

**Experience and Change:**  
**A Case Study of Mutual Transformation in Psychoanalysis**

by

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## **Experience and Change: A Case Study of Mutual Transformation in Psychoanalysis**

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### **Abstract**

This case study examines the development of a psychoanalyst's theoretical orientation and subsequent shift in technique due to the challenging dynamics of a difficult patient. As a result of the patient's early trauma in parental relationships, he adopted the defensive position of being an "exception" to his dysfunctional history. At the same time he developed feelings of intense shame. New knowledge was gained through analysis of the initial failed technical approach of transference interpretation, and subsequent redirection to the patient's needs vis-a-vis gaining understanding of the patient's implicit memory exhibited through behavior in the treatment relationship. The main goal of this case study is to demonstrate the value of a phenomenological perspective when used in conjunction with psychoanalytic technique in order to gain a more in-depth understanding of the treatment relationship as well as the needs of the patient.

*\*Privacy Disclaimer: To protect the confidentiality of the client, identifying information has been disguised and certain details have been concealed.*

*Change.* - verb (used with object):

1. To make the form, nature, content, future course, etc., of (something) different from what it is or from what it would be if left alone.
2. To transform or convert
3. To substitute another or others for; exchange for something else.
4. To give and take reciprocally; interchange: to change places with someone.
5. To transfer from one (conveyance) to another.

Change. In *dictionary.reference.com*

This is a story about experience and change. It is about how changes in behavior cause change in people. It describes how circumstances, events, and relationships can have profound impact upon the lived life. This case study is about a man who was changed by early traumatic experiences and subsequent feelings of shame. It tells of the process by which he came to view himself as an "exception" to everyone and everything dysfunctional around him. It is also a story about the past reenacted and the effect that had upon a therapeutic relationship. It describes a clinician's development as he struggled while treating a difficult patient. It is written as a reflection on parallel discovery and mutual change in the therapeutic encounter, with the hope that it might change the reader in some small way as well.

Late autumn. Change, once again in the air. Gazing out of my window down the boulevard, I admired the orderly lines of colorfully speckled trees. During the summer, their lush green canopies made them indistinguishable from one another. The passing season changed them into a tapestry of brilliant, individual hues. I paused to analyze the difference in each tree and how this was expressed naturally, through color. Collectively they created a beautiful landscape scene, but taking a moment to admire each one, their uniqueness of shape, color and how this contributed to the whole, I was briefly mesmerized. Waiting for my next appointment, I drew a deep, satisfying breath. I felt at peace. I was confident in myself and my work. I had no way of knowing that was all about to change.

It was a late afternoon in November when I first met the peculiar, grey-haired man. As the afternoon sunlight began to slip from my window, Sam cautiously stepped into my office. He appeared a contradiction of sorts. He was middle-aged but adolescent-like at the same time; tall,

lanky, narrow-faced. He was handsome in simple ways. The tight-lipped expression on his face seemed to communicate uncertainty, skepticism, or possibly irritation. His uneasy lumber into the room gave him an awkward appearance; like a teenager not fully developed or a big puppy that hadn't yet grown into its large paws, Sam seemed out of place in different ways, like a stranger, especially in his own body. His full head of shoulder-length, salt and pepper hair, wildly tossed about, along with the deep lines on his face, revealed all fifty-one years of his life. Sam may have had an adolescent quality about him, but make no mistake, he was no child. These qualities and the mystery that lied behind them intrigued me. There was something about Sam that I could not initially understand but I was clearly drawn to him. In retrospect, I believe it was because I identified with him on some level; a strong unconscious need for validation and approval lying in wait, for both of us.

He appeared clean but there was a disorganized quality about him; a belt loop missed, his shirt half tucked and a pair of pants that looked like they could use a date with an iron, Sam looked something of a misfit. His eyes were deep, intense, full of emotion. I was struck by his gaze and the feelings it induced in me. I felt compassion, sadness, and trepidation all at once. This was short-lived because Sam quickly looked away from me. I sensed some confusion on his part about what to do next, so I invited him in. He obliged, albeit slowly, moving into the waiting area. He stood for a moment with his hands poised on his hips and surveyed the landscape. He appeared like a traveler trying to acclimate to strange and unfamiliar surroundings. Then, crossing his arms in a violent rush, with a grimace on his face, Sam spoke. Sounding arrogant but also vulnerable, his low, raspy voice rose up in a shout:

"It took me almost an hour to get here with the traffic! This place was hard as hell to find and parking wasn't easy either. My last therapist at least had off street parking."

As he lobbed this salvo of complaints at me I began to feel defensive, that I too, was being judged along with Sam's criticism of my office. A barrage of thoughts hit me:

"This office really is in a bad location."

"I'm going to lose this patient. He won't come back because of this."

"To hell with this guy if he doesn't like my office!"

I paused to get a grasp on what was happening. In an instant Sam changed my mood, making me

feel unsure of myself and irritated with him. Trained as a psychoanalyst, I am grounded in the essential process of analyzing my countertransference, the feelings I am having in response to how the patient is reacting with me. As I scanned myself, I took note of physical sensations, the tightening in my stomach and the rush of heat I felt rising through my body. I also paused to take note of my thoughts, which were clearly defensive. Although I was certain that the intensity of these feelings was coming from outside of me, induced by Sam, I was struck by the fact that there was something subjective operating too; some part of this reaction was coming from inside me. In retrospect, I believe I identified with Sam's need for approval and this in turn activated my anxiety to be in control of the situation. This is not an uncommon feeling for psychotherapists to have. However, it is crucial for the therapist to be aware of these feelings because as Casement (1991) points out, unanalyzed countertransference feelings can prompt a therapist to respond to new clinical phenomena with a false sense of recognition, drawing upon established formulations. He furthers, "the unconscious dynamics that contribute to this countertransference response include the therapist's anxiety, and a need to feel more secure, especially when under stress with a patient" (p. 14). Sam's behavior was unsettling to me and to compensate I distracted myself with some "diagnostic thinking," along the lines that he was suffering from some kind of personality disorder. I even compared Sam to a patient I had very early on in my career, who exhibited similar behaviors. After a brief pause, I turned my attention back to Sam, whose behavior I thought was a defensive reaction, masking feelings too difficult for him to express directly through words. Beginning treatment can evoke complex reactions in patients, but all I could do in that moment was continue observing and analyzing the changes taking place, both inside of me as well as outside. Based upon what I had experienced with Sam up to that point and because I was feeling so uncertain about how he might react, any type of interpretation or confrontation was not an option.

I invited Sam to have a seat. With that, he scanned the room, surveying his limited options. In one less than graceful movement, he dropped his satchel to the floor with a thud and collapsed into the cushions of the couch. Slouched in his oversized pea coat, which he had yet to unbutton, Sam looked up at me. Our met gaze was brief; I tried to get a quick sense of him and struggled

with how to begin. In that moment, what I sensed most from Sam was an uneasiness that suggested he was hiding something. He seemed deeply ashamed. Fuchs (2003) believes that shame can occur when someone encounters another in situations of disclosure or rejection. He writes, "someone dares to come out of his former neutrality by asking for something. By this he discloses and uncovers himself, shows himself as needy or vulnerable in some way" (p. 227). By merely stepping into my office Sam was taking a huge leap into the dangerous realm of vulnerability. Fuchs goes on to describe "the gaze of the other" as being "bare and unprotected" and having to withstand it is like "struggling against a torrent" (2003, p. 227). By having to look at me, encountering my gaze, Sam was taking a risk. He would be vulnerable to all the thoughts that would flood his mind as I sat watching and in his mind, analyzing and judging him. In this projective state Sam possibly felt that I would exact the harsh criticism that was once bestowed upon him by his parents and presently by himself. Whether he was conscious of it or not, this elevated the emotional stakes for him exponentially.

Feeling Sam's discomfort with direct eye contact, I glanced towards the window, out over the rows of trees. Using my voice to change the mood and help him relax, I gently began:

"So, what brings you here?" I asked, smiling.

Sam responded without hesitation, words leaping from his mouth, as if he had them loaded, waiting.

"I'm here because nobody understands me. They just don't get me. They never have and they never will," he declared, almost triumphantly.

"They? Who are they?" I asked.

"Everyone. Everyone I've ever known." Sam replied, staring straight ahead, as if looking through me.

The statement was delivered with the weight of a lifetime behind it, dropping upon me like a stack of cinderblocks. In the opening moments of our encounter, I could feel the heavy burden that Sam carried in his emotional life and it scared me a bit. I was unsure if I could handle taking him on as a patient. Despite my trepidation, I was immediately drawn to Sam; I was both intrigued and perplexed by him.

"What kind of life creates this type of person?" I thought to myself.

During the forty-five minute session, as the day changed to evening and shadows began to fall from the walls around us, I embarked upon what would become a three and a half year journey,

learning the answer to that question through equal parts psychoanalysis and phenomenology.

One important question on my mind was Sam's interest in psychoanalytic treatment. After all, it was a community clinic run by a psychoanalytic institute that he had contacted, clearly advertised as such.

"I'm curious as to your coming here for analysis," I asked, trying to be as benign as possible.

"I am pretty familiar with it, having done a lot of reading about Freud and the rest of them."

"Really, how interesting," I said.

I thought I had an opening for dialogue but Sam quickly pivoted away from my comment.

"Yes but I don't want to get too much into that, I'm pretty aware of myself so I'm not here to talk about *having* problems. My problem is no one is able to understand me. I'm a creative, intelligent person and normal people just can't seem to get where I am coming from."

"Oh, I see," I replied nodding, my eyes closed.

Before I could follow up on what seemed to be a great opportunity for opening up communication, Sam quickly moved to describing his symptoms. In a low monotone voice, cold and detached, he began:

"I've been feeling depressed lately," he reported, as if speaking about someone else.

I tossed in an "Uh-huh," trying to connect myself to the conversation.

Sam continued, unfazed and seemingly unaware that I was even in the room.

"Yeah, I've felt that many times in my life but lately it's been worse. You see my girlfriend, ex-girlfriend that is, took all her stuff and just disappeared one day, this was a few months ago."

Sam seemed transfixed, caught in his own thoughts. He now avoided any eye contact whatsoever, rambling on uninterrupted. He went on to describe how he returned home to find a note from her, informing him that she had fallen in love with another man and that Sam should not attempt to contact her. Sam did not deny that there were some difficulties such as the constant bickering that went on, as well his feelings that she didn't understand him and was totally insensitive to his needs. But this? Her abrupt abandonment of him? This was just so sudden and unexpected. He admitted that it was this that caused him to fall into depression and experience the overwhelming anxiety that was making it difficult to function.

"For as long as I can remember, I haven't been able to relate to anyone because people always

end up disappointing me or leaving me," Sam angrily confessed; now staring straight ahead at me but also, through me. As I grew warm with anxiety, I had a foreboding sense. What I would come to learn through my experiences with Sam was that he had a long history of having unreasonable expectations of others, which often began with him idealizing but eventually finding faults that were unforgivable and characterizing them as total disappointments to him. Eventually, I would come to fall victim to this as well.

"When and how did you become aware of feeling this disconnect from others?" I prodded gently.

Sam's response to this question would unfold over many sessions, through various types of communication in different dynamic forms, some direct, but most coming from the script of his past through reenactments. But as Sam stared out of the window, over the rows of colorful trees, what he said in that first session was as compelling as anything I had ever heard. As Sam opened up about his personal history, we began a relationship that would change us both forever.

Sam's first descriptions were the most indelible. He described his father's voice as "chilling and unmistakable." The deep bellow raw, brusque, almost uncivilized:

"Margaret, if you don't do something about the boy, he is gonna get beat by me!"

"If that boy doesn't shut up, I'll bash his head in!"

"Tell that boy to knock it off or I'll crack him across the face!"

"Boy, get down here, I have some things to settle with you!"

These were the untamed sounds that regularly filled the walls of 2D, a cramped two-bedroom apartment on the second-floor of a faded grey, brick building on Melrose Ave., a Jewish, working-class neighborhood in the Fordham section of the Bronx. It was there that Sam, the third, last, and unwanted child of a large family, grew up in a home dominated by abuse, neglect and abandonment. This was characterized in many ways but especially in the way Sam's family frequently humiliated him with their groans and exaggerated looks of disgust. His older brother's favorite line, accompanied by a nauseated grimace, "I can't stand looking at you. The sight of you makes me sick!"

Sam was seldom referred to by name or addressed directly. He grew up being referred to

as "the boy," nameless, void of an identity. The very essence of humanity denied. Whether in the car, at the dinner table or in public, Sam's father vented rage towards him with impunity. Sam's mother, a meek and fragile woman, lived in constant fear of her husband and did little to offer any protection. In one incident when he was five years old, while being beaten by his father, Sam turned and looked to his mother for protection only to see her turn her face away from him. He remembered feeling that she was disgusted by him and recalled this as the moment things changed in his life: he felt helpless and ashamed. Schiller (2005) writes that shame is the emotion experienced when we feel exposed as inadequate and it arises from passivity and helplessness, from a feeling of failure, a feeling that one amounts to less than one aspires to be, that one falls short of an ego ideal. In my experiences with Sam I learned that as a result of his traumatic upbringing, he developed a sense of helplessness, whereby he could not rely upon himself or anyone to initiate any type of protective action, neither in word nor deed. Moreover, it seemed as though anything I tried, no matter how benign, would increase his feelings of vulnerability. If I called attention to any issue he struggled with, it seemed to reveal for Sam further defects in his character. One of the ways this occurred was in the way that Sam did not trust me and thought my sole intention was to analyze him, picking out his weaknesses.

This occurred about one month into treatment when Sam tried to open up about his girlfriend and their failed relationship. He began the session by plopping down on the couch, with a heavy exhalation that seemed perfectly synchronized with his landing on the cushions. I could sense immediately that something big was coming. As usual, Sam struggled to make eye contact. He had developed a ritualistic habit of glancing around the office, stopping briefly at each of my artifacts, as if studying them while searching for a way to segue into his thoughts. I could feel his struggle and how difficult it was for him to begin. I fought the impulse to rescue him by starting the conversation and instead waited for him to initiate contact. I wanted to see what would unfold in the transference and thus be able to analyze it.

"I like the way the light hits the bookcase. It makes the books look almost like art. Have you read every one of those books?" Sam blandly asked.

"No, but I'm working on it," I replied with a grimace. The question induced a feeling of failure on my part. I had a strange feeling I wasn't

qualified or even good enough to be a therapist yet because I hadn't read enough.

"Well they look nice and you can always have them for decoration."

Sam then abruptly stopped, took a long breath and fixed his gaze to the floor in front of the bookcase.

"She never got me. She was so damn insensitive and just cared about herself. I remember so many times I came home wanting to tell her everything I had done that day. But she never gave a shit about me. She wouldn't even look at me when I would come in the apartment. She would just say "hi" and kept staring into her computer screen."

"What would you say to her?" I asked.

Sam's eyes shot up from the floor, his sights trained on me like a laser. Wide-eyed, incredulous and looking as though I had accused him of a crime, he retorted, "What do you mean what I would I say? What do I have to say? She was ignoring me, it's obvious!"

"I wonder if she knew how you felt? Maybe not speaking up, asking for what you wanted or even sharing with your girlfriend how she made you feel, had something to do with not getting your needs met. If so, is it possible that you even felt bad about having that need?"

Sam looked up at me as if I had accused him of murder. In a fit of outraged defiance, his usually low monotone voice rose up, raspy, full of protest.

"So you are suggesting that I'm the one to blame!"

"No, not that there is any blame, it's not about blame," I countered.

"Yes it is and that's what you are saying! That it's *my* fault. There you go again, a fucking know-it-all therapist! She didn't get me and now you don't get me either," he exclaimed.

In an attempt to reassure Sam, but sounding more like I was pleading with him in an attempt to regain control of the session, I said, "I don't think that's true. I'm actually trying to understand what it was like for you."

"And I'm wrong about this too?! I don't think so. You just don't get it! You are trying to use textbook psychoanalysis. It will never work on someone like me!"

Sam was correct about that. I was hoping that he would be able to consider a question about how he acts in the world. I was attempting an interpretation. Sam caught on and it failed miserably. I had forgotten about Sam's clear assertion that we were not going to be analyzing him. Clearly, I was not attuned to him. Sam wanted

and needed a witness but in his mind, I turned out to be a judge. What I had unintentionally created was an environment where Sam was vulnerable to feelings of shame. In trying to learn more about Sam and the conditions that created so much of his suffering, I constructed a pattern of dialogue that put him on the defense; that in his mind, made him responsible and deserving of the mistreatment of others. The dynamics of shame in the treatment relationship are considerably more complex than their phenomenology as overt emotions because as Lansky (2005) notes, shame emphasizes weakness, vulnerability, and the likelihood of rejection, so much so that acknowledging it often generates more shame. This proved to be a critical issue, blocking my early efforts to build an essential therapeutic alliance. This dynamic was exhibited in Sam's struggle to even begin sessions.

In the psychoanalytic tradition the analyst attempts to maintain a particular neutrality, especially when the patient arrives for the session. As a standard way of working, I welcome the patient with a brief greeting, a simple smile and begin to observe what is happening between the two of us. Because Sam was vulnerable to shame, he struggled with this style. I recall the first time he let me know this. He arrived in his normal agitated state, licking and biting his bottom lip, staring around the room. On this particular occasion, the deep lines on his face seemed more pronounced and he was a bit pale. He was obviously distressed.

"So you're just going to sit there, looking at me? Waiting for me to say something that will show you how fucked up I am, right?"

"Is that what you think I'm doing?" I countered cautiously.

Sam shot an incredulous look at me. His voice rose in pitch as he pronounced the words with slow, methodical precision.

"Think? I KNOW that's what you are doing. Why is it always that the patient that has to be sick?"

"Actually I was waiting for you to bring up anything that is important to you. Anything at all. But your reaction to me is quite interesting and I'm wondering a bit about that."

"That sounds a lot like waiting to analyze me. The only problem with that is, it's *everyone else* that needs analyzing!"

I was caught off guard by Sam's statement. In attempting to remain neutral and at a distance Sam called me right into the storm of confrontation. I was caught off balance, only

capable of mustering up a sort of pleading response.

"I don't get what's happening here. You sound angry that I am not doing something for you but I'm not sure what that something is. Is this a familiar reaction for you? Do you get this way with people in your life?"

"I can't tell you what I want you to do because that would defeat the purpose!" Sam railed. "If you don't know or can't see what it is, then I can't tell you. That's exactly the problem with the world. Everyone is so insensitive and oblivious. Well I'm not like that. I can tell you that for sure!"

Not only did my intervention miss the mark, trying to interpret Sam's thoughts and feelings activated his defenses. Sam regularly relied upon projection, a process McWilliams (2004) describes as the attribution of one's disowned strivings to others. "Everyone else" was a familiar theme for Sam; it consumed a great deal of his emotional attention. He would often rant about how everyone in his life was problematic. Many of the forty-five minute sessions consisted of Sam discussing all the dysfunctional people in his life, whom he created nicknames for, and their behavior. Sam would often plod into my office, sling his overstuffed satchel onto my couch, unbutton his jacket (always half-way as if to suggest he was not planning to stay and make himself comfortable), and launch into his regular tirade:

There was his boss, who he called "the Clown."

"She is so fat and arrogant! She has negative comments about everything I do. She questions me all of the time, as if she really knows what she's talking about. She should stick to her weekend job, being a clown at children's parties. Can you believe that? My supervisor is a clown! I have all this ability and talent but they chose her to be the supervisor."

There was his friend across the street who he called "the Beggar."

"The beggar hit me up again for some money. Can you believe the nerve of this guy? Last week I brought him a bag of groceries because I knew he had no food. All he said to me was 'thanks.' It was completely flat, like he expected me to buy that stuff. No real appreciation for my kindness, none whatsoever. Here I am, showing my sensitivity by being charitable and he can't even acknowledge it?"

There was the upstairs neighbor who he called "Fred Astaire."

"Fred was at it again last night. Tapping all over my fucking bedroom ceiling. Why can't that son-of-a-bitch buy a pair of slippers? He is so rude

and inconsiderate. I bang on the ceiling but he doesn't get it. He keeps walking around in his damn Florsheims! I've always been sensitive to other people but why is it that I run into all of these kinds of selfish people?"

In the early stage of treatment I would respond to such statements by trying to explore Sam's reactions to people, wondering about the intensity of his emotions and why he was feeling that way. However, this always proved to be ineffective because addressing any aspect of his personal experiences made Sam susceptible to feelings of being weak, powerless, and defective, causing a defensive reaction in which Sam would compensate, projecting himself to be an exception to all the dysfunction in his life. It was the struggle which ensued from this dynamic in the treatment relationship, more than anything else, that would eventually change me as a psychoanalyst and a person.

Ironically, in many ways Sam *was* exceptional. He had adopted this position psychologically as it's referred to above for the reasons described, but there was another side to Sam, his professional life. This is where Sam thrived, demonstrating exceptional skill and talent. He graduated college with a degree in psychology and had spent the past twenty years working with autistic children as a behavioral specialist. In this role, he worked to bring children out of social isolation using specific techniques, opposed to more traditional cognitive behavioral approaches. Sam was a certified specialist in a technique called "Floortime Therapy." This approach is derived from the Developmental Individual-difference Relationship-based model (DIR) created by renowned child development specialist and psychiatrist Stanley Greenspan, M.D. (Greenspan, 1979). The Greenspan model's premise is that adults can help children expand their circles of communication by meeting them at their developmental level and building on their strengths. I learned early on from Sam that he excelled at connecting with autistic children. He seemed to have innate knowledge of what it was like for them to be trapped in a world where no one could understand them. Unfortunately, in the early phase of treatment I did not recognize this information as an opportunity to learn about Sam, and admittedly I did not utilize it as a basis for a deeper understanding of him. Quite the opposite, in my analysis I misinterpreted this aspect of his life as confirming evidence of his difficulty to connect with people. In my effort to understand Sam I had donned psychoanalytic lenses, capable

of viewing him in a limited and possibly distorted way. Sam's work would find its way back into the treatment later on, and it would play an important role in the change in our relationship and my thinking. For the time being, however, I was dedicated to a particular way of thinking, which would temporarily complicate matters for us both.

When I began working with Sam I was completing training at a postgraduate psychoanalytic institute. This is important to note because my theoretical orientation was being developed and honed in a particular direction, that being the classical psychoanalytic approach of transference analysis. Under the broad scope of psychoanalysis, there are many orientations regarding human mental development. Approaches to treatment vary as much as the theories do. I had committed myself to the classical Freudian tradition, a treatment approach in which the patient is expected to verbalize all thoughts, fantasies, and dreams. From this material the analyst induces the unconscious conflicts causing the patient's symptoms and character problems, and interprets them for the patient to create insight for resolution of the problems. Within this process the analyst attempts to make the patient aware of pathological defenses, wishes and guilt. Through the analysis of conflicts, including those contributing to resistance and those involving transference onto the analyst of distorted reactions, psychoanalytic treatment can hypothesize how patients unconsciously are their own worst enemies: that unconscious, symbolic reactions stimulated by experience, are in fact, causing symptoms.

In addition to learning about theory, my analytic training also consisted of regular meetings with a clinical supervisor, who provided consultation on the technical aspect of psychoanalysis. Weekly supervision of my work had a profound impact upon the way in which I conducted treatment. I was a relative novice in the field of psychoanalysis and was relying upon what I was learning in the classroom along with how I was being instructed in supervision to guide my treatment with a very difficult patient. This created significant pressure for me because I wanted to do well on several levels: for my patient's well being, for my own feeling of professional worth and also so that I could demonstrate to my colleagues and instructors that I was a competent psychoanalyst. Casement (1985) points out that it is not surprising how often student therapists imagine that immediate

understanding is required of them by patients and supervisors. This creates a pressure on the student to know in order to appear competent both to others and oneself. Along that line, I was being educated and guided to engage in transference analysis, using interpretation as a primary intervention. At the time I believed that this approach would guarantee my full understanding of Sam while satisfying the requirements of my training as well as the expectations of my supervisors. Unfortunately, this belief created blind spots in my practice that would complicate matters significantly. By focusing exclusively on transference phenomena, how Sam was reacting to me, interpreting his behavior and its significance in a historical context only, I overlooked important dynamics in the treatment relationship as well as what Sam needed from me therapeutically. Sam was demanding that I be a compassionate witness to his life of suffering, as well as recognize his exceptional way of being in the world. My focus, however, was on diagnosing and treating a pathological disorder.

Based upon my training and orientation at the time, I understood Sam's struggle to encompass the classic position of a traumatized child who grows up to suffer with the borderline personality condition. The Psychodynamic Diagnostic Manual (2006) describes individuals with borderline personality organization as persons who tend to have recurrent relational difficulties, a chronic incapacity for emotional intimacy, problems with work as well as periods of marked depression and anxiety. This condition is viewed in different ways through the various psychoanalytic schools of thought. Specifically, I was approaching Sam's treatment from what is known as the "Conflict Model." This methodology, according to Goldstein (1990) is most associated with Otto Kernberg and holds that borderline disorders reflect a type of intrapsychic defensive organization that develops in early childhood to deal with conflict. In describing the technical approach of this model, Goldstein points out that treatment attempts to modify the patient's borderline personality structure through the use of interpretive techniques. In this model the goal is to make the patient aware of maladaptive behavior patterns, often in conjunction with limit setting and an external structuring of the patient's life. This type of approach made sense to me at the time because it was consistent with the fact that Sam was raised in an environment filled with so much rejection and conflict. For example, his parents did not



consistently provide him with supportive, nurturing experiences. In fact, they were consistently unavailable and quite often punitive, in response to his needs. Therefore, based upon this and my understanding of patients suffering from borderline personality disorder, the aforementioned treatment approach by Goldstein made perfect sense. However, what I did not anticipate was that Sam would have such strong reactions to my interpretations. He experienced them as punishment and in this way made him vulnerable to feeling unprotected and helpless, painful reminders of early memories of his parents. According to van der Kolk (1989), fragmented memories of traumatic events dominate patients' mental lives and can persist as fixed ideas that act as the source for the chronic states of helplessness and depression. They return in the form of behavioral reenactments, behaviors, and automatic repetition from the past. Building upon the work of Charcot and Janet, Freud was the first to call attention to the nature of traumatic information processing whereby the traumatized person is cut off from language, deprived of words, and forced to communicate their trauma through behavioral repetition. As you will see, this was Sam's primary mode of communication in the treatment and one that he utilized quite effectively in the various ways he would initiate contact or respond to me. In "Remembering, Repeating and Working Through" (1914) Freud wrote, "he (the patient) reproduces it not as a memory but as an action; he repeats it without, of course, knowing that he is repeating... he cannot escape from this compulsion to repeat; and in the end we understand that this is his way of remembering" (p. 147). Sam was not able to talk about his traumatic memories in any meaningful way because they were encoded before his capacity to process and assign meaning to them.

To understand this more fully, it is important to look at memory in implicit and explicit forms. Mancia (2006) describes these two systems as having different and distinct functions; explicit memory is that which concerns specific events of one's life and allows one to give meaning through recollection. Implicit memory, on the other hand, is not conscious and concerns experiences and information that cannot be remembered nor verbalized. In many ways this is analogous to what Melanie Klein (1957) termed "memory in feelings." Ladan (2000) takes this a step further in using implicit and explicit memory systems to describe the process whereby an individual develops a secret fantasy of being an "exception." Ladan

reminds us that explicit memory, our ability to consciously remember things, begins at around age three. Therefore, in contrast, all the things learned before then become mindsets/habits in implicit memory. The implicit memory also records and creates what he calls a "relational pattern scenario," based on the interactions and emotional experiences that took place during that time. The main way to know what's been recorded in one's implicit memory is to observe behavior. Ladan describes this fantasy as being born in the individual as defensive adaptation to all the dysfunction around them. In Sam's case he was able to rise above traumatic experiences by becoming omnipotent and in doing so he remained safe, avoiding having to take responsibility for his actions. This was seen time and time again when Sam would describe his relationships with others. He was consistently dismissive and critical, holding others to unreasonably high standards and accountable for his feelings. Sam had little regard for the feelings of others or their reactions to his treatment of them. In his mind it was *he* who was the victim who had to endure from others. Freud (1916) was the first to make references to "the exceptions" in his description of a patient that combines the holding of an exceptional position while also making self-evident claims. He describes this patient as one who, as the result of their interactions with others, has been forced to renounce too often and suffer too greatly. As a result he has arrived at the position where he will no longer psychically allow this by way of claim to a special position that entitles him to exceptional treatment while also excusing him any responsibility for his actions. To illustrate his point Freud utilizes literature and paraphrases the following quote from Shakespeare's Richard III, as a tragic example of one of the characteristics of the fantasy, which may lie unconscious in the implicit memory:

Nature has done me a grievous wrong in denying me the beauty of form which wins humans love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to disregard the scruples by which others let themselves be held back. I may do wrong myself, since wrong has been done to me. (pp. 314-315)

This passage pairs with Sam's plight and subsequent reaction. His projection that I was insensitive, unsupportive, and selfish, along with

the contempt he often expressed towards me for not empathizing with him, and protecting him, represented strong reenactments of the early trauma he experienced with his family.

In an interesting reenactment of his own family dynamic, Sam did not call me by my name for many months into the treatment. Whether he was conscious of this or not, Sam found ways to avoid giving me an identity by remaining aloof and emotionally distant. Initially I just observed this dynamic. But as time wore on, it became an increasingly prominent feature of our interaction and I could not avoid discussing it with him. A few moments into one particular session I cautiously attempted to confront the issue.

"I'm not sure if you are aware of this or not Sam, but I have noticed something for some time now. Since we've been working together I can't recall ever hearing you say my name."

"I'm sure I have but why is that important anyway? What are you trying to get at?"

"Well, there seems to be something operating here, between you and I, which has some strong roots in the past. You told me that your father never referred to you by your name."

Sam caught on quickly, his eyes widened and his voice became heavy and patronizing.

"Yes and I think I know what you are trying to say here and NO, I am not acting like my father. If it will make you feel better I will try to use your name more often."

"I sense you feel I am being critical of you, is that true?"

Sam, fully agitated, shaking his head and looking towards the floor, barked back:

"So is that the point? To show me what I am doing wrong?"

"Not at all," I attempted to reassure him. "I think the point is to try and understand what is happening between us and how that might be influenced by the past, like how you were affected by your father's treatment and how it plays out now. I'm also getting a better sense of what things might have felt like for you. I'm wondering if not using my name is a way for you to communicate to me feelings that you might have experienced with your father."

By this time Sam was completely exasperated with me. He stared at me wide-eyed and implored: "But I've told you already how it affected me. Isn't that enough? I don't know how analyzing this is going to be of any help. Anyway, we are wasting time talking about what you want. I have things I want to cover today."

Feeling defeated, I lifelessly relented: "I

understand. Then let's get to them."

Rarely had I encountered a patient with such strong transference reactions. He was unlike anyone I had ever treated. He was indeed proving to be an exception. Despite my seemingly calm acceptance of Sam's abrupt dismissal of my efforts to engage with him, I was affected by the rejection. I felt humiliated, and quite possibly even ashamed of my own need to be accepted and valued by Sam. I was angry, struggling to understand what was taking place between us. As a result of my training, I incorporate taking time after each session to briefly process my thoughts and feelings. As I reflected upon this particular exchange with Sam, a striking realization hit me: I was learning what it was like to be young Sam.

Through his implicit memory system, Sam was communicating with me, telling me what it was like for him to deal with a punitive, rejecting father. Ladan (2000) points out that our childhood experiences form the basis for the relational patterns that determine our interaction with ourselves and others, and calls it one's "implicit life scenario." With Sam taking on the role of his punitive father, he relegated me to being young Sam in this experience. Lyons-Ruth (1999) maintains that the influence of the implicit patterns we develop is not limited to childhood, but plays an important role in our behavior and our expectations of others throughout our life, particularly in intimate relationships. Ironically, this suggested that Sam was holding me to be an important figure in his life. He was struggling to let me in, to be important to him.

For many weeks after this exchange Sam remained emotionally distant. He refused to greet me formally. Instead he would come in, drop his belongings and immediately launch into his laundry list of grievances. Rarely contacting me directly, Sam focused exclusively on early childhood memories, describing how detached and unresponsive his parents were to him, commenting that he did not feel alive in their presence. In particular, he described how his father treated him like an object rather than his child. (In retrospect I wondered if this was also Sam's way of complaining to me that he felt I too, was treating him like an object when all I did was analyze him.) This experience, along with his mother's inability or unwillingness to intervene and protect Sam, as well her own cruel, neglectful treatment, left him feeling in his words, "a scared, angry, needy and sometimes, psychotic child." He once compared himself to the rhesus monkeys in Harlow's famous 1950's experiments on maternal

attachment. His ongoing reference to this in his narrative spoke to Sam's painful struggle with attachment and loss. As Rothstein (1977) points out, if the mother is emotionally unavailable to the child, it will be hard for him to believe that he has a right to be happy because his implicit memory system will be filled with thoughts along the lines of, "I am an imperfect child, unable to make my mother happy, I am dirty, worthless, unloved, nobody is there for me, I am an ugly wretch, a monster, I have no rights." The child does this because he hasn't yet developed a theory of mind, that is, he is too young to imagine why his mother could be unavailable. He might instead think something like, "No, mother can't be like that; it must be my fault. If I can do the right thing, if I can be perfect, then mother would love me" (Rothstein 1977, p. 415). Sam recalled many instances where he tried to show his mother how special he was, only to be rejected. He shared one story in particular that stuck out as a tragic example:

"I remember one time in the third grade, I had gotten special recognition from the teacher for helping one of my classmates. He was crying on the playground because some other kids picked on him. I went over and put my arm around him and told him he was my friend. The teacher saw what I did and wrote a very nice letter to my mother, describing what happened and telling her what a fine student I was. I was so proud and excited, I couldn't wait to show my mother. When I came home to show her she was hunched over the sink scrubbing my dirty clothes. She took one look at the letter and said, 'now if you only wouldn't soil your pants so bad you really would be a good kid'. I remember feeling awful, like I was the dirty jeans she was struggling to clean."

That was one example of the many stories Sam shared about his mother. There were others too: the wonderful art projects he brought home, the perfect scores in math, or the kind favors he did for neighbors. Sam described countless experiences where his hopes of connecting with his mother resulted in her reacting with minimal interest or flatly rejecting him.

As a response to his failure to secure maternal love, Sam erected strong defenses to protect against any hint of defect or vulnerability. He strived to be flawless and perfect, creating a fantasy life in which he was an exception to all the dysfunction around him. In his narrative Sam

always presented himself as being the most creative child, the smartest student, the most thoughtful friend, the outstanding worker and the most insightful therapy patient. Ladan (2000) writes that if a child develops a fantasy of being an exception, one with magical powers or occupying a special place in the world, it could be a clue that he is compensating for being unloved and ignored in order to preserve some sense of self esteem, but if it goes too far, he will not sufficiently develop a "theory of mind" and thus lead him to see others as extensions of himself, making it difficult for him to develop mutuality in relationships.

Time and time again, when I attempted to interpret Sam's behavior, he reacted defensively. I had to perfectly resonate with him, with no observable differences in the way we felt or else he would accuse me of being a "textbook psychoanalyst." For instance, when he would share his outrage about all the injustices being done to him, he wanted me to be equally outraged. Sam expected me to be his perfect mirror, in essence a "yes" man, both physically and emotionally.

"The Clown is at it again," Sam began. "She makes comments about everything I do. She never has anything encouraging to say, just making what she calls "suggestions" about my work."

"Suggestions? Like in things you could be doing differently?" I innocently requested.

"Why would you even ask that?" Sam shot back. "You are digging again. I'm sure the next thing you are going to say is *she is your supervisor*. Can't you just see it my way?!"

Sam needed to incorporate me as a strategy to avoiding losing himself in the relationship. He wanted me to completely align myself with his particular feelings and reactions. If I attempted to explore the situation more fully or ask how others might have experienced it, he would become angry and paranoid, accusing me of being insensitive and furthermore, against him. These ruptures in an already fragile therapeutic alliance led to sessions being dominated by reenactments whereby Sam experienced me as his unprotecting mother: he begging to be seen and heard; me turning away in his moment of need, reenacting an early traumatic experience. One of Sam's favorite sayings was "you just don't get me do you?", the following exchange is just one example:

"I deal with such idiots at work! They all have something to say about my work during staff meetings but in reality they say nothing. They criticize me and yet they don't even know the first thing about what I am doing."

“Tell me more about how they criticize you, what things do they say?”

“I keep telling you about these idiots I have to deal with. What does it matter what they say? You just don’t get me do you? Can’t you take my word for it that they are judging me?!” Sam was now breathing heavier, clearly exhausted by having to convince me.

“I guess I could if I knew a bit more about what they were saying. But this sounds a lot like some of the things you’ve told me about your family. Always being critical, rejecting you.”

Breathing heavy and shaking his head, Sam disgustingly remarked: “This is not about that! It’s about the fucking idiots at work!”

In trying to get where Sam was coming from, once again I had swung and missed. I struck out. I just didn’t get him.

“Ok. Right. I guess I was trying to make some connections here. I’ve missed the point you are trying to make.”

Interestingly, exchanges like this were often followed up with Sam maneuvering past what was happening between us by overcompensating, finding a way to describe what an exceptional neighbor, employee and patient he was. He would say things like:

“I bet you don’t have any other patients who can talk like me. They are probably all boring and just come in and complain to you.”

“There is not one person at my job I can have an intelligent conversation with. They are all mindless idiots.”

“The Beggar sure is lucky I moved into this apartment. There is not a single person around here who would do the things I do for him.”

I was often unsure about how to react to such statements. At times I would offer interpretations about possible transference reactions he was having with people by wondering aloud if he experienced his supervisor, co-workers, friends or even myself as figures from his past. These were always dismissed. Other times I would just sit in silence, listening, observing. At this particular time in my development as a psychoanalyst, I did not fully understand the dynamics that were unfolding. Sam required a more complex understanding and commensurate therapeutic approach that would not activate his defenses. My interventions were either too neutral or interpretive, focusing exclusively on the transference relationship, which seemed too penetrating. These techniques were being driven by my education and training. I was being taught in class and told in clinical supervision, that this

behavior was the “transference neurosis” unfolding and needed to be analyzed and interpreted with Sam. Freud (1914) introduced the term “transference neurosis” to describe the process in psychoanalysis for the patient where a whole series of psychological experiences are revived not as belonging to the past, but applying to the person at the present moment. When this develops, the relationship with the therapist becomes the most important one for the patient, who directs strong feelings and conflicts towards the therapist as if they were a parental figure. However, it was becoming increasingly evident that Sam could not tolerate the level of vulnerability this was creating. My approach unearthed painful feelings, causing Sam to resist in a desperate effort to protect himself.

As these reenactments from Sam’s early life were playing out in the treatment room, I was getting worn down in the process. I began to suffer from headaches and other somatic illness on a regular basis. I experienced bouts of fatigue and feelings of hopelessness, not only treating Sam, but in other aspects of my life. More and more I began to notice how my life was changing as a result of my relationship with Sam. As I worked through these feelings within myself and in supervision, I noticed things, among them a need to prove my competence to others. This was most noticeable when presenting cases to colleagues, especially if I was speaking about Sam. I also noticed how it permeated my personal life. Increasingly, I found myself feeling unappreciated and even devalued by family and friends. Despite trying to attribute such feelings to being “overworked”, “burned out”, or just “having a bad day”, I could no longer deny it. My daily interactions were revealing something undeniable: my experiences with Sam were opening me up; I was beginning to notice the similarities we shared. I too felt a deep need to be understood and valued. My relationship with Sam helped me to realize that spending so much of my adult life trying to understand others led me to neglect its full importance in my own life. This was a crucial awareness, a defining moment in my development as a clinician and a person. The seeds of change were being sown in me.

From both therapeutic and practical standpoints, after one year of treatment I could no longer subject Sam and myself to the emotional rigors of traditional psychoanalysis, if for nothing other than our mutual emotional survival. I made a decision to abandon the classical Freudian interventions that were for the most part,

ineffective. I had spent much of my energy trying to understand and direct the treatment using intellect as a primary source. I neglected to acknowledge the power of my direct experience with Sam as an important learning tool and therefore, underutilized its influence. Ironically, since the very beginning, I had been intrigued on a purely experiential level with Sam but didn't think that working from this perspective was considered "psychoanalytic." Furthermore, because I was finishing my psychoanalytic training, I continued to feel pressure that I should be behaving like an analyst and thinking technically, with specific interventions in mind.

With the passing of the first year of Sam being in treatment with me, I began to try and let go of my preconceived notions of what psychoanalytic psychotherapy should be and how I should be conducting treatment, which was to be neutral and analyze Sam's behavior in the room with me. This was not an easy task and I struggled with ambivalence. In response to Sam's emotional intensity, I would vacillate between the temptation to analyze the transference and simply being present in the moment, aware of my own emotional reactions such as sadness, frustration, protective concern and then using them to empathize with Sam. In one particular session Sam described to me how his older brother continuously berated him in their adult relationship.

"Do you think that your brother had learned to treat you that way from observing your father?" I inquired. "Quite often siblings can take their cues from watching how their parents behave."

Sam heaved a deep irritated sigh in my direction. "Why do you always have to explain things to me on such a theoretical level. Sometimes you are just like my older brother, always trying to figure things out and put a label on it. I hate that about him. He thinks he knows everything."

I couldn't ignore his plea, surrendering: "I can see your frustration. Not only that, I can feel it. Now I'm irritated too! Maybe I should be more concerned with understanding how all of this makes you feel rather than try to get you to understand WHY it happens."

In that moment Sam seemed transformed. His eyes became more relaxed and subdued. In a much softer tone he responded, "Yea, that sounds a bit better for me."

Reflecting on this exchange after the session, my reaction to this change in approach was mixed. I felt some guilt for betraying my training and

education and in a slight way I resented Sam for demanding such a compromise from me. But even more striking, in a surprisingly strange and reassuring way, I also experienced relief, even satisfaction in letting go of the struggle. By entering into a more collaborative, unified state with Sam, an important change took place, he seemed less anxious and was clearly not as defensive. His demeanor seemed to soften as well. He was more open and appeared to take comfort in my responses, allowing for some vulnerability instead of fending it off. My goal of building a therapeutic alliance was possible. Only now I was achieving real understanding of Sam through my experience with him rather than analyzing his transference reactions.

As the weeks went on, there was a not so subtle difference I became aware of: I was transforming as a clinician and changing as a person. I felt a shift in attitude, noticing I no longer had the same need for approval from others, especially my colleagues and supervisor. When presenting cases in clinical meetings or supervision I felt less concerned about proving my skill and level of competence. I was now more interested in demonstrating my understanding and acceptance of the natural course of the therapeutic process, in not always having things figured out or knowing the answer, but having a deeper curiosity about what was happening in the moment for the patient and myself. Therapy sessions I had with Sam, and with all my patients for that matter, seemed to flow more easily. I felt connected to them and the therapeutic process in a much different way. My energy was no longer being consumed by the constant barrage of thoughts and questions that normally occupied my mind as I attempted to analyze what was occurring. I was more open to having experience guide my interventions rather than theoretical constructs and in this way I was noticeably less rigid and dogmatic in my work. Although I was not cognizant of it at the time, the shift that was taking place in my approach was being driven in great measure, through the practice of phenomenology. According to the Stanford Encyclopedia of Philosophy, phenomenological methods consist of a discovery-oriented approach where the observer needs to have an attitude of openness to let unexpected meanings emerge. In this essentially qualitative approach, theory building is based around lived experiences. It seeks to describe "what and how" rather than explain "why", and starts from a perspective free from hypotheses or preconceptions. In this process

there is only one legitimate source of data, the views and experiences of the participants themselves, taken as “fact”. Merleau-Ponty (1945) suggests that we know not through our intellect but through our experience, asserting the foundational role that perception plays in understanding the world as well as engaging within it. This concept resonates strongly here because by becoming less focused on analyzing Sam using theoretical constructs, I created space for learning through the experience of purely being with him. Psychoanalyst and phenomenologist Gunnar Karlsson explores the relationship between these two worlds in *Psychoanalysis in a New Light*. Regarding phenomenology in the analytic encounter he writes, “the credo of phenomenology is to be faithful to the experience as it shows itself for the subject (human being)” (2010, pg. 7). Karlsson draws upon Edmund Husserl’s concept of the “natural attitude”, a naive, uncritical attitude to the world, to describe how the analyst should be oriented towards the patient. For Karlsson, the natural attitude is a description of our spontaneous, unreflective way of being in the world; when transformed uncritically into a philosophical position it becomes what he calls a “naive realistic epistemology” (p. 7), in which the world is exactly the way one sees it, independently of one’s perception. I was being guided through authentic engagement with Sam and by the experiences which flowed out of that. I allowed myself to open up to the feelings of disappointment and frustration he experienced in his workplace and interpersonal relationships. The more I asked about such feelings the more I was able to truly experience and learn from Sam. I said things like:

“Help me imagine what it was like for you at that moment.”

“I’m interested in what that felt like.”

“Take me along with you.”

Karlsson’s ideal for the phenomenological psychoanalyst is to strive to understand the phenomenon (analytic encounter) free from preconceived ideas as much as possible. This “open attitude” is no stranger to psychoanalytic thought. It can be found in Freud’s (1900) concept of “evenly suspended attention,” as well as in Bion’s (1995) “without memory and desire.” My attempt to be more open resulted in a flow of new experience and information. Sam opened up more easily, less guarded and clearly less defensive in his reactions. This gave me the opportunity to make comments that reflected a more unified

experience; I was able to be authentic, empathic and more importantly, accurate in my responses. By seeking attunement, I allowed myself to have the feelings that would guide me to responses that resonated with Sam. Accuracy translated to Sam beginning to feel true empathy for his feelings and struggle. The following is a simple example of how I tried to immerse myself in Sam’s emotional way of being:

“How could they expect you not to get upset when they are always taking shots at you.”

“That’s *exactly* what I tell myself.” Sam’s reply was accompanied by a smile and exhalation.

Although it was not the impetus for my change in approach, in a timely, fortunate twist of fate, several months after my “experimental change” in treating Sam I found myself in a class on psychoanalysis from a Self-Psychology perspective. This psychoanalytic theory and treatment developed by Heinz Kohut explains psychopathology as being the result of disrupted and unmet developmental needs. Through his landmark work, *The Analysis of the Self*, I began to learn about Kohut’s concept of the self-object, which he describes as “external objects that function as part of the “self machinery,” objects which are not experienced as separate and independent from the self. They are persons, objects, or activities that “complete” the self, and which are necessary for normal functioning” (1971, pg. 3). For Sam, I finally became exactly that. I learned how to let go of trying to “do something” by employing specific techniques, in exchange for “being something” for Sam, an extension of himself. I also became familiar with the concept of empathy through emotional attunement. In the Kohutian model attunement goes beyond empathy: it is a process of communion and unity of interpersonal contact, a two-part process that begins with empathy, being sensitive to and identifying with the other person’s needs or feelings and includes the communication of that sensitivity to the other person. For Kohut (1971), attunement is a kinesthetic and emotional sensing of others, knowing their rhythm, affect, and experience by metaphorically being in their skin, and going beyond empathy to create a two-person experience of unbroken feeling connectedness by providing a reciprocal effect and/or resonating response. Instead of trying to interpret to Sam the re-enactments that were taking place, getting him to see his role in creating barriers to emotional closeness, I began to simply mirror and join his affective states in an effort to provide the kind of

experience Kohut refers to. My hope was that through empathic attunement, I could provide Sam with the emotional nourishment he lacked in his early relationships. The recurring issue of how Sam felt he was not valued at work provided an excellent opportunity to engage with him in this way.

"I made some suggestions at the staff meeting and the Clown said that she didn't think they would be useful for the project. She didn't even want to hear more about them!"

"So what were you suggesting?"

"Just some reporting procedures. I suggested that everyone should have access to the general notes, this way we can be prepared in case we have to cover for someone."

"Really? The Clown didn't care as much to even give your idea a listen? Man, how frustrating! That sounds like a perfectly good idea. What's wrong with them?"

The words I offered seemed to energize Sam. Smiling he perked up, "That's what I think and I'm relieved to hear that you got that. That's important."

"It's not too hard to see how they keep disregarding you. It's really difficult putting up with them. You know Sam, this is one of those moments that I feel like I am getting closer to understanding the things that upset you."

"Sometimes this therapy stuff seems to work huh?" Sam generously offered.

Raising my hand to my glasses and peering over them I asked, "Can you say more about that?" in a flat and monotone voice, attempting to impersonate a typical stuffy psychoanalyst.

Sam couldn't help but respond with a laugh, "There you go again.... analyzing!"

"Right, right... yes, this therapy stuff does seem to work sometimes," I joined in the laughter.

Understanding that this type of interaction was a potential repetition for Sam, from a past in which he desperately struggled for his parents' recognition only to be rejected, my approach was to be attuned to both his need for validation and to join his frustration at being ignored. Freeing myself from the constraints of interpretation, I opened myself to a new experience with Sam, one of holding, being emotionally available and connected to him on a deeper level. Although Sam's reaction was somewhat subdued, it was a positive one. His response reflected a willingness to allow me to empathize with him. Furthermore, being able to make some humor of my penchant for analyzing demonstrated that his demeanor towards me was changing as well. Through the

collective results of a deeper appreciation for learning in the moment, increased empathy, our developing therapeutic alliance and even a bit of humor, I found an approach that was less threatening to Sam's once highly vulnerable state of simply "being" in the world.

There was something else that posed less of a threat as well, something more personal to me—letting go of psychoanalysis as I had once understood it. Being a developing practitioner of a craft I had come to idealize, I believed that learning theoretical constructs and mastering technique were the essence of becoming a psychoanalyst. My idealizations and purist thought had been challenged by life's greatest instructor, reality. While not abandoning psychoanalytic thought altogether, I did subject my way of conducting the treatment to a rigorous examination, taking into account how it had complicated matters for both Sam and myself. He had not received what he needed or even demanded from the treatment, and I was failing at providing the most essential element of the therapeutic relationship, the experience of empathy. Merleau-Ponty (1963) faulted Freud and his psychoanalysis for not understanding how an individual's psychological development plays a role in their behavior. He implied that Freud "missed the forest for the trees, the bits of behavior for the whole field of meaning." My willingness to give up a rigid belief of how psychoanalysis should be conducted, largely by interpretation alone, and my personal identification with that; the need to be seen as a skilled clinician who is able to conduct treatment based on theory, were the most important choices I've made in my metamorphosis not only as a psychoanalyst, but a person. I had no desire to abandon my psychoanalytic training or thought but I was increasingly being drawn to a phenomenological way of working. Thinking of Merleau-Ponty's words about Freud, when it came to understanding Sam, I had no intention of missing the forest for the trees.

Going into springtime of the second year of treatment, I had another experience with the trees outside my office window. Watching the budding green leaves emerge and the landscape come to life after the long cold winter, I felt a sense of hope and renewal. As I looked out over the rows of green, I began to see something else, something not so apparent initially; an invisible process taking place in nature. The trees had come into bloom magically, bursting forth seemingly from nowhere. The leaf buds however, required an

intervention of sorts. In this process nature was called to do its part. The air and rain played an essential role in sustaining the tree, allowing it to continue in its development. But in order to thrive and reach its full potential, the tree needed something more. With the coming of spring, the warm sun had provided the final element needed for the tree to utilize its innate capacity for growth, allowing the annual metamorphosis to occur. Taking this experience in, I had a deeper appreciation for the complex and subtle processes that are required for change not only in natural world, but in human nature as well.

Embracing the change and stepping into this new way of being, I attempted to move beyond simple empathic attunement, taking opportunities to dig deeper to learn the “what and how” of Sam’s experiences. I was now committed to what I believed was the essence of the therapeutic encounter: the natural and organic process of seeking true understanding of another in pursuit of healing. In simple conversational style I would have Sam describe to me his day-to-day encounters at work and in his social life. Highlighting this change was my choice on occasion, to initiate the start of the session, rather than wait to analyze Sam’s first contact with me. Now when Sam would go through his regular ritual of plodding into my office, dropping his satchel and exhaling heavily, I would change my approach to him.

“You look a little worn down Sam. Have the folks on the job been giving you a hard time again?”

Sam looked up at me, wide eyed, surprised, with a sheepish grin on his face. “Well, I guess I am not hiding it that well. I didn’t want to come here all pathetic. But yes, they’ve been making my life hell with all their suggestions on how I should be doing my job.”

“Pathetic? That’s not I was thinking at all. Seeing you come in I was actually wondering what kind of crap you’ve had to put up with this week. I don’t know how you do it. You have to deal with so much. What’s your secret?”

Sam suddenly sat up on the couch. Shoulders back, chest up, he looked me straight in the eyes. With a direct and confident demeanor he began: “You know, I’ve thought about that. I think what helps me the most is to know deep down that I am superior to them in so many ways. I don’t have to prove it to them that I’m smarter or more creative in my work. I just look at them and think, you really aren’t even in my league.”

There was a distinctly different quality to Sam in that moment. He didn’t seem as arrogant and

angry. I also noticed the absence of the usual hubris that often accompanied his claims. I recall that exchange as being one of the most grounded and genuinely connected, Sam to himself and between the two of us as well. In a stark change, I did not analyze Sam’s statement, trying to understand it as driven by any pathology or diagnostic criteria. In fact, I believed him. I accepted what he was saying to be truth. My goal in this approach was to address the implicit relational scenario established in Sam’s early life not just through words, trying to explain away the fallacies inherent in his beliefs, but instead through the experience of having me present and attuned to his emotional communication. Working from a phenomenological perspective I had turned my attention to what it felt like to be with Sam, using a process not so unlike transference analysis but more open to experiencing my feelings and reactions to Sam in the present moment as a way of gathering information about him. This required me to embrace a more ontological way of working, creating room for new facts, one being that Sam was indeed an incredibly intelligent and creative person.

As my interest in learning from Sam grew, discussion of his work with autistic children returned and emerged as a central theme in the treatment. He talked about it with increased frequency, sharing stories of his successes as well as his struggles. It was through this dialogue that I realized the similarity in *our* work together and the parallel process that was taking place. Sam was fighting a system which he felt advocated for reducing human interaction to a process of diagnostic labeling and systematic intervention. I was fighting a similar process within myself, with Sam as the object. As I listened to Sam complain of his supervisors’ rigid, automated and impersonal methods, rooted in Behavioral Theory, I could hear his direct pleas to me in my work with him. Sam was showing me that in order to learn about him I needed to in essence, get “down on the floor and play with him.” Only in this way could I truly experience his emotional states and be able empathize with his experiences, something Sam had always desperately craved in life. Changing in this way, I was both humbled and intrigued. Engaging at this level provided me with an incredible opportunity to not only learn about Sam, but to broaden my views on the therapeutic encounter, changing the way in which I worked.

I would often ask Sam to describe the complex and fascinating nature of his work.

“What it is about this work that you enjoy



most," I once asked.

"I love helping the children connect with me through feelings. I also like helping the parents. In the beginning they have no idea what they are dealing with and that scares them. They are told that they need a behavioral specialist who will focus on behavior and skills. I explain to them that this neglects the emotional life of their child. I try to give them hope that their child can learn to connect with them using their emotions."

I learned that in his work Sam would teach parents to engage their children through activities and games. He taught them to follow their child's lead. He coached them into how to direct their children into increasingly complex interactions. Sam explained this process, called "opening and closing circles of communication," as being central to the approach.

According to Greenspan (1979), the aim of his intervention strategy is to help children reach developmental milestones crucial for emotional and intellectual growth. The goals for achieving this include self-regulation, interest in the world, engagement in human relations, two-way communication, and emotional thinking. As I learned more about the theory and methodology of this approach, the more I appreciated Sam and the struggle he originally brought to treatment. He was offering so much of himself through his work and he desperately wanted to experience that coming from someone else. Being with Sam in this way I was finally able to understand, on both intellectual and emotional levels, that what he wanted more than anything else was to have someone he could change places with, someone who would provide a similar level of empathy that he exhibited for the children he worked with.

In developing this awareness I was uncovering important clues to Sam's psychic life. I learned that he in fact had the capacity to make meaningful connections with others. He had been seeking that throughout his life. When it was met with indifference from others Sam withdrew, relying on himself for emotional comfort and understanding. It was in this scenario that the distortion of being an exception developed, further alienating him emotionally from others. Understanding Sam in this way helped me to respond to him in supportive ways that strengthened our therapeutic alliance. The more I showed interested and demonstrated empathy, the more Sam talked about his experiences working with autistic children and their families.

"I started working with a new family this week, boy do they need help, they are really desperate."

"Well, they've got the right guy. I enthusiastically injected. "From what you've told me you seem to have a way of giving these families hope. You understand how scared they are and you provide comfort."

"They really don't know what to expect, they've been told so many bad things about what their child has that they just feel like nothing can be done. Until I show them how I can reach their child emotionally. Then things change." Sam proudly exclaimed.

"You are becoming a master of change Sam. You show people a different way of being and they really seem to be affected by you. That must be so satisfying for you."

"Giving the parents hope feels great. Connecting emotionally with the children, that's what really matters to me. I'm glad you know that about me."

"I do Sam. And knowing some of the things you have been through in life, it is all the more impressive."

The shift in my way of working proved effective in reducing Sam's anxiety and aggression, creating room for new feelings in the transference. I felt he was finally developing some trust in me. Into the third year of treatment Sam was no longer regularly fighting me as the bad object but rather, he was using me as a good object to fulfill his needs. He finally had the captured the gaze of someone who he felt was genuinely interested in him, someone who was making an effort to empathically bear witness to his suffering as well as celebrate his triumphs. The American poet and novelist Robert Penn Warren wrote, "if you look at something it changes...if you think about yourself, that very fact changes you" (2003, pg. 274). Sam was indeed changing. He was finally allowing me to not only look at him, but to see him. As a result I became more relaxed in the room. I no longer felt under pressure, needing to say the right things or preoccupied with thoughts of how Sam might react to me. I changed insofar that I was now free to think about myself differently. I was finally working effectively with Sam, which made me feel competent in the treatment and more confident overall. From this new perspective I now could see how my own feelings of shame about failure had been evoked time and time again with Sam. Taking a more phenomenological view, I could now pay attention to the real thoughts and feelings that were occurring in the present for both Sam and myself. However, it was not without risk.

This was new, unfamiliar territory for Sam. It

required an element of trust not necessarily in me, but in the dynamics that were occurring between us and the feelings that stirred in him.

Although Sam was less defensive and more willing to allow me to be in the room with him, there were things that clearly still remained off limits for him. Even in the most benign forms, anytime I attempted to talk about what was happening between us, Sam would immediately deflect my comments. As part of my regular practice I ask patients how the therapy is going for them. With Sam it was no different.

"I'm wondering how things are going for you here in therapy Sam?"

"I'd say this is ok. I finally feel like someone is getting me now," Sam flatly responded.

"Well it's taken awhile and you've helped me by opening up more about yourself. You are helping me to know you better. Any thoughts about that?" I pried.

"Maybe I've changed a little. But this has changed even more. You stopped analyzing."

"I don't think it was the analyzing that bothered you so much Sam, I think you might have felt I was judging you and in a way, that just might be right. I wasn't really listening to what you were asking me for. What do you think?"

"Ok maybe, but where is this going?" He suspiciously questioned.

"Well, we know what your early experiences were like, that you felt nobody really cared about what you did, thought or felt..."

No sooner did those words escape my over-zealous mouth did Sam remind me of the parameters he had drawn for our relationship.

"Let's just say that things are going good and leave it at that. It feels like we are heading towards a discussion about how fucked I am. Can we change the subject?" Sam asked in a rising, irritable tone.

And just like that, the conversation stopped. The fragile alliance that had been building was suddenly threatened.

"Sure Sam, what would you rather talk about?" I obliged, feeling some shame in trying to get closer to him through my interpretation.

"Well what I was going to talk about today was how they have been cutting down on my hours at work. I think they are trying to get rid of me."

So began another session with Sam. Rejected, I felt my efforts were not appreciated and this caused me to feel I had done something wrong. In my recurring need to prove to Sam that I was capable of helping him, and maybe wanting to feel some acknowledgement of being important to him,

I once again led him into an uncomfortable place. I was momentarily at a stalemate with him. I quickly sobered, reminding myself just how difficult Sam could be. I realized my optimism was a bit premature and that some things would just have to wait. Sam was capable of only going so far emotionally. Describing our relationship as *this* and our interaction as *things* was evidence to me that Sam needed to maintain a relationship in which he did not have to fully recognize me. Ladan (2000) notes that sometimes in the desire for a "real" relationship with the analyst the primacy of the patient's experiential world is maintained. One could also say that the patient often does not want to really pay, in the psychic sense, for having a "real" relationship. Sam was not ready to allow me into his life as separate and distinct individual with whom he could truly relate with. For in that situation he would have to relinquish his own self-importance. He would also run the risk of being terribly disappointed if I failed to meet his incredible needs, which were proving to be quite formidable. To expect anything more from him after such a relatively brief time in therapy would be unreasonable.

It had taken years of repetitive traumatic experiences for Sam to erect his defenses. He had survived tremendous abuse, endured endless humiliation and yet he found a way to carve out a meaningful life for himself. Thinking about his chosen line of work, I realized just how resourceful Sam had been in that endeavor, even if in a strange way it also contributed to his life struggles. Sam had become very successful treating autistic children. He utilized his ability to recognize their expressions of feeling, matching them almost magically in wordless attunement. His way of being bridged a gap of isolation for these children. He must have made them feel understood on some level, appreciated in an otherwise strange and indifferent world. But the nature of his work required him to go no further. Because the children he worked with were incapable of meaningful communication through words, Sam did not have to engage at that level, offering more of himself. He could remain at an emotionally safe distance, his own vulnerability concealed. It became increasingly clear to me that what Sam wanted from me was to not pierce and penetrate this highly guarded veil but to simply join him in his affective states as a way of saying "I know what it is like to be you because look, I feel the same way too!" The realization of what my relationship with Sam was going to be was as subjugating as it was liberating. In order to move

forward in any positive therapeutic way I would have to be very mindful of the limitations Sam imposed on our relationship. I accepted the fact that I would have to dig in for the long haul and that maybe through long-term treatment things would change.

Unfortunately, I would never come to know if that would be possible. Change is not something that can be predicted with certainty or necessarily controlled for that matter. It is a concept, a belief in altering the course of something or someone. We can, of course, make a conscious decision to attempt change but the nature of it alone will always be fraught with challenge and uncertainty. And so it was with Sam and I. Several days after the exchange where Sam imposed his limitations and left me wondering about the future, he called me. Sam rarely called and when he did, I always answered if I could. On this particular occasion I was in session so I let it go to voicemail. Immediately following, I checked his message. Seeing that it was about two minutes in length, I paused. I did not listen right away but instead found myself fantasizing about what might be waiting. My first thought was that Sam had a breakthrough. He was calling to apologize and tell me that he finally saw our relationship as a repetition of his early life experiences, that he realized the shame his family had caused him for simply wanting their love and attention. Through their harsh judgement and neglect he could see how at first, he felt *he* was wrong but then later developed an elaborate fantasy whereby he was an exception to that dysfunction. I imagined he would tell me that he needed to adopt those defenses as a child to survive in such a dysfunctional environment but grew to realize that using those defenses as an adult had prevented him from securing the close, loving relationships he so desperately craved. I thought Sam would go on and say that my analysis of our relationship was correct, showing him how and where his struggles developed but realizing this, things could finally change for him. Another thought occupied my mind as well. I feared that Sam had finally had enough of our relationship, that he could no longer tolerate my analysis of him. I imagined Sam railing against me as a “fucking know-it-all textbook psychoanalyst” and that my recent failed attempts once again proved that I could never analyze someone as intelligent and creative as he. That thought sent a wave of anxiety through me. Psychologically straddling these polar opposites, I reluctantly pressed “play”.

“Hi, this is Sam calling,” he announced in a

solemn, flat voice. “I’m calling to let you know that I won’t be making my appointment. Something has come up and I don’t think I will be able to continue with the sessions. The fucking clown finally got her way. The agency let go of me. She said some bullshit about a change in policy and that only workers who have the applied behavioral analysis certificate can provide services. What a crock of shit!” Sam was getting worked up; I could hear the agony through his heavy breathing. “Do they really think that stuff works?” he implored. “They don’t care about the kids because if they did, they would know that I am the only one who is really connecting with them and making a difference. They have no clue, no fucking clue. I knew this was going to happen. When clown started cutting my hours down I had a feeling they were trying to push me out the door. I asked for new referrals but she kept insisting there weren’t any coming in. Yeah, right. Anyway, I don’t really know what I’m going to do. I have no money and now no job.” I’m already only paying \$20 dollars a session and I haven’t even been able to afford that. I have no other choice but to stop for now. Maybe if things change in the future, I’ll give you a call and see if you have any availability. Anyway, thanks for everything, it’s been fun. Ok, take care. Bye.”

Stunned, I listened again. But despite my wish, nothing had changed. It was the same message. I felt compelled to call Sam immediately but I had another patient waiting. In fact, I had three more back to back that evening so returning his call would have to wait. As I worked into the night I struggled to remain focused on my patients. I kept thinking of Sam, of what he was doing, thinking, feeling. I wondered if he felt a sense of relief or despair with his abrupt termination of therapy. When each patient paid me my fee that evening I thought of Sam and his inability to do so. I thought, “I’m making a good living, I can see him for very little, even nothing if need be.” I also felt guilt and shame at charging money to help people who are suffering. It seemed like a reasonable solution, Sam would get the treatment he needed and I would be absolved of my guilt and shame. I had constructed a compromise that allowed me to go to sleep that night with a seemingly clear, albeit somewhat distorted conscience.

The following morning I anxiously waited for an appropriate hour to call Sam and share my plan. I would spell things out, Sam would graciously accept my offer and we would meet for our regular session the following day, that’s what I imagined. I called Sam but he did not answer so I left a message asking for him to call me, that I had

some thoughts about the situation that I wanted him to consider. He didn't return my call. I waited several days and called again. Once again, no answer. This time I eagerly made my pitch through voicemail. Then I waited. And waited. After two days Sam returned my call. However, my phone never rang, it alerted me with a "buzz" that I had a message. (I later learned that there is a function that allows a caller to bypass answer and go direct to voicemail. I wondered if Sam had done this as a way of avoiding me.)

"Hey, it's me. I got your message. Thanks for your generous offer but I don't think I could accept free therapy. Hopefully I'll be back on my feet soon. I'll be in touch. Take care."

That was the last time I would ever hear Sam's voice. The next day I called back and left this message:

"Hi Sam, I received your voicemail. I understand. Call me if your feelings should change." Ironically, "change" was the final word I offered to Sam. He has yet to respond.

The end of my relationship with Sam came so suddenly, so unexpectedly, and in the days and weeks that followed I struggled to process what had happened. I was upset by the fact that Sam could not (or would not) continue therapy. I thought about the years of humiliation and shame Sam had to endure. I imagined that losing his job was a loss of identity for him. In his life and especially in the treatment, his work had been central to his existence. It was where he was the most successful. It was where he could be truly exceptional. If he could no longer have that distinction in his mind, if he no longer had that point of reference in our relationship, where did that leave him? Thinking about what he might be experiencing, I was deeply saddened. Sam had been consistent in attending therapy and rarely missed, which showed dedication. Despite his resistances, I believed that he was really starting to get something out of our sessions together. To just give up on things seemed so senseless, unnecessary. Unfortunately I did not have control of the situation. I had to wait and see if Sam would reconsider his feelings and return to treatment. This left me with strong feelings of my own. I had put so much of myself into the treatment and felt disregarded, unappreciated and even abandoned by the abrupt termination of the relationship. The only thing that brought me some comfort was the thought that Sam and I had experienced something significant together. We had changed each other in real ways that were life altering.

At the heart of my change in approach was

moving from transference analysis to being a developmental object for Sam, in essence from "interpreting" to "holding." Going forward a question lingers in my mind. "As clinicians, can we hold *while* interpreting?" This question was formulated unknowingly during my work with Sam and my task at hand will be to seek an answer in each of my future therapeutic encounters. This will be Sam's true legacy.

On October 29th, 2012, several months after my last session with Sam, Superstorm Sandy plowed into New Jersey, leaving in its wake an overwhelming path of destruction. The area where my office is located was not spared and the building was closed for over a week. On the day I returned to work I drove through areas that were heavily damaged. The most common and visually striking form of destruction was the damage to trees. Whether huge downed limbs or totally uprooted trees, with their gnarled roots exposed like giant fingers that had lost their grip on the soil, the storm's impact on the natural environment was incredible. As I drove, I thought about the fabulous view from my office and wondered if the sprawling trees had survived the storm's wrath. Upon arriving I went straight to the windows, pulling open the curtains and drawing up the blinds. As I looked out over the once orderly rows I could instantly see a change. The landscape was eerily different. There were large branches missing from some trees and I could see gaps where others had once stood. I pondered how some trees were able to weather the storm relatively unscathed while others totally succumbed to the storm's fury. Still others were able to stand their ground, giving only a portion of themselves, sacrificing branches and limbs but not toppling over. Later on in the afternoon I took a break between sessions and went for a walk to get a better look and examine the trees up close. As I approached one of the gaps where a large tree once stood I came upon a man in a hardhat with a chainsaw in his hands. He had been clearing downed limbs and inspecting the trees. Seeing him as an expert of sorts I stopped and asked, "What causes some trees to blow over while others are able to withstand the force of the storm?" He stopped, removed his hat, wiped away the perspiration with his forearm and lit up a cigarette. He took a long look around at the trees and then settled his gaze on me. He seemed eager to take the opportunity to talk about his work. I wondered if anyone had ever approached him like I had, asking for his expert opinion. He took a long drag from the cigarette and pointed towards the

trees.

“Many things contribute to whether a tree can survive a storm like this. The wind, the angle they are positioned towards the storm, the age of the tree, it’s general health...all of those things play a role. But the most important thing are its roots. Without strong roots set down deep in the soil, the tree doesn’t stand a chance. All the trees here that survived have very strong root systems. They’ve been around a long time and have had a chance to get their roots firmly established in the ground. Yep, it was the roots for sure that saved those trees.”

As the man spoke he looked away from me, out over the rows of trees, as if lecturing on a deep philosophical topic. I sensed his satisfaction. He was making a proud affirmation of sorts which led me to wonder if he had weathered some storms in his own life. I was captivated by the man and his words. As I turned to leave I thanked him for the information and said, “Strong roots. Sounds like a lesson for life. Thanks.” With that I turned to walk back to my office. As I passed one of the trees still standing I thought to myself, “strong roots indeed.”

It had been three years since I first met Sam. During that time I weathered countless emotional storms with him. I thought about how he roared into my life like a hurricane in that first session. I thought about how he tested my strength and resilience over time. The winds had blown strong. But these were no ordinary winds, these were the winds of change. Sam came into my life like a storm, but he had a purpose. Through the storm he taught me that experience is the only reliable source of information in the world. Sam made me look at myself and re-evaluate how I work clinically. He helped me understand that when treating a patient, their unique experiences and expressed needs are more important than simply how they behave in the treatment room. In changing that aspect of myself I was able to help Sam. Overtime he changed as well. He seemed to find comfort in the idea that someone had finally bore witness to his struggles: that his pain and suffering were legitimate responses to real people and events. Amidst the storm of his life, in the treatment Sam finally found a safe haven. Although I still struggled with his abrupt departure and hoped that Sam would return, I was reassured by the feeling that I had helped him on some level, I had done some good for him. I was also grateful for what Sam had done for me. He helped me to set my roots firmly in the ground. I had established my identity as an analyst. I no longer saw my work in technical or theoretical

terms but rather as a practitioner informed by psychoanalytic theory *and driven by* phenomenology.

Late autumn. Change, once again in the air. Gazing out of my window down the boulevard, I admired the orderly lines of colorfully speckled trees that had survived the storm. Despite the scattered pockets of missing trees and signs of damage, collectively they still created a beautiful landscape scene. Taking a moment to admire each one, for their strength and resilience, I was briefly mesmerized. Waiting for my next appointment I drew a deep, satisfying breath. I felt at peace. I was confident in myself and my work. And I knew it was all because of *change*.

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