On Becoming Relational: A Journey From Dissociative Rigidity to Affective Tenderness

Eric Hartman

Abstract
This case study outlines the experiences in training that shaped my professional identity and practice as a relational psychotherapist. I show how my clinical conduct shifted over the course of a single treatment by reflecting on previously unquestioned commitments to certain psychoanalytic techniques and then how I became more open to new ways of experiencing the patient and my internal responses to him. Using Donnel Stern’s (1997) framework on dissociation and unformulated experience, I show how the therapeutic relationship transformed from first being characterized by rigid patterns of constricted relatedness to becoming more relaxed through the intersubjective negotiation of personal boundaries and emotional safety. I demonstrate how working through mutual enactments with my patient occurred non-linearly and, ultimately, necessitated the creation of internalized conflict out from our external disjunctions. This process represented an achievement of reflective capacity on previously dissociated aspects of self-experience for both of us and fostered my acceptance of tender feelings for the patient in particular. I argue that relaxing the constricted relatedness inherent to rigidly following any theory or technique and allowing oneself to be tenderly affected by the patient are the hallmarks of becoming a relational practitioner.

Keywords: Dissociation, Enactment, Psychoanalytic Training, Relational

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

“We move toward and away from objects depending on how we are moved by them.”
—Sara Ahmed (2006, p. 28)

One of the consequences of the deliberate avoidance of formalizing a doctrine within the relational tradition of psychoanalysis is the problem of knowing whether or not one is in fact practicing relationally. Is there a particular relational attitude or a set of procedures that makes an interaction more relational than another? If it is simply a commitment to a particular philosophy that then informs the clinical encounter, what ought these encounters to look like? And without a formal approach to technique, can one become relational by training in any school of psychoanalysis? In this paper, I discuss my clinical work with one patient that began halfway through my psychoanalytic training, in which I discovered my own unreflective commitments to classical psychoanalytic theory and technique that impacted the ways I related or, more accurately, the ways that I did not relate to my patient. I demonstrate how the intersubjective negotiation of my relationship with this patient required a reciprocal willingness to be vulnerable with one another. We would each need to become aware of what Stern (2013) refers to as the “constricting effect on the therapeutic relatedness” (p. 9) caused by dissociated aspects of self-experience within the interpersonal field. This nonlinear process included frequent occurrences of rigidity in our interactions and required a mutual formulation of internal conflicts in order to achieve a tender form of relating to one another. This case study represents how I became relational in the process of becoming a psychoanalyst.

Walls of Concrete

“Why do you have lamps that look like suppositories?” Dan queried near the end of our initial consultation. Surprised by the question but also distracted by its classical psychoanalytic symbolism, I was momentarily dumbfounded. This potential new patient associated my lamps to a type of medication that when inserted into the rectum forces evacuation of the hitherto painfully retained contents of the bowels. Is this for real? Pondering briefly on whether his statement was that of a wish or a fear, I then imagined how it would be my job early in our work to interpret the anal fixation points of his psychosexual
development. How exactly would I start such an exploration? Should I have attempted it some way in that moment? And, then, with a brisk rush of embarrassment, I asked myself, why do I have lamps that are shaped like suppositories?

As a fairly new clinician at the time, more than anything I was a bit stunned that moments that seem so clearly filled with classic psychoanalytic symbolism actually occur in real life and in my practice! The moment seemed saturated with some kind of objectively true meaning that I just wasn’t able to grasp, and, caught off guard and out of time, I simply responded by asking, “Should I take that to mean that you don’t like them?”

Dan answered that he wasn’t quite sure what he felt about them, but that he found himself very interested in what my choices in office décor said about me. This interaction foreshadowed the way my relationship with Dan would unfold by way of his pushing at the boundaries of traditional psychoanalytic technique and the line between my professional and private self.

At the time of seeking treatment, Dan was 51 years old and living with his partner in a trendy neighborhood of Lower Manhattan. He came to me complaining of chronic low mood, longstanding resentment towards his family, and general disappointment and dissatisfaction with relationships in all domains of his life. In our initial consultation, he described a consistent “malaise,” which he characterized as low-grade depression that sometimes dipped into short periods of “darkness,” where he would feel lonely, resentful, and lost. Despite reporting to have many friends, he lacked what he considered to be deep connections with any of them. He also described an active but generally disappointing romantic history. He reported not being single for more than a few months at a time, and on more than one occasion, ended one relationship in order to start another, which usually precipitated by having had an affair. At the time he initially contacted me for treatment, his relationship with his partner of five years, Mike, was in trouble, and Dan was contemplating ending it. He described feeling deprived by Mike of the affection he craved and was particularly hurt and angry that Mike refused to commit to monogamy. A few days prior to our first meeting, Dan physically hit Mike during an argument. It was the first time Dan had ever become physical out of anger towards a partner. He was deeply disturbed by his behavior, which quickened his urgency to seek out psychotherapy treatment in order to make sense of what was happening within his mind and in his relationship.

Dan and I began meeting once a week for psychotherapy in my private practice in Midtown Manhattan. Dan’s demeanor in session was usually a perplexing mix of Earnestness, irreverence, and slapstick routine; making jokes and using his entire body to punctuate his expressions. At times summoning the moves of a vaudeville comedian. Spit takes, pretending to trip on his way into or out of the office, and dramatic poses on the couch were the stock and trade of his routine. This behavior filled the spaces between moments of serious contemplation and brief passages into states of emotional vulnerability. At times, he veered from playful dramatics to being sexually aggressive. Picking up the chrome coaster holder from the coffee table in front of him in one of our early sessions, he abruptly asked, “Is this a butt plug?” And, again, in a later session, Dan stopped a poignant exploration of his history and asked, “So tell me, when having oral sex, do you like to come in the other person’s mouth?”

Flustered and embarrassed, I found myself unable to formulate a response, but instead stammered until I could muster, “I’m sorry, I’m just not going to answer that.”

Dan hated this response and proclaimed hypocrisy that I expected him to open up to me, yet I refused to reciprocate the same for him. Frequently, he would stop sessions and ask something like, “Couldn’t we just make out on the couch for the rest of the session?” I struggled to retain my reflective capacity in those moments and found myself hopelessly “explaining” therapeutic boundaries to him, all the while judging myself to be a failure for my inability to pursue his obvious oral and anal stage fixations in some kind of sophisticated and systematic way. While displeased with my verbal responses, he seemed to revel in my discomfort and would comment on how my face turned red.

After many months of this uncomfortable dance, which inevitably found its way into almost every session, I finally listened to what Dan was saying about how I had been communicating nonverbally to him. Despite his outward protests about my “withholding,” I realized that I was enacting a kind of extra-linguistic communication in the form of blushing, fidgeting, and giggling nervously, which seemed to gratify him in an important way. Although my embodied responses to Dan’s provocations may have been legible marks of my discomfort, my refusal to verbally articulate the feelings was an indication of my retreat to a position of a blank screen, an assumedly neutral technical stance that I was not
even aware of choosing but was reflexively enacting. Although considering my discomfort with Dan’s provocativeness, I think I would have rather made that a wall instead of a screen, constructed of cinderblock, and rather painted the words “DO NOT ENTER” on it than leave it blank. So while my verbal opacity may have been defensive in response to Dan’s intrusive behavior, my unquestioned use of it was also a product of training in which clinical neutrality was assumed as both possible and ideal. In sharing these observations with one of my new clinical supervisors, she helped me become aware of my fear of “doing it wrong.” She pointed me towards Mitchell (1998) and his seminal paper, “The Analyst’s Knowledge and Authority,” in which he challenges psychoanalytic concepts of theory, technique, and the notion of objectivity, questioning the traditional belief that “trying to be neutral actually makes it possible to be neutral” (p. 15), such that the analyst can objectively know “what is really in the patient’s mind” (p. 16). Mitchell recognizes the “impossibility of achieving a truly neutral, value-free analytic stance” (p. 15) and argues that the analyst is always participating in the treatment, whether trying to be neutral or not, which cannot be separated from any meanings made about the treatment. With the help of this clinical consultation, I was encouraged to consider multiple available options for Dan and me to process our interactions, including the option in which I was not required to answer any of his intrusive questions but was free to share my internal reactions to them and inquire about his experience of me.

At the next instance of Dan’s provocative behavior, I asked him what it was like for him to see me blush and squirm. Questions targeting a patient’s experience of what it is like to experience a particular mental state are the standard starting points in the method of phenomenological inquiry (Fuchs, 2010, p. 547). Stern (2010) similarly conceives that “the question invites a kind of groping toward explicit meaning without insisting on a precise verbal formulation” (p. 13), which “draws our attention further into places that are hard to illuminate” (p. 13). Dan was able to express that seeing my unsettled reaction signaled to him that I had moved out of my “comfort zone,” as he put it. “You come out from behind your therapist mask,” he said, which he then realized made him feel less alone in the room. This interaction was transformative in two ways. First, it led to the formulation of his perception of feeling alone without some kind of signal that I was affected by him, and second, it opened up a new and ongoing dialogue about how Dan experienced vulnerability in relating to others. Feeling alone even in the presence of others was a dreadful experience for him, and he explained that feeling so exposed in our unequal, unreciprocated relationship compounded it. I felt I understood his demand for me to be more open in a new way because of this interaction, and it made me less concerned with the content of his intrusive questions and more empathically able to think about the process of our engagement. I reflected to him how radically the dynamics of the session seemed to shift whenever he would turn the tables on me and invited him to join me in being curious about the timing of it. Could we discover the moment that his behavior defensively shifted in order to maintain his feeling of being alone within his awareness? Such a question gets to what Stern (1983, 1997) refers to as “progressive clarification” (1997, p. 42), which seeks to understand the process in which “each moment’s experience grows from the experience of the moment before” (p. 43), a process that articulates how experience is interpreted or left unformulated.

Stern (1997) radically reconceives the traditional Freudian unconscious, rejecting the idea of unconscious thoughts or wishes existing as “well-defined carriers of meaning that could be represented in language if one’s ego, or one’s defenses would ‘allow’ it” (p. 45). Nor does he support the idea that fully formed memories lurk in the unconscious, only to be subjected to processes that mask and distort the real truth hidden beneath our awareness, “convincing ourselves that we do not know something that we actually do already know” (p. 54). Instead, he replaces the world of unconscious thoughts and repressed memories with the concept of “unformulated experience,” which he describes in two ways: first, as “the sum total of all the knowable, communicable implications that have never been spelled out, perceptions that have been habitually passed over” (p. 44), and, second, as “the moment-to-moment state of vagueness and possibility from which the next moment’s articulated experience emerges” (p. 44). Dissociation to Stern is both the “unquestioning acceptance of the familiar” and “the refusal to formulate” (p. 63) new thoughts. Applying Stern’s ideas to my experiences with Dan, my goal shifted from trying to find out what Dan was really up to with his provocative behavior in order to convince him of his self-deception, toward attempting to
understand how the rigid, non-reflective use of this conduct prevented him from knowing anything more about his internal states.

Although still frustrated by my sustained refusal to directly answer certain questions, Dan forgave the hypocrisy enough to allow himself to reflect on how pervasive his boundary-pushing behaviors were, recognizing the dynamic was present in some form or another in all of his relationships. He then joined me in wondering how these behaviors functioned in his experience of himself and the world. He noticed how he consistently accessed a kind of boisterous part of himself whenever he felt uncomfortable in social situations, and, in exploring these experiences, he came to the idea that this behavior felt like he was hiding something. He then tearfully confessed to a deep sense of shame about some aspect of himself that, despite its clear meaning as being something awful, could not be articulated any further. His entire being sank into the couch as he shared with me these emergent thoughts that he had so few words for and even less clarity about. Examining how these dreaded feelings remained unspoken by him in our relationship for the better part of a year, we came to appreciate how our struggling over my personal information distracted us from recognizing his vulnerability, and he noticed how closely this dynamic matched a similar process he repeated in his relationship with his partner Mike. Dan formulated a new meaning of his boisterous behavior as “putting up a wall,” whereby once he felt he was being unfairly deprived by the other’s lack of transparency, he could justify keeping his vulnerability a secret. Dan recognized then that parallel to his desire not to feel alone was the insecurity that being too close would result in being seen in some terrible way. The exact nature of this terribleness, however, would remain for some time unformulated in our work.

By helping Dan to formulate his dread of loneliness and his fears of being fully seen, we began to recognize how these experiences, while knowable in some way, were so inadequately articulated for his self-understanding. We could conceive how his conflicts with his partner and with me served to keep his attention fixated away from making meaning about these painful emotional states. Dan’s demand for greater access to my personal information, which he concretely believed was a matter of fairness and equality, shaped our interactions in one direction while keeping his emotional vulnerability out of conscious awareness. Stern uses the term “single-mindedness” (2010, p. 90) to describe a similar phenomenon in which the multiple potential meanings of an experience are dissociated, while a single perception is taken to be unquestionably true. Dan’s concretized compression of perception, his single-mindedness, maintained his sense of security by restricting his openness to me while also enacting a dynamic that resulted in me showing my vulnerability, which prevented him from experiencing the feeling of being alone.

Dan’s unquestioned interpretation of me as malevolent and intentionally unfair, as evidenced in his agitated protest to my refusal to answer certain questions, is the kind of narrowing of perception that Stern (2010) refers to as “dissociation in the strong sense” (p. 152), defined as the unconscious defense aimed at avoiding the emergence of an intolerable emotional state. Perception, according to Beere (2009), “generally presents itself whole” (p. 277), but in “dissociative perception...the individual blocks out the background by focusing solely on one critical aspect of the situation” (p. 278), decontextualizing experience and making it “weird, bizarre, or uncanny” (p. 278). Beere suggests that such dissociative perceptions can become “learned responses to specific cues” (p. 278) and only occur in circumstances of significance to the individual, including, but not limited to, traumatic experience. Like Stern, Beere views certain experiences as so intolerable to the individual’s self-concept that they must be excluded from perception. Beere’s model attributes the ongoing exclusion of such experience to Harry Stack Sullivan’s self-system and not directly to a dissociative mechanism (2009, p. 279). Stern’s model of dissociation doesn’t differentiate between dissociative perception and the ongoing exclusion of kinds of self-experience. Instead, his model includes an unconscious “preferential world making” (p. 87) tendency, such that dissociation works as a defensive constriction of interpretative freedom, which limits the types of experience that can come into consciousness. I think both Beere and Stern would agree that Sullivan’s self-system functions in making a preferential world by virtue of an individual’s use of selective inattention, whether it is labeled as dissociation or not (Sullivan, 1953). Despite some differences in terminology, it seems their models more or less agree, and Beere offers an additional way to understand what happens in the immediate moment that a person is overwhelmed.

Dan’s restricted perception of possible meanings to make from his interactions with me was clear, which does not necessarily discount the
validity in his perception, but that it was so singular and unquestioned is what makes it indicative of Stern's dissociation. This constriction of interpretative capacity made Dan's perception that there were no other motivations for my actions (or inaction) other than malevolence absolute and prevented him from reflecting on his experience any further, including knowing explicitly about his vulnerability. Attempts to explore what it could mean if I answered certain questions or what it was like for him that I would not answer them were met with his escalating frustration. "I just want to know! It doesn't mean anything else," he'd say. Bromberg (2001) views lapses into this kind of concrete thinking to be the "defining hallmark of dissociation" (p. 386), and Dan's use of the word "just" in his responses to me approximates Bromberg's frustrating experience with a patient who, according to her, was just being who she was (2008, p. 335). Being concrete, then, is a state of impoverished imagination in which things are just what they are, while emotional elaboration is an unattainable luxury. If Dan could have stated something like, "I feel so exposed and alone with you right now," it certainly seems that it would have opened up a different kind of interaction between us. And when we eventually did formulate this new meaning together, it changed our work, reordering his experience of certain interpersonal conflict while directing us to attend to sensitive issues of emotional intimacy.

As I became more aware of how this dynamic was operating in our interactions and how anxious it made Dan that I was unwilling to share my world with him, I began to change my stance. While I continued to refuse to answer questions about my sexual practices, I let him know that it was my preference to keep that information private among my sexual partners and myself, but that I understood his desire to know more about me and would consider answering his other questions. Dan appreciated my frankness and immediately came up with new questions, such as "What color are your kitchen cabinets?" and "Do you prefer city or beach vacations?" I answered these questions directly, and to my surprise, they had an immediate, albeit temporary, calming effect on Dan. In this way, I began to see these questions as Dan's way of reconstituting himself in the face of impending emotional danger of being either too alone or too exposed. In other words, in terms of his organization of experience, these interactions temporarily restored his sense of safety in being with me while also maintaining his general unease about intimacy by leaving his world-view unchallenged. While I did not actively work to change Dan's beliefs about his need to know the color of my kitchen cabinets, I believe that my willingness to negotiate with him around his need for pauses in our exploration of his emotional life, as well as my acceptance of his terms about mutuality, helped to build trust and safety in our relationship, which would incrementally work towards the softening of his concretized pattern of relating.

Several weeks later, after the discovery of Dan's vulnerability about intimacy, he began a session reporting his discovery of a recurrent pattern of behavior that was related to his interactions with me. He had become aware that he used aggressive flirting (which sometimes led to sex) with men whenever he felt uncomfortable with them. In his words, "to get down and dirty" with a guy immediately made him feel accepted and close, even if neither party verbally revealed anything emotional during the interaction. Dan's sexual encounters, the tactile experience of feeling his body against another's, provided the most tolerable experience of closeness. In these moments, no distance was the safest distance. His new formulation that this tendency may also serve to keep him from actualizing his vulnerability came about as a progressive clarification through his expanded capacity to reflect on and interpret his experience in and out of session. Dan's new thoughts of how to interpret his sexual behavior, which was not an interpretation from me about what he is really doing, provided us the clarity to continue to formulate our work towards understanding his vulnerability in relating to others.

Hints of Dan's sexualizing tendency were evident in his jokes about my office décor in which items reminded him of things that penetrate the anus. These comments were erotically tinged and may have provided an experience of getting "down and dirty" with me to approximate his preferred mode of closeness. By making these jokes, Dan performed a rigidified attempt at intimacy while also enacting a stance in which he was the one noticing me, and I was the one feeling exposed and embarrassed. This formulation fits with the Stern's model of unformulated experience and builds towards the concept of enactment, which is the "last-ditch unconscious defensive effort to avoid being the person one must not be, accomplished by trying to force onto the other what defines the intolerable identity" (2010, p. 14). Certainly, we can already see
evidence in my experiences with Dan that evoked feelings in me of insecurity and shame. To what extent these emotional states in me relate to an enactment between us will be covered the next section of this paper.

The Two-ness of Enactment

Dan was both invigorated by and distressed about the new formulations we were developing in treatment, and, upon my suggestion, he increased the frequency of his sessions to twice a week. Eager to work more extensively on exploring the ways he relates to himself and the world, he became newly receptive to exploring his family history. Prior to this point, he answered my questions about his childhood with skepticism and mockery, insisting that there was “nothing there” and providing only sugarcoated fragments of his story. His parsimonious accounts of his childhood included being the oldest of five children in a working class family from the suburbs of Philadelphia; his mother was very caring and “did the best she could,” and his father was a good provider with whom he simply had very little in common. Generically, he spoke of being most like his mother, and he considered his relationship with her to still be very close. This version of his story would be what Stern might call “narrative rigidity,” (1997, p. 133) in which “dissociation in the weak sense” (p. 132) is the passive tendency to see oneself stably in a particular preferred way, regardless of whether such stability or constancy is actually true.

The unfolding of the less preferred parts of Dan’s story was nonlinear but progressive and unfolded from the uncomfortable disjunctions in our relationship. By processing and reflecting on our conflicts and his vulnerable states that emerged from them, we became more and more able to think about how he developed these patterns of relating. Transient reoccurrences of constricted relatedness continued throughout our experience yet lessened in intensity and duration with the incremental building of emotional safety and trust as we continued to collide over which one of us was to be the focus of our attention. During one session in the second year of treatment, following a sexually provocative comment Dan made towards me, I asked, “Now who was that who just showed up in here?” Davies (1998) describes this maneuver by the therapist as “therapeutic dissociation,” (p. 196) whereby the therapist encourages a hidden part of the self to fully emerge in the room. Dan seemed to like the question and described for me his “impish dark side,” which he associated with experiences in childhood when he would plot against his parents, peers, and siblings to get what he wanted. He recognized that this was an aggressive part of him that still exists, and acknowledging it made him feel a mix of guilt and pride.

Dan also shared bittersweet memories of being an effeminate child who was primarily interested in stereotypically feminine games and toys. He blamed this aspect of his behavior for his father’s inability to relate to him and what seemed to be his father’s preference for his younger brothers. While Dan’s brothers went on fishing trips and played baseball with his father, Dan spent his free time playing with his mother’s clothes and make-up, applying it lavishly to his sister’s face and staging fashion shows for imaginary audiences. Starting in grade school, he was the victim of constant verbal and physical harassment by his male peers. When his mother learned he was being picked on, she berated him for not acting like the other boys, calling him names like “sissy” and “faggot”. When this information finally emerged in session, Dan was mortified to hear himself talk about it. He felt terrible, and he hated thinking of her in that way. It took more than two additional years before he was willing to more explicitly describe these experiences with his mother again.

On a separate occasion Dan opened up about another set of painful memories about his father that were similarly mortifying. He recalled experiences beginning at the age of five or six of sneaking up on his napping father and touching his father’s penis through the exposed leg opening of his father’s shorts. It was unclear how many times and how often this occurred, but he remembered that it was more than once. It is puzzling to imagine how Dan’s father did not awaken during at least one of these episodes, but Dan never considered that his father was not fully asleep. At the time, Dan found these experiences to be exciting and scary. These erotically heightened and terrifying moments of sexual exploration went unacknowledged by anyone, and his childhood erotic desire for his father remained knowable only on an unspeakable level until this phase of the treatment. Prior to the disclosure of these incidents, Dan’s childhood longings for his father were dissociated to the point that he could barely feel or remember feeling anything emotional, erotic, or otherwise for him. Even after reporting these memories, Dan had difficulty
acknowledging that there was anything in his relationship with his father left to be discovered, pursued, or mourned in the present.

Around the completion of his second year of treatment with me, a shift occurred in our dynamic in which Dan began expressing a new line of provocative comments and questions towards me. It began by him telling me that he imagined my relationship with him was closer than my relationships with any of my other patients. At first, I treated this with curiosity and encouraged him to elaborate on it. It was just something he sensed, he would tell me, giving me a knowing look. I suggested there may be a link in his thoughts about my other patients to competitive feelings he had with his siblings. He rejected my ideas about sibling rivalry and expressed his deepening conviction that he was impacting me and the way I work, evidenced by my less constricted reactions when he would push me. He wondered if this change in me was something that I only shared with him and if that signified that he was special.

As Dan continued to pursue this topic from session to session, he became increasingly insistent that our connection was "more than just" therapist and patient. I asked him what he meant by "more." He would say that while I hadn't done anything inappropriate with him, our relationship included a personal dimension in addition to the work we were doing, and he liked it. He asserted that I felt this essence of more for him as well and pushed for me to validate his experience. His descriptions of what was happening with us seemed to me overly vague, and I no longer felt clear that we were safely processing his fantasies anymore. I began to doubt the rationale of my newly evolved relational approach and wondered if I was risking a boundary violation by not setting a clear definition of my intentions. Davies (2003) describes the clinical conundrum of finding a suitable response to the patient's concrete demands for erotic admiration from the analyst in a way that neither encourages the inappropriate pursuit of the analyst as an actual love object nor abandons the patient in the process of working through oedipal longings. My discomfort with Dan's demands triggered a non-reflective withholding stance from me, thus making me unavailable to help him make meaning out of his needs. This shift in the relational context recapitulated his fears of rejection. The more I withdrew, the more aggressive he became, evoking the very distancing of me that he so feared. Wachtel (2008) describes such a pattern as a vicious interpersonal/psychodynamic cycle, one that is difficult to reflect upon from inside of it. It is this enmeshed "inside-ness" that makes the question of "who started it" obsolete. That is, Dan and my actions were "mutually constitutive" (Wachtel, 2008, p.153), such that each of us contributed to the relational context and evoked responses from the other. Finally, during a session on the day before my summer vacation, Dan ratcheted up his pursuit, and my mounting uneasiness yielded to the concretism of his demands. The following unfolded:

D: "Why is it that you won't admit that our relationship is different than any you have with your other patients? Why can't you just say that it's special?"

E: [Stammering] "So... You want me to say that you're special..."

D: [Interrupting me] "And, I don't wanna hear how every patient is special in their own unique way. I know how you try to slide your way out of these things with your therapist talk. I don't want to hear whatever it is you got from those books. What would be so hard about acknowledging to me what is obvious, that what we share is so intimate... That our connection is something that only lovers can share? That's what we are on some level. I know you feel it, too, and I can't understand why you won't SAY IT!"

E: [Pressed] "Dan, you insist on having me tell you that you are special to me in ways that you are not and can never be—[After pausing, calmer]—while it's you who refuses to acknowledge the ways that this relationship is truly special, how you've opened up and allowed yourself to be vulnerable with me in a way you haven't experienced before anywhere else."

D: [Pregnant pause] "Wow. I wasn't prepared for that. I know that I just asked for that, but I didn't realize how it would feel to hear it. I'm sorry, I just wasn't expecting that, and, I'm not sure what to say."

E: "Perhaps I wasn't quite ready to hear myself say it either."

[Silence]
E: [One minute of session time remaining] “Can you tell me what you’re experiencing now?”

D: “Nothing, I’m fine, really.”

E: “I think maybe I’ve hurt you... And it feels bad to have to leave this for —”

D: [Interrupting me] “Oh god, for what? You’re worried that you’ll go away on vacation and I’m going to fall apart? God, you so dramatic! Yes, you’re going away, but I’m a big boy. You’ll leave and come back, and I’ll be just fine. This is not that big of a deal.”

I continued to feel uneasy after Dan left the session, sensing that I hurt him and wondering if he would come back. He reported in the first session upon my return that he had forgotten I was on vacation during the previous week and showed up with the intent to end treatment. After further thought, he realized that his pride had been wounded, and that, in fact, although it would not be easy, it would probably be a good idea to continue, if only to work on how his pride gets in his way. He expressed that he was hurt because he hadn’t realized how much he enjoyed having the fantasy of pursuing me as a lover, even though he knew deep down that we would never be together that way. I acknowledged that losing the fantasy before he was ready to give it up was painful and wondered aloud if I should have been more patient and careful. He dismissed this idea, insisting that it needed to happen, but he appreciated my willingness to talk openly about my reactions to it.

Then, Dan reported the following dream: “I’m in a subterranean home and I head to the basement. I go down a staircase surrounded by glass walls into a room where a body has been cut up—maybe to be eaten? I am rushing around and hiding the body parts by separating them and putting them in the freezers and refrigerator. I’m trying to hide all of the pieces, terrified that I’ll be caught and anxious that people could already be watching.” Dan had few associations with the dream, except to say that the staircase and basement seemed to represent something deep within himself. He had no other thoughts about the meaning of the dream but remembered feeling very disturbed by it when he awoke and thought he should bring it in to our session.

The imagery of the cut up body suggested to me the self-psychological concept of a “self-state dream” in which Dan’s internal experience was one of anxiety about self-fragmentation (Stolorow & Atwood, 1992). My comments in the prior session invalidated his experience of being special to me while also reinforcing his fear of being undesirable (as he experienced with his father). In the dream, Dan’s self was split into parts, and he furiously worked to hide them away, representing a wish to return to a more divided inner experience, separating the good from the bad, the loved from the hated. He was anxious that anyone might see what he had done, suggesting that shame was the feeling that reinforced his need to keep certain parts of himself hidden.

Blechner (2001) suggests that patients are implicitly attuned to subtle areas of the therapist’s personality, which may find their way into dreams, potentially revealing countertransference blind spots of the therapist (p. 205). Thinking about my state of foreclosed reflectivity during my interaction with Dan’s demands before my vacation, I used Blechner’s idea to imagine how the dream might have expressed a countertransference experience of which I hadn’t been aware. This led me to consider that the dream symbol of the body that was split up into parts may have represented something within me. Was Dan aware of my own dissociative splitting, and was he frantically trying to hide the parts of me that he felt responsible for taking apart and leaving out in the open to be seen? Or, by putting them in the freezer, was he trying to preserve something within me or between us that he wanted to keep from becoming spoiled?

In examining this dream and the session prior to my vacation with my supervisor, she questioned my imperative to set the record straight with Dan about our relationship. I remarked that I didn’t want to injure him by allowing him to go too far in his fantasies about me, and I reminded her of his traumatic memories of shamefully fondling his father when he as a child. Paying close attention to my words, she asked if I believed that Dan should feel shame about those experiences with his father. I was surprised to notice myself pause before saying, “Of course not, he was only a child.” But why did I pause? I then began to think about my own experiences with childhood erotic fantasy and recalled distant memories of erotic feelings towards my father. I recalled playfully sensual scenes with him when I was between the ages of four and five, tinged with erotic excitement, but which ended abruptly and without discussion; he just simply withdrew from such play. My tenderly playful, exciting father became cold and distant. I
remembered how I experienced this as the loss of loving acceptance followed by shameful rejection. How had I missed the similarities of Dan and my disappointing childhood experiences with our fathers while working through this phase of treatment? Clearly, this was a dissociative narrowing of perception of my own.

The shared concreteness of both Dan and my thinking signaled that we were in an enactment, a reciprocal dissociative process that I began to describe at the end of the first section of this paper. Enactments maintain certain intolerable or unthinkable mental contents out of the awareness of both therapist and patient (Bromberg, 1996; Stern, 2004). For me, I could see no other option than to disabuse Dan immediately of the thought that we were lovers, while Dan was locked in the demand that I acknowledge that we were. This led to a flattening of experience in which seemingly irresolvable conflict was made out of our mutually exclusive perceptions of absolute truth; neither of us could hold the other's perspective in mind along with our own without experiencing negation or invalidation of what we each perceived to be objectively real.

Silverman (2004) demonstrates that in such an enactment, it can be the therapist's shame, elicited by the sameness of some detail shared with the patient's history, that prevents the full exploration of the patient's experience due to the therapist's need to dissociate from it. While certainly the exact contents of Dan and my childhood memories were different, the form of the experience had the shared quality of shame about unspeakable desire. In the enactment, I was insisting that Dan give up a fantasy that unconsciously I "knew" could only end in shameful rejection. We were in what Silverman (2006) and Harris (2009) have separately described as the "two-ness" of enactment, the shared dissociative experience in which our mutual histories were both alive in the present. It was the two-ness that made our sameness indecipherable and the prospect of discovering a shared world temporally impossible. In his concept of radical empathy, phenomenologist Matthew Ratcliffe claims, "empathy is achieved, in part, by letting oneself be affected by [the patient] and by reflecting upon how one has been affected" (2012, p. 489). This becomes complicated in the process of enactment, where the intention of "letting oneself be affected" may be explicit, but the implicit refusal to do so is kept out of awareness through the process of dissociation. Yet, it was my dissociated refusal to be affected by Dan's history that constituted the interaction with my supervisor in which I became able to reflect on how Dan and my childhood experiences of oedipal desire were shared. The outcome of this process was indeed, as Ratcliffe calls it, a "phenomenological achievement" (p. 489), and it points to the utility of ongoing case consultation in professional practice.

**Formulating "Not Me" Experience**

Dan and I moved out of the clutches of our enactment through a re-opening of the potential space created by my inquiry into Dan's erotic fantasies about me. Dan confessed that it was my physical appearance and demeanor, which matched his ideal for his adult "daddy" fantasy, that made him choose me as his therapist. After describing to me how this had made certain moments in the treatment highly charged with erotic excitement, he hypothesized that it was the absence of sex between us that had enabled him to open up so much emotionally. He let me know that the process of developing non-sexual intimacy with me was a new and powerful experience for him but that it also continued to frighten him, making him sad to realize how much real closeness he had missed out on throughout his life. I viewed his newfound appreciation for adult intimacy to be what Davies (2003) describes as "post-oedipal relatedness" (p. 6) and the beginning of a process of mourning of the father experience he wished for but never had.

The most dissociated aspects of the self are experiences organized as "not-me" and are characterized by early experiences of invalidation by the parent, felt to be so disturbing to the child that these aspects of the self must be completely split off (Sullivan, 1953). Bromberg (2001) describes how not-me experiences do not go away but remain in a painful suspension of disavowal, only emerging as experiences that cannot be reflected upon as belonging to the patient. For Dan, a chronic lack of validation pervaded interactions with his parents in which his birth order and gender were implicated. While Dan was the eldest son and played the role by helping his mother raise his siblings, his father's much greater bond with Dan's younger brothers left him questioning his inadequacy as a boy and, later, a man. In order to preserve his attachment to his parents, Dan related to them on their terms, ignoring the parts of himself that seemed to incite their humiliating treatment of him and disavowing any aspirations he had that could result in being further shamed by them (Bromberg, 2001, p. 387). In the process
of dispossessing both his vulnerability and his desire for grandiosity, he was left with very narrow space to experience himself. It is no wonder Dan left home at 18 years old.

While Dan seemed to possess ambition to have come as far as he had professionally, he did so completely on his own. Nevertheless, he dismissed his success as “dumb luck” and needlessly overcompensated to maintain it. He experienced overwhelming embarrassment at the recognition of his achievement by others, including me. His apparent avoidance to be recognized for his “bigness” was especially apparent in his workplace, where he refused to identify himself as the boss and often referred to his employees as his co-workers when discussing them in session. He struggled to use his authority by creating or enforcing any rules with his team and would avoid conflict in order to maintain a fantasy of equality. He disavowed his esteemed reputation in his field by chronically providing unsolicited “extras” to his clients for no added charge, needlessly losing money and maintaining the personal belief that he was only getting business because he provided a “good value” to his customer, not because he possessed extraordinary talent. He was uncomfortable when I commented on his success, and upon exploring this, he confessed to deep anxiety about being recognized for his work, despite the long hours and frenetic effort he put into it. In formulating his thoughts about this anxiety, he reported feeling that recognition made him vulnerable to be found out as a fraud. This shameful experience related to his sense of not being an adequate son to his father or even adequately male to be a son. Dodging interactions that put him in touch with the reality of his esteemed status in his field maintained his experience of feeling horribly and irreparably out of place.

As we continued in the working-through process, we came to formulate another of Dan’s not-me experiences that had been lurking in the shadows. Choosing to develop closeness with me, while a conscious desire of Dan’s, was complicated by his vague fear of being found out, not unlike his fear of being identified as a fraud in his career. This not-me experience involving closeness included avoidance of the too-terrible-to-know feeling of being betrayed by the person he trusted to help him. Feeling betrayed was the experience he needed not to have. Dan’s experience of me had to be different than his confusing childhood relationship with his mother, whose intermittent unavailability and cruel attacks on his sexuality were too much for him to bear but whose love and care he also needed. This impossible bind for children with abusive or neglectful parents, in which the child’s mind cannot integrate contradictory experiences of the parent as both loving and hostile is well documented in the literature on both attachment and child abuse (Davies & Frawley, 1992; Hesse & Main, 2000; Ferenczi, 1949; Lyons-Ruth, 2002). Dan could not rely on his mother to provide him with validation of the adequacy of his gender expression, and, in fact, she humiliated him for being a “sissy.” Relying on her for closeness and then being humiliated by her cruel words of rejection was an impossible combination of experiences that constituted his need to disavow the incongruence altogether. The result of this dissociative dismantling of history was the failure to realize the potential conflict between the emotional need for closeness with others and his need for interpersonal recognition and validation of his emotional states. Instead of being able to reflect on his vulnerability in developing intimacy, he enacted a hostile pushing away of the other while consciously desiring closeness. His lack of awareness of this enactment left him in the dark about the nature of his contribution to the emptiness in his intimate world.

The development of Dan’s reflective capacity on his parts of our enactment resulted in what Stern (2010) views as “transcending single-mindedness” (p. 103) through the achievement of internal conflict. Through reflecting on both his desire for intimacy and recognition and his fears of being betrayed and humiliated, Dan realized how he sought private information from people closest to him so that he’d have something to use against them if they betrayed him. While some might view Dan’s pattern of aggressive sexualizing me during sessions as an “identification...with the aggressor” (Ferenczi, 1949, p. 228), in which he was taking on his mother’s tactic of control via humiliation, a more experience-near explanation would represent Dan’s behavior as his desperation to prevent reliving the pain and isolation of being betrayed. Rather than taking on his mother’s hostility as a rite of adulthood or as some kind of reversal of roles in the abuser/abused paradigm, his defensive pattern was a continuous attempt from his “dissociated child-self” (Davies & Frawley, 1992, p. 24) to ward off being alone in his humiliation, as if to say, “If I’m going down, you’re going with me.” To call this an identification would dismiss the unformulated aspect of his not-me experience.
According to Fonagy (2000), abusive attachment relationships make reflecting on a caregiver’s mental states too threatening for children, thus thwarting their ability to formulate comprehensible models of others’ minds. Dan was not identifying with his mother’s mind in his hostile interactions with me and others, because he had never been able to represent her mind fully within his own mind in the first place. In taking another step in Stern’s progressive clarification, Dan recognized more complexity in his mother’s behavior and developed a new narrative about her as a self-sacrificing caregiver, who was well intentioned but unable to possess her own desire. He was able to hold her in mind as both loving and hurtful without the need to split the narrative or claim responsibility for her flaws. This process enabled him to have more compassion and patience for himself and others.

As we continued working at edges of interpersonal closeness, Dan became aware of his increasing comfort with the personal boundaries of others, no longer needing to push at them quite so much. He told me that knowing that I had firm boundaries relieved him and reduced his worry about going too far with me. He also began to establish a more sensitive personal boundary of his own, asserting, at times, his right to be private while also building tolerance for feeling vulnerable with me. As his relational expectations continued to relax and alter, he reported feeling closer with his partner, and a new level of intimacy emerged between them.

Towards a Theory of Tenderness

Upon deeper reflection on my enactment with Dan, I discovered an insufficient understanding of my dissociated involvement with him. While our external conflict over the meaning of our relationship transformed into the creation of an internal conflict between closeness and safety for him, a commensurate creation of an internal conflict within me wasn’t so clear. What I eventually uncovered was a small, internal voice that was troubled by what it would mean about me professionally if I felt affection for Dan. This self-reflection surprised me, as I was certain I had thought before about “liking” a patient. But this was different. This worry was about personal affection—not just enjoying the work with a particular patient but reciprocally experiencing loving feelings from and towards him. Could I be so personally affected by a patient? I arrived at an answer by a curious thought that came to me one session as Dan spoke in a very tender way about his partner. The thought was this: I bet it feels good to be Dan’s lover. And with this thought, it struck me that the reason I could think this was because I knew it. Dan had indeed showed me much love over the years, especially in his expressions of gratitude to me for the changes that he had made in his relationships—changes that he credited to our work.

Reflecting on how Dan had loved me made me realize how unwilling I had been in accepting it; I simply could not formulate the thought that I could be a good therapist and also be so beloved by a patient, not to mention allow myself to enjoy the experience of it and reciprocate it. This attitude undoubtedly connected to my personal upbringing in some way but more pressing was how it was also reinforced through my psychoanalytic training. My unexamined clinical stance had become one that considered affection towards or from the patient as something of which to be suspicious, with a watchful eye for the disavowed hostility and envy that must always be lingering in the transference. I had no way of conceiving tenderness as meaningful in any other way than something unanalytical that one does when interpretation can’t be tolerated by the patient. Tenderness was akin to niceness, a degraded technical stance of providing support to the pre-analytic patient. While these ideas portray a caricature of how one ought to behave with a patient and not a directive from any particular school of thought, I don’t think that I am alone in feeling that very little space is made in psychoanalytic training for understanding affection as a normal or even mutative aspect of analytic work.

Prior to formulating my conflict between feeling affection towards Dan and being a good therapist, I could not experience my tenderness towards him in any real way. Instead, I had enacted a kind of specialness in my treatment of him (e.g. becoming more flexible in my responsiveness to him) in which he perceived me as giving him preference over my other patients. When he demanded that I recognize this, I could not do so because I had not consciously experienced the meaning of my enacted behaviors. In fact, I reacted against his claims vehemently, insisting that I was just being his therapist, and I ironically felt frustrated with him that he could not interpret things in any other way. He insisted that we must be lovers; while I held fast that I was just his therapist. The compression of our must/just positions solidified our concretized
enactment. The more he musted, the more I justed. Not until I became able to hold the potential for truth in both his and my perspectives at the same time did the “just” in my constricted perception vanish. I accepted that I could love Dan and still honor my duty and responsibility of being his therapist.

I was then able to be the therapist who cared deeply for Dan and felt tenderly towards his most vulnerable self-states. He could personally move me, and in fact, I increasingly found myself experiencing the freedom to feel a broader range of both positive and negative feelings towards him, depending on our interaction. This freedom allowed me to be even more reflective about my actions; I could experience my feelings towards Dan instead of enacting them. In this way, I conceive that the therapist's potential for experiencing tenderness towards patients is rooted in what Ferenczi (1949) established as an important mode of human affection, by which he famously broke ranks with Freud by arguing that psychoanalysts misunderstood the child’s wish for tenderness as encompassing adult sexual aims. But I want to extend Ferenczi’s concept of tenderness beyond “the stage of passive object-love” (p. 228) from infancy to what I consider to be a kind of receptivity to being emotionally touched by another person. I relate the idea of being affectively tender to what Stern (2013) refers to when he writes about moments in which the analyst and patient are able to relax the constricted relatedness that is characteristic of dissociation and enactment. I argue that this tendency for constriction in the analyst is inherent to following a clinical theory or technique inflexibly and accounts for my own rigidity with Dan early in our treatment. As Bass (2007) demonstrates with case examples in his seminal paper about the utility of flexibility in the treatment frame andas Hoffman (2009) demonstrates in his critique about the trend towards scientism and therapeutic manualization, the illustrative case study is a vital tool for training clinicians in how to work creatively and productively with challenging patients. What these master clinicians offer us is not another step-wise method to match to different categories of pathology, but instead, they show us ways in which the therapeutic relationship can be negotiated based on the unique needs and characteristics of both the therapist and the patient. We need more of these examples, not more manuals.

As I freed myself from a restrictive technical stance and allowed myself to be affected by Dan in personal ways, I became more able to see my own blind spots as well as experience him in a more complete way. I believe, in fact, that this kind of tenderness is the hallmark of becoming a relational practitioner, regardless of what theory of technique is used. Developing affective tenderness, then, is bi-directional, meaning that it entails both being sensitive to the patient’s affective states and being able to personally experience finer degrees of emotional involvement with the patient, whether it be an experience of love, hate, or anything in between. I prefer this metaphor of sensitivity to touch to the traditional idea of psychic penetration with its piercing connotation and sexual innuendo. Instead, like Ratcliffe’s (2012) concept of radical empathy I discussed earlier, therapeutic tenderness is about the willingness to be affected by the patient. Being emotionally impacted by a patient on the tender spot of the therapist’s self need not be construed as some kind of violation. Not that all professional boundaries ought to be disregarded, but violations, such as sexual impropriety, ought to be considered separate from the kind of affective tenderness that is possible and potentially useful in a relationally oriented treatment.

In what is now a classic relational paper, Slavin and Kriegman (1998) point to the negotiation of real conflicts between patient and analyst that enables “something new” (p. 280) to emerge in the struggle, potentially leading to change within the analyst as the catalyst for the patient’s psychological growth. I agree with their thoughts on how the analyst needs to change through therapeutic conflicts and negotiations with the patient, and I would add that refusing to be impacted by patients is a sign of the analyst’s own vulnerable self-structure, conveniently hidden behind the rigid armor of clinical protocol. Refusing to be fully human with our patients— refusing to be impacted by them— impoverishes the interpersonal context that is necessary for building relational knowledge, the kind of knowledge that comes from finding oneself reflected within another’s mind. When we cultivate our own affective tenderness, we become relational by endeavoring to facilitate change in another and allowing ourselves to be changed by the other.
References


