Change in Psychoanalysis

An Analyst’s Reflections on the Therapeutic Relationship

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3 Colliding Worlds of Experience

Two Therapeutic Encounters

Lest we forget how fragile we are…

—Sting, “Fragile”

Tutto a porto, niente in ordine
(Everything in place, nothing in order)

When we discuss a case in seminars it is fascinating to see how differently the candidates see the patient. The views are so divergent that one could gain the impression we are not talking about the same person. It is my task as supervisor to not let the enthusiasm of the participants turn into a competitive, or even destructive, battle about which view is true. The fight over right and wrong can be defused by pointing out that all opinions expressed are

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1 I am indebted to Peter Buirski both for the title of this chapter and for many of the ideas in Chapters 4 and 5 of his book, *Practicing Intersubjectively* (2005), which so concisely and eloquently describe many of the basic premises I share with him.
equally valuable inasmuch as the conclusions that are drawn are co-determined by the subjectivity of the observer. Once we desist from claiming to know the objective reality about the people we treat, we can enter into a constructive dialogue in which the variety of observations can enhance the complexity of our understanding of the patient. This does not mean that all observations are equally pertinent, but by understanding the seminar as an enlarged intersubjective field, over the course of the discussion we can arrive at a dialogically attained picture of the therapeutic process.

The view that we are in possession of the objective reality is, of course, a product of isolated-mind thinking. The issue of right or wrong was the result of seeing a person’s problems as originating within the isolated mind of an individual. Psychopathology was located within internal mental processes. The analyst was seen as attempting to strengthen the ego by helping the patient uncover unconscious longings. In the 20th century psychoanalysis was largely steeped in the Cartesian philosophy of the isolated mind, which saw the mind as an objective thing, looking out on a world from which it is separated. Thus, the analyst was seen as a neutral, abstinent observer. Empowered by a scientifically informed view of objective reality, the analytic task was to help the patient rethink and restructure mental contents and mechanisms. In the isolated-mind view of mental functioning, the analyst’s vision is presumed to be true and accurate. In traditional one-person treatments, “if the patient didn’t accept the therapist’s vision, he or she might…be thought to be resisting”
(Buirski, 2005, p. 63). This “notion of resistance viewed people as needing to defend against the displeasure aroused by new insight into their forbidden desires” (p. 63). Collisions in therapy were therefore seen as collisions over mental contents. If we entertain this view of isolated-mind mental functioning and its correlative of knowing objective reality, it is not surprising that we may find ourselves in heated debates about our patients, wondering why our colleagues are resisting what seems so obvious to us.

Let us see, if we cannot find a different explanation for the collision of views. Atwood and Stolorow (1984) have proposed “as a supraordinate principle of human motivation, that the need to maintain the organization of experience is a central motive in the patterning of human action” (p. 85). Our experiences have been organized in relational contexts and our personal meanings themselves are a part of the impact that the culture we live in has had on our self-organization (Buirski, 2005). Because our organizing principles are forged in the heat of formative developmental relationships, we cannot conceive that other meanings could be made of these formative experiences (Buirski, 2005). We cling to our ways of making sense of the world because to think differently would be like making a mockery out of “a lifetime of the painful experiences from which incontrovertible meanings have been made” (p. 64). What may appear from the outside like a strange view of reality or a self-defeating, self-sabotaging, self-aggrandizing attitude may well be a painfully gained experiential conclusion that not only makes perfect sense from the inside but
which made survival possible within the context of an individual’s lived experience. This is why it is so difficult for us to change and to allow new organizations of experience. Each participant of the therapeutic dyad brings his and her world of experience into the therapeutic encounter. As therapists we are acutely aware of how disconcerting and destabilizing it is to have personal meanings put into question. More likely than not, we have had the experience of having our feelings interpreted as an inappropriate, somehow exaggerated response. We know how that made us feel sick and cut off from other people. We know how, in the context of our own analyses, the ensuing break in the selfobject tie to our therapists could be profoundly destabilizing, and we have experienced ourselves that feeling of our feet not quite touching the ground. Not surprisingly, the very act of entering therapy is perceived by many patients—and rightly so—as a partially dangerous endeavor. This explains why we do not see the tenacity with which our patients hold on to their personal meanings as a resistance to our therapeutic efforts, but rather as a means of maintaining existentially necessary organizations of experience. However, what holds true for the patient also applies to us, and this is why we conceptualize the therapeutic encounter as a collision between differing worlds of experience. “The collision is between different worlds of experience and the meanings made from that experience” (p. 64). It is not “between one isolated mind resisting the efforts of another isolated mind to uncover hidden longings” (p. 64). The collision is not over mental contents
but over differing meanings and experience and reflects two very different views of the relational and the therapeutic process.

In psychoanalysis it was Kohut who first introduced ideas about the subjective nature of reality and the relativity of meaning and truth, and it was the intersubjectivists and relationalists who introduced the contextualism of experience and mutual influencing into psychoanalytic theory. In Western culture the organization of experience has been dominated by isolated-mind thinking. “To these people, inner convictions about themselves carry the certainty of self-evident truths” (Buirski, 2000, p. 64). From our perspective, our patients also hold on to their invariant organizations of experience as a felt truth, but we see it as a subjective and not an objective truth. Subjective truths are born in the context of a lifetime and defended in the context of the therapeutic relationship. Rather than presuming that we have privileged knowledge, which our patients are resisting, we assume that there will be a collision between our worlds of experience. Colliding worlds are not a technical problem needing a solution, but the very basis of interactions that will allow transformation and growth. While patients may see themselves as flawed, self-destructive, and undeserving, we will understand that these views are nonetheless the best answers they could surmise to make sense out of very painful childhood contexts and, as such, they represent attempts at striving for health (Buirski, 2005). As the worlds of experience of both participants are also the product of idiosyncratic interpretations of personal, cultural,
social, philosophical contexts, the collision of worlds is inevitable. While we are constantly monitoring the impact of our subjectivity on the patient, we are not exempt from the supraordinate human motivation of maintaining our organization of experience. “When you think resistance, think oppression”—a poignant remark that has been attributed to Bernard Brandchaft. Put differently, we prefer to think that resistance pertains to the necessity to maintain our experiential worlds, in the face of collisions with other people’s differing worldviews. The critique that we avoid confronting people in the service “of making nice and being liked” (p. 67) is in actuality due to our wanting to avoid imposing our worldview on others. Instead, we see the dialogue that emerges out of colliding views as the fulcrum of change as new meanings of the patient’s worlds of experience are able to emerge and be transformed in the analytic relationship.

The concept of colliding worlds is different and broader than the concept of the crunch that I introduced in Chapter 1. The crunch is closer to Stolorow and Atwood’s (1992) concept of the intersubjective disjunction. Disjunctions refer to the power struggles and misunderstandings that occur when two people with opposing organizing principles clash, causing therapeutic impasses in the therapeutic relationship. The difference between the crunch and the intersubjective disjunction lies in my emphasis on the transformative powers that need to be mobilized in both participants in order for the therapeutic process to continue. Disjunctions occur when the patient’s world is too dissimilar to
be assimilated into the analyst’s world and therefore necessitate a change in the therapist’s worldview. I have tried to emphasize that the painful self-analysis that this requires of the analyst also can have as a consequence a broadening of his or her world and therefore can entail aspects of a healing experience for the therapist. The transformations that occur in the intersubjective field apply to both participants, if not in the same or equal measure. Once again, as I write these words, the critique of mutual analysis and reversal of roles looms large. It is but a variation of the fear and the power of the isolated mind, from which I, too, am not exempt. But if we truly take the intersubjective nature of human experience seriously, why should the embeddedness of being only be restricted to the vulnerability of existence? Why should we not also profit from it?

The Therapeutic Encounter with Mr. U., the “Unknown Soldier”

Writing a book about psychoanalysis, in particular from an intersubjective viewpoint, is like writing a play within a play within a play. Because we are implicated in all of our patients’ reactions, writing about them reveals much about ourselves. This was nothing new to Shakespeare, whose speeches of his main characters concerning others—also, but not exclusively, those condemning others—were often revealing and sometimes humorous, if unconscious, eloquent descriptions of themselves. In intersubjectivity theory we have developed various explicit theoretical terms
for this phenomenon: We call it the primacy of subjectivity within the indissoluble unit, or the mutual influencing between subjectivities in the intersubjective field. So when writing about intersubjective psychoanalysis, we are writing about a theory that implies a certain clinical sensibility, or attitude with which we describe the therapeutic encounter. In describing the work with a patient, we are implicitly or explicitly describing ourselves. And, of course we are depicting the collision of experiential worlds within the perspective of our theory: the play within the play within the play.

This circumstance is what makes intersubjectivity theory abhorrent for some and admittedly potentially terrifying for ourselves. I would like to address, however, at this point the often-heard criticism that this places an impossibly high demand on the capacity for self-reflection on the part of the therapists. This would be true, if we said that we were able to practice such a high degree of self-reflection every hour with every patient. In saying that our subjectivities are a co-determinant of the field and subject to mutual influencing, we are saying that this is a given of human interaction, but we are not claiming that this implies any clinical directive or expertise that must be practiced or that must be attained in order for psychotherapy to succeed.

On the contrary, given the complexity and subtlety of such an understanding of psychotherapy, we are at pains to give the fallibility and limitations of our work the same respectful attention we accrue to success. Intersubjectivity theory is a meta-theory.
that offers certain clinical guidelines and a specific clinical sensibility. It is not a technical handbook delineating standards of therapeutic success. So while we need not bow down before an unattainable ideal of self-reflection, we can’t ignore how profoundly our work is determined by our subjectivity. This becomes all the more difficult when it concerns our deepest organizing principles, especially so when they are connected to our deepest wounds. It cannot be anything but disturbing to discover that even our choice of profession is connected to the fault lines of our personhood. I believe that all analysts, no matter of which theoretical persuasion, would agree that our work with patients will often touch upon the profoundest layers of ourselves. When Freud said that analysts know they are dealing with explosive forces, he surely didn’t only mean those of the patients.

To exemplify the ideas described above I will begin with the description of the therapeutic encounter with the Unknown Soldier, Mr. U. As a central issue of Mr. U. is one of a feeling of existential shame,2 an issue that has been relevant in my life as well, I will start with a depiction of the difficulties I encountered writing. Before I could even start to write my first book, I was hounded for six months by every negative voice of my childhood: “You can’t do it, you won’t make it, and why do you

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2 Existential shame refers to an inner conviction in which a person doubts his or her right to exist. In its most deleterious form, it is accompanied by a wish to vanish, to be swallowed up by the earth. The fear is to implode, rather than to shatter, or drift off into the void.
even try?” In short, a basic lack of mirroring, which translated into a porous belief in myself, conflicted with my determination to find my own voice and to not only prevail but also succeed, thus reversing the injunction to exist in my own right. As I tried to find that first sentence, I felt like an astronaut in a capsule traversing the void and looking for a way back home. Space capsules seeking reentry into the earth’s atmosphere have to find the exact degree in the flight trajectory to avoid being destroyed by friction. I needed to find such an opening. Only now, years later, have I understood that by beginning the book with a pivotal session of my training analysis, in which I posed the question of whether my analyst loved me, had I found an antidote both for my original trauma and for its repetition in the injunction to write a book. Of course, he did not respond with a “yes” to this admittedly very difficult and archaic question. In hindsight, now having been in psychoanalytic practice for 30 years, I realize the impossible situation I had put him in. On the other hand, isn’t this what we all want to know sooner or later: Are we seen, are we meant, are we loved? However, he did allow me to see that the question had touched him and therefore had made a profoundly meaningful contact possible. Or, as Lichtenberg (1989) remarked during a seminar, “a moment of honesty between two people is a powerful thing. Building the story together is therapeutic and the exploratory system itself is restorative. What we create between us is what is transformative.”
By remembering a situation in which I was mirrored, I found the point of reentry to myself. The memory of the reestablishment of the empathic bond gave me the sense of cohesion I needed to begin writing my book. This kind of experience, in which my subjectivity, my theory, my experience of the other—especially of my patients—intermeshed, became part and parcel of the writing process. It exemplifies the intersubjective nature of human existence: the play within the play within the play. It also shows how the second book interrelates with the first. In beginning the third chapter, I have had an analogous, if not so extreme, difficulty in getting started. The problem lies in the fact that this chapter tries to demonstrate the three main theses of this book almost exclusively through the presentation of the therapeutic encounters. There is a progression here in that I did not use the memory of the selfobject bond as much as I relied on the memory of creatively being able to overcome a difficulty. Nonetheless, there is an interrelation between the two books.

The 46-year-old patient comes from a family traumatized by the Second World War. The father had witnessed the killing of Russian soldiers and the bombing of his father’s house. The mother was a refugee, whose own mother had managed to bring the family into safety into West Germany on the perilous trek from the East, on her own, without knowing where her husband,

3 The primacy of subjectivity and mutual influencing, the concept of the crunch, and the thesis that the healing process is a co-creation.
the patient’s grandfather, was, or whether he was still alive. This traumatic background, quite common in this generation in Germany, is the source of both the parents’ inability to deal with their own unbearable affects and the affective inner lives of their children. Trauma, as we know, is defined by unbearable affects and can thus become generalized into a fear and avoidance of all feelings. It is also the origin of an unconscious parental delegation that the children must lead spotlessly happy lives, as a wish to undo their own trauma. The father was too young to go to war. He dealt with his traumatic war experiences of loss and existential threat by organizing them into a sense of personal disappointment in never having had the chance to prove himself as a soldier and fight for his country. Consequently, he reversed his sense of loss and a failed life by idealizing the imago of the soldier. He collected and treasured war literature throughout his life. His mother dealt with the trauma and chaos of war by becoming a nurse, who brought the demands of hospital cleanliness into her home. She cleaned compulsively, in particular demanding that the bathroom mirror remain spotless, admonishing Mr. U. that she always had to clean up after him. Mr. U. must have felt that even the last trace of an image of himself—in particular an “unclean” one—had to be wiped away. Mr. U. described both parents as authoritarian, orderly, and extremely concerned with the opinions of their neighbors. The curtains always remained drawn. At night the children, Mr. U. and his older and younger brother, were locked into their bedroom. They were dressed as
if in uniforms. The patient described his parents as very social people and loving, but totally helpless in their inability to demonstrate their affection. Bodily contact, except for blows, was nonexistent. Any display of emotion, even in a romantic TV movie, was experienced as embarrassing.

Mr. U., a big man in his late 40s, immaculately groomed, erudite, and articulate in his speech, friendly, almost continually smiling, nonetheless had difficulties in beginning each session. To speak about himself was a priori shameful because he might reveal something about himself. Instead he spoke about famous historic figures: kings, emperors, Prussian generals, but also famous writers and artists, or philosophical ideas and history. He was particularly interested in biological and neurological determinants of human behavior. He was desperately looking for objective explanations for his subjective states. It became clear that entering therapy had been a very courageous act for him and that the process itself was threatening. “I began hiding myself at age 10. Everything has to stay hidden behind the curtains. Secretiveness was rewarded and I became my secrets.” His dreams are traumatic toilet dreams in which he can’t be in control of his physical functions. He drowns in feces because he can’t find the toilet, can’t close the door, is watched by the police. As a child he was punished for locking the bathroom door. In the transference, lying on the couch was paramount to losing control over me, being unable to dissimilate, to fool me, or to fulfill my expectations. What he could keep in and what
he could let out were no longer in his control. Therapy was, in a sense, like a toilet with no door.

When Mr. U. first came into treatment his life was indeed at a very low point. He had contracted AIDS a year and a half ago and when he had had to declare bankruptcy in his business, he had become ill. His health had stabilized now, but he felt terrible about having to live from the minimum state support. He felt like a failure and was despondent about his chances of ever becoming successful again. His partner had left him. He had had countless fleeting, sexual encounters. His main conflict in his own view, however, was his failed career as an officer in the army, which he ascribed to his homosexuality. He was, in essence, at war with his gender identity. Unconsciously he was fighting for his own identity. He was the unknown soldier.

In time, we were able to connect his central wish to become a general with a central organizing principle to serve. This was symbolized in an inner imago of an officer and had multiple meanings. Developmentally it was the result of a failed idealizing selfobject transference to his father. The basically neutral and distant relationship between father and son hadn’t allowed him a cohesion-stabilizing merger with his father’s strength. He had not had the experience of a soothing and affect-regulating tie, which would have enabled him to develop and integrate his own form of expansiveness. Instead it led to a gross identification with his father, in which he felt called upon to fulfill his father’s
lost dreams. In accepting this unconscious delegation he hoped to gain the emotional acceptance he had lacked as a child. The imago of the selfless, emotionless, bound-to-duty officer in the service of his country and in command of its charges became the defensive self-ideal through which he could secure his father’s affection and maintain a sense of cohesion. The basic vulnerability and brittleness of such a sense of self-worth was due to the fact that it was based on a neglect of an own inner sense of agency, which would have been the result of a more secure selfobject tie.

Mr. U.’s mother had more explicit expectations of him. He was her favorite. He was to excel in everything he undertook. Any difficulties he had in growing up were not only ignored but also reprimanded or punished. When he failed a grade, both parents threatened him with psychiatric treatment, thus implicitly connecting normal developmental difficulties with a form of mental illness. His mother’s compulsive sense of orderliness and cleanliness did not allow for messy feelings of self-doubt or fears of failure. Not only did he begin to hide everything to do with his feelings, but he also began to avoid conflictual situations. If he didn’t immediately succeed, he felt impelled to hide his failures, eventually even from himself. He developed a sense that all feelings were suspect and he was left with a basic sense of an inner defect. When he had his first homosexual encounter, he felt he’d been more or less coerced, was shocked and deeply ashamed. His parents, who have only recently become aware of his homosexuality and his illness, respond either with deafening
silence or, in his mother’s case, the admonishment to not attend large family gatherings, as this may give rise to embarrassing questions revealing his failure in life and thus besmirch her own image.

It is therefore not surprising that he yearned for the good old days of the Kaiser and the “old order when everyone had their place.” The defensively grandiose vision of himself as the steely officer commanding respect turned into a fantasy of himself as the hero who dies. This kind of grandiose fantasy is often needed by patients as an antidote to counter devastating early experiences of annihilation. My patient’s image of the hero that dies is a reflection of his basic feeling of being in a battle for survival, in which a heroic self-sacrifice is the best outcome he can hope for. It depicts a terrible inner conflict, in which the sacrifice of his sense of integrity is the only way to uphold self-sustaining ties. This no-win situation culminated in a conflict of identities between his officer and his homosexual sense of selfhood. During officer training school a well-known German general was relieved of his duties for alleged homosexuality. His homosexuality was deemed as a threat to national security. After a murky, inconclusive, morally and legally highly questionable investigation, he was eventually reinstated, but his career was in effect over. At each step of his officer training, Mr. U. had to undergo security and health checks in which he feared being exposed as HIV positive. He was a successful and well-liked officer-in-training, held in high esteem by his commanding officer and fellow soldiers.

http://www.psychoanalysisarena.com/change-in-psychoanalysis-9780415888059
It was the happiest time in his life. Nonetheless he failed in his university studies, a prerequisite for higher advancement, thus ending any chance of fulfilling his dream to become a general. Subsequently he left the armed forces. In treatment we were able to reconstruct that this was the only way he was able to unconsciously resolve the battle of selves. The need to remain hidden, to uphold the loyalty to his mother’s expectations, cleansed of any condemnable aspects of himself in her eyes, was grotesquely mirrored and entrenched by the accusation of the general being a possible traitor to his country on the grounds of his alleged homosexuality.

We can only fully appreciate the terrible strain that this unconscious conflict to give up his life’s goal must have caused him, if we remember that his most basic organizing principle was not to disappoint the expectations of both of his parents, and if we recall that his mission in life was to undo the parental war trauma. Had his homosexuality been revealed, he would have failed his father’s idealization of the soldier imago and let him down. On an oedipal level he was perhaps also afraid to supersede his father. But even more fundamental was the need to maintain the tie to his mother. His secret homosexual self was an abomination according to the mother’s view of the world. Holding on to the tie to mother was, however, existential for his sense of cohesion. Thus he was able to maintain his sense of self, but he didn’t know who he was anymore. Self-sacrifice and “continence” were what remained. He identified with the
selfless butler in the film *Remains of the Day*, who sacrifices his personal happiness to uphold the rigid standards of a hierarchically ordered world. “My role was to sacrifice, to avoid conflict at all costs. I have never told a single human being when I’m sad. It would be ungrateful to share my inner world with others.” The unknown soldier is a hero with a monument, but no name.

I would like to turn now to the treatment process and to an examination of how the patient’s themes evolved within our intersubjective field. Initially I was able to listen patiently and with interest to his cultured expositions on a wide range of intellectual topics. The organizing principle of self-denial in the service of capturing my attention and a wish to be admired soon became apparent. His avoidance of showing any feelings led me to appreciate the amount of shame that was connected to possibly self-revelatory remarks. I noticed, however, a growing sense of impatience and irritation in myself. After some time, I began to interrupt him, somewhat crudely pointing out that he wasn’t telling me much about himself. Technically I was aware of not wanting to consolidate his defensive grandiosity by mirroring the obvious pride in his erudition. However, I was also unable to wait for material from the other side of the vertical split, unable to wait for any openings into his painful affect states. But I questioned my impatience, as I was also touched by his implicit pain. I was reminded of Lichtenberg’s admonishment that the goal isn’t to be right; the goal is to be involved. In particular his constant smiling delivered the first clue to my own reactions. For
many years the amount of laughter that I regularly bring into
the treatment situation has been both an object of approval and
a critique of my personality. While I am critical of a view of
psychoanalysis that only focuses on pain and pathology and take
issue with a certain clerical somberness that threatens to turn a
serious consideration of pain into a pompous celebration of life’s
tragedies, I am also aware of the defensive aspects my laughter
can have. In other words, I recognized myself in my patient. In
the painful edge in his smile, I recognized the cringe of shame
and self-abnegation. I recognized the wish to gloss over hurt, to
please, to ward off conflict and duck harsh judgment.

As a therapist it’s painful when you’re confronted by an
aspect of the patient’s behavior that so closely seems to mirror
a part of yourself. My knee-jerk reaction was a silent emphatic:
“Stop doing that!” My second reaction was: “Here’s a guy who
is worse than me!” The latter was in the service of distancing
myself from said sense of recognition. At the same time, I was
moved and piqued by a feeling of curiosity.

He did, given time, begin to share the sorrowful state he felt
his life was in. He felt in a total bind. He couldn’t deal with his
debts or the necessity to declare his insolvency. He hadn’t opened
his mail in many months. He felt stigmatized and disadvantaged
by his homosexuality. He felt deeply ashamed about his finan-
cially impoverished state. The Damocles sword of being HIV-
positive hung over everything. All aspects of his life were bound
by the stranglehold of shame. He kept the state of his health,
his homosexuality, and his bankruptcy a secret. Any move on his part to confront any one of his problems would lead to an unraveling of his sense of complete failure. Thus he would quote Wallenstein’s dilemma: that to act is to risk. He was incensed that biographers glossed over Thomas Mann’s and Frederick the Great’s homosexuality. Using a tangential approach to his own conflicts, we were able to help him claim them as his own. Creating the narrative together became a way of overcoming shame.

He took up his old talent of drawing. His perfectionism revealed the conflict between the desire to show himself and shame. He wished to amaze people but feared being a braggart. He felt he had to dazzle and bribe others in order to be loved. With me he expressed less of a need to impress me because I was attentive, but “to admit weakness is the opposite of trying to impress.” I was able to empathize with his shame by remembering my own difficulties in writing. I also understood that my irritation concerning his wish to be mirrored was in part based on a refusal to accommodate him by listening endlessly, as I had done with my mother. On a visit home, no one asked him about his health. He began to get angry about how his mother’s interest in him was obviously connected to his remaining silent about himself. He began to understand the narcissistic function he served for her and her good standing in the community. He realized how his sense of shame and defeat had paralyzed any form of self-expression. “I always have to hide everything about
myself, especially what I feel.” In a dream he used the toilet in a police station and was arrested and interrogated for being a gay and living off state money. He argued with the police until he was set free. He looked for the building his father, a civil servant, worked in. He remembers how his father never showed him love but always asks him about his financial status. In another dream he fought lions and got eaten. He felt hopeless again.

We began to discuss the possibility of declaring bankruptcy and coming out. He countered that the Berlin mayor, who is openly gay, never served. He also had a fantasy of running amok. “Whenever I want something, it fails. I’m always afraid of what others will think.”

A turning point was reached when I asked him if I can write about our work together. His response was twofold. “Then I could never become chancellor,” and “someone should write about my story.” At the time I felt that this was a risky proposal, for both of us. I was aware of being afraid to ask. Was I concretistically dealing with an intersubjective conjunction? Was I unconsciously trying to break a collusion of shame? Was this an enactment on my part, primarily in the service of my own needs? Or, was I responding to his emerging sense of rebelling against the immobilization of shame?

If we take the concept of mutual influencing seriously, then I would see my proposal as a healing co-creation. His ambivalent reaction reflected the status quo between defensive grandiosity and an acceptance of pain, a move toward health. In describing
my subjectivity I battle with a sense of shame. I wonder, however, whether this is not just another variation of the power of isolated-mind thinking. Am I a self-serving therapist or have I fallen prey to the illusion of need-free autonomy in the service of avoiding the unbearable embeddedness of being?

Mr. U.’s identification with the unknown soldier began to weaken. Military texts about the glories of war now seemed perverse to him. He found the “blind attitude” of a fellow officer questionable. The “battalion loyalty” was replaced by a sense of loyalty to his own values. He spoke openly with his former partner about his shame concerning feelings and was rewarded with a hug. He remembers that a “general never leaves his post, never cries” and that his father never cried, never hugged him. Hiding his gayness now was in conflict with his own code of honesty, a soldier’s code. In a dream he wasn’t able to find his uniform, and his insignia were missing. He couldn’t enter the officer’s lounge; he couldn’t contact the general. He vacillated between anger and despair. He was like his broken bicycle; he couldn’t move. He had to hide his chaos, like his mother hid her alcoholism. He felt that happiness wasn’t self-realization but was only achieved through others.

When the Internal Revenue confiscated his social security check, he was despondent but felt only vaguely threatened. I decided that I had to confront him. I asked him to sit again and told him there was a Mack truck bearing down on him and that we had to act. I insisted on a detailed program of
dealing with his untackled issues: the unopened letters, the declaration of bankruptcy, the Internal Revenue, the insurance, the unemployment agency. He was shocked by my vehemence. He told me that an officer has to deal with his problems alone, but that he had given up. The officer is, in this case, the perfect symbol of an isolated mind, and that is the one thing that we feel it is necessary to confront. His image of the officer corresponded to his parental expectations that he pose no problems and have no weaknesses or even feelings of any nature. Therefore he had disavowed or split off all wishes and fears to uphold the parentally infused defensive self-ideal.

There are certain parallels in our histories: a dominating, distant father with Prussian ideals; a suffering mother, who needed their sons for self-regulation; a rebellious older brother and consequently an injunction to further rock the boat; violence behind a curtain of silence; feelings of helpless futility and a frozen impulse to act; an organizing principle eschewing self-denial in the hope of receiving love; a need to maintain a sense of connectedness at all costs; and the use of art as a means to transcend voiceless shame.

Mr. U.’s sense of despair and shame, of being alone in the world, was so entrenched that he remained immobile in the face of an existential threat. Had he lost his social security, he would have been another step closer to a park bench. When the lockdown of an isolated mind is so tight that a person feels
he has no alternative than to perish in his own prison, the
time has come to break through the walls and get him out.
Of course, in getting him out, I also had had to jump over
the shadows of my self-doubt. This is a good example of the
concept of the crunch, in which both participants bring each
other to move into new territories of self-experience. To quote
the Rolling Stones: “You may be high, you may be low, you
may be rich, you may be poor. But when the Lord gets ready,
you gotta move.” As of today, we both moved. I’m writing
and he’s painting—this time not in postcard format with sepia
colors, but on big canvases using oil paints. A week ago, he
still hadn’t been to the Internal Revenue office. He still hadn’t
made this first essential move in declaring his bankruptcy. I
made the interpretation that in his case coming to terms with
his failure would be the psychological equivalent of making
public that he no longer felt it necessary to fulfill his parents’
expectations. Showing weakness and feeling pain are a way
to overcome the innate sense of shame, building a base for a
new, an own sense of existence. I asked him to leave me a brief
message if he succeeded in this essential step. He proposed
“the eagle has landed.” Yesterday I heard those four words on
tape and thought with joy, A small step in the process, but a
huge step for Mr. U. I knew what he felt like, coming in out
of the void.

By no means are we out of the woods, but at least we’re no
longer behind bars.
CONCLUDING REMARKS AND THEORETICAL CONSIDERATIONS

Let us consider a further understanding encoded in the enactment of asking Mr. U. to sit, aside from the need to act, which I felt was necessary to ward off an imminent existential threat. It has been amply demonstrated by the findings of infant research (Lichtenberg et al., 1983, Lichtenberg, Lachmann, & Fosshage, 1996) that the need for resonance and positive recognition is pivotal for the development of self-experience and self-worth. Similarly, Morrison (1989) and Wurmser (1990) have argued that a failure of such a basic experience of recognition leads to the establishment of existential shame (Urscham) in a child. A lack of mirroring in the parental eye, or dearth of expressed joy about the existence of a child, results both in a basic lack of trust in the other and in a lack of an inner sense of security. Existing itself becomes a shameful experience. Intersubjectively shame is experienced as a fear of being judged, found defect, and therefore excluded. It is an existential excommunication. In the words of my patient: “Shame leads to a fatal loss of a safe ranking in the hierarchy of nature.” Once internalized, shame is reactivated at any sign of exclusion. Mr. U. had felt that he had lost all the “insignias” that would have given him the feeling of belonging. Shame is also activated by the possibility of becoming visible to the other. Thus, my proposal to sit vis-à-vis entailed becoming visible to one another. While it is an

4 The following theoretical considerations are largely based on the excellent paper, “The Intersubjective Nature of Shame” (Tiedemann, 2008).

http://www.psychoanalysisarena.com/change-in-psychoanalysis-9780415888059
equally valid need to remain hidden, as Winnicott (1965) pointed out, it is a catastrophe not to be found. Lying on the couch may have partly been unconsciously experienced by the patient as a psychological deportation and a concretized rejection and may have contributed to a feeling of being unacceptable in my eyes.

In one session he asked me what I thought about his former partner’s request to house-sit for three weeks. This would have meant leaving the country and interrupting his plan to confront the various institutions he urgently needed to deal with. Therefore, in an outburst, I said: “We really need to do this!” He scoffed: “What do you mean we? I’m the one who has to face the music!” Then he quietly added: “That’s the first time you said ‘we.’” Taken aback, I paused for reflection and then answered: “You’re right. Just like you felt you had to do it alone, I felt afraid of imposing myself on you. It felt risky to me. But I think you had everything to do with the fact that I was able to be so direct. I guess this is a first for both of us.” To recognize the other means we have to show ourselves. Tiedemann (2008) writes: “In psychotherapeutic situations, shame occurs at the ‘intimate border’ (Ehrenberg, 1992) between both participants. A non-recognition of the interactive dynamics of shame can lead to a collusion between patient and therapist” (p. 16). Shame, which has to do with a fear of being seen, and makes it a felt necessity to hide one’s feelings to ward off the disapproving eyes of rejection and thus to maintain the tie, is a particularly dramatic example of the intersubjective nature of affect regulation.
So while having and showing a feeling is always dependent on who we are with, existential shame is particularly context-sensitive insofar as it touches upon the roots of our sense of vulnerability. In saying “we” I had committed myself, had thrown my hat in the ring, had put my own sense of self-worth on the line, facing the obstacles of overcoming shame as much as Mr. U. did. When he, in turn, implicitly validated the risk I had taken by remarking that this represented a different kind of contact with him, we were able to join forces in establishing a sense of self-worth. In a quick back-and-forth of mutual recognition we were both able to escape the collusion of hiddenness and exclusion. We were able to reverse the contagious nature of shame through the “risk of relatedness.” Mr. U. is still in treatment. My recent study of Bernard Brandchaft’s and his collaborators (Brandchaft, Doctors, Sorter, 2010) profound book and particularly of the concept of systems of pathological accommodation has been pivotal in deepening the further understanding of the therapeutic process.

The Therapeutic Encounter with Mr. G.

It is no great secret among therapists that we are still grappling with the questions of what really happens in psychotherapy and how the healing process occurs. Orange (2010) has likened the situation of the suffering patient to being “like finding oneself in a strange house that is supposed to be one’s home” (p. 65). She describes the process of psychotherapy as “learning to find one’s way around in one’s situated emotional life,
as becoming familiar with one’s experiential world” (p. 65). Generally speaking, the task is to discover and integrate one’s emotional/relational history, so that one can recognize the emotional convictions “that unconsciously structure our lives and relationships in ways that seem automatic” (p. 65). But how is this achieved? We have said before that what we create between us is what is transformative. The essence of therapeutic work is to be found in the transformation that occurs as a result of the collision of the patient’s and therapist’s experiential worlds. “Collisions of world-views are authentic relational engagements that promote the formation of new organizations of experience, new ways of understanding oneself in the world” (Buirski, 2005, p. 65). The transformation has begun to happen from the first moment of contact as each participant brings to bear their understanding of the world unto the other in an attempt to find common ground, to bridge the gap between the worlds. The bridge is the dialogue. In bridging the gap, finding a common language, we are transformed. On the asymmetric level of the therapeutic process, the purpose of the dialogue is to enable the patient to see and experience him- or herself differently in the world. “Cure, if this is the right word, might consist in shifts in ways of seeing emergent in a dialogic relationship” (Orange, 2010, p. 51, italics added).

So while we have perhaps come to an understanding that the collision of worlds and the dialogic relationship hopefully serves the purpose of enabling change to occur in the patient, I have
emphasized in my writings that on the level of mutual influencing, this change will of necessity entail shifts not only in how the patient views himself but also in how we perceive the patient and that this, in turn, involves shifts in the organization of the therapist’s self-experience. It really is hard to take a shower in a raincoat! Nonetheless, my aim is not to place a bigger emphasis on the subjectivity of the analyst. I am not—as I have been at pains to explain—trying to usurp the goal of psychotherapy by pushing the vicissitudes of the therapist’s psyche into the foreground. I am trying to shed some light on the inner workings of the indissoluble unit. If we follow Buber’s thinking, then we know that the I-You encounter—another way of saying indissoluble unit—is irreducible to experience, theory, or knowledge and that it is unique, is unrepeatable, and eludes definition. It seems I am faced with a quandary. I do not want to describe the therapeutic process from the vantage point of a neutral observer, thus leaving out the impact of my subjectivity. I do not want to describe the patient in terms of diagnostic criteria and schemata in an objectifying and reductionistic manner, thus missing the encounter. But how do I describe the intersection of two subjectivities, a co-production of an intersubjective field, an indissoluble unit? How to describe transformation, if transformation is what we create between us? I can only give an account of my understanding of the experiences of both participants—as crude as this still remains—and the transformations that I perceived as a result of our encounter. My goal is to further our understanding
of what happens within the field and how this may have helped or hindered the patient to make his house into his home.

When I first met Mr. G. he had the look of a servant beaten tender. He would peek up at me as if he was expecting a blow. His handshake was so tentative that I barely felt it. Sitting opposite me, he wouldn’t look at me. Rather his gaze was to the side and cast downward. Mr. G. is an intellectual man in his early 30s, currently working on a doctorate in philosophy. He is stylishly dressed in a campy, film noir kind of a way. He is highly eloquent in his speech, with dramatic elongations of words he wants to stress; I at first wasn’t quite sure which audience he was addressing. There was something of a young Hamlet in the manner he told his story. One could imagine a skull at the end of his elongated arm. One of my initial reactions was: “You must be putting me on.” I kept having to suppress a sense of hilarity, which seemed to want to force itself through the surface of the dramatic descriptions he gave of his life. The other reaction I had was that I felt painfully moved by this extremely shy, shame-ridden, and crushed young man. He told me that he felt he suffered from blushing in public situations and in particular in connection with sexual topics. He felt that his shame was closely related to his relationship with his parents and that he urgently needed to understand his past history, which he thought handicapped him in all attempts to reach his goals. He felt that his mother expected him to save her from his father’s annihilation and that this was how she bound him to herself.
I have allowed myself to describe Mr. G. in a manner that seems to typecast him and so to lack kindness, because I hope to demonstrate my earlier premise, of how closely entwined our perceptions are with our own subjectivity—the play within the play. If this appears to be disrespectful, then only because I am aware of how my reactions shed at least as unfavorable a light on me, as they do on my patient. As the story unfolds, we shall see what a collision of worlds looks like from the inside. It would seem easy to explain the drama of his persona in terms of “resistance,” his campy eloquence as a desperate attempt to cover up internal regions of devastation. But how am I to understand my own reactions: the impulse to laugh, the descriptions tinged with sarcasm, but as a “resistance” of my own? I hope to explain. One more theoretical point: Resistance not only is about the need to cover up delimited unacceptable unconscious feelings but also arises out of a fear of meeting, being touched, and being changed by the other. As stated before, a central motivation is to maintain our organization of experience. While profound human engagement is linked with hope, it is also characterized by dread. L’enfer, c’est les autres—a mingling of worlds that may be experienced as a threat to our cohesion.

From his early years on, Mr. G.’s life was shaped by the intense exposure to the battleground of his parents’ marriage, his attempts to escape his increasing entanglement and shame about failing to do so. While he feels guilt about his inability to save his mother from his father’s abuse, on a more profound
level his shame pertains to a conviction that he doesn’t even exist. “Mother is a medusa with tentacles. She sucks me into herself. Being with her is like dying, because I have to open up to her.” Many sessions are spent à la recherche du temps perdu, trying to remember what he felt. He said he remembered rooms better than people.

I will describe the process in terms of the nodal points of transformation and his history in terms of those instances in his life when he progressively attempted to establish a sense of agency and fought to realize his potential. But first some background. The patient was born in a town whose inhabitants were largely forged by the myth of the Krupp family. Following the saying “hard as Krupp steel,” the men were rough and proud, and the women were expected to be submissive. A prurient atmosphere was glossed over by vulgar sexual bravado. The patient, who was given to imitating the abrupt, commandingly sonorous speech of his father—making me alternately jump in my seat or laugh—described him as authoritarian, a tyrant at home, a pleaser in public. He often had dreams of fascists coming to take him away as a form of unworthy life, executing or blackmailing him, which he associated with his father. Much of his picture of men was based on a Stone Age image of loud, vulgar, insensitive brutes. Nonetheless, he also has memories of his father trying to interest him in “manly” activities, such as repairing bicycles or doing woodwork. The patient, however, felt coerced, and scoffed at what he felt was yet another crude
attempt to browbeat him into submission. The father tolerated no other opinion except his own, badgering both the patient and his wife into agreeing with his views. And yet, after two years of treatment, some other aspects of the father’s personality have come to light, causing a slight shift of perspective on this man, whom the patient mostly describes as an ogre. For instance, perhaps one can understand the forced quality of the father’s attempts to engage him in “male” activities, when one also takes into account that his mother and aunt liked to style him in a cute and girly fashion. No doubt the father was ambivalent, benevolently training his son to be a team player on his basketball team but discouraging any attempts to stand out. The patient was in a desperate search for his father. He remembers being driven to an orthodontist and listening to the Dire Straits song “Brothers-in-Arms.” The father explained the double meaning, an attempt at male twinship bonding. The song remained a favorite of the patient for many years. Mr. G. also remembers being tremendously proud of his father’s ability to drive the truck that moved them into a new home. He decided then and there to try and be more of a boy and stopped reading girls’ books. But when he—on his own initiative—removed all the old wallpaper in the new house in the hopes of impressing his father, he was scathingly reprimanded for redoing the wrong wall. The main reason he gives for his rage at his father is that the man annihilated his mother, verbally beating her up until he had “broken her spirit.”
Mr. G. describes his mother as a sad victim, passive and broken. He blames the father for turning a once vital and cheerful woman into a submissive wreck, poisoned in spirit to the degree that the patient fantasizes that his mother’s cancer is due to all the “shit she had to take from father.” He has also described her as moralistic, seductive, and without boundaries. In face of the despotic manner, mother and son forged an uneasy, stickily seductive, and ambivalent alliance. I will cut to the chase here and describe the central model scene in the patient’s early life. The father, a teacher for disturbed children, comes home in a foul mood and begins to berate the mother. The mother looks beseeching at Mr. G., silently begging to be saved. The patient enters the fray, attempting to counter the father’s attacks. At this point the mother makes an about-face, admonishing the patient to submit to the father’s views. Mr. G. then describes his mother’s eyes as far away, looking slightly past him. This is the moment of acute shame for Mr. G. On an oedipal level he feels exposed, belittled, bewildered, and betrayed. In time, as this scene is often repeated, he learns to stay present, to remain silent, or to flee before he’s once again entrapped. While he can clearly discern his father’s wrongdoing, his mother’s switch in allegiance is profoundly confusing for him. He learns that it is best not only to remain silent but also to have no thoughts of his own at all. It seems to him that his father knows everything and that his mother sees everything, right into his brain. In face of his father’s rage, he began to keep his head bowed, to make himself as small as possible. “To have a center is dangerous; one has to be responsible.
The more I showed, the more they could influence me. Giving in was a way to keep a part of myself. That’s how my submissiveness got established.” We are able to connect his blushing with an admission of guilt that he offers proactively when he has any thoughts of his own. His badness is his existence. Blushing is a compromise formation: He admits his defect but remains silent, thus escaping further blame. His conviction of being responsible for his mother becomes extended to feeling responsible for the parents’ relationship, for holding the family together. Within the family gestalt there is a truth to his feeling. Apart from not being able to deal with the oedipal exclusion, exacerbated by the mother’s seductively narcissistic self-regulatory need of him and the father’s rejecting rivalry with him, the parents have and still do attempt to use him to mend the fissures of their embattled marriage.

Let us turn now to his attempts to escape his horrendous entanglement and establish a sense of his own agency. At age three he visits an older woman living in the same house, who commiserates with his plight. The parents, who come to understand that they are being criticized, forbid further contact. When he begins to be interested in girls his mother states publicly that both parents always assumed that he’s gay. They disapprove of his girlfriends. Mother implies they are whores. When he starts a relationship with a punkish-rebellious girl, father convinces him she is a bad influence. He breaks up with her by telling her he’s gay—a cruel act of identificatory submissiveness mirroring the parental sabotage. As a teenager he attempts to give himself a
different image from the excellent but nerdy student by getting a different haircut. He lets his mother convince him—against his better judgment—that a flattop cut is modern. The style turns out to look like a porcupine and he is ridiculed at school. From the age of 16 he begins to count the days until he can move out. One of the major resources that he has is his intelligence. The time he spends with books is his refuge from the swampy entanglements at home. At the moment of his planned escape to enter university, his father demands that he stay home and give a year of his time to work with the mentally handicapped. He acquiesces and loses his belief in being saved by his intellectual capabilities.

He is finally able to study philosophy and attains a master’s degree. During this time he has several longer relationships with women, which, while they don’t lack depth or meaning for him, are characterized by an over-idealization of women and which uphold his role as the savior of troubled women. The symptom of blushing is a central handicap for his studies, as it often precludes active participation and attendance of seminars. For a while he turns to drugs to enhance his enfeebled sense of selfhood but is able to stop on his own when he recognizes the false sense of expansiveness they provide. He comes into therapy at a point when he has existential fears about having to make a living and when he feels severe doubts about being able to do his dissertation.

I will try to describe the transformative moments that occurred as a result of the collision of our experiential worlds. The first transformative process involved our initial decision
concerning whether we would work together. Actually, I believe I had more difficulty with this question than he did. During the first 15 sessions it seemed to me that he was basically soliloquizing. As an old-hand psychoanalyst I’m used to listening to people for long stretches of time. I know what it feels like to mirror archaic states. As Kohut explained, the feeling of being invisible is indicative of such a selfobject transference. But I felt antsy, agitated. Sometimes I could have screamed, “Helooo, I’m over here, yoo-hoo!” Aside from a somewhat affected manner of speaking, which intrigued me initially, entertained me even, I began to get irritated. This has changed. Mr. G. spends many an hour reconstructing his past now with hardly an interruption on my part. But at the beginning I found myself increasingly irritated. In hindsight I understand this much better, as he has explained that one of his ways of coping with a profound lack of recognition was to become “everyone’s darling.” It was his way of staying a moving, rather than a fixed, target. I noticed that he was dressing in an ambiguous manner, in terms of gender. My feelings of uncertainty and exclusion finally burst out of me in a very uncharacteristic question. “Are you gay?” I blurted out. He said yes, no, he didn’t know, he didn’t think so. Perhaps he reminded me of my own 20s and early 30s, when a certain foppishness was in style: the Rolling Stones, Ziggy Stardust, and Prince leading an androgynous cast of ’80s heroes. On a deeper level, he may have reminded me of my own struggles with defining what kind of man I
wanted to be. Both my parents had had problems accepting my achievements as equal to their own. The “charming-boy” strategy was not unfamiliar to me. Laughing at life is sometimes just the other side of a painful lack of the experience of having been taken seriously. Dylan’s “All Along the Watchtower” comes to mind: “There are many here among us who feel that life is but a joke. But you and I have been through that, and this is not our fate. So let us not talk falsely now, the hour is getting late.” My question had left me feeling slightly out of control, and I started to doubt my ability or willingness to work with Mr. G. On the other hand, it was a signal to myself that I did want to come into contact with him. Right or wrong, at least I was engaged. I had broken through, if in an uncouth way, our intersubjective conjunction reflecting a basically cynical stance toward a meaningless life. He mattered to me now. I could feel something. Therefore I could continue. What had been grievous for me had been this parallel cartwheeling through an uncaring space, this room with no people in it. As it later turned out, his gender insecurity was one of his shameful secrets. I had more or less stumbled into contact with him. This was our first nodal point of transformation. The issue of gender identity, to which I will return later, is a complex one. The secret pertains to feelings of authenticity, a strata of himself he needed to keep hidden—even from himself—to survive. My sense at the time was that the issue of homosexuality was a smoke screen, a compromise formation encapsulated in
a fantasy originally verbalized by his parents. The vote on this, however, is not in yet.

The most central, profound, and ongoing process of transformation concerns his deep sense of entanglement with his mother, his parents’ relationship, and the concomitant undermining of his sense of subjectivity. An example of the extent of the usurpation of his sense of selfhood: His mother calls him at midnight with her, as he put it, “sheep-wool-razor-blade voice,” complaining that he forgot her birthday. It takes him two weeks to grapple with his sense of guilty responsibility, to self-right and find a way back to himself. “I don’t know who I am for days. I have to decide who to call, who can have a say over me.” I have described in the model scene how his entanglement led to a hollowing out of even his thinking process, how he learned to “play dead” to maintain an authentic inner part of himself, and how this led to a permanent struggle to refind his lost sense of selfhood. In theoretical terms, his selfhood was entwined with his role as his mother’s savior—a vertical split between, on one side, defensive grandiosity, a sense of self-worth tied to the feeling that only he can save his mother, and on the other side, a depleted sense of selfhood that doesn’t even allow him to exist as a human with his own agenda, feelings, and thoughts. In the patient’s words, “Mother lifted me up and then dropped me, made me feel strong, then rejected me.” Before I continue with how I interacted with his experiential world, and the transformations that followed, I would like to interject some general comments.
In my view, if you want to understand what happens in the psychotherapeutic process, you have to first get a feel and then a grasp of the underlying themes, the subterranean currents that are being brought into play by both participants. These themes are, of course, the unconscious emotional organizing principles of the patient and the therapist, in this case, our joint “Subterranean Homesick Blues,” as Dylan would put it. One of the reasons we can’t know what will happen in any given therapeutic process is that we can’t foresee how the two experiential worlds will touch and react to each other. We have to allow ourselves to be drawn into the joint enactments that will occur. Actually, we just have to be aware that this will happen, whether we will it or not. Once we have become engaged, or perhaps embroiled, then we can begin to figure out what attributions we are wearing, what roles, so to speak, we have taken on in the patient’s play. At the same time, knowing we are implicated in the intersubjective field, we will want to know what our issues are: the unconscious responses, states, and feelings that have been brought forth by a particular patient and through the unique meeting of a specific therapeutic dyad. We need to understand our responses in order to decenter from them, that is, to understand how the experiential worlds are colliding. Then, and only then, can we begin to get a perspective on the entire movement of a psychotherapeutic process. One could compare this process of understanding to repeatedly listening to a symphony and slowly getting to know the single threads of music as they build up into themes that are varied
and changed throughout the course of the symphony. “Ah,” we say at the end, “that’s how it all unfolds.” Understanding that we are in and part of the process for which we are at the same time responsible puts a paradoxical demand on psychotherapists. We have to be able to let go and take charge, becoming involved in ways that are necessarily surprising for us, in regard to what will be evoked in our unconscious by a particular meeting of the worlds. This, as many analysts have pointed out, is not a priori under our control and why so many of us have said that we have an impossible or, at times, scary profession. Riding a tiger can be a thrill, but you can also get your head bitten off. Of course, it is also for that very reason a vitalizing, enlightening, enjoyable profession and a source of renewal for us.

I will continue my description by pulling on the thematic thread that humor played in this process. My struggles with keeping outbursts of hilarity under control in our initial sessions remained with me, if in a somewhat different form. I noticed, much to my own chagrin, that I kept reacting to Mr. G. with sadistically tinged humor. A first clue to what was happening was that it soon became apparent to me that I seemed to be looking for positive aspects of his father’s personality. While I registered this, I didn’t understand why. Perhaps three instances of shared humor will begin to shed some light on what this meant. In the first instance Mr. G. was berating his father, saying how the world would cease to exist if he did not give in to him. Mr. G. described his feeling: “To me, it seemed, he would
sit on my face. He would even shit on my face.” We both burst
out in laughter imagining this picture. But I didn’t feel good
about it. There was no mirth, just bitterness. His father had
just informed him that his mother had entered the hospital for
treatment for her cancer. Mr. G. felt that his father was blaming
him for his mother’s illness. “He puts the helmet of bad con-
science on me,” he says. Mr. G. has also said that his mother’s
illness was due to “all the shit she had to take from him.” But it
was the “pseudo-look” in his mother’s eyes that made him feel
aggressive, or, as he stated, made him imagine “licking the shit
off the street.” My uneasiness stemmed from the fact that I had
colluded with Mr. G. in his identification with his mother and,
through my laughter, had joined him in ridiculing his father.
As I now understand it, I had begun to wear the attribution of
father. I would jokingly comment that it seemed that his role
in his parents’ marriage was much like that of the head of a
union, negotiating between the bosses and the workers. I found
myself getting drawn into commenting on his politically correct
leftist views, mumbling something about the deaths caused by
Stalin in answer to his frequent references to his fascistic father.
He returned the next day, angrily saying that I had obviously
been full of bullshit in what I had said about Stalin. I agreed
with him that my switch to the political debate level had missed
the mark in what he had been trying to express emotionally.
Nonetheless, I wondered whether his description of his father
as the epitome of fascism covered all the bases. He immediately
Colliding Worlds of Experience

got worried that he was like his father, forcing his views on me. I disagreed, saying that putting me in my place didn’t mean that he was a tyrant. Silently, I had been objecting to his Gutmensch identification with all the victims in the world. And so, yes, I had become like his father to some degree with my biting humor. The question is, why? Cherchez la mère, is my immediate answer. But first, let me describe another transformative moment, in which humor played a positive role.

One day he cited a passage of Freud’s, asking me to explain it. I answered that I didn’t understand it any more than he did. He was incredulous. “What do you mean, you don’t understand it. You’re the expert here. That can’t be!” I laughed and said: “Well, maybe I’m not like your father. I don’t know everything.” “But how can you be my therapist if you don’t even know your Freud?” As he is familiar with some of the analytic lingo, I answered, “I can understand that you wouldn’t want to be mirrored by an idiot, but perhaps you don’t have to fear me as the omniscient expert in order to work with me.” Actually, he had perhaps unconsciously called my number. I did feel initially somewhat embarrassed and had had to shrug off some of the coat of the fatherly-expert-authoritarian attribution. This helped me to become aware of some part of the enactment I had been involved in. It helped him to be able to challenge the dominance of the transferential father. Both of us had to, in a manner of speaking, come off our high horses and find a common ground, establishing a joint narrative that would be our own. I was relieved of the sarcastic dominator
role, and he ceased being the total victim. This is how a collision of worlds leads to a transformative process.

But we are not finished. We have to go a little bit deeper into the woods of entanglement. Mr. G. had the following dream: “I come to your office and you greet me with the words ‘your mother was here.’” In his associations he reports that he had been feeling extremely good about how his dissertation was going and had even had fantasies of future fame. For this he had to be punished. Therefore his mother had come to let me know that he had been lying in his psychoanalysis. In truth he is a bad person, rotten to his core. In the previous session, he had experienced me as worn-out. I responded: “My contact with you has made me too weak to defend you against your mother and I accept her vision of you as defective.” “Yes,” he said, “I made you sad like my mother and that’s why I always pretend to be everybody’s darling.” In the ensuing discussion, we were able to see how responsible he had felt for me and how this subjugation has patterned his relationships. He wondered how he might be able to protect himself better from the overbearing demands of others. He was afraid that his only hope was to become a night watchman, a job requiring no assertiveness. “That’s right,” I said, offering him an old American joke. “You don’t own the building; you’re just the night watchman.” Becoming serious again, he understood how he was bound to his mother in two ways: having to rescue her and knowing he would never succeed. Again, in a sadly
comic way, he remembered that he had once allowed himself to buy a cheap brand of hazelnut liquor for his mother, being quite aware at the time—this was during his puberty—that such a gift was an attempt to free himself from his mother, to care less for her. He even remembered that he had hoped she would have an allergic reaction. This kind of self-delineating aggressive reaction was quickly squashed by his parents, both of whom remarked upon his lack of caring. In another dream a doctor gave his mother shots, which she pretended would help her. But he felt she was lying. He was the doctor and he knew he couldn’t save her and felt guilty. Again, he became aware to what extent his self-doubts were entwined with his inability to save his mother and how he picked his girlfriends in exactly the same manner—women he should save but couldn’t.

Allow me to interject this before continuing. In human relations parents take on mythological proportions. I do not wish to sound like I am blaming them. They themselves are part of the chain of events that we analysts must break in our attempts to help our patients achieve freedom from pre-patterned, automatic responses and views of life. But I am a parent and know that to be a parent is synonymous with guilt. There’s an old Jewish joke: “If you want to feel guilty, call your mother!” On the other hand, if we want to feel our inadequacies, we need only recall the childhood of our children. No one is exempt from the consequences of their actions and in this sense we are all guilty (see Buber in Orange, 2010). Nonetheless, as this encounter clearly shows, the
entanglements of childhood have a very long reach, as I hope to be able to demonstrate, for both participants.

I am still preoccupied with my acceptance of the patient’s father attribution, that is to say, questioning my role in it. Why was I searching for the good father? Mr. G. told me how his father would repeatedly sing a popular German song by Herbert Grönemeyer entitled “Flugzeuge im Bauch”; a free translation would be “airplanes in my gut.” Taken from this song, the line the father emphasized was “give me my heart back.” I asked Mr. G. why he thought his father was singing that particular song. He answered by quoting the lines that follow: “Give me my heart back, it’s not my love that you lack, give me back my heart, before it breaks apart.” The point that I was trying to raise was the idea that it takes two to tango. What was mother’s role, other than victim? The patient answered that in his mother’s opinion no master could live without his servant. “Well,” I ventured to say, “then servants have quite a lot of power, don’t they?” This thought was upsetting for Mr. G. in a constructive way. It enabled him to feel his anger toward his mother and gave him some relief from his guilt. He then dreamed that his mother would not remove her tongue from his ear, not even after he had asked her to back off. A memory of a primal scene followed. Around puberty he had had to share a room with his sister on a vacation. He felt uncomfortable with her proximity. She was six years younger, and even though he had felt jealous of his father’s
tender attentiveness toward her, he has had a close relationship with her, albeit that in later years he has had to struggle with a caretaker role in her life. But on this occasion, perhaps in the throes of his own hormonal onslaught, he felt uncomfortable sharing the room and went to look for his parents. Seeing his parents being intimate obviously shocked him. Later he thought he would have been the better partner for his mother. Here the aggrandizement of himself is the oedipal extension of his defensive grandiosity. On the other side of the split, he has described his mother’s pain as having reached into his solar plexus. Being unable to save her, he can’t remove a gut-feeling of self-doubt—as he put it, “an armada of self-doubts.”

The search for the good father, as I have come to understand it, is the wish for the classical role for father’s intervention in a toxic symbiotic-like tie to mother. The anger that I have felt, as it was expressed in my identification with a sarcastically sadistic father figure, surely has its roots in my own struggles to free myself from being sucked into the battleground that was the lifelong fate of my parents’ marriage. I understand only too well the immense burden and feelings of hopelessness that a child can feel in face of a house that is filled with strife. I understand exactly the price a child pays when he feels his raison d’être is to make a house into a home: the sense of inner alienation and oceanic loneliness when all the energies that should have been available to develop a sense of selfhood dissipated in trying to mend the fissures of a cracked relationship. The narcissistic seductiveness of a depressed mother,
the rejection of an overbearing but distanced father—none of this is unfamiliar to me. Mr. G.’s fantasies of being homosexual seem to me to be a masochistic identification with mother, a wish to take part in father’s power through subjugation.

Returning once again to the issue of how transformation occurs as a result of the collision of experiential worlds, the advent of Mr. G.’s mother’s potentially fatal illness has exacerbated his conflictual feelings toward her. On the one hand, he feels compassion for her; on the other hand, he needs to distance himself from her to write his dissertation and get a hold on securing his existence. He is in a constant dialogue with himself about how often he can call her. He feels he has opened himself to write but feels afraid of psychologically letting mother in. His father, himself obviously pained and burdened by his wife’s illness, nonetheless puts pressure on Mr. G. to take part. His father, while not blaming him—as Mr. G. still feels he does for his own reasons—still can make him feel responsible, with statements such as: “You are the only one that can make her laugh.”

I have, after much introspective work, come to the conclusion that my avoidance of Mr. G. is to be found in my relationship to my own mother. I have had to recognize myself in those aspects of the patient that manifest themselves in a bowed and cringing posture. The “worm-feeling” was the name I gave this state in myself some 40 years ago in my first analysis. The worm on the hook, I might add. My defense has been a cynicism regarding my mother, as a way of warding off those depleted feelings that
corresponded to her disinterest in me. My mother died of cancer some years ago and we did not have a chance to say goodbye. The last words I heard her utter, shortly before her death, were: “Don’t touch me.” I realize that she couldn’t stand being touched in the terminal state of her illness. Nonetheless, her words were not new to me. Fundamentally the cynicism I feel is due to the sad circumstance that I felt basically rejected by her. There is a dead spot in me in connection with my unresolved feelings for my mother—a mother whom I also adored as a boy. If I have been unable to let my patient’s devastation touch me, then it is because I haven’t overcome the shrieking sense of alienation in myself. My cold anger is my defense against an inner wound not yet healed.

As I write these words, I realize how I go back and forth between compassion for my dying mother and compassion for the frozenness she left in me. Similarly, my patient is now faced with the task of maintaining his boundaries while maintaining a connection to his ill mother, even if he feels like a monster when he refuses to talk with her, when he chooses himself over her.

As we work through these issues, I hope to help my patient realize his potential and to find a level of relatedness with his parents that he feels comfortable with. Being able to reconnect to a sense of his potential has meant that I have been able to see him in his wholeness, which, in turn, has been a gift to me. I hope to have shown some of the inner workings of the premise that psychotherapy is a co-production and that this is by no means in contradiction with our goal to help our patients. Working on
the collision of our experiential worlds remains a work in progress. The transformations that are the fulcrum of our therapeutic work are also the heart of what we do.

**Some Afterthoughts on the Role of the Analyst’s Subjectivity**

I have given insight into some of my own life issues to exemplify their role in how transformations occur. I have passed the 60-year mark and have been working on my themes on and off over the course of 40 years. I am being explicit about this because I—like some of my fellow analysts—don’t think that there is ever a completed psychoanalysis, which is not to say that one doesn’t say when it’s time to stop. Clearly, several of my patient’s issues are familiar to me. This may raise some questions. How can I be of help to him, if much remains unresolved in my own life? How can I work with him on his entanglements, particularly with his mother, when my own reconciliation with my mother is characterized by imperfection? One answer is: Inasmuch as I can reflect on these issues I will be able to decenter from them and thus arrive at a clearer perception of my patient. My autonomy lies in this capacity to reflect.

The point I wish to make is that I take imperfections, unresolved issues, and unfinished analyses as a base from which we begin and not as something we have to have resolved to start our work. Seeing analytic truth as emergent, as a product of intersubjective fields, has different premises than, for instance, a medical
model of psychotherapy, in which the therapist appraises the patient and then decides on the proper course of action. It entails an inquiring involvement, an expectation of surprises, an ability to allow the process to unfold to arrive at a dialogic understanding of the patient, as opposed to an assumption of knowing. Gaining expertise should not be confused with being the expert.

Critics may respond that I have too many unresolved issues, that I need more analysis, that I am too enmeshed, that I am overemphasizing my subjectivity in comparison to the patient’s, that I am misusing the patient to work out my own issues, and, finally, that I am an exhibitionist, seeking to resolve my own narcissistic depletion. My answer to all these imagined objections is that no amount of analysis will change the idiosyncratic and delimited nature of my subjectivity and that this unique subjectivity will play its part in the bidirectionality of human interaction, whether we acknowledge it or not. Besides, our basic faults don’t disappear; they just take on different meanings.

For instance, speaking to me about the intense degree of entanglement with my mother and my parents’ relationship, my last analyst said: “Well, you weren’t able to turn your back and just walk away. Other kids would have not been so concerned, would have gone to play soccer, or done something they enjoyed.” At that moment, I understood how little an alternative such an act had been for me, how completely automatic my responsiveness to others was. I understood how much I had not airplanes but my parents in my guts. What was so astonishing for me was
to understand that after all these years I still hadn’t grasped the extent of my entanglement. So, understanding comes in increments and takes time. Shifts in perception often occur undramatically, even though they may be profound.

My purpose in describing my input was to show how I arrived at an understanding of my patient, and even though this can only be demonstrated by shedding light on the intersection of both subjectivities, the objective was always in the service of the therapeutic goal. Coming to understand how transformations take place is indeed a subtle and complex task. I make no claim of having been able to capture all the influences governing the field, only to have been given an idea about how I think that understanding unfolds and, in principle, how changes may occur.

Overcoming an isolated-mind approach to the patient and psychotherapy involves a fundamental shift in our understanding of the therapeutic process. At the heart of the perceptual shift is our ability to take into account how intricately we are implicated in everything that happens in the intersubjective field. Only with practice do we come to feel more comfortable with the fears that hold us bound to the isolated-mind approach. It can, however, be learned.

I did hear from my mother one more time. I awoke at the precise moment she died. I went to the window and looked out at the black silhouette of the Bavarian Alps. A few stars shone in the night. Suddenly, in my grief, I heard her voice in my head, briefly, like the flap of a bird’s wing: “Never forget your sense of wonder.”

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