contact; they were more likely to have social relationships with former clients; and they had fewer hours of personal therapy than low disclosers. Simon's study was limited to interviews with only eight therapists (chosen from the tails of a sample of 27 on the basis of frequency of disclosure), and her results have to be considered within those limitations. She also reported that her subjects found self-disclosure to be generally helpful. But for analysts, in particular, the lack of information regarding self-disclosure and the fear of becoming one of Simon's "high-disclosers" inhibit them from engaging in this behavior.

Yet at the same time we are seeing a movement among those who do disclose to hold almost nothing back. Disclosure of erotic countertransference (Davies, 1994; Rosiello, 2000; Mann, 1997), which I am almost always opposed to, has been touted frequently enough in recent years that it is rapidly insinuating itself within the acceptable parameters of therapist self-disclosure (in spite of the fact that most therapists still view it as ethically questionable; Goodyear & Shumate, 1996; Fisher, 2004; Pope, Sonne & Holroyd, 1993).

Those like myself who feel that disclosing sexual attraction to a client contains unique boundary and safety issues may shy away from all disclosure

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rather than embrace a technique that suggests all of the emotional responses of the therapist are grist for the mill. And without some meaningful conceptualization of the therapeutic action(s) of self-disclosure, we are bound to have as many failures as successes. As Levenson (1996) said,

> I have had some striking successes, but also some disasters. Self-disclosure often seems to be a reparative effort by the analyst after some acting-in on his or her part. It is a device to be used sparingly, and only with patients with whom one has a solid therapeutic outcome. (p. 247)

I doubt that there is any therapist who hasn't at one time or another blurted out something to a client that he later regretted having said. We are all too aware that Levenson's observation regarding our motivations for talking about ourselves may well be grounded in our guilt or other disturbance of our professional and personal equilibrium. Therapist defensive maneuvers are not therapeutic, including defensive self-disclosure.

The use of self-disclosure

The literature on self-disclosure provides some basic information that I want to briefly outline before going further with this discussion. The risk with any edited volume is that the reader will be subjected to repetitive literature reviews. So I will keep this as brief as possible. First, in spite of the controversy, self-disclosure appears to be therapeutic, at least some of the time (Hanson, 2005; Hill, 1989, 2001; Knox et al., 1997; Myers & Hayes, 2006; Simon, 1988). Second, the reasons given for this usually include modeling, providing needed reassurance, increasing openness in the relationship, confirming the client's perceptions and reality, and ending an impasse. Third, Myers & Hayes have also noted that not all clients are seeking self-disclosure and that they appear to benefit only if it occurs within the context of a strong, positive therapeutic relationship.

Most of us who write about self-disclosure seem to agree that it should be done with some consistency, not to be confused with high frequency. The therapist who gratuitously volunteers personal information and physical contact persists as a negative role model. I am reminded of a story I heard from a young woman who went to see a therapist, and by the second session this doctoral-level psychologist was filling silences by blabbing on about how she and her husband were going to China to adopt a baby. Self-disclosure as a response to therapist anxiety about what to say next is clearly not what we are talking about when we discuss therapeutic self-disclosure.

When and how is self-disclosure therapeutic?

The next logical question is, What *are* we talking about when we talk about therapeutic self-disclosure? The discussion in the analytic world regarding self-disclosure has shifted from "should we do it?" to "when and how is it

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therapeutic?" Analytic clinicians naturally wish to understand the therapeutic action of self-disclosure. We want to know not just that it works, but when, how, and why. Absolute answers to these questions are not possible, of course, but certainly we have, and will continue to have, valuable clinical reports regarding what seems to work and what doesn't. Over time as we gather this information, we can provide new therapists with some reasonable guidelines regarding self-disclosure, as well as other techniques (Maroda, in press).

No one who writes about self-disclosure recommends just saying whatever comes to mind. Even Renik (1999, 2006), who calls for us to be spontaneous, also says that ideally we would have some technical guidelines, as does Meissner (2002). The obvious benefit to understanding why therapist self-disclosure works is that we can formulate our self-disclosures in accordance with established therapeutic efficacy.

For example, early on (1991) I advocated for the use of self-disclosure from an attachment and relational perspective, promoting the therapist's expression of affect over providing personal information. And I continue to assert that providing the client with needed emotional feedback and a general awareness of how the therapist sees and experiences him is far more therapeutic than tales of the therapist's life. I also emphasized that self-disclosure should be done in response to the client's direct or indirect requests for an affective response.

Later (Maroda, 1999) I built on the work of Stern (1985) and Krystal (1988), proposing that the therapist's expression of emotion toward the client served to complete the cycle of affective communication that was insufficiently developed in childhood. In expressing emotion at the appropriate times, the therapist provides an emotional reeducation and remediates a developmental void.

I point out that it is not uncommon for the therapist's affect to be a feeling, like anger, that has been split off by the client. When the therapist constructively expresses his client's disavowed emotion, she is not only modeling awareness, and the naming and appropriate expression of emotion, she is also removing the taboo on that particular emotion. The client's fear that her anger will destroy her or her therapist is contradicted by the therapist's ability not only to silently contain but also to express that anger.

I said that whenever the client asks the therapist what she is feeling toward her, and does so in a heartfelt way, the therapist should probably answer. In the aforementioned case, when the client's affect is disavowed and stimulated unconsciously and repetitively in the therapist, that serves as a signal to the therapist to find a constructive way to express what she is feeling.

Lastly, I have advocated for the therapist to use self-disclosure to break any impasse that occurs. From Jourard (1959) to Truax and Carkhuff (1965) to Renik (1995), we have seen evidence that self-disclosure begets self-disclosure. And the literature on affect (Panskepp, 1994) tells us that change only occurs when there is a free flow of emotion in the brain. Our intra-session goal is the stimulation of emotion, with the hope of creating new experience. Emotional engagement, and to some degree, mutual disclosure of emotion, is the currency of therapeutic action.

Therefore, the primary reason to selectively and judiciously disclose

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emotion to a client is to complete the cycle of affective communication, model mature affective management, and in terms of brain function, provide the catalyst for change. I will elaborate on the other benefits of self-disclosure shortly, but I want to emphasize that the developmental and neural impact of felt emotion provides us with the most important answer to our initial question: How and why is self-disclosure therapeutic?

The other ways in which it can be therapeutic, to my mind, are not as essential and do not stimulate the same deep level of experience and potentiality for change that affective communication does. Providing personal information, including stories from the therapist's life, can be therapeutic, but I personally think this particular type of disclosure is overrated. Therapists or analysts who talk about their lives may, indeed, see a positive response from their clients. But, again, the question is: Why? What was it about the disclosure of personal information that was therapeutic?

There is no specific research on this subtopic, but from my clinical experience, I believe that clients are helped by a disclosure of personal information when that disclosure either resonates with the client's emotional experience, or makes the therapist emotionally vulnerable in that moment. It may also be therapeutic, if used infrequently, because of its novel stimulus value and the likelihood that the client will feel "special" due to the rarity of the event.

This takes us back to the notion of emotion as currency. It seems highly unlikely to me that personal information that does not "move" the client in some real way will be therapeutic. Other disclosures may be gratifying and therefore be rated positively in client self-report, but to my mind, this is not what we are trying to achieve. I agree with Meissner that it is not knowledge of the analyst per se that is nontherapeutic (he points out that the client may discover information about the analyst through a variety of venues) but rather actions on the part of the analyst to move away from a professional liaison in favor of a more personal one. If my client discovers my home address and drives by my house, this is qualitatively different than me providing the address and suggesting that he drive by and give his opinion on my new landscaping.

I am not saying that disclosure of personal information should not be done—only that the therapist take a moment to see if this is a substitute for a more relevant, but perhaps more threatening, disclosure of affect. If, in fact, the disclosure actually serves as a metaphor for the client's life or the relationship between the client and therapist, then it has a good chance of being therapeutic. The neuroscience literature says that few things light up areas across the brain like metaphor (Pally, 2000). And lighting up the brain is what we want to accomplish. So the question is, does the disclosure accomplish this or merely create greater familiarity between therapist and client?

I saw several clients who came to me after their therapist retired, and literally all of them recounted stories of him mentioning his favorite movies, Broadway shows, and sports teams. He would periodically regale them with stories on these subjects, which they found quirky but endearing. None of them seemed to be harmed by his disclosures, but they said they didn't really understand what purpose they served. And they were occasionally irritated by his self-indulgence.

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Excerpted from *Psychotherapist Revealed*

Before I tell a story to a client, I ask myself, Why I am doing it? Is it to amuse myself? Am I lonely from seeing clients all day and want to talk about myself? Is there something I need in that moment from that client? Is the session boring and therefore ungratifying? If so, perhaps I should dig into the client's experience a bit more rather than settling for self-reference. This is not to say that I never indulge myself in this way. I do. But I consider it a lapse, not something to strive for.

Self-disclosure in practice

This brings me to the subject of how I actually work with my own clients, all of whom are functional to highly functional, fairly intelligent people whom I see in my outpatient analytic practice. These are not all people seeking psychoanalysis. Some came for crisis intervention and stayed. Others are short-term, often coming to deal with the ending of a marriage or other relationship. Depression is their unifying symptom.

I think it will be most helpful for me to give examples of both therapeutic and nontherapeutic self-disclosure (as opposed to inevitable self-revelation that emanates from style of dress, office décor, the client seeing you drive up in your car, running into you accidentally outside the office, etc.). When I use the term *self-disclosure* I am talking about the therapist's verbal expression of some thought or feeling, preferably done consciously rather than something blurted out impulsively and unintentionally.

I wrote about a very difficult client in *Seduction, Surrender, and Transformation* (Maroda, 1999) whom I continue to write about because the therapy did not end well. I called this client Susan and will continue with this pseudonym. Susan and I had a very ambivalent relationship, yet she frequently insisted that I reveal my thoughts and feelings towards her. Excited by my therapeutic successes with self-disclosure, I proceeded to reveal more than I should have to Susan, especially in the area of my negative responses to her.

Susan was very seductive with me and assumed I would find her attractive, which I did not. In fact, she soon picked up on the fact that her overwrought attempts to gain my favor and persuade me to accommodate her annoyed me considerably. She felt my unstated but obvious negative reaction to her at these times was overdetermined. (And, yes, she did read the analytic literature, but was not a therapist herself.) Finally, after she had broached this topic many times, I decided to answer her honestly. She asked me to admit that I sometimes had a strong negative reaction to her. I admitted that I did. Then she said that she must remind me of someone from my past that I did not like, because I seemed to overreact to her.

I was very reluctant to respond to this inquiry, given that it required me to deviate from my own guidelines regarding very personal information. In the end, I decided to answer Susan's question and tell her that at times she reminded me of an aunt whom I disliked intensely. I quickly added that I did not feel this way all of the time, only part of the time. But it was too late. The damage had been done. Susan was both triumphant and distraught. She knew she was right. But the truth only fed into her exaggerated sadomasochism. Thompson (1964) warned us some

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time ago about this very scenario. She said,

> It is very important not to begin the truth telling on the part of the analyst too early. One must not offer oneself as a sacrifice to the patient's sadism. Also it is necessary, first, that the patient feels sufficiently secure and has some confidence in his own powers before he is called on to face the defects in the one on whom he leans. (p. 72)

Unfortunately, I had not read this particular passage of Thompson's prior to treating Susan. Too early into her treatment I fed her sadism through my significant error. Although the treatment proceeded with measurable successes, it ultimately ended in stalemate, and I believe this disclosure was the first of many errors I made due to my inability to manage my negative feelings toward Susan and hers toward me. In retrospect, I answered her question when I knew better because I felt guilty about the truth of her statement. On a conscious level, I thought she was entitled to having her reality confirmed, even if it was a negative reality. Unconsciously, I was probably seizing the opportunity to aggress against her.

I have not been faced with any similar situations since ending with Susan some 10 years ago but, in retrospect, my gut was telling me not to answer. I knew the information I was giving Susan was not what I normally disclosed, was too personal, and too negative to be helpful. And I was not at all comfortable with the disclosure at the time I was giving it which, again, went against my own guidelines (Maroda, 1991) for disclosing.

As stated earlier in this chapter, self-disclosure can be extremely therapeutic and I want to illustrate that as well. My most successful intense self-disclosure was also my first. I was treating a client with borderline personality disorder who constantly criticized me and said I was not helping her. If only I loved her and re-parented her, everything would be all right. But I constantly withheld this from her and made her miserable instead. If only I could love her the way she loved me, she would be saved. When this scenario kept repeating itself over and over again, with no interpretations or empathic statements making any lasting impression, I decided to try something else.

In *The Power of Countertransference* (1991, 2004) I illustrated in greater detail how I eventually told her that at that moment I felt frustrated and angry and that this encounter was more about hate than love. I definitely did not *feel* loved. Unlike the previous example of Susan, this disclosure of negative affect with Nancy was unbelievably therapeutic. She calmed down after asking me if I was going to "dump" her because I was right in what I said. Once I assured her that I was not, she said, "Why did it take you so long to say this?" She said she was afraid if I knew how much she hated me sometimes, I would reject and abandon her. She also reiterated that she does love me, too, and really wishes she could have a relationship with me outside of therapy. After that encounter, that impasse was never repeated and Nancy began to work productively with her rage.

These two cases shared many similarities, but also were quite different from each other. In the case of Susan, she was very aggressive and critical of me,

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and made many demands that were unreasonable regarding scheduling, fee reductions, and phone calls. From the beginning she was unable to accept the basic terms, especially the asymmetry, of the relationship. Her requests for personal information from me were just another attempt to equalize the relationship, but not in a positive way. She felt she was in a one-down position simply by being the client and frequently sought to turn the tables on me and prove that I was not better than she was.

Nancy, on the other hand, sincerely wanted therapy, needed a reduced fee because of her financial circumstances, but was grateful for it and always paid on time. She rarely called me and never asked for any special treatment. She was very difficult to work with in the sessions themselves, being frequently emotionally out of control. But she thrived in the safe environment I provided for her. Part of that safety was not talking about myself and limiting any disclosures to direct responses to her in the moment. She valued this feedback and used it productively. I believe that she was healthier and more motivated than Susan was, but we were also a better match.

Even though I didn't always like Nancy, I respected her earnest attempts to change her life for the better. With Susan I did not feel this and saw her as wanting to get better only if she could do it on her terms. Everything was a power struggle. We did not have the alliance I had with Nancy and in one case I was giving mostly personal information with negative implications for Susan, while in the successful disclosure with Nancy I was expressing strong feeling in the moment.

Regarding my motivations, as I noted earlier, I was motivated to disclose as a defensive response to Susan's criticisms and by the anger I felt in response to those criticisms. With Nancy I was able to consciously express my frustration and anger constructively, in part because she gave me the room to do so. Although these two clients shared a great deal in common, including an intense, regressive attachment to me, and a corresponding need to win my love and acceptance, they were also very different. Perhaps this is why some question the feasibility of guidelines for self-disclosure. These two clients had similar early experiences, shared the same general diagnosis, and were equally ambivalently attached to me. Self-disclosure guidelines based on categorization of client psychodynamics are clearly not workable. Individual differences in clients and client-therapist dynamics have to be included in any general technical advice. As Schwaber (1996) said, "One patient tells me I talk too much; another that I don't talk enough. I feel my degree of activity with each of them is about equivalent" (p. 6). Although she was not discussing self- disclosure per se, her comments are relevant nonetheless. Any therapist activity, including self-disclosure, has to be tailored to the individual needs of the client.

Returning briefly to my two case examples, the reader may have already noted a seemingly small but very important difference between these two self-disclosure incidents. In the case of Susan, I was responding to a demand for negative *information*. She was not asking for affective feedback, and she was not vulnerable herself. She was engaging in analyzing the analyst as a way of equalizing the power differential in the relationship. And I was pacifying her out of my guilt for being caught thinking ill of her.

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Excerpted from *Psychotherapist Revealed*

With Nancy, however, we were both quite emotional and vulnerable. Even though she was unaware in the moment of her disavowed hatred of me, she was making herself very vulnerable when she begged me to love her. And I felt quite vulnerable, and scared, when I took the risk of telling her *how I was feeling toward her in the moment*. We were working together, affectively, to create a new emotional experience, and we had the strong alliance that allowed us to work through this painful exchange.

Also, I had given this disclosure a great deal of thought before implementing it. Before disclosing intense anger I had consulted with colleagues, tried everything else to break this impasse, and examined my feelings and motivations for even considering saying something like this (which I have never said to any other client since, by the way). It was anything but a "shoot from the hip" event, yet it was emotionally honest and immediate in that moment. I showed real emotion, but I was not out of control. I had thought through her possible reactions and prepared myself for dealing with them, especially her predictable fears of rejection and abandonment. And I did not do what Nancy was pushing me to do, which was declare love for her and reassure her. I did the opposite. I gave not what she was demanding, but what she needed. Had I done the same with Susan, which I did later (e.g., telling her that I didn't see any value in probing for negative comments and feelings), the result would have been more therapeutic.

What can current research tell us?

The research on self-disclosure has been limited and general, chiefly because it is not ethical to have clinicians try out different forms of self-disclosures in actual treatments. Most studies are done through showing videos or otherwise providing subjects with therapist disclosures and then noting their responses. Hanson's (2005) study involved interviewing actual therapy clients about their current experiences. Her conclusions were that self-disclosure was definitely helpful, but was highly dependent on a strong alliance between therapist and client, and on the skill and comfort levels of the therapist. Priest (2005), in a discussion of Hanson's work, said its weakness lay in the dependence of self-report by clients still in therapy. He doubts that they were in a position to objectively assess the impact of their therapists' behaviors.

I found two of the conclusions of a study done by Knox et al. (1997) to be particularly interesting and to resonate with my own experience. The first was,

> Although there were not enough data for us to investigate this fact more fully, different types of clients seemed to react differently to therapist self-disclosure. Some of these clients were voracious in their desire for therapist self-disclosure, wishing their therapists had disclosed more often or even arranging to meet with another client of the same therapist to share information about the therapist. (p. 282)

I think the topic of individual differences in receptivity to and therapeutic

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benefit of self-disclosure has not received enough attention and is something I address in my next book (Maroda, in press), but surely the "voracious" seekers of therapist personal information are not engaged in a healthy therapeutic process. They are those, like Susan, who seek knowledge of all sorts about their therapists out of a need to feel powerful and/or to feed a symbiotic merger. From my experience, most clients seek limited therapist self-disclosure, and many do not seek any at all. Knox et al.'s second conclusion discusses the fear some clients feel:

> Other clients, however, were less desirous of disclosures, worrying at times that the disclosures blurred the boundaries of the relationship or distinctly stating that self-disclosures were inappropriate because they removed the focus from the client and were unprofessional in their revelations about the therapist. (p. 282)

Clearly they were responding to receiving personal information about the therapist, which I expressed concern about earlier. But it also speaks to individual differences and against any notion that clients as a whole benefit from a predetermined level of therapist self-disclosure. These investigators did conclude that self-disclosure was therapeutic under the right circumstances, which included revealing only historical personal information, not information about the therapist's current problems. Goldstein (1994) rightly notes that the consequences of self-disclosure are both immediate and long-term. Something that the client works hard to accept and accommodate in the moment may linger and have longer-term negative effects.

And as many researchers have pointed out, relying on the client's self-report of benefit or harm is not a reliable barometer of therapeutic outcome. Clients of well-meaning and usually helpful therapists work hard to overlook their faults and self-indulgences. I have seen my own clients do this, yet at the same time their obvious discomfort when I disclosed something they were not seeking, not to mention the pervasive "tell" of looking at their watches, informed me that what I was saying was an intrusion.

Final comments

Although much remains to be done, it appears that the judicious use of self-disclosure can be quite therapeutic. It needs to be done in response to the client's direct or indirect request for a response. I believe it is the most effective when it involves giving an emotional reaction to the client in the moment. Watching the client's response carefully as you speak can potentially cut short an overly long or nontherapeutic disclosure. And there are two types of therapist self-disclosure that appear to be rarely, if ever, therapeutic: the disclosure of immediate personal problems, and the disclosure of erotic countertransference.

As with many topics in psychotherapy, more clinical reports and research need to be done. And clinicians need to be honest with themselves about what motivates their disclosures and whether or not the results are really therapeutic or

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simply not disastrous. It is not easy to study ourselves during our moments of vulnerability and occasional self-indulgence. But it is the best interests of our clients to do so.

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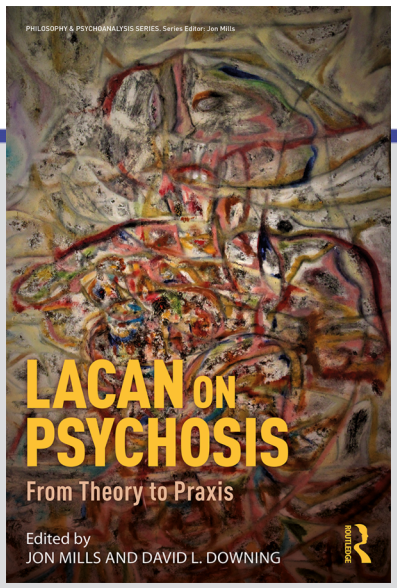
CHAPTER

5

THROUGH SYMPTOM INTO MEANING

THE ETHIC OF SPEECH IN WORKING WITH THE PSYCHOTIC SUBJECT

BY DAVID L. DOWNING



This chapter is excerpted from

Lacan on Psychosis: From Theory to Praxis

Edited by Jon Mills and David L. Downing

Learn more

THROUGH SYMPTOM INTO MEANING

THE ETHIC OF SPEECH IN WORKING WITH THE PSYCHOTIC SUBJECT

Excerpted from *Lacan on Psychosis*

> Symptoms are meaningless traces, their meanings are not discovered, excavated from the hidden depth of the past, but constructed retroactively—the analysis produces the truth; that is, the signifying frame which gives the symptoms their symbolic place and meaning. As soon as we enter the symbolic order, the past is always present in the form of historical tradition and the meaning of these traces is not given; it changes continually with the transformations of the signifier's network. Every historical rupture, every advent of a new master-signifier, changes retroactively the meaning of all tradition, restructures the narration of the past, makes it readable in another, new way.
>
> (Slavoj Žižek, *The Sublime Object of Ideology*, p. 58)

Psychoanalysis with psychotic patients is well-suited to elucidate and address the unique vicissitudes of the psychotic process, afforded by the free associations of the patient, as well as the psychoanalyst's associated distinctive receptivity and potential for various acts of freedom (especially the state of evenly suspended attentiveness that correlates to the freely associating patient), uniquely afforded by the never-to-be repeated, ongoing moment-to-moment unfolding of unconscious processes worded within the bi-personal field of the psychoanalytic pair. Each participant therefore avoids the various entrapments of other contemporary treatments of being conjoined in a conspiratorial process of suppression and de-linking that collapses enquiry into rote prescriptions and proscriptions with the ultimate aim being that of correct thought, bio-behavioral management, and social adaptation or control. Such pressures inevitably lead to further enactments: to provide any number of palliatives, such as medication, active suggestion, correctives, educative exhortations, etc., as demanded by manualized, so-called evidence-based approaches. Such instrumentalities leave no space for the importance of "mind," or the dynamic unconscious. They instead negate the wording of self-experience in the patient's own idiom to the psychoanalyst who, contrariwise, embodies an ethic of desire for self-discovery and knowledge.

This chapter articulates the author's efforts at avoiding falling into those contemporary paradigms, which have privileged the "damaged brain" (complete with "irrational thoughts" that must be debunked and removed) above all other explanatory paradigms and with this, a "physico-chemical-genetic machine" over an experiencing subject—one who submits him or herself passively for cognitive and behavioral *adjustment* to better *adaptation* and fit into society's norms. Through clinical vignettes comes the articulation of efforts, perhaps better considered as "perspectives," to approach the construction of meaning within the neo-reality that resides in the wake of psychotic collapse, and associated efforts to maintain an ethic for the elucidation of a *savoir* of the patient. In this sense, it is the patient who is "the-one-supposed-to-know" and not the psychoanalyst (Apollon, Bergeron, & Cantin, 2002). It falls to the psychoanalyst, who, in knowing that he does not and cannot "know," attempts the establishment of a space wherein the Question is privileged, and may be asked, reaching like an arc overwriting the hole left by the

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subject's act of foreclosure. This becomes a central element of the psychoanalytical journey in the treatment of psychosis, opening the possibility of finding meaning as material is brought into the field of speech, and in the process, the analysand as a speaking Subject.

The perspective offered by Christopher Bollas and Mark Sundelson in their book, *The New Informants* (1995) is helpful to consider in this more cultural regard, further bearing witness to what must be overcome as resistance to one's efforts to bring material into the field of speech:

> Is it not ironic that a country deeply alarmed by the consumption of illegal drugs should none-the-less utterly fail to see the link between its national ingestion disorder and the hatred of talking freely?... The underlying hatred of relationships—one reason that many people turn in bitter despair to the self-stimulating, cocooned universe of illegal drugs—is also utilized by managed care companies, which ... also view emotional and psychological growth through relationships—long-term psychotherapy in particular—with thinly concealed hate. With medication, once again, an entire culture turns to the solitary and destructive—even if legal—solution of chemical ingestion as an alternative to participatory growth through understanding and engaged relating.
>
> (pp. 103, 105)

Treating more primitive mental states is never an easy undertaking, and the reasons point to fundamental losses or "lack" in the psychotic subject, as also resultant from his foreclosure on the paternal metaphor. Drawing from Winnicott as well as Lacan, Kirshner (2011) notes that for both, subjectivity:

> began with a fundamental loss. Freud regarded this primal loss as the impetus for a life-long search to refind the lost object in normal human relationships. The theory proposed by Lacan was that an ineffable sense of loss accompanies the emergence of a new world of symbolic forms that links the subject to a cultural world of extra-individual meaning and, in various ways, covers over the existential emptiness of individual existence. By failing to take this subjectivizing step into the symbolic order—that is, by using the mechanism of foreclosure—the future psychotic was condemned to face a void without access to the laws of cultural structure that provide symbolic representation to the unmasterable excitement (*jouissance*) of the existential real. The psychotic then lives, as it were, without a true unconscious ... but remains in an unmediated relationship with the real of the drives.
>
> (pp. 89–90)

The case vignettes that follow, exemplify these assertions as well as the

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general theorizing of Lacan, as originated in the Freudian field.

In the realm of the [un]real

Ms. D was a 21-year-old, Asian international student attending an elite educational program in a large midwestern city in the USA. She was referred by a member of the staff of the program's counseling center, owing to what was deemed to be the severity of her symptoms, and the very time-limited options available for psychotherapy at the facility. Ms. D had been reporting being under some form of observation: the cat was watching her with an ominous intelligence; ships and boats in the harbor were watching her. In meeting with me, she initially focused on some of the difficulties she was encountering in her artistic endeavors, and creative processes in general. It was noteworthy that she was staging a number of "performance art" pieces. One had to do with a male colleague engaged in giving birth to small, insect-like creatures, red in color, and like the blood associated with "births." This seemed to open up her discussing with me some terrifying hallucinatory experiences, the first of which involved humanoid figures that initially presented at the foot of the bed during the night, awakening her and causing her to scream, rousing her sleeping boyfriend, who reported that he saw nothing. The figure was a cyclops, with one enormous eye that was fixed upon her, with skin like that of a shark, yellow, and glistening. The figure would always be silent, but, as in the first instance, might appear to be moving toward her, without a sound, or reaching out its arms toward her. Another and more menacing figure would be seen more in peripheral vision, with sharp, ravenous teeth showing from a horrible mouth opened in a kind of ghastly smile. Whenever looked at directly, the latter figure(s) disappeared.

In coming in for her appointments, Ms. D settled into a sort of routine. She would sit on the edge of the couch, carefully remove her eyeglasses (the better to see into the inchoate reaches of the unconscious? and tune out the fictions of the social reality?), and begin to speak in a very soft manner. She spoke as if she were in a trance, about what ever occupied her mind. Thus, she did not dwell on the mundane of the everyday, such as reporting on her week, but offered only very little of her background and development. The one significant and ominous memory that she did produce was related to her having played hooky from school when in the seventh grade and going to get her hair done at a nearby salon. Upon seeing her, her father was furious and reportedly called her a "whore." Recounting this, Ms. D broke in tears.

During Ms. D's appointments, with their free associational and stream-of-consciousness quality, a couple of clinical moments stood out. During one session, she raised her voice quite loudly, exclaiming that, which she could not rely on or, in her words, "trust"—which appeared to be elemental of reality: "I cannot trust this building. I cannot trust myself. I cannot trust this rug. I cannot trust those plants. I cannot trust these paintings. I cannot trust my hair. I cannot trust your hair … [etc.,]." To be certain, the references coalesced mostly around the elements of the psychoanalyst and the consulting room. But, as with the performance pieces, including the one mentioned, male-female binaries, the "realities" of the birth process, and by extension, existence itself, could not be presumed as "givens." "The

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Black Water" at times was hallucinated as pouring in and inundating everything, threatening to drown her. The Black Water was deep, its stain coating everything in darkness. Talking of The Black Water caused her to cry, bitterly. One d[r]owning being as good as another potentially, she spoke occasionally about "getting drunk"—perhaps her manner of medicating herself against some of the painful experiences of which she reported. Otherwise, as with the other patients soon to be mentioned here in detail, no medications were requested, nor prescribed.

Near the end of her treatment, prematurely drawn to a close by her need to return to her country of origin, Ms. D was a much calmer person—oddly, as she was more attuned to addressing her future, regarding which she was very concerned and uncertain of a future. She openly wondered "What will become of me?" She saw herself as having to re-enter her parents' world, constraints on the expression of her individuality and artistic and personal idioms. By the same token, she lamented that "I do not know how to take care of myself. How will I be able to make enough money to support myself?" Her art, she felt, could only do so much for her, a limited amount. She feared that she must sacrifice her future, and aspirations, by finding a husband of monetary means who could at least provide her with a comfortable home. She seemed to realize only too well that "adjustment" and "adaptation" would demand a price of her. The offer was made to arrange for appointments via some video link if she thought that would be of value. While readily agreeing, and with the appearance of some relief, she has not contacted me since leaving the United States.

Frozen

Mr. Q was a 36-year-old married man, recently unemployed, and the father of two very small children, one not yet a year old. He had been recently discharged from a psychiatric unit of a general hospital, and family were concerned about his refusal to take medication, and were anxious that he might still be actively psychotic. He had been working in a laboratory within a medical center, pursuing a new interest in biology, and often had to come into contact with specimens stored at deeply frigid temperatures. The demeanor of a colleague requesting him to retrieve some samples from one of the super-cooled chambers made him fearful that he was being lured into being locked inside and left to die by freezing. As some conspiracy began to increasingly gain ground, he felt that he might be endangering his family and so left the home late one night, after staying up and unable to sleep for several days. Exhausted on the road, he pulled off of the interstate highway in order to rest, and finally after falling asleep, he was awakened by the state police, who concerned about his mental state and well-being, took him to the emergency room of a hospital, where he was evaluated, and subsequently admitted to the psychiatric unit.

Mr. Q remained highly resistant to the idea of any treatment, and acquiesced to meet with me only on the condition that he be accompanied by his wife, with the aim of conducting a conjoint treatment to address problems in their marital relations. This was not what his wife felt would be helpful, although she did agree to accompany her husband to several of our appointments, ultimately leaving earlier, after a period of "adjustment," and ultimately not accompanying Mr.

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Q at all. His sense of his surroundings was very acute, and he took note of minute details, some of which, like the art, he found interesting, and might prove a point of interest in discussing. More psychologically-charged topics were often met with a sardonic, as if knowing, smile—or enigmatic questions and observations, suggestive of his view of me as potentially in league with the conspirators. Despite these deep, seemingly intractable concerns, Mr. Q did speak about his school years, and his family in some detail, and his own changing career interests from the humanities and government to the sciences, especially biology. We also came to understand that his taking "flight" in his automobile from the family home was a valiant effort at leading those who might wish to harm him away from his wife and children, and thus ensuring their safety and protection. Such foci may have served to overwrite the hole left by foreclosure on the Name-of-the-Father, and inscribe within the patient some logical cohering, functional ideology to serve a similar function. Mr. Q produced a dream, wherein he:

> was inside of my home, and went to open the door as there was someone trying to get inside. I opened the door and saw someone that was dead. They were frozen, yet they came toward me, silently, arms outstretched. In the dream I told them to stop, and screamed, but it continued to come toward me. I woke up in a fright.

As Bergeron (2002) writes of the dream, which appears to pertain here:

> Delusion is a closed and dense imaginary construction that discharges any surprise by the real because it can be told entirely with words. In delusion, signifiers are "absolute" and words have only one closed meaning. In the dream, by contrast, signifiers open up other signifiers.... These memories derived from the dream-work, then, uncover gaps, loose threads in the fabric of the delusion, and thereby put the delusion into question.... The enigma of the dream enables doubt to creep into the delusion and certitude to be pierced.
>
> (pp. 74–75)

The dream, of course, does indeed bear many resemblances to Mr. Q's delusion that others are trying to harm him by freezing him to death. In other respects, his terror is such that he is absolutely "frozen with fear," and unable to re-enter his life and the world of his wife and children. Despite such conversations, including affirming absolute confidentiality, that no one would be able to harm him during our appointments, and so forth, Mr. Q announced he would not return for further sessions, and abruptly left the treatment. My efforts at some follow-up—to hopefully help generate desire in the patient (Fink, 1997)—were met with a stony, one might say, "cold" silence. Of note, I had observed, ruefully, following one of our sessions, upon leaving the building, and rather inexplicably, a hearse, and a limousine were parked across the street. I strongly suspect that this confirmed for

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him that I was, indeed, part of an effort at killing him. There were a couple of communications from the family that the situation remained the same and that they were still hoping to have him return. Unfortunately, this has not, as of yet, occurred.

Mindfucking

Mr. P was a 26-year-old male, originally from a country in Africa. He was referred to me by a psychologist at a university-based medical center, for follow-up subsequent to his discharge from an inpatient psychiatric unit, after being admitted for a first-time psychotic episode. He was on no medications, although he had been during his hospitalization. He informed me at the time of our first appointment that he would be starting law school at a prestigious university on the East Coast in the fall, giving us roughly four months of working together consolidating and extending his recovery.

Mr. P's family were professionals, and an ethos of service to community and to society was transmitted to him throughout his development, ultimately translating into becoming an attorney for not-for-profit organizations with a "social justice" mission. Upon enquiring if his name held any meanings, he blandly remarked that it meant, "the son of God."

Perhaps this underlay his sense of having a "mission" to which he was called. But this mission was massively derailed owing to Mr. P's sexual and intellectual involvement with a woman, coinciding with a manic episode wherein he was unable (unwilling too, quite possibly) to sleep for four days, after which, he "crashed." The image of their relationship, which he framed in speech, oddly enough, resonated as an image in my mind of a complex entanglement of limbs and bodies, without separateness, without otherness—a "mind-fuck," as he termed it, re-translated back into the imagistic, psychotic neo-reality of utter entanglement.

It was in the context of a series of philosophical debates with "himself," his sister, and his intimate other, that Mr. P contemplated "suicide for the first time in my life." He referenced Descartes's famous dictum, which, for him, could no longer be taken for granted in this physical and psychical mélange in which he found (or, more properly, did not find) himself, that, in reflecting back, he noted with tremendous relief, as he listened to himself speaking to me while lying on the couch, "I did not imagine that I would ever have another thought in my life again." This was the effacement of the Subject as Subject, subjected to the demands of the *him* (Roustang, 1986), and tantamount to death. My query as to what prevented him from committing suicide (perhaps here seen as a desperate effort at the salvation of the Self-as-living-Subject) led to a lengthy silence. He responded, "That's a good question." Evidently, he engaged his sister in a discussion of his desires to kill himself, and hoped (and had this hope gratified) that she "would find a *hole* in my argument." This was directly linked to the Cartesian *Cogito*, which, as noted, was negated. He reported his "Complete, *complete* depression and hopelessness. I felt damned." So completely "frozen" and without thoughts even of his own creation/willing, he "surrendered completely to God."

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Thus, despite his certitude, Mr. P held out a certain openness to other information (as seen in his desire for a philosophically-based debate). Therefore, he reasoned, to exist, there must be at least one other, as well, with whom one could relate. An inpatient psychiatrist became such an interlocutor, and, by Mr. P's report, implicitly raising a fundamental question by observing, "You think you have free will." He found this so exciting (the *jouissance* of the Other), and here we might wonder if he felt under the sway of an omnipotent Other's mad discourse, such that he went into another manic episode.

Interestingly, he began to refuse medications, and contradicting the received wisdom of such matters, not only did the hospital staff respect these wishes, but he began to recompensate, leading to his discharge. His progress continued during our brief work together, and while depressive features continued to present themselves, there was no recurrence of frank psychotic elements. He proceeded onto Law School, perhaps to prop up his embattled ego, and overwrite the Name-of-the-Father in the hole laid bare by the psychosis, by coming to enshrine a lawfulness to the Universe and to the discourse of the Other—a space wherein he could once more experience his own thoughts and thought-creations. While his father was still alive, and a respected figure in his professional realm, it is interesting to note that the patient spoke of his conversations with women, and efforts at engaging with them as he felt his own subjectivity to be breaking down and apart.

Going crazy

Ms. S, an African-American woman, and a professional, began her treatment when she was 33-years-old. She announced, by way of requesting a treatment, "I think I'm going crazy!" She had recently purchased a new condominium, although she felt that the neighborhood was unsafe, and her automobile had subsequently been broken into. She reported being very concerned about numbers—on a clock, license plates on cars—constituting warnings and messages to her as to what is about to happen. She had recently decided not to go on a date for such reasons. She described relationships, including a current one, in rather cryptic terms. Despite her interest in exploring sexual matters, she felt censored from doing so, as discussing such matters with a male made her uncomfortable. Indeed, my being white was of no small concern, owing to the great pain inflicted upon African-Americans by white Euro-Americans. In my case, however, this was mitigated by my long hair, which signified that I might not be a "typical white male" after all. Additionally, she found my relatively silent, reflective mode to be less helpful; hoping to receive more direction, etc., than I was providing her. In discussing this extensively delicate balance—I certainly did not wish to convey that I was eager to be shut of her by facilitating a referral, but, at the same stroke did not wish to limit her freedom to create the type of treatment she might prefer with someone else: we ultimately agreed that she would see a cognitive-behaviorally orientated, African-American, female colleague I knew. She expressed her thanks, and set up an appointment with the colleague.

It was with some surprise when, a few weeks later, I received a telephone call from Ms. S requesting a return to me for ongoing appointments. When we met,

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she exclaimed that the colleague "talked so much, I couldn't talk," and was "too free with giving me advice and telling me what to do." I did notice that she was, however, reticent to schedule at certain times, and when she returned, having previously not wished to meet on the sixth of the month, she declined an appointment on the twelfth. She explained more fully some of the prohibitions and anxieties regarding the number six and its derivatives. For example, in the previous year, just passed, she felt that a message was transmitted to her that something awful would happen on December 24 (December is the twelfth month: 6 + 6; the twenty-fourth can be seen as the addition of 2 + 4 = 6). This year would be a fraught one, as she was 33 (3 + 3 = 6). Work is a source of great dissatisfaction for her, and she noted that she works on the sixth floor, which sponsors considerable stress itself. Her condominium's number is six. When discussing her biography more fully, she noted that she was gang-raped by teenagers of different ages who were acquaintances of her sister's boyfriend. She had been penetrated by inanimate objects as well as digitally. As it should happen, she was 12 at the time, and there were six boys. We would not be surprised to learn that she had not considered this horrific experience with a great many of her fears, including sexual ones. Indeed, so taken with my evident interest in linking this to, for example, her focus on the number six and its derivations, her experience of this, and the sort of care she received afterward, and further thoughts and feelings that occurred to her regarding this traumatic event, that she became curious herself, asking, "Should I still be upset and thinking of this, Dr. Downing?" That she *was*, and yet experienced a simultaneous "neglect" and effort to move on and ignore it, spoke volumes as to the internal (psychical) damage incurred, long after she evidently had healed physically, perhaps conferring a sense of being permanently damaged inside.

Ms. S's father had died when she was 5, evidently of a brain tumor. Her mother's subsequent relationships appeared to be conflictual, and Ms. S had nothing positive to say about them. She has found herself (the passive voice is indicated as, in many ways, life and its travails do appear to be experienced as emanating from without) absent her authorship. Similarly, this becomes concretized in her sense of her home (as with, earlier, her body?) being broken into, the furnace tampered with, perhaps to poison her with carbon monoxide. She has increasingly become convinced that her actual family has been replaced by imposters posing as family. This has led her to sever ties and all contacts with them. Even the dead are tampered with, as she reported attending a funeral, and asserted that the corpse in the casket was not the actual person who was ostensibly deceased.

The occasional dream brought in by Ms. S seemed a straightforward retelling of the manifest and conscious elements of her lived experience. As in the case of Mr. Q, we might see these dreams as reflected by Bergeron (2002):

> While the *neurotic's dream* yields signifiers that encircle a navel, a knot of the real insisting within the dream, the *psychotic's symptom* sets itself up as an irreducible, unassimilable rock of *jouissance* piercing the delusion which would proclaim the imaginary existence of an Other who, filled out by the psychotic, does not lack. The symptom is to the delusion what the navel is to the dream: something unrepresentable that cannot be assimilated.
>
> (p. 84)

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Ms. S subsequently left her condominium, which she had placed on the market for sale, and moved into a neighborhood both safer and more expensive. She began to come less regularly for appointments. In the intervening years (10, as of this writing), she has maintained intermittent contact with me, having moved to one of the coasts, writing and/or telephoning when she feels herself to be in crisis. Such "on demand" appointments appear, by her account, to be helpful and containing for her. These represent, perhaps, her expression of her own desire, and do not place her under the demand of me, protecting our work and me, from experiencing treatment as persecutory, megalomaniacal, or erotico-manically charged. Comfort at work and interpersonal relationships remain problematic, and at the center of our appointments and her updates.

Discussion

I have noted in these patients presented here, as well as two other in-depth treatments of psychotic persons of which I have written (Downing, 2005, 2017), that depressive features are prominent at one time or another over the course of the therapeutic work. To my mind, these aspects of the clinical work with psychotic individuals have not received the attention, which is warranted. Certainly, the terror and the agony, which is experienced can be expected to preoccupy the psychoanalyst as they treat the patient, as well as the problematics of the psychotic elements of the transference. Some authors describe the depression as a post-psychotic episode phenomenon (see Widroe, 1966; Chintalapudi, Kulhara, & Avasthi, 1993), whereas others acknowledge its centrality to the entire psychotic process (see Birchwood, Iqbal, & Upthegrove, 2005).

Although these cited works do recognize the importance of depression, excepting Widroe (1966), the authors tend not to offer hypotheses and conceptualizations from within psychoanalytical paradigms. Widroe (1966), however, suggests that:

> post-schizophrenic depression augurs well for a patient's recovery from his psychotic episode. The depression signifies that the patient is capable of giving up his infantile attachments to his parents, and that his ego is capable of damming off large amounts of non-neutralized aggressive and libidinal energy in order to prevent massive disorganisation or disruption of ego functioning.
>
> (p. 121)

From a more object relations perspective, we might see the depression as the capacity for greater object-relatedness, and the capacity to experience loss (even of one's inner objects) as indicative of the capacity for health. From our Lacanian position, it would appear that the "depression" might signify the disengagement from the *jouissance* of the Other, and the potentiality to organize a loss, as such, albeit within the Imaginary. These patients largely suggest the capacity to begin to

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recompensate around other "projects," less psychotically freighted than the "mission" inscribed within the delusional system of the formal psychosis. Mr. Q stands out differing in terms of a question as to his sense of desiring a treatment—indeed, whether it could be said that he had truly *requested* one at all. The question also arises as to whether he was taking any medications at all—in my experience, this can sometimes support the work of the psychoanalysis or psychoanalytical psychotherapy, especially in the acute, early phases. However, none of the patients presented in this chapter were taking medications during their treatments with me.

It also cannot fail to occur to the reader that what Mills refers to as "paranoiac knowledge" (Chapter 1 in this volume; Mills, 2003) is also applicable in these discussions regarding my patients/analysands, where knowledge is conscripted into wholly different constellations of meaning and subsequent usages. In particular, Mills notes:

> the paranoiac process of acquiring knowledge has its genesis in the imaginary, first as the subject's misidentification with its alienated image in the reflection of the other, and second as the fundamental distortion and miscognition of external objects.... Human knowledge is paranoiac because the subject projects its imaginary ego properties into objects which become distorted and perceived as fixed entities that terrorize the subject with persecutory anxiety in the form of the other's desire. Although the terrifying part-object experiences of the dislocated body arise in the imaginary, the symbolic register introduces another form of fragmentation. Desire and speech by their very nature impose a command. Knowledge is saturated with paranoia, because it threatens to invade the subject, and it is precisely this knowledge that must be defended against as the desire not to know.
>
> (p. 31)

Clinical postscript

Despite that the main purpose of this chapter is to highlight clinical phenomenology in working with psychotic processes in outpatient populations coming from diverse backgrounds, ethnicities, and social collectives, regardless of the diversity issues and cultural homologies involved, impacting on the way we wish to conceptualize these psycho-social dynamics, we must not lose sight of the fact that encouraging free speech is a boon for liberation, whether that be gained through therapeutic discourse or through the lack of prohibition placed on the psychoanalytic encounter. When patients realize the value and sanctity of free speech with another caring person with whom they can trust and can open up, this in itself constitutes a healing environment, the sacral space leading from symptom to meaning.

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